Big Bend Community Based Care

Annual Continuous Quality Improvement Report

FY 18-19

Big Bend Community Based Care Continuous Quality Improvement (CQI) Report

FY 18-19

1. Introduction

Big Bend Community Based Care (BBCBC) is the lead child welfare agency as well as managing entity serving Florida's panhandle communities. This report summarizes Continuous Quality Improvement activities for FY 18-19.

<u>Mission</u>

BBCBC's Mission is to provide the highest quality child welfare, behavioral health services to children, adults and their families within their communities through a managed network of accredited providers.

<u>Vision</u>

Our Vision is to create local ownership and effective integration of the child welfare and substance abuse-mental health systems in each of our eighteen (18) communities. By doing so, we believe that the quality of life for children, adults and families we serve will dramatically improve resulting in personal independence and stronger communities.

Agency Capacity for Performing QA & CQI Tasks

The BBCBC Quality Assurance Team collects data specified by the Department of Children and Families (DCF) and the Child and Families Services Review (CFSR). BBCBC's approach to continuous quality improvement is such that the responsibility of CQI relies on each member of the agency and subcontracted agencies. The CQI activities are consistently driven by the data collected and CQI tasks are adjusted based on quarterly data collected and specific findings from the reviews conducted.

During FY 18-19 Q4, the Quality Assurance and Training Supervisor oversees 3 Quality Assurance Specialist and 3 Training Specialists. The Quality Assurance and Training Teams are a part of the Integration Team at Big Bend Community Based Care. The 3 Quality Assurance Specialists are responsible for completing Rapid Safety Feedback reviews, Florida CQI reviews and CFSR/PIP review cases. This allows for consistent communication between the QA team, Training Team and the larger Integration team.
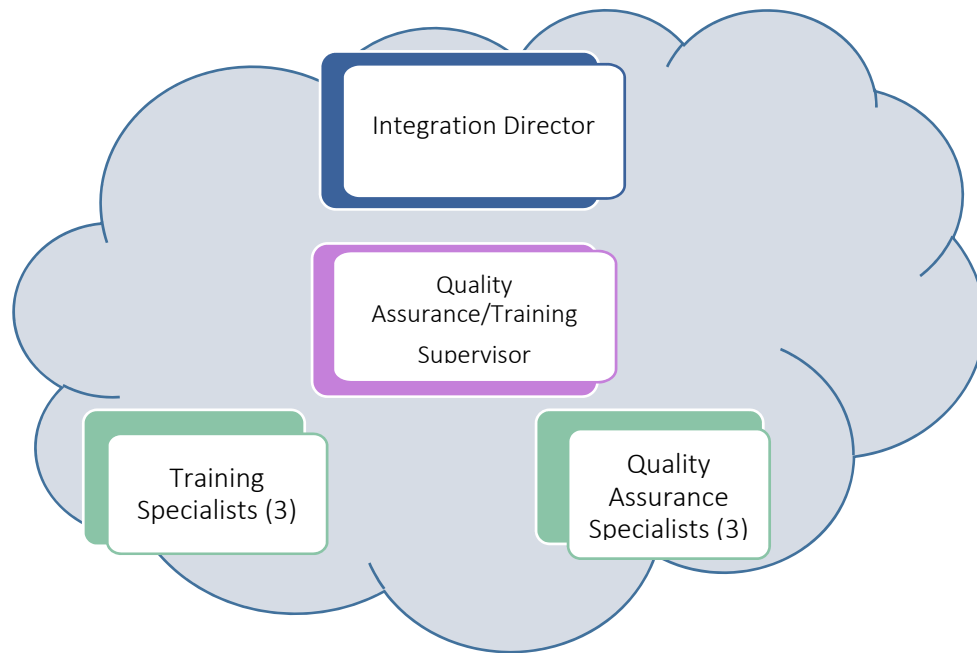
Outcome Measures and Performance Metrics

Big Bend Community Based Care's data unit monitors performance and communicates with case management staff utilizing multiple FSFN generated reports. The executive leadership team closely monitors caseloads of all case management staff. BBCBC also holds quarterly CQI-Training meeting that include operations team. The Quality Assurance team recognizes the importance and places emphasis on the involvement of the Operations team in ongoing CQI activities. During the CQI-Training meeting, strengths and opportunities for improvement are discussed related to both Child and Family Services Review, Florida CQI and Rapid Safety Feedback reviews. An analysis report is completed by the Quality Assurance and Training Supervisor for discussion with operations and case management staff. PIP activities and statewide progress are also discussed at each quarterly meeting. (PIP attached) During this meeting, case management and operations staff are able to identify countermeasures and systemic factors that contribute to deficiencies in the data. Recognition of quality work is also given during the meetings. Staff is able to make training requests or generate ideas for training that directly correlate and impact the results of Quality Assurance data.

Quality Assurance Review Descriptions

Rapid Safety Feedback

BBCBC conducts ongoing quality reviews of child welfare practice related to safety for young children as required by the Department's Windows into Practice guidance for the fiscal year. Quality reviews are completed utilizing Florida's Rapid Safety Feedback (RSF) Tool. Sampling, review guidance and quality assurance oversight are implemented for children between birth and 4 years of age who were receiving in-home services. All cases with any concern related to a safety question are reviewed in consultation with the case manager and Supervisor assigned to the case, assigned

follow-up tasks as necessary and are tracked to completion. Formal *Requests for Action (RFAs)* are assigned for any case identified with an immediate safety concern not ameliorated by the case consultation. These reviews are conducted on open, in-home services cases for children ages 0-4 experiencing both substance abuse and domestic violence.

Continuous Quality Improvement Reviews

The FL-CQI reviews are conducted using the CFSR OSRI tool. This review is strictly a case record review and no interviews are conducted. Only a Tier 1 review is required on these reviews.

CFSR/PIP Reviews

The Child and Family Services Reviews are conducted through case record reviews and stakeholder interviews. These reviews are completed with a DCF co-reviewer who participates with the CBC reviewer in the interview process as well as completion of the OSRI tool.

Quality Management Activities

Special reviews are also completed upon request and a systematic process is utilized in order to complete the review. The plan for the next fiscal year will include a more structured process to analyze these cases in order to determine that the review is really necessary versus a more effective way to problem solve and resolve the case circumstances.

Child Family and Services Reviews	3 CFSR/PIP cases per 6 month period
Florida Continuous Quality Improvement Reviews	10 CQI cases reviewed each quarter, Reviewed by QA Manager only, 1 in depth per 6 month period
Rapid Safety Feedback Reviews	10 Rapid Safety Feedback reviews completed each quarter
Discretionary Reviews	Conducted as necessary based upon request

As specified in the plan for FY 19-20, efforts have been made to ensure consultation occurs following each case review to fully inform both the case manager and the case manager supervisor of the review findings. Other participants are also included when appropriate.

Rapid Safety Feedback Reviews	FY 16-17	FY 17-18	FY 18-19	Trend
1.1 Is the most recent family assessment sufficient?	91%	52%	68%	⬆
1.2 Is the most recent family assessment completed timely?	81%	46%	56%	⬆
2.1 Is the quality of visits between the case manager and the child sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	79%	61%	66%	⬆
2.2 Is the frequency of visits between the case manager and the child sufficient to ensure child safety and evaluate progress toward case plan outcomes?	88%	76%	88%	⬆
2.3 Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	95%	66%	80%	⬆
2.4 Is the frequency of the visits between the case manager and the child's mother sufficient to ensure child safety and evaluate progress toward case plan outcomes?	90%	80%	82%	⬆
2.5 Is the quality of the visits				
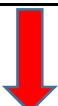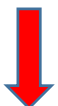
between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	87%	54%	70%	⬆
2.6 Is the frequency of the visits between the case manager and the child's father sufficient to ensure child safety and evaluate progress toward case plan outcomes?	87%87%	50%50%	57%57%	⬆
3.1 Are background checks and home assessments completed when needed?	88%	75%	76%	➡
3.2 Is the information assessed and used to address potential danger threats?	90%	78%	78%	➡
4.1 Is the safety plan sufficient?	85%	56%	46%	⬇
4.2 Is the safety plan actively monitored to ensure that it is working effectively to protect the child from identified danger threats?	83%	48%	41%	⬇
5.1 Is the supervisor regularly consulting with the case manager?	95%	60%	68%	⬆
5.2 Is the supervisor ensuring recommended actions are followed up on?	93%	54%	54%	➡

Safety

Safety Performance/Scorecard Measures

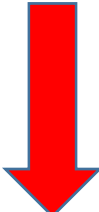| Measure	FY 16-17	FY 17-18	FY 18-19	Trend	Target
Rate of Abuse per 1000 days in FC (Fed Msr.)	9.11	8.98	6.07	⬇	8.5
No abuse/neglect during in home services	97%	99.3%	96.6%	➡	95%
Percent of children who are not neglected or abused after receiving services	95.9%	93.8%	98.3%	➡	95%
Percent of children under supervision who are seen every 30 days	99.8%	99.7%	99.6%	⬇	99.5%

Data is collected around multiple measures related to safety. This data is collected through the PIP/CFSR reviews, CQI reviews as well as rapid safety feedback.

CFSR Item/Outcome	PIP Target	FY 16-17 CQI	FY 17-18 CQI	FY 18-19 CQI	Trend
Safety Outcome 1: Children are first and foremost, protected from abuse and neglect		**100%**	**92.9%**	**95.2%**	→
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	**91.6%**	100%	92.9%	95.2%	→
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.		**84.6%**	**83.3%**	**82.7%**	↓
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	**85.8%**	100%	92.9%	75%	↓
Item 3: Risk and Safety Assessment and Management	**77.7%**	84.6%	83.3%	82.7%	↓

CFSR Item/Outcome	PIP Target	FY 16-17 PIP	FY 17-18 PIP	FY 18-19 PIP	Trend
Safety Outcome 1: Children are first and foremost, protected from abuse and neglect		**ND**	**92.9%**	**100%**	**No Trend**
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	**91.6%**	ND	92.9%	100%	No Trend
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.		**ND**	**83.3%**	**75%**	**No Trend**
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	**85.8%**	ND	92.9%	50%	No Trend
Item 3: Risk and Safety Assessment and Management	**77.7%**	ND	83.3%	75%	No Trend

Permanency

Permanency: Contract/Scorecard Measures

	FY 16-17	FY 17-18	FY 18-19	Trend	Target
Percent of children exiting foster care to a permanent home within 12 months of entering care *(Fed. Msr.)*	34.9%	29.7%	31.0%	→	40.5%
Percent of children achieving permanency in 12 months for children in foster care 12 to 23 months *(Fed. Msr.)*	61%	60.5%	57.7%	↓	43.6%
Percent of children who do not reenter foster care within 12 months of moving to a permanent home *(Fed. Msr.)*	95.2%	91.1%	87.8%	↓	87.8%

Permanency: FL-CQI Reviews

CFSR Item/Outcome	PIP Target	FY 16-17 CQI	FY 17-18 CQI	FY 18-19 CQI	Trend
Permanency Outcome 1: Children have permanency and stability in their living situations.		72.3%	76.5%	36.8%	↓
Item 4: Stability of Foster Care Placement		91.5%	76.8%	70%	↓
Item 5: Permanency Goal for Child	**82.1%**	82.6%	100%	79%	↓
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	**75.4%**	93.6%	100%	65%	↓
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.		**85.1%**	**64.7%**	**47.4%**	↓
Item 7: Placement With Siblings		100%	100%	72.7%	↓
Item 8: Visiting With Parents and Siblings in Foster Care		76.1%	57.1%	50%	↓
Item 9: Preserving Connections		89.1%	94.1%	72.2%	↓
Item 10: Relative Placement		95.1%	88.2%	88.9%	→
Item 11: Relationship of Child in Care With Parents		80%	46.2%	23.1%	↓

Permanency: PIP Reviews

CFSR Item/Outcome	PIP Target	FY 16-17 PIP	FY 17-18 PIP	FY 18-19 PIP	Trend
Permanency Outcome 1: Children have permanency and stability in their living situations.		ND	50%	33.3%	**NO Trend due to lack of 16-17 data**
Item 4: Stability of Foster Care Placement		ND	100%	66.7%	**No trend due to lack of 16-17 data**
Item 5: Permanency Goal for Child	**82.1%**	ND	50%	66.7%	**NO Trend due to lack of 16-17 data**
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	**75.4%**	ND	50%	33.3%	**NO Trend due to lack of 16-17 data**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.		**ND**	**100%**	**66.7%**	**NO Trend due to lack of 16-17 data**
Item 7: Placement With Siblings		ND	100%	100%	**NO Trend due to lack of 16-17 data**
Item 8: Visiting With Parents and Siblings in Foster Care		ND	100%	50%	**NO Trend due to lack of 16-17 data**
Item 9: Preserving Connections		ND	100%	66.7%	**NO Trend due to lack of 16-17 data**
Item 10: Relative Placement		ND	100%	100%	**NO Trend due to lack of 16-17 data**
Item 11: Relationship of Child in Care With Parents		ND	50%	50%	**NO Trend due to lack of 16-17 data**

Well-Being

CFSR/Outcome	PIP Target	FY 16-17 CQI	FY 17-18 CQI	FY 18-19 CQI	Trend
Well-Being 1: Families have enhanced capacity to provide for their children's needs.		**63.5%**	**62.6%**	**50%**	⬇
Item 12: Needs and Services of Child, Parents, and Foster Parents	**58.4%**	82.7%	83.3%	61.8%	⬇
Item 12A: Needs Assessment and Services to Children		94.2%	91.7%	94.1%	⬆
Item 12B: Needs Assessment and Services to Parents		86.7%	85%	59.3%	⬇
Item 12C: Needs Assessment and Services to Foster Parents		97.8%	93.8%	88.9%	⬇
Item 13: Child and Family Involvement in Case Planning	**70.7%**	87.8%	75%	48.4%	⬇
Item 14: Caseworker Visits With Child	**78.9%**	61.5%	54.2%	67.7%	⬆
Item 15: Caseworker Visits With Parents	**51.1%**	48.8%	55%	33.3%	⬇
Well-Being 2: Children receive appropriate services to meet their educational needs.		**89.2%**	**100%**	**78.6%**	⬇
Item 16: Educational Needs of the Child		89.2%	100%	78.6%	⬇
Well-Being 3: Children receive adequate services to meet their physical and mental health needs.		**89.8%**	**76.5%**	**70.4%**	⬇

Item 17: Physical Health of the Child		91.8%	82.4%	85%	↑
Item 18: Mental/Behavioral Health of the Child		91.7%	75%	61.1%	↓

CFSR/Outcome	PIP Target	FY 16-17 PIP	FY 17-18 PIP	FY 18-19 PIP	Trend
Well-Being 1: Families have enhanced capacity to provide for their children's needs.		**ND**	**66.7%**	**0%**	**NO Trend due to lack of 16-17 data**
Item 12: Needs and Services of Child, Parents, and Foster Parents	**58.4%**	ND	100%	0%	**NO Trend due to lack of 16-17 data**
Item 12A: Needs Assessment and Services to Children		ND	100%	50%	**NO Trend due to lack of 16-17 data**
Item 12B: Needs Assessment and Services to Parents		ND	100%	0%	**NO Trend due to lack of 16-17 data**
Item 12C: Needs Assessment and Services to Foster Parents		ND	100%	66.7%	**NO Trend due to lack of 16-17 data**
Item 13: Child and Family Involvement in Case Planning	**70.7%**	ND	66.7%	0%	**NO Trend due to lack of 16-17 data**
Item 14: Caseworker Visits With Child	**78.9%**	ND	66.7%	25%	**NO Trend due to lack of 16-17 data**
Item 15: Caseworker Visits With Parents	**51.1%**	ND	33.3%	0%	**NO Trend due to lack of 16-17 data**
Well-Being 2: Children receive appropriate services to meet their educational needs.		**ND**	**100%**	**66.7%**	**NO Trend due to lack of 16-17 data**
Item 16: Educational Needs of the Child		ND	100%	66.7%	**NO Trend due to lack of 16-17 data**
Well-Being 3: Children receive adequate services to meet their physical		**ND**	**50%**	**0%**	**NO Trend due to lack of 16-17 data**

and mental health needs.					
Item 17: Physical Health of the Child		ND	100%	66.7%	**NO Trend due to lack of 16-17 data**
Item 18: Mental/Behavioral Health of the Child		ND	50%	0%	**NO Trend due to lack of 16-17 data**

Practice Trends

Safety

In order to provide ongoing assistance, the training team has continued to be utilized as a resource for case consultation. Concepts including safety assessment, safety planning analysis and conditions for return are often discussed in consultation. The training specialist provides assistance to both the case manager and case manager supervisor for continued development.

Case management Decision Support Team calls continue to occur. The Training Team provides assistance when necessary and possible during these calls. Practice Model concepts are discussed as the training specialist supports the case manager and case manager supervisor through the discussion.

Through continued partnership with Department of Children and Families, BBCBC was able to offer 2 ACTION trainings to case manager and case manager supervisors. Both trainings included case application with the second training specifically focused on safety planning.

Safety Plan training has also been offered to case management during the last fiscal year. The concepts around safety plan sufficiency and ongoing safety plan monitoring was presented.

Family Functioning Assessment-Ongoing training was also provided to offer guidance on information sufficiency as well as how to complete an ongoing assessment after the initial assessment is completed by the Investigator. Danger, threats, and ongoing assessment of safety was discussed during the training.

BBCBC continues to utilize safety management services in both circuit 2 and 14 through subcontracted providers.

Permanency

Changes were made to the permanency staffing process during the last fiscal year. This has allowed there to be focused discussion in permanency related to conditions for return and in-home safety planning. Specific action steps are defined at the end of each staffing in order for follow up to occur.

BBCBC Champions have been assigned to high risk children in out of home licensed placements in order to monitor their progress and the child's progress in placement. The champion is also responsible for partnering with case management and the child's placement in order to smoothly transition each child into an appropriate lower level of care.

ECC cases continue to include monthly family team meetings that emphasize teaming and permanency. These cases continue to have a low rate of recidivism and high levels of family and extended family involvement.

Recruitment efforts have been significant in the last year. Facebook ads and recruitment from other foster families have been the main methods utilized. An ad also runs on Facebook prior to the start of each QPT class. Foster Family Support Services was brought in house by BBCBC approximately one (1) year ago and has seen great success. Circuit 2 licensed 53 new families in one (1) year.

Circuit 14 has made multiple recruitment efforts as well. Recently, a news interview was completed to discuss the need for foster parents in the Bay County community. 20 billboards have also been utilized in the Bay County area to advertise the need for foster parents and weekly coffee talks have been utilized. Recruitment via Facebook has continued and has yielded numerous inquiries.

Parent Behavioral Health Assessment was implemented in both circuits 2 and 14. The Parent Behavioral Health Assessment. Similar to the CBHA, this is a comprehensive assessment of mental, behavioral, and other needs, but is aimed specifically for parents dealing with substance use, family violence, or mental health concerns. Assessments are administered by a licensed clinician, at the convenience and location of the parent's schedule, at no cost to our families. Service provision and early engagement with families is a leading indicator of strong permanency outcomes.

Foster Parent Behavioral Training (Fostering 301) was offered to a select group to provide further training on behavior management techniques not covered in initial Quality Parenting Training. Information on system navigation and the complexities of the dependency system were included. Attached PIP include activities around behavioral training.

Well- Being

ESSA staffings are held in order to ensure school stability when children are changing placements. A staffing is held each time a child changes placement in out of home care.

Well-being staffings continue to occur in order to address the child's well-being needs. After removal, a staffing occurs centered around the Comprehensive Behavioral Health Assessment. Medical and dental needs are addressed during these staffings as well. A Nurse Care Coordinator is in attendance to ensure that all appointments are set up as well as troubleshoot any issues that may arise with Medicaid or providers.

Additional activities to address well-being measures are outlined in the attached CFSR PIP.

Gaps between Findings and Benchmarks

Regarding safety, an area of focus remains completing thorough safety assessments on an ongoing basis. At times, ongoing assessments are completed, however they are not accurate and do not address issues related to reason for agency involvement. Safety plans are not monitored on an ongoing basis and do not include caregiver involvement. In certain cases, the safety plan was not sufficient in order to control for the danger identified.

Visits with children are occurring with sufficient frequency but are not meeting quality standards often times due to not seeing the child alone. This allows the worker to assess the child's safety needs adequately.

Safety planning results from Rapid Safety Feedback reviews show a continued downward trend in safety planning sufficiency and ongoing monitoring of the safety plan. This continues to be an area of focus and will be addressed through ongoing training and case application practice.

Regarding permanency, the goals identified are not always appropriate based on the length of time the child has resided in out of home care. This can occur during a subsequent removal, and the number of removal episodes may not be taken into consideration when establishing the goal.

Once the goal is established, concerted efforts to achieve the permanency goal are also not made. For goals of reunification and adoption, concerted efforts are not made in some cases past the referral for service. At times, there is not follow up after the service is initiated to ensure parent engagement/participation in ongoing services. For cases of adoption, lack of concerted efforts to recruit and ultimately place in a pre-adoptive home are resulting in an "area needing improvement".

Regarding well-being, ongoing assessment of needs for parents is not completed. After the initial assessment, follow up regarding parents' services and parents' level of engagement in services is not completed.

Caseworker visits with children and parents continue to be an area needing improvement although there has been an upward trend in caseworker visits with children (FL-CQI data). Caseworkers visiting the child alone when age appropriate

remains an area of focus as is the quality of the discussion occurring during the visits with both children and parents. Although the visit frequency may be sufficient, the quality of the visits is not sufficient to address issues related to safety, permanency and well-being and achievement of case goals.

Intervention Findings

Interventions are implemented based on CQI findings and qualitative discussions during quarterly CQI-Training Meetings. The Quality and Training Teams are now integrated allowing for great partnership in order to address practice issues and implement effective countermeasures based on findings. As noted in the Gap and Benchmarks, focused training has been provided based on the findings of Quality Assurance reviews. Other interventions have been implemented as a result of the PIP.

Additional interventions will be implemented and further discussed in the BBCBC Quality Management Plan for FY 19-20

The CFSR/PIP is attached. Interventions to address CFSR findings are listed.