



Big Bend Community Based Care  
Annual Continuous Quality Improvement Report  
FY 19-20



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

**FY 19-20**

## **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.

### Mission

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.

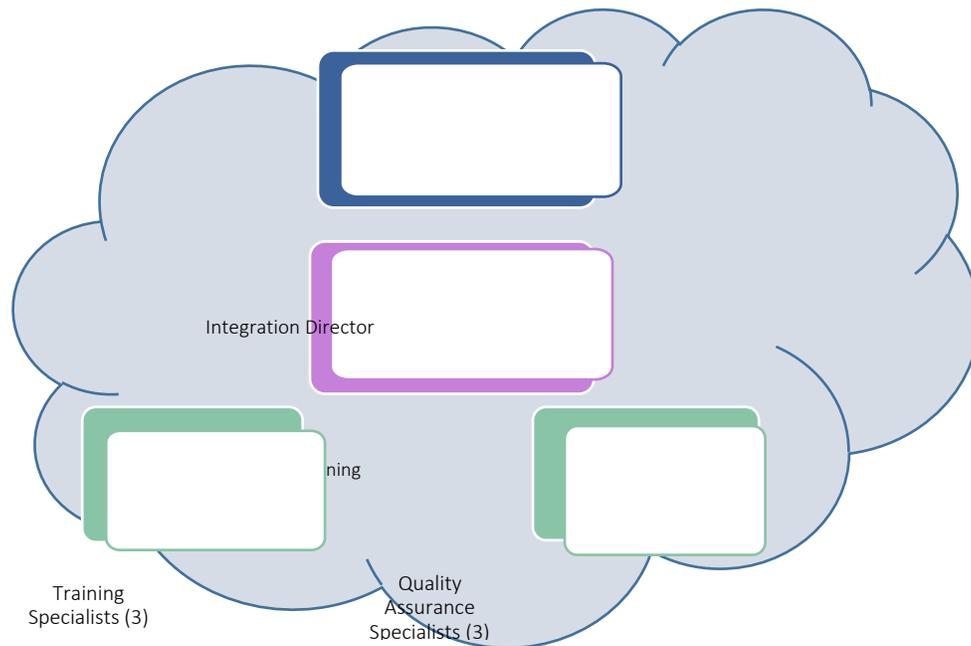
### Vision

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.

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 FSN 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.

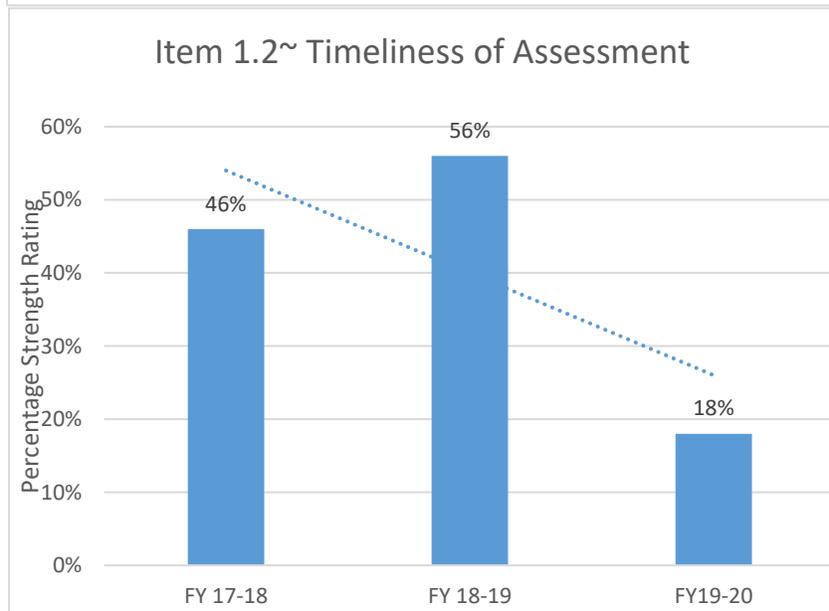
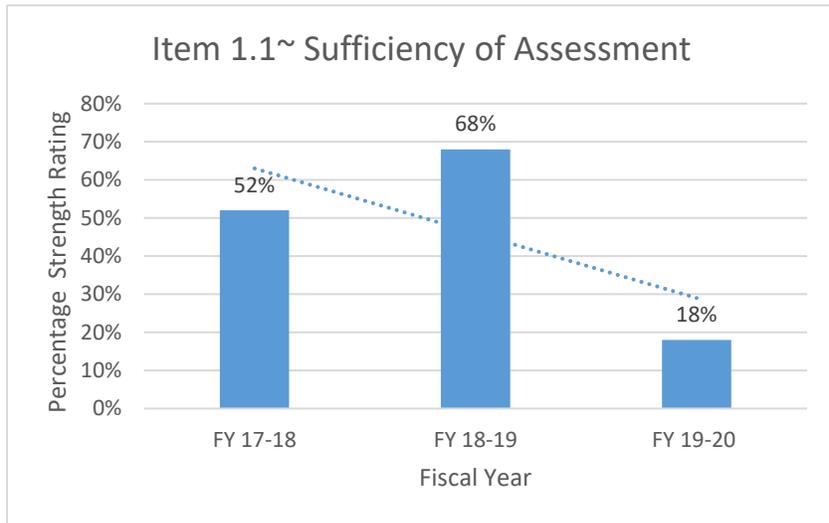
**Quality Management Activities**

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.

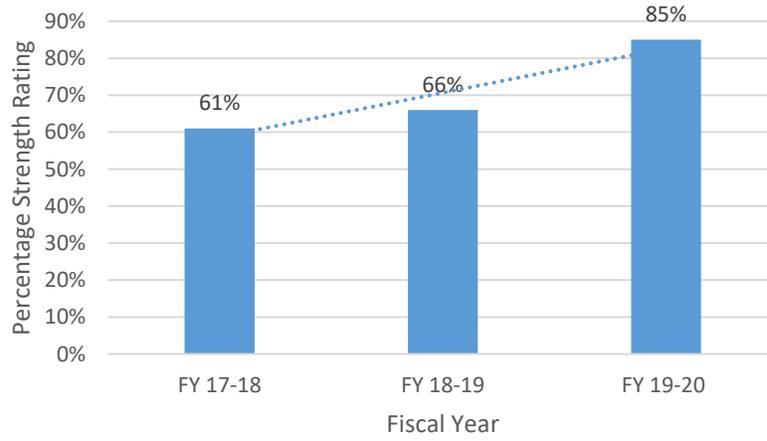
Child Family and Services Reviews	3 CFSR/PIP cases per 6 month period
Florida Continuous Quality Improvement Reviews	10 CQI cases reviewed each quarter, Reviewed by QA Manager only, 1 in depth per 6 month period
Rapid Safety Feedback Reviews	10 Rapid Safety Feedback reviews completed each quarter
Discretionary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

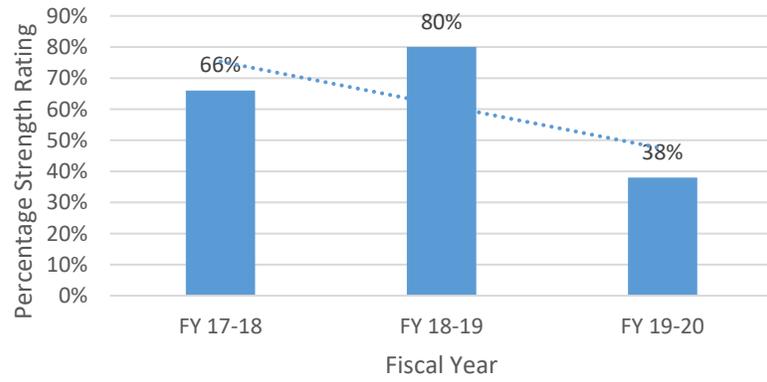
# Rapid Safety Feedback Data



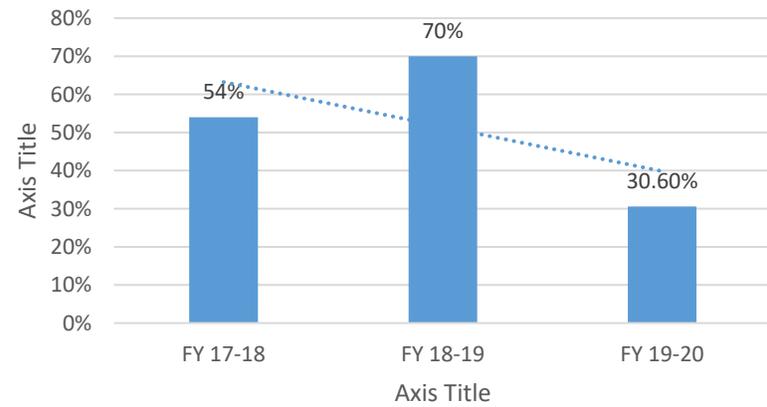
### Item 2.1~ Quality of Visits with Child



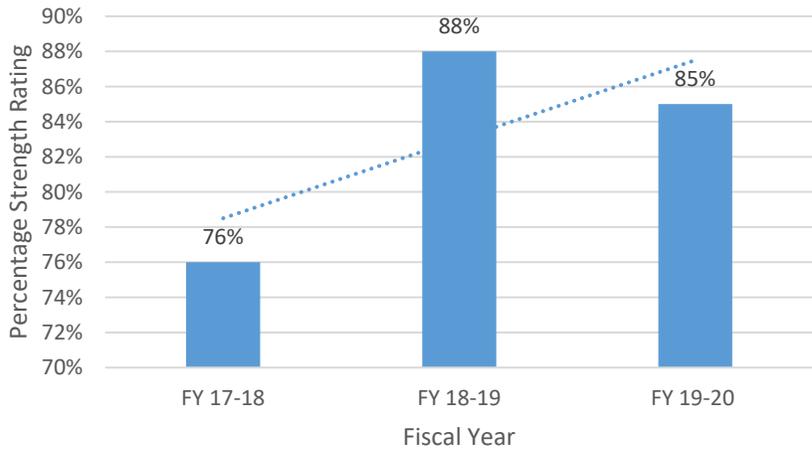
### Item 2.3~ Quality of Visits with Mother



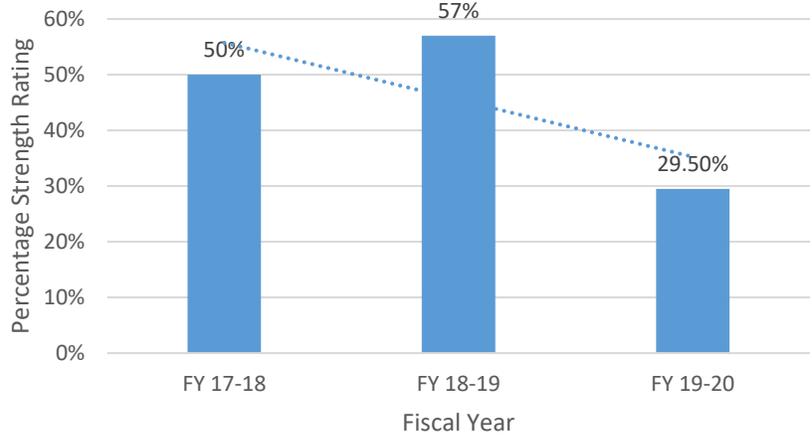
### Item 2.5~ Quality of Visits with Father



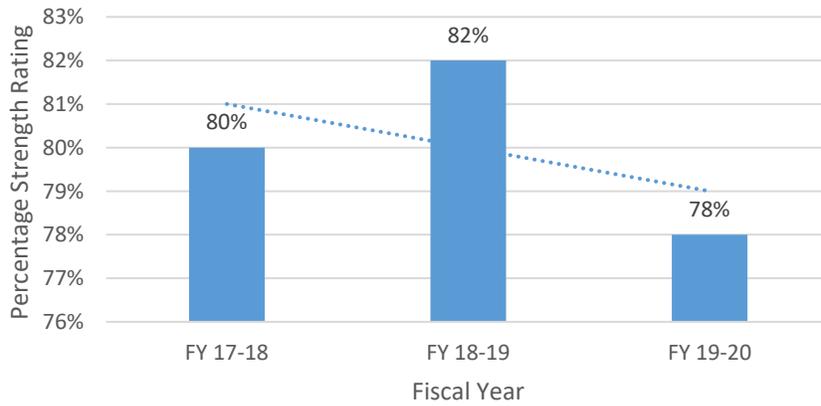
### Item 2.2~Frequency of Visits with Child



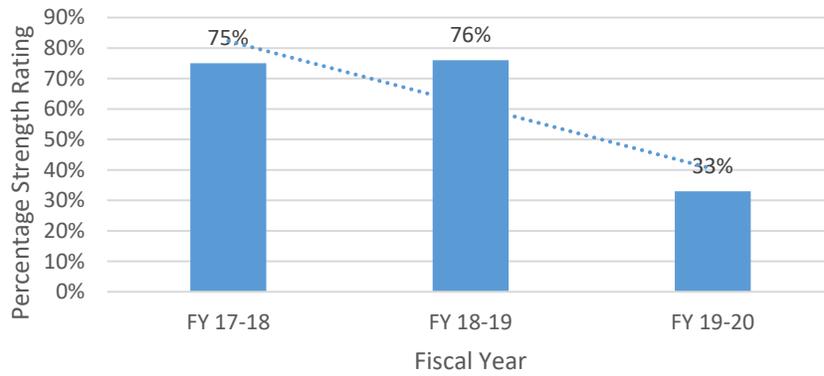
### Item 2.6 ~ Frequency of Visits with Father



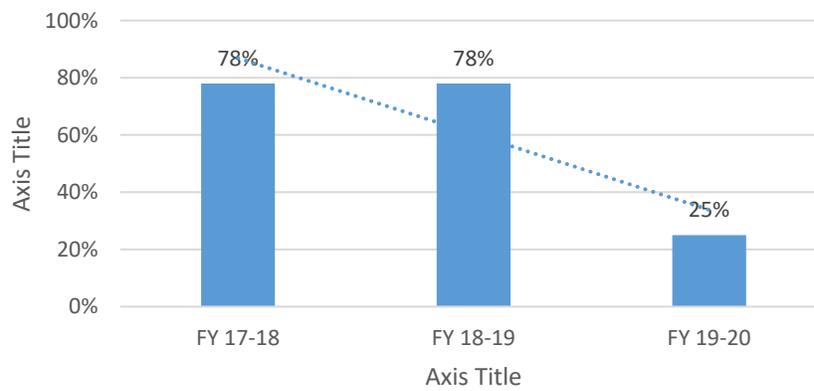
### Item 2.4 ~ Frequency of Visits with Mother



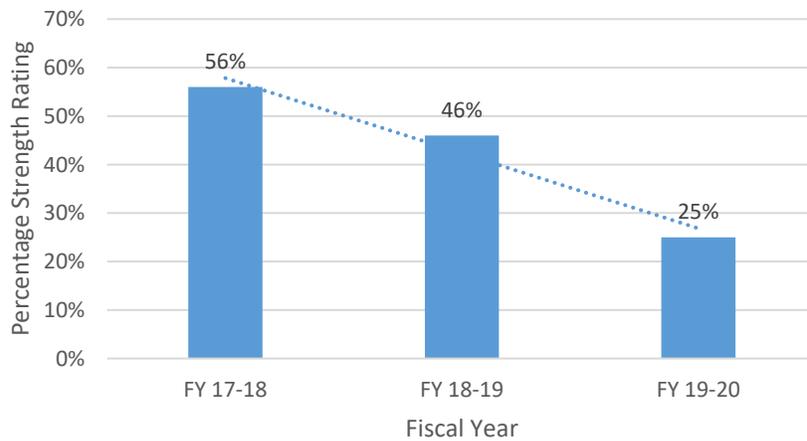
### Item 3.1~ Background Checks Completed when Needed



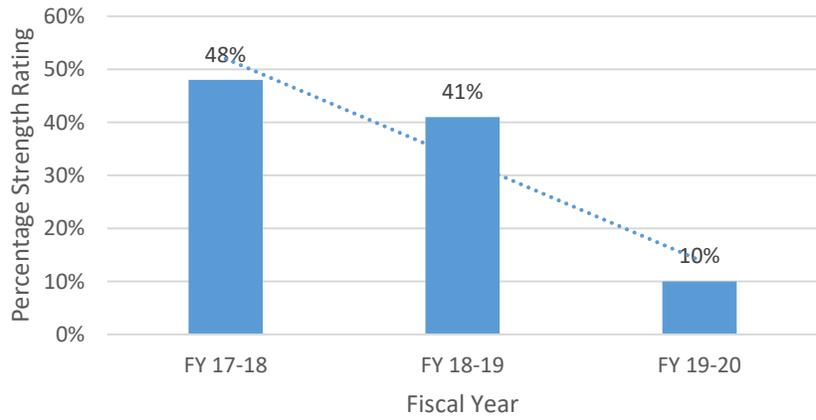
### 3.2~ Information Assessed to Address Danger Threats



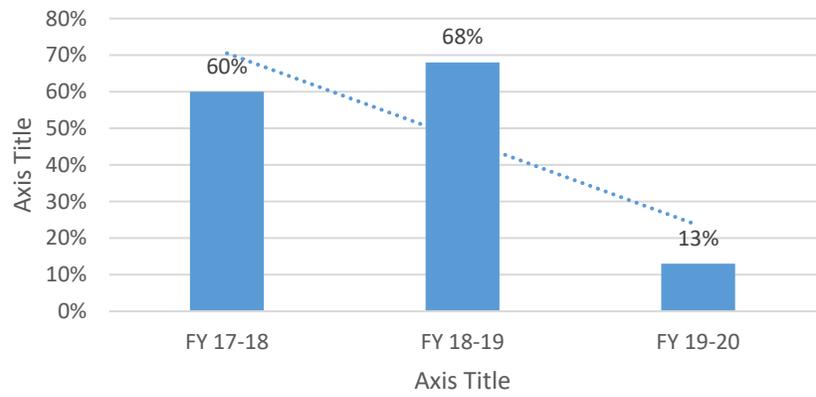
### 4.1 ~ Safety Plan Sufficiency



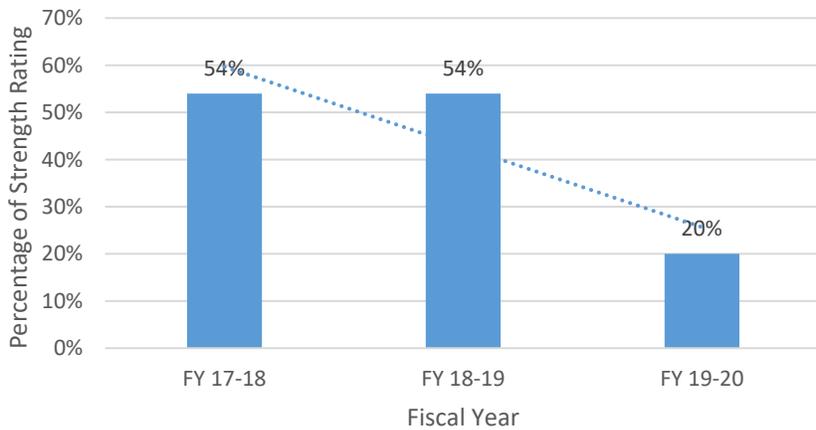
### 4.2~ Safety Plan Actively Monitored



### Item 5.1~ Sufficiency of Supervisor Consultation



### 5.2~ Follow up on Recommended Actions



# Safety

## Safety Performance/Scorecard Measures

Measure	FY 17-18	FY 18-19	FY 19-20	Trend	Target
Rate of Abuse per 1000 days in FC (Fed Msr.)	8.98	6.07	5.15		8.5
No abuse/neglect during in home services	99.3%	96.6%	98.4%		95%
Percent of children who are not neglected or abused after receiving services	93.8%	98.3%	98.9%		95%
Percent of children under supervision who are seen every 30 days	99.7%	99.6%	99.2%		99.5%

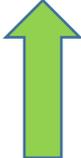
Data is collected around multiple measures related to safety. This data is collected through the PIP/CF SR reviews, CQI reviews as well as rapid safety feedback.

CFSR Item/Outcome	PIP Target	FY 17-18 CQI	FY 18-19 CQI	FY 19-20 CQI	Trend
<b>Safety Outcome 1: Children are first and foremost, protected from abuse and neglect</b>		92.9%	95.2%	100%	
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	91.6%	92.9%	95.2%	100%	
<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>		83.3%	82.7%	52.4%	
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	85.8%	92.9%	75%	100%	
Item 3: Risk and Safety Assessment and Management	77.7%	83.3%	82.7%	52.4%	

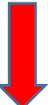
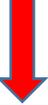
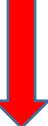
CFSR Item/Outcome	PIP Target	FY 17-18 PIP	FY 18-19 PIP	FY 19-20 PIP	Trend
<b>Safety Outcome 1: Children are first and foremost, protected from abuse and neglect</b>		92.9%	100%	100%	
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	91.6%	92.9%	100%	100%	
<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>		83.3%	75%	83.3%	
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	85.8%	92.9%	50%	100%	
Item 3: Risk and Safety Assessment and Management	77.7%	83.3%	75%	83.3%	

# Permanency

## Permanency: Contract/Scorecard Measures

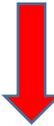
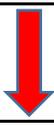
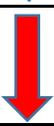
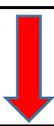
	FY 17-18	FY 18-19	FY 19-20	Trend	Target
Percent of children exiting foster care to a permanent home within 12 months of entering care (Fed. Msr.)	29.7%	31.0%	27.1%		40.5%
Percent of children achieving permanency in 12 months for children in foster care 12 to 23 months (Fed. Msr.)	60.5%	57.7%	48.6%		43.6%
Percent of children who do not reenter foster care within 12 months of moving to a permanent home (Fed. Msr.)	91.1%	87.8%	93.1%		91.7%

Permanency: FL-CQI Reviews

CFSR Item/Outcome	PIP Target	FY 17-18 CQI	FY 18-19 CQI	FY 19-20 CQI	Trend
<b>Permanency Outcome 1: Children have permanency and stability in their living situations.</b>		76.5%	36.8%	20%	
Item 4: Stability of Foster Care Placement		76.8%	70%	84%	
Item 5: Permanency Goal for Child	<b>82.1%</b>	100%	79%	48%	
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	<b>75.4%</b>	100%	65%	28%	
<b>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</b>		64.7%	47.4%	20%	
Item 7: Placement With Siblings		100%	72.7%	66.7%	
Item 8: Visiting With Parents and Siblings in Foster Care		57.1%	50%	18.2%	
Item 9: Preserving Connections		94.1%	72.2%	56%	
Item 10: Relative Placement		88.2%	88.9%	76%	
Item 11: Relationship of Child in Care With Parents		46.2%	23.1%	27.8%	

Permanency: PIP Reviews

CFSR Item/Outcome	PIP Target	FY 17-18 PIP	FY 18-19 PIP	FY 19-20 PIP	Trend
<b>Permanency Outcome 1: Children have permanency and stability in their living situations.</b>		50%	33.3%	0%	
Item 4: Stability of Foster Care Placement		100%	66.7%	50%	
Item 5: Permanency Goal for Child	<b>82.1%</b>	50%	66.7%	75%	
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	<b>75.4%</b>	50%	33.3%	25%	
<b>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</b>		<b>100%</b>	<b>66.7%</b>	<b>25%</b>	
Item 7: Placement With Siblings		100%	100%	50%	
Item 8: Visiting With Parents and Siblings in Foster Care		100%	50%	0%	
Item 9: Preserving Connections		100%	66.7%	75%	
Item 10: Relative Placement		100%	100%	100%	
Item 11: Relationship of Child in Care With Parents		50%	50%	0%	

CFSR/Outcome	PIP Target	FY 17-18 CQI	FY 18-19 CQI	FY 19-20 CQI	Trend
<b>Well-Being 1: Families have enhanced capacity to provide for their children's needs.</b>		62.6%	50%	16.7%	
Item 12: Needs and Services of Child, Parents, and Foster Parents	58.4%	83.3%	61.8%	21.4%	
Item 12A: Needs Assessment and Services to Children		91.7%	94.1%	61.9%	
Item 12B: Needs Assessment and Services to Parents		85%	59.3%	24.3%	
Item 12C: Needs Assessment and Services to Foster Parents		93.8%	88.9%	33.3%	
Item 13: Child and Family Involvement in Case Planning	70.7%	75%	48.4%	22.5%	
Item 14: Caseworker Visits With Child	78.9%	54.2%	67.7%	19.1%	
Item 15: Caseworker Visits With Parents	51.1%	55%	33.3%	16.2%	
<b>Well-Being 2: Children receive appropriate services to meet their educational needs.</b>		100%	78.6%	72.2%	
Item 16: Educational Needs of the Child		100%	78.6%	72.2%	

<b>Well-Being 3: Children receive adequate services to meet their physical and mental health needs.</b>		<b>76.5%</b>	<b>70.4%</b>	<b>37.5%</b>	
Item 17: Physical Health of the Child		82.4%	85%	58.6%	
Item 18: Mental/Behavioral Health of the Child		75%	61.1%	31.3%	

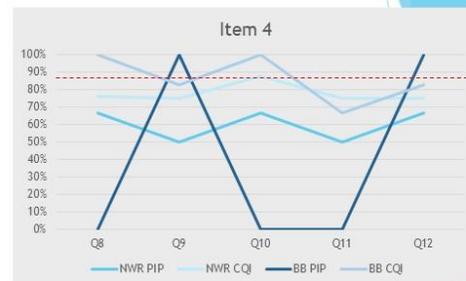
## Item 4 Analysis

*As stability of foster care placement declined in PIP data and remains a statewide focus, a thorough analysis was completed to determine root cause*

### Item 4 – Big Bend Analysis

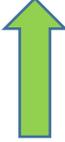
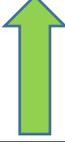
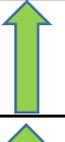
During FY 19/20 (Q9-Q12), 29 cases were applicable for assessment of this item across both PIP and CQI:

- 9 included at least one placement change during the period under review, with
- 6 placement changes (21%) not deemed planned by the agency or in an effort to meet a need
  - 3 were initial relative/fictive kin placements
  - 3 were initially licensed placements



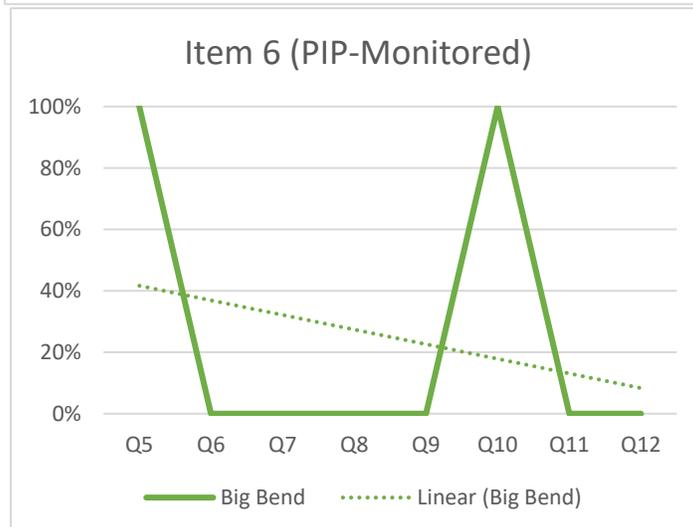
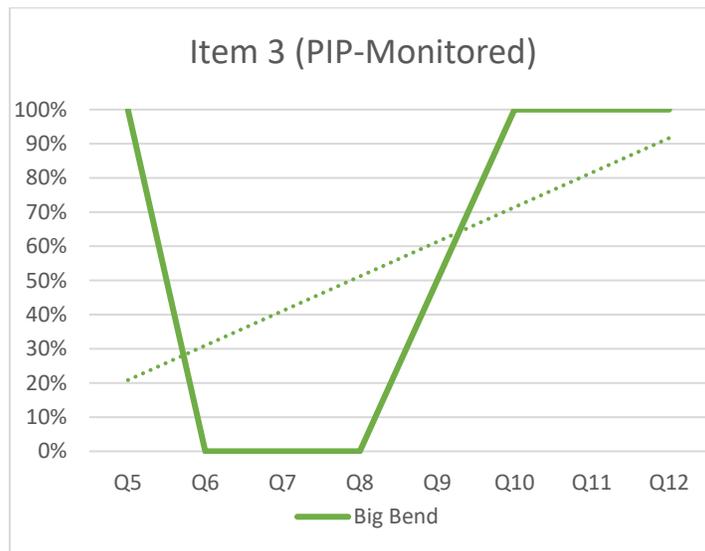
- ✓ The 3 cases with initial licensed placements were negatively impacted by foster home availability (e.g. long-term placements not available so specifically temporary placements made in the interim)
- ✓ The 3 cases with initial relative/fictive kin placements included impact surrounding the accuracy of risk and safety assessments in placement decision-making both initially and ongoing (e.g. a placement made despite a disqualifier leading to a later necessary change, or changes in household dynamics escalating to a concern for maltreatment)

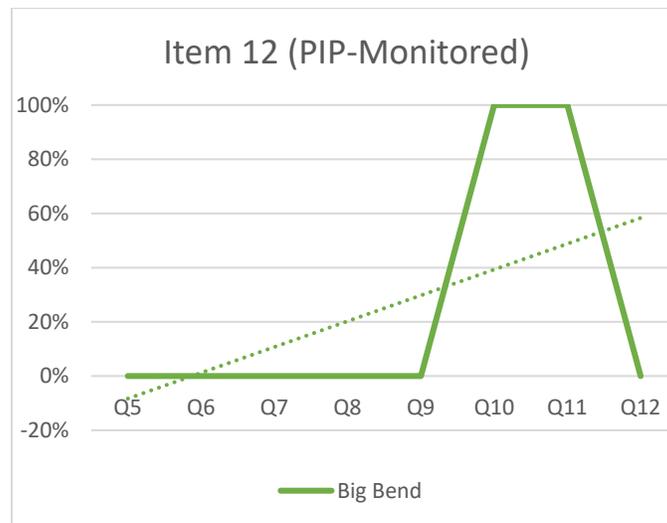
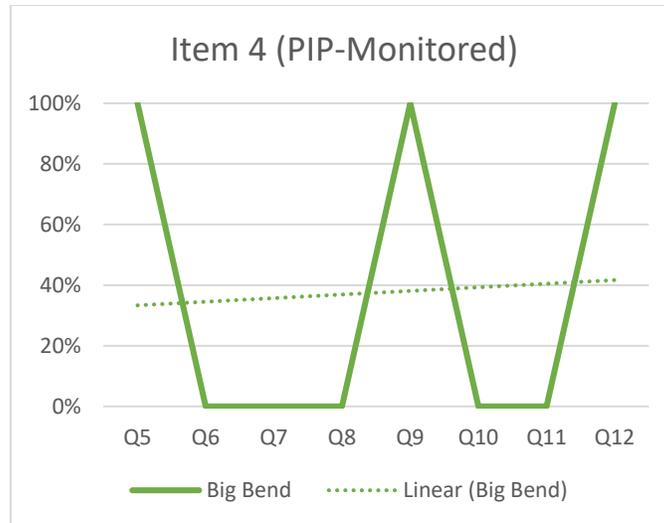
## Well-Being

CFSR/Outcome	PIP Target	FY 17-18 PIP	FY 18-19 PIP	FY 19-20 PIP	Trend
<b>Well-Being 1: Families have enhanced capacity to provide for their children's needs.</b>		<b>66.7%</b>	<b>0%</b>	<b>50%</b>	
Item 12: Needs and Services of Child, Parents, and Foster Parents	<b>58.4%</b>	100%	0%	50%	
Item 12A: Needs Assessment and Services to Children		100%	50%	50%	
Item 12B: Needs Assessment and Services to Parents		100%	0%	40%	
Item 12C: Needs Assessment and Services to Foster Parents		100%	66.7%	75%	
Item 13: Child and Family Involvement in Case Planning	<b>70.7%</b>	66.7%	0%	50%	
Item 14: Caseworker Visits With Child	<b>78.9%</b>	66.7%	25%	66.7%	
Item 15: Caseworker Visits With Parents	<b>51.1%</b>	33.3%	0%	40%	
<b>Well-Being 2: Children receive appropriate services to meet their educational needs.</b>		<b>100%</b>	<b>66.7%</b>	<b>75%</b>	
Item 16: Educational Needs of the Child		100%	66.7%	75%	
<b>Well-Being 3: Children receive adequate services to meet their physical</b>		<b>50%</b>	<b>0%</b>	<b>50%</b>	

<b>and mental health needs.</b>					
Item 17: Physical Health of the Child		100%	66.7%	80%	↑
Item 18: Mental/Behavioral Health of the Child		50%	0%	50%	↑

### Remaining Statewide PIP Items to Achieve





### **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.

. Safety plan consultation observations as well as ongoing supervisor consultations have been conducted during FY 19-20. By conducting observations, the training team is able to provide real-time feedback and ensure transfer of learning from the recently provided supervisor consultation training. Safety plan learning circles were also provided during last fiscal year and will continue during this upcoming fiscal year to continue to address areas of opportunity.

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. During FY 19-20, safety plan training is mandatory for new trainees during their first six months of field work. An emphasis on monitoring of safety plans was added to the safety plan 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. During the upcoming fiscal year, each subcontracted agency will ensure leadership is included in all permanency staffings.

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. This activity continues in FY 20-21.

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 continued over this last fiscal year as BBCBC continues to license foster homes at a significant rate. Foster Family Support Services in circuit 2 was brought in house by BBCBC approximately two years ago and continues to be a great success. This past year, in Circuit 2, recruiting has been via Facebook ads and 24/7 response time to inquiries by a foster parent with lived experience. BBCBC started on-line Quality Parenting Training pre-service classes. Due to an increase in interest, the agency added an additional class that was not previously scheduled. BBCBC continued the goal of licensing one home a month and in the 3<sup>rd</sup> and 4<sup>th</sup> quarter of the year, we successfully made sure there were licensed homes in every county in Circuit 2. As noted in the attached recruitment and retention plan, a foster parent trainer and consultant has been a valuable addition to the team providing real time to support to foster parents experiencing behavioral challenges. Training opportunities, small groups and a training newsletter were innovations implemented that will continue into fiscal year 20-21. C2 increased the foster parent retention rate to 85% over the last year.

BBCBC Foster Family Support Team licensed over 50 new foster homes in 2019, giving the BBCBC team a total of 112 homes. (As of 2/28/20, BBCBC had a total of 119 homes)

Circuit 14 has made multiple recruitment efforts as well. Coffee talks have continued during fiscal year 19-20. Billboard advertisements, radio show broadcasts and social media utilization have all proven successful as recent recruitment efforts. Interagency and community meetings were also attended by the Foster Family Liaison to ensure communication with community and agency partners. Foster Parent training has continued on the virtual platform due to the current pandemic. During fiscal year 19-20, C14 Foster Family Support licensed 16 foster homes.

Implementation of the Parent Behavioral Health Assessment continued during fiscal year 19-20. Service provision and early engagement with families is a leading indicator of strong permanency outcomes. Staff surveys regarding effectiveness of PBHA will occur during fiscal year 20-21 in order to gather feedback from frontline workers.

In an effort to effectuate permanency, the Care Coordination Program was implemented in January 2020: Care Coordinators focus on core behaviors/activities:

- a. Supportive engagement with parents
- b. Monitoring of treatment and feedback from providers
- c. Maintenance and strengthening of parent/child relationship
- d. Ongoing assessment of conditions for return
- e. Effective safety planning

Target Outcomes:

- Increase % of children 0-5 who achieve permanency by 12 months – (27.3% last 4 quarters)
- Increase % of siblings living with siblings – (Currently 67.8% of sib groups are placed together)
- Increase % of children visiting at least twice weekly with their parents
- Increase % of parents being contacted weekly by DCM

Care Coordinators also help with completing referrals, completing ICPC requests, and exploring relatives for potential placement.

Family Team Meetings that are consistent with the Wraparound model as a way of having all parties engaged and working together have been utilized from implementation.

### **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.

### **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. This will continue to be a training focus.

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". Also, when a concurrent goal is added, efforts are not made to achieve the concurrent goal, which is most often adoption.

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. Trends also include a lack of efforts to locate and engage parents whose whereabouts are unknown as well as insufficient efforts to engage incarcerated parents.

#### Focus on Parent Engagement

Caseworker visits with parents continue to be an area needing improvement although there has been an upward trend in caseworker visits with children (FL-CQI data). 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.

In order to address the following actions were taken:

- Updated quality contact training to include CFSR guidelines to ensure consistent understanding of requirements
- Phase 2 observations of parent contacts to ensure field support is provided
- Early engagement/rapid case assignment implementation in Circuit 2 and 14

More information is captured in the Quality Assurance Plan for FY 20-21 regarding interventions to enhance focus on parent engagement to include quality contact reviews beginning Quarter 1.

### ***Intervention Findings***

Interventions are implemented based on CQI findings and qualitative discussions during quarterly CQI-Training Meetings. 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.