

Case Management QA Consultation Guide

Quality Assurance staff play a critical role in day to day operations. You inform staff and leadership of day to day practices. You also help guide and inform safety, practice, and training needs within your organization on a day to day basis. Each of you have been given the role of helping to change case direction via the Rapid Safety Feedback process and it is critical as reviewers that you have the ability to guide discussions and help staff problem solve. So understanding the objectives of the case management tool is critical. It is also critically important to help staff understand how practice affects each of the 7 federal outcomes.

The primary objectives of the Case Managers is to:

- Engage and partner with key case participants to include safety and treatment providers working with the family.
- Have conversations with key case participants regarding safety, treatment needs and case progress and develop/ modify the plans informed by those conversations.
- Help parents to understand what must change, work toward agreement on those changes, and be change agents within the family.
- Engage parents in the development of case plan, and create case specific task that have outcomes that will enhance their diminished protective capacities to reduce the families length of agency involvement.

As Quality Assurance staff your first role is to guide case managers and supervisors to understanding the “big picture” of how day to day practice and policy ultimately impacts the federal outcomes Florida seeks to achieve as a system of care. There are 7 federal outcomes measured by the Children’s Bureau: 2 Safety, 2 Permanency, and 3 Well-being. Within each of these outcomes states are required to make “concerted efforts” to help families achieve each of these measures. Making these “concerted efforts” requires awareness about how their involvement with families has a significant impact on caregivers and children.

What should a good Quality Assurance Specialist bring to the consultation?

- Analytical- able to identify complex family dynamics, identify what information is a need to know. Can ask the right questions that invoke thought among staff to evaluate their own practice and decision making.
- Respect – Despite being the expert you understand that we are all professionals dealing with complex situations yet we all have varying levels of knowledge related to day to day practice.
- Flexible / Empathetic - be considerate of the job duties and time associated with case work when scheduling and determining the length of a consultation. Emergencies will arise schedule may need to be adjusted.
- Collaborator- You are one piece of the puzzle and we are all on the same team that makes up the “Big Picture”.
- Expertise- You are an expert in the field of child welfare. You understand safety, policy, and the performance expectations of staff and you seek to ensure a level of accountability within the agency.
- Knowledge- Know the case and the history of the key participants. Set the expectation that staff be prepared for the consultation as well. Be prepared to have conversations about specific case dynamics that the worker may not acknowledge/ recognize within the family.

What are the elements of a consultation?

The following topics should guide your discussion with the worker based on the information that is found during your preparation for the consultation:

- **Preparation Stage-** discussion should take place to understand what information needs further clarification from the family or investigator to help transition the case into the exploration stage and/or understand if the worker can identify the information gaps in order to complete the FFA-Ongoing. Does

the worker understand how the, missing information impacts child safety? This should give some insight into the level of knowledge for the introduction and preparation stage.

- What is/are the identified danger threats? How does it operate within the family?
- Is the existing safety plan sufficient to control the danger threat?
- What is the level of intrusiveness of the safety plan? Is it appropriate based on the safety analysis questions?
- Who are the key participants within the family that need to be engaged by the agency and at what level?

Understanding the preparation stage helps you to determine if the case manager collected the missing information during the introduction and exploration stage with the family to help develop the FFA-O and case plan.

- **Introduction Stage-** Discussion should take place to understand what took place during the case manager's introduction with the family. This discussion should reveal any preconceived notions about the family. Although this stage is very important to the process. This stage is critical for a supervisor to help develop their workers skills on how to approach and engage a family beyond the incident that sparked agency intervention. So your coaching efforts should be focused on conversation with the case management supervisor.
- **Exploration Stage-** Discussion should take place to understand what diminished and enhanced caregiver protective capacities exists for all significant caregivers within the home.
 - What stage of contemplation are the caregivers in?
 - If the caregivers are resistant how does/did the worker plan to move them forward?
 - How do the caregivers feel about the diminished caregiver protective capacities identified and do they understand the behaviors that need to change?
 - What was the supervisor's level of involvement in this stage?
 - What was the level of engagement that occurred with family? Did we include the parents in determining their needs and the needs of their children? This is particularly important in the case as it moves forward and helps Florida to achieve Permanency and Wellbeing Outcomes for our families.
 - Did any safety issues arise during this stage and how did the agency address those issues? Does the case manager understand their role in ensuring child safety until case closure?
 - What outcomes do we want to achieve with the family?
 - Were the discussions with the family focused on service provision? If so then this is a critical issue that needs further discussion with the supervisors regarding their supervisor consultations and coaching staff regarding the exploration stage.
 - What are the barriers to achieving the desired changes (outcomes) for this family? What are the plans to address those barriers?
- **Case Planning Stage-** Discussion should take place to understand how all key participants were involved in the case plan development, do they understand what needs to change and what outcomes will help to measure the changes.
 - Did we involve all key participants in developing the outcomes?
 - Did we develop SMART Outcomes?
 - Can the outcomes be used to measure the Key participant's behavior changes?
 - Does the case plan address the parent child needs?

- Does the information within the FFA-O support or drive the case planning? This should include information learned from professional assessments completed on the family.
- Are the correct danger threats still identified? Did we reevaluate if the danger threats need to be modified? Is the safety analysis updated correctly and informed by the information within the FFA-O?
- Are the stages of change correctly identified with the FFA-O?
- Are the services identified accurate and do they speak to the needs identified with the FFA-O and other professional assessments completed on the family?

Final discussions should be held with the supervisor if you learn of any deficiencies in one of these stages especially if the FFA-O has been submitted and approved by the supervisor. This discussion should include any Request for Action and non-immediate follow ups along with a timeframe for addressing those concerns.

GUIDE TO SUPERVISOR CONSULTATION AND SUPERVISORY REVIEW REQUIREMENTS

Supervisory Consultation	CFOP 170-9
Supervisor Consultations Defined	10-2
Supervisor Consultation General Requirements	10-3 a-f
Within 5 days following a case transfer, a supervisory consultation will occur to ensure the sufficiency of the safety plan.	2-4 a
Within 5 days of any safety plan modification, the supervisor will conduct a consultation with the case manager for purposes of affirming the safety plan.	10-2 b
At any point during the development of the FFA-O, if parents are highly resistant and/or are unwilling to engage with the case manager during or at the conclusion of the exploration stage, a supervisor consultation is required	4-10 a(1-2); 10-5c
There must be a minimum of one consultation, specific to the case plan, prior to the supervisor's approval of a case plan.	5-5 a; 10-5a
The supervisor is responsible for a case consultation and the approval of any completed Progress Update.	6-6
The supervisor will approve any modifications to the case plan.	7-3
After a case consultation, a supervisor may approve case closure.	9-3
A Supervisor Consultation will be conducted to review and approve/deny an "Other Parent Home Assessment" to ensure that it conforms to the requirements in CFOP 170-7, Chapter 6.	10-2 c
A Supervisor Consultation will be conducted to approve a home study of a family-made arrangement.	10-2 d
A supervisor consultation which focuses on the family assessment is required in all cases prior to approval of the FFA-Ongoing.	10-5a
Required Consultations at Critical Junctures	10-8 a-f
When significant changes in family members' and/or family circumstances warrant review and possible revision to the safety plan and/or case plan, such as a change to unsupervised visitation	10-8 a
When an emergency change in a child's out-of-home safety plan placement is needed.	10-8b
When the children and/or caregivers are making little or no progress toward the established outcomes and/or an immediate change in the case plan seems indicated.	10-8c
After any review (i.e., judicial, administrative, State, or County QA) recommends or directs that changes be made	10-8d
At receipt of a new investigation or report of domestic violence in the home.	10-8e
There are new Children in an Open Case.	10-8 f (1-3)

