

# **Community Based Care in Broward, Dade, and Monroe Counties**

Draft Monitoring Report

Chapin Hall Center for Children

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Draft Monitoring Report

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## **Introduction**

This is the third quarterly monitoring report undertaken by Chapin Hall. Topics covered include child safety, well-being, placement stability, and independent living. Data were collected through case record reviews, focus groups, and interviews with staff. Compared to case record reviews carried out previously, the format of the case record reviews conducted as part of this review was altered so as to include CBC lead agency representatives in the reviews.<sup>1</sup>

The report is structured in the following way. The first section describes the data collection process. Following the overview, separate findings for each CBC are presented. The CBC-specific presentation begins with safety and well-being and concludes with placement stability and independent living. Within each of these domains, we discuss the specific purpose of the review, the sources of data, the findings, and conclusions reached. Recommendations for action are included at the end of each section.

## **Overview of Monitoring Activities**

### **Scope of the Review**

The third review covers the following topics. In keeping with earlier reports, each case record was reviewed for safety and well-being. With respect to safety, records were reviewed for repeat maltreatment and whether children are maintained safely in their homes. Well-being, as defined in the core element matrix developed by DCF, refers to whether the families have enhanced capacity to meet the needs of their children, the involvement of family members in the case planning, and whether the child is receiving services consistent with their educational, health, and mental health needs.

In addition to safety and well-being, the review focused on placement stability and independent living. Placement stability refers to movement between placement settings (e.g., moving from one foster home to another). As a result of findings presented in the April (2007) monitoring report, we examined the issue of placement stability within six months of initial placement, the time when movement is most likely. The review also covered cases of children eligible to receive services authorized under the state's independent living program.

### **Sources of Data**

Data were collected from three sources: case record reviews, focus groups, and interviews with staff. For record reviews, cases were selected at random from lists of eligible cases provided by the CBC. Focus group participants were recruited from each of the CBC lead agencies and their sub-contracted providers. The groups were conducted with foster parents, case management, placement and independent living staff. Participants were randomly selected from lists of eligible individuals provided by the CBC. Staff interviews were conducted with individuals with responsibility for independent living and placement departments.

### **Case Record Review Instruments**

Chapin Hall utilized two instruments for the case record reviews. The first instrument, which was adapted from DCF's core element matrix and utilized during last quarter's monitoring activities, was used to

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<sup>1</sup>For this review, the format followed involved side-by-side reviews involving the monitor and staff from the CBCs. The monitor led the review of the case files. However, the side-by-side nature of the reviews allowed for closer interaction around the facts of the case, clearer interpretation of the facts, and more immediate feedback regarding case practice and other factors relevant to understanding the case. The side-by-side reviews were positively received by the CBC participants and will be used in future reviews.

capture data pertaining to safety, well-being and placement stability.<sup>2</sup> The core element instrument was utilized with all of the cases reviewed. A second instrument, with detailed questions covering statutory requirements related to the independent living program, was used for independent living component of the review<sup>3</sup>.

Both of the instruments are composed of two parts. The first part includes the core element items and the responses to those items, as per the case record. The instrument records responses using a yes/no/does not apply format, with “yes” indicative of compliance with the established standard relating to Florida’s statute and/or the state of Florida regulations. The second part of the instrument is dedicated to comments. Comments were recorded on those items for which a response of “no” was selected. In addition, the reviewers also provided comments when the case file pointed to deficiencies in the quality of care.

## Sample Size and Specification

A total of ninety records were read for this review, forty-five from each CBC. Case records for the reviews were selected as follows. For placement stability, a random sample of 20 children for each CBC was selected from all children admitted to out-of-home care for the first time between 9/1/2006 and 11/30/2006. Again, the emphasis on recent admissions reflects the fact that children are more likely to move between placement settings within 6 months of admission.

The independent living sample consisted of 25 records selected from the children in out-of-home care. The independent living sample was divided into two categories: legacy cases and new admissions. Legacy cases were defined as children who were active in the out-of-home care on 4/1/07 and were between the ages of 13 and 18. These children are eligible for a range of independent living services. The new admissions sub-sample was selected from all children between the ages of 16 and 17 who entered the system between 11/1/06 and 2/28/07. Of the twenty independent living cases reviewed for Our Kids sixteen were legacy cases and four were new cases. While ChildNet’s sample was distributed between Legacy and new cases as follows: twelve cases were legacy and thirteen were new cases. A full summary of the sample is provided in Table 1.

Table 1  
Case Record Review Sample

	Our Kids, Inc.	ChildNet	Total
Placement Stability	20	20	40
Independent Living	25	25	50
Legacy	16	12	
Admissions	4	13	

<sup>2</sup> The core element matrix refers to a list of 190 core elements that DCF has established as central to their approach to quality assurance. The questions listed on the matrix link to areas of case practice that are regulated by Florida statute. The Independent Living Instrument refers to a list of 43 questions which address all elements of Florida’s statute 4546.

<sup>3</sup> The Independent Living instrument was developed by Our Kids and previously approved by the Department of Children and Families. Additionally, minor modifications were made to the instrument prior to its use during the case record reviews with ChildNet .

# Our Kids, Inc.

## Overview of the case record review

The central filing system described in the previous monitoring report continues to be fully operational. Case records are housed in record rooms located in each service region's central office, or hub. At each hub, Our Kids' staff manages the records of the providers with whom they are co-located. The role of the record room staff is to build, maintain and secure the records.

As was evident during the previous quarter, the record rooms at the three hubs were spacious and well organized. The staff was helpful and consistently followed security protocols established by the CBC lead agency. Security measures were also found to be in place for the FCMA providers in the form of an electronic system that monitors when authorized staff check out case records. Overall, Our Kids has a functional and efficient filing system in place in Miami-Dade County with supportive staff on hand to assist with authorized access to the records.

In general, the case records were organized, adequately labeled by case name (mother's name) and volume number, when applicable. Although not all sections were filed in chronological order, all documents were accurately filed within each section.<sup>4</sup>

## Safety

Child safety is a fundamental objective of the child welfare system. In the context of the systems of care in Broward, Dade, and Monroe counties, the CBCs provide a range of in-home and out-of-home services designed to protect children within a policy and practice context that favors keeping children with their families so long as doing so is consistent with the safety of the children. When placement is necessary, the policy and practice context directs the CBCs and the provider network to place children in substitute living arrangements on a temporary basis. The regulatory framework in Florida specifies how work with families ought to proceed. In this context, repeat maltreatment and protecting children within their living situation are central to understanding how well the system is working.

### Repeat maltreatment

#### *Purpose*

With respect to repeat maltreatment, the goal of the review was to determine whether appropriate actions were taken pursuant to a report of maltreatment involving a child already being served by the CBC. Specifically, reviewers looked for maltreatment reports and evidence that the CBC initiated appropriate action in the event maltreatment was reported.

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<sup>4</sup> Although file systems are not a focus of the programmatic review per se, it may be helpful at this point to note the following. Although the system provides easy access to the case record and shifts responsibility for filing information from case managers to support staff, feedback suggests that maintaining the files independently of case managers may affect case manager's ability to complete specific tasks. The cost/benefit of a centralized system may be worth exploring at some point. Also, file management appears to be somewhat lax in Monroe County. The CBC maintains record rooms throughout Monroe County; however, there are noticeable differences in the maintenance of file rooms, with less attention given to security protocols. In addition, the Monroe County files were not as clearly (coherently) assembled constructed, making it more difficult to review. In one case, numerous documents needing to be filed were provided to the monitoring team in conjunction with the case record review.

### *Sources of Evidence*

- Child Safety Assessments (CSA) that were initiated during the review period<sup>5</sup>
- Abuse reports
- Home visit forms
- HSn notes
- Provider service reports

### *Findings*

- Case record reviews
  1. Of the 45 cases reviewed, three cases were found to have had a maltreatment report that was verified by a child protective investigator. With respect to those reports, the following observations are important to note.
    - a. Details of the reports were not contained in the Our Kids case record. The maltreatment reports were discovered as a result of a review of the HSn electronic record.
    - b. Although appropriate actions were reportedly taken in response to the subsequent reports, information about the steps taken were not in the case file maintained at the Hub, which means that case managers would not necessarily know about those issues in the course of their work with the families involved.

### *Conclusion*

- Case files maintained in the file rooms of the HUB should contain documentation of action taken in response to maltreatment reports.

### *Risk of Harm*

#### *Purpose*

The purpose of this portion of the review is to determine the frequency and quality of ongoing risk assessment and to identify the ways in which information from the assessments is used to reduce potential risks to children.

#### *Source of Evidence*

- Abuse reports
- CSAs Initiated within the review period
- Supervisory notes
- HSn notes
- Home visit forms
- JRSSR
- Home study

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<sup>5</sup> Child Safety Assessments (CSA) refers to a statewide, automated tool and report that is used by the child protective investigator to manage allegations of child abuse, neglect, or abandonment.

## *Findings*

- Case record reviews
  2. Safety assessments are occurring during monthly home visits, according to the records reviewed, although completion of assessments is uneven with respect to the populations reviewed. Children in the placement stability sample were more likely to have had their safety assessed. Compliance was below the standard for both the legacy and the admission sub-samples selected for the independent living review. Based on the records selected, we estimate that the overall rate of compliance is 74%.
  3. In most cases, the records suggest that case managers do not engage caregivers around child safety issues.
  4. Home visit forms and notes provide a cursory view of the case manager's interaction with the child during the home visit.
  5. Home studies are not consistently completed prior to placement with relative caregivers.
  6. Bi-annual home studies and re-evaluations of relative/non-relative placements are being completed in some but not all cases.
- Focus groups and interviews
  1. The focus groups participants describe completing activities during home visits that are consistent with aspects of a safety assessment.

## *Conclusions*

- Compliance is low with regard to safety assessments. Compliance was better with the placement stability sample.
- Engagement with caregivers is weak generally, but stronger with the placement stability sample.
- Home studies are not consistently completed prior to placement.

## **Well-being**

Well-being captures the idea that the child welfare system has an obligation to view the child in holistic terms. Access to and utilization of appropriate health care (including dental care), mental health care, and education services are critical to such a view. Florida has an elaborate framework for assessment and case planning that is designed to identify and align services with an appropriate mix of services. In this section, we review findings pertaining to compliance with case planning requirements, monthly visits, assessment and use of medical care.

### *Case planning*

#### *Purpose*

The case plan links case goals with the tasks and timeframe needed to meet individualized goals. We reviewed the case plan to determine if plans were complete and whether treatment progress was consistent with the case plan.

#### *Source of evidence*

- Case plan
- Predisposition study
- Child Safety Assessment

- Level of Care Assessment
- Home visits
- HSn notes
- Supervisory notes
- Staffing form/notes
- JRSSR
- Status report

### *Findings*

- Case record reviews
  1. Initial case plans are not developed routinely within the 60-day required time frame.
  2. In general, there is limited family involvement in case plan development.
  3. In most cases, the findings suggest that case managers do not identify tasks and services consistent with the case plan goal.
  4. There is limited family/case manager engagement in case plan follow-up.
  5. There is little evidence to suggest that the case manager communicates with providers of clinical services regarding the effectiveness of their service.
  6. The number of case records that a current case plan in the file is limited.
  7. There is limited evidence to suggest that case plans are amended to reflect changes in goals, task, services, and placement setting.
- Focus group and interviews
  1. Information gathered during the focus groups suggest there is difficulty linking children and families to clinical services, sharing information between providers of clinical services. It is apparent that this lack of communication also occurs when the full case management agency is the provider of clinical services.

### *Conclusions*

- Compliance with case plan requirements is lower than it should be. Specifically, case plans are not being developed or utilized in the manner that was intended. The plan is weakened by the lack of case coordination, family engagement, and implementation of case plan activities.

### *Monthly Visits*

#### *Purpose*

The purpose of the home visit is two fold: to assess the child's safety while in care and to ensure that the child's ongoing emotional, social, educational and medical needs are being addressed.

#### *Source of evidence*

- Home visits forms
- HSn notes
- Supervisory notes
- JRSSR

## *Findings*

- Case record reviews:
  1. With respect to monthly home visits, the findings reveal uneven results for the populations reviewed. Children in the placement stability sample were visited monthly. However, the findings suggest a lower compliance rate for the independent living population. Of the forty-five case records reviewed, overall compliance is 85%.
  2. Home visit documentation does not convey a sense of the child's relationship with his/her caregiver and significant others in the home.
  3. There is limited evidence to suggest that case manager initiates discussions with both the child and caregiver regarding the child's education, clinical, medical needs and goal attainment during home visits.
  4. In cases where the goal is reunification, monthly visits with biological parents are occurring on a limited basis.
  5. The findings suggest that during monthly home visits discussions surrounding case planning, goal attainment, and service delivery are occurring on a limited basis with the child. The results revealed a greater compliance rate with the placement stability sample while the independent living sample compliance rate was significantly lower. That said, overall compliance rate was 33% in the sample that was reviewed.
- Focus groups and interview:
  1. Foster parents/group home staff expressed concern that limited information regarding ongoing case activities is shared with the caregiver during the home visit.
  2. According to focus group participants, the case manager assigned to a case is often not available to visit their child. When this happens, a substitute case with little knowledge of the family carries out the home visit. As a consequence, the continuity of care suffers.

## *Conclusions*

- The model of practice needs to be deepened, with an emphasis on family engagement and case planning.

## *Level of Care Assessment*

### *Purpose*

The Level of Care Assessment is a strength-based assessment, designed to evaluate the child's social, emotional, behavioral, and developmental functioning within the home, school, and community. The Level of Care Assessment includes direct observation of the child in those settings.

### *Source of evidence*

- Abuse Reports
- Child Safety Assessments
- Adjudicatory order
- Dependency order
- Service provider reports
- HSn notes

## *Findings*

- Case record review:
  1. In most cases, children within the placement stability sample are being assessed within the required thirty-day time frame, using the CBC lead agency's Level of Care Assessment process. However, the compliance rate was lower for children within the independent living sample. The over all estimated compliance rate is 72%.
  2. Clinical services are being provided within thirty days to a limited subset of the eligible population.
  3. There is evidence to suggest that the Level of Care Assessment is not being utilized during case plan development.
  4. In slightly more than half of the cases, the services recommended were actually provided. Findings from the placement stability sample suggest a higher rate of compliance.
- Focus groups and interviews:
  1. The focus groups recognized problems with the LOCA, noting, for example, that the LOCA does not appear to be individualized. Concerns were raised about the ability to improve the quality of LOCA.
  2. The Level of Care Assessment results are not always available when the case plan is being developed.
  3. There are instances when recommendations for a specific type of service not currently available within the community are contained in the Level of Care Assessment.
  4. Following a referral for clinical services pursuant to a Level of Care Assessment, there are delays gaining access to those services.

### *Conclusions*

- Although the Level of Care Assessment is an important element in the case plan process, the potential value of the Level of Care Assessment is diminished in the following ways:
  - Timely follow-up with clinical services is inconsistent.
  - The availability of recommended services is inconsistent.
  - The results of the Level of Care Assessment are not always available during case plan development.

### *Medical and Dental Care*

#### *Purpose*

The purpose of initial medical screening is to quickly identify the child's medical needs and to initiate the necessary medical treatment as quickly as possible. Moreover, ongoing preventative medical and dental care is required to ensure the ongoing health of the child.

#### *Source of evidence*

- HSn notes
- Dental forms
- Medical forms
- Immunizations
- Consultation forms
- JRSSR

- CPT report

### *Findings*

- Case record review:
  1. The findings suggest limited compliance with initial health screening within the required 72-hour time frame.
  2. With respect to preventative care, the findings are uneven. There is a greater level of compliance among the placement stability sample. The overall compliance rate is 66%.
  3. The children who received preventative health care were also recipients of appropriate treatment for identified medical needs.
  4. Of the case records reviewed the findings suggest that only a small number of children received preventative dental care and appropriate treatment where needed.
  5. Of the case record reviewed a few children received the required immunizations.
- Focus groups and interview:
  1. In most instances, foster parents/group home/shelter staff are not provided with the child's medical history at the time the child is placed.
  2. The child's medical information captured within the child resource record does not follow the child to successive placements<sup>6</sup>.
  3. Participants across all focus groups experience difficulty securing dental appointments through the current ADI system.

### *Conclusions*

- In general, the health needs of the children are not addressed in a consistent fashion.

## **Placement Stability**

When a child is placed, it is important to match the child with an appropriate caregiver. Failure to do so may lead to additional disruptions in the child/caregiver relationships. Thus, fewer moves are desirable all else being equal. In section, we examine the placement process to see how the CBC matches the child with the foster home or other setting as the case may be.

### *Initial placement*

#### *Purpose*

The purpose of this aspect of the review was to determine the extent to which case practice was linked to the CBC's system of care model and to identify the ways in which the network was able to operationalize the system of care design. With regard to initial placement and case plan, special attention is given to how family connections are maintained through visitation with parents and siblings.

#### *Sources of Evidence*

- HSn Placement screen
- HSn notes

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<sup>6</sup> The child resource record (CRR) refers to a file which is captures the child's medical, educational, mental health records, dependency status and allowable contacts. The CRR is developed by the service worker (Child Welfare Administrative Rule Chapter 65 C-28.005).

- Supervisory notes
- JRSSR
- Provider service reports
- Focus groups
- Interviews

### *Findings*

- Case record review:
  1. In most cases, the placement stability sample revealed that home studies and background checks are being completed prior to placement. However, compliance rates were lower for the independent living sample. The overall compliance rate is 71%.
  2. In most cases children are having visits with their parents.
  3. Sibling visitation is occurring infrequently. In addition, there is limited evidence to suggest that children are offered alternative means of contact with their siblings.
  4. Of the case records reviewed a limited number of case plans identified the child's current placement and visitation plans for both parents and siblings.
  5. In some cases siblings were placed together.
- Focus groups and interviews:
  1. Information gathered from interviews indicates that across the full case management agencies placement departments vary in both organizational structure and job responsibilities assigned to staff.
  2. Prior to (initial) placement, only limited information about the child is given to the foster parent.
  3. The allocation of children to the full case management agencies is random. The process is designed to move the decision-making about where to place children to the providers.
  4. Information gathered from both the interviews and the focus groups indicate that placing a child within the agency's placement continuum is important. That is to say, the specific needs of the child mixes with other considerations when choosing a placement.
  5. When necessary a full case management agency can purchase a bed from another child-welfare provider. Although there are established costs guidelines for placement types, each provider is free to set their own rate. Therefore, it often occurs that agencies placing children outside its continuum will have to absorb higher costs for children placed with another provider.
  6. In instances when a child is placed outside the agency's continuum, placement staff must continue to work towards identifying an available bed within their agency. Once a bed has been identified within the agency, the child is replaced as quickly as possible. This may contribute to placement instability.
  7. Following an initial placement, the agency's placement staff is responsible for ensuring that services are implemented to support the current placement.
  8. There are currently no therapeutic foster care and medical foster homes in the Keys. Therefore children needing these services/placements must be placed outside of their communities.

### *Conclusions*

- The universal placement practice employed by the Our Kids network of providers is made primarily by bed availability and or, cost rather than utilizing the lead agencies placement philosophy of matching children’s needs to the strength’s of the parents, keeping siblings together and placing children within their community.
- Placement cost (i.e., the rate of payment) appears to be driven by the demand for beds rather than established reimbursement guidelines. This practice limits the agency’s ability to match children to suitable homes outside of their continuum.

Replacement

*Purpose*

With respect to replacement, the purpose was to identify points of movements, reasons for the move and the efforts made by the CBC to stabilize the child’s current placement.

*Sources of Evidence*

- HSn notes
- Home visit forms
- JRSSR
- Placement request forms
- Staffing forms
- Provider service reports
- Focus groups

*Findings*

- Case record review:
  1. Of the case records reviewed, seventy-five percent of the sample selected has moved at least once. Data gathered from the case record review suggest the following:
    - a. It would appear that adolescents experience a higher rate of replacement. There was limited evidence in the file to suggest that additional services were implemented to reduce the likelihood of replacement.
    - b. Children with behavioral difficulties and mental health issues experience higher rates of replacement. There was no evidence in the file to suggest that additional services were implemented to reduce the likelihood of replacement.
  2. Of the case records reviewed children placed with relatives tend to be more stable while children placed in group care settings were more likely to move.
  3. At the time of review, the then current placement appeared to be stable, whether it was the child’s first placement or subsequent placement.
- Focus groups and interview:
  1. Information gathered during focus groups and interviews indicated that most replacements occur following unanswered requests for clinical services. The delayed response often prompts a request for removal.
  2. According to the focus groups and interviews, in most cases involving replacement, children are placed in an available bed that may not be the most suitable placement for the child.

*Conclusions*

- If agencies increased the level of services to children in placement, the need for replacement may be reduced.
- The process of moving children to a new setting mirrors the initial placement process. This suggests that placement choice is driven to some extent by bed availability rather than by placing the child in a setting that best that addressed their needs.

## Resources

### *Purpose*

Within this section the monitoring team's goal was to identify whether agency staff have the resources they need to do their job.

### *Sources of Evidence*

- Interviews
- Focus Groups
- Provider service reports
- JRSSR
- HSn notes
- Supervisory notes

### *Findings*

- Case record reviews:
  1. A limited number of referrals for clinical services were found in the case record, even though the case record documents a need for clinical services.
  2. There is a significant delay between the submission of a referral and implementation of clinical services.
- Focus groups and interviews:
  1. The focus groups and interviews indicated that there is difficulty placing the following sub-groups of children:
    - a. Teen girls
    - b. Children with a history of sexual behaviors
    - c. Sibling groups
    - d. Children of color
  2. Information gathered through focus groups and interviews suggest that placement resources (i.e., homes) for children of color are in limited supply.
  3. According to the focus groups clinical services are needed to support current placements.
  4. The focus groups indicated that the response to a foster parent's request for assistance is delayed.
  5. Focus group and interview participants observed that transportation and support staff resources are in limited supply.

### *Conclusions*

- The service continuum does not meet fully the needs of the population being served. The supply of and use of clinical services for children in out-of-home care in particular has to be expanded.
- Access to the continuum of services (including placements) for all children has to be improved. In particular, the CBC and the entire network of full case management agencies has to take steps to recruit foster parents within all communities so that cultural connections are maintained to the fullest extent possible.

## **Independent Living**

As children who are living in out-of-home care approach the transition to adulthood, the child welfare system has an obligation to assist foster youth with the transition to adulthood. This means foster youth have to be equipped with life skills; foster youth need an independent living plan; and foster youth may need resources to help them make the transition. Florida has an extensive set of services and resources for foster youth. In this section we examine how well the system of care delivers those services.

### Assessments

#### *Purpose*

The purpose of an assessment is to identify areas of strength and weak points, establish goals and provide services designed to enhance areas of life skills. In situations where re-assessments are utilized, there is an expectation that subsequent assessments will be used to measure progress and adjust treatment protocols to address the client's changing needs.

#### *Sources of information*

- Independent Living Assessment (type and frequency of re-assessments were noted)
- Assessment format
- Expertise of the individual administering the test
- JRSSR
- Transitional case plan
- Status reports
- Focus groups
- Interviews

#### *Findings*

- Case record review:
  1. The CBC's network of full case management agencies has selected the Ansell Casey Assessment for use with this population.
  2. In a few cases the Ansell Casey Assessment was utilized for youth 13 through 17.
  3. Of the case records reviewed re-assessments are not occurring within the required timeframes.
  4. There is no evidence to suggest that the assessment is utilized during the development of the independent living plan.
- Focus groups and interview:

1. Information gathered in both the focus groups and interviews indicated that assessments are not being utilized to drive the development of the independent living plans nor are is the assessment used by staff working with the child in the independent living program.
2. The focus groups and interviews indicated that the Ansell Casey Assessment is not utilized to identify the life skills needed by the youth.

### *Conclusions*

- It would appear that the independent living assessment is not being utilized as designed. The purpose of the assessment is to assist in establishing the independent living plan and needed services. The sporadic use of the assessment weakens case practice and negatively impacts service delivery.

### *Independent living skills plan*

#### *Purpose*

The purpose of the independent living plan is to assist the youth in establishing goals and identifying the steps needed to accomplish those goals. The plan must identify responsible parties and establish timelines by which the each task must be accomplished.

#### *Sources of information*

- Independent living assessment
- Independent living plan
- HSn notes
- Supervisory notes
- Transitional plan
- Provider service reports
- Status reports
- Focus groups
- Interviews

#### *Findings*

- Case record review:
  1. Of the case records reviewed, there was a small portion for which independent living staffing forms were noted in the records.
  2. Independent living plans are being utilized in only a small portion of the sample reviewed.
  3. Of the cases records reviewed, there is limited evidence to indicate that annual staffings are utilized to evaluate the youth's progress towards the independent living goals.
- Focus groups and interview:
  1. The focus groups indicated that in a few instance the independent living assessment is used to inform the development of the independent living plan.
  2. The focus groups and interviews indicated that in some cases annual staffings are occurring for youth in the independent living program.
  3. The focus groups and interviews indicated that the independent living plan or staffings do not capture the youth's progress over time.

### *Conclusions*

- The independent living plan should be utilized more fully.
- The independent living plan does not appear to be connected to other components within the independent living program. The utility of the plan is limited for the following reasons:
  - The results of the Ansell Casey Assessment are not utilized to develop the independent living plan.
  - The plan does not inform case practice.
  - Staff or the youth does not utilize the plan.

### *Life skill classes*

#### *Purpose*

Life skill classes are designed to enhance the youth's knowledge and skill base. These classes are taught by a life skill coach who provides instruction in a manner consistent with the age and knowledge level of the youth. Additionally, the life skill coach provides feedback to the case manager and independent living staff regarding the youth's attendance, participation and progress in the program.

#### *Sources of information*

- Independent living assessment
- Independent living plan
- Provider service reports
- JRSSR
- Status reports
- Transitional plan
- HSn notes
- Supervisory notes

#### *Findings*

- Case record review:
  1. There were a limited number of life skill classes documented in the case records reviewed.
  2. Of the case records reviewed only a small number of the youth received life skill classes.
- Focus groups and interview:
  1. Information gathered from the focus group revealed that life skill coaches have had limited training aimed at both engaging youth and delivery of the curriculum.
  2. Information gathered from both the focus groups and interviews revealed that all children regardless of age, level of functioning, or specialty needs are grouped into one life skill class.
  3. The focus groups indicated that there is intermittent communication between life skill coaches and other staff involved with the youth's case.
  4. Life skills class attendance is poor.
  5. Information gathered from the focus groups and interviews suggest that there are limited available resources available to present the life skill curriculum in a creative manner and expose the youth to a variety of activities and experiences.

6. Information gathered from the focus groups and interviews indicated that there are a variety of life skill curriculums being utilized. Some of the programs were developed by the full case management agencies.
7. Information gathered during the focus groups and interviews revealed that each full case management agency offers a series of life skill classes monthly.

### *Conclusions*

- The life skill component of the independent living program is limited. The classes being offered are available to a small portion of the independent living youth. Overall, the quality of the curriculum utilized is questionable; and the delivery of the information suggests that modifications are needed so as to meet the diverse needs of the population served.

### Resources

#### *Purpose*

Within this section the monitoring team's goal was to identify whether agency staff have the resources they need to do their job.

#### *Sources of information*

- Focus groups
- Interviews
- Provider service reports
- JRSSR
- Status report

#### *Findings*

- Focus groups and interviews:
  1. The information gathered from the focus groups and interviews indicates that there are instances where youth are unable to maintain their housing and are utilizing homeless shelters. In these cases, applications for housing assistance are denied and agency staff must work with the youth to assist them in acquiring section eight housing and social services such as food stamps.
  2. The information gathered from focus groups and interviews indicates that numerous applications for both transitional and/or aftercare/emergency funds are returned to the sub-contracted provider without a determination. In these cases, additional advocacy is needed to acquire final approval from the CBC lead agency.
  3. The information gathered from focus groups and interviews indicates that Our Kids does not do the eligibility determination for the Road to Independence Living funds, transitional and aftercare funds.
  4. The information gathered from focus groups and interviews indicates that there is limited communication between the independent living staff and case managers.
  5. The information gathered from focus groups and interviews indicates that independent living staff have not had training upon entering their current position, nor have they receive ongoing training related to service delivery or youth engagement.
  6. The information gathered from focus groups and interviews indicates that the Road To Independence funds are insufficient when compared to the cost of living in Miami and the Florida Keys.

### *Conclusions*

- The independent living program and all its components require strengthening. Overall, the program lack cohesiveness. Additionally, all aspects of the program should be fully implemented and linked to case practice.
- The process used to determine financial support for youth should be examined. The review should focus on the point of eligibility determination to insure that the guidelines for eligibility are clear and that the steps in the application process are fully identified. Finally, the review should consider whether the decision-making process itself is an administrative function that should be in the hands with the lead agency as opposed to a full case management agency.

# ChildNet

## Overview of the case records review

The monitoring team visited ChildNet's four services centers: North, Central, West and South. In each instance a Quality Assurance advisor provided the cases records to the monitoring team. While ChildNet utilizes case record rooms located within each of their service centers, it is apparent that the case records are maintained in the cubicles with the child advocates.

The records themselves are well-organized, labeled by case name (mother's name) and volume number when necessary. The case records were easy to read and were divided into easily identifiable sections. While some of the documents were not filed within chronological order, in all cases documents were filed in the correct sections of the file. The case record reviews were initiated on June 25, 2007 and ran through July 6, 2007.

## Safety

Child safety is a fundamental objective the child welfare system. In the context of the systems of care in Broward, Dade, and Monroe counties, the CBCs provide a range of in-home and out-of-home services designed to protect children within a policy and practice context that favors keeping children with their families so long as doing so is consistent with the safety of the children. When placement is necessary, the policy and practice context directs the CBCs and the provider network to place children in substitute living arrangements on a temporary basis. The regulatory framework in Florida specifies how work with families ought to proceed. In this context, repeat maltreatment and protecting children within their living situation are central to understanding how well the system is working.

### Repeat maltreatment

#### *Purpose*

With respect to repeat maltreatment, the purpose was to determine whether appropriate actions were taken pursuant to a report of maltreatment involving a child already being served by the CBC. Specifically reviewers looked for maltreatment reports and evidence that the CBC initiated appropriate action in the event maltreatment was reported.

#### *Sources of Evidence*

- Child Safety Assessments (CSA) that were initiated during the review period
- Abuse reports
- Home visit forms
- HSn notes
- Provider service reports

#### *Findings*

- Case record review:
  1. Of the 45 cases reviewed, five cases were found to have had a maltreatment report that was verified by a child protective investigator. With respect to those reports, the following observations are important to note.

- a. Child welfare officials took appropriate actions and follow-up services were made available.

### *Conclusions*

- The cases reviews indicate that the cases reviewed were appropriately following verified reports of maltreatment.
- Clinical service reports, which are not generally not in the case record, should be more readily available to ChildNet's staff so that the reports can be used to adjust case plans and other service strategies.

### *Risk of Harm*

#### *Purpose*

The purpose of this portion of the review is to determine the frequency and quality of ongoing risk assessments and identify the ways in which the information is used to reduce potential risk to children.

#### *Source of Evidence*

- Abuse reports
- CSAs Initiated within the review period
- Supervisory notes
- HSn notes
- Home visit forms
- JRSSR
- Home study

#### *Findings*

- Case record review:
  1. In most cases home studies are being completed prior to placement with relative caregivers.
  2. In some cases background checks are being completed prior to placement with relative caregivers.
  3. Of the case records reviewed, bi-annual home studies and re-evaluations of relative/non-relative placements are not consistently completed.
- Focus groups and interviews:
  1. Focus groups described activities completed during home visits that are consistent with aspects of a safety assessment.
  2. Information gathered from the focus group indicated that the electronic home visit form appears to be cumbersome and difficult to manage.

### *Conclusions*

- In general home studies are utilized to assess the safety of the home and the (financial) capacity of the caregiver to meet the needs of the child. Attention should also be given to the caregiver's capacity to manage the child's ongoing social and emotional needs.
- There is limited compliance with respect to bi-annual home studies and re-evaluations of relative/non-relative placements.

## Well-being

Well-being captures the idea that the child welfare system has an obligation to view the child in holistic terms. Access to and utilization of appropriate health care (including dental care), mental health care, and education services are critical to such a view. Florida has an elaborate framework for assessment and case planning that is designed to identify align services with an appropriate mix of services. In this section, we review findings pertaining compliance with case planning requirements, monthly visits, assessment and use of medical care.

### Case planning

#### *Purpose*

- The case plan links case goals with the tasks and timeframe needed to meet individualized goals. We reviewed the case plan to determine if plans were complete and whether treatment progress was consistent with the case plan.

#### *Source of evidence*

- Case plan
- Predisposition study
- Child Safety Assessment
- Level of Care Assessment
- Home visits
- HSn notes
- Supervisory notes
- Staffing form/notes
- JRSSR
- Status report

#### *Findings*

- Case record review:
  1. Generally speaking, initial case plans are not being developed within the required timeframes. The compliance rate for both samples (placement stability and independent living) was similar. The overall estimated compliance rate is 40%.
  2. The case records reviewed suggest that parental involvement in case plan development is limited.
  3. Child advocates do use the case plan to track task and goal attainment, but the practice is not universal.
  4. There is limited communication between the child advocate and the providers of clinical services.
  5. Most of the case records reviewed contained a current case plan.
  6. In cases where reunification is the goal, the findings revealed limited monthly visits with parents.
- Focus group and interviews:

1. Child advocates expressed frustration with linking children and families to services and acquiring information, progress reports and notifications of staffings.

### *Conclusions*

- Compliance with case plan development and on going case planning activities is low.
- The case plan is the central document of the case record that outlines the path towards permanency. Ongoing case practice should include referencing of the case plan and monitoring of services to determine the progress towards permanency.

### Monthly Visits

#### *Purpose*

- The purpose of the home visit is two fold: to assess the child's safety while in care and to ensure that the child's ongoing emotional, social, educational and medical needs are being addressed.

#### *Source of evidence*

- Home visits forms
- HSn notes
- Supervisory notes
- JRSSR

#### *Findings*

- Case record review:
  1. Of the case records reviewed children are being visited monthly.
  2. In some cases, home visit documentation provided a sense of the child's relationship with his/her caregiver and significant others in the home.
  3. In some cases the child advocate focused on issues pertaining to case planning, service delivery and goal attainment.
- Focus groups and interviews:
  1. The focus groups revealed that caregivers are provided with information regarding ongoing case activities.
  2. Information gathered in focus groups suggest that continuous staff turn over and high vacancy rates affects the quality of home visits and case practice in adverse ways.

### *Conclusions*

- The model of practice needs to be deepened, with an emphasis on family engagement and case planning.

### Comprehensive Behavioral Health Assessment

#### *Purpose*

The Comprehensive Behavioral Health Assessment is a strength-based assessment designed to evaluate the child's social, emotional, behavioral and developmental functioning within the home, school, and community. The Comprehensive Behavioral Health Assessment includes direct observation of the child in those settings.

### *Source of evidence*

- Abuse Reports
- Child Safety Assessments
- Adjudicatory order
- Disposition order
- Service provider reports
- HSn notes

### *Findings*

- Case record review:
  1. In some cases, children are being assessed within the required thirty day time frame utilizing the Comprehensive Behavioral Assessment (CBHA) process.
  2. In a few cases clinical services began within thirty days following the referral for services.
  3. It appears that in some cases the Comprehensive Behavioral Health Assessment is utilized during case plan development.
- Focus groups and interview:
  1. There are times when children and or families are placed on waiting list for clinical services.

### *Conclusions*

- The Comprehensive Behavioral Health Assessment identifies the needs of both children and families and provides input for case plan development. However, the document is not being consistently utilized to drive case plan development and case practice.

### *Medical and Dental Care*

#### *Purpose*

The purpose of initial medical screening is to quickly identify the child's medical needs and to initiate the necessary medical treatment. Moreover, preventative medical and dental care is required to ensure the ongoing health of the child.

#### *Source of evidence*

- HSn notes
- Dental forms
- Medical forms
- Immunizations
- Consultation forms
- JRSSR
- Child Protection Team (CPT) report

#### *Findings*

- Case record review:

1. In a few cases, children are receiving the initial medical screening within the required time frame.
  2. In a few cases, children are receiving ongoing preventative health and dental care. Identified medical and dental needs were addressed.
  3. Documentation regarding immunization was inconsistent.
- Focus groups and interviews:
    1. Information gathered during focus groups suggests that prior to initial placement, foster parents do receive basic health information about the child.
    2. In a few cases the child's resource record is made available to the caregiver at the time of the child's initial placement.

### *Conclusions*

- Compliance is low with respect to how routinely the CBC connects children served to ongoing preventative health and dental care, although when that happens, medical needs are addressed.

## **Placement Stability**

When a child is placed, it is important to match the child with an appropriate caregiver. Failure to do so may lead to additional disruptions in the child/caregiver relationships. Thus, fewer moves are desirable all else being equal. In section, we examine the placement process to see how the CBC matches the child with the foster home or other setting as the case may be.

### *Initial placements*

#### *Purpose*

The purpose of this aspect of the monitoring was to determine the extent to which case practice was linked to the CBC's philosophy and system of care model and to identify the ways in which ChildNet has operationalized the system of care design. With regard to initial placement and case plan, special attention is given to how family connections are maintained through visitation with parents and siblings.

#### *Sources of Evidence*

- HSn Placement screen
- HSn notes
- Supervisory notes
- JRSSR
- Provider service reports
- Focus groups
- Interviews

#### *Findings*

- Case record review:
  1. Children visit with their parents.
  2. Sibling visitation is not occurring regularly and there is limited evidence to suggest that children are offered alternative means of contact with their siblings (e.g., phone contact).

3. There is little evidence to suggest that clinical services are being offered routinely to support the child in the current placement.
- Focus groups and interview:
    1. The stated approach to child placement is to place children in the shelter care system for an assessment so that a careful match with a foster home is arranged. Information gathered from focus groups indicates that in most cases ChildNet adheres to its placement philosophy by initially placing children in shelter.
    2. The focus groups revealed that in some cases when a bed is available children are initially placed into a foster home.
    3. The focus groups revealed that there are instances when beds, regardless of type, are unavailable. When this happens, placement is sought in either Miami-Dade or Palm Beach counties.
    4. The focus groups revealed that once a child is placed outside of the county, efforts are made to move the child back into the Broward county as quickly as possible.
    5. Information gathered during the focus groups suggests that Safe Place (i.e. a shelter) is sometimes utilized when other shelter beds are unavailable, a use of Safe Place that may need to be examined.
    6. Information gathered during the focus groups revealed that caregivers are provided with limited information regarding the child prior to the initial placement.

### *Conclusions*

For the most part ChildNet adheres to its philosophy of placing children into one of its shelters so that children can be assessed and then matched with a foster home (for example, the second monitoring report indicated that more than 50 percent of initial placements were shelter placements). Although the use of shelters is in-line with ChildNet's intent, it is not clear why then all children are not placed initially through the shelter. That said, a shelter placement presumes replacement once an appropriate home is found. There are tradeoffs involved and a closer look at how shelter care

### *Replacement*

#### *Purpose*

With respect to replacement, the purpose was to identify points of movement, reasons for the move and the efforts made by the CBC to stabilize the child's current placement.

#### *Sources of Evidence*

- HSn notes
- Home visit forms
- JRSSR
- Placement request forms
- Staffing forms
- Provider service reports
- Focus groups

#### *Findings*

- Case record review:

1. Children placed in group like settings are more likely to experience multiple replacements than those placed in a family like home.
  2. In some cases children are replaced into different shelters.
  3. Children placed with relatives are less likely to be replaced than children placed in group like settings.
  4. In most cases the case record did not record either the reason for replacement or the efforts made by the CBC to reduce the likelihood of replacement.
- Focus groups and interviews:
    1. Findings from the focus groups suggest that most replacements occur following unanswered request for clinical services. The delayed response often prompts a request for removal.
    2. Information gathered from focus groups and interviews suggest that during the time a child is in the shelter setting, a staffing is conducted weekly. The goal of the staffing is to identify a placement that matches the needs of the child. Additionally, clinical services to support the replacement are identified and offered to the potential caregiver.

### *Conclusions*

- ChildNet utilizes shelter care as a way to manage the process used to match children with an appropriate placement. It is not clear from the reviews whether this design reduces movement overall.

### *Resources*

#### *Purpose*

Within this section the monitoring team's goal was to identify whether agency staff have access to the resources they need to provide an appropriate level of care to the children being served.

#### *Sources of Evidence*

- Interviews
- Focus Groups
- Provider service reports
- JRSSR
- HSn notes
- Supervisory notes

#### *Findings*

- Case record review:
  1. Of the case records reviewed there was limited evidence to indicate that clinical services were initiated.
  2. There is a delay between the submission of a referral and the implementation of clinical services.
  3. In some cases referrals for clinical services were found in the case record.
- Focus groups and interview:
  1. Information gathered during the focus groups and interview suggest that ChildNet experiences difficulty placing the following sub-groups of children:

Sibling groups

Children with a history of sexual behaviors

Children of color.

2. Information gathered through focus groups and interviews suggest that placement resources (i.e., homes) for children of color are in limited supply.
3. Focus groups participants indicated that the response to a foster parent's request for assistance is often slow.
4. Focus groups revealed that competition for children across the multiple child placing providers in Broward County creates an atmosphere which negatively impacts services to children.
5. According to focus groups it is common for a child to experience multiple changes in therapist. This is due in large part to staff turn over.
6. Clinical services are needed to support current placements.
7. Focus groups observed that transportation and support staff resources are in limited supply.

### *Conclusions*

- The service continuum does not meet fully the needs of the population being served. The supply of and use of clinical services for children in out-of-home care in particular has to be expanded.
- Access to the continuum of services (including placements) for all children has to be improved. In particular, the CBC and the entire network of full case management agencies has to take steps to recruit foster parents within all communities so that cultural connections are maintained to the fullest extent possible.

## **Independent Living**

As children who are living in out-of-home care approach the transition to adulthood, the child welfare system has an obligation to assist foster youth with the transition to adulthood. This means foster youth have to be equipped with life skills; foster youth need an independent living plan; and foster youth may need resources to help them make the transition. Florida has an extensive set of services and resources for foster youth. In this section we examine how well the system of care delivers those services.

### Assessments

#### *Purpose*

The purpose of an assessment is to identify areas of strength and weakness, establish goals and provide services designed to enhance areas of deficiencies. In situations where re-assessments are utilized there is an expectation that subsequent assessment will be used to measure progress and adjust treatment protocols to address the client's changing needs.

#### *Sources of information*

- Independent Living Assessment (type and frequency of re-assessments were noted)
- Assessment format
- Expertise of the individual administering the test
- JRSSR
- Transitional case plan

- Status reports
- Focus groups
- Interviews

### *Findings*

- Case record review:
  1. The ChildNet has selected the Ansell Casey Assessment for use with this population.
  2. In some cases the Ansell Casey Assessment is consistently utilized for youth 13 through 17.
  3. Of the cases records reviewed the findings revealed that re-assessments are not occurring within the required timeframes.
  4. In some cases the youth completes the independent living assessment following the development of independent living plan. In those instances, the results of the assessment are shared with the youth at the subsequent staffing, a year later.
- Focus groups and interview:
  1. According to information gathered during focus groups, assessments are rarely used to drive the development of the independent living plans. Staff working with the child in the independent living program do not use the assessments either.
  2. From focus groups we learnt that group home staff and foster parents are responsible for providing life skills activities. However, the assessment results are not shared with the caregivers.

### *Conclusions*

- Compliance is low with respect to assessment and re-assessment of youth in the independent living program
- The purpose of the assessment is to assist in establishing the independent living plan and needed services. The independent living assessment is not being utilized as designed. The sporadic use of the assessment weakens case practice and negatively impacts service delivery.

### *Independent living skills plan*

#### *Purpose*

The purpose of the independent living plan is to assist the youth in establishing goals and identifying the steps needed to accomplish those goals. The plan must identify responsible parties and establish timelines by which each task must be accomplished.

#### *Sources of information*

- Independent living assessment
- Independent living plan
- HSn notes
- Supervisory notes
- Transitional plan
- Provider service reports
- Status reports

- Focus groups
- Interviews

### *Findings*

- Case record review:
  1. In some cases independent living plans were available in the case records reviewed.
  2. The following individuals participate in the development of the independent living plan: independent living staff, youth, and the child advocate.
  3. In a few cases annually updated independent living plans were found in the case record.
  4. Of the case records reviewed, there was no evidence to suggest the independent living plan/staffing captured the youth's progress over time.
- Focus groups and interviews:
  1. The focus groups indicated that in most cases independent living assessments are not used to guide the development of the independent living plan.
  2. According to focus groups a copy of the youth's independent living plan is not shared with all individuals involved in providing independent living services to the youth.
  3. Life skill services are provided in foster and group homes.
  4. Focus groups indicated that the independent living plan /staffing form do not capture the youth's progress over time.
  5. Focus group revealed that in some cases annual staffings are occurring.

### *Conclusions*

- There is a lack of compliance with the implementation of both the independent living plans and staffings.
- The independent living plan does not appear to be connected to other components within the independent living program. The utility of the plan is limited for the following reasons:
  - The results of the Ansell Casey Assessment are not utilized to develop the independent living plan.
  - The plan does not inform case practice.
  - The plan is not utilized by staff or the youth.

### *Life skill classes*

#### *Purpose*

Life skill classes are designed to enhance the youth's knowledge and skill base. These classes are taught by a life skill coach who provides instruction in a manner consistent with the age and cognitive level of the youth. Additionally, the life skill coach provides feedback to the case manager and independent living staff regarding the youth's attendance, participation and progress in the program.

#### *Sources of information*

- Independent living assessment
- Independent living plan
- Provider service reports

- JRSSR
- Status reports
- Transitional plan
- HSn notes
- Supervisory notes

### *Findings*

- Case record review:
  1. In a few cases there were supporting documents to indicate that youth are receiving life skill services.
- Focus groups and interview:
  1. The focus groups and interview indicated that life skill classes are provided to special needs youth through two community providers.
  2. Information gathered in the focus groups suggest that youth placed in foster and group homes receive life skills classes in their homes.
  3. Information gathered through focus groups suggests intermittent communication between the provider of life skills and ChildNet's staff.

### *Conclusions*

- There is a lack of compliance with respect to life skill classes.
- ChildNet's practice model surrounding life skills requires that services are provided in the youth's natural environment. However, there was limited evidence to suggest the services are occurring or that the child advocates/ independent living specialists are monitoring these services. Therefore, the scope and effectiveness of life skill services cannot be determined.

## **Recommendations**

This section will be completed following discussions to be undertaken with DCF and the CBCs.