FamiliesFirst Network of Lakeview

BAPTIST HEALTH CARE

Annual Continuous Quality Improvement Report
Fiscal Year 2019-2020

and

Continuous Quality Improvement (CQI) Plan
Fiscal Year 2020-2021

AKA: Quality Assurance Annual Report & Annual CQI Plan

Serving Escambia, Santa Rosa, Okaloosa, and Walton Counties through contract with the Florida Department of Children & Families.

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Part One: FamiliesFirst Network Annual Continuous Quality Improvement (CQI) Report Fiscal Year 19-20

I. Introduction

This report is a summary and analysis of FamiliesFirst Network's (FFN) Continuous Quality Improvement (CQI) activities, findings, and response to findings for the State of Florida FY 19-20. FFN serves Escambia, Santa Rosa, Okaloosa, and Walton Counties in the Northwest Region. The Agency served between approximately 2216 and 2318 children each month during FY19-20. While the number of children served each month remained relatively steady compared to the previous fiscal year, the Agency has seen a dramatic increase in the number of unduplicated children served.

Type of Care SFY 19-20												
	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
In Home Care	836	824	826	845	828	842	839	800	768	780	786	764
Out of Home Care	1416	1438	1440	1469	1490	1465	1470	1469	1456	1483	1463	1452
TOTAL Children Served Each Month	2252	2259	2266	2314	2318	2307	2309	2269	2224	2263	2249	2216

Unduplicated Children Served		
Source: FSFN AdHoc Case Detail where a case was open during the state fiscal year labeled and was NOT Adoption Subsidy		
	Excluding Family Support Services (Sub Contract Services)	All
SFY 17-18	2742	3203
SFY 18-19	2215	2514
SFY 19-20	3955	4932

a. Agency Capacity for Performing QA & CQI Tasks

The FFN Continuous Quality Improvement System includes accountability around key components as required by Lakeview Center Incorporated (LCI), CARF International, contract with the Department of Children and Families (DCF), and needs specific to child protection case management services. FFN's approach to CQI includes a vast array of methods to measure outcomes and system effectiveness.

FamiliesFirst Network Annual Analysis & CQI Plan, August 2020

In addition to the child welfare investment, being part of a larger organization offers the ability to lean on additional resources to provide top-tier leadership development opportunities and support in quality improvement activities.

FFN's Continuous Quality Improvement Program is overseen by the Director of Quality & Program Development and is ultimately accountable to the FFN Executive Leadership Team, the LCI Executive Leadership Team (MAC), the LCI Board of Directors, and to the DCF. Meeting minutes, action plans, and periodic reviews document quality activities.

During FY19-20, FFN had 5.5 positions primarily devoted to Quality Management, including a Team Manager-Quality, 3.5 Specialists-Quality, and a Data Analysis Manager. This represents approximately 1% of the workforce. Quality Specialist positions are designated to conduct quality reviews required by DCF contract as well as internal quality reviews. Specialists in these positions receive specialized training as required by DCF contract. Additionally, Specialists are involved in quarterly data analysis and provide technical assistance around quality improvement efforts. The Data Analysis Manager position is devoted to tracking, monitoring, and reporting all performance measures and identifying focus areas based on performance measure results. The position has been supervised by the Director of Administration and External Affairs, but has shifted to fall under the Director of Quality and Program Development. This change took place in July 2020.

b. *Outcome Measures & Performance Metrics*
The Agency reviews and monitors all state and federal measures at least monthly, utilizing the DCF Dashboard, Office of Child Welfare (OCW) reports, and FSFN generated data and reports. Additionally, FFN continues to utilize a weekly tracking system developed by the agency several years ago. This tracking system is used to measure Child Welfare Case Managers' caseloads.

Additional reports produced by the Data Analysis Unit include:
- Children Seen
- Medical/Dental/Immunizations
- Out of Home and In Home Placement Types
- Child Placement Agreements
- TANF
- Progress Reporting
- Worker/Parent Contacts
- Out of Home Care Costs
- Foster Bed Availability

The Agency participates in partnership meetings to discuss progress on the Program Improvement Plan (PIP) for the CFSR and Contract Oversight Unit Correction Action Plan (COU CAP). The Agency also provides written updates regarding the implementation of CFSR PIP activities on a quarterly basis and written updates regarding the COU CAP on a monthly basis.

Graphical display and analysis of Outcome Measure & Performance Metrics will be provided in Section II (Performance Improvement) and Section III (Findings).

II. Performance Improvement

As required by the FY 19-20 DCF Windows into Practice Guidelines, this summary includes information regarding the Agency's systematic process to review practice trends and performance along with performance improvement strategies. Additionally, this section will include outcomes and measures routinely reviewed and with what frequency. Data from the CQI and RSF reviews, information from the Data Analysis Unit, internal reviews, and the DCF Dashboard were considered in the preparation of this document.

a. *Quality Management Activities*

As required in FY 19-20 DCF Windows into Practice Guidelines, the FFN Quality Management Team completed reviews as indicated in the chart below:

Contract Required Reviews	Total # of Cases Required/Reviewed
Rapid Safety Feedback (RSF) focuses on open in-home services cases for children ages 0 through 3.	The required number of RSF reviews was 10 per quarter/40 per year; FFN completed 40 reviews.
Florida Continuous Quality Improvement (CQI) Reviews using the CFSR Onsite Review Instrument.	The required number of Florida CQI reviews was 64; FFN completed 64 reviews. 8 of these reviews were conducted as part of the Program Improvement Plan (PIP) and included interviews with case participants.

Following reviews, FFN Quality Specialists consulted with case managers and their supervisors to discuss Florida CQI and Rapid Safety Feedback results.

A Federal Funding Review was completed for FY 19-20 as a joint effort between the Federal Funding Team Leader and the FFN Quality Team. Cases were reviewed for TANF MAS Adoption, IV-E Adoption Subsidy, and IV-E Foster Care Eligibility. Federal audit instruments were used to align with the federal review process. After the Agency had completed 180 reviews, the sample size was reduced from 187 reviews to 94 reviews. The Agency has completed the review and is now in the process of analyzing findings and preparing a final report.

Support, Highlight, Improve, Note, and Excel (SHINE) Reviews were also continued throughout the 19-20 FY. These reviews are an internal Continuous Quality Improvement process where FFN Specialists review one case monthly for each team member who has a primary assignment in FSFN. During the 19-20 FY, the Agency focused on Quality Contacts and Supervisory Oversight. Due to a special review project necessitated by the COVID-19 pandemic, SHINE reviews were not conducted in March and April 2020. *FFN completed approximately 875 SHINE reviews during FY19-20.*

SHINE data is stratified to agency, service area, unit, and case manager levels providing leaders and managers a picture of what is working well and areas for improvement. Data at the case manager level is available to leaders and managers through the online portal and can be used as a tool for coaching and supervisory consultation. Thus, the SHINE review process recognizes strengths, promotes transparency, and supports supervisors and leaders in growing strong teams. Recognition of high performers at both the individual and unit level is conducted at Agency Forums. During FY 19-20, the Agency also conducted virtual trainings for supervisors regarding how to utilize SHINE reviews in their supervision in order to drive performance improvement.

In FY 19-20, the Agency partnered with Department of Children and Families to complete two side by side special review projects. One review was in December 2019 and focused on quality of assessments. The second review was conducted in May 2020 on in-home cases to review how safety plans were being implemented and monitored following the changes in practice that occurred due to COVID-19.

b. *Data Analysis Unit Activities*

FamiliesFirst Network's Data Analysis Unit consists of four Data Integrity Specialists who report to the Data Analysis Manager. This unit is responsible for monitoring accurate data entry and integrity, reporting, and analysis. Weekly, bi-weekly, and monthly reports for identified focus areas are distributed to leaders to allow a proactive approach to compliance with performance measures. This unit is also responsible for reviewing monthly and quarterly performance measure reports to analyze trends in performance.

c. *Safety*

During FY19-20, Safety Outcomes from the Florida CQI reviews were measured utilizing the Onsite Review Instrument for Child and Family Services Reviews (CFSR's) and the Rapid Safety Feedback (RSF) case management instrument for RSF reviews. Safety is additionally measured through contract measures relevant to safety which include abuse in out of home care, abuse following termination of services, and abuse during in home services. Though it is a permanency measure, Agency data around entry and re-entry can be useful to analyze in relation to safety assessment, planning, and monitoring as these activities have a direct impact on safety outcomes.

Contract Performance Measure	SFY 15-16	SFY 16-17	SFY 17-18	SFY 18-19	SFY 19-20	Goal
Child Who Do No Re-Enter	91.6%	91.2%	87.7%	84.9%	90.65%	≥91.7%
No Abuse/Neglect during In-Home Services	96.1%	96.5%	96.0%	97.78%	95.24%	≥95.0%
No Abuse/Neglect after Services	97.0%	95.8%	95.3%	96.85%	96.18%	≥95.0%
No Abuse/Neglect per 100,000 Days in Foster Care	10.73	8.04	7.51	7.42	7.45	≤8.05

Source: OCWDRU On Demand Reports Quarterly Where Quarterly Roll Ups are Averaged

For Safety Outcomes, CFSR's and PIP reviews measure whether the agency made concerted efforts to: 1) provide services to the family to prevent children's entry into foster or re-entry after a reunification (Item 2) and 2) assess and address the risk and safety concerns relating to the children in their own homes or while in foster care (Item 3). Additionally, Item 1 focuses on the timeliness of investigations.

Performance Item/Outcome	FFN Child & Family Services Review						PIP Goal
	FY 14-15 (19 cases)	FY 15-16 (75 cases)	FY 16-17 (72 cases)	FY 17-18 (64 cases)	FY 18-19 (64 cases)	FY 19-20 (64 cases)	
Safety Outcome 1: Children are first and foremost, protected from abuse and neglect	92%	93%	75%	93%	94%	95%	N/A
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	92%	93%	75%	93%	94%	95%	96.7%
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.	53%	55%	56%	33%	58%	53%	N/A
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	79%	79%	61%	54%	68%	73%	85.8%
Item 3: Risk and Safety Assessment and Management	58%	55%	60%	34%	59%	56%	77.7%

Source: CQI & PIP Data

The primary purpose of Rapid Safety Reviews is to impact practice in real time for a targeted population most impacted by negative outcomes in the area of safety. These reviews were completed for children 0 through 3 years of age receiving in-home services. All cases were open at the time of review. Reviews focused on the following areas of practice relating to safety: quality of assessments and contacts, completion of background checks, and safety planning and monitoring. FY 19-20 saw gains in all safety related items on Rapid Safety Feedback reviews compared to the previous year.

FFN Rapid Safety Feedback (RSF) Reviews Question/Item:	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
1.1 Is the most recent family assessment sufficient?	12.5%	35%	41%	33%	45%
1.2 Is the most recent family assessment completed timely?	No data	40%	21%	21%	30%
3.1 Are background checks and home assessments completed when needed?	15%	75%	59%	74%	85%

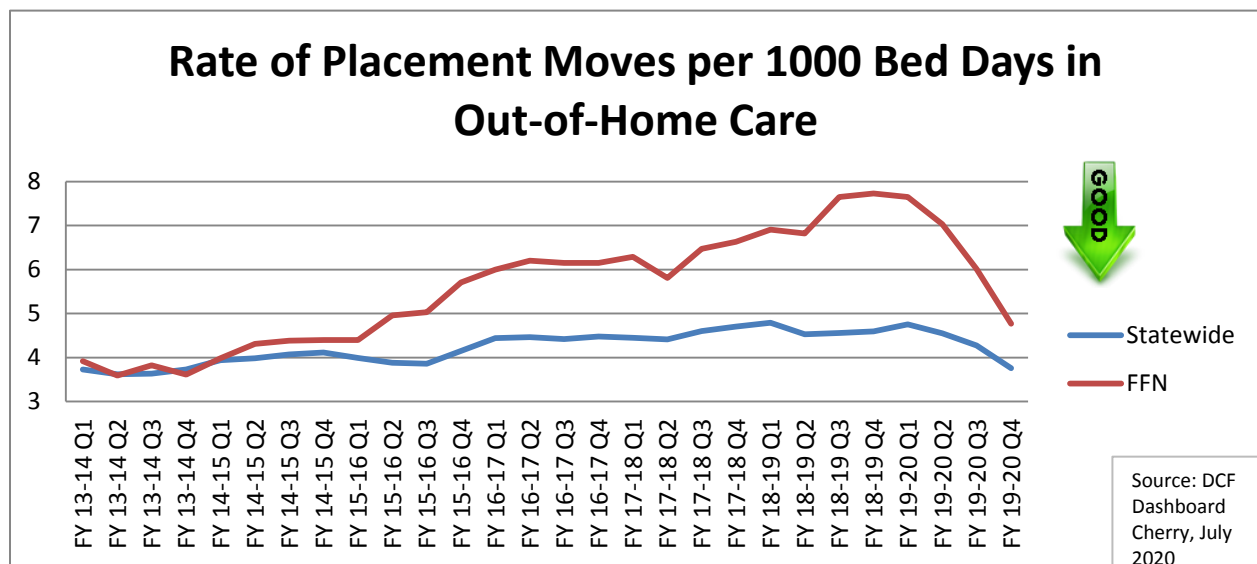|						
3.2 Is the information evaluated and used to address potential danger threats?	No data	80%	67%	82%	93%	
4.1 Is the safety plan sufficient?	41%	80%	62%	69%	90%	
4.2 Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?	30%	82%	57%	55%	65%	

Source: RSF Data

d. *Permanency*

CFSR Permanency Outcomes are applicable for children placed in out-of-home care and include the following:

- Permanency Outcome 1 (Items 4-6) measures permanency and stability of children's living situations. The items included in this outcome measure placement stability, the appropriate permanency goal being established in a timely manner, and concerted efforts to achieve the case goal.
- Permanency Outcome 2 (Items 7-11) measures the continuity of family relationships and preservation of connections for children. The items included in this outcome measure concerted efforts to: place siblings together; ensure frequent, quality visitation between a child in out-of-home care and their parents and/or separated siblings; maintain and preserve the connections important to the child before they entered out of home care; place children with relatives; and to maintain positive relationships between children and parents other than through visitation.

Performance Item/Outcome	FFN Child & Family Services Review						PIP Goal
	FY 14-15 (19 cases)	FY 15-16 (75 cases)	FY 16-17 (72 cases)	FY 17-18 (64 cases)	FY 18-19 (64 cases)	FY 19-20 (64 cases)	
Permanency Outcome 1: Children have permanency and stability in their living situations.	40%	39%	35%	34%	21%	39%	N/A
Item 4: Stability of Foster Care Placement	47%	68%	74%	82%	47%	74%	88.5%
Item 5: Permanency Goal for Child	71%	86%	70%	68%	79%	89%	82.1%
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	80%	57%	70%	50%	47%	54%	75.4%
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	53%	50%	63%	58%	44%	37%	N/A

Item 7: Placement With Siblings	78%	70%	69%	76%	58%	66%	N/A
Item 8: Visiting With Parents and Siblings in Foster Care	73%	49%	76%	67%	46%	40%	N/A
Item 9: Preserving Connections	73%	70%	74%	63%	51%	59%	N/A
Item 10: Relative Placement	47%	61%	65%	87%	65%	67%	N/A
Item 11: Relationship of Child in Care With Parents	60%	39%	81%	59%	58%	36%	N/A

Source: CQI & PIP Data

Rate of Placement Moves per 1000 Bed Days in Out-of-Home Care

Source: DCF Dashboard Cherry, July 2020

Qualitative and quantitative data demonstrate the Agency in making positive strides towards improving placement stability. By improving the placement stability of children in out of home care, the Agency anticipates a positive cross-item impact on other permanency related items.

Analysis around additional permanency related findings can be found in Section III b.

e. *Well-Being*

CFSR Well-Being Outcomes include the following:

- Well-Being 1 (Items 12-15) measures efforts to enhance the capacity of families to provide for their children's needs. The overall tenant of Well-Being 1 is engagement of children and families. Efforts to engage children and parents are measured in how their needs are assessed and addressed, how children and parents are involved in case planning, as well as frequency and quality of contacts. This outcome also measures Agency efforts to assess and address caregiver needs and capacity to care for children.

- Well-Being 2 (Item 16) measures efforts to assess and address the educational needs of children.
- Well-Being 3 (Items 17-18) measures efforts to assess and address physical, dental and mental health needs of children.

Performance Item/Outcome	FFN Child & Family Services Review						PIP Goal
	FY 14-15 (19 cases)	FY 15-16 (75 cases)	FY 16-17 (72 cases)	FY 17-18 (64 cases)	FY 18-19 (64 cases)	FY 19-20 (64 cases)	
Well-Being 1: Families have enhanced capacity to provide for their children's needs.	21%	20%	24%	11%	30%	31%	N/A
Item 12: Needs and Services of Child, Parents, and Foster Parents	26%	31%	31%	16%	33%	36%	58.4%
Item 12A: Needs Assessment and Services to Children	No data	65%	71%	53%	75%	81%	N/A
Item 12B: Needs Assessment and Services to Parents	No data	32%	37%	15%	41%	33%	N/A
Item 12C: Needs Assessment and Services to Foster Parents	No data	64%	73%	74%	60%	70%	N/A
Item 13: Child and Family Involvement in Case Planning	42%	28%	38%	19%	40%	30%	70.7%
Item 14: Caseworker Visits With Child	47%	17%	43%	30%	47%	50%	78.9%
Item 15: Caseworker Visits With Parents	21%	24%	32%	18%	36%	22%	51.1%
Well-Being 2: Children receive appropriate services to meet their educational needs.	92%	61%	83%	75%	71%	80%	N/A
Item 16: Educational Needs of the Child	92%	61%	83%	75%	71%	80%	N/A
Well-Being 3: Children receive adequate services to meet their physical and mental health needs.	50%	46%	54%	45%	53%	66%	N/A
Item 17: Physical Health of the Child	63%	55%	61%	53%	69%	86%	N/A
Item 18: Mental/Behavioral Health of the Child	64%	44%	59%	57%	54%	55%	N/A

Source: CQI & PIP Data

RSF reviews include the following, which also impact Well-Being:

- Items 2.1-2.6: Case Manager Visits. These items look at the frequency and quality of contacts with children and parents.

FFN Rapid Safety Feedback (RSF) Reviews Question/Item:	FY 16-17	FY 17-18	FY 18-19	FY 19-20
2.1 Is the quality of visits between the case manager and the children sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	35%	33%	54%	50%
2.2 Was the frequency of visits between the case manager and the children sufficient to ensure child safety and evaluate progress toward case plan outcomes?	60%	62%	72%	80%
2.3 Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	58%	53%	46%	51%
2.4 Is the frequency of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	59%	66%	72%	82%
2.5 Is the quality of visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	45%	38%	36%	40%
2.6 Is the frequency of visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	32%	25%	44%	51%

Source: RSF Data

SHINE Reviews are another way the Agency measures the frequency and quality of contacts with children, parents, and caregivers. The current tool used for SHINE reviews was implemented in September 2018. Information found in the SHINE reviews is consistent with data from the Rapid Safety Feedback Reviews.

SHINE Question	FY 2018-2019*	FY 2019-2020
Is the overall frequency and quality of contact with the child sufficient to meet the needs of the family?	62%	58%
Is the overall frequency and quality of contact with the mother sufficient to meet the needs of the family?	39%	44%
Is the overall frequency and quality of contact with the father sufficient to meet the needs of the family?	27%	26%
Were the needs of the caregivers/family made living arrangement assessed and addressed by the agency?	52%	53%

Has a supervisory review or consultation been completed and the Unit Manager ensuring the Child Welfare Case Manager is following the guidance given?		36%	36%

Source: SHINE Data

*Limited to cases beginning in September 2018

Well-being outcomes are also measured as part of the Agency's contract measures.

Contract Performance Measure	SFY 15-16	SFY 16-17	SFY 17-18	SFY 18-19	SFY 19-20	Goal
Children Receiving a Medical Service in the Last 12 Months	95.0%	93.9%	96.3%	96.47%	95.17%	95%
Children Receiving a Dental Service in the Last 7 Months	83.2%	83.4%	88.6%	89.58%	87.35%	95%
Young Adults Exiting Foster Care who have Completed/Enrolled in Secondary, Vocational, or Adult Education	84.5%	84.4%	82.8%	87.5%	79.29%	80%

Source: OCWDRU On Demand Reports Quarterly Where Quarterly Roll Ups are averaged

f. *Local Practice Trends in response to RSF and Florida CQI Data*
Throughout the fiscal year, the Agency makes modifications to practice based on RSF and CQI data. Below are some of the local practice trends that have been continued into and/or implemented during FY 19-20. The Agency continues to monitor the effectiveness of interventions and makes changes to Agency plans as needed.

SAFETY
- Local Safety Practice Consultant positions are utilized for Decision Support Team (DST) calls and participate in Conditions for Return Staffings. Cases are also staffed with a Safety Practice Consultant to review the sufficiency of the safety plans six weeks post-reunification and anytime a safety plan is over 180 days old. Consultants are available to staff other safety plans and assist with safety plan development on an as needed basis.
- In Home Non-Judicial Units established to provide intensive case management services. These units also provide Safety Management Services prior to case transfer.
- Post-Reunification Permanency Staffings continue as an activity to prevent re-entry. These staffings are held on the 1st and 5th month following reunification in order to assist in the identification, assessment, and addressing of any safety concerns; develop safety plans/continuing care plans; and address frequency and quality of contacts.

PERMANENCY
- Staffings are conducted by each service center's Team Manager on every child that has been out of home for 9+ months. These staffings began in Fall 2019 with a "Home for

the Holidays" kick off. On a quarterly basis, each child who has been out of home 9+ months is staffed with the Team Manager and the Guardian Ad Litem in order to determine if reunification can safely occur. Due to the success of these staffings, some service areas have begun to utilize this same process for all children out of home 6+ months.

- A workgroup has been formed with representation from FamiliesFirst Network, Department of Children and Families, Walton County Sheriff's Office, and CLS in order to address process of information sharing at case transfer, specifically as it relates to concerted efforts to identify children's important connections and potential relatives for placement. This workgroup seeks to improve performance on CFSR Items 9 and 10, though it is anticipated that positive impacts will also be seen on Item 4 regarding placement stability.

- FFN continues to meet the first Monday of each month to discuss homes in the process of being licensed and how they may be able to utilize those homes to place siblings together, bring children back to the circuit, and reduce the number of child group care. Overcapacity waivers are also discussed. The staffings are currently held virtually due to the pandemic virus. Staffing participants include representatives from Licensing, Placement, and sub-contract providers who license foster homes. Providers bring information regarding homes that will soon be submitted for licensure.

- FFN leadership continues to hold High Utilizer Staffings weekly to review the children in care who require a high level of care and utilize a large portion of the Agency's resources to meet their needs.

- Multi-Disciplinary Team Meetings (MDTs) are held on an as needed basis in an effort to provide needed services to children and families where the child's behaviors are threatening the stability of the placement. Meetings can be requested by team members or foster families, are coordinated through Care Coordination, and are held within 24-72 hours of the request.

- FFN has been working with DCF to share information regarding placement. There is a daily communication regarding bed availability. The Agency is working to close out homes showing available bed but are unwilling to accept placements. This will provide a more accurate picture of capacity. The Agency also provides a weekly report of all the children who are in group home care. Beginning the week of June 8, 2020, the Agency a field was added to this report to capture if the child in group care has any siblings who are also in out of home care.

- The Fostering through Faith Initiative in one of the efforts the Agency has in place to encourage recruitment of new foster homes from the circuit's faith community. In FY 19-20, groups were formed in Escambia and Walton Counties. The initiative has been slowed, but not stopped, by the current pandemic. The Agency has scheduled virtual meetings and is looking to expand the initiative into Santa Rosa County. The Agency has additionally spoken with representatives from One Church One Child to exchange lists of churches who have been supportive of foster and adoption efforts. During the COVID-19 period, the Agency has been featured in the Pensacola News Journal and on WEAR ABC 3 where the Fostering through Faith Initiative was highlighted. As a result of this initiative, 3 families were licensed from Liberty Church in Gulf Breeze. In response to the

COVID pandemic, the families transitioned from face to face to virtual environment to complete training. Recruitment team members have also noted an increase in calls where prospective families became interested as a result of the initiative. FFN licensing leadership also had a recent meeting with the DCF Licensing Committee regarding the initiative. The First City Church in Pensacola has also partnered with the Agency to provide a monthly meal for foster families.

- In FY 19-20, the Agency conducted a post-TPR Special Review. Originally this review was planned as a Rapid Permanency Review, however, due to the global pandemic, RPRs were unable to be conducted and the Agency decided to proceed with an internal special review. The beginning cohort was 177 children. FFN has completed a review of 102 children. The remaining children in the cohort were not included in the review if they were no longer in an identified placement, were listing incorrectly in the cohort as in a matched placement, a finalized adoption had occurred or a finalization date was pending. Barriers to finalization were identified in the cases staffed and plans to bust barriers have been developed. Since the review was conducted, 6 children have had Adoptions Finalized, 3 children have scheduled Adoption Hearings, an additional 10 children are pending finalization and awaiting a scheduled date, and 1 Child Study has been completed.

- FFN Training has incorporated discussions about concerted efforts into trainings and during all Safety Practice Expert touch points with team members.

- Family Finders Unit is now serving all four counties in the Circuit.

- Utilization of Intensive Family Preservation and Reunification Program (IFRP) through United Methodist Children's Home (UMCH). This is an evidence based program aimed to improve the rates of entry and re-entry into foster care.

- Contract with National Youth Advocate Program (NYAP), an evidence based program, to increase foster home capacity to meet the need of children with intensive behavioral needs. While the number of beds gained is small, approximately 7, these specialized homes are uniquely equipped to meet the needs of some of the Agency's most vulnerable youth.

- Continued recruitment initiatives through social media such as Facebook, booths at local community events, and collaboration with faith based community partners.

- Continued referral and utilization in Escambia and Okaloosa Counties of the Early Childhood Court (ECC) model for zero-three target population where danger threat includes substance abuse. Monthly stakeholders meetings are held in order to assess program strengths and needs and to address any barriers to achieving positive outcomes.

- "Comfort Calls" conducted by the CARES team to facilitate communication between the caregivers and biological families. These calls are made soon after a child enters out of home care, in order to serve as an icebreaker between the caregivers and parents. Topics such as the child's routine, likes and dislikes, and any other information the parent would like to share are discussed.

- During FY 19-20, the Agency begin the Kinship Care Unit, which licenses Level 1 Foster Homes. The Agency has 7 licensing counselors, 1 secretary, 2 independent contractors,

and a Unit Manger. Between July 2019-June 2020, the Agency licensed a total of 70 homes which account for 121 children. This includes Interstate Compact on the Placement of Children and out of circuit children. This was the initial year of this program and mid-year, the Agency changed the process of completing home studies. Initially, caregivers were provided with paperwork to complete and return to the Agency; however, the level of engagement and participation was less than initially expected. The Agency changed the process in February 2020 to have Kinship Care Unit team members personally complete the paperwork with the caregivers, which has resulted in increased engagement. In FY 20-21, the Agency will be looking to address barriers related to the completion of the Unified Home Study and ensuring all necessary background checks are completed and located in the file in a timely manner.

WELL-BEING
- Continued focus on Quality Contacts as part of trainings, supervision, and through the utilization of SHINE.
- Continued use of My Jump Vault, an online record management solution where youth documents can be stored in a secure, online repository. It is accessible from a computer, tablet, or smart phone. Some documents available on the electronic database include health records, identification, education history and important contacts. This will ensure foster parents have an electronic Child Resource Record readily available for each child placed with them. Along with FamiliesFirst Network's Record Department, foster parents have access to the youth's page to work as a team by uploading documents and utilizing the system to its fullest capability. This sharing of information electronically replaces the need for a hard copy Child Resource Record. FFN continues efforts to become fully electronic with the Child Resource Record using this product, but continuation of My Jump Vault for FY20-21 is contingent upon state funding of this resource. With funding uncertainty over the last few years, the Agency has not progressed to roll this out to all caregiver types.
- FFN CARES Team acts as a supportive initiative to address multiple concerns regarding the gap between shelter and case transfer. Concerns to be addressed may include: relative search, diligent search for parents, orienting children and caregivers, linking children with trauma informed clinical services, completion of day care referrals, and school enrollments.
- The data unit provides weekly updates to case management leadership regarding the status of children who are approaching or overdue for routine dental care. Leadership then monitors what specific follow up is needed.
- Implementation of the CFSR Checklist. The checklist is utilized in prep meetings with team members before interview based reviews. Training has also been offered to supervisors regarding using this checklist as a tool in supervision. This will be implemented in FY 20-21.

III. Findings

This report seeks to provide a perspective of agency performance over time by drawing conclusions based on synthesis of multiple data sources while also working within the limitations of the associated challenges. Analysis of safety, permanency, and well-being outcomes are detailed below.

a. *Safety*

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect

Source: CQI & PIP Data July 2020, Cherry

Safety Outcome 2: Children are Safely Maintained in their Homes Whenever Possible & Appropriate

Source: CQI & PIP Data July 2020, Cherry
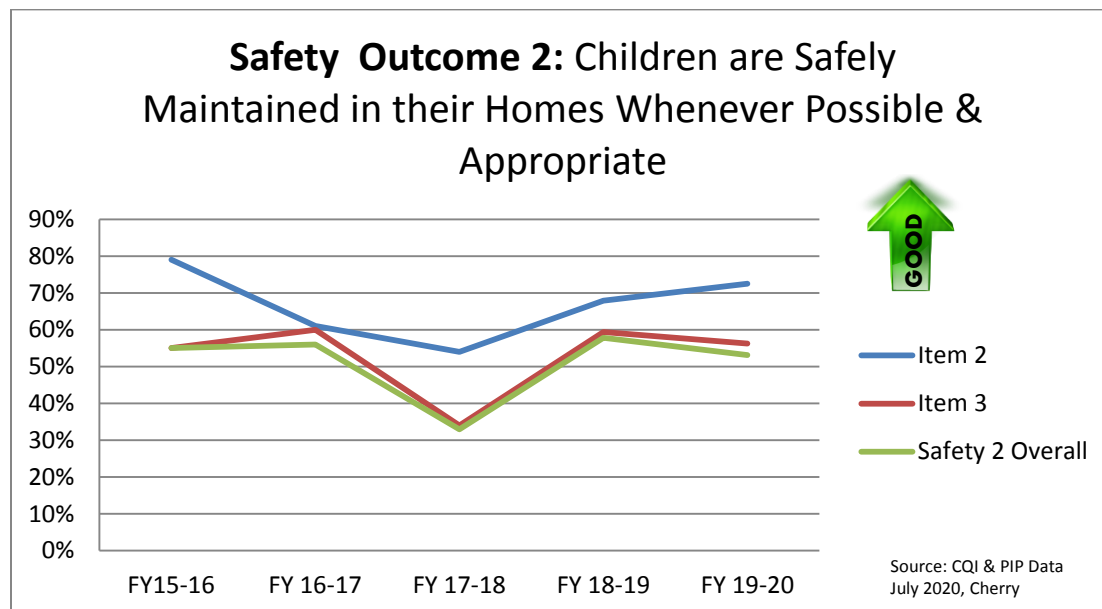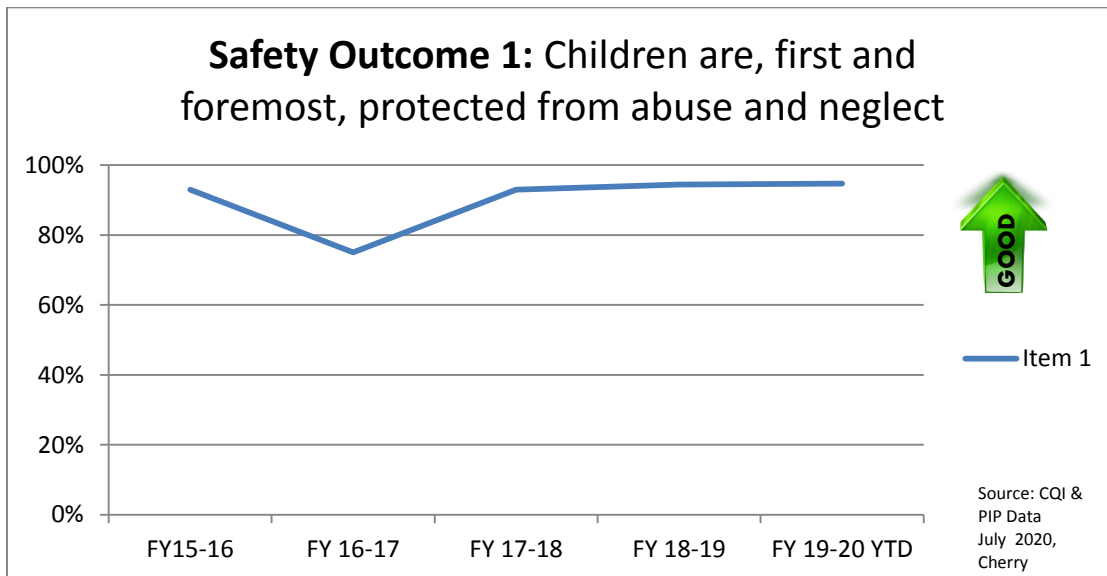
Review of performance data suggests meeting safety outcomes has maintained relatively stable from FY 18-19 to FY 19-20; however, performance has been inconsistent over the past 5 years. Analysis of data suggests that continued gains could be seen through completing thorough and

accurate assessments on a consistent basis. An ongoing comprehensive assessment of safety requires gathering updated information from the family and relevant collateral sources, including providers, informal safety plan monitors, and others interacting with the family, on a frequent basis.

Assessments

Source: RSF Data
Cherry, July 2020
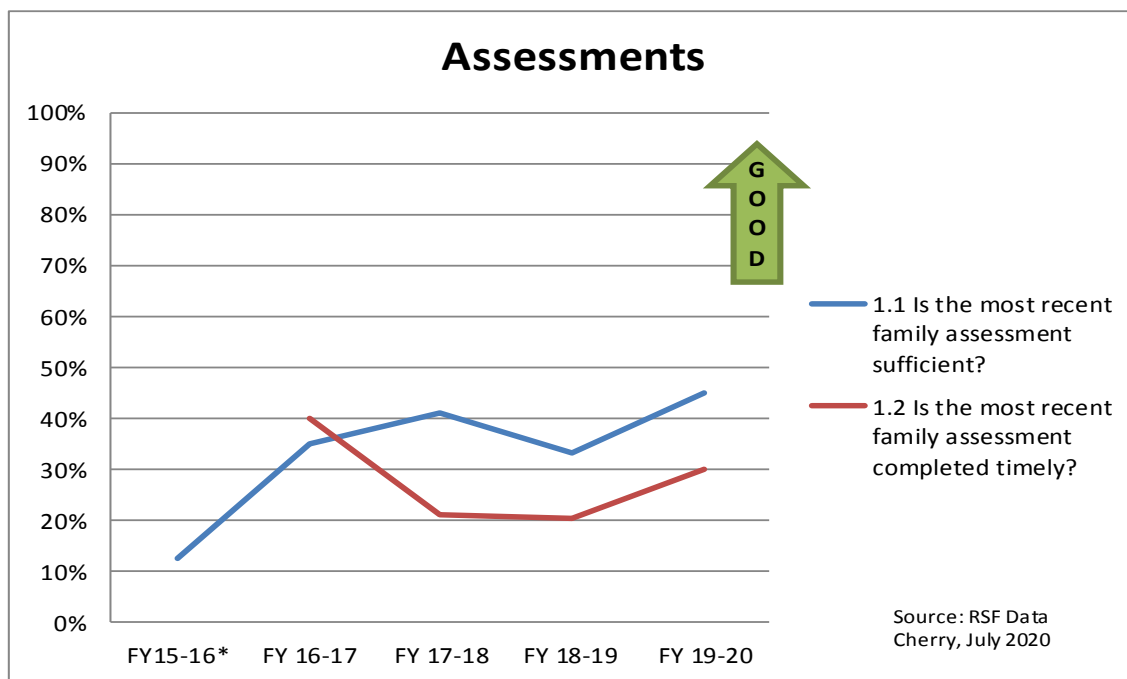
Rapid Safety Feedback Reviews also reveal that assessment is an opportunity for improvement, though the Agency has seen an improvement from the previous fiscal year. The Agency has conducted an in-depth analysis of the cases reviewed. This analysis revealed that both the Department and FamiliesFirst Network have gaps in assessment which contribute to ANI ratings. Opportunities for improvement include not being incident focused, but instead exploring the root cause(s) as to the reason for services, and ensuring all relevant parties are included in safety assessments. Appropriate parties include all household members, such as paramours and safe children remaining in the home and not under protective services supervision, and other parents who do not reside in the same household as the child.

While frequency and quality of contact with the children and parents are addressed in separate items (CFSR Well-Being Items 14 and 15 and RSF Item 2.1-2.6), there is a direct correlation and impact on the assessment of child safety when contacts are not qualitative or occurring at a sufficient frequency. During the upcoming fiscal year, the Agency will be emphasizing that each contact should be viewed as an informal assessment that is reflected in documentation. This message will be communicated through a variety of means including but not limited to, Agency newsletters, leadership meetings, trainings, and team member forums.

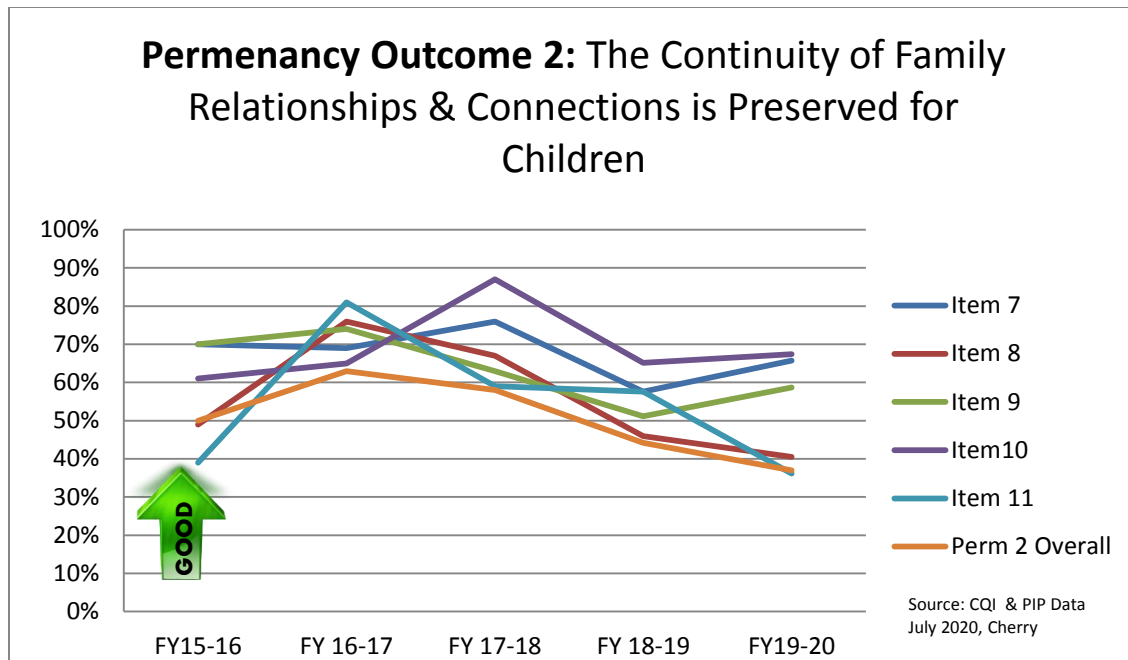| FFN Rapid Safety Feedback (RSF) Reviews Question/Item:	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
5.1 Is the supervisor regularly consulting with the case manager?	13%	33%	62%	59%	28%
5.2 Is the supervisor ensuring recommended actions are followed up on?	13%	36%	33%	44%	30%

Source: RSF Data

The Agency recognizes the frequency and quality of supervision impacts other items also identified as opportunities for improvement, such as safety planning and monitoring. Supervision is monitored through Rapid Safety Feedback and SHINE reviews. SHINE reviews also show that Quality Supervision is an opportunity for improvement and occurs on an inconsistent basis. The Agency plans to implement specific countermeasures in FY 20-21 to address this gap.

b. *Permanency*
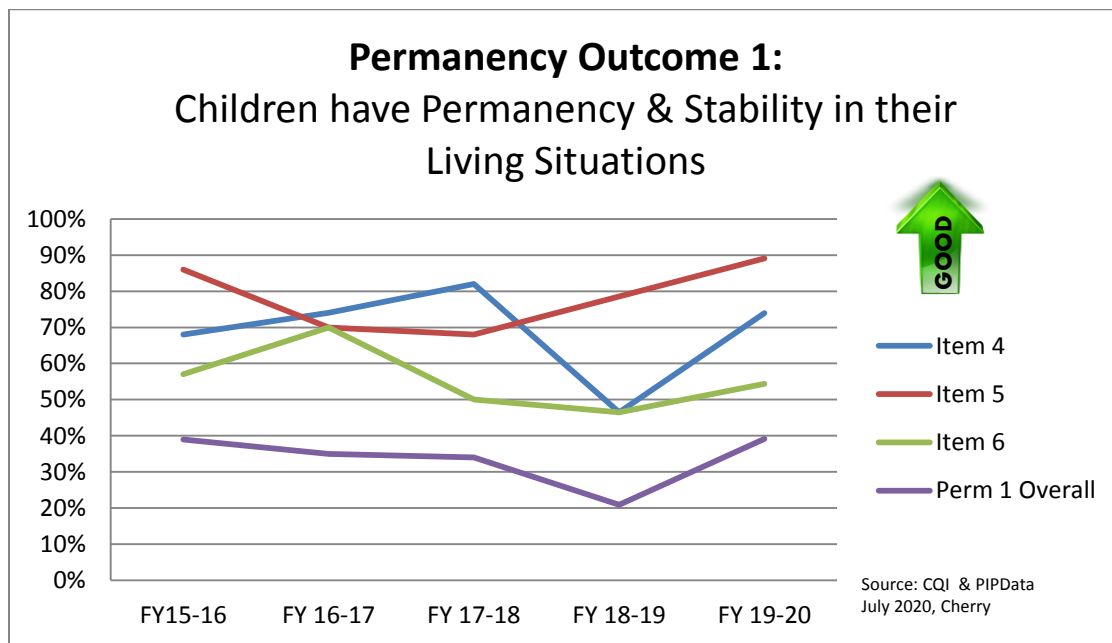
In FY 18-19, the Agency determined that the decrease in placement stability was having a cross-item impact. This was confirmed by the onsite review conducted by the Contract Oversight Unit in October 2019. A Corrective Action Plan was put in place with multiple items intended to impact this measure and the Agency has shown an increase in placement stability in the past year. Further analysis supports that the largest opportunities for improvement are related to eliminating temporary placements, as at least 90% of the children in out of home care are in a stable placement at the time of the review.

Permenancy Outcome 2: The Continuity of Family Relationships & Connections is Preserved for Children

Source: CQI & PIP Data
July 2020, Cherry

Items which impact permanency outcomes are varied, however, one opportunity for improvement identified through an analysis of the qualitative data is the Agency's documentation of concerted efforts related to visitation, identifying and maintaining important connections, and encouraging the parent-child relationship through activities other than visitation. This was also identified as an opportunity for improvement in FY 18-19 and the Agency has developed multiple countermeasures to address this gap that will be implemented in the coming months.

The Agency's capacity to place sibling groups together is the greatest contributor to ANI ratings on Item 7.
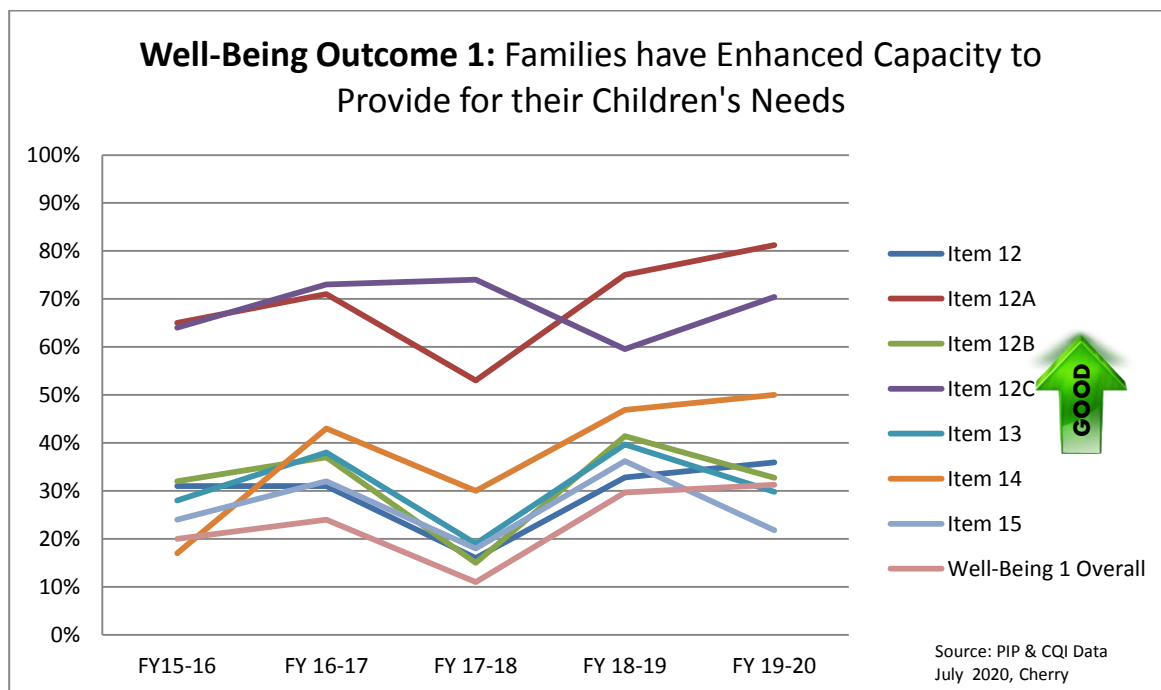
While CQI Item 10, concerted efforts to identify, locate, inform, and evaluate maternal and paternal relatives for placement, has remained relatively stable over the last year, quantitative data shows that there was a decline in the number of children in relative care and a corresponding steady increase of children in licensed foster homes. This can be explained, in part, by the fact that Licensed 1 Foster Care or Kinship Care homes are counted in the licensed foster care numbers and not as relative placements in Dashboard Data. The Agency has begun a workgroup with DCF and the Walton County Sheriff's office to streamline practice related to this item and maintaining children's important connections.
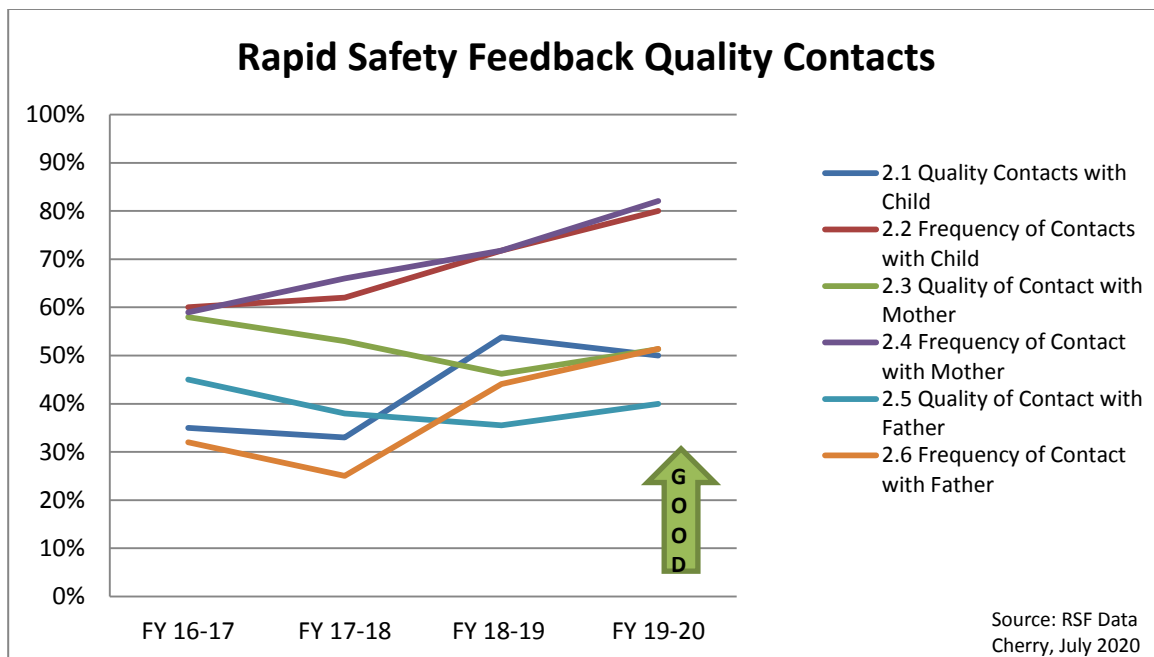
	Achieved Permanency			Less than 12 Months			12 Months			13th Month			14th Month		
	SFY 17-18	SFY 18-19	SFY 19-20	SFY 17-18	SFY 18-19	SFY 19-20	SFY 17-18	SFY 18-19	SFY 19-20	SFY 17-18	SFY 18-19	SFY 19-20	SFY 17-18	SFY 18-19	SFY 19-20
FFN	779	737	755	36.46%	40.43%	39.47%	3.47%	2.99%	3.18%	3.59%	3.66%	2.78%	2.82%	2.31%	2.12%

McHenry, August 2020
Goal is 40.5% or better

Analysis regarding the Agency's timeliness to permanency for children in care has revealed that a significant sub-population of children who, though they are achieving permanency, are doing so just outside of the established timeframe. The Agency implemented a process of staffing children who have been out of home at 9+ months with FFN and GAL leadership. By meeting at this point in time, plans are made for children to be reunified in a timely manner when it is safe to do so. Alternative permanency plans are explored if the child cannot safety transition back into the home. Due to the success of this measure, some areas of the circuit have begun to staff cases at 6+ months after entering care.
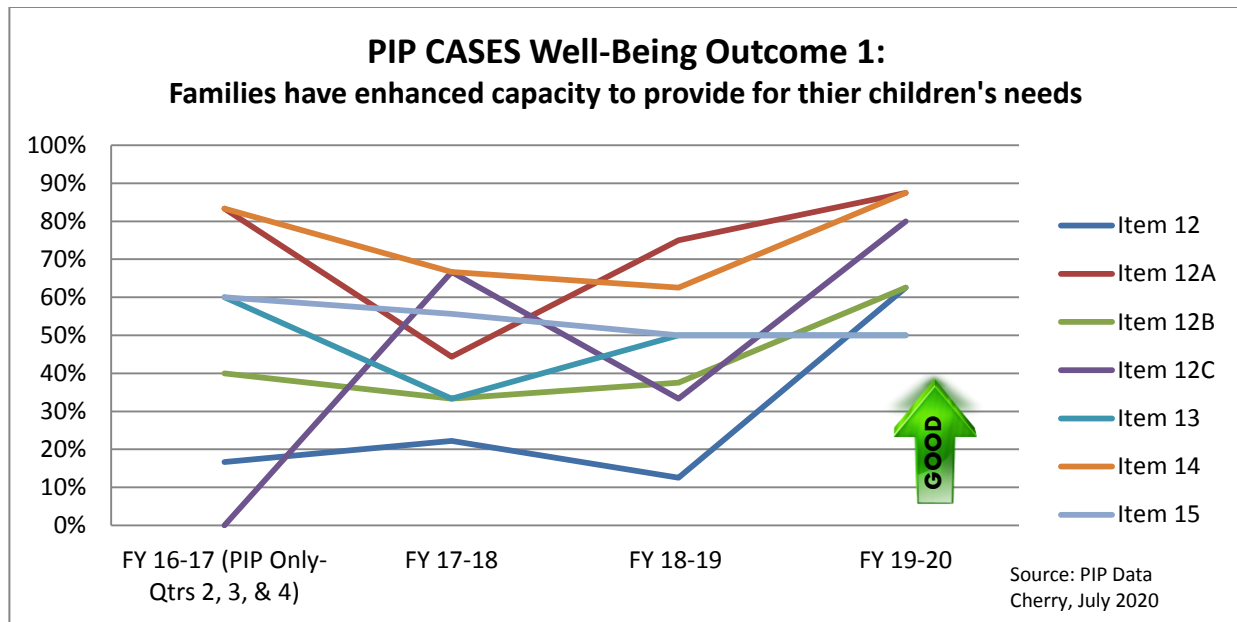
c. *Well-Being*

Source: PIP & CQI Data
July 2020, Cherry

Rapid Safety Feedback Quality Contacts

Legend:
- 2.1 Quality Contacts with Child
- 2.2 Frequency of Contacts with Child
- 2.3 Quality of Contact with Mother
- 2.4 Frequency of Contact with Mother
- 2.5 Quality of Contact with Father
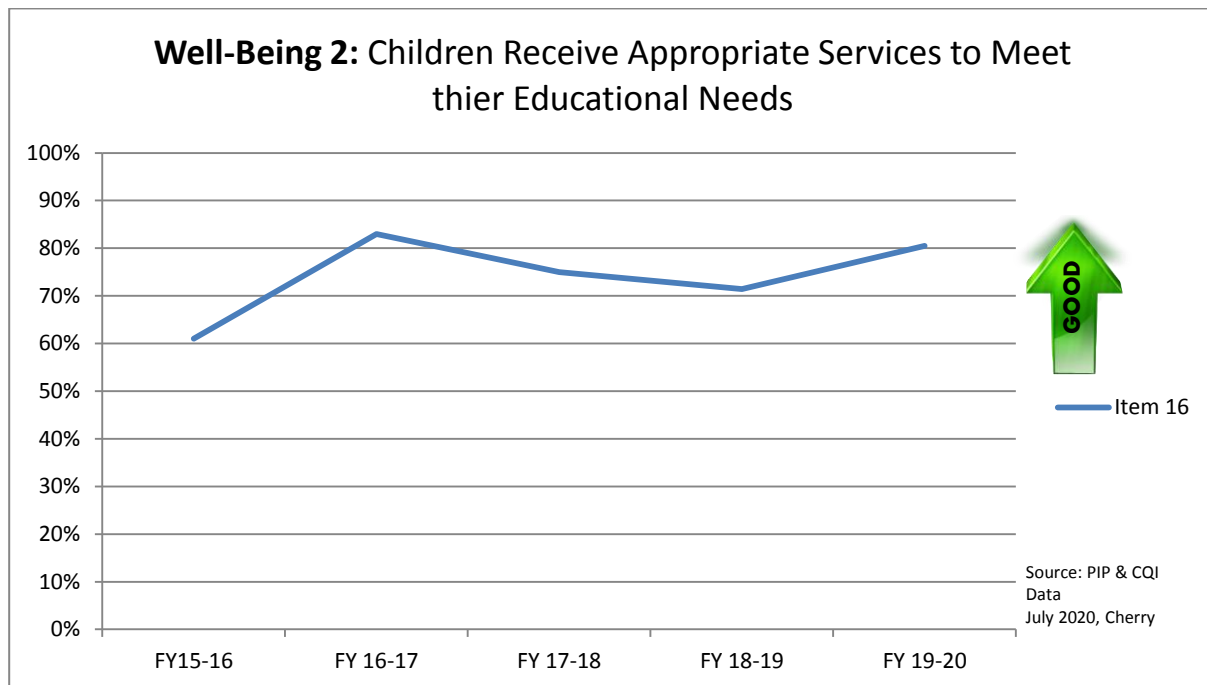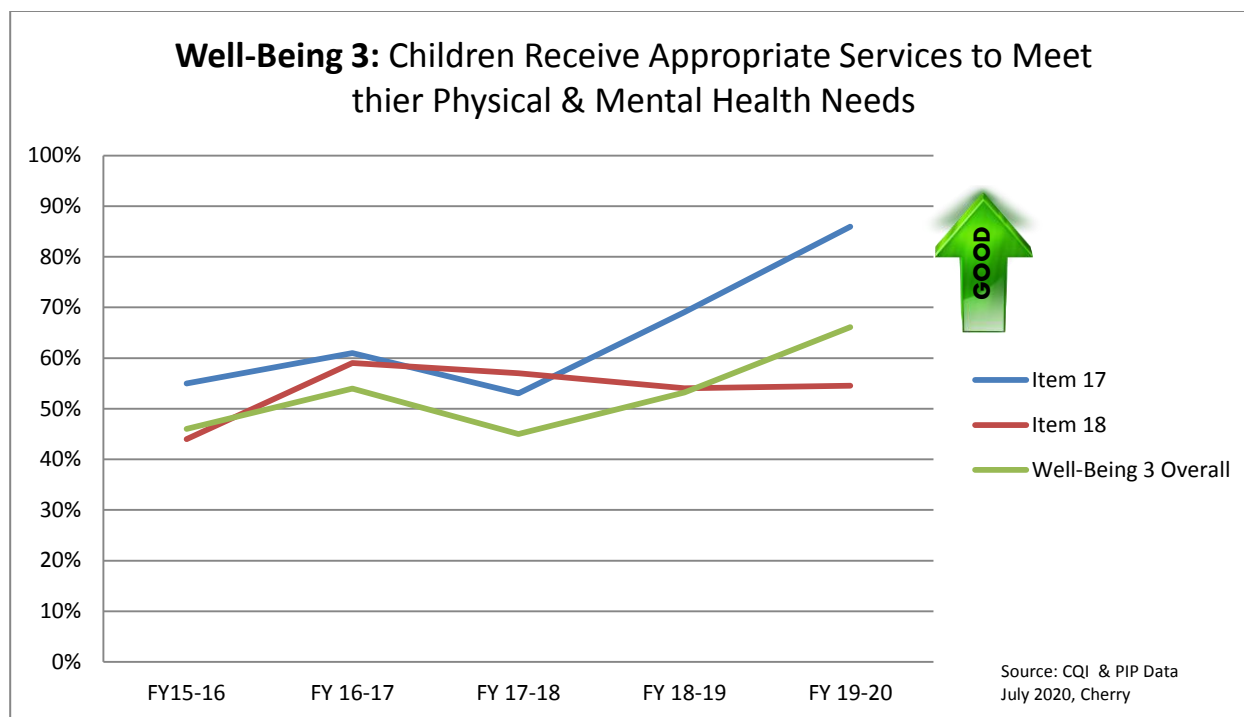- 2.6 Frequency of Contact with Father

Source: RSF Data Cherry, July 2020

While there has been a dip in CQI ratings related to well-being and engagement of parents, there were several systemic changes occurring during the period of time being reviewed that contributed to ANI ratings. These factors include workforce shifts to in home non-judicial units, Adoption Coordinators focusing on adoption specific pieces of practice versus carrying primary assignment on cases post-TPR, and the development and implementation of specialized teams such as CARES, the Family Finders Unit, and the Kinship Care Team. Though this was not viewed as turnover because employees moved within the Agency to fill these roles, this did create temporary vacancies in case management positions and changes in the case manager for children served. More than 10% of the cases reviewed during FY 19-20 were negatively impacted by having more than one case manager assigned during the PUR. Rapid Safety Feedback review results indicate the Agency is already trending in a positive direction and should see positive momentum in FY 20-21.

Additionally, analysis of quality reviews shows that further gains could be made by ensuring private contact with children over the age of 12 months is occurring on a more consistent basis. Engagement of fathers is also an opportunity for continued improvement.

PIP CASES Well-Being Outcome 1:
Families have enhanced capacity to provide for thier children's needs

Source: PIP Data
Cherry, July 2020

It is noteworthy that in looking at only the interview based PIP reviews, the Agency has performed remarkably higher on these well-being items related to engagement. This is consistent with the Agency's analysis that the absence of documentation relative to concerted efforts had a negative cross-item impact on reviews in FY 19-20.

Well-Being 2: Children Receive Appropriate Services to Meet thier Educational Needs

Source: PIP & CQI Data
July 2020, Cherry

FamiliesFirst Network Annual Analysis & CQI Plan, August 2020

Well-Being 3: Children Receive Appropriate Services to Meet thier Physical & Mental Health Needs

Source: CQI & PIP Data
July 2020, Cherry

Well-Being Outcomes 2 and 3 show relatively stable rates over time, though the Agency has seen positive gains related to assessing and addressing medical and dental needs over the past two years. Dashboard reports also show the Agency is consistently meeting the children's medical needs. Ensuring adequate dental care is an item on the Agency's COU plan. The Agency has demonstrated improvement in performance prior to COVID-19. Following the pandemic, the Agency has been impacted by a suspension in non-essential services such as routine dental exams and cleanings. This impacted both children coming into care and children with upcoming appointments. The Agency is confident that the actions put in place that contributed to increase in dental services will be able to be utilized in the future.

d. *Additional System Impact*

Several systemic changes over the past two years impacted performance for FY 19-20 reviews. These changes included the shift to adoption coordinators versus primary assignment, the addition of a new Family Finders Unit and Kinship Care Unit, a large influx of out of home cases in Escambia County, and multiple leadership changes at the Team Manager level. Though many of these changes are positive, the short term was impacted by the level of change the Agency has experienced.

The Agency also monitors quantitative data regarding the numbers of new children coming into care vs. the number of children exiting care and the numbers of children served in out of home care versus in home care. Analysis shows that these trends have remained relatively stable over time.

IV.   Gaps Between Findings & Benchmarks

Analysis indicates that action items that have been put in place as part of the CFSR Program Improvement Plan (PIP) and COU Corrective Action Plan (CAP) have resulted in positive impact across multiple items. The Agency continues to monitor gaps between the Agency's performance compared to state and federal benchmarks. Quarterly analysis is conducted by the Quality Team. This analysis is done using a Single Case Bore to note all the rationales given for Area Needing Improvement (ANI) ratings in order to identify themes or trends. This analysis has identified the following areas where there is opportunity for improvement; improvement in these areas will yield positive cross-item impact:

- Quality Contacts and Engagement
- Assessment
- Quality Supervision

V.   Intervention Findings

FFN's response to findings is addressed throughout this analysis. Many of the items identified as areas of concern are already being addressed through initiatives developed throughout the year as gaps and needs were identified. Additionally, the CFSR PIP and COU PIP plans were developed with consideration of RSF and CQI review data. FFN has included additional plans to respond to findings in the FY20-21 Quality Management Plan.

Part Two: FamiliesFirst Network Annual Continuous Quality Improvement (CQI) Plan for Fiscal Year 20-21

I.   Introduction

The FamiliesFirst Network (FFN) Continuous Quality Improvement Plan is updated annually by one of the Agency's Specialist-Quality positions with input from each FFN program area and is approved by the Team Manager-Quality and Director of Quality and Program Development. As required by the Windows into Practice, this plan seeks to establish the activities, processes, and procedures for ensuring quality child welfare practice. The purpose of the plan is to: ensure quality is planned, define how quality will be managed by the CBC, and define QA and CQI activities. This plan is reviewed, amended, and approved annually, though it can be amended more frequently if substantial change necessitates an update. Upon internal approval, the plan is forwarded to the Department of Children and Families (DCF) Contract Manager, DCF Office of Child Welfare (OCW), Lakeview Center (LCI)'s Director of Quality Management and Improvement, and to the LCI Financial Manager.

The scope of this plan is specific to FFN, the Child Protection Services Division of Lakeview Center, Inc. Child Protection Services provided by FFN include case management for out-of-home placements, including adoption; in home supervision; foster home recruitment and licensing; child placement; revenue maximization; Young Adult Services (YAS) for youth over 18 and independent living services for youth under 18. The Agency does not sub-contract case management services to external partners. Safety Management Services are provided by FFN In Home Non-Judicial Services Units.

Sub-contracts are utilized for family support services, in home support services, intensive family preservation/reunification, adoption support, traditional and behavioral foster home development, emergency shelter and residential group care, supervised visitation centers, children's mental health wraparound support services, child welfare pre-service training, and other related system of care service needs.

At a divisional level, the FFN Executive Leadership Team (ELT) meets weekly and discusses performance on an ongoing basis. The FFN Executive Leadership Team is comprised of the President of Families First Network, and Directors of Clinical and Placement Services, Quality and Program Development, Family Services, and Administration and External Affairs.

FFN's Quality Plan recognizes LCI maintains a Corporate Plan for Quality while specifically detailing FFN's Quality Management System in this document. The FFN Quality Management System includes accountability for and Continuous Quality Improvement (CQI) of key components as required by LCI, the Commission on Accreditation of Rehabilitation Facilities (CARF) International, DCF contract, and needs specific to the child protection services division. These key components are:
  • Customer Satisfaction

- Deployment and sustainability of accreditation standards and performance excellence criteria
- Monthly and quarterly monitoring of division specific performance measures on the Performance Accountability Report (PAR) and DCF Dashboard
- Employee knowledge and skills training
- Implementation of best practices

Continuous Quality Improvement (CQI) focuses on identifying trends and best practices, and providing internal oversight, consultation, and coordination related to the areas listed above.

a. CQI Staff Resources

The collaboration of all FFN programs in the quality design provides the Quality Management structure necessary to:
- Facilitate continuous improvement in the provision of care and services
- Develop a customer focused, user-friendly approach in the provision of services
- Ensure compliance with policies, procedures, laws, state and federal rules, and accepted standards of practice
- Improve processes and systems relative to both internal and external customers

This design incorporates quality assurance, continuous quality improvement, and risk management principles.

b. Data Collection

Data is collected in the most efficient manner possible to identify trends and patterns, and to monitor specific measures of quality, growth, and satisfaction established within the current strategic plan which includes performance measurements established by LCI, DCF, and Commission on Accreditation of Rehabilitative Facilities (CARF) International. CARF International is the organization through which Lakeview Center, Inc. maintains accreditation as required by contract. Automated systems for data collection are utilized where possible to allow for data correlation and graphic representation of patterns and trends. Through the strategic planning process, measures of quality, growth, and satisfaction are established and monitored on a routine basis through the Performance Accountability Report (PAR). FFN relies primarily on aggregate data and listing reports located in FSFN and the DCF web portal to gauge performance on contract and scorecard measures. Additional data from quarterly CQI reviews is collected through reports provided by DCF and extracted from CFSR web portal reports. The Agency will continue to utilize SHINE reviews in FY 20-21. SHINE data is housed in the agency's internal electronic database.

c. Data Analysis

Reports from available sources are reviewed daily, monthly, or quarterly based on the necessity for tracking performance on each measure. Where available, data reviewed includes trended figures/rates, benchmark comparisons with other agencies or regions and recognized standards. Performance measure data for the agency and program areas are distributed to all FFN leadership for review. The Data Analysis Manager is primarily responsible for performance measure tracking.

The FFN Team Manager-Quality oversees analysis and trending quality management case file review data. This information is provided to the FFN Executive Leadership Team, Data Analysis Manager, Team Managers, and Unit Managers. An Annual Summary is completed and submitted to the aforementioned, the DCF Contract Manager and Office of Child Welfare per contract requirements. Performance measure data and other data metrics impacting performance are made available on the FFN website.

d. Decision Making

Decision making is based on review of data and thorough investigation of adverse events, trends, or patterns. Individuals and teams assigned to address areas of concern are provided with the resources needed to collect and analyze available data and make informed decisions. Decision making at FFN is delegated to the extent practical to the individual or team responsible for a particular improvement or monitoring initiative. In all aspects, team decision making is encouraged and supported. Decision Support Team (DST) calls and High Utilizer (HU) staffings are two examples of this practice. DST Calls are utilized when a safety concern is identified and the team quickly comes together in order to determine what safety actions should be implemented. High Utilizer Staffings are held weekly in order to discuss children in care who require increased services and utilize a large portion of the Agency's resources; these staffings explore alternative placement resources and funding sources in order to meet the needs of the children. By utilizing a team approach in decision making efforts, multiple sources are able to brainstorm options to best meet the needs of the children and family served.

e. Policies and Procedures

FFN is responsible for development and update of procedures specific to the Child Protection Services Division. These procedures are updated a minimum of once per year and more often as needed. Major changes to FFN procedures require the approval of the FFN Executive Leadership Team, the Department of Children and Families, and potentially the LCI Management Advisory Council (MAC) and the Lakeview Center Board of Directors.

Policy changes are communicated through internal email correspondence as updates occur. To assist team members, a synopsis of each update accompanies the notice of policy updates or

changes. Additionally, policy changes are communicated through leadership meetings with the expectation that leaders will cascade changes to their team members. The training department also updates courses to reflect changes in policy.

f. Confidentiality of Information

Verbal and written communications and documents obtained through or resulting from the various quality processes (i.e., quality reviews, incident reporting, critical event review, etc.) which reflect upon individual clients or team members are processed and maintained as "privileged" materials, protected by state law.

g. Quality Program Evaluation

The accomplishments of Strategic Plan Goals (priorities for improvement) are reviewed regularly through the Performance Accountability Report (PAR). Each FFN program reviews the effectiveness of their monitoring and evaluation processes as well as their efforts toward the continuous improvement of service delivery. Additionally, the objectives, scope, and organization of the FFN quality plan are reviewed for effectiveness and efficiency and to promote continuous learning across the organization.

Reporting of data is made available on the Lakeview Center, Inc., Performance and Accountability Report (PAR). This information is communicated at monthly Board meetings, Quarterly Community Alliance meetings, and DCF/FFN leadership meetings.

Additionally, the Lakeview Center, Inc. Annual Report is sent to team members, stakeholders, board members, and community members.

h. Risk Management

Consistent with Lakeview Center, FFN collects critical incidents, complaints, and grievances data to monitor and improve the system of care. Each critical incident, complaint, or grievance is reviewed and reported to external agencies according to requirements. When indicated, the FFN Executive Leadership Team reviews areas of risk management and determines next steps. A quarterly report and analysis is provided to the LCI Risk Management Team by the FFN Quality Team. The LCI Risk Management Team utilizes the information to identify opportunities to reduce adverse events across the organization. Critical incidents, complaints, and grievances are also reviewed by the LCI Safety Team, as appropriate. The FFN Team Manager-Quality is a member of the LCI Risk Management Team.

Information from the processes stated above will be used to provide recommendations for:
- Modifications to the environment to promote safety and facilitate services
- Modifications to the service planning process to improve the outcome of care

- Education and training for clients and their families and/or organization team members
- Service policy/procedure modification

i. Risk and Critical Incidents

Risk and critical incidents include the occurrence of an event that either results in the death or serious injury of a person served by the agency. These events require a thorough analysis to determine root cause. Such events are reported to and tracked by the FFN Quality Team and ultimately to LCI Risk Management and DCF through incident reporting systems. Risk and critical incidents extend to subcontractor providers and facilities as required by contract.

1) Process for Reporting of Risk and Critical Incidents

Any occurrence of a critical incident within FFN requires immediate notification of the Unit Manager, Team Manager, the appropriate FFN Director, FFN President, and the agency incident reporting phone line. As soon as the situation is under control but no later than 24 hours following the discovery of the event, the Lakeview Center Risk Manager should be notified of the incident. A formal report is documented in the agency's STARS Incident Reporting System and DCF's Incident Reporting and Analysis (IRAS) system, as required by contract.

2) Investigations of Risk and Critical Incidents

A Specialist-Quality serves as the FFN Death Review Coordinator with oversight by the FFN Team Manager-Quality. Upon notification of a child death on an open case, the FFN Team Manager-Quality notifies the Specialist-Quality serving as Death Review Coordinator and requests a case review. The FFN Team Manager-Quality and/or designee assigned to review the critical incident participates in an initial debrief of the incident with Executive Leadership. Following the initial debrief, an in-depth review and analysis is conducted which includes a file review and interview of agency team members directly involved with the event through direct services or supervision. This review and analysis is followed by debrief within the LCI and FFN risk management structure. The following are invited to the debrief scheduled by the Death Review Coordinator: President of Child Protective Services; FFN Directors of Family Services, Quality and Program Development, Administration and External Affairs ,and Clinical and Placement Services ; LCI Director of Employee Relations and Risk Services, FFN Team Manager-Quality; LCI Risk Manager; LCI legal counsel, and others as needed.

The debrief committee identifies contributing factors which are prioritized for improvement and assigned to the appropriate team or individual to address. Improvement initiatives are designed to reduce the risk of future occurrences of the event. The committee designates a responsible person or oversight body that monitors to ensure all new or updated procedures are in place and that any recommended action taken has the desired impact on client care and safety.

All other incidents including serious injury, sexual assault, or events occurring which could have resulted in the death, serious injury, or sexual assault of a child served are addressed through data collection and incident reporting review. Reports and Analyses are reviewed and reported quarterly to LCI CEO and Vice Presidents.

j. Performance Improvement Action Plans

When results of quality management activities reflect a process or outcome that is not within desirable range, action is taken to identify improvement opportunities through a thorough root cause analysis. Action Plans are developed to drive improvement. These plans are developed utilizing a team approach with team members identified as key players in effecting and sustaining change relative to the performance concern. The FFN Data Analysis Manager and the Continuous Quality Improvement Team work in conjunction to correlate performance measure issues with quality review findings. Action Plans developed to drive division-wide change are approved by the FFN Executive Leadership Team. Action Plans include, at a minimum, the following information: identified issue, proposed plan for corrective action, responsible parties for the corrective action, and the time frame for completion. This is applicable for both internal and external monitoring initiatives.

FFN submitted a Program Improvement Plan to DCF to address areas needing improvement as a result of the CFSR Round 3 reviews completed during FY16-17. The PIP was approved by DCF and additional tasks were added in FY 19-20. This plan will continue into FY 20-21. FFN submits quarterly progress updates to the Circuit 1 DCF Contract Manager and the Office of Child Welfare. Additionally, progress with the CFSR PIP is discussed at monthly DCF and FFN Leadership meetings.

A COU audit was conducted in October of 2019. A plan was developed to focus on the following areas: workforce trends, timeliness to permanency, placement stability, foster home retention and recruitment, communication with partners, and performance on multiple CFSR items. Several other areas of the plan have shown improvement and determined to be completed to include incident reporting, information security, turnover, overcapacity waiver, legal training, resources for youth and young adults who have aged out of foster care, and percentage of children re-entering foster care within 12 months of moving to a permanent home. The Agency provides an update regarding progress on the COU Corrective Action Plan (CAP) to the Contract Manager each month prior to the Leader Partnership Meeting.

For FY 20-21, the Agency will continue to work on the objectives identified in the CFSR PIP and COU CAP.

II.   Planned CQI Quarterly Activities & Review Schedule

The following Quality and Compliance Reviews mandated by DCF contract and outlined in the DCF Windows into Practice will be completed quarterly in DCF systems or the Federal Online Management System (OMS) using standardized electronic tools:

- Ten (10) Rapid Safety Feedback (RSF) Reviews per quarter will be completed. These reviews focus on children under the age of four served in-home.
- During each quarter, FFN will conduct two (2) Child and Family Services Reviews with interviews. These cases are considered Program Improvement Plan (PIP) reviews through which the state's improvement from CFSR Round 3 will be measured. Reviews are conducted in teams of two (one DCF reviewer and one FFN reviewer).
- During each quarter, fourteen (14) CQI Reviews will be completed using the Child and Family Services Review Onsite Services Review Instrument. These reviews are considered Florida CQI case reviews and will be file review only.

All RSF reviews will be completed in Qualtrics or DCF portal. PIP Monitored and CQI reviews will be completed in the Federal Online Monitoring System (OMS). The number of reviews completed may be reduced or changed as approved by DCF without amendment to this plan.

Standard monitoring tools are used throughout the division to monitor quality and compliance. Standardized monitoring tools provide valid and reliable measures that cover policy and program requirements and take into account changes to state statutes, federal regulations, and accreditation standards. FFN Programs included in the review activities of this section are Family Services (FFN's case management component), Adoptions, and Independent Living.

For FY20-21, RSF and CFSR quarterly reviews will include a random sampling of cases from throughout the four counties within FFN's service area. Review samples will include Out-of-Home, In-Home Judicial, and In-Home Non-Judicial cases. Reviews completed for the State Conducted PIP Monitored CFSR's will be completed from a sample provided by DCF and according to the following tentative schedule:

Dates of Reviews	Type of Case
July 20-24, 2020	Out of Home
August 17-21, 2020	In Home

The dates of PIP Monitored Reviews for Q2 and Q3 have not yet been determined.

A shadow from FamiliesFirst and DCF will be invited to participate in each review, including the Quality Round Table, Prep Meeting, case participant interviews, tool finalization, and the case feedback meeting. Following review, the feedback meeting is held to share the results of each review with the Unit Manager and Case Manager responsible for the case. Team Managers are also invited and encouraged to participate in the initial and feedback meetings.

At the conclusion of each quarter, data is provided to the FFN Executive Leadership Team, Data Analysis Manager, Team Managers, and Unit Manages. Upon an analysis of quality review results in conjunction with other measures and current efforts already in place to address known deficits, a team approach will be used to drive performance improvement. Systemic concerns will be identified and addressed both internally and externally with stakeholders. Annual analysis is provided to the DCF Contract Manager as required by contract.

Timely input of reviews occurs through oversight by the Team Manager-Quality. Oversight includes frequent progress checks to ensure reviews are being completed at an acceptable pace throughout the quarter.

The goal is for RSF and CFSR input to be completed by the last day of each quarter. This allows time for the Team Manager-Quality to validate reviews and to ensure any needed corrections are made within required DCF timeframes.

III.   Plan to Improve Performance in FY 20-21

The Agency strives to have a systemic approach in developing action plans to drive performance improvement. Many of the initiatives and activities planned are anticipated to have positive impacts across multiple areas and items. Agency action to address identified gaps is addressed throughout the annual analysis and CQI Plan.

a. **Turnover**

FFN 12 Month Rolling Turnover
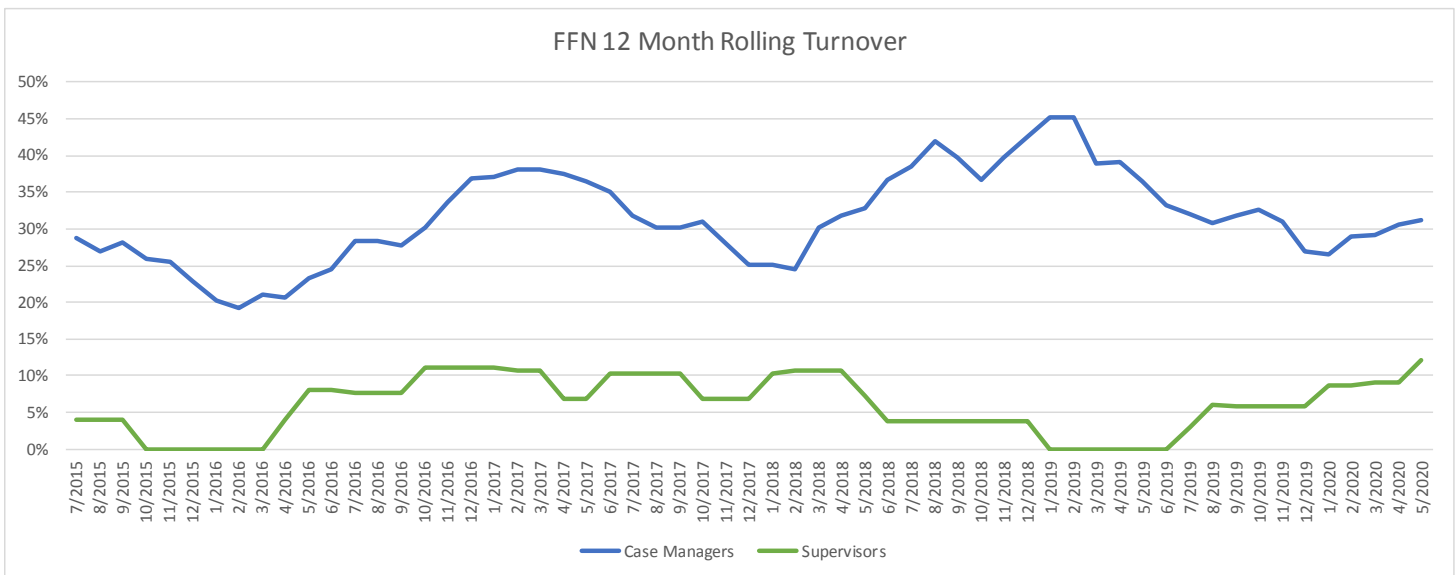
Source: HR Report, July 2020

As identified as part of this year's analysis, changes in case management team members can have an impact on family's served. As an effort to address this concern, the Agency has developed a Workforce Committee. During FY 19-20, this committee has focused on creation of a level system for the position of Child Welfare Case Manager. Recommendations have been submitted for review to the FFN Executive Leadership Team. For FY20-21, the Workforce Committee will focus on review and update of FFN's on-call process.

b. **Working Relationships with CPIs & Sheriff**
FFN leadership attends a monthly meeting with DCF, GAL, ABH, and Walton County Sheriff Office leadership. This meeting allows collaboration between the agencies and provides opportunities for any issues or concerns to be addressed and for resolutions to be reached. A standing agenda item was added in FY 19-20 to discuss and address any communication barriers. This will remain as a standing Agenda Item during FY 20-21.

c. **Stakeholder Involvement**
Intra-Agency collaboration and partnership is highlighted throughout the annual analysis and plan. Some of the ways the Agency seeks stakeholder involvement includes DST calls, partnering to focus on relative placement and important connections at removal, and the CARES teams which assist in meeting caregiver needs. Leadership Meetings also provide avenue for identifying areas where collaboration is needed and plans are put in place to address.

d. **Special Reviews, Discretionary Reviews, Systemic Reviews**

In addition to contract required reviews, special and discretionary reviews are completed at the request of members of the FFN Executive Leadership Team, DCF, or Team Managers. Review findings are analyzed and utilized toward continuous quality improvement.

Listed below are the types of reviews conducted throughout the year:
- Twice per year, FFN participates in Internal Quality Surveys to sustain readiness for accreditation surveys completed by CARF. FFN's next CARF survey will take place in the fall/winter of 2022.
- Annually, FFN completes a Revenue Maximization Review of Adoption TANF, Title IV-E Foster Care, and Title IV-E Adoption eligible children.
- As identified and required in the Florida CFSR Performance Improvement Plan, FFN will participate in stakeholder interviews or other activities deemed necessary for further review and assessment of Systemic Factors.

During FY 20-21, FFN also plans to continue SHINE (Support, Highlight, Inspire, Note, Excel) Reviews with a focus on Quality Contacts and Supervisory Consultation/Reviews. These special reviews are contingent upon Agency resources and capacity. Additional special reviews will be completed as needed throughout FY 20-21.

e. **Efforts to improve Statewide Targeted Initiatives**

Activities throughout the analysis and plan are tied to statewide improvement initiatives, such as engaging fathers, safety practice model fidelity, and service array for substance abuse/domestic violence in rural areas as well as quality of services, notices of hearings to caregivers, foster parent training, and stakeholder involvement.

f. **Local Improvement Initiatives**

Systemic factors were identified qualitatively through CFSR and RSF reviews along with quantitative data analysis conducted by the Data Analysis Manager. These areas, identified below, will be the focus of the Agency during FY 20-21:
- Engagement and Quality Contacts
- Assessment
- Quality Supervision

In order to improve overall performance, the Agency is seeking to utilize a multi-tiered approach: Training, Building Supervisory Capacity, SHINE as improvement/accountability tool, all while tying activities to assessment.
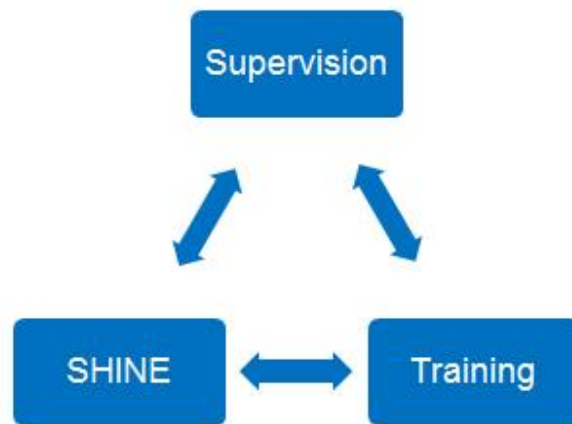
1) Training

- New Leaders will attend Supervising for Excellence (SFE)
  - Prior to attending SFE, they will complete Module 1-OSRI Overview
  - During SFE, there will be a Quality Day- OSRI Hands-On Practice using training cases provided in Online Management System (CFSR portal).
- Existing Leaders will complete Module 1-OSRI Overview by 9/30/2020. This will be tracked in Cornerstone and will be as an required annual refresher.
- Training for Family Support Workers will be implemented with a focus on enhanced documentation of visits and concerted efforts to facilitate visits between child/parents and child/siblings.
- Learning Groups to assist supervisors in critical thinking skills and modeling these skills for their team members.
- Documentation of Concerted Efforts is being added to all core trainings.

2) Enhancing Supervision & Building Supervisory Capacity

- The Agency, with assistance from two other CBCs, has obtained and updated a fillable format of CFSR Checklist/Supervisory Tool. This will be utilized for supervisory reviews on an ongoing basis.
- Additionally, the Quality Team will be provide technical assistance to leaders.

3) Accountability to Improvement via SHINE

- Monthly Reviews (approximately 125) of all quality contacts on 1 case per for each case manager who has a primary assignment in FSFN. SHINE tool uses same standards as CFSR for Frequency and Quality of Contacts.
- Monthly Review of supervision provided in all cases reviewed for each case manager on team.
- Beginning with September reviews, Specialists will be assigned specific teams to review. Following review, Specialist to meet with team to go over SHINE findings. *This is a new initiative for FY 20-21.*
- Quality Team will continue to provide ongoing training for leaders regarding how to use SHINE to drive improvement.
- Monthly Newsletter sent to all FFN includes findings for each service area for Frequency & Quality of Contacts and Supervision.
- Leaders will set expectations for incremental improvement in SHINE results. *This is a new expectation for FY 20-21.*

4) Tie to Assessment

- Field level meetings will be conducted to complete root cause analysis around barriers to assessment planned beginning in September as part of Quality Plan for FY 20-21.

g. Additional Training Activities

In addition to training required by LCI, position specific training is required for some FFN employees. Case Managers and Unit Managers (supervisors) are required to be trained and certified according to the Florida Certification Board criteria. New Case Managers and supervisors in the certification process are required to attend Core In-Service classes, in addition to their related specialty tracks, within their first year. An additional week of training is conducted immediately after Pre-Service Training which focuses on FFN New Hire Orientation, Car Seat Training, and other classes. This emphasis is entitled Culture Week and weaves in the values and behaviors consistent with organizational culture.

Training is tracked in an electronic Learning Management System (LMS). LCI and FFN Training Department enters into this system all training they provide.

The FFN Training Department provides ongoing training opportunities for team members at all levels. A bi-monthly calendar of training is provided to all FFN team members on a monthly basis. Abundant training opportunities to earn CEU's are offered to certified team members or team members seeking certification. Some examples of these training opportunities include Quality Home Visits, Permanency Values, Sexual Safety, Human Trafficking, and Safety Planning. In addition, several Learning Groups on the Florida Safety Practice are scheduled monthly.

FFN continues to devote a segment on supervisory discussion, including consultation in the safety practice, into the Supervising for Excellence (SFE) training. FFN makes this training available to supervisors for the GAL, DCF, or providers. This training is required for all new FFN supervisors. It is also open to case management mentors (STAR Mentors).

A Certification Support Team approach is in place for new Child Welfare Case Managers (CWCMs) and Child Welfare Licensing Specialists (CWLSs) proceeding through the Florida Certification Process. The Certification Support Team looks at ways to:
- Support trainees in the new certification process utilizing a team approach (Unit Manager, FFN Trainer, and Specialists and STAR Mentors)
- Identify training needs
- Measure transfer of learning

A full day of training on the Florida Certification Board certification process requirements, including tracking activities competencies with CWCMs and CWLS's completing pre-service training/post-testing and the progress meeting held at five months after the completion of pre-service, is now part of Culture Week. A Toolkit guides case managers and supervisors in necessary requirements. In FY 19-20, the Agency included a section on strengths based supervision and group supervision into the Supervising for Excellence (SFE) curriculum.

The FFN Training Department provides some training support activities for team members who are in Pre-Service training for additional support of learning FSFN. Training on FSFN Enhancements to appropriate team members will be ongoing as changes roll out.

Three Houses, Teaming, and Web-Based links add to the array of trainings provided. The annual FFN In-Service All Staff Training in November and Annual In-Service Training Conference in May are also opportunities for team member development from local, state and national experts. The May Conference grew to over 600 attendees in 2019. The Conference is largely attended by FFN team members, DCF staff, GALs, and caregivers, though it is open to other community members and providers. Unfortunately, both of these events were postponed in 2020 due to COVID-19 related restrictions.

Implementation of the Safety Practice has been a focus of support and will continue into 2020-2021. Safety Practice consultants continue to provide 'just in time' training and coaching on cases. The Agency is working with Embrace Families to hire additional positions through a grant in order to focus on Conditions For Return. There has been some delay of implementation of the grant due to the COVID-19 pandemic.

Continued development of Practice Experts in Sexual Abuse will occur. Training with Robert Eddleman, an expert regarding the treatment of children who have been the victim of sexual abuse, will be provided to all team members and providers. Additionally, team members will maintain certification to work Human Trafficking cases. A tracker is maintained to ensure that only team members whose training is current will be assigned cases where Human Trafficking has been identified.

Permanency Values and Skills training has been and will continue to be provided to all team members and providers for the Casey Permanency Roundtable project. FFN trains Early Childhood Court providers as well as FFN, GAL, and DCF staff.

FFN Training team members are also certified in CPR/First Aid and provide for this training for team members and families needing it.

Crisis Prevention Intervention training will be a focus this year and all existing case management, supervisors, placement team members, and family support workers will be required to attend the 8 hour training, followed by a 3 hour refresher every year thereafter. For new team members in these categories, this will be a part of Culture Week once permitted based upon current CDC restrictions.

Immersion training has been developed for new case managers where they are able to complete a simulated home visit and receive immediate feedback. This began in FY 18-19. Beginning in August 2020, the Agency will deploy a virtual home visit skills building training and offer it to all team members who conduct virtual visits.

CQI team members partner with the Training and Safety Practice Consultants in order to provide training regarding Quality Contacts. Additionally, CQI team members present information regarding CFSR items as part of the Agency's Supervising for Excellence training. The Quality Team Manager presents information regarding progress towards achieving CFSR PIP and COU CAP items at LEAD meetings (meetings for those who supervise) and Senior Leadership Team (SLT) meetings.

h. **Strategies (Evidence-Based, Promising Practices, etc.) to Improve Practice**

The Agency seeks to utilize evidence-based and promising practices when available to improve performance. One of these practices is Wraparound, rated a 3, Promising Research Evidence, with a child welfare relevance level of high on the CEBC. The Wraparound process aims to achieve positive outcomes by providing structured, creative, and individualized team planning process that are effective and relevant to the child and family. Wraparound plans are designed to meet the identified needs of caregivers and siblings and to address a range of life areas. The

family, caregivers, and youth develop problem solving skills, coping skills, and self-efficacy with an emphasis on integrating the youth into the community and building the family's social support network. FamiliesFirst has four subcontracts for this service, one provider serving each county, serving families with children determined to be safe but high or very high risk.

On site monitoring for non-residential contracts is completed either annually, bi-annually, or tri-annually based on the outcome of annual risk assessments. Findings are addressed via corrective action plans which are monitored by the contract manager. These practices were selected because they were considered evidence based practices and will continue into FY 20-21.

i. **Monitoring Improvement in the CFSR Systemic Factors**

The Federal Children & Family Services Review was completed in 2016. At that time, the State was found to meet substantial conformity in 3 out of the 7 Systemic Factors: Quality Assurance System, Staff & Provider Training, and Agency Responsiveness to the Community. Below are the Agency's efforts to monitor improvement in the remaining factors.

1) Statewide Information System (CFSR Item 19)

FFN team members are represented on FSFN workgroups in order to suggest and pilot improvements made to FSFN, the statewide information system.

2) Case Review System (CFSR Items 20-24)

Case Review System is completed as part of the Judicial Review process. FFN is following the State's plan to complete reviews in Qualtrics quarterly to measure if caregivers are being notified of judicial proceedings (Item 24). The Agency supports CLS efforts around this by ensuring JRSSRs are completed and submitted to legal timely which our agency tracks. FFN will monitor trends regarding timely notification of caregivers and will add key activities to address any gaps identified.

3) Service Array & Resource Development (CFSR Items 29-30)

In FY 20-21, Barrier Breaker meetings will be implemented to work on systemic issues and will include representation from FFN, DCF, Walton County Sheriff's Office, GAL, Courts, and providers. The first topic to be addressed will be focus on intensive family preservation and support services that may allow more children to be served in-home.

4) Foster & Adoptive Parent Licensing, Recruitment, and Retention (CFSR Items 33-36)

Foster Home Licenses are issued by the Department of Children and Families through an attestation process. Monthly random audits are conducted by DCF to ensure that all initial and relicensing packets are in compliance with Florida Administrative Code and Statute. A minimum of 10% of submitted packets are reviewed. All initial and relicensing packets submitted by FFN's

sub-contracted providers are reviewed by the FFN Licensing Team Manager prior to being submitted to the DCF licensing authority also via the attestation model. DCF provides an annual score as to how FFN has performed in providing required information in licensing packets. FFN has historically scored 98% or above in these audits. All results and scores for attestation audits are located in FSFN under the FFN license.

FFN is currently part of a research and development project with the University Of Washington School Of Social Work and the following partners: Spaulding for Children, NACAC, Child Trauma Academy, National Council for Adoption, and The Center for Adoption Support and Education. This is a 5 year agreement with the goal being to develop and evaluate a training program for foster and adoptive parents to parent children exposed to trauma and to provide on-going skills for these same families. The research project will evaluate the successes for those parts of the pilot project as well as those that are taking part in serving as a control group. The Agency will switch all of the foster parent pre-service training classes over to this model in March 2020. All training is currently being conducted via Zoom and continues to be interactive. Participants must be visible on screen to ensure attendance and participation. As of July 2020, the Agency has had 96 participants, representing 54 homes, attend the new model training.

j. **Planned Activities for Program Improvement & Monitoring of National Data Indicators**
FFN leadership has decided to implement multi-pronged initiatives to manage out of home care population so that every child has the right placement at the right time. The anticipated outcomes of this initiative include placement stability, a net increase in foster home beds, a net increase in group home capacity, a reduction in out of home care costs, and a reduction in the over-capacity waivers. Tactics include:
- Increase utilization of front-end services (FSS, IHNJS) by DCF and Walton County Sheriff's Office (WCSO)
- Review and refine placement practices (EBR, Binti placement module)
- Develop specialized group care capacity (safe house, QRPT)
- Increase foster home capacity (traditional, Kin Caregiver, specialized)
- Increase timely permanency (reunification, adoption finalization)
- Increase placement with relatives

IV. Other
a. **External Monitoring**
FFN is subject to monitoring by various external parties. The reviews include:
- A validation of findings of FFN internal monitoring activities by DCF (State) or ACF (Federal)
- Contract monitoring by DCF, on-site review bi-annually with a desk review in the off year

- Independent audits
- Child Placing Agency Licensure is renewed annually on July 1
- Accreditation Surveys by CARF; the next CARF accreditation survey is scheduled for Fall/Winter 2022.

External monitoring is a valuable tool for Lakeview Center and FFN. Reviewers are seen as consultants in that they often bring knowledge of national trends and practices that would improve services. Adverse findings from monitoring visits or validation processes are addressed through FFN's Performance Improvement Action Plan process.

b. Revenue Maximization

Revenue Maximization (Revmax) audits primarily consist of Foster Care, Adoption, and Master Trust. The DCF Contract Oversight Unit (COU) completes an annual review which consists of an alternating pattern of desk and on-site reviews. Every two years, the Social Security Administration completes a Master Trust Review.

The Revenue Maximization Unit in collaboration with the FFN Continuous Quality Improvement Team completes an annual file review consisting of samples of each type of funding to include IV-E Foster Care, IV-E Adoption Assistance, and TANF Adoption Subsidy. Samples are randomly drawn from FSFN, identifying cases based on their eligibility code. The FFN Continuous Quality Improvement Team compiles and submits a monitoring summary report thirty (30) days following the review to the Circuit 1 Contract Manager. The summary includes findings and recommendations for improvements. In addition to this annual review, a Policy and Quality team member reviews 100% of all children potentially IV-E eligible for Adoption Subsidy.

The Office of CBC/ME Financial Accountability performs financial monitoring procedures based on the DCF 2017-18 CBC-ME Financial Monitoring Tool for Desk Reviews. The monitoring procedures performed include tests of transaction details, file inspections, and inquiries to adequately support findings, observations, and technical assistance. This review is done on a quarterly basis. The Revenue Maximization Unit manages all of the monitoring results for FSFN payments.

In FY 19-20, Revmax team members began processing IV-E Determinations on all children removed regardless of their placement type. This will continue in FY 20-21 and Revmax team members will monitor and complete IV-E Redeterminations on all children with an Eligible IV-E determination that has been in care for 12 months from the initial IV-E Eligibility determination. GAP IV-E and GAP TANF were new funding sources for FY 19-20 that were included in Federal Funding Monitoring, along with Adoption IV-E, Adoption TANF, and Foster IV-E. Florida opted into the Extended IV-E program that extends funding for kids that exit Foster Care or who reach

permanency at the age of 16 or 17 while in care. Florida also added a new licensing level for Relative and Fictive kin placements which have the potential of IV-E funding. With the IV-E Waiver expiring this past year, the Revmax Unit has seen a lot of change with regards to eligibility, placement settings, funding sources, and system changes.

In FY 20-21, TANF tracking and eligibility determination shifted from RevMax to case management staff. A scripted email with links and how to guides is sent by the Data Analysis Team to Unit Managers as needs are identified.

c. Accreditation Internal Site Visits

Site Visit teams, comprised of employees across Lakeview's divisions, conduct internal quality surveys twice per year for the evaluation of quality, particularly as related to accreditation. Standardized assessment tools are used at program sites to ensure a fair and consistent review process. The goal of the Site Visit Teams will be to identify opportunities for improving the environment, continuity of care, on-going assessment and planning, customer input and alignment with accreditation standards. The review data will be rolled up, analyzed and reviewed for trends, and used to develop action plans to drive improvement.

d. Customer Satisfaction

As part of Lakeview Center's customer satisfaction efforts, satisfaction surveys are conducted with a sample of active FFN customers. Targeted audiences include clients and their families, and caregivers. Results of customer surveys will be reviewed and action will be taken to improve low scoring items and to conduct necessary service recovery. Over time, survey results will be aggregated and trended for the evaluation of performance and system of care effectiveness.

There are several vehicles for customers and team members to suggest areas for improving customer care, the efficiency of the division, and safety of the environment. These vehicles include: Bright Ideas program for team members, client satisfaction surveys, team member engagement surveys, and direct feedback to division or organizational leadership. Additionally, Team Member Forums are held on a quarterly basis to share information from an organizational (and state) level. During the forums, all team members are provided an opportunity to ask questions, identify challenges, and note areas needing improvement or areas to highlight.

e. Sub-Contract Oversight

FFN currently sub-contracts for family support services, in home support services, intensive family preservation/reunification, adoption support, traditional and behavioral foster home development, emergency shelter and residential group care, children's mental health

wraparound support services, child welfare pre-service training, and other related system of care service needs.

The performance of subcontracted providers is monitored utilizing two principal methods. Sub-providers submit monthly and quarterly reports outlining their performance in relation to outcomes set forth in their contracts. Reports are used to crosswalk effectiveness of service delivery with improvement in the lives of the children and families served, or as deliverables related to contract goals in the case of non client services. Additionally, periodic on site monitoring of contracts is conducted at a frequency based on risk assessment. On site monitoring includes an evaluation of environment of care, case review, financial and administrative review, quality, and personnel. Contract monitoring encompasses administrative and programmatic expectations to be met by Lakeview's network. Providers are monitored based on DCF's Community Based Care Lead Agency subcontracting guidelines, Lakeview Center Inc. standard contract, performance contract, and all attachments, Florida Statues (F.S.), Florida Administrative Code (F.A.C), Federal regulations and Department of Children and Families policy, if applicable.

The quality and adequacy of services delivered by each contract provider is monitored through review of records, interviews of clients and team members, and observations during site visits. The provider is also required to complete an annual self evaluation. The contract monitoring team maintains all provider performance reports and validates information reported by the provider.

Information regarding contract providers is communicated through monthly Board meetings, and Community Alliance Meetings. All executed subcontracts, subcontracting monitoring reports, and corrective action plans are provided to the Department of Children and Families Contract Manager.

V. Conclusion

Items specified in this plan are intended to improve performance. The Agency monitors the effectiveness of the CQI plan throughout the year and makes amendments as needed. The success of these action items can be measured based on Quality and Quantitative Measures, such as RSF reviews, CQI reviews, CQI PIP reviews, and trends noted on the Department's Dashboard.

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