

# FamiliesFirst Network of Lakeview

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BAPTIST HEALTH CARE

## Annual Continuous Quality Improvement Report Fiscal Year 2018-2019

and

## Continuous Quality Improvement (CQI) Plan Fiscal Year 2019-2020

*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 18-19***

## **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 18-19. FFN serves Escambia, Santa Rosa, Okaloosa, and Walton Counties in the Northwest Region. The Agency served between approximately 2,185 and 2,310 children each month during FY18-19. This is an increase of at least 300 total children from the previous fiscal year.

Type of Care SFY 18-19												
	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Children and Young Adults Receiving In Home Services	735	728	751	781	789	811	812	823	852	833	855	858
Children in Out of Home Care	1450	1476	1442	1454	1448	1432	1446	1428	1432	1455	1458	1448

Source: DCF Dashboard

### **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.

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 FY18-19, 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 2% 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 is supervised by the Director of Administration and External Affairs.

**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 FSN generated data and reports. Additionally, FSN 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. The Agency participates in multi-agency meetings to discuss progress on the Performance Improvement Plans (PIP) for the CFSR and COU. The Agency also provides a written update regarding the implementation of PIP activities a quarterly 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 18-19 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 18-19 DCF Windows into Practice Guidelines, the FSN Quality Management Team completed reviews as indicated in the chart below:

<b>Contract Required Reviews</b>	<b>Total # of Cases Required/Reviewed</b>
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; FSN completed 41 reviews.
Florida Continuous Quality Improvement (CQI) Reviews using the CFSR Onsite Review Instrument.	The required number of Florida CQI reviews was 64; FSN completed 64 reviews. 8 of these reviews were conducted as part of the Performance Improvement Plan (PIP) and included interviews with case participants.

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

Additionally, a Federal Funding Review was completed in June 2019 as a joint effort between the Federal Funding Team Leader and the FSN Quality Team. A total of 66 cases were reviewed for IV-E Adoption Subsidy and 58 cases were reviewed for TANF MAS Adoption. Federal audit instruments were used to align with the federal review process. The IV-E Foster Care Eligibility review was conducted by Ernst & Young (EY) this fiscal year and included a portion of the population of children in this funding source. While a preliminary report has been received,

FFN, along with all agencies statewide, has been granted an extension until September 30, 2019, to submit final audit summaries. FFN is in the process of analyzing information provided from this external audit as well as findings from the agency internal audit.

Support, Highlight, Improve, Note, and Excel (SHINE) Reviews were also continued throughout the 18-19 FY. These reviews are an internal Continuous Quality Improvement process where FFN Specialists review one case monthly for each staff member who has a primary assignment in FSN. During the 18-19 FY, the Agency focused on Quality Contacts and Supervisory Oversight. ***FFN completed approximately 1000 SHINE reviews during FY18-19.***

In FY 18-19, the Agency worked to enhance the SHINE review process by automating the review instrument and data roll up. This change was implemented in April 2019. 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.

**b. Data Analysis Unit Activities**

FamiliesFirst Network's Data Analysis Unit consists of three Data Entry Operators who report to the Data Analysis Manager. This unit is responsible for accurate data entry, reporting, and analysis. Weekly 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 FY18-19, 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	Goal
Re-Entry	91.6%	91.2%	87.7%	84.9%	≤91.7%
No Abuse/Neglect during In-Home Services	96.1%	96.5%	96.0%	97.78%	≥95.0%
No Abuse/Neglect after Services	97.0%	95.8%	95.3%	96.85%	≥95.0%
No Abuse/Neglect per 100,000 Days in Foster Care	10.73	8.04	7.51	7.42	≤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)	
<b>Safety Outcome 1: Children are first and foremost, protected from abuse and neglect</b>	92%	93%	75%	93%	94%	N/A
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	92%	93%	75%	93%	94%	96.7%
<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>	53%	55%	56%	33%	58%	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%	85.8%
Item 3: Risk and Safety Assessment and Management	58%	55%	60%	34%	59%	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.

FFN Rapid Safety Feedback (RSF) Reviews	FY 15-16	FY 16-17	FY 17-18	FY 18-19
Question/Item:				
1.1 Is the most recent family assessment sufficient?	12.5%	35%	41%	33%
1.2 Is the most recent family assessment completed timely?	No data	40%	21%	21%
3.1 Are background checks and home assessments completed when needed?	15%	75%	59%	74%
3.2 Is the information evaluated and used to address potential danger threats?	No data	80%	67%	82%
4.1 Is the safety plan sufficient?	41%	80%	62%	69%
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%

Source: RSF Data

**d. Permanency**

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

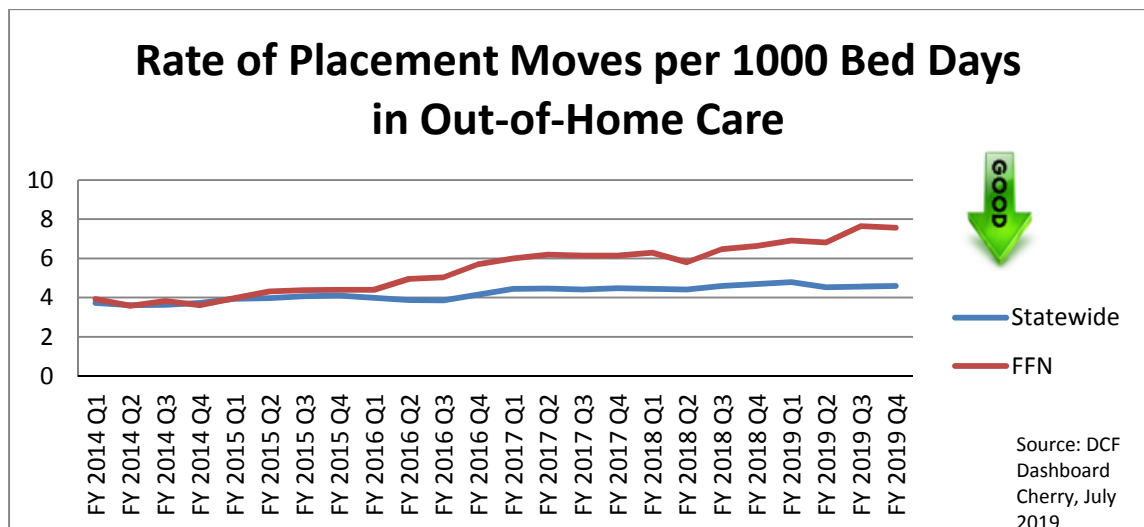
- Permanency Outcome 1 (Items 4-6) measures permanency and stability of children's living situations. The items included in this outcome measure placement stability, the appropriate permanency goal being established in a timely manner, and concerted efforts to achieve the case goal.
- Permanency Outcome 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)	
<b>Permanency Outcome 1: Children have permanency and stability in their living situations.</b>	40%	39%	35%	34%	21%	N/A
Item 4: Stability of Foster Care Placement	47%	68%	74%	82%	47%	88.5%
Item 5: Permanency Goal for Child	71%	86%	70%	68%	79%	82.1%

Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	80%	57%	70%	50%	47%	75.4%
<b>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</b>	53%	50%	63%	58%	44%	N/A
Item 7: Placement With Siblings	78%	70%	69%	76%	58%	N/A
Item 8: Visiting With Parents and Siblings in Foster Care	73%	49%	76%	67%	46%	N/A
Item 9: Preserving Connections	73%	70%	74%	63%	51%	N/A
Item 10: Relative Placement	47%	61%	65%	87%	65%	N/A
Item 11: Relationship of Child in Care With Parents	60%	39%	81%	59%	58%	N/A

Source: CQI & PIP Data

The decline in permanency ratings is influenced by the overall decline in placement stability experienced by the Agency in FY18-19. Separated siblings, visitation, preserving connections, and relative placement search also had a significant decline this FY. These items are intrinsically tied together, so the decline throughout permanency is predictable given the significant decline in placement stability.



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)	
<b>Well-Being 1: Families have enhanced capacity to provide for their children's needs.</b>	21%	20%	24%	11%	30%	N/A
Item 12: Needs and Services of Child, Parents, and Foster Parents	26%	31%	31%	16%	33%	58.4%
Item 12A: Needs Assessment and Services to Children	No data	65%	71%	53%	75%	N/A
Item 12B: Needs Assessment and Services to Parents	No data	32%	37%	15%	41%	N/A
Item 12C: Needs Assessment and Services to Foster Parents	No data	64%	73%	74%	60%	N/A
Item 13: Child and Family Involvement in Case Planning	42%	28%	38%	19%	40%	70.7%
Item 14: Caseworker Visits With Child	47%	17%	43%	30%	47%	78.9%
Item 15: Caseworker Visits With Parents	21%	24%	32%	18%	36%	51.1%
<b>Well-Being 2: Children receive appropriate services to meet their educational needs.</b>	92%	61%	83%	75%	71%	N/A



Item 16: Educational Needs of the Child	92%	61%	83%	75%	71%	N/A
<b>Well-Being 3: Children receive adequate services to meet their physical and mental health needs.</b>	50%	46%	54%	45%	53%	N/A
Item 17: Physical Health of the Child	63%	55%	61%	53%	69%	N/A
Item 18: Mental/Behavioral Health of the Child	64%	44%	59%	57%	54%	N/A

Source: CQI & PIP Data

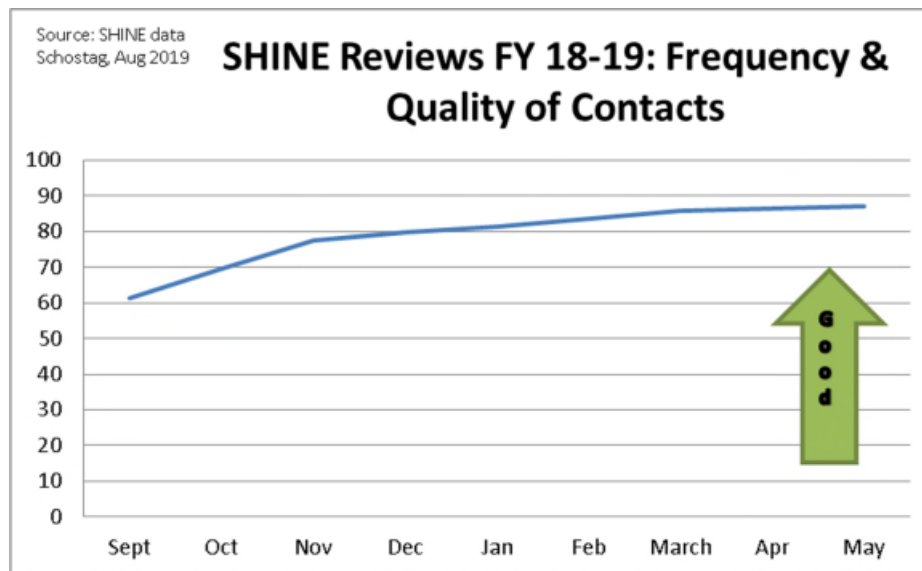
RSF reviews include the following, which also impact Well-Being:

- 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	FY 16-17	FY 17-18	FY 18-19
Question/Item:			
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%
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%
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%
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%
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%
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%

Source: RSF Data

Data collected from SHINE reviews further supports that the Agency is showing improvements in the frequency and quality of contacts with parents and children, impacting overall Well-Being 1 measures.



\*SHINE Date from June 2019 was not available at the time of publication. Prior to September 2018, SHINE reviews were not automated.

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	Goal
Children Receiving a Medical Service in the Last 12 Months	95.0%	93.9%	96.3%	96.47%	95%
Children Receiving a Dental Service in the Last 7 Months	83.2%	83.4%	88.6%	89.58%	95%
Young Adults Exiting Foster Care who have Completed/Enrolled in Secondary, Vocational, or Adult Education	84.5%	84.4%	82.8%	87.5%	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. A mini-summit was held February 22, 2019 to discuss some of the local practice trends and obtain stakeholder input. Representatives from FFN, DCF, CLS, and the GAL were in attendance along with Judges. In addition to child welfare representatives, community members including foster parents, mental health providers, substance abuse providers, and juvenile justice system representatives were present. Topics discussed included Removal Rates & Reasons; Workforce Trends; Re-Entry & Reasons; and Placement Capacity & Stabilization.

Below are some of the local practice trends that have been continued into and/or implemented during FY 18-19. Because the CQI reviews have a Period Under Review between 12-15 months and interventions are unable to be isolated when working with children and families on issues relevant to child welfare, the full impact of these interventions cannot be determined at the

time of this analysis. The Agency continues to monitor the effectiveness of interventions and makes changes to Agency plans as needed.

#### SAFETY

- Local Safety Practice Specialists positions are utilized for Decision Support Team (DST) calls, provide assistance in the development of safety plans, and participate in Conditions for Return Staffings.
- 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 1<sup>st</sup> and 5<sup>th</sup> 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

- 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. In FY18-19, this process has been tweaked to ensure the Team Manager has a call-in number and time, so that he/she can provide direct feedback and input into the discussion.
- Unit Manager Approval for Placement Changes
- Permanency Round Tables
- Rapid Permanency Reviews
- Family Finders Unit was expanded to two units who serve all four counties.
- Utilization of Intensive Family Preservation and Reunification Program (IFRP) through United Methodist Children's Home (UMCH). This is an evidence based program.
- 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, 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 of the 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.
- FFN has initiated a daily placement call to address all children with immediate placement needs; all executive leaders are in attendance, as well as, placement staff. This is intended to be a temporary practice while the Agency is experiencing a high demand for placements.
- In June 2019, FFN posted all positions for Kin Caregiver program which will assist in stabilizing relative caregiver placements.

- “Comfort Calls” conducted by the CARES team to facilitate communication between the caregivers and biological families.
- “Home to Stay” Greenbelt Project to address Re-Entry Rates. This is an ongoing project which will continue into FY 19-20.
- “Reunification Rally” Greenbelt Project to address the less than average number of reunifications and higher than average rate of TPR/Adoptions in Circuit 1 in comparison to other areas of the State. DCF, CLS and FFN worked in partnership on this project, and leadership from each agency jointly approved countermeasures. DCF, CLS and FFN are in the process of jointly communicating the plan to staff members of both agencies.
- FFN has fully transitioned to Adoption Coordination (versus primary case management assignment) and implemented a second adoption home study unit.

#### WELL-BEING

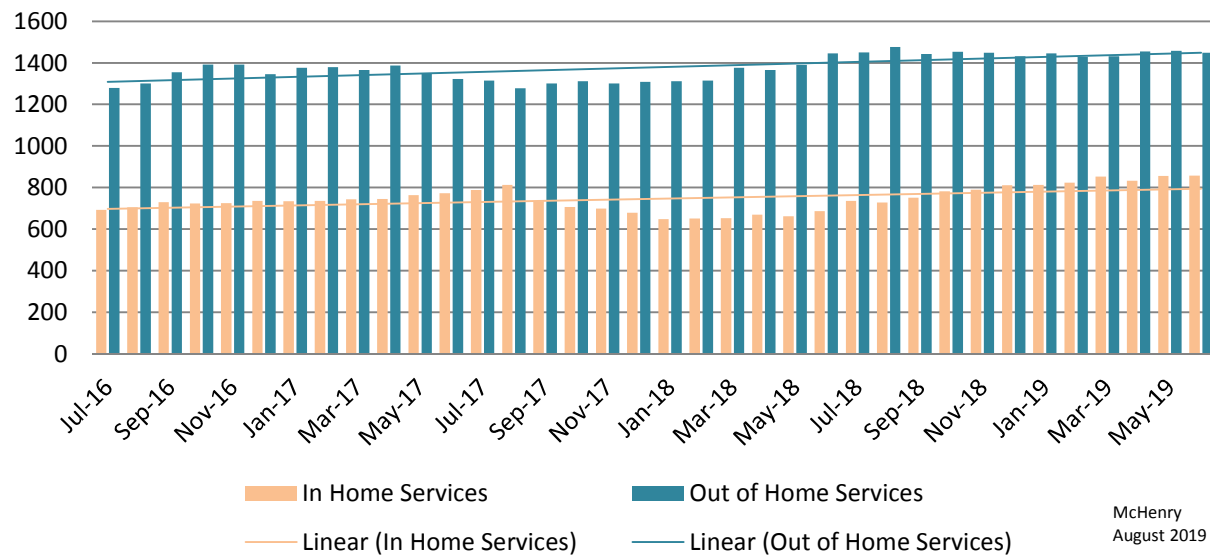
- Continued focus on Quality Contacts
- Continued use of My Jump Vault, an online record management solution where youth documents can be stored in a secure, online repository. It is accessible from a computer, tablet, or smart phone. Some documents available on the electronic database include health 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. Continuation of My Jump Vault for FY19-20 will be contingent upon state funding of this resource.
- FFN CARES Team was fully implemented in FY 18-19 to stabilize placements from shelter to case transfer. CARES Teams were developed 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.

### 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. One metric that impacts both quantitative and qualitative targets for safety, permanency, and well-being is the increase of children receiving services for FY 18-19. The increase in children served impacts system capacity.

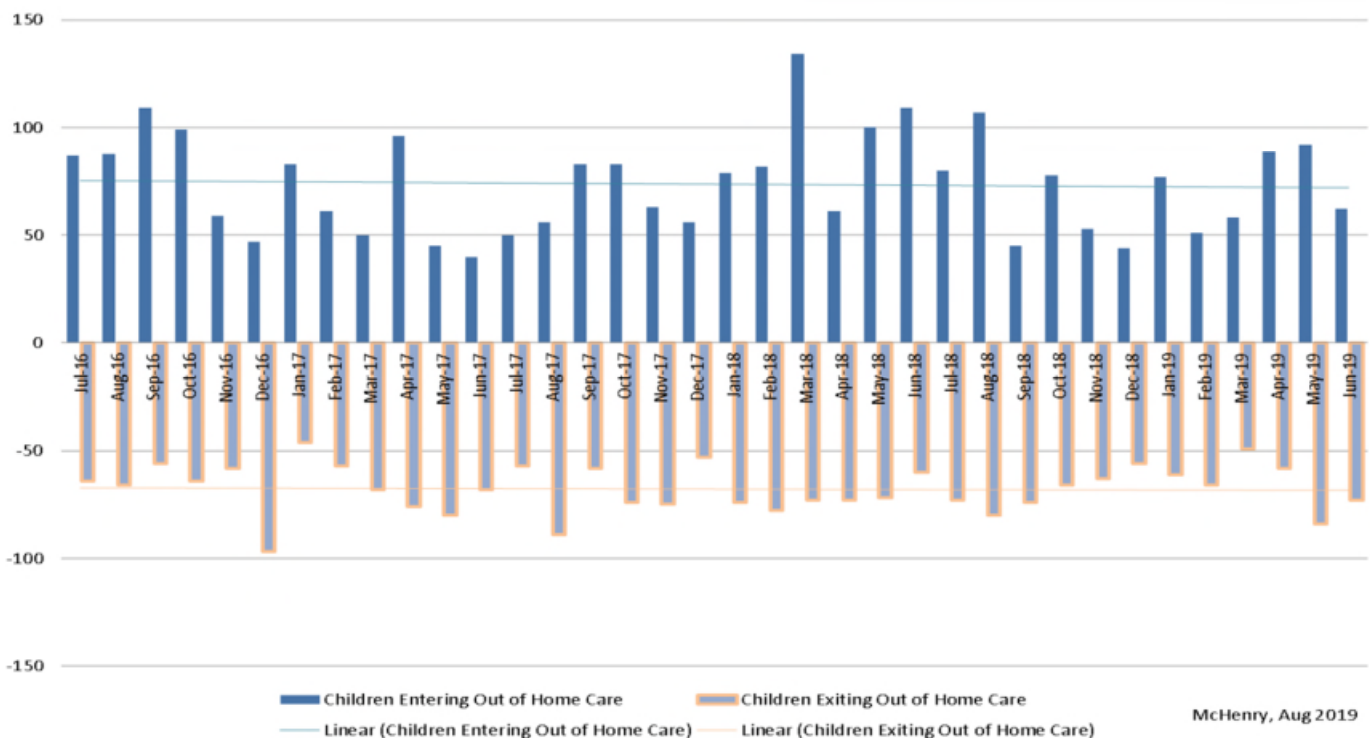
## In Home Care vs Out of Home Care SFY's 17-19

Source: DCF Dashboard

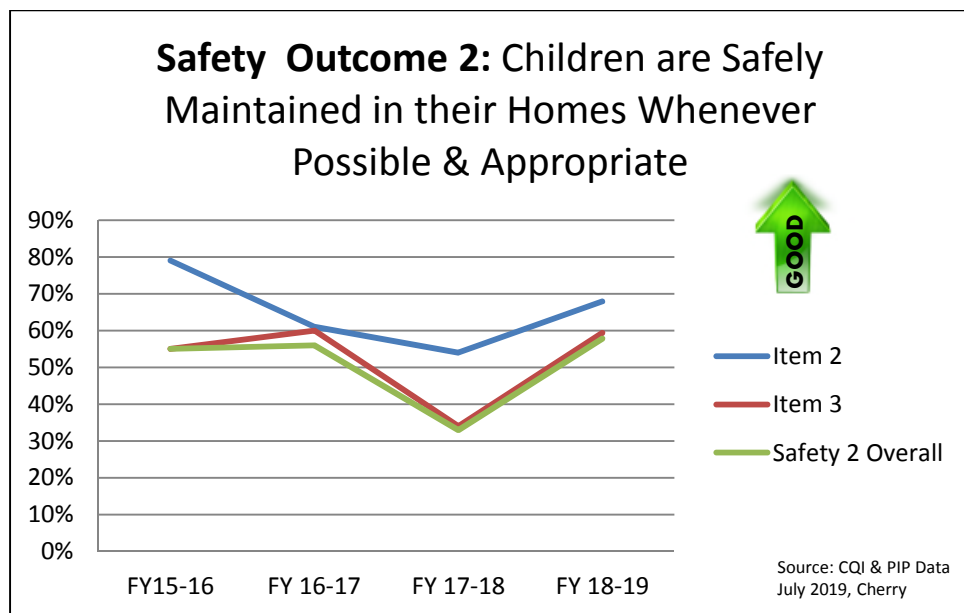
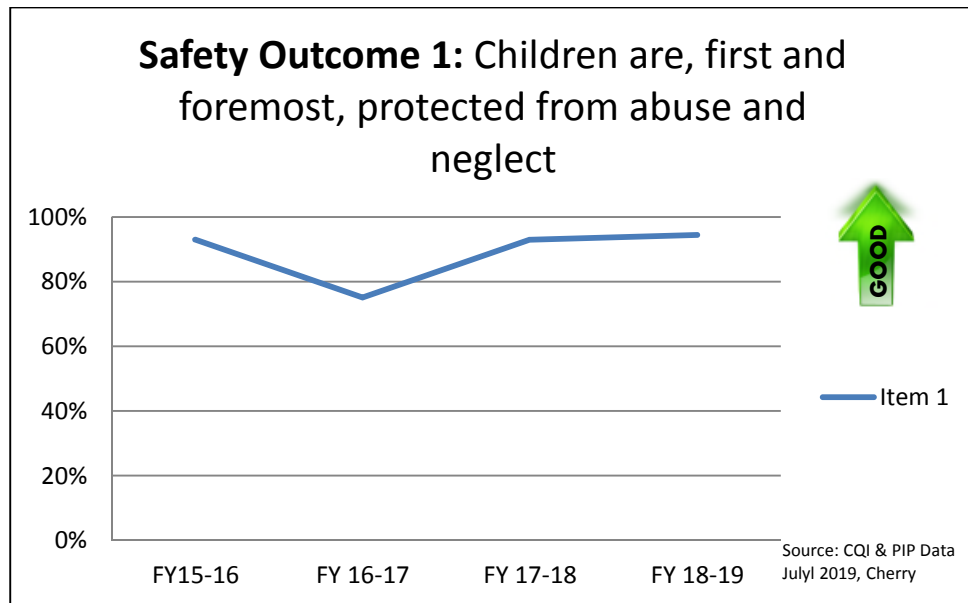


## Children Exiting and Entering Foster Care

Source: DCF Dashboard



a. **Safety**



Review of performance data suggests meeting safety outcomes has improved in FY 18-19; though, performance has been inconsistent over the past 4 years. Analysis of data suggests that continued gains could be seen through completing thorough and accurate assessments on an ongoing 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.

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

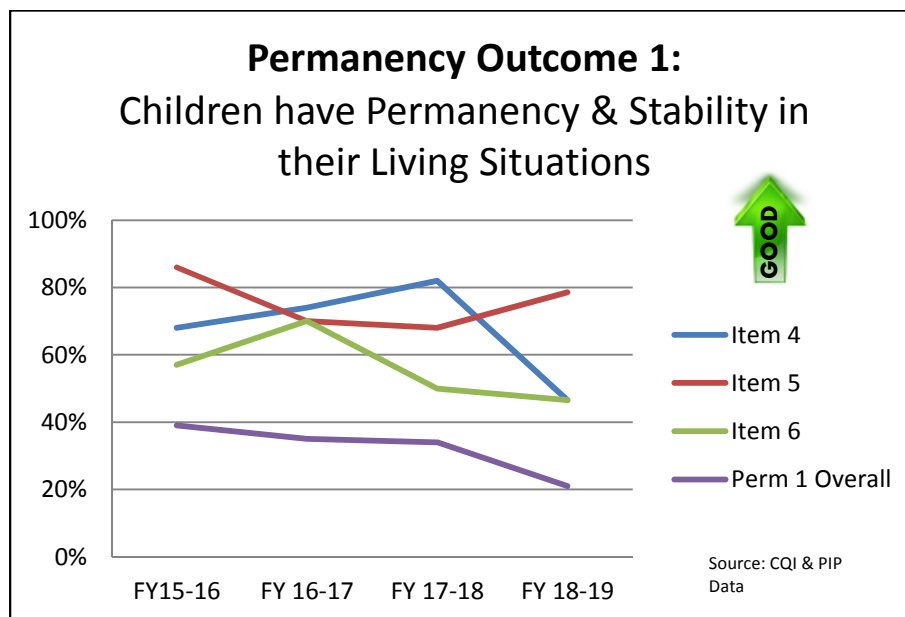
impact on the assessment of child safety when contacts are not qualitative or occurring at a sufficient frequency.

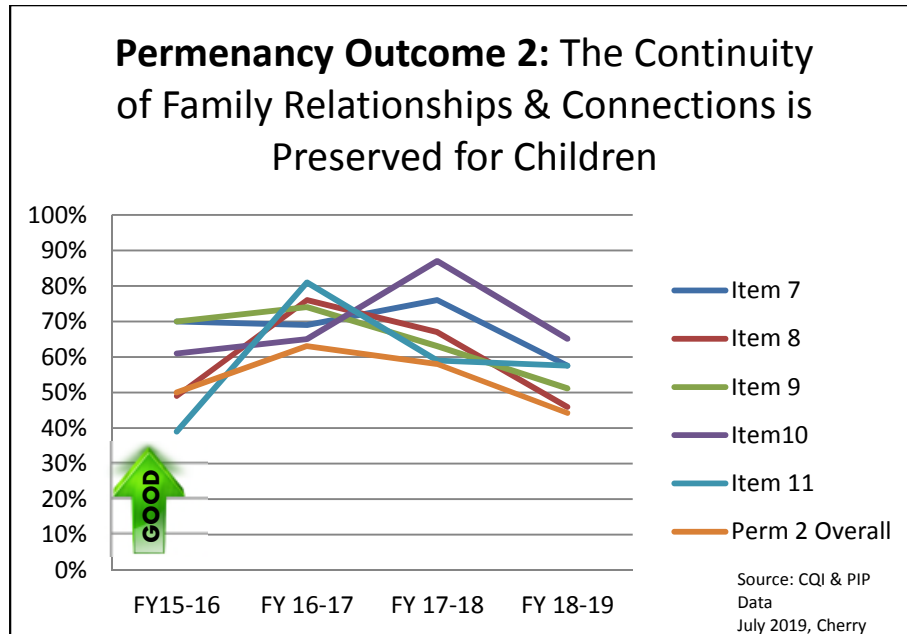
FFN Rapid Safety Feedback (RSF) Reviews	FY 15-16	FY 16-17	FY 17-18	FY 18-19
Question/Item:				
5.1 Is the supervisor regularly consulting with the case manager?	13%	33%	62%	59%
5.2 Is the supervisor ensuring recommended actions are followed up on?	13%	36%	33%	44%

Source: RSF Data

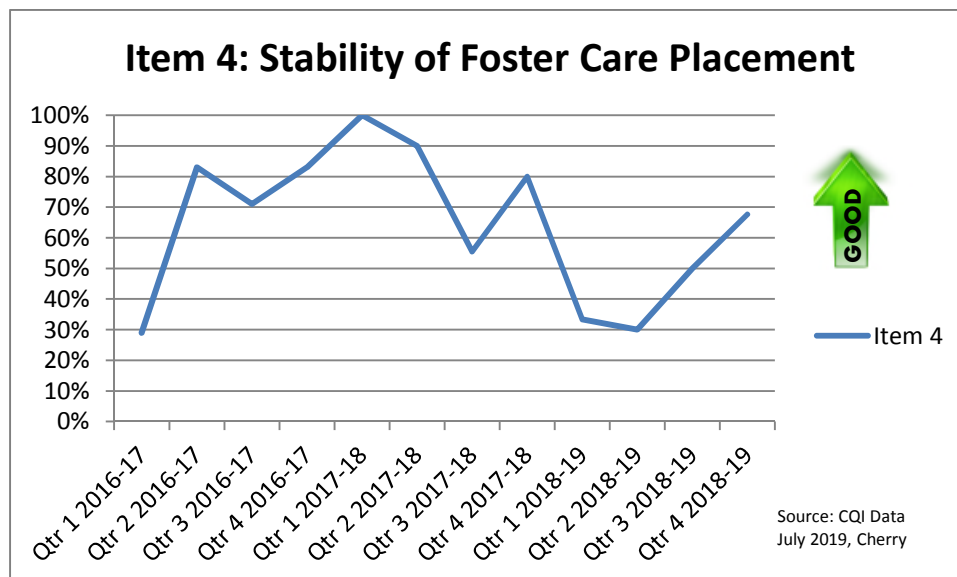
The Agency recognizes the frequency and quality of supervision impacts others items also identified as opportunities for improvement, such as safety planning and monitoring. Supervision is monitored through Rapid Safety Feedback and SHINE reviews. SHINE reviews in FY 18-19 show that Quality Supervision is an opportunity for improvement and occurs on an inconsistent basis. The Agency will continue to monitor and address any negative trends.

#### b. *Permanency*

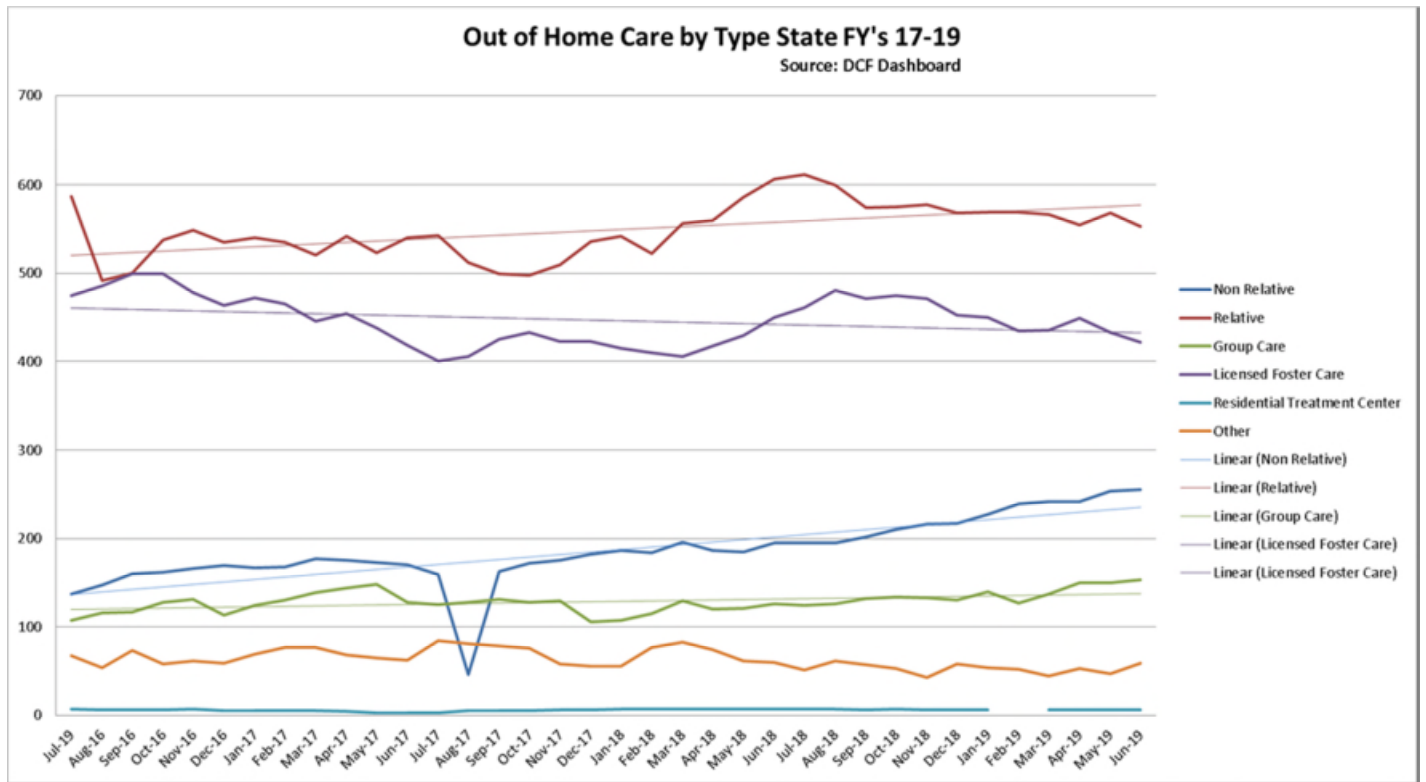




The Agency experienced a decline in placement stability in FY 18-19, which had an impact on multiple permanency items. Historically, this trend is known to be affected by a small sub-set of children who move frequently and who often require specialized and costly care; the Agency has made efforts to address this population by having multi-disciplinary staffings for “High Utilizers.” In addition, the Agency has experienced an increase in the number of children in out of home care. The rate of children coming in care has outpaced the addition of new licensed homes. Data analysis reveals that placement stability is often impacted by multiple moves within the first 30 days in care as well as the use of temporary placements when a placement disrupts.







McHenry, August 2019

It is noted that while Placement Stability ratings (Item 4, CQI) showed a decrease overall for FY 18-19, there is a positive trend in Quarters 3 and 4. Over the past 3 years, placement stability performance was higher during the 4<sup>th</sup> quarter. Placement stability could be improved by increasing the utilization of relative placements. CQI Item10, which measures the concerted efforts to place children with relatives when appropriate, showed a decline in FY 18-19. Placement stability, increasing foster home capacity and utilization of relative placements when appropriate will be a focus in FY 19-20.

Table 1 - Achieving Permanency by Including 12-14th Months (01/01/2017 through 12/31/2018) * data highlighted yellow is above state target of 40.5%						
	Achieved Perm.	<12 mos %	12th mo %	13th mo %	14th mo %	Achievable %
Circuit 1	1697	39.8%	3.4%	3.8%	3.3%	50.3%
Escambia	642	44.1%	2.0%	5.0%	3.6%	54.7%
Okaloosa	473	37.8%	4.0%	4.4%	2.5%	48.8%
Santa Rosa	375	40.3%	3.5%	2.1%	3.2%	49.1%
Walton	207	30.0%	5.8%	1.9%	4.3%	42.0%

In FY 18-19, an analysis was completed regarding the Agency's timeliness to permanency for children in care, considering data from January 2017 through December 2018. The data analyzed from the two-year timeframe presents a significant sub-population of children who,

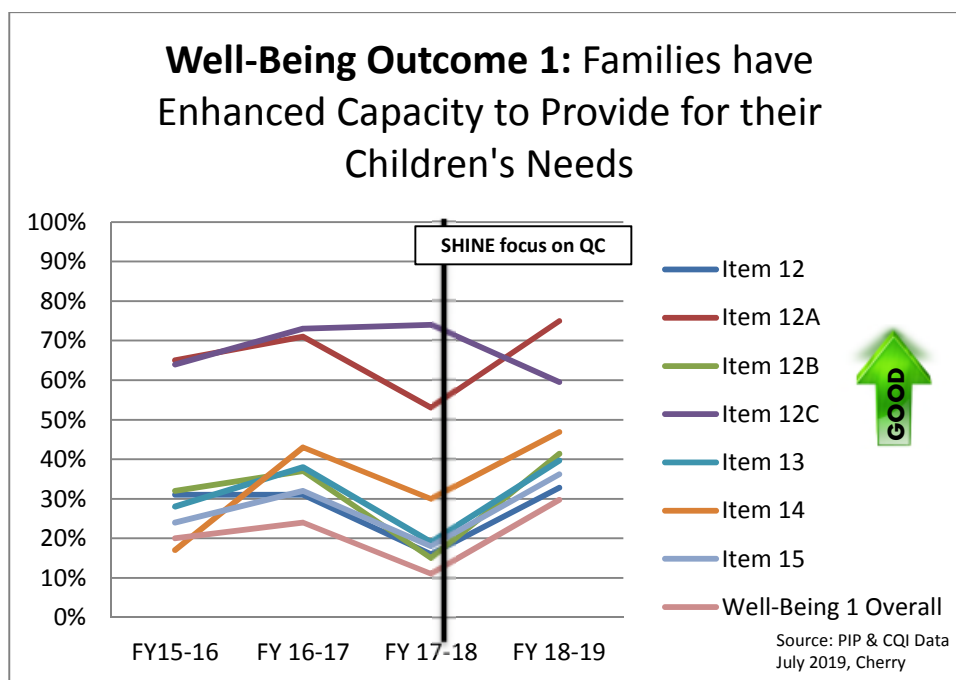
though they are achieving permanency, are doing so just outside of the established timeframe, and demonstrates an opportunity for a targeted effort surrounding achieving permanency for children one to two months sooner when safe to do so.

Additional opportunities for improvement were identified through analysis of FY18-19 Quality Reviews related to Permanency Outcomes. Opportunities for improvement included placement of siblings together, identifying and supporting the child's important connections, supporting children's connections with extended family members, utilization of relative placements, and visitation. Quality reviews showed a gap in documenting concerted efforts to encourage visitation/family time (for both visitation with parents and siblings in care). This finding is surprising given the court orders multiple visits per week in some areas of the circuit.

Factors impacting Permanency Outcomes related to Adoptions included:

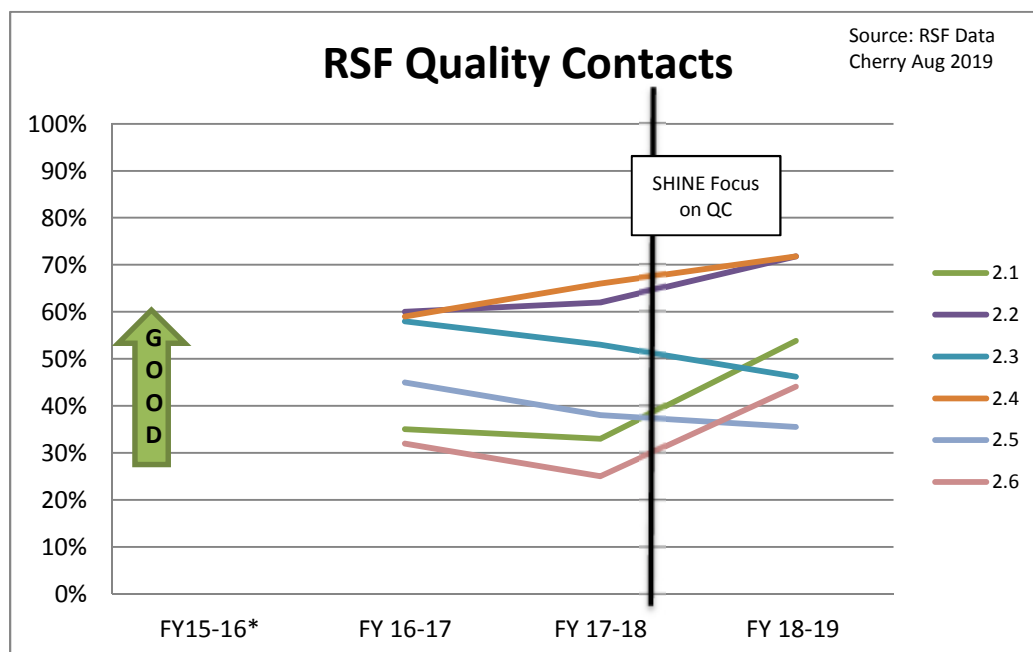
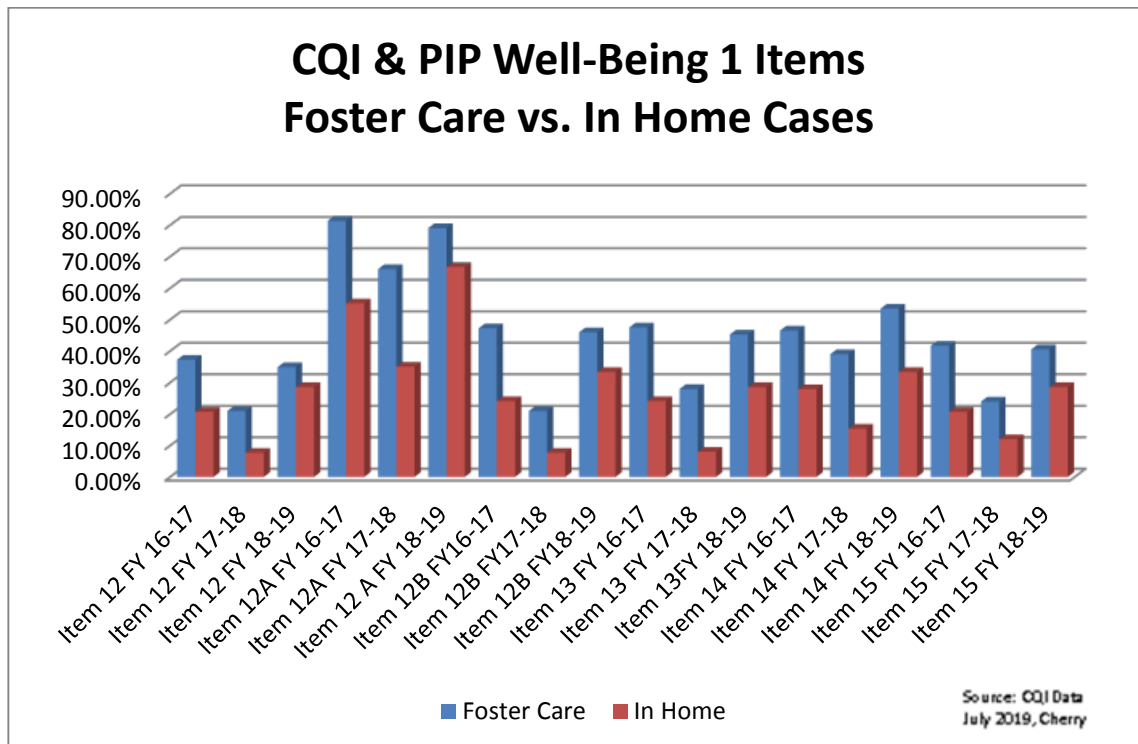
- Child Study Not Completed/Not Completed Timely
- Lack of Concerted Efforts to find an Adoptive Home
- Adoption Home Study not referred/completed in a timely manner
- Significant time between TPR and Adoption Finalization

### c. *Well-Being*

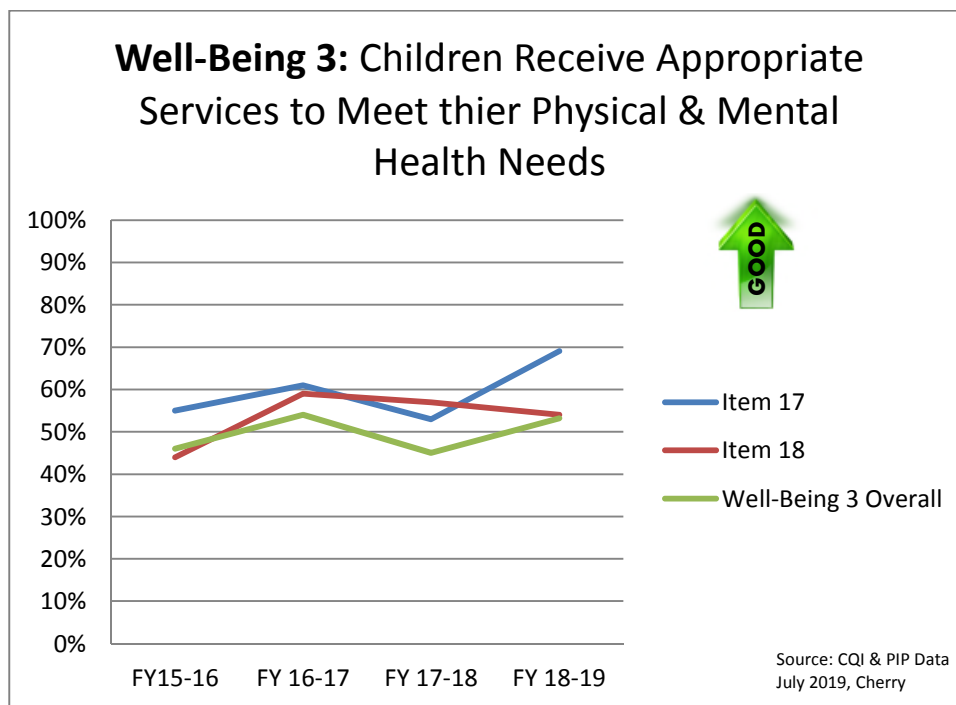
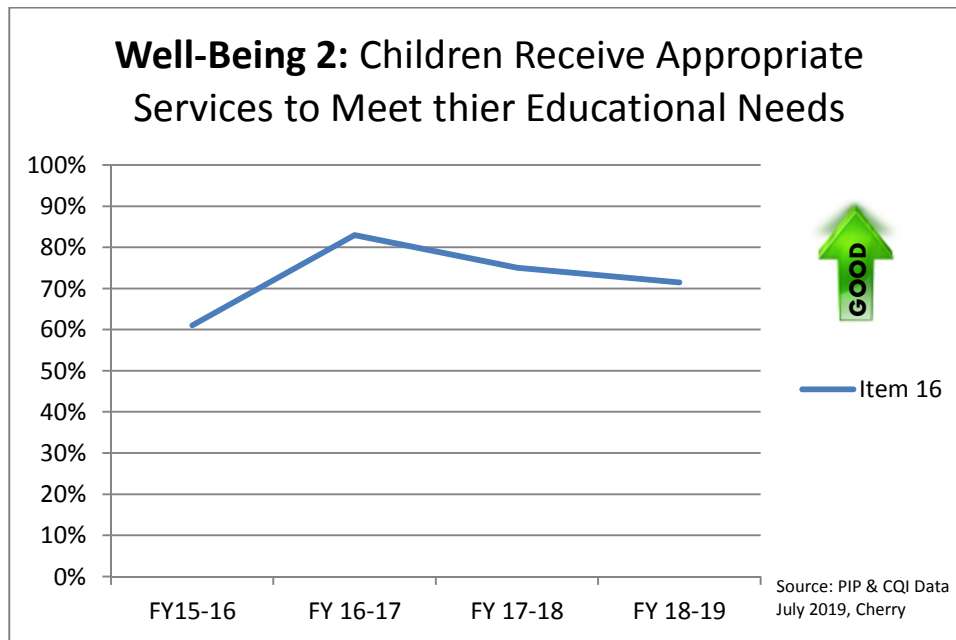


FY 18-19 brought improvements in Well-Being outcomes related to engagement. These gains align with the implementation of SHINE reviews focusing on Quality Contacts, and the Agency anticipates continued progress in FY 19-20. Analysis of quality reviews shows that further gains could be made by ensuring 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.

The Agency noted a decline of Item 12 C (Assessing and Addressing Caregiver Needs) during FY 18-19. In response, a field level meeting was conducted with staff to obtain information on what may be impacting this item. It was learned that a new home visit template that was put in place in late summer 2018 did not prompt for the assessment of caregiver needs. Without that prompt, discussion of caregiver needs was inconsistently occurring and inconsistently documented. The Agency has addressed this gap by updating the form. Further revisions in order to prompt additional elements of quality contact will be made in FY 19-20.



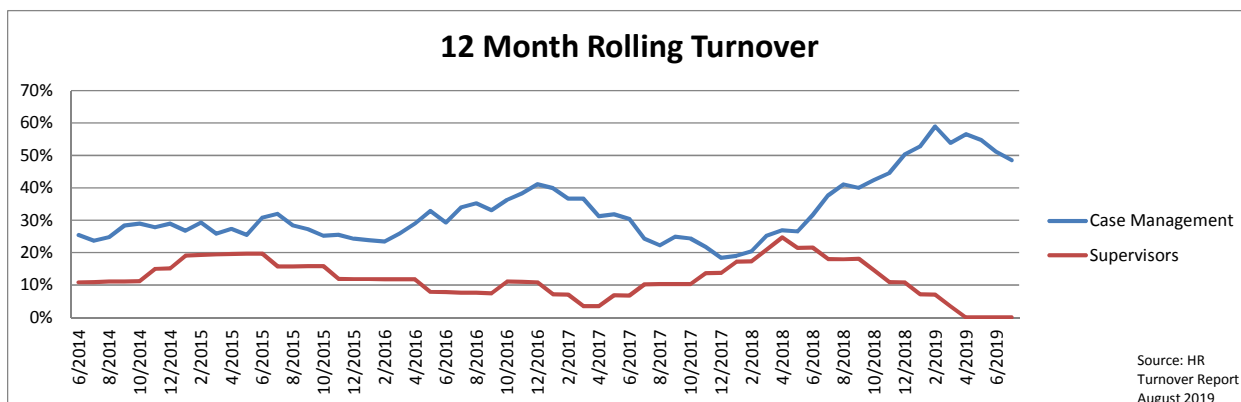
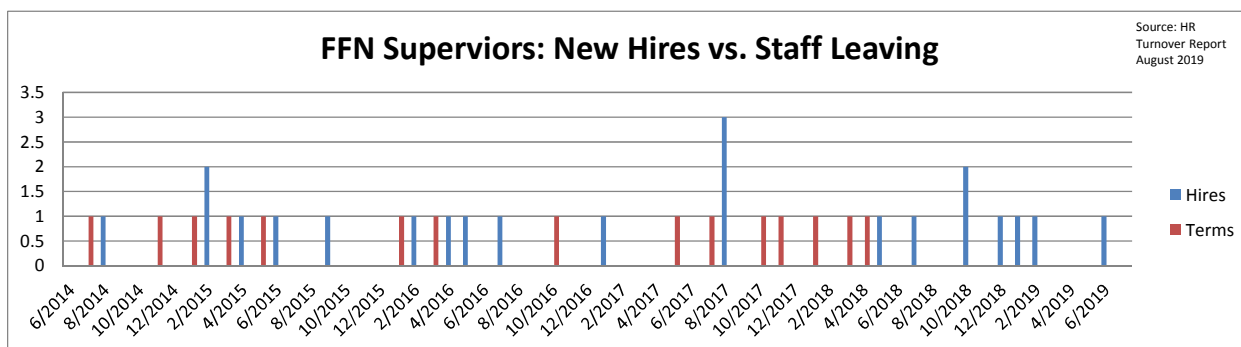
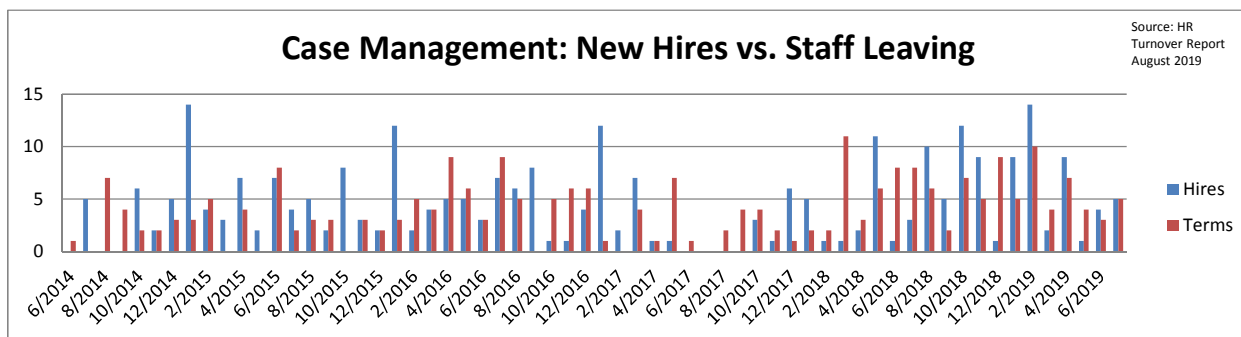
Despite the overall gains noted in engagement and quality contacts, Rapid Safety Feedback reviews have not shown the same consistent gains. Further analysis of CQI and PIP data show that the Agency has more strength based responses on out of home cases versus in home cases. This is an area for further exploration and intervention in FY 19-20.



Well-Being Outcomes 2 and 3 show relatively stable rates over time. Dashboard reports also show the Agency is consistently meeting the children’s medical needs. An opportunity for

improvement is related to dental needs—factors that influence this include the limited number of providers available for children in care and these providers which has historically been a statewide systemic issue. Ensuring adequate dental care is an item on the Agency’s COU plan.

**d. Additional System Impact**



Several changes occurred in the local system in the last year, impacting workforce trends. During the FY 18-19, the Agency responded to a 50% increase in the out of home population served in Escambia County. The Agency also transitioned to an Adoption Coordinator model (versus primary assignment). An additional Family Finders Unit was added. These changes resulted in the addition of 20-30 new staff members.

Turnover is an area that is continually monitored. FY 2018-19 showed an increase in turnover. This was a topic of discussion in the February 2019 Mini Summit and will be a focus in FY 19-20.

#### **IV. Gaps Between Findings & Benchmarks**

Analysis indicates focus on quality contacts and engagement activities 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:

- Engagement of Fathers
- Placement Stability
- Frequency and Quality of Contacts
- Quality Supervision
- In Home Supervision
- Workforce Trends & Turnover

A Strategic Priority for FY 19-20 is to reduce the total number of children in out of home care. Tactics for this include the utilization of initiatives to reunify children when conditions for return have been met through the use of stipulated orders. These initiatives rely heavily on multi-stakeholder involvement, partnership and commitment to include Children's Legal Services, parent attorneys, and the Guardian Ad Litem program. Additionally, the agency will focus on finalizing the Adoptions of children who are currently in matched placement and addressing any bottlenecks or barriers.

In FY 19-20, the FFN Quality Team will be attending Lean Six Sigma Training and with leadership support, will be conducting field level meetings focusing on the areas of opportunity and working with staff to identify root causes and to develop countermeasures.

#### **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 FY19-20 Quality Management Plan.

## ***Part Two: FamiliesFirst Network Annual Continuous Quality Improvement (CQI) Plan for Fiscal Year 19-20***

### **I. Introduction**

The FamiliesFirst Network (FFN) Continuous Quality Improvement Plan is completed by one of the Agency's Specialist-Quality positions and 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), and to Lakeview Center (LCI)'s Director of Quality Management and Improvement.

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).
- 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). CARF 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 Qualtrics reports provided by DCF and CFSR web portal reports. The Agency will continue to utilize SHINE reviews in FY 19-20. 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 and to 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 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 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 staff, a synopsis of each update accompanies the notice of policy updates or changes.

#### **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 staff 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, DCF/FFN leadership meetings, DCF Circuit Review meetings, and Lakeview Business Plan meetings.

Additionally, the Lakeview Center, Inc. Annual Report is sent to staff, 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 staff
- 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 and credible

root cause analysis. 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.

### **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 (Root Cause Analysis)**

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, Team Manager-Quality; LCI Risk Manager; LCI legal counsel, and others as needed.

The debrief committee identifies contributing factors which are be 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.

## **II. Plan to Improve Performance in FY 19-20**

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. 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 staff 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 items on this plan will continue into FY 19-20. 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 2017. A desk review was completed in October 2018; the report was provided to FFN in early 2019. A plan was developed to focus on the following areas: placement stability, children in foster care receiving dental services, children re-entering foster care within 12 months of moving to a permanent home, the tracking of legal documents, timely service referrals for foster parents, incomplete adoption home studies and subcontractor contracts. The plan also addressed an issue with a foster parent refusing to accept a child based on race or ethnicity in violation of the Multiethnic Placement Act of 1994 (MEPA). It was later determined FamiliesFirst Network was, had been and continued to be in compliance with MEPA. Several other areas of the plan have either shown improvement or been determined to be completed to include, percentage of foster care children receiving dental services, timely filing of legal documents, and more timely referrals for foster parents. Several areas, such as percentage of children re-entering foster care within 12 months of moving to a permanent home, are continuing to be monitored until all goals are reached. The

Agency provides an update regarding progress on the COU Corrective Action Plan (CAP) to the Contract Manager each month.

For FY 19-20, the Agency will continue to work on the objectives identified in the CFSR PIP and COU CAP.

Quality staff members are attending Lean Six Sigma training during FY 19-20. Following the training, field level meetings will be held to determine the root cause of gaps and will develop an action steps for improvement based upon feedback received.

The continued increase in the number of children in out of home care and associated system impact will also be monitored and addressed throughout the year.

#### **b. 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 staff have representation 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)**

Service Array was a topic of discussion at the February 2019 Mini Summit; time was dedicated to brainstorm with multiple stakeholders to identify gaps in service array. A Mini Summit is also planned for 2020. Information regarding service array that is identified at the mini-summit will be shared with staff who monitor Agency contracts in order to look for services to potentially fill these gaps or to enhance services already in place to meet identified gaps.

#### **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 be switching all of the foster parent pre-service training classes over to this model in March 2020. The hope is that this change in educational opportunity will provide our children with placement stability and will retain our foster parents for longer terms of service.

#### **c. 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)
- Establish Emergency Assessment Center in the circuit
- Develop specialized group care capacity (safe house, QRPT)
- Increase foster home capacity (traditional, Kin Caregiver, specialized)
- Increase timely permanency (reunification, adoption finalization)

#### **d. Turnover**

A Strategic Priority for FamiliesFirst Network FY 19-20 is Focus on Team: Develop, recruit, and retain team members to position them and the Agency for the future by taking action to support a highly engaged and capable workforce. Specific tactics identified include:

- Review/map recruitment, hire, onboarding, and provisioning process for efficiency
- Create structured leader development program to promote competency development
- Complete process review & role clarity activities (ex: Human Trafficking cases, complaints, QA, project management)
- Address self-care, secondary trauma
- Streamline access to necessary administrative support services

The plan to address Workforce Trends & Turnover will be addressed through a governance model which will involve FFN team members as well as LCI Employee Relations.

#### **e. Working Relationships with CPIs & Sheriff**

FFN leadership attends a monthly leadership meeting with DCF 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. These meetings will continue in FY 19-20.

#### **f. Stakeholder Involvement**

During FY 19-20, the Agency will work to implement some of the suggestions from the February 2019 Mini Summit. A plan for implementation will be discussed during a break out session at the September 2019 DCF Summit. Another Mini Summit is being planned for early 2020.

#### **g. 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 FY19-20, 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 will be contingent upon Agency resources and capacity.

#### **h. 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, 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.

#### **i. Local Improvement Initiatives**

Systemic factors were identified through CFSR and RSF reviews along with data analysis conducted by the Data Analysis Manager. These areas, identified below, will be the focus of the Agency during FY19-20:

- Engaging Fathers
- In Home Supervision
- Frequency and Quality Contacts
- Quality Supervision
- Placement Stability
- Workforce Trends & Turnover

In order for a more in-depth root cause analysis to occur, the Agency is scheduling field level meetings to discuss engaging fathers and in home supervision. Information learned in these meetings will be utilized to strengthen the Agency's plan for FY19-20.

The Agency plans to utilize SHINE reviews to continue the focus on Quality Contacts and Supervision on an ongoing basis, providing the ability to assess and address any identified gaps as well as to note improvements.

In order to address placement stability, the Agency has put in place several measures that will continue for FY 19-20. These interventions include the continuation of High Utilizers staffings held weekly for children with intensive needs around placement, a requirement for Unit Manager approval prior to Placement Changes, and continued efforts to support both relative and licensed placement with a focus on support at the crucial time period from removal to case transfer. Relative search decreased in FY 18-19, so the Agency plans to conduct a Lean Six Sigma Project in order to further explore what factors may have impacted this downward trend and implement counter measures.



Daily calls about emergent placement challenges were implemented in FY 18-19 and will continue as needed. All members of FFN's Executive Leadership Team and Placement leadership attend to discuss and take action on any child where placement is not yet identified. Ongoing Green Belt Projects, Home to Stay and Reunification Rally, are anticipated to have a positive impact on placement stability. The Agency's BINTI initiative will automate the licensing application process and potentially reduce the time to complete the application process. The BINTI placement module will automate the bed availability tracking system, assisting with placement matching and a real time view of available beds.

RSF and CFSR reviews will also continued to be utilized during FY19-20 to monitor for improvement. Quarterly, updates are provided to leadership based upon a Single Case Bore Analysis and information is shared regarding trends, opportunities for improvement, and areas where positive strides have been made.

#### **j. 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 Mangers and supervisors in the certification process are required to attend Core In-Service classes 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). FFN Training Department enters into this system all training they provide.

The FFN Training Department provides ongoing training opportunities for staff at all levels. A bi-monthly calendar of training is provided to all FFN staff on a monthly basis. Abundant training opportunities to earn CEU's are offered to certified staff or staff seeking certification. Some examples of these training opportunities include Quality Home Visits, Permanency Values, Sexual Safety, Human Trafficking, and Safety Planning. In addition 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) 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, University of West Florida 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 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. During FY18-19, additional training was provided for supervisors focusing on supervisory reviews and consultation. In FY 19-20, the Agency will include 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 case managers who are in Pre-Service training for additional support of learning FSFN. Training on FSFN Enhancements to appropriate staff 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 staff development from local, state and national experts. The May Conference has grown to over 600 attendees in 2019. The Conference is largely attended by FFN staff, DCF staff, GALs, and caregivers, though it is open to other community members and providers.

FFN Training has implemented Training Tidbits through the LMS system. Each month, four web-based trainings are assigned to staff to complete on different focus areas such as trauma, family engagement, assessment, sexual abuse, etc. This training is mandatory for frontline staff.

Implementation of the Safety Practice has been a focus of support and will continue into 2019-2020. Safety Practice consultants continue to provide 'just in time' training and coaching on cases.

Continued development of Practice Experts in Sexual Abuse will occur. Training with Dr. Eddleman, an expert regarding the treatment of children who have been the victim of sexual

abuse, will be provided to all staff and providers. Additionally, staff will maintain certification to work Human Trafficking cases. A tracker is maintained to ensure that only staff 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 staff and providers for the Casey Permanency Roundtable project. FFN trains Early Childhood Court providers as well as FFN, GAL, and DCF staff.

FFN Training staffs are also certified in CPR/First Aid and provide for staff and families needing it.

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

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 and, to date, two cycles of this training have been completed. In FY 19-20, the Agency will expand this training by adding different scenarios and continue to offer the training the day following Culture Week.

CQI staff partner with the Training and Safety Practice Consultants in order to provide training regarding Quality Contacts. Additionally, CQI staff 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 staff) and Senior Leadership Team (SLT) meetings.

#### **k. 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.

Another practice is Homebuilders, rated 2, Supported by Research Evidence, with a child welfare relevance rating of high. The Homebuilders model is a family-centered approach to protecting children from abuse and neglect, enabling children to be safely cared for in a family setting, assisting families to remain intact, assisting families to obtain skills through community support and resources, helping children achieve educational success, enabling children to live with their families or in close proximity to family when out of home placement is necessary, helping children to achieve stability and permanency, and helping children become stable, productive adults. A single provider covers all four counties serving families referred by FFN at risk of removal or in the process of reunification (unsafe).

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 19-20.

### **III. 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 Web Portal using standardized electronic tools:

- Ten (10) Rapid Safety Feedback (RSF) Reviews per quarter will be completed in the DCF Web Portal. 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 FY19-20, 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:

<b>Dates of Reviews</b>	<b>Type of Case</b>
August 5-9, 2019	Out of Home
August 26-30, 2019	In Home
October 7-11, 2019	TBD
November 4-7, 2019	TBD
January 13-17, 2020	TBD
February 3-7, 2020	TBD
April 6-10, 2020	TBD
April 20-24, 2020	TBD

Following review, a 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.

At the conclusion of each quarter, data is provided to the FFN Executive Leadership Team, Data Analysis Manager, Team Managers, and Unit Managers. 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.

## **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 IV-E, TANF, Master Trust, and Adoption Subsidy audits. 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 reviews a DCF monthly report regarding TANF eligibility and tracks each child on the report weekly until a TANF eligibility decision is made.

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 staff 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 staff 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 are new funding sources for FY 19-20 that will be included in Federal Funding Monitoring, along with Adoption IV-E, Adoption TANF, and Foster IV-E.

**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 staff to suggest areas for improving customer care, the efficiency of the division, and safety of the environment. These vehicles include: Bright Ideas program for staff, 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 staff 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 Statutes (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 staff, 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, Community Alliance Meetings, FamiliesFirst Review meetings and Lakeview Business Plan 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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