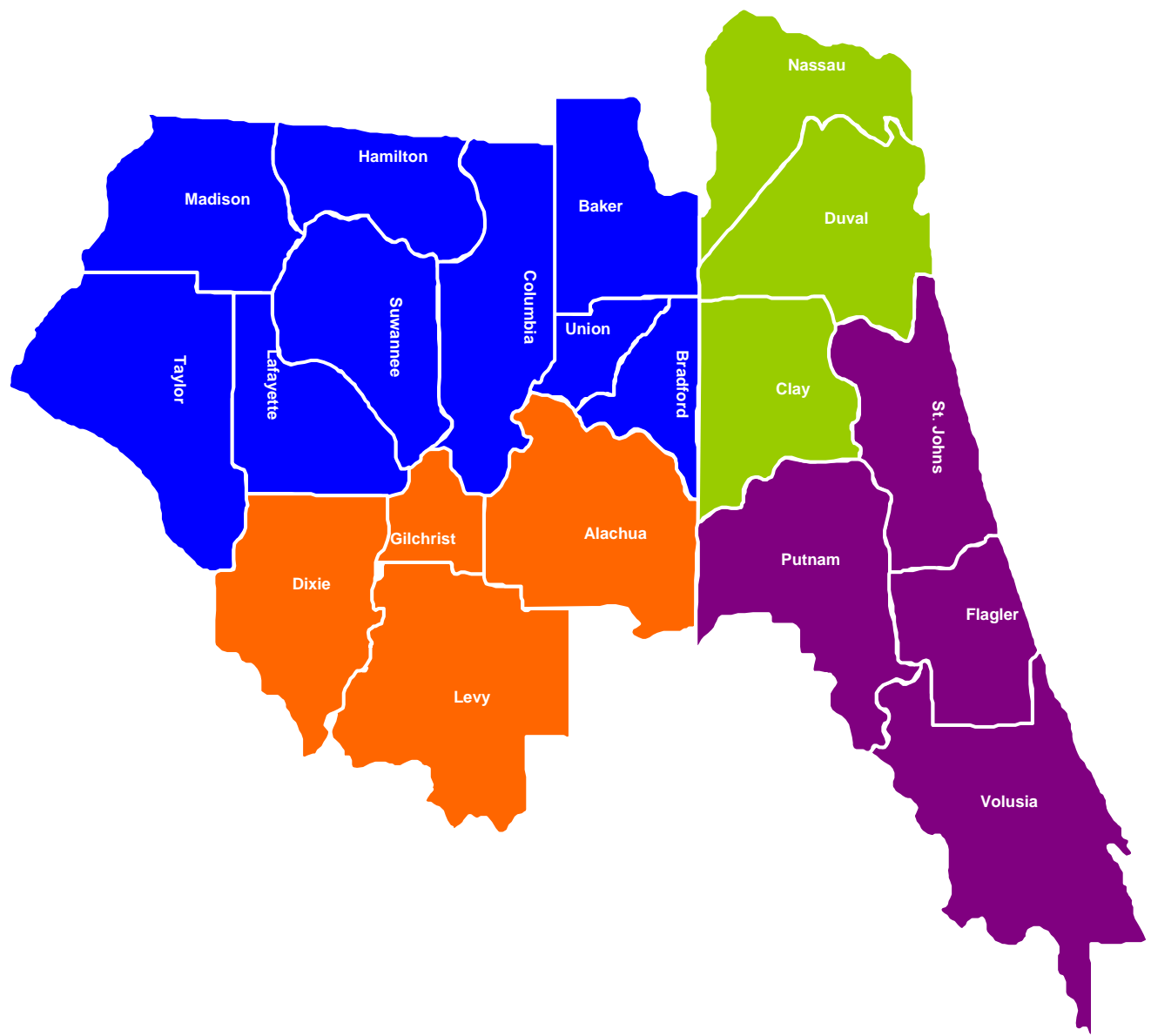




# Northeast Region 2018/2019 Quality Assurance Plan



## I. INTRODUCTION

- A. The Department's Guidelines for Quality Assurance and Continuous Quality Improvement require each region and Community Based Care (CBC) lead agency to submit an annual Quality Assurance Plan, documenting the planned improvement activities for the coming fiscal year. At a minimum, the plan must describe the region's quality assurance processes, data collection and analysis, internal reporting of review findings, and the region's plan to improve practice.

The Northeast Region (NER) Quality Management Unit is managed under the Family Safety Program Office and is comprised of a regional Quality Manager, four Operations Review Specialists, and eight Critical Child Safety Practice Expert (CCSPE) positions.

Two of the specialist positions are devoted full time to coordinating child fatality reviews, data input, and report writing. The remaining four specialists are responsible for completing special quality assurance reviews; assisting with Mini-CIRRT reports; training; community education and awareness; drafting region procedures and protocols; participating on community and region committees and work groups; facilitating case fidelity reviews; and providing case consultations to operations staff.

The CCSPE positions are assigned responsibility for conducting rapid safety feedback case reviews and facilitating case consultations; leading case fidelity reviews; providing ongoing one on one coaching to Child Protective Investigators (CPIs) and CPI Supervisors; participating in Decision Support Team (DST) staffing and developing and implementing ongoing trainings related to the child welfare practice model based on second level review findings and other identified practice needs. The CCSPE positions assist with staffing related to Substance Exposed Newborns. Additionally, the CCSPE positions provide one on one support to the region's Child Protective Investigator Supervisors and Program Administrators as they undergo their respective proficiency process evaluation.

The region also has six Field Support Consultants (FSCs) with two of the positions assigned to each of the three Operations Managers. The FSCs are dedicated to coaching and field shadowing CPIs to promote and support fidelity to the practice model.

NER is comprised of 20 counties that are predominately rural in nature, and four judicial circuits: 3, 4, 7 and 8. The region's Child Protective Investigations program operates with 3 CPI Operations Managers, 9 CPI Program Administrators, 8 Family Services Specialists, 6 Field Support Consultants, 51 CPI Supervisors, 47 Senior CPIs, 247 CPIs (Plus 12 OPS CPIs), and a total of 51 CPI Units.

Chart 1 below provides the number of intakes received monthly by the region and circuit for Fiscal Year 2017/2018 in comparison to Fiscal Year 2016/2017.

**Chart 1:**

		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NER	2016-17	2537	3010	2950	2858	2701	2649	2923	2742	2878	2951	3203	2522
	2017-18	2428	2832	2580	3150	2792	2501	2913	2820	2868	3277	3153	2427
Circuit 3	2016-17	232	272	265	261	243	233	272	245	283	243	301	243
	2017-18	242	255	187	238	218	182	211	217	203	299	294	183
Circuit 4	2016-17	1187	1484	1396	1387	1307	1289	1414	1373	1333	1453	1569	1205
	2017-18	1100	1387	1172	1452	1269	1153	1338	1341	1303	1371	1468	1090
Circuit 7	2016-17	883	993	998	881	908	911	945	889	982	970	998	845
	2017-18	868	976	841	973	939	842	910	870	936	1013	953	774
Circuit 8	2016-17	397	416	469	476	394	362	444	426	443	454	527	394
	2017-18	375	432	380	487	456	456	498	427	471	510	497	382

## Child Protective Investigation Staff Turnover

The NER dedicates significant time and attention to retaining its Child Protective Investigators (CPIs), recognizing the retention of a well-trained and stable workforce is essential for providing quality services to Florida's citizens. During the state fiscal year starting July 1, 2017 and ending June 30, 2018, the NER saw a total of 110 CPI separations, equaling a 37% attrition rate.

To help us retain our best CPIs and minimize overall attrition, the NER tracks data specific to CPI attrition to include degree and discipline, performance rating, tenure, office location, direct supervisor, and reason for leaving. This data provides us with a specific and general understanding of who is leaving and why. The NER additionally reviews data from the Florida Study of Professionals for Safe Families (FSPSF) – a current longitudinal study under Florida State University professor of Social Welfare, Dr. Dina Wilke. The FSPSF Wave 3 data recently released includes self-reported measures for physical health, mental health, work-life balance, and psychosocial indicators among participants who continued in their original positions. This allows us to compare data from the baseline and previous waves, from different circuits within the NER, and from statewide CPIs. The NER looks carefully at indicators where we are significantly above or below statewide baseline data.

Among a list of activities underway to better support and maintain our CPI workforce are Wrap Around Training for new CPIs during their first year of service, the reorganization of CPI Pre-service Training through a new contracted provider and the Field Training Investigator Program, daily Caseload Management, and enhanced training for CPI Supervisors. This

complements retention activities across the NER for all programs to encourage professional development, work-life balance, and supporting the success of our frontline staff in all fashions.

NER continues to dedicate significant effort in supportive programs and tasks to develop and to retain employees, such as the following:

CPI Wrap Around training was developed and implemented to provide CPIs who have recently completed pre-service training with ongoing learning support applicable to their “real life” casework. The training builds on skills learned in pre-service by utilizing the new CPIs’ actual active cases to demonstrate:

- Florida Safe Families Network (FSFN) exploration
- Searching for priors and their analysis
- Criminal history analysis
- Effective communication with community partners
- Development of shelter petitions
- Efficient analysis writing
- Development of safety plans
- Accurate completion of home studies
- Interviewing techniques
- Family Functioning Assessment (FFA) writing for sufficiency

Trainings sessions are organized for small, interactive groups to keep everyone focused and learning. In this supportive and trusting environment, CPIs can ask questions about any aspect of their current cases and voice any frustrations they have about challenges they are facing in their work.

The NER has also implemented the following efforts for employee orientation, as well as other professional development activities to assist with the reduction of attrition and to build the comradery and capacity of staff.

- New Employee Orientation to provide an overview of the department and an opportunity to network with Program Directors and Regional Managing Director to get the new hires engaged in the culture of the department and meet new employees from other program areas.
- The Region provided quarterly trainings on compassion fatigue and stress management.
- Cross recruitment process between program areas (e.g. If the potential ESS employee is more suited for Family Safety, then the application is sent to the Family Safety recruiters.)
- Monthly Birthday celebrations
- Healthy competition (e.g. office decoration for Super bowl, etc.)
- Frontline and Mid-Level Leader Training (giving the Supervisors and Managers the tools to effectively lead and set a good working environment for their employees)
- The opportunity to apply for the Northeast Region Leadership Academy (NERLA)
- Employee of the year celebration
- Davis productivity opportunity for improvement in programs and processes

## **Communication and Collaboration with Community Based Care (CBC) Agencies:**

The Northeast Region maintains a culture of strong partnership and collaboration with agencies, providers and local community partners. This collaboration is maintained through various forums and feedback loops held monthly, quarterly and/or yearly based on priorities and needs throughout the Region. Having such a vast number of forums and points of contact already in existence makes gathering information for reporting, obtaining feedback, forward thinking activities and plans seamless. Teaming occurs with Child Welfare Regional staff, our lead Community Based Care providers, and the Region Circuit Community Development Administrators, who participate in forums as well to build resource capacity throughout the Region.

Several areas throughout the Region have co-located Child Protective Investigations and Case Management staff, and in some areas the Region have co-located domestic violence advocates as well as substance abuse/mental health advocates. This has enhanced collaboration tremendously and improved timeliness of service provision.

Collaboration in the Region occurs at various levels to include local and regional leadership teams. Teams consist of leadership and line staff, as well as prevention providers, Department of Juvenile Justice (DJJ), CPT, CBC lead agencies and local Case Management Organizations. The monthly Barrier Breakers, Implementation Team, Steering Committee and Quarterly Partnership meetings are primary channels of collaboration, although there are also operations meetings.

Strong working relationships exist for operations and Quality Management staff and the staff employed by the five Community Based Care (CBC) lead agencies operating in the NER. All the Child Welfare Practice Model training was initially conducted jointly with region and CBC staff at all levels, and all region Child Welfare Practice Model implementation plans require the ongoing participation of management and supervisory staff from the CBCs, circuit and region. A joint region and CBC practice framework implementation work group exists in each area to address barriers to quality practice, timely case transfers, and service referrals.

The Operations Managers identify training needs and the Family Safety Program Office designs a yearly training plan based on available funds. Class participants include CPI staff as well as CBC and provider staff to enhance continuity of learning and practices. The region has plans to contract training with ACTION for Child Protection through the year for Supervisor Case Consultations and CPI Case Consultations. The region has also contracted a series of training sessions with David Mandel on the "Safe and Together" model, revised to better align with the safety practice framework. Additional training related to family engagement and trauma informed care will be offered and on-going.

The Family Community Services Director and/ or Operations Manager meets quarterly with all CPI Supervisors to provide an opportunity for small group mentoring; training focused on identified practice concerns; policy, Florida Administrative Code and Florida Statute updates; and leadership and professional development. These quarterly forums provide an opportunity to review Rapid Safety Feedback data, identify areas in need of additional focus and improvement through second level reviews and supervision; case reviews for training purposes; and

presentations by key stakeholders and community partners, e.g., domestic violence, human trafficking, substance abuse and mental health, etc.

The region also provides Leadership Training to new supervisors twice each year. The Regional Managing Director (RMD), FCSD, Community Development Administrators, Program Directors, and Human Resources staff for three days, including a one-day leadership challenge with the RMD and FCSD, followed by two days with internal trainers regarding Crucial Conversations training related to staff development and performance management.

When CPI second level case reviews conducted by Quality Management identify shared safety concerns or issues related to case transfer or service provision, information is shared, and joint planning occurs to ensure timely resolution. CBC staff are also routinely invited to participate in consultations when information needs to be shared or joint planning or action is needed.

### **Stakeholder Involvement:**

Department and CBC agency staff ensure data analysis and information specific to performance goals are routinely shared with internal and external stakeholders through various forums such as the community alliances, CBC board meetings, Barrier Breaker meetings and local and regional community work groups with the courts, domestic violence advocates, service providers and the Managing Entity.

Domestic Violence Partnership Meetings are convened monthly in all areas of the region and routinely attended by CPI and CBC Program Administrators and unit supervisor level staff. The region has formalized a process with FCADV establishing monthly leadership meetings that address processes, strategic planning for ongoing needs, and monthly operational meetings to conduct case reviews, and identify and address joint training needs.

A Multi-Disciplinary Team (MDT) Meeting, comprised of representatives from local law enforcement, CPT, CBC and the Department, is established in each service center in the region. These teams meet at least monthly to discuss shared cases.

Teams to address services, integrated practice or structured decision making exist across the region under a variety of names and meet daily when needed, but at least monthly. Service providers involved with the family attend the case staffing, and may include the families as well, with a focus on the services and support the family needs to make needed changes to ensure child safety.

## **B. Planned QA/CQI Activities Scheduled Quarterly**

The eight CCSPE positions allocated to the NER are devoted full time to completing rapid safety feedback reviews on the Tier 1 and Tier 2 active investigations, as well as related quality improvement activities. The Tier 1 cases include active investigations open between 7 and 10 days and involve a caregiver between the ages of 13 and 60, at least one child victim age 0 through 3 years, no prior investigation, and allegations of family violence threatens child and substance misuse. The case must also involve one of the following maltreatments: bone fracture, burns, internal injuries, or sexual abuse. The Tier 2 investigations are selected using all the same criteria outlined for Tier 1 except for the last two. The Tier 2 cases must have at

least one prior investigation and allegations of substance abuse and family violence threatens child. The sample is pulled three times weekly to ensure all open investigations meeting the Tier 1 and 2 criteria are identified for review.

Rapid safety feedback reviews are conducted with a focus on child safety and fidelity to the practice framework. The electronic record is reviewed against the 10 statewide review items, using the statewide review guidelines. (1) conducting background checks and analysis of the information obtained; (2) present danger determination; (3) present danger safety planning; (5) information collection regarding the six domains; (6) impending danger determination; (7) sufficiency of information to support the caregiver protective capacities; (8) whether the FFA drives the correct safety decision; (9) the sufficiency of the impending danger safety planning; and (10) quality of the supervisory consultation and guidance.

May 1<sup>st</sup> of 2018, The NER modified the Rapid Safety Feedback (RSF) review process to ensure reviews are completed on investigations wherein the safety decision determination has been made and the Family Functioning Assessment (FFA) is complete. The change in process no longer allows for information obtained during consultation that isn't documented in FSFN to be taken into consideration for review findings.

Upfront consultations take place on or before the 10<sup>th</sup> day of an open RSF investigation. Participants of the upfront consultation include the Child Protective Investigator Supervisor (CPIS) and Child Protective Investigator (CPI). The Program Administrator (PA) is required to participate in upfront consultations meeting the Tier 1 criteria. These investigations include maltreatments: bone fracture, burns, internal injuries and any sexual abuse. The Critical Child Safety Practice Expert (CCSPE) will email the CPIS, CPI and PA to schedule/confirm the consultation date. The CCSPE will document the upfront decision support consultation in FSFN within 48 business/working hours of the consultation.

At day 35 of the investigation, the expectation is the Safety Decision Determination will be made; the Family Functioning Assessment (FFA) will be completed in its entirety, and ready for the CCSPE to review. The QA Review Tool is not completed until the FFA is completed, as the expectation is for the CCSPE to review a completed document. This ensures all proper documentation has been completed in FSFN and the CCSPE can provide support to the staff on a finished document.

If at any time in the review process a child safety or significant concern is identified related to the present or impending danger determination or the sufficiency of the present or impending danger safety plan, a Request for Action is generated by the CCSPE assigned to timely address and resolve the concern. Any additional follow up action needed is also discussed and agreed upon.

In addition to the CCSPE completing 100% of all RSF case reviews meeting Tier 1 or 2 criteria, the CCSPEs provide individual coaching on assigned cases or as requested from operations staff, develop and provide training on key components of the practice framework identified as needing improvement and complete learning circles to enhance the knowledge and skills around the practice model. Learning Circles/trainings are developed based on trends and data found

through RSF case reviews. The CCSPE team continues to complete closed case reviews of 25% of cases receiving a “Not Rated” rating for items 5-9 on the open cased RSF tool.

The CCSPE team continues to be instrumental with the Supervisory and Program Administrator staff, preparing them and continuously being of support to them through their prospective proficiency processes.

A goal for the region is to have the QA team complete specialized supervisory consultation reviews to ensure quality of those consultations and to determine if practice is improving. This will be achieved through a random sample of investigations being reviewed for each supervisor.

## **1. Work Planned with CBCs:**

The NER QA unit continues to maintain positive relationships with the CBC agencies throughout the Region. There is a direct relationship with the CBC as QA managers from both DCF and the CBC meet jointly with Office of Child Welfare (OCW) staff quarterly. Additionally, DCF QA staff have been participating in side-by-side reviews with CBC QA staff to address the Child and Family Service Review (CFSR) Performance Improvement Plan (PIP).

Operations meetings continue to be held at each site and include representatives from the CBC, CLS and the Department. The purpose of the meeting is to review processes in place or needed, challenges and solutions.

Barrier Breaker Team Meetings also continue to be held and include leadership representatives from stakeholders, leadership and partners to address challenges regarding case transfers, safety management services, service array, and barriers to best practice and solutions. This group also tackles issues related to removals and possible solutions to safely reduce the number of children coming into out of home care.

Collaboration meetings are held with representatives from each CBC to work through ground level processes.

Partnership Meetings are convened quarterly with each CBC and are co-lead by the RMD and CEO. The meetings address contract performance, department priority of efforts, and the status of other existing and planned projects.

Quarterly CEO Meetings are convened with all CBC CEOs with a focus on the region rather than individual CBCs. Regional team decisions, shared challenges and best practices are routinely discussed in this forum.

The Duval 0 through 3 workgroup provides a forum for reviewing data and developing strategies for effective intervention in both investigations and services cases involving a child 0 through 3 years of age.

## **C. Other Quality Management Activities**

### **1. Other Reviews**

Two of the four Operations Review Specialists are Child Fatality Prevention Specialists assigned full time to coordinate and review the child fatalities reported to the Hotline. The Child Fatality Specialist is responsible for facilitating the initial case staffing; conducting the final review of the completed investigation for closure; writing the Child Fatality Summary, entering and updating the data in the Child Abuse Death Reporting (CADR) information system, providing county and region data related to the cause and manner of child fatalities; and providing training on conducting child fatality investigations and the region's review process. The region's goal is to have all QA staff trained in the CIRRT process as well to be eligible to be deployed on a Child Incident Rapid Response Team (CIRRT) as needed.

The remaining two Operations Review Specialists are responsible for completing Special Quality Assurance reports and mini-CIRRT reports on child fatalities that involve a prior on any children in the home in the last five years and conducting case reviews when concerns about case handling are identified. Additionally, they provide training within the region and in the community and participate on practice related workgroups throughout the region and state, e.g. USF Steering Committee, 0 through 3 workgroups, etc.

Family Safety Foster Care Licensing staff ensure all Child Placing Agencies (CPA) and Child Caring Agencies (CCA) are reviewed at least annually. The onsite reviews are scheduled with the agencies at least 30 days prior to the re-licensure date. The licensing specialist uses an Excel tool to document each agency's compliance with Florida Administrative Code 65C-15 for CPAs and 65C-14 for CCAs. Three tools may be used to document the review, depending on whether the agency is a runaway/emergency facility, maternity facility or a traditional group home. During the CPA review, personnel files, volunteer/intern files, and incident reports are reviewed. If the agency also provides private adoption services, a sample of adoption files are reviewed. If the agency licenses foster homes, a 10% sample of licensed homes is visited. During the foster home visits, critical safety criteria outlined in 65C-13 is reviewed. The administrative component consists of reviewing new or revised agency policies, and administrative documents such as the organizational chart, budget, and most recent financial audit.

When monitoring a CCA, personnel files, volunteer/intern files, incident reports, fire drills, menus, medication logs, activities schedules, and children's files are reviewed. The on-site review also ensures cleanliness, appropriate furnishings, transportation, etc. The administrative component is the same as described above for CPAs. The expectation is the CCA will achieve 100% compliance. Any CCA that falls below an overall compliance of 90% is required to implement a formal corrective action plan. If the rating is above 90%, the agency can develop and implement an internal corrective action plan.

The onsite visit for CCAs and CPAs is summarized in a re-licensure report, and the report is input into FSFN under each provider's license page. Additionally, the regional licensing staff review CPA attestation packets for compliance with licensure requirements and participate in the weekly Foster Care Review Committee responsible for staffing the licensure or re-licensure of quality parenting concerns.

## **2. Strategies Planned to Improve Practice**

**The following strategies have been developed to support continuous quality improvement:**

**Operations:**

1. Program Specialists assigned to each Program Administrator are continuously responsible for reviewing each second level case within 48 hours of receipt to ensure all background checks are thoroughly completed, accurately summarized and analyzed to reflect patterns and implications for child safety and ensure gaps in information are resolved within 24 hours.
2. Operations Managers and Program Administrators will continue to identify CPI Supervisors who would benefit from participating in a monthly integrative practice seminary to enhance understanding and skills related to the practice framework.

**Quality Management:**

1. Ensure CCSPEs are assigned to cover each service center in the region at least one day per week to be on site to consult with CPI Supervisors, coach CPIs, review documents, staff cases, etc.
2. Each CCSPE to attend at least one monthly Program Administrator meeting each month to address practice concerns and provide feedback on review findings.
3. Assign CCSPEs responsibility for coaching on specific practice concerns based on second level review findings each quarter, e.g., out of state residency, frequent visitors in the home, etc.
4. Assign each CCSPE responsibility for conducting one region-wide fidelity case review per month.
5. Establish a quarterly forum for CCSPEs, Operations Review Specialists, Program Specialists, and Field Support Consultants to discuss second level review findings, practice concerns, and develop and participate in training to address identified needs.
6. CCSPEs will conduct Substance Exposed Newborn reviews to continue fostering Quality Management in the region.

**Training:**

1. Continue implementation of training with CPI Supervisors to include training and co-training on present danger determination; present danger planning; impending danger determination; and impending danger determination (CCSPEs and CPI Supervisors).
2. Implement training with CPI Supervisors on Assessing for Sufficiency Related to Present Danger Assessments, Present and Impending Danger Safety Plans; Supervisory Consultations (CCSPEs).
3. Implement Family Functioning Assessment writing workshops in the major hubs of the region (USF and CCSPEs).
4. Continue support to field staff via field mentoring and shadowing.
5. Continue use of the statewide data reporting system "Qualtrics" and RSF scorecards to identify trend data and areas needing improvement through the Rapid Safety Feedback reviews.

