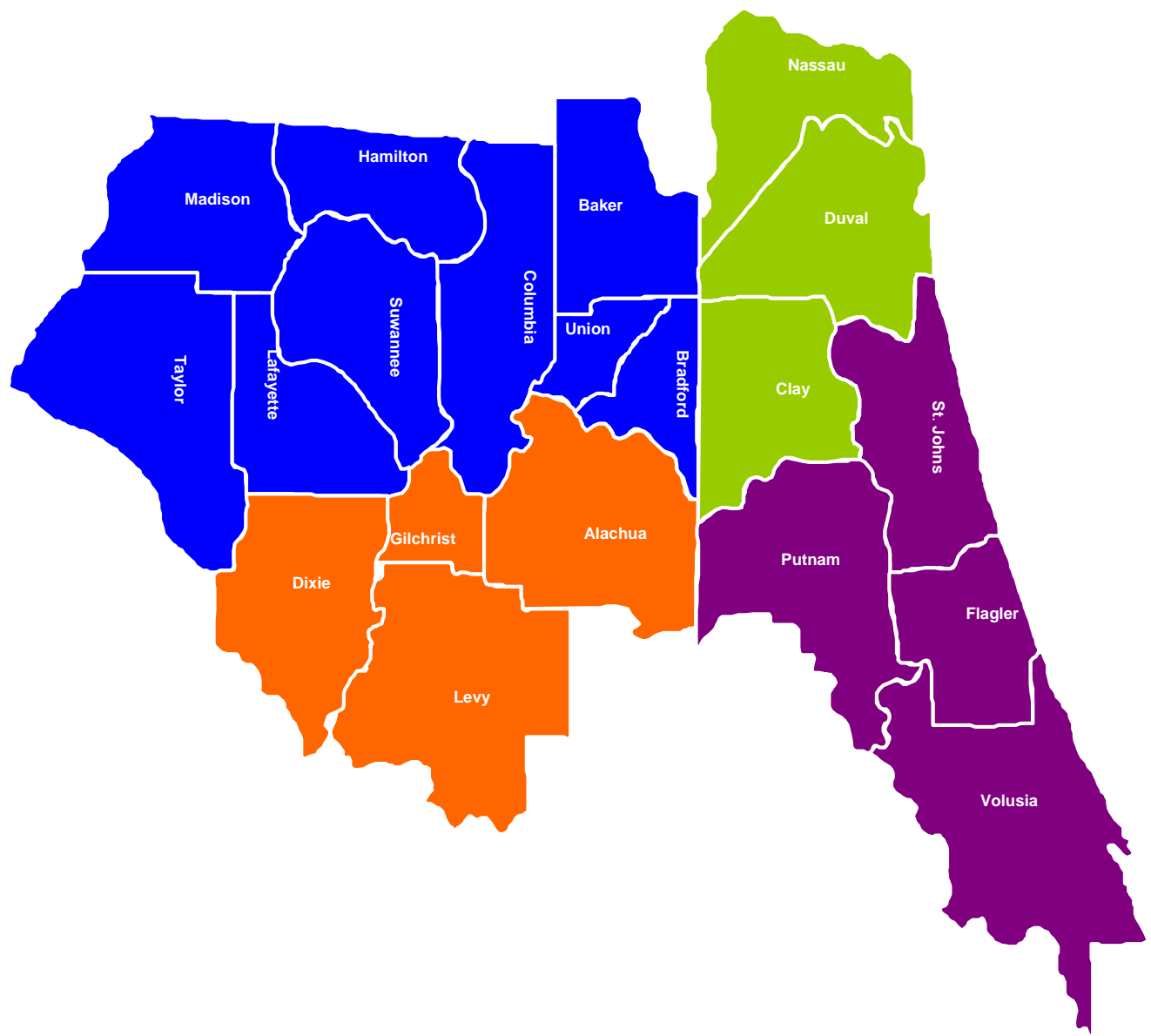




Northeast Region 2017/2018 Quality Assurance Plan



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.

1. 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 second level 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) staffings 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 2016/2017.

Chart 1:

FY 2016-17 CPI Intakes													
Entity	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
Northeast Region	2537	3010	2950	2858	2701	2649	2923	2742	2878	2951	3203	2522	33924
Third Circuit	205	274	247	263	233	211	260	231	279	243	275	230	2951
Fourth Circuit	1100	1371	1296	1254	1226	1199	1327	1282	1286	1359	1477	1129	15306
Seventh Circuit	832	934	939	853	849	867	911	838	892	918	957	813	10603
Eighth Circuit	400	431	468	488	393	372	425	391	421	431	494	350	5064

Child Protective Investigation Staff Turnover

NER leadership understands the retention of a trained and stable workforce is critical to continuous quality improvement. The NER closely monitors its CPI attrition to analyze data and formulate plans to enhance our retention. Between July 1, 2016 and June 30, 2017, the region experienced 83 CPI separations for an attrition rate of 28.4%. By removing the Sr. CPI positions, the NER attrition rate drops to 26.4%. The years of service ranged from 1 month to over 30 years with the vast majority of CPIs working less than four years. Performance of separating CPIs was evaluated to be satisfactory to excellent for over 70% of the 83 who separated from the CPI program. The top three reasons for leaving the CPI program were:

- 1) personal reasons (returning to school, moving from the area, their or a family member's health, etc.);
- 2) accepting employment with DCF's CBC lead agencies or other service providers;
- 3) and workload and its challenges with work/life balance.

With over 40% of NER CPI attrition through the years attributed to CPIs who are in their first year of casework, the NER dedicated 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 have the opportunity to ask questions about any aspect of their current cases and also 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:

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.

A joint training plan was developed with the Title IV-E dollars awarded to the state. Two Action training programs were provided in the major hubs of the region with the focus on case review and consultation to a targeted audience of CPI Supervisors and Senior CPIs, supervisors, senior and lead case managers from the Community Based Care case management organizations, and Children's Legal Services staff.

The additional title IV-E training funds allows the region to increase funding to the University of South Florida to include eight hours of in-service training monthly in each hub in the region. Training was planned for the facilitation of several learning circles in the Region. The Operations Managers identified training needs and Action provided a training session in the fall on CPI Supervisor Case Consultations and CPI Case Consultations. A second series of training sessions was completed with David Mandel on the "Safe and Together" model, revised to better align with the safety practice framework. The Mandel training was followed by case consultation days to ensure the model was integrated into both supervision and day to day practice by the CPIs.

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, and local and regional community work groups with the courts, domestic violence advocates, service providers and the Managing Entity. Regional implementation plans regarding the child welfare practice

model include representatives of the dependency court, Guardian ad Litem Program, Substance Abuse and Mental Health (SAMH), Domestic Violence Shelters, and critical contract and community service providers.

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 second level 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 twice weekly to ensure all open investigations meeting the Tier 1 and 2 criteria are identified for review.

Second level 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. The initial consult focuses on the review items related to (1) conducting background checks and analysis of the information obtained; (2) present danger determination; (3) present danger safety planning; and (10) quality of supervisory consultation and guidance.

A final consult is conducted by day 35 in the investigation and is focused on the remaining review items: (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; and (9) the sufficiency of the impending danger safety planning; and (10) quality of the supervisory consultation and guidance.

If at any time in the review process a 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 child safety concerns. 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 has also been 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 CFSR PIP plan.

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.

Implementation Team Meetings are convened monthly in each area of the region, and include representatives from the Department, CBC and key community partners from the Child

Protection Team (CPT), local law enforcement, service providers, and the Managing Entity. This group also focuses on practice, challenges and safety services needed.

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 as a whole 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.

The region established a region-wide training team comprised of representatives from the region and each of the five CBCs. The team's discussion is focused on identifying ongoing training needs both shared and specific to the CBC or region, sharing training materials and resources and identifying and co-facilitating joint training when needed.

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 in order 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 is allowed to 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.