I. Introduction and Background

A. Organization’s Philosophy of Performance and Quality Improvement

Child and Family Connections (CFC) is a non-profit corporation established in 2001 to perform the duties of the lead agency for community-based care in Palm Beach County. CFC sets the standards for best practice within the circuit and ensures compliance through rigorous quality assurance activities and effective management of provider contracts and financial resources. The primary purpose of the CFC Performance Quality Improvement (PQI) Plan is to establish a culture of excellence and continual improvement, to strengthen practice and improve the timeliness and quality of the service delivery system. CFC seeks to identify in-process and end-process measurements that align with federal requirements of the Adoptions and Safe Family Act (ASFA) and achievement of the Contract Performance Measures set forth in the lead agency contract. CFC is committed to providing the best possible services for children and families involved in the child welfare system.

The CFC PQI Plan describes the agency’s ongoing efforts to continuously improve, learn and strive for excellence in the provision of services to the children and families under care and supervision. The plan is designed to be reviewed on an ongoing basis and updated when needed, but no less than annually.

CFC relied on its mission and vision statements as well as guiding principles and core values in the development of the System of Care and PQI process.

**Mission Statement**
It is the mission of CFC to promote a safe living environment, permanency and sense of stability for the children and families of Palm Beach County.

**Vision Statement**
It is the vision of CFC to achieve our mission while maintaining core values of respect, integrity, service, diversity, excellence, openness, and stewardship.

**Guiding Principles**
CFC’s guiding principles are to ensure the physical and emotional safety and well-being of children and their families, to ensure timely permanency for all children, to preserve the family unit when appropriate, to promote prevention and intervention programs for families in need, to initiate and implement community involvement and accountability programs, to ensure provider accountability and to maintain genuine respect for the worth and dignity of all people.

**Core Values**
- **Respect:** Maintain genuine respect for the worth and dignity of all people with whom we work and serve.
- **Integrity:** Remain faithful to our mission and the highest standards of ethical and professional behavior.
Service: Maintain the highest standards of quality in our programs and operations following Council on Accreditation standards and using performance measures that are outcome based.

Diversity: Maintain employment policies that promote diversity and cultural competency in how staff are treated and how services are provided.

Excellence: Provide leadership to assure that an environment of learning is created in which innovation and creativity are encouraged and rewarded.

Openness: Maintain responsible, honest, and open communication.

Stewardship: Maintain responsible stewardship of Child and Family Connection resources, including finances, equipment, human resources and use of public funds.

As the lead agency in Palm Beach County, Child and Family Connections (CFC) is the single point of organizational accountability for developing and managing the system of care to achieve desired outcomes for children. All direct services to clients are subcontracted to CFC’s provider network. CFC’s provider network provides: Foster home recruitment, licensing, and support (DCF retains licensing authority); Adoption recruitment and pre- and post-adoption support; Independent living services; Family preservation services; Clinical services; Shelter and residential group care. CFC Case Management Organizations provide primary case oversight including case planning, permanency planning, and safety and risk assessment.

B. PQI Structure

CFC collects data and information to examine utilization, contract compliance and case management performance throughout the System of Care. The CFC QA Model uses many different opportunities throughout the life of a case to collect data and monitor compliance and progress toward goals: at case assignment, case plan development, supervisory review, permanency staffings, reunification staffings, child specific staffings, QA reviews and at contract monitorings. Everyone, including the case manager, supervisor, program director, provider and CFC staff are involved in continuous quality assurance which ensures that all staff are engaged in the process of examining feedback and data and making improvements. This results in a more individualized course of action and a greater likelihood that outcomes are achieved. The QA process also allows for critical life, health, and safety issues to be identified and corrected in an efficient manner and encourages ongoing and early detection of performance deficiencies as well as promoting promising practice.

CFC CEO and management team have staffed the QA department to ensure ongoing implementation of PQI activities. CFC has five full-time positions dedicated to implementing our PQI Plan. The Quality Assurance Director provides oversight to the Quality Assurance and Training Staff, and reports directly to the CEO. The Quality Assurance Team consists of the Quality Assurance Coordinator and three Quality Assurance Managers. The QA staff are responsible for completing all case file reviews, annual subcontract monitoring and tracking performance towards quality improvement initiatives as well as conducting special reviews of cases or providers as needed.
The Quality Assurance Director and the Quality Assurance Coordinator provide data and co-facilitate the Quality Improvement Committee. The entire PQI team works together to coordinate the quarterly case record reviews, outside reviews of the agency, analyze data and complete written reports. The staff members responsible for PQI are qualified by experience and education to engage staff from all areas of the agency, systemically collect and analyze data, and communicate results and recommendations for each key audience.

Committees and Meetings
CFC incorporates the PQI process throughout the network on a continuous basis by using a series of regularly scheduled committees and meetings. The CEO and management leadership team at CFC have endorsed this process as part of the culture that promotes excellence and continual improvement. All members of management receive reports from staff at weekly staff meetings and individual supervision, regarding the quality activities they have included in their contacts with network providers. Those activities are reported to the entire management team on a weekly basis at management meeting.

Board of Director Committees include:

- **The Legal and Risk Committee** of the Board of Directors includes selected Board members with assistance from the CFC Management Team as well as CFC’s legal representative. The team reviews policy and procedures and any legal matters that may cause risk to CFC. This Board Subcommittee reports to the full Board.

- **The Finance and Program Outcomes Committee** of the Board of Directors includes selected Board members with assistance from CFC staff members from finance, QA and management. The committee reviews the monthly budget statements, reports the financial state of CFC to the Board Monthly and makes recommendations to the board regarding financial matters affecting CFC. The committee also reviews the program outcomes including the performance on contract outcomes and the Board Performance report and makes recommendations to the Board regarding the performance of the network.

CFC committees and workgroups include:

- **The Accreditation Workgroup** is made up of CFC staff members from each area within the agency in order to complete the accreditation process for the upcoming contract year. This group has members of each of the other workgroups to ensure information is effectively communicated throughout the agency.

- **The Policy and Procedure Workgroup** was developed from staff members throughout the agency to review policies, procedures and forms, review updates to policies, procedures and forms, and make recommendations before the policies are presented to the Board of Directors.

- **The Health and Safety Committee** is chaired by CFC’s HR Coordinator and includes representation from each area within CFC. This committee reviews issues related to the CFC work environment such as fire drills, policy and procedure regarding visitors to CFC, and any other concerns about the building or environment to ensure the optimum health and safety of our employees.
• **The Quality Improvement Committee** consists of all of the program directors, supervisors and QA staff from the case management organizations. The DCF regional QA staff and CFC QA staff are also included. All quality assurance and data reports are presented through the Quality Improvement committee. Through this committee, any projects for performance improvement are determined and surveys are coordinated.

Following each quarterly case file review the Quality Improvement Committee is convened to discuss opportunities for improvement as well as areas of excellent performance. At each committee meeting data is presented in a variety of ways. Network-wide data is presented on topics that are monitored on an ongoing basis such as ICWA and supervisory reviews. Agency specific data is presented on several topics that need improvement as determined by the results of each semi-annual case file review. Case specific data is presented as each supervisor receives a detailed report of each case reviewed in their unit with all of the answers from the tool and all reviewer comments included. Each agency is then given time to review their data and determine actions that can be implemented to improve performance. Previous actions are also reviewed at each committee meeting to determine the success and need for changes in the action plans.

• **Coordinators’ Meeting:** CFC is structured such that there is a Coordinator over each program area. The CFC coordinators participate in monthly meetings designed to increase the level of communication and teamwork among them. These meetings promote continuous quality improvement by identifying areas for improvement throughout the network. This process also promotes efficiency as the coordinators will be able to identify issues that impact numerous departments at the same time and coordinate their actions accordingly. The QA coordinator reports on contract monitoring results as well as network provider corrective action progress to get feedback on improving performance across the network.

This committee/workgroup structure enables all areas within the System of Care to participate and be integrated into quality and performance improvement. A review of the Performance Quality Improvement process is incorporated into the CFC new hire orientation. In addition, QA staff members participate in each committee (where appropriate) and attend individual department staff meetings in order to include front line staff in the process. PQI short and long-term goals and work plans are included as a standing item on meeting agendas.

**C. Stakeholders**

**Key Stakeholders**

CFC’s System of Care was developed in collaboration with the Community Alliance, network providers, and other community stakeholders.

Current stakeholders in the CFC System of Care include but are not limited to:

- The children and families served by the agency
- Employees of the agency
- The judiciary, including the Guardian ad Litem Program


- DCF
- Community partners such as the Sheriff’s Office, the School Boards, Department of Juvenile Justice, and Substance Abuse and Mental Health programs
- Child and community advocates and other organizations acting on the behalf of children and families
- Contracted and non-contracted providers of services
- Foster parents
- Adoptive parents

**Involvement of Key Stakeholders**

Child and Family Connections (CFC) encourages stakeholder participation by meeting regularly with stakeholders to share information, solicit input and enhance the existing model of service delivery. CFC holds monthly meetings for contracted providers in similar service categories. These meetings are held to enhance communication, share pertinent information, and create a collaborative effort between agencies to improve performance. The following table explains the various meetings the stakeholders that attend and the PQI-related information provided at each meeting:

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Stakeholders in Attendance</th>
<th>PQI Information provided/discussed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Meeting</td>
<td>Board of Directors, DCF, open to the public and several staff from other agencies and CFC</td>
<td>Contract Performance Data, Operations Update, Finance Update, CEO report on CFC and community events</td>
</tr>
<tr>
<td>Partner’s Meeting</td>
<td>Case Management leadership (CMO)</td>
<td>Unit Data Report</td>
</tr>
<tr>
<td>CPA Meeting</td>
<td>CFC Child Placing Department Management, DCF licensing</td>
<td>Foster Home Utilization, Placement Stability, Quality of Foster/Adoptive Home Licensing Studies</td>
</tr>
<tr>
<td>IL Stakeholders</td>
<td>IL Provider, Community Providers invested in IL Youth, Youth Shine, Group Home Management Staff</td>
<td>IL Services reviews, Aggregate Data regarding IL youth in Palm Beach County</td>
</tr>
<tr>
<td>Community Alliance</td>
<td>DCF, DJJ, SAMH, Children’s Services Council, Dependency Court Judges, Network Providers</td>
<td>Performance Data, Community Involvement</td>
</tr>
<tr>
<td>CFC/DCF leadership meeting</td>
<td>DCF/CFC</td>
<td>Intake and Placement Data, Community Referral and Diversion Data</td>
</tr>
</tbody>
</table>

CFC Management attends all meetings and directs the review of PQI reports. The meeting structure allows for identification of strengths and gives a forum for feedback on areas of needed improvement. CFC uses these meetings, as well as contract negotiations, and other less formal interactions with network providers and other stakeholders to gather input regarding key outcomes and outputs. Although many of the outcomes, outputs, and other measurements are established by contractual requirements, CFC incorporates ideas and input from stakeholders as much as possible.

**Performance Reporting to Stakeholders**

CFC provides its staff, Board of Directors, providers and stakeholders with regular performance reporting. CFC’s Board of Directors is provided with a monthly **Contract Performance Report to the Board**. This report details current performance on contracted performance measures as well as data and information on other improvement initiatives such as staff turnover, placement stability, supervisory reviews and other strengths and gaps noted during case
reviews. CFC’s Report Card to the Community Alliance is produced twice a year. This report indicates data and performance related to numbers of children entering in-home and out-of-home care, including length of stay, placement stability and demographic data. It also includes data on Independent Living Services, Dependency Case Managers (DCM) retention and caseloads, licensed foster home census and utilization, adoption data and performance measures.

In addition, CFC completes two reports to communicate performance to stakeholders as well as specific unit performance data to case management providers: The System of Care Report includes data on removals, adoptions, placement types and contract performance measures. This is distributed by the CFC CEO to CFC and contracted provider administrative staff, DCF Region and Circuit staff, the local judiciary and the Palm Beach Legislative Delegation. The Unit Data Report provides individual unit data on identified areas such as children in out-of-home care and lengths of stay, caseloads, staff turnover and tenure, supervisory reviews, child visits and identification data. The Unit Data report is distributed to Dependency Case Management, the CMO’s Administrative and Quality Management Staff, and CFC Operations staff.

II. Measures and Outcomes

A. Long Term Strategic Goals and Objectives

CFC’s Strategic Plan includes short and long-term goals, identifying content areas within which to focus for the next three years. Those areas were identified from local and state initiatives, stakeholder input and contracted performance measures. The broad goals of the strategic plan mirror the federal measures of Safety, Permanency, and Well-Being of children and also consider staff needs and development. The Senior Management team dedicates time each quarter to review the progress made on the strategic plan targets.

The Strategic Plan contains each of the contracted performance measures as well as measures for each area within each CFC department, including long-term network goals and objectives. In three years, CFC expects to improve their internal operations as well as be a model for the state in providing safety, permanence, and well-being for children, families and staff. Case management practices, provider services, adoptions, and community outreach will be exemplary, as will reunification, with CFC exceeding the goal of 50% less children in care. Please see CFC’s Strategic Plan for a full listing of goals and objectives for the next three years.

B. Management/Operational Performance

CFC is is will review organizational and management performance annually.

An example of organizational and management performance review is a business management review that the executive management and the middle management team participated in with a management consultant. CFC executive management team first started the process in 2009 by taking a comprehensive personality and work styles inventory. The information was used to enhance communication among the members of the team. Following the inventory process the
team participated in bi-weekly individual improvement sessions as well as bi-monthly group sessions. The process finalized with a review of progress and goal setting for the coming year. Due to the success of the process and setting a goal of developing the management skills of our second level managers, CFC enlisted the services of the consultant to complete a shortened version of the process with our coordinators. This has resulted in the coordinators having improved communication as they have continued to meet with each other on a monthly basis. They have also improved in working together to address concerns in the performance of the system rather than relying on the executive management team to communicate information across departments.

Due to a change in CEO in 2011, the executive management team participated in a refresher of the business management review process in June 2011. This resulted in an improved meeting structure for the management team as well as a plan for meeting with the coordinators with the goal of improved communication and planning. It has also resulted in clear goal setting for the upcoming year as well as more clearly defined understanding for planning processes beyond the current fiscal year.

Another example of organizational and management performance review that resulted in positive changes to CFC is the finance department. On July 1, 2007 a new CFO began employment with CFC and discovered that there was a deficit of $2m, the FY05-06 audit not completed and no auditor identified for the FY06-07. There also were no approval and tracking systems in place for any type of expenditures. Under the current CFO, systems were put in place such as the Daily Log to track OHC expenditures against budget. This allows for information to be sent to all management so that everyone is aware of the impact on budget each day for this category. The Budget and Expense Report was designed and presented to the Board each month comparing budget to actual and projected expenses forecasting the fiscal end result each month. A budget process has been implemented which involves all management levels in requesting, reviewing and finalizing the recommendation to the Board of Directors for final approval of the budget.

These changes have resulted in an unqualified and timely audit report for each FY since FY06-07. The deficit was resolved and there has been a positive fund balance each year since the FY07-08. To continue improvement in our finance area, a Controller position was added in FY10-11. The Controller has enhanced current tracking systems and identified additional areas for improvement including increased fiscal monitoring of our sub-recipients. Language has been added to our contracts and processes have been put in place to begin in FY11-12.

C. Program Results/Service Delivery

Program results and service delivery quality are measured as part of our contract performance monitoring for DCF. These measures are listed below and include safety, permanency, and well-being measures which reference appropriateness, effectiveness, and dimensions of quality service delivery such as efficiency, continuity, and timeliness. In addition to the contract
measures, CFC also assesses other performance measures that are related internal programmatic improvement efforts and the CFC Strategic Plan.

<table>
<thead>
<tr>
<th>Measure</th>
<th>CFC Goal</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Caseload Size</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Number of Children in Out of Home Care</td>
<td>900</td>
<td>912</td>
</tr>
<tr>
<td>Number of Children Served in Diversion</td>
<td>None set, varies depending on number of investigations</td>
<td></td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>12 months</td>
<td>12 months</td>
</tr>
</tbody>
</table>

CFC negotiates Contract Performance Measures as part of the annual negotiation process regarding our master contract with DCF. Some measures are set on a statewide basis and other measures are negotiated based on past performance, population information, and expected or desired performance. The current DCF contract performance indicators include:

<table>
<thead>
<tr>
<th>Performance Measures FY 11-12</th>
<th>FY 10-11 Performance</th>
<th>FY 11-12 Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of children served in out-of-home care who are not maltreated by their out-of-home caregiver shall be at least 99.68% (FS106)</td>
<td>(FY 10-11 Pending) FY 09-10 98.44%</td>
<td>99.68%</td>
</tr>
<tr>
<td>The percentage of children removed within 12 months of a prior reunification shall not exceed 10.6% Re-Entry Into Out of Home Care (FS302)</td>
<td>10.14%</td>
<td>9.9%</td>
</tr>
<tr>
<td>The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 70.2% Time to Reunify (FS301)</td>
<td>53.48%</td>
<td>70.2%</td>
</tr>
<tr>
<td>The percentage of children with finalized adoptions whose adoptions were finalized within 24 months of the latest removal shall be at least 44.6% Time to Adopt (FS303)</td>
<td>60.31%</td>
<td>44.6%</td>
</tr>
<tr>
<td>The Provider will complete adoptions. (FS304)</td>
<td>134</td>
<td>136</td>
</tr>
<tr>
<td>The percentage of children under supervision who are required to be seen every 30 days shall be seen be at least 100% Children Seen in Month (FS107)</td>
<td>(Pending DCF release of Data)</td>
<td>99.5%</td>
</tr>
</tbody>
</table>

**FEDERAL MEASURES**

| The percentage of children in out of home care 24 months or longer on July 1 who achieved permanency prior to 18th birthday and by June 30 shall be at least 29.1% | 29.73% | 29.1% |
| The percentage of children in out-of-home care for at least eight days, but less than 12 months, who had two or fewer placement settings, shall be at least 86% | 85.78% | 86% |

For each performance measure, compliance information is maintained by the State of Florida and is located on the DCF Performance Measure Dashboard located on the DCF website. CFC utilizes this system as well as several internal processes to monitor and analyze compliance with each of the required measures in accordance with DCF contract requirements. These internal processes include the monthly System of Care Report that is disseminated to the
provider partners and key stakeholders in the community and the Unit Data Report that is reviewed weekly with the CMOs. The Board of Directors is also provided a report on the Contract Performance Measures at each Board Meeting.

CFC considers the level of performance on contracted measures to be of utmost importance. However, CFC also recognizes the importance and influence of the entire system on the level of performance. If any contract measure is not being achieved there are several steps CFC takes to analyze the performance. Providers are asked to provide input regarding system issues that affect performance; the QA department will conduct a gap analysis to attempt to identify areas for needed improvement. Network providers will be asked to participate in performance improvement planning and stakeholders will be engaged in systemic changes needed to remove barriers to improved performance.

D. Client and Program Outcomes

In order to improve performance on service recipient outcomes, CFC is currently reorganizing its intake process with a focus on the initiating services more quickly to improve outcomes. Previously intakes were done through a transfer staffing process that focused on gathering important documents from the investigator to give to the case manager. The department that managed this process included the resource specialists and the permanency specialists. The new process includes three additional staff to the resource department and renaming their position to intake specialist. The permanency specialists have been moved to the clinical department.

The intake process will now begin at the moment the DCF investigator determines the family is in need of services. The intake specialist will get the family the needed service referrals and will follow the family through the intake process to improve consistency with planning and service provision as they transition from the investigator to the case manager. This will allow services to stay in place through the transition and will dramatically cut down the time it takes to initiate services therefore leading to permanency more quickly.

Client and Program Outcomes are assigned to each contract and are monitored during the annual contract monitoring process for each provider. If any provider has unacceptable performance they are instructed to develop a corrective action plan that must be approved by the CFC contract department. The CFC QA department will then re-monitor the provider on the outcome after 3 months to determine if the corrective action plan has improved performance. The outcome and performance measures for each contracted provider are listed below.

<table>
<thead>
<tr>
<th>Adoption</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>95%</strong> of the children served shall not experience a recurrence of maltreatment, verified or indicated, within <strong>6</strong> months after termination of services.</td>
</tr>
<tr>
<td><strong>45%</strong> of children with finalized adoptions will have adoptions finalized within <strong>24</strong> months of the latest removal, excluding OTI/ICPC.</td>
</tr>
<tr>
<td><strong>50%</strong> of the identified sibling groups referred to the Network Provider and placed with an adoptive family will be placed together.</td>
</tr>
<tr>
<td>At least <strong>140</strong> adoptions shall be finalized during state fiscal year 2011-2012.</td>
</tr>
</tbody>
</table>
### CFC PQI Plan

**Fiscal Year 2011/2012**

<table>
<thead>
<tr>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>80%</strong> of children placed for adoption through this agreement will have their adoption finalized within <strong>12 months</strong> of referral to the Network Provider.</td>
</tr>
<tr>
<td><strong>75%</strong> of the total number of children referred to the Network Provider will be placed in an adoptive home or matched with an adoptive family within <strong>6 months</strong> of referral.</td>
</tr>
<tr>
<td><strong>80%</strong> of adoptive family home studies will be completed within <strong>3 months</strong> of MAPP training completion.</td>
</tr>
<tr>
<td><strong>75%</strong> of children referred to the Network Provider with an identified placement will have their adoption finalized within <strong>120 days</strong>.</td>
</tr>
</tbody>
</table>

### Case Management

- The percentage of children served in out-of-home care in a 12 month period who are not victims of reports of verified maltreatment by their out-home caregiver during services shall be at least **99.68%**.
- The percentage of children under supervision who are required to be visited by the assigned caseworker at least once every 30 days shall be at least **100%**.
- The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least **70.2%**.
- The percentage of children reunified who re-entered out-of-homecare within 12 months shall not exceed **9.9%**.
- The percentage of children adopted who were adopted within 24 months of the latest removal shall be at least **44.6%**.
- The percentage of children in out-of-home care for at least eight days, but less than 12 months, who had two or fewer placement settings, shall be at least **86%**.
- The Network Provider will facilitate reunification and/or case closure or permanent guardianship of a dependent or non-dependent child of no less than **2.4 children per month per case management unit** that have been placed in out of home care.
- The percentage of children in out-of-home care for 24 months or more in Network Provider’s care on July 1, 2011 who reach permanency by a means other than turning eighteen (18) by June 30, 2012 will be **29.1%**
- **100%** of children required to be seen who are in shelter legal status must be seen by the case manager every seven (7) days in their current placement.
- **100%** of Dependency Case Management Supervisors will attend required Mediation Staffings for assigned cases.
- **100%** of cases shall have the initial family assessment within fifteen working days of ESI, Early Services Intervention Staffing.
- **100%** of children shall receive the Child Health Check-Up typically within 72 hours of removal.
- **100%** of foster youth aged 13-15 will be staffed annually and in compliance with timelines as outlined in F.S. 409.1451. Youth must be staffed within sixty (60) days of entry into out of home care or within thirty (30) days after the youth’s birthday. The DCM shall attend and participate in these staffings.
- **100%** of eligible foster youth aged thirteen (13) and older regardless of placement will have an Independent Living Assessment completed within sixty (60) days of entry into out of home care or within thirty (30) days after the youth’s birthday.

### Child Placing Agencies
100% of the children, served under this agreement shall be provided a safe environment, free of incidents of abuse and/or neglect by the Network Provider’s staff, foster parents, other children, or visitors with no indicated or verified findings of maltreatment through a child protective investigation during the term of the subcontract.

100% of the children served under this agreement shall be provided a safe environment, free of incidents of child-on-child sexual abuse during the term of the agreement.

100% of runaway incidents will be reported to Child and Family Connections within four (4) hours as required.

100% of required Monthly Child Status Reports will be completed and submitted to Child and Family Connections by the 10th of the month following the reporting month.

90% of children will indicate general satisfaction with the foster home as indicated by exit interview.

90% of children residing under the Network Provider’s supervision will indicate a feeling of safety while in foster care as evidenced by exit interviews.

100% of discharge summaries will be submitted to Child and Family Connections Placement Coordinator within two (2) business days of the child’s departure.

100% of all licensing renewal packets will be submitted to CFC’s Program Operations Coordinator forty-five (45) days prior to license expiration.

100% of school-age children served under this agreement will be enrolled and attend school.

95% of children will have two or fewer placements while placed in the Network Provider’s homes.

100% of foster children thirteen (13) years of age or older will receive Independent Living services.

100% of Placement Movement forms will be submitted to Child and Family Connections Placement Coordinator or designee within one business day of a move.

**Diversion**

90% of families served will have no findings of maltreatment, verified or indicated within six months of case closure (CFC will supply data).

90% of families served will have no findings of maltreatment, verified or indicated during service provision (CFC will supply data).

95% of families referred, accepted, engaged into services, with a completed Family Service plan and will be linked to behavioral, domestic, substance abuse or other services if necessary.

75% of families served will achieve successful completion of services.

**Group Homes**

100% of children residing under the Network Provider’s supervision for thirty (30) days or more receive at least one (1) physical and follow-up care as recommended during the year in accordance with Medicaid guidelines.

100% of children residing under the Network Provider’s supervision for thirty (30) days or more receive dental check-up every six (6) months and follow-up care as recommended during the year.

100% of files will maintain up-to-date medication logs for each child under the Network Provider’s supervision who is prescribed medication while under the Network Provider’s supervision.

70% of children residing under the Network Provider’s supervision for at least six (6) months will demonstrate improved behavior and functioning, as measured by the CGAS, CFARS, or another assessment tool approved by CFC.

80% of children residing under the Network Provider’s supervision for at least six (6) months will maintain
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>100%</td>
<td>of children thirteen (13) years of age or older will receive Independent Living services while under the Network Provider's supervision.</td>
</tr>
<tr>
<td>100%</td>
<td>of required weekly progress notes to be submitted monthly will be completed and submitted to CFC Contract Manager or designee by the 10th of the month for the previous month.</td>
</tr>
<tr>
<td>100%</td>
<td>of children, served under this agreement shall be provided a safe environment, free of incidents of abuse and/or neglect by the Network Provider's staff, other children, or visitors with no indicated or verified findings of maltreatment through a child protective investigation during the term of the agreement.</td>
</tr>
<tr>
<td>100%</td>
<td>of runaway incidents will be reported to Child and Family Connections within four (4) hours as required by CFC's Incident Reporting Policy and Procedure.</td>
</tr>
<tr>
<td>100%</td>
<td>of Discharge Summaries will be submitted to CFC's Placement Coordinator or designee within seven (7) days of the child's departure.</td>
</tr>
<tr>
<td>90%</td>
<td>of children residing under the Network Provider's supervision will indicate general satisfaction with the residential child-care facility as evidenced by exit interviews.</td>
</tr>
<tr>
<td>90%</td>
<td>of children residing under the Network Provider's supervision will indicate a feeling of safety while in the residential child-care facility as evidenced by exit interviews.</td>
</tr>
<tr>
<td><strong>Independent Living</strong></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>of foster youth aged 16-18 will be staffed in compliance with timelines as outlined in F.S. 409.1451. Youth must be staffed within thirty (30) days of entry into out of home care or within thirty (30) days after the youth’s birthday.</td>
</tr>
<tr>
<td>100%</td>
<td>of former foster youth aged 18-23 participating in the Road to Independence Program will be staffed annually.</td>
</tr>
<tr>
<td>100%</td>
<td>of all RTI recipients will have their eligibility reviewed and documented in their case file on a monthly basis.</td>
</tr>
<tr>
<td>100%</td>
<td>of all requests for aftercare/ transition/ RTI and ETV services will be verified and documented in the youth’s case file.</td>
</tr>
<tr>
<td>80%</td>
<td>of in district foster youth aged sixteen (16) years and older will receive ILP skills training on a quarterly basis.</td>
</tr>
<tr>
<td>100%</td>
<td>of eligible foster youth aged sixteen (16) and older regardless of placement will have a SIL Assessment completed within sixty (60) days of entry into out of home care or within thirty (30) days after the youth’s birthday.</td>
</tr>
<tr>
<td>100%</td>
<td>of foster youth aged sixteen (16) years and older regardless of placement will have a Life Skills Assessment completed within thirty (30) days of entry into out of home care or within thirty (30) days after the youth’s birthday.</td>
</tr>
<tr>
<td>100%</td>
<td>of foster youth aged seventeen (17) and older will have an Independent Living Assessment completed within thirty (30) days of entry into out of home care or within thirty (30) days after the youth’s birthday.</td>
</tr>
<tr>
<td>100%</td>
<td>eligible youth aged seventeen (17) and older will have a written comprehensive Transitional Plan.</td>
</tr>
<tr>
<td>100%</td>
<td>of youth admitted to the Subsidized Independent Living (SIL) Program will have a SIL assessment completed in accordance with ss. 409.1451 F.S. and Chapter 65C-28.009, F.A.C. prior to approval.</td>
</tr>
<tr>
<td><strong>Shelter</strong></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>of school-age children served under this agreement who are placed in the residential child-care facility will be enrolled and attend school.</td>
</tr>
<tr>
<td>100%</td>
<td>of children shall receive the Child Health Check-Up within seventy-two (72) hours of removal.</td>
</tr>
</tbody>
</table>
### PQI Plan

#### Fiscal Year 2011/2012

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of foster children thirteen (13) years of age or older, who remain in a residential child-care facility for thirty (30) days or more, will receive Independent Living services.</td>
<td></td>
</tr>
<tr>
<td>100% of files will maintain up-to-date medication logs for each child in the program who is prescribed medication during the month.</td>
<td></td>
</tr>
<tr>
<td>100% of Placement Movement forms will be submitted to CFC’s Placement Coordinator or designee within one (1) business day of a move.</td>
<td></td>
</tr>
<tr>
<td>100% of the children, served under this agreement shall be provided a safe environment, free of incidents of abuse and/or neglect by the Network Provider’s staff, foster parents, other children, or visitors with no indicated or verified findings of maltreatment through a child protective investigation during the term of the subcontract.</td>
<td></td>
</tr>
<tr>
<td>100% of the children served under this agreement, shall be provided a safe environment, free of incidents of child on child sexual abuse during the term of the subcontract.</td>
<td></td>
</tr>
<tr>
<td>100% of running away incidents will be reported to CFC within four (4) hours as required by CFC Policy.</td>
<td></td>
</tr>
<tr>
<td>100% of discharge summaries will be submitted to Child and Family Connections Placement Coordinator or designee within two (2) days of the child’s departure.</td>
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</tr>
<tr>
<td>100% of required Monthly Child Status Reports will be completed and submitted to CFC Contract Manager by the 10th of the month for the previous month.</td>
<td></td>
</tr>
<tr>
<td>90% of children indicating general satisfaction with the residential child-care facility as indicated by exit interview.</td>
<td></td>
</tr>
<tr>
<td>90% of children residing under the Network Provider’s supervision will indicate a feeling of safety while in the residential child-care facility as evidenced by exit interviews.</td>
<td></td>
</tr>
</tbody>
</table>

### III. PQI Operational Procedures

#### A. Data Sources and Review Activities

**Data Sources, Data Integrity and Data Management**

CFC reviews data from a wide range of sources to identify strengths, opportunities for improvement, patterns and trends. A few examples of these sources include:

- Client outcome data (DataMAX, FSFN)
- Supervisor reviews
- Quarterly case file reviews
- Utilization Management data
- Federal Funding Quality Management reviews
- Risk management reviews

Data integrity is critical to the effective operation of a system from contractual, financial, and resource management perspectives. The data extracted from FSFN as well as other reporting systems is used to manage the success or failure of CFC to achieve outcome performance requirements that are contractually required.
Data is managed by ensuring the consistency of information between systems and by limiting the persons inputting placement location and type, removal, and eligibility information to a few well-trained staff. The Dependency Case Management Supervisor is responsible for reviewing and verifying the accuracy of information in FSFN during their monthly review of the case management file. The DataMax Coordinator and MIS Analyst review exception reports weekly to spot data errors across systems. Error reports are pulled weekly to identify key entry items such as child visits and psychotropic medication. This allows errors in these critical areas to be spotted quickly and corrections to be made. The staff responsible for the input is notified via e-mail about the data error and asked to please correct. Corrections are verified through screen shots to indicate the change. They also provide technical assistance when needed.

**Review Activities**

**Supervisor and Case File Reviews:** CFC requires formalized individual case supervision on a routine basis. Supervisory reviews are conducted utilizing the DCF “Mentoring and Modeling Quality: A discussion guide for case management supervisors”. The supervisory review addresses all aspects of the case including child safety, well-being and progress towards the permanency goal. All cases open 30 days or more are required to be reviewed by a supervisor at least once every 90 days. This is tracked on the weekly Unit Data Report and also captured in the quarterly case file reviews. Each supervisory review must be conducted face to face between the supervisor and case manager and must be documented in Florida Safe Families Network within 48 hours of the review.

CFC monitors these reviews for evidence of qualitative discussion and supervisory guidance. Evaluation criteria are: 1) Appropriate supervisory guidance offered and tasks assigned, 2) Prior assigned tasks completed, 3) All service referrals made for identified needs, 4) Child well-being issues addressed (physical, dental, educational, mental health), 5) Emerging risk/safety factors or needs identified and addressed, 6) Timeliness of the review (within 90 days of last review), 7) Discussion of timely and appropriate progress towards permanency, 8) Family Engagement, and 9) Psychotropic medications during supervision. These criteria may change as other issues for supervisory attention may be identified. In addition to tracking compliance through case reviews, a random minimum sample of two cases per case management supervisor is selected each fiscal year with the CFC QA Department observing the actual face to face Supervisory Review in an effort to provide additional qualitative data and feedback on achievements and areas for improvement.

The QA department is piloting a new quarterly case file review process for FY 11-12. DCF has removed the requirement to review 25 case files each quarter using the case file review tool in the DCF web portal. This process has been replaced by a Quality Service Review process to be conducted quarterly on 5 cases. The review process involves a brief review of the physical case file followed by an intensive interview process of the individuals involved in the case. The information will then be compiled in a written story of the service provision and outcomes of the case.

CFC believes this process will be informative regarding the systemic issues that affect case progress, however, we also feel it is important to have quantitative data on the quality of service provision. Therefore CFC will continue to review 25 cases each quarter using the review
tool in the DCF web portal, however, removing several questions in which the data is tracked or can be obtained elsewhere. The cases will be reviewed using a peer review model. Each Case Management Organization will send ten case managers for a one day session in which each case manager will review one case. This will give us the quantitative data needed to manage the system of care and will also give the case managers reviewing the cases a wonderful training opportunity in understanding the aspects of the case that lead to quality case management. There will be time for discussion at the end of the day for the reviewers to process the things they learned about case management, documentation and how it relates to reviews, as well as the overall review process.

**Utilization Management:** Utilization management data is reviewed to verify that the most appropriate available services are being used for each child and family. Utilization management also ensures the availability of services throughout the fiscal year by tracking expenditures and the rate of resource depletion. Data gathered from utilization review provides a foundation for determining the amount and type of services needed for the next fiscal year. CFC reviews utilization management data to determine the most successful services and service providers as well as gaps in the service array throughout the service delivery area.

**Federal Funding Quality Management:** The CFC DataMax Unit participates in the Department’s conference calls and DCF’s Region Meetings specific to federal funding and FSFN to ensure compliance with federal guidelines and requirements. As changes occur, the processes and procedures utilized by the unit are reviewed for compliance and adjusted accordingly.

**TANF Review:** When a child initially enters the CFC system of care, the case status is evaluated to determine which federal funding guidelines will be used to determine case eligibility. When a child has been under supervision (either living with family or out of home with relatives or non-relatives) for 12 months a re-determination of their TANF eligibility should be completed. Although the initial TANF form is completed for the entire family, subsequent TANF forms must be done for each child individually.

**Title IV-E Adoption Subsidy Review:** Twice a year, the Quality Assurance Department conducts an internal review of files for children receiving Title IV-E Adoption Subsidy payments. The review focuses on ensuring that eligibility determinations are made properly and files are kept in accordance with requirements set forth in Title IV-E mandates. In addition, this review helps the CFC Adoption Program Specialist identify any deficiencies or missing documents in the Adoption Subsidy files. Files are reviewed using a checklist for documents required to establish Title IV-E eligibility including background checks, Termination of Parental Rights Orders, proof of special needs criteria being met, proof of citizenship, completed Adoption Assistance Agreements, and Adoption Finalization Orders.

**Risk Management Reviews:**

*Psychotropic Medications:* Ensuring that expressed and informed consent or court authorization has been obtained for children in out-of-home care prescribed psychotropic medication remains a priority. In addition to monitoring compliance in accordance with FAC 65C-35, Psychotropic Medication for Children in Out of Home Care,
Case Managers are required to assess the status of children on psychotropic medications during home visits and document the following: prescribing physician, name of medication, date updates are made to the Florida Safe Families Network (FSFN), dosage, frequency, number of refills, reason for medication, date prescribed, date of court order or of expressed and informed parental consent for each medication the child is prescribed. The Case Manager’s supervisor is required to review and sign the form. QA Reviewers also review the forms for completion and overall case quality during QA case reviews. The QA Department pulls the psychotropic medications listing published weekly to identify any data errors as well as any medications that are lacking proper consent.

**Incident Reporting:** CFC and its contracted network providers will comply with the Department Operating Procedure (215-6), Incident Reporting and Client Risk Prevention. The QA Manager is responsible for processing incident reports from all contracted network providers. The contracted reporter is responsible for submitting an accurate and detailed incident report and notifying necessary parties. The QA Manager oversees the process to ensure the written incident report is complete and includes information regarding corrective action and follow-up and distributes to all applicable CFC staff for review. The information tracked from incident reporting will be analyzed and reported during Contract Monitoring and when requested by CFC management. Incident Reports provide perspective into a network provider’s operations that might otherwise be overlooked.

**Children Not Seen:** The Quality Assurance Department assigns a Quality Assurance Manager to duties associated with tracking children who appear on the Child Not Seen report. The information gathered is provided to the CMOs for a response to ensure that all children under supervision are seen every 30 days.

**Domestic Violence:** Periodically, reviews are conducted that are deemed necessary due to an event or at the request of the Department of Children and Families or CFC Management Team. Domestic violence is an area that is included in such reviews. These reviews, based off of the case management files, include gathering information pertaining to safety plans, family assessments, referrals, injunctions and case plan progress to determine if the needs of the families involved in this specific situation are meeting met and addressed.

**Other Reviews:**

- **Placement Files:** The Quality Assurance Department conducts regular internal reviews of Placement Files. This review includes initial placements into licensed care as well as disruptions from licensed care. The purpose of the review stems from the needs to increase placement stability for children but has evolved into a process to assure quality in the placement process. This review includes interviews with Case Managers and foster parents to determine if their experience with the placement process is positive and meeting the needs of those involved.

- **Independent Living:** Periodically, reviews are conducted that are deemed necessary due
to an event or at the request of the Department of Children and Families or CFC Management Team. Independent Living remains a priority for CFC and thus special reviews outside of the Contract Monitoring of the IL network provider take place. These reviews focus on services provided to the youth including eligibility requirements for the Road to Independence Scholarship.

**Master Trust:** Internal controls including multiple levels of approval ensures all procedures are followed for managing the accounting and files associated with children who have master trust funds. Reviews are also conducted periodically to determine if there are any corrections that need to be made or if there are areas in the process that could benefit from enhancements.

**Exit Interviews:** A QA Manager is responsible for processing exit interviews. Exit Interviews with children that leave licensed care will be conducted in a manner consistent with CFOP 175-61. Children ages 5-18 will be interviewed by their assigned Case Manager each time they leave the care of a licensed foster home or group home where they have been placed for thirty days, regardless of the reason for removal. The QA Manager reviews the Exit Interviews to ensure that each question is answered and ensure proper follow up if the child voiced any concerns. The QA Manager also tracks and requests any missing or late Exit Interviews. Concerns and response patterns that require further attention are brought to the attention of CFC Program Operations Coordinator. The interviews are provided to the CMOs.

### B. Data Analysis

The CFC PQI team is responsible for analyzing the data related to performance measures, internal measures, case record reviews, and contract monitoring. The team analyzes performance related to selected measures and works to identify how and why targets are not being met. For example, the data is analyzed to determine if a situation/problem is systemic or isolated to a specific unit or case manager. Data-driven corrective action plans and performance improvement plans are developed and monitored. The PQI team also examines data for trends and patterns over the current and past contract year.

A monthly report of the data is distributed which highlights trends and patterns over the current and past contract year. Quarterly results are presented to the Quality Improvement Committee, Senior Management, and at “All Staff” meetings. The results are reviewed regularly by senior managers and the Board of Directors in order to identify areas in need of improvement, prioritize improvement activities on a small or broad scale, and manage programs and operations.

An example of this data being used to make changes to programs and operations is our movement towards performance based contracting. In the past our network has struggled with meeting our contract outcome related to the percentage of children reunified that are reunified within 12 months of removal. In FY 10-11 we were performing below the target and we analyzed data from many angles to attempt to determine the causes. There were not any areas
that stood out as being a systemic issue that we could address to correct the problem. As a result, we determined that our case management organizations needed more responsibility for this measure so we created an incentive in their contract to encourage improved performance. We will be monitoring this measure very closely this year to see if the incentive increases performance in this area. We will also analyze the changes that the case management organizations implement to improve performance to determine if the same strategies can be used in other areas.

There are three regular reports that provide data to key parties:

1) The System of Care report includes data on removals, adoptions, placement types and contract performance measures. This is distributed by the CFC CEO to CFC and contracted provider administrative staff, DCF Region and Circuit staff, the local judiciary and the Palm Beach Legislative Delegation.

2) The Unit Data report provides individual unit data on identified areas such as children in out-of-home care and lengths of stay, caseloads, staff turnover and tenure, supervisory reviews, child visits and identification data. The Unit Data report is distributed to Dependency Case Management, the CMO’s Administrative and Quality Management Staff as well as CFC Operations staff.

3) The Board Performance report provides data on the performance on all of the master contract measures. The report is accompanied by a narrative report that explains the performance and provides an update to the Board on the activities of the QA and training departments. The report is prepared by the Director of QA and presented at each Board of Directors meeting.

C. Communicating Results

As noted above, results are communicated in a variety of ways. The leadership of the organization including the Board of Directors, Senior Management and PQI staff members communicates achievements and performance relative to targets to CFC staff and stakeholders. The Monthly Report is distributed to a wide range of stakeholders (DCF, CLS, Community Alliance, Children’s Services Council, Providers, and community advocates). This report is reviewed internally by Senior Management and shared with staff members.

The quarterly case file review reports are reviewed for strengths and opportunities for improvement by the Quality Improvement Committee. Annual data from contract monitoring of our network providers is communicated to staff through internal contract trackers, Senior Management and Middle Management Meetings, and “All Staff” meetings.

D. Using Data for Implementing Improvement

CFC’s Training Department is overseen by the Director of Quality Assurance and Training. This reporting structure helps ensure that results of the PQI process are communicated to the training staff and that identified training needs are incorporated into the development of pre-service, in-service and foster parent / adoptive parent training for the network.
Communication between QA and Training departments is supported through weekly meetings of the Director of QA and Training, the QA coordinator, Training coordinator and MIS analyst.

In FY 09-10 the QA department identified a significant need to improve in obtaining the Indian Child Welfare Act documentation for each child. This issue was brought to the attention of the training department and training was held for all case managers in April 2009. Following the initial training the topic was added to the system of care portion of each pre-service class. The QA case file reviews started showing a significant improvement. FY 09-10 finalized with 28% of the files containing the correct documentation even though the last quarter of reviews had improved to 46%. FY 10-11 again showed a dramatic improvement finalizing with 87% of the cases reviewed containing the correct documentation.

E. Assessment of the effectiveness of the PQI process

CFC’s PQI process allows for continual internal assessment. The QA department’s review of the Adoption Subsidy files resulted in identifying significant need for change to the department. The requirements for the position have been increased to adequately address the needs of the program and the resulting outcomes have shown significant improvement as well.

Another example of the effectiveness of the internal PQI is the timely scheduling of EPSDT’s upon a child’s entry into out-of-home care. There were several external factors including the date CFC was notified of the removal, considered in the review process. The review showed that even with external factors considered there were internal changes that needed to occur. As a result, a position was created to schedule the appointment and act as a liaison to address any Medicaid issues. A review of the process since the change has shown that the internal changes have made a positive impact, however, external issues are still affecting the process.

Examples of the effectiveness of the external PQI process include several examples of providers that have been identified as performing below expectations. In the last two fiscal years there have been numerous corrective action plans that have been issued, monitored and resolved due to increased performance. CFC has also used an RFP process to bring in new providers for concerning program areas such as Independent Living. CFC brought on a new provider for Independent Living in FY 09-10 and although there has been a learning curve to overcome, the IL services have improved.

CFC will continue to assess the effectiveness of the PQI process as part of an effort to continually improve the quality of services and service delivery to the children and families we serve.