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I. Introduction

ChildNet has been Broward County’s only Community Based Care lead agency since the local privatization of foster care and related services began in 2002. At that time, Broward was faced with a child welfare system in profound disarray. Multiple grand juries, media reports and lawsuits all described a chaotic and fragmented system that too often placed children at significant risk. It was the ardent hope of local stakeholders that the transition to Community Based Care might lead to a transformation of that system. To a great extent, it has. Today there are far fewer children in the local dependency system. The stays of those that do enter are substantially safer and more stable. Their stays are also significantly shorter and they, and their caregivers, receive more and better supports and services.

Making these improvements, sustaining them, and extending them requires thorough and intelligent attention to system performance and its continual improvement. This document describes ChildNet’s past, current and future commitment to and execution of that absolutely essential endeavor. ChildNet’s Quality and Performance Improvement (QPI) Plan describes the agency’s ongoing system wide efforts to continuously improve, learn and strive for excellence in the provision of services to the children and families under ChildNet’s care and supervision. The plan is designed to be reviewed on an ongoing basis and updated when needed, but no less than annually.

A. Organization’s Philosophy of Performance and Quality Improvement

ChildNet promotes a culture of excellence and continuous improvement through a broad-based, organization-wide Quality and Performance Improvement process inclusive of all staff members and stakeholders, as a vital and necessary management tool. The leadership of ChildNet values service quality and ongoing efforts by the agency as well as our community partners and contractors to achieve strong performance, program goals, and positive results for the children and families we serve. ChildNet previously consolidated all of the service centers into one site to improve accountability, accessibility, and communication. Quality and Performance Improvement takes into account each different area within the agency and all children and families served. Furthermore ChildNet continues to be a state-wide leader in the use of data to highlight success and positive outcomes to service recipients as well as areas needing improvement.

The purpose of Quality and Performance Improvement

- Assign responsibility for implementation and coordination of Continuous Quality Improvement (CQI) activities and technical assistance.
- Set forth the purpose and scope of CQI activities.
- Establish periodic review of service delivery process in accordance with the DCF Quality Management Plan with quarterly in-depth reviews as well as case file reviews.
- Continue periodic review of organizational and management processes including the effectiveness of policies and procedures, typically quarterly.
• Outline the methods and timeframes for quarterly as well as ongoing monitoring.
• Define the methods for reporting findings of the monitoring.
• Review progress for all services provided by ChildNet as well as our contracted providers.
• Support progress toward achieving short term and long range goals related to contract performance measures, internal targets, and service recipient outcomes.

Executive Level Endorsement
The Board of Directors, along with the Chief Executive Officer (CEO), sets forth quality expectations of excellence and has developed an agency-wide three year Strategic Plan. The strategic plan outlines the agency’s goals and targets on contracted performance measures, as well as the agency’s own improvement efforts. The Board of Directors maintains a sub-committee, the Program Quality Committee, which reviews agency policy and procedure and progress on meeting agency performance measures. The Program Quality Committee reports to the full Board of Directors at each Board meeting.

The CEO promotes a culture within the agency that facilitates excellence and continual improvement. ChildNet allocates sufficient resources to lead and facilitate the collection and analysis of data. ChildNet created internal dashboard portfolios that not only show the agency’s performance on contracted performance measures, but is a tool to help Child Advocates (case workers) and Supervisors with their every-day duties. As Child Advocate home visits with children is a vital component of case management, the dashboard tracks such visitation and clearly displays, by service unit, those Child Advocates who have completed visits with all of their children and those with visits due through a color coded system. The dashboard also displays, by service center, service unit, and Child Advocate, the location of the assigned children. This tool helps case workers plan visits more efficiently. Below is an example of the home page of the dashboard.
In addition, the workbenches have been developed to assist Child Advocates and Supervisors in the management of their assigned cases. The constructive use of data is used to promote high learning. The Child Advocate workbench shows, at a glance, the caseload and other important items such as safety alerts for placement, medications, and visits due. A representation of the Child Advocate workbench demonstration is shown below.

The Child Advocate Workbench

The Supervisor workbench shows supervisory reviews due in addition to the Child Advocate information. This workbench also ranks for each unit based performance over time on six items displayed on the dashboard (visits, consents for medications, photographs, fingerprints, birth verifications, and completion of supervisory reviews). A representation of the Supervisor workbench demonstration is shown below.

The Supervisor Workbench Homepage
Unit Page
The Board of Directors and CEO enable a wide range of managers and staff to be involved in quality and performance improvement through the creation of a Quality and Performance Improvement (QPI) workgroup comprised of Continuous Quality Improvement (CQI) staff, directors, and supervisors within the agency. Examples of those participating include Directors of CQI, Contracts and Licensing, Finance, and Professional Development, Vice President of Client Services, Child Advocate Supervisor, and Assistant General Counsel. In addition, to promote high-learning and high-performance, staff members from all areas of the organization participate in training and projects for Lean Six Sigma. The agency sponsors white, yellow, and green belt Six Sigma training to ensure all staff members are exposed to quality improvement processes. In addition to the QPI workgroup, a smaller sub-workgroup was convened to complete the actual work for presentation to the large group.

Achievements relative to desired outcomes, indicators, and targets are communicated to staff members and stakeholders by the agency's leadership including the Board of Directors and management.

In addition to the annual 'scorecard' created to show ChildNet’s progress on performance, progress is presented to stakeholders and interested parties on a monthly basis. This Monthly Report contains progress on internal measures as well as the contracted performance measures, and is distributed by senior management along with an email that explains progress as well as challenges encountered during the prior month. Furthermore, ChildNet hosts a quarterly performance presentation with our partners, the Broward Sheriff’s Office of Child Protective Investigation services (BSO) and the Office of the Attorney General Children’s Legal Services (OAG). Data is presented by each partner on key performance measures related to child welfare in Broward County. Examples of the data presented include:

- **BSO**
  - Number of Abuse Reports Investigated
  - Percent of children victims seen in 24 hours
  - Number of children removed from their parents
  - Percent of investigations closed timely

- **OAG**
  - Percent of Case Plans filed timely
  - Percent of Judicial Reviews filed timely
  - Percent of Permanency Hearing held timely
  - Percent of petition of termination of parental rights filed timely

- **ChildNet**
  - DCF Contract Outcome Measure Performance
  - FY Census changes
  - FY Placement changes

**Senior Management**
The Continuous Quality Improvement (CQI) Department within the agency works very closely with senior management to ensure that agency staff members are working towards meeting expectations set forth in the agency-wide strategic plan, in a
supportive manner which allays concerns about possible repercussions of identifying areas in need of improvement. Data from performance measures is analyzed down to the unit and case levels to determine the root causes for any areas requiring improvement. Senior Management is working to improve service delivery by adjusting processes that minimizes staff changes at key junctures of cases and maximizes the movement of cases through the system of care in order to achieve a safe and expeditious permanent placement for children.

Developing a cost effective client satisfaction process is crucial to the agency’s Quality and Performance Improvement plan. ChildNet administered surveys for key stakeholders which were used in the development of the Strategic Plan. Additional satisfaction surveys have been administered on an ongoing basis with our community partners and service recipients. These surveys were designed to capture satisfaction levels from our providers, caregivers, parents, and children served. Each survey contains a section to identify how ChildNet can improve in order to develop client and stakeholder outcomes. The results of the surveys are analyzed at least annually as part of the Quality and Performance Improvement Workgroup.

Senior Management recognizes the great work performed by Client Services related to the contract performance measures. Congratulatory communications are distributed regarding staff members that were able to reunify children with their families each quarter. In addition, the level of performance of each service unit on key measures is displayed on the dashboard. Each unit is ranked according to performance creating friendly competition among the supervisors (See the screen print of the Supervisor Workbench portfolio above). Furthermore, video monitors were installed in work areas throughout the organization’s headquarters that display performance measures, tips of the day and news about staff and agency initiatives, achievements and awards. Furthermore, a program was implemented to encourage participation of all staff in improvement efforts. Individuals Driven to Empower and Achieve Solutions (IDEAS) is based on a program used by Mitsubishi.

B. PQI Structure

The organization of ChildNet’s Quality and Performance Improvement process surrounds and supports the service recipient at the center. The process includes our local community, network providers, Board of Directors, Senior Management, Workgroups, Caregivers and our Improvement cycle, all surrounded by Quality and Performance Improvement, holding everything in place. Quality and Performance Improvement is the ‘glue’ that holds it all together, while supporting the agency and service recipients.
The ChildNet committee structure consists of Board of Directors Committees

- Program Quality
- Governance
- Finance
- Audit
- Public Relations and Marketing
- Legislative
- Fundraising

ChildNet committees and workgroups include:

- Results Action Team
- Policy and Procedure
- Quality and Performance Improvement
- Management and Operations Performance
- Risk Management
- Client Services
- Finance
- Safety Committee
- Network Development
- Training

The function of the committees related to Quality and Performance Improvement are detailed below.

**The Program Quality Committee** of the Board of Directors includes selected Board members with assistance from ChildNet staff members from CQI and Legal Services. The team reviews policy and procedures and general program performance. This Board Subcommittee reports to the full Board.
The Results Action Team is made up of ChildNet staff members from each area within the agency in order to maintain the accreditation process and work towards identification of improvement activities based on the need of the agency. 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 and procedures are presented to the Program Quality Subcommittee of the Board of Directors.

The Quality and Performance Improvement Committee is comprised of all of the staff members from the Continuous Quality Improvement team of ChildNet with representation from all areas of the agency including Senior Management, Finance, Talent Management (Human Resources), Network Development, Professional Development, and Client Services. In addition to the committee, a smaller workgroup was established from committee members to meet more frequently in order to “complete the work.” CQI team members are also participants in the Client Services, Finance, Risk Management, Training, Talent Management, and Network Development meetings in order to ensure that all areas of the organization are included in performance improvement activities. The Quality and Performance Improvement committee has members from each of the other agency committees in order to ensure the information is shared at one centralized location. The work of this committee is designed to flow into the review of the strategic plan, organizational and staff training, as well as reporting quality assurance findings to senior management and stakeholders.

The Management and Operations Performance Workgroup is a new group created to review policies and procedures throughout the agency for compliance. The group is comprised of representatives from CQI, Legal Services, and Talent Management. The reviews are planned to begin quarterly with reports completed each year in May.

The Risk Management Committee is chaired by ChildNet’s General Counsel and includes representation from each area within ChildNet and a representative from our insurance carrier. This committee reviews items related to risk such as incidents, accidents, grievances, exit interviews and institutional abuse reports related to our service providers. Information from this group is shared with other workgroups, including the Quality and Performance Improvement committee.

The Client Services Committee is currently working on the accreditation process for the four service standards for which we are seeking accreditation. One Quality Advisor is included in the group to be able to facilitate communication with the Quality and Performance Improvement committee. This group is comprised mainly of Client Services staff members. The group will also monitor progress on the agency’s Strategic Plan.
The Finance Committee is comprised of staff members from Finance, Talent Management, and includes one Quality Advisor in order to facilitate communication between the groups. The group is working towards accreditation and monitoring progress toward the Finance strategic plan and the agency’s Strategic Plan.

The Safety Committee is comprised of staff members representing different areas within the agency and is chaired by staff in the agency’s legal department and Talent Management. This group meets at least quarterly and reports to the Risk Management Committee.

The Network Development Committee consists of the Vice President of Network Development, the Director of Contracts and Licensing and the Director of Service Coordination. Annually they describe departmental strategic goals and objectives and during a regularly scheduled monthly meeting they review progress on their attainment. The actual goals and objectives are very clearly presented in substantial detail in the agency’s Strategic Plan. The development of these goals and the tracking of their progress are based on consideration of input from a variety of different sources. These include regularly convened monthly meetings of subcontracted program supervisors and directors, quarterly meetings of subcontractor Chief Executive Officers and Executive Directors and annual meetings with ChildNet Client Services staff and administrators. They also rely on consideration of a variety of data including subcontractor outcome, utilization and monitoring reports and satisfaction surveys. Interaction with other committees and teams includes consistent receipt of contract monitoring and site visit reports from the CQI Department, sharing of utilization reports and budget updates with the Finance Department and the ad hoc convening of meetings with these departments and Client Services as joint interdepartmental issues and objectives are identified.

The Training Committee is comprised of staff members from Professional Development, CQI, Client Services and Talent Management in order to facilitate communication between the groups. The group is working towards the redesign of training resulting from new state-wide legislation.

This committee/workgroup structure enables all areas within the agency to participate and be integrated into quality and performance improvement. A review of the Continuous Quality Improvement process is part the ChildNet new hire agency overview. In addition, CQI staff members participate in each committee and attend individual department staff meetings in order to include front line staff in the process. Each manager includes CQI in relevant short and long term goals and work plans and all include CQI as a standing item on meeting agendas. All quality assurance and data reports are presented through the Quality and Performance Improvement committee. Through this committee, any projects for performance improvement are determined and surveys are coordinated. Incident reporting is also shared with the Risk Management Committee.
The Director of Continuous Quality Improvement is charged with the task of ensuring ongoing implementation and coordination of quality and performance improvement activities. The entire CQI 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 CQI 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 including management and the Child Advocates. Each receives specialized ongoing training related to quality improvement, best practices, and others as appropriate. The organization of the team is as follows:

**Steps in the Improvement Process**

After an investment in Six Sigma White Belt for all staff and Yellow and Green Belt Certification for Senior Management, Directors, select Supervisors, CQI staff, and other workers, DMAIC model is used to show the steps in the improvement process.
ChildNet Quality and Performance Improvement Plan
For Fiscal Year 2011-2012

Define: Select an appropriate project, define the project in terms of service recipient demands, and create a plan to correct it.

Measure: Gain information about process performance and collect data.

Analyze: Analyze the causes of the problems and verify the suspected root causes.

Improve: Identify ways of reducing defects and variation and pilot selected actions while evaluating measurable improvements.

Control: Develop a control plan, implement the improvements, determine if the change was an improvement, control the process to ensure continued and measured improved performance, determine if improvements can be transferred elsewhere, identify lessons learned, and close the project.

Quarterly Case File Reviews
ChildNet conducts quarterly case file reviews for each of the four services directly provided by the agency: Foster Care, Adoptions, Independent Living, and Kinship Care. In order to ensure consistency, clarity, quality and continuity of the documentation, these reviews are all completed using a review instrument base on accreditation standards. Each staff member participating in the quarterly reviews have been trained on the tool by CQI staff. Along with the quarterly case file reviews, ChildNet participates in quarterly in-depth reviews with DCF using a very thorough and qualitative model.

Reviews with DCF: The DCF Quality Management model incorporates the Quality Services Review (QSR) process to conduct six (6) in-depth reviews per quarter. This is a nationally recognized process that encompasses a brief file review, and then interviews with all of the case participants. The interviews are scheduled by the Child Advocate to ensure that all parties are aware of the interviews as well as the reason for them. The interviews are generally scheduled over a two (2) day period with as many face-to-face as possible, particularly the child and caregiver.
The first interview is generally the Child Advocate and supervisor. During this interview, the reviewers can clarify any information seen in the file. After completion of all of the interviews, the reviewers hold another meeting with the Child Advocate and Supervisor to debrief the case. It is important to note that the reviewers are gathering information, not sharing between the different interviewees. The results are scored based on the QSR protocol and a story of the child is written. The stories are presented to the Quality and Performance Improvement Committee and workgroup as well as sent to DCF.

Annually, a third party will evaluate the agency’s Quality Management process beginning after July 1, 2012. This evaluation will be presented to the local Community Alliance, the Children and Families Leadership Association, as well as DCF. A System Improvement Plan will be developed based on the findings of the reviews and the third party evaluation. DCF will conduct the training for all staff conducting the reviews on the QSR protocol with the requirement that all new Quality Management staff members be trained before leading a review. The QSR protocol provides opportunity for others in the agency or stakeholders outside of the agency to shadow the review process. Further reviews with DCF include the review of children with the permanency goal of APPLA. These reviews are part of the state’s Performance Improvement Plan resulting from the last Child and Family Services review conducted by the Administration for Children and Families. DCF directs how many files to be reviewed each quarter.

**ChildNet Services Reviews:** Trained ChildNet staff members will conduct additional quarterly reviews using the review instrument based on accreditation standards for each service. The reviewers will come from CQI, Client Services, and other areas as training is conducted. These reviews will also be entered into a spreadsheet while a web-based tool is being designed and constructed. The number of cases selected for review is a statistically significant sample based on the number of children served in the prior year for each service. New this year, a review of cases as they close will be piloted along with a randomly selected sample of open cases.

In an effort to include a peer review component of the quarterly case file reviews, several Client Services staff members will be trained in order to participate in the quarterly reviews on a rotating basis. No Client Services staff will review a file from their own service unit, or if a Director, under their supervision.

The CQI team is charged with writing quarterly reports showing the findings of the reviews overall and by service recipient outcome, and service. The reports are very detailed, contain aggregate data, and are made available to a wide audience of stakeholders. The reports are completed within 30 days from the completion of the In-Depth case review and are reviewed by the Quality and Performance Improvement committee to determine if improvement activities are needed and develop any improvement plans or recommend training.

In addition to the quarterly quality assurance case reviews, Child Advocate Supervisors are required to complete quarterly supervisory reviews on each case. All supervisors were trained on the DCF Mentoring and Modeling Guidelines for supervisory reviews.
Compliance with this is tracked on the Supervisor Workbench dashboard portfolio and measured during the quarterly quality assurance case file reviews.

**Executive Management and Region Discretionary Reviews:** ChildNet will work in collaboration with DCF regarding requests for discretionary reviews. The Director of Continuous Quality Improvement is the point of contact for additional reviews who will delegate to the appropriate party and track for the completion of the project. The Director of Continuous Quality Improvement will report back to DCF as appropriate. A review of disabled youth is currently projected for the beginning of the fiscal year.

**Local Review Schedule:** The Quality Assurance Review Schedule for contract year 2011-2012 is shown below (subject to change):

<table>
<thead>
<tr>
<th>Type</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>COA Services and APPLA</td>
<td>Aug 1 – Sept 30</td>
<td>Nov 1 – Dec 31</td>
<td>Feb 1 – Mar 31</td>
<td>May 1 – Jun 30</td>
</tr>
<tr>
<td>Closed</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

**C. Stakeholders**

The Children and Families Leadership Association (CFLA) is the local community alliance in Broward County defined by Florida Statute to oversee the provision of local child welfare services. CFLA works with the local Children’s Services Council, DCF, ChildNet and other community partners to develop the service approach and philosophy for Broward County.

Stakeholder participation in the development of performance improvement goals, client outcomes, and indicators is encouraged in a variety of ways. ChildNet hosts meetings with stakeholders to review progress and address concerns. These meetings include a meeting of all of the Chief Executive Officers (CEOs) of our contracted providers, Foster Parent Association meetings, and quarterly meetings with provider staff.

In addition, ChildNet administered surveys related to our system of care in the development of our Strategic Plan. From this, measures were included in the three (3) year Strategic Plan. Furthermore, satisfaction surveys have been developed for at least annual administration to expand the information received from stakeholders and receive feedback on strengths and areas for improvement for ChildNet, which strengthen client outcomes. Focus groups may be scheduled to further include stakeholder groups.

Stakeholders 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
Funding entities, such as the Department of Children and Families, the United Way, and the Children’s Services Council
Community Partners, such as the Broward Sheriff’s Office, the School Board, and the Office of the Attorney General
Child and Community Advocates
Children and Families Leadership Association (CFLA)
Contracted and non contracted providers of services
Foster parents
Adoptive parents

ChildNet developed a mechanism to facilitate the sharing of performance reporting and data for all stakeholders. As noted above, a Monthly Report outlining ChildNet’s performance on contracted targets is distributed to a large listing of external stakeholders. Feedback is requested from all stakeholders upon the release of each report regarding strengths, areas of positive practice, as well areas needing improvement. ChildNet includes quarterly monitoring reports on the internal dashboard and on the agency’s public website for all to see for the upcoming contract year. These reports identify strengths as well as improvement areas for ChildNet and progress from prior reviews. Any feedback received will be reviewed by the Director of Continuous Quality Improvement, Senior Management, and the Quality and Performance Improvement committee, depending on the complexity of the suggestions.

A stakeholder packet describing ChildNet’s Quality and Performance Improvement philosophy and structure, definition of stakeholders and how they are involved in the process, and a brief description of what we measure has been developed and posted on the ChildNet website. In addition, a one page flyer with the same information was developed for service recipients for ongoing distribution.

II. Measures and Outcomes

ChildNet has developed both long range and short term outcomes based on contracted performance measures, internal measures, and stakeholder surveys. The first round of surveys was used to develop the agency’s Strategic Plan which includes measures for each area of ChildNet. An expansion of the surveys will be used to develop both short-term outcomes for service recipients as well as review progress toward measures in the strategic plan. Surveys were administered after the reorganization of Client Services and processes have been implemented for continual administration. The agency reports performance on the following measures:

A. Long-term Strategic Goals and Objectives

ChildNet developed a long range Strategic Plan that identified 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. As a result of meeting its goals and objectives, ChildNet strives to be the model in the state in providing safety, permanence, and well-being for our service recipients. 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 Strategic Plan contains each of the contracted performance measures as well as measures for each area within ChildNet including long range network goals and objectives. Please see the ChildNet Strategic Plan for the complete listing. The Senior Management team has set aside dedicated time each quarter to review the progress made on the strategic plan targets.

In three years, ChildNet expects to 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 ChildNet exceeding the goal of 50% less children in care. Please see ChildNet’s Strategic Plan for a full listing of goals and objectives for the next three years.

B. Management / Operational Performance

ChildNet is committed to reviewing organizational and management performance. ChildNet created a team of CQI, Legal Services, and Talent Management to select policies and procedures on a quarterly basis to report to the Board of Directors each May. These include policies and procedures related to Client Services, Finance, Talent Management, Risk, and Network Development. The policies and procedures will be selected for review based on need or randomly and may be reviewed by a third party. A review tool was created along with a written protocol that was approved by the Board of Directors. Findings from the reviews are presented to the Quality and Performance Improvement workgroup and others as determined by senior management. Improvement plans are to be developed as appropriate.

C. Program Results / Service Delivery Quality

Program results and service delivery quality are measured as part of our contract performance measures which are outlined in our contract with DCF. These measures are listed below and include safety, permanence, 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, ChildNet identified other measures important to track and report on a monthly basis. These are related to results of internal programmatic improvement efforts and the agency’s Strategic Plan.

Contract Performance Measures

- 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%
• The percentage of children reunified who were reunited within twelve months of the latest removal shall be at least 75%
• The percentage of children reunified who re-entered out-of-home care within twelve months shall not exceed 9.9%
• The percentage of children who were adopted who were adopted within 24 months of the latest removal shall be 36.6%
• The percentage of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30 shall be at least 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%
• The number of children with finalized adoptions between July 1, 2011 and June 30, 2012 target has not yet been set.
• The percentage of children under supervision who are required to be seen every 30 days, who are seen every 30 days shall 99.5%

New Independent Living Measures for which the Department is determining baseline data include:
• Percent of youth who have aged out of care completing high school or GED by 20 years of age.
• Percent of youth who have completed high school or GED and are involved in post secondary education.
• Percent of youth ages 18 and over receiving Independent Living services who have a job (including joining the military).
• Percent of young adults in safe housing.
• Percent of 17 year old youth in licensed out-of-home care who had a transition plan signed by the youth and filed with the court.

Additional Internal Measures
• The reduction of the number of children in out of home care by 50% by 2012 (which began December 31, 2006).
• The number of children entering the system of care monthly.
• The number of children in each of the following placements on the last day of each month:
  o Foster Homes
  o Group Homes
  o Shelter Care
  o Relative Caregiver
  o Non-relative Caregiver
  o Adoptive Homes
  o Agency for Persons with Disabilities homes
• The percentage of children reunified within twelve (12) months of entering out-of-home care (Six Sigma Project), with a target of reaching 70%.
The data for the above measures comes from two main sources. The first is the Florida Statewide Automated Child Welfare Information System, known as the Florida Safe Families Network (FSFN), and the second is from DCF through their portal system. The reports are available either monthly or quarterly depending on the source. The data is reported in the Monthly Report and distributed to a wide range of stakeholders.

D. Client and Program Outcomes

In order to improve performance on service recipient outcomes, the system of care within ChildNet completed a reorganization to align case work with the child’s permanency goal. In addition to the above measures, Client services staff have developed the following measures to track performance under the revised system of care. These measures include many processes that reflect or facilitate the achievement of safety, permanence and well-being by the children and families we serve.

Client Services Measures

- Courtesy Supervision
  - The percentage of home study requests completed within 30 days shall be 90%.
  - The percentage of home study requests completed within 60 days shall be 100%.
  - The percentage of Supervisor Reviews completed quarterly shall be 95%.
  - The percentage of Supervisor Reviews completed monthly for children currently prescribed psychotropic medications shall be 100%.
  - The percentage of Parental Consent or court order obtained on all children currently prescribed psychotropic medications shall be 100% (as required by primary state).

- In-Home Supervision
  - The percentage of In-Home children who entered out-of-home care, resulting in their first removal episode shall not exceed 8% (baseline year).
  - The percent of children under in-home supervision who are not maltreated by their biological parents shall be at least 98%.
  - The percentage of PAD/Re-Open cases closed within ten (10) months of removal shall be 95%.
  - The percentage of Voluntary Protective Supervision (VPS) cases closed within six (6) months shall be 98%.
  - The percentage of Supervisor Reviews completed quarterly shall be 95%.
  - The percentage of Family Assessments completed every six months shall be 95%.
  - The percentage of visits between the Child Advocate and the Parent/Caregiver completed every 30 days shall be 90%.

- Reunification Services
  - The percentage of children entering out-of-home care who were reunified within 12 months of the latest removal shall be at least 70%.
  - The percentage of children serviced Post Placement who are not maltreated by their biological parent shall be at least 97%.
Among children residing in the home of either a biological parent, relative, or non-relative 12 months or longer on June 30, 90% of the children’s cases shall be closed within 120 days or staffed for permanency options if not closed.

- The percentage of Supervisory Reviews completed quarterly shall be 95%.
- The percentage of Supervisory Reviews completed monthly on any child currently prescribed psychotropic medications shall be 100%.
- The percentage of Parental Consents or Court Orders obtained on all children currently prescribed psychotropic medications shall be 100%.
- The percentage of children under supervision who have had an annual health checkup shall be 100%.
- The percentage of children under supervision who have had a bi-annual dental shall be 100%.
- The percentage of Family Assessments completed every six months shall be 95%.
- The percent of Normalcy Plans completed every three (3) months shall be 98%.
- The percent of Independent Living Staffings conducted on their scheduled due date shall be at least 95%.
- The percent of Ansel Casey Assessments conducted on their scheduled date shall be at least 95%.
- The percent of 17 year old youth in licensed out-of-home care who had a transition plan signed by the youth and filed with the court will be set as a base line.

### Permanency and Adoption Services
- The percentage of Supervisor Reviews completed quarterly shall be 95%.
- The percentage of Supervisor Reviews completed monthly on any child currently prescribed psychotropic medications shall be 100%.
- The percentage of Parental Consent or Court Order obtained on all children currently prescribed psychotropic medications shall be 100%.
- The percentage of children under supervision who have had an annual medical checkup shall be 100%.
- The percentage of children under supervision who have had a bi-annual dental exam shall be 100%.
- The percentage of Family Assessments completed every six months shall be 95%.
- The percentage of adoption packets provided to prospective adoptive parents for children in identified placements within 45 days from the date the court accepts the goal of adoption shall be 100%.
- Percentage of Normalcy Plans completed every three (3) months shall be 98%.
- The percentage of Independent Living Staffings conducted on their scheduled due date shall be at least 95%.
The percentage of Ansel Casey assessments conducted on their scheduled due date shall be at least 95%.

The percentage of visits between the Child Advocate and the parent/caregiver removed from completed every 30 days shall be 90% if the child’s permanency goal is reunification.

- **Children with Extraordinary Needs (CEN)**
  - The percentage of Supervisor Reviews completed Quarterly shall be 95%
  - The percentage of Supervisory Reviews completed monthly on any child currently prescribed psychotropic medications shall be 100%.
  - The percentage of parental consents or court orders obtained for all children currently prescribed psychotropic medications shall be 100%.
  - The percentage of children under supervision who had an annual medical checkup shall be 100%.
  - The percentage of children under supervision who have had a bi-annual dental check up shall be 100%.
  - The percentage of family assessments completed every six (6) months shall be 95%.
  - The percentage of visits between the Child Advocate and the parent/caregiver removed from every 30 days shall be 90% if the child’s permanency goal is reunification.
  - The percentage of Normalcy Plans completed every three (3) months shall be 98%.
  - The percentage of children entering out-of-home care who were reunified within 12 months of the latest removal shall be at least 70% as applicable.
  - The percentage of independent living staffings conducted on their scheduled due date shall be at least 95%
  - The percentage of Ansel Casey Assessments conducted on their scheduled due date shall be at least 95%
  - The percentage of children served in post placement supervision who are not maltreated by their biological parent shall be at least 97%.
  - Decrease the number of DJJ referrals to an average of one per child.
  - Decrease the number of Placement Disruptions to an average of two per child.
  - Decrease the number of Runaway Episodes to an average of five per child.
  - Decrease the total number of Baker Acts for unit to ten per unit.
  - The percentage of youth who have completed high school or GED and are involved in secondary education will be set as a baseline.
  - The percentage of 17 year old youth in licensed out-of-home care who had a transition plan signed by the youth and filed with the court shall be set as a baseline.

- **Support Services**
  - Transportation Coordinators
    - The percentage of completed Inspection Reports submitted monthly by the fifth of the month shall be at least 100%.
The percentage of damage to any vehicle reported within 24 hours shall be at least 100%.

- Medical Coordinators
  - The percentage of children who are removed and placed in licensed care receive a Child Health Checkup within 72 hours of removal shall be at least 100%.
  - The percentage of children who are removed and placed in non-licensed care (relatives and non-relatives) receive a Child Health Checkup within 72 hours of removal shall be at least 90%.
  - The percentage of children who are removed and placed in licensed care receive a Child Health Checkup within five (5) days of removal shall be at least 100%.
  - The percentage of children who are removed and placed in non-licensed care (relatives and non-relatives) receive a Child Health Checkup within five (5) of removal shall be at least 100%.

- Intake and Placement Services
  - The percentage of children placed within eight hours of arriving at SafePlace shall be 80%.
  - The percentage of children placed within 23 hours of arriving at SafePlace shall be 95%.
  - The percentage of children ages five and under not placed in a shelter shall be 98%.
  - The percentage of children initially removed placed with a non-custodial parent; relative or non-relative shall be 60% (baseline is currently 36%).
  - The percentage of children removed placed in the same placement with all siblings shall be 75%.

**Network Measures**

The Network Development section of ChildNet created outcome measures for each contract in concert with each network providers based on ChildNet’s performance measures with DCF. These are our broad Network performance measures. The outcome measures are reported quarterly, validated by the ChildNet Contract Specialist during quarterly site visits and the periodic contract monitoring conducted by the CQI staff. An annual report of findings from the monitoring is conducted and reported to the Quality and Performance Improvement team, client services staff, and network development staff. Please refer to the ChildNet Contract Monitoring policy and procedure for a full description of the monitoring process.

Further monitoring is conducted at the Contract Specialist level such as the accuracy of invoices, timeliness of paying invoices, submission of required documents, and other day-to-day activities.

**III. PQI Operational Procedures**
In practice, the Quality and Performance Improvement processes have been strengthened as a result of obtaining national accreditation. The process includes the above endeavors, such as the file reviews, analyzing data reports, producing monthly performance reports, and chairing meetings, to identify strengths and areas for improvement. Communication has been strengthened through the committee structure, as described above. Please see the QPI Operational Procedures Worksheet for more detail on selected processes.

A. Data Collection and Aggregation

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

- Quarterly case record reviews
- Risk management data (quarterly review of incidents, accidents, and grievances)
- Client and stakeholder satisfaction surveys
- Internal staff surveys
- Client outcome data
- Performance measures
- Internal measures
- External monitoring reports
  - DCF licensing
  - DCF Contract Oversight
  - Federal and State requirements
  - Third party evaluations
- Management and Operation Performance

The data from the above is reviewed, integrated, and analyzed as necessary by CQI staff members and presented to the Quality and Performance workgroup. After this first review by the smaller group, additional work may be required before presentation to the full QPI Committee. As there are representatives from each department in the QPI committee, this information is shared with those in positions to make corrections recommended in the reports including developing any needed training for Client Service staff members.

Data reports are presented at the Committee meetings furthermore, ChildNet developed a repository of reports with links from the internal dashboard and external website. After the completion of the client satisfaction surveys, a handout was created showing the findings of the surveys as well as what actions were taken as a result. These handouts are available in our lobby as well as available for Child Advocates to bring to families during in-home visits.

B. Data Review and Analysis

The ChildNet CQI team is responsible for analyzing the data related to performance measures, internal measures, case record reviews, and contract monitoring. 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. A monthly report of the data is distributed with the trends and patterns over the current and past contract year. CQI further analyzes the data related to selected measures to identify the reason for each case not meeting targets. This data is aggregated quarterly and presented to the QPI Committee, Senior Management, and at “All Staff” meetings.

The QPI process has been effective in identifying areas for improvement and testing for the effectiveness of the improvement actions taken, modifies improvement efforts as needed, and keeps staff members informed throughout the process. In our contract with DCF, 95.5% of the children that can be seen are required to be seen every thirty (30) days. ChildNet struggled with reaching the target with performance ranging from 96.74% to 98.93% and everywhere in between. This was identified in reports related to our progress on contracted measures. Several interventions were created beginning with the distribution of a daily listing of children sorted by the time elapsed since the last documented visit to supplement the automated daily email sent with visits due in the next ten (10) days. Also developed was a dashboard portfolio that shows a color coded depiction of a Child Advocate’s caseload of children with various indicators including whether or not they have a visit due. In addition analysis demonstrated that the largest reason for the instances of non compliance was not that the children were not seen timely, however; that the visit documentation was not being entered timely into FSFN. A remote data capture application was developed for the Child Advocates to capture the visit on their telephones with the visit note being directly pushed into FSFN upon submitting from the telephone. Furthermore, the location of the visit is saved automatically to validate the visits. After interventions were implemented beginning in January 2011, performance improved and variation was reduced, with ranges now of 98.84 to achieving the target of 99.5% for the last month of the fiscal year. See chart below for 10/11 performance.

![Measure 8: ChildNet Contract Compliance for Children Seen Every 30 Days](chart.png)
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 CQI staff members communicates achievements relative to performance against targets to ChildNet staff and stakeholders. The Monthly Report is distributed to a wide range of stakeholders (DCF, OAG, BSO, Providers, and community advocates). This report is reviewed internally by Senior Management and the QPI Committee and shared with staff members through television monitors in workstation areas.

The quarterly case file review reports are currently reviewed for strengths and opportunities for improvement by the QPI committee. ChildNet created a repository for these internal as well as external monitoring reports with links from our dashboards and website.

Annual data from contract monitoring of our network providers is communicated to staff through the QPI Committee, Directors’ Meetings, and “All Staff” meetings. ChildNet makes this information available to stakeholders through a repository with links from our dashboard and website, and through aggregated data presented on the ChildNet website.

A one-page flyer was created last year to share information with service recipients. This flyer is updated after the annual stakeholder surveys and includes the agency’s philosophy on quality management, performance on measures, and results of the satisfaction surveys. The flyers are distributed to service recipients by the Child Advocates and are posted on the public website.

D. Using Data for Implementing Improvement

Another example of the QPI system in action is the performance related supervisors. A supervisor workbench was developed last year and supervisors are rated on six (6) factors: visits, parental consent for medications or court order, photographs, fingerprints, birth verifications, and completion of supervisory reviews. The home page of the supervisor workbench, shown below, demonstrates the overall improvement achieved by the supervisors beginning in December 2010. This is due to the enhanced attention devoted to supervision.
In addition to the overall progress of supervisors, the workbench displays how each supervisor has been performing over time as noted in the line graph titled Monthly Unit Performance Trend. This has been an effective tool in performance improvement by stimulating friendly competition among the supervisors.

E. Assessment of the Effectiveness of the PQI Process

The effectiveness of the QPI process at ChildNet is assessed to identify barriers and support implementation through a variety of methods. The first is the Management of Operational Performance group. This group is comprised of staff from CQI, Legal Services, and Talent Management. This group is charged with reviewing policies and procedures on a quarterly basis selected based on need, randomly, or through a third party. Furthermore, the processes are reviewed at least annually by the QPI committee in the creation of the annual QPI plans.

In addition to the internal Management of Operational Performance and QPI committee reviews, the QPI processes are also assessed by DCF or a third party evaluator contracted by DCF. This assessment is part of the Contract Oversight review by DCF which assesses our monitoring of our contracted providers. The case file review process is assessed by a third party who will monitor the agency’s Quality Management program. As noted above the results of the review will be presented to CFLA, and a System Improvement Plan will be developed accordingly.
<table>
<thead>
<tr>
<th>What is being measured?</th>
<th>Why is it being measured?</th>
<th>Indicators and data sources</th>
<th>Who is responsible?</th>
<th>How / Frequency?</th>
<th>Tool / How will data are collected?</th>
<th>How will data be aggregated and reports generated?</th>
<th>In what format?</th>
<th>Who will review and interpret results?</th>
<th>When will results be reviewed and interpreted?</th>
<th>Who will make recommendations and to whom?</th>
<th>When will recommendations be made?</th>
<th>Who will implement / oversee recommended changes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Case Records</td>
<td>To ensure compliance with FAC, Florida Statutes, and Federal requirement</td>
<td>Client records</td>
<td>Director of CQI</td>
<td>Quarterly</td>
<td>DCF QSR tools and the COA case file review tool.</td>
<td>The web-based tool collects and gathers the data for the DCF QSR with a spreadsheet for the COA reviews</td>
<td>The web-based tool collects and gathers the data for the DCF QSR with a spreadsheet for the COA reviews</td>
<td>The Director of CQI will review the reports first, and then they are presented at the QPI Committee. CQI analyzes the results as part of the report.</td>
<td>The QPI committee Chaired by the Director of CQI will make recommendations. Members include Director of Professional Development and VP of Client services</td>
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<td>VP of Client Services will oversee changes.</td>
<td></td>
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<tr>
<td>Performance on Contract and internal measures</td>
<td>To ensure compliance with the DCF Contract</td>
<td>FSFN reports and Federal Measures report by DCF</td>
<td>Director of CQI</td>
<td>Monthly and Quarterly depending on the data</td>
<td>FSFN reports and Federal Measures Reports are reviewed and data analyzed</td>
<td>The data is analyzed in excel and a monthly report is created in word and made pdf for release.</td>
<td>The data is analyzed in excel and a monthly report is created in word and made pdf for release.</td>
<td>The CQI team analyzes and interprets the data monthly and/or quarterly depending on the release of the data.</td>
<td>Recommendations are made by CQI and the QPI committee to Senior Management</td>
<td>Recommendations are made by CQI and the QPI committee to Senior Management</td>
<td>VP of Client Services</td>
<td></td>
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<tr>
<td>Network Provider contract compliance</td>
<td>To ensure services to children and families are provided per contracts.</td>
<td>Quarterly Outcome reports and contract monitoring activities including client and personnel file reviews</td>
<td>Director of Contracts and Licensing as well as the Director of CQI</td>
<td>Quarterly, annually, every other year, or every three years.</td>
<td>Quarterly Outcome Reports, contract monitoring reports</td>
<td>Annual reports on outcomes are completed by Contract Specialists. Quality Advisors conduct the monitoring and data is compiled annually.</td>
<td></td>
<td>The Director of Contracts and Licensing reviews the Outcome data reports. The contract monitoring date is reviewed by the QPI committee, Directors, and at ‘All Staff’ meetings.</td>
<td></td>
<td>Recommendations are made by the Contracts and Licensing Department for itself and providers and by CQI to the Contracts and Licensing Department and providers</td>
<td>The Contract Specialists.</td>
<td></td>
</tr>
<tr>
<td>Management and Operational Performance</td>
<td>To ensure that all policies and procedures are being followed</td>
<td>Depending on policy, may be a file, data report, etc.</td>
<td>Director of CQI</td>
<td>Quarterly</td>
<td>A tool was created in excel to facilitate the reviews</td>
<td>The Director of CQI will aggregate the data and create an annual report.</td>
<td></td>
<td>The data will be interpreted as part of the report and shared with the QPI team and the Program Quality Sub-committee of the BOD.</td>
<td></td>
<td>Recommendations will be made by the QPI group and/ or the Program Quality sub-committee, or even Senior Management</td>
<td>CEO</td>
<td></td>
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