ECKERD COMMUNITY ALTERNATIVES

CBC LEAD AGENCY
SERVING CHILDREN IN PINELLAS AND PASCO COUNTIES

QUALITY MANAGEMENT PLAN
July 1, 2011 - June 30, 2012

~ QUALITY WITHOUT COMPROMISE ~
Overview

This document represents the quality improvement plan for Eckerd Community Alternatives. It outlines the approach utilized by the organization to implement a quality process. Together with a tool kit of supporting and defining documents, this plan comprehensively addresses and supports a culture of quality management throughout the program.

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Introduction

Eckerd Community Alternatives (ECA) is the Lead Community Based Care Agency serving children and families in Pinellas and Pasco Counties (Circuit 6/Suncoast Region). Awarded the Lead Agency contract in 2008, ECA serves as a system administrator ensuring the oversight of the system of care and accountability for improved outcomes for the children and families served. ECA has elected to contract with five case management agencies to work directly with children and families providing prevention, protective supervision, foster care, Independent Living and adoption related services:

- Lutheran Family Services- Pinellas County
- Directions for Mental Health- Pinellas County
- Youth and Family Alternatives- Pasco County
- Camelot Community Care- IL Services for both Pinellas and Pasco Counties

The Department of Children and Families has given a call to action to increase the focus on quality management through implementation of a quality assurance plan that is driven by six guiding principles: “Integrity, Leadership, Transparency, Accountability, Community Partnerships and an Orientation to Action. Eckerd Community Alternatives’ mission, values, approach and philosophy is demonstrative of a sound commitment to child welfare and safety. Understanding that there have been historical challenges around performance outcomes within Circuit 6, as the new Lead Agency, ECA has identified many opportunities for improvement and the ECA QM Plan identifies strategies to continue to improve the quality of services for the children and families of Pinellas and Pasco Counties.

Philosophy (Mission, Vision and Guiding Principles)

Eckerd Community Alternatives is committed to results-oriented performance and will strive to continue to develop an effective system of care that focuses on strong community-based partnerships. As established by the staff and Board of Directors, ECA’s mission, vision, and core value statements reflect an approach that is focused on excellence in service delivery, collaboration in system design, and accountability in meeting performance targets. The mission of ECA stems directly from Eckerd’s mission to Provide and share solutions that promote the well-being of children and families in need of a second chance.

Mission Statement

The mission of Eckerd Community Alternatives is to design, implement, and manage a quality child protection system for the citizens of Pinellas and Pasco Counties. Our agency endeavors to support stabilization of families, restore families when safety concerns necessitate a removal, support caring relatives, connect children with loving homes, and prepare adolescents for adulthood. This mission is driven by our vision of ensuring that each child has the opportunity to
succeed and our belief that all children have the right to grow up safe, healthy, and fulfilled in families that love and nurture them.

ECA is committed to improving the quality of services administered through the child welfare system. The guiding principle of ECA is to develop a system of care that is family-centered, community-based, integrated, outcome oriented, culturally competent, timely, and accountable for results.

Vision Statement

ECA believes that consistent quality outcomes for Pasco and Pinellas children can only be achieved through the implementation of a practice framework strongly aligned and faithfully pursued at all levels of our system. The overarching concept behind this framework is that government and the Child Protection System should be a resource for families not a substitute for them. ECA recognizes that strong capable children come from capable families and as such, this framework will ground all child welfare professionals and those from other disciplines who support their efforts in a clear set of goals and practice standards directed to that end.

The goals of our Child Welfare System are to:

- Protect children from abuse and neglect.
- Enable children to live with their families.
- Achieve timely permanency in the child’s life.
- Assist children in becoming stable successful adults through success in education and job training.

Quality is an integral part of the organization’s values: we embrace continuous improvement, innovation, and creativity; hold ourselves accountable for achieving superior outcomes; and strive for excellence in all endeavors. The QM division collaborates with all programs and departments to achieve outcomes based on best practices and regulatory obligations, including licensing, contracts, agreements, legal entities, and accreditations. The entire organization is accountable for the data and outcomes, including but not limited to the daily collection and entry of data, interactions with consumers and stakeholders, and any actions necessary to successfully meet the organization’s mission and vision.

Guiding Principles

Based on this vision, ECA has developed a Child Welfare Practice Framework that embraces the following principles:

- Ensure children remain in the home of their families whenever possible. Exceptions will only be made where the provision of services to include intensive in-home services will not protect them from further harm.
- Children and their families along with their natural support systems will participate in service / case planning. The services offered will be both comprehensive and unique to the child and family and based on their unique strengths and needs.

- Children and their families will be encouraged and supported in the execution of their service plan.

- If removed, children will be placed in their community, with their siblings and in the least restrictive setting that meets their needs.

- Every effort will be made to eliminate placement disruptions by providing timely supports to foster parents, relatives and other caregivers in the system. This responsibility falls to all participants in the system; community based lead agencies, child placing agencies that operate foster homes, and residential providers.

- Foster parents, relatives/ non-relatives and residential providers shall be involved in service / case planning for children and their families and will actively participate in the delivery of those services.

- Children will maintain regular visitation / contact with their families and their siblings. Foster parents, relatives and residential providers will be active participants in this process.

- Children removed from their families shall be integrated to the maximum extent possible into normalized educational, leisure and work activities. All caregivers, foster parents, relatives / non-relatives and residential providers shall be an active participant in providing these opportunities for children.

- Any behavior modification program employed in the treatment or management of a child’s behavior shall be individualized and meet generally accepted professional standards including that:
  - The program relies primarily on rewards instead of punishment;
  - The program be based on a careful assessment of the antecedents of the behavior that the program is designed to change; and
  - The program shall be consistently implemented throughout the day, including in school, residential and leisure activity settings.

- Children who “age out” of the system shall be provided:
  - Adequate opportunities to prepare to leave foster care that will include assistance to promote educational success, work experience and opportunities to engage in basic life skills activities. Caregivers, foster parents, relatives and residential providers will be an active participant in these efforts.

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• Transition plans that support the child’s objectives whether it is continuing education or employment.
• All personal health and other service records they will require in managing their affairs.
• A smooth transition to adult mental health and / or developmental disability services where they are required.

Additional principles include:

➢ ECA will operate a service delivery system that will achieve excellence in providing quality services that assure the safety, well-being, and life permanency of children and the stability of families.

➢ ECA will foster community investment in the lives of children and families by not only participating in, but also being a catalyst of, community partnerships in improving the lives of local children.

➢ ECA will be a premier employer by demonstrating that staff are valued, fairly compensated, and given abundant opportunity for personal and professional development.

**Core Values**

As set by the Eckerd Youth Alternative (EYA) Chief Operating Officer, all ECA staff upholds the company values of courage, commitment, candor and competence in how we conduct our work and interact with others.

We strive to:

➢ Have the **courage** to do the right thing at the right time for the right reasons.

➢ Be **committed** to the mission, the company and each other to ensure success.

➢ Have the **candor** to speak openly and honestly, be passionate about our position regarding an issue and support the final decision.

➢ Have the **competence** to know our jobs, continually increase our professional development and successfully meet our outcomes.

The Quality Management (QM) Plan is a culmination of retrospective analysis, research, cross-functional team guidance, and preferred practices. The results of this plan will be used to implement and improve practice.

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Goals

The QM plan supports the following organizational goals:

- Define and support the implementation of the quality management process consistent with ECA’s mission, goals, and strategic plan
- Integrate quality management processes throughout all agencies, departments, and programs to include continuous monitoring of quality and engage relevant stakeholders
- Identify, assess, and communicate preferred practices; provide expertise for implementation
- Create a culture of collaboration, continuous learning, and recognition to include internal and external stakeholders
- Provide feedback and information to support continuous improvement efforts throughout all divisions, departments, and programs

Quality Management Concepts and Definitions

Quality Assurance (QA): an “externally” driven system that validates internal practices and uses sound principles of evaluation to ensure that data is collected accurately, analyzed appropriately, reported, and acted upon. The QA function looks at the entire system. Products of the QA function include reports that validate data at the unit and service center level that evaluate the impact of practice on in-process and end-process measurements, and provide recommendations for actions.

Quality Improvement (QI): is an “internally” driven process that is conducted and initiated by the staff actually providing or supervising the service. QI provides opportunities for all staff to use data and make improvements in their daily work environment. QI is an ongoing process that is dynamic and occurs as a result of action planning that is designed to result in program improvement.

Continuous Quality Improvement (CQI): is the progression toward desired improvements in process, products or outcomes through incremental steps, with periodic review and readjustment of objectives.

Quality Management (QM): is the systematic integrated review of Quality Assurance and Improvement activities.
**Quality Management System**

The primary purpose of the ECA Quality Management System is to increase accountability by strengthening practice and improving the timeliness and quality of the service delivery system. ECA seeks to identify in-process and end-process measurements that align with these goals while ensuring substantial conformity 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.

The ECA Quality Department will work with our Case Management Organization’s (CMO) staff to initiate several quality assurance/improvement activities that will assist the lead agency in the process of verifying whether the services rendered through the system of care are sufficient to drive improved outcomes for children and their families. The following quality assurance activities will be implemented:

- Ensure Quality Supervisory Review
- System wide utilization of a Focus Tool
- Quality Assurance Monitoring Process through Quality Service Reviews
- Additional Lead Agency Executive Management and Region Discretionary Reviews
- Performance and Quality Improvement Committee/Performance Meetings
- Satisfaction Surveys

**Ensure Quality Supervisory Review**

Supervisory review, by its fundamental nature, is intended for immediate feedback for a case manager to use for quality improvement that supports the safety, permanency and well-being of the children we serve. This frontline activity will provide the timeliest opportunity to capture process and implement information and processes that are vital to achieving permanency for children. Unit supervisory discussions will focus staff on quality case work and create a process that allows staff to have mechanisms for gaining knowledge of best practice and delivering the highest quality of casework to the children and families that we serve.

With the exception of certain types of cases as referenced below, the CMO frontline supervisors will review 100% of open cases assigned to their unit at minimum, every sixty (60) days. These reviews will be conducted by unit supervisors face-to-face with the assigned case manager in a supervisory discussion format utilizing the “Mentoring and Modeling Quality” Discussion Guide. For cases involving a high risk case, missing child, a child age 0 to 5 residing in the home under case management supervision or a child prescribed a psychotherapeutic medication, the supervisor will be required to review the hardcopy record minimally once every 30 days.

The CMO will document in Florida Safe Families Network (FSFN) that the discussion occurred, summarizing any major points that may need further attention and potential issues to be considered in the future. At a minimum, the following information must be documented on the “Supervisory Review” FSFN chronological note:
ECA Quality Management Plan

- Date of supervisory discussion/ individuals present
- Current permanency goal and progress/barriers towards permanency
- Safety, risk and well-being
- Case management tasks required to achieve permanency and person(s) responsible
- Follow-up from previous supervisory review tasks and discussion

ECA also requires that in between modeling and mentoring supervisions, each supervisor complete a Supervisory Consult (note type in FSFN) to ensure that safety and tasks are addressed in between supervisions to ensure follow through and more frequent guidance from supervisors.

The FSFN documentation shall be completed within two (2) business days of the supervisory discussion.

The ECA QM Department will track compliance through FSFN/MindShare reports and disseminate compliance to case management agencies weekly. In addition to tracking compliance, a random minimum sample will be selected on a quarterly basis by the ECA QM Department as well as the CMO staff, to review the quality of supervision as part of our Internal Focus Review Tool.

**ECA Focus Review Tool**

In previous reviews, it was identified that each CMO agency utilized a different tool to capture QM data. A result of this analysis, a Focus Review Tool was developed. This data will be shared with Case Management staff monthly (See Exhibit B, page 19).

In addition to the utilization by ECA QM staff, CMO QA staff as well as CMO Supervisors has completed reviews monthly utilizing the Focus Tool. This fiscal year, in effort to engage frontline staff and to promote a culture of quality, case managers will conduct peer reviews monthly utilizing the Focus Tool.

The Focus Tool purpose is to provide a process that not only identifies deficits, but also allows for correction. The data obtained from Focus Reviews is shared with staff, data is rolled up and analyzed by CMO QA staff, validated by ECA QM staff and discussed monthly at Performance and Quality Improvement meetings. Trends, barriers, best practices and opportunities are discussed and shared amongst all the CMO’s. Deficits that have the ability to be corrected are done so within 10 business days and tracked by the CMO’s and ECA.

**ECA Quality Assurance Monitoring Process**

ECA staff will conduct Quality Service Review’s (QSR) quarterly as outlined by the State QA Protocol. This protocol is designed for use in an in-depth case-based quality review process focused on child welfare practices involving CPS ongoing and Permanency cases. It is used for appraising the: (1) current status of a child possibly having special needs (e.g., a foster child with
a serious emotional disorder) in key life areas, (2) status of the parent/caregiver, and (3) performance of key system of care practices for the same child and family. The protocol examines recent results for children receiving services and their caregivers as well as the contribution made by local service providers and the system of care in producing those results. Review findings are used by local agency leaders and practice partners in stimulating and supporting efforts to improve practices used for children and youth and their families who are receiving child welfare services provided by a local agency.

The DCF random sample calculator will be used to select the 8 cases per quarter from the state provided extract. ECA will select 4 in home cases and 4 out of home cases. We will ensure that all age ranges are represented as well as all permanency goals. Files will be reviewed for the purposes of on-going quality assurance and will be conducted utilizing the DCF QSR Guidelines. All reviewers will obtain certification through the State provided QSR certification course and all reviews will be completed side-by-side in teams of two as required by the protocol. Completed reviews and findings will be presented to each CMO so that they can participate in the continuous quality improvement efforts.

The DCF QSR process involves several major components:

**A. Case Reviews**- Case Reviews are intended to be an internal review of service quality elements and oversight of compliance with practice standards. The purpose of the base review is to provide structured feedback for enhancement of casework process and collect data to determine areas of strong service delivery and areas that need improvement. At a minimum the following shall be reviewed:

- Most recent family assessments
- Specialized evaluations (i.e., CBHA, etc.)
- Current case plan
- Judicial Social Study Reports
- GAL Reports
- Court Orders for past year
- Last year (or less if newer case) of home visit notes

**B. Interviews**- The interview process involves multiple case participants and professionals involved in the lives of the clients. The initial and final interview is held with the case manager to obtain information and provide feedback. Other interviews include:

- Child if age appropriate (all children who are the focus of a review should be seen in the setting where they are currently living)
- Substitute caregiver if child is in out-of-home care,
- Parent(s) if the goal is reunification or maintain and strengthen,
- School teacher (school counselor if involved) or child care provider for younger children
o Guardian ad litem, if assigned,
o Medical provider if child has special medical needs,
o Child or parent therapists
o Substance Abuse provider
o Parenting Provider, and
o Others as deemed appropriate and helpful in assessing the child and family
status indicators and practice performance indicators

C. Reports and Tools- The reviewers will conduct a rating exercise and all information received from the file review and interviews is to be documented on the QSR tool and Case Review Summary. Copies of the case review summaries will be submitted to DCF for research and study via the DCF Web Portal by October 30, 2011, January 30, 2012, April 30, 2012, and July 30, 2012.

Actions needed to address QSR findings will be developed by our PQI Committee as well as ECA leadership. The final analysis, which will include tasks, timeframes, targets and outcomes, will be provided to DCF via an annual Systems Improvement Plan (SIP). Also included in this plan will be outcomes identified through our third party annual evaluation. The SIP and all internal assessments will be made available by October 30th of each fiscal year.

Additional Lead Agency Executive Management and Region Discretionary Reviews

ECA will conduct an array of quality assurance reviews on a monthly and quarterly basis. Information gained from these activities will be collected via various tools and methods, and will be used to evaluate effectiveness and drive production.

In addition to the statewide QSR Protocol and tools, performance tools have been developed by ECA which capture data on qualitative measures for discretionary reviews. These tools include; communication, documentation, reunification, family assessment, parent engagement, etc. Performance tools will also be developed as needs or emerging trends are identified in efforts to capture root causes for delays in reunification and permanency. Outcome and output measures are reported and analyzed quarterly to ensure that outcomes are meaningful to the organization.

Performance and Quality Improvement Committee/ Performance Meetings

ECA has developed a Performance and Quality Improvement Committee (PQI) in effort to drive outcomes, improvement, share best practices, and to analyze needs from a systemic level. The PQI Committee meets monthly and minutes are shared with all participants. Participants in the ECA PQI Committee include: ECA QM Staff, CMO QA Staff, CMO leadership, ECA leadership, USF Training Department, Eckerd Contracts Staff, ECA Operations staff, etc. While there are some standing items always discussed at PQI such as Focus Tool Data, Incident Reports, and Child Exit Surveys, additional items discussed are dependent on identified needs and emerging trends discovered by either ECA or a CMO. Often, new procedures, forms, tracking systems, best practice and training needs are established via this committee.
In addition to a PQI Committee, ECA has also developed a monthly Performance meeting with the individual CMO staff. Provided at the meeting is each agencies monthly Quality Data Packet which includes information related to quality of Child Exit Surveys, Home Visit entry lag time into FSFN, Incident Reports, Supervision Frequency, Request for Assistance information, and Focus Tool Data. Each CMO is able to discuss issues and are provided the opportunity to discuss barriers and plans for improvement.

**Satisfaction Surveys**

Including parents in the process and development of their case serves multiple purposes. Not only do these efforts build relationships and cooperation amongst parties, but also create a better understanding of expectations and outcomes. By completing client satisfaction surveys, ECA QM will be able to provide the agency with relevant findings.

QM has established a satisfaction mailbox in the lobby at ECA so that clients can anonymously leave feedback regarding our provider agencies. The surveys will capture data specific to availability of services, treatment by case managers, availability to provide feedback, knowledge of staff, and overall satisfaction. ECA will also be utilizing volunteers to reach out to stakeholders and families in effort to obtain additional data. This data will be shared with the CMO, EYA and other stakeholders (*See Exhibit A, page 18*).

**Focus on Results**

To improve overall performance and effect improvement in quality of practice, multiple areas central to the operation of the System of Care must be captured through data analysis. Some areas of focus include:

1. Performance on Contract Measures
2. Upcoming Quality Initiatives

**1. Performance on Contract Measures**

ECA developed a data packet designed to drive production, ensure accountability and provide constant, on-going data information to all case management agencies within the Pinellas and Pasco County system of care. The Florida Safe Families Network (FSFN) is the primary data source that will be used to develop the weekly data packet. Other data (obtained from hardcopy file reviews) will be incorporated into the data packet on an as needed basis. ECA’s goal is to place performance issues as a priority in our day-to-day operations and use them as a benchmark to gauge the success of our activities in meeting our contract measures and the service needs of our families.
<table>
<thead>
<tr>
<th>Measure / Indicator</th>
<th>Reporting Frequency</th>
<th>Target FY 2011/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>FS 106 – 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 percent</td>
<td>QTR</td>
<td>99.68%</td>
</tr>
<tr>
<td>FS 773 - Percent of children in active cases (both in home and out of home) required to be seen who are seen every 30 days (Contract measure)</td>
<td>Monthly</td>
<td>99.5%</td>
</tr>
<tr>
<td>FS 301 – Percent of children reunified who were reunified within 12 months of the latest removal</td>
<td>QTR</td>
<td>75.2%</td>
</tr>
<tr>
<td>FS 302 – Percent of children removed within 12 months of a prior reunification</td>
<td>QTR</td>
<td>9.9%</td>
</tr>
<tr>
<td>FS 303 – Percent of adoptions finalized within 24 months of the latest removal</td>
<td>QTR</td>
<td>36.6%</td>
</tr>
<tr>
<td>FS 304 – Number of Finalized adoption (Goal 260)</td>
<td>QTR</td>
<td>228</td>
</tr>
<tr>
<td>FS 306- Percent of Children with no more than 2 placements within 12 months removal</td>
<td>QTR</td>
<td>86%</td>
</tr>
<tr>
<td>FS 671- Percent 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. (Total children is 469 x 29.1% (target) = 136 children.)</td>
<td>YTD</td>
<td>29.1%</td>
</tr>
</tbody>
</table>

Managing with data is an integral component of driving production, meeting goals and gauging improvement. ECA has established Agency/Unit level performance targets which are provided to the case management agencies. This data will be utilized to drive pertinent information to focus discussion on performance measures. In turn, ECA will identify and implement countermeasures to drive production and quality.

2. Quality Initiatives

ECA believes that there is always room for improvement and as such, will implement the following quality improvement initiatives during the upcoming year:
A. Supervisor Quality

In the past fiscal years, supervisory frequency has been inconsistent. This past fiscal year ECA has contracted with MindShare technologies to improve supervisory compliance. In addition, ECA has sent regular reports to the CMOs related to outstanding supervisions. These methods have been effective in ensuring supervision frequency. Moving forward, focus on supervision will relate heavily on quality. Improvement in this area shall be monitored via the Focus Tool Reviews. Additional tools will be reviewed this year by the utilization of front line staff to conduct the reviews. This will allow supervisors to focus on supervision. In addition, Modeling and Mentoring Supervision Training will be provided to Supervisors on-going and also in the form of refresher trainings. Supervision is also discussed during PQI meetings and at Monthly Performance meetings.

B. Parent Engagement

ECA is constantly identifying additional opportunities for parents and families to participate in the case planning process, the participation in their children’s activities, and providing an avenue to voice barriers and struggles. ECA has required each agency to conduct family meetings within 45 days of the Early Services Intervention Staffing. Each CMO is responsible for submitting monthly evidence to support that family meetings are occurring as required. ECA is also conducting a cross-walk analysis of Family meetings and Family Assessments and providing feedback to the CMO Program Directors. ECA has also contracted with Family Finders to increase the opportunities for children and teens to engage with families.

C. Family Assessment Activities

Family Assessments are to be completed at each critical juncture and at minimum every six months. The ECA Focus Tool captures data regarding the compliance and quality of Family Assessments. Findings are shared with the agencies at PQI meetings. Family Assessments are to continue to be tracked by the agencies. The Program Directors review Family Assessment on all new case managers each quarter to ensure quality. Findings will be shared with the case managers and supervisors and data will be provided to ECA QM. ECA is also requiring that each case management agency complete 2 file reviews per month with the state QA tool and that those tools will be provided to ECA QM for validation and feedback.

Evaluation and Reaction to New Information

ECA’s Quality Management System is focused on Quality Improvement. Weekly reviews of performance by the leadership team form the basis for our quality assurance efforts and ensure
that we quickly identify and address opportunities for improvement. Actions may include the development of new tracking tools, implementation of countermeasures and monitoring of progress. A second approach used by ECA is a formal improvement process. Steps include formal problem identification, gap analysis, root cause analysis and the identification and implementation of action steps to improve outcomes.

This analysis includes ensuring FSFN data validation. The lead agency will continually assess data accuracy and completeness of data as inputted into state’s automated information system. Last fiscal year, ECA contracted with Mind Share Technologies which encompasses a component of data validation. By utilizing Mind Share Discrepancy reports, ECA has been able to ensure compliance with data clean up exercises. In addition to the utilizations of new technologies, ECA QM reviews FSFN data when completing file reviews to ensure that goals, placement/living arrangements, legal status and client information is accurate as it is reflected in the case.

As new information becomes available through case reviews, performance measure trend data or from other sources, ECA will systematically evaluate the information and address the issue with one of the strategies outlined above based on the nature of the information, the expected outcomes and the overall impact of the initiative on improving our system of care.

**Corrective Action Plans**

ECA will ensure the safety of all children through the mitigation of risk factors associated with critical safety indicators. ECA provides a series of mandatory training on the following topics for all Case Management:

- Psychotropic medication
- Safety Planning
- 175-72 policy and procedure
- The Effects of Trauma on Behavior
- Domestic Violence
- Family Centered Practice
- Mentoring and Modeling Supervision
- Legal / court room trainings
- Parent Assessment and Engagement
- Family Engagement and Family Team Conferencing (JWB)
- Assessment & Priority Setting for Services & Interventions (JWB)
- Diligent Documentation & Crucial Communications (JWB)

ECA will utilize the All Management Meeting held once per month to provide ongoing training opportunities to case management agency supervisors, Assistant Program Directors and Program Directors. ECA QM and Training Department will coordinate ongoing training issues. ECA
entered into a training contract with the University of South Florida to provide ongoing Pre-Service and In-Service training to the case management agencies.

Several corrective action plans have been instituted to ensure desired performance outcomes. The following are areas that will have a strong oversight by the Lead Agency:

A. **Barahona Performance Improvement Plan**

ECA will ensure that children entering Out of Home Care are receiving adequate medical, dental, immunization and vision care. ECA CMO's will ensure that appropriate medical, dental and immunizations has been obtained and appropriately documented in FSFN for all children in OHC as part of a medical services clean up exercise and ongoing through supervisory reviews. ECA QM will validate all tools, systems and outcomes of the Barahona PIP.

- The CMO's will be responsible for reviewing all children in OHC and shall identify any child specific issues and action plans necessary to ensure the children are in compliance.
- Each CMO will provide updates as to progress, completion, barriers, etc.
- ECA will randomly validate compliance, track completion weekly, and report to DCF weekly updates of the number of files reviewed, those that are currently up to date, those needing follow-up, and those for which follow up has been completed. ECA will also notify DCF of and community barriers perceived.
- ECA data department will review the possibility that all EPSDT information received at ESI is created in the medical profile screen in FSFN.
- In addition, ongoing compliance will be monitored via monthly focus tool reviews and analysis

B. **Ludwig Correction Plan**

Each Case Management Agency reviewed all open cases and identified which ones involved a pending birth of a child into a family under case management supervision (pursuant to 65C-30.016 F.A.C, 65C-30.015, CFOP 175-72 and SCC Policy # 100.045). Case Management Agencies identified all children that are residing in the home of a biological parent that are not captured as part of the official record in FSFN. The case managers staff each child with his or her supervisor to determine if there are concerns about the safety, risk or long-term well being of the new child in question and whether or not consultation with the State Attorney's Office is needed regarding the filing of a petition on the new child.

During ECA quality management monitoring, a random sample of cases that meet this requirement will be monitored and a report of the findings will be shared with case management agencies. If action is needed, the case management agencies will be required to respond with solutions to address QM findings.
C. Statewide Quality Improvement Plan (QIP)

This is a statewide initiative to address areas of improvement as a result of the findings from the latest CFSR. This QIP is currently in operation and ECA will continue to monitor and provide quarterly reports on ECA’s progress. This plan identified five (5) areas that were in need of improvement.

- Keep Children Safe from Abuse and Neglect
- Demonstrate mastery in all family center practice
- Increase placement stability
- Grow children into health productive adults
- Ensure continuous quality improvement in our system of care

ECA is committed to ensuring the above through our quality assurance process, quality improvement plan, weekly data call, on-going training needs and our continued open transparency with community partners.

D. Children on Psychotherapeutic Medication

ECA will ensure prescribed psychotropic medication can be identified, have the statutory required documentation in the case record (court order or informed parental consent) and have documented medication management activities completed at a frequency of no more than 90 days. Each Case Management Agency will review all open cases and identify which children have been prescribed a psychotropic medication. Each child will be accurately recorded on the Psychotropic Medication Log (PML) provided by the Lead Agency. ECA developed a policy to address how the Circuit will manage the population of children prescribed psychotropic medication to include, identification of new kids prescribed psychotropic medication, as well as how existing children's information will be updated timely (as medication and/or dosage changes), how information will be entered accurately in the case management system and the mechanism for verifying appropriate documentation is located in the hardcopy record. Further, each child prescribed psychotropic medicine will be staffed every 90 days. ECA will use the PML to monitor children on psychotropic medication. ECA will pull random samples of supervisory reviews to determine if children on psychotropic medicines are be addressed and updated as appropriate.

**Critical Life, Health of Safety Threats**

If a critical life, health, or safety threat to a child is identified during any quality assurance or other review activity, ECA will provide immediate feedback to the case management agency through the use of a Request for Action form. Copies of the Request for Action forms will be hand delivered to the attention of the CMA Program Director/Manager, case management supervisor and case manager. If the appropriate staff member is off-site and there is a need to
email the Request for Action Form, a follow up phone call must be made to ensure receipt of the safety concern. Specific timeframes for response will be included on the form, along with recommendations to address the presenting issue. Technical assistance and training will be arranged for each respective CMA, based on the deficiencies noted in review. Training activities will be coordinated in a collaborative effort between the ECA QM Department and the USF Training Program.

National Accreditation

Eckerd Youth Alternative D/B/A ECA understands the importance of obtaining national accreditation as an additional quality assurance measure. EYA is accredited through the Council on Accreditation (COA) and has a quality management program that is designed to strengthen, measure, and validate our organizational effectiveness. ECA is also currently in the process of obtaining Network Accreditation. In accordance with COA standards and the vision set forth by the Department of Children and Families, our quality management program exemplifies a focus on coordination and results through a Continuous Quality Improvement (CQI) process that involves consumers and stakeholders in program planning, case review and monitoring of system effectiveness, as well as convening teams to provide assistance and support in the activation of improvement initiatives.
<table>
<thead>
<tr>
<th><strong>Program Name:</strong> QM Focus Tool</th>
<th><strong>Person Completing Survey</strong></th>
<th><strong>ECA Quality Management Plan</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Review (review period is 6 months prior):</strong></td>
<td>Parent</td>
<td>N/A Not Applicable</td>
</tr>
<tr>
<td><strong>Reviewed By:</strong></td>
<td>Parent</td>
<td>N/A Not Applicable</td>
</tr>
<tr>
<td>FSFN Case Name</td>
<td>Parent</td>
<td>N/A Not Applicable</td>
</tr>
<tr>
<td>Focus Child/DOB</td>
<td>Parent</td>
<td>N/A Not Applicable</td>
</tr>
</tbody>
</table>

**FAMILY ASSESSMENT**

The Family Assessment contains sufficient detail. (The FA contains more than one line answers. Areas detail the family’s protective and risk factors.)

The FA is linked to progress notes and collateral assessments.

The FA was updated as significant events occurred.

The FA was signed.

**SATISFACTION SURVEY**

Please answer based on your most recent experiences.

Please explain low ratings and if you don’t strongly agree, how we can improve.

**RECORDS**

Recent school records and ePEPs are present in the case file (all applicable cases at least every 6 months; youth with juvenile justice involvement every 3 months).

**HOME VISITS**

Home visits occurred within 30 days of the previous visit.

1. I am treated with respect and courtesy.

2. I have had input during the progress of the case.

3. The case manager communicated adequately.

4. My phone calls are answered quickly and messages are returned by CM.

5. The CP, CP goal, progress towards goal, visitations, parent engagement, and services were addressed.

6. The CP, CP goal, progress towards goal, visitations, parent engagement, and services were addressed.

7. Services are available.

**DENTAL RECORDS**

Dental exam documents were in the case file (CMOs are subject to the following Florida Medicaid time frames: A referral to a dentist begins at 3 years or earlier as medically necessary, with subsequent examinations by a dentist every 6 months, or more frequently as prescribed by a dentist or other authorized provider).

**COLLATERAL ASSESSMENT**

Provider reports and contacts are documented in the record.

**CASE PLAN**

Case Plan is current.

Case Plan is signed by all parties.

**HIPAA**

HIPAA receipt is located in the file and signed.

**ICWA**

The ICWA form was present in the case file and contained all appropriate signatures.

In your opinion, will this child be in a safe and nurturing environment within the next 12 months? WITHOUT COMPROMISE ~