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 improvement 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:

- Gulf Coast Community Care- 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 QA 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.

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

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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 QI 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.
• 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 Improvement (QI) 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.
Goals

The QI plan supports the following organizational goals:

- Define and support the implementation of the quality improvement process consistent with EYA’s mission, goals, and strategic plan
- Integrate quality improvement processes throughout all divisions, 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
- Deploy competency-based support teams as appropriate, to include but not be limited to prevention and crisis response

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 CMA 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
- ECC Quality Assurance Monitoring Process
  - A. Base Reviews
  - B. Side-by-side Reviews
- Additional Lead Agency Executive Management and Region Discretionary Reviews
- 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 CMA 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.

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The CMA 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:

- 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 is asking that in between modeling and mentoring supervisions that 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 Quality Assurance Department will track compliance through FSFN reports and disseminate compliance to case management agencies weekly. In addition to tracking compliance, a random minimum sample of cases per supervisor will be selected on a quarterly basis by the ECA Quality Assurance Department to review the chronological note for quality and content purposes as described above.

A Modeling and Mentoring Performance Tool will be utilized by ECA QA to collect data regarding the quality of supervisory discussion. This data will be shared with Case Management staff monthly (See Exhibit A).

ECA QM has implemented an additional process of observing supervisions, which includes completing observation forms and discussing results with the supervisor in real-time, in order to provide immediate feedback of what is being done well and also offering suggestions for improvement.

Supervisory review completion is also tracked on a monthly basis in the Florida Safe Families Network (FSFN) to determine compliance.

**ECA Quality Assurance Monitoring Process**

ECA QA Staff utilizes The Florida Department of Children and Families, Family Safety Program Offices’ Quality of Practice Standards of Case Management Services to review files semi-annually as outlined by the State QA Plan (See Exhibit B). The DCF random sample calculator is used to select the cases to be reviewed for the purposes of on-going quality assurance and are conducted utilizing the DCF Interpretive Guidelines. Completed tools will be presented to CMA so that they can participate in the continuous quality improvement efforts.
The DCF Quality Assurance Monitoring process involves two major components:

A. CBC Base 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. Eckerd Community Alternatives will use the DCF Portal to input, summarize and review case data.

B. Side-by-Side Reviews- The Side-by-Side Case Review process involves a joint review by the Lead Agency and the Department of Children and Families, of the cases targeting a subset of the randomly selected records identified for the CBC base review process. This joint review is intended to promote knowledge building and sharing among DCF regional QA staff and ECA QA staff. The purpose of the Side-by-Side review is to provide collaborative quality assurance oversight of practice compliance and vital information for practice improvement.

The region will identify a single person from their QA staff to serve as the facilitator/lead reviewer for the duration of the review. This position is distinct from the Region’s QA reviewers, and their primary responsibilities will be to:

- Provide a second level review for each of the cases that have been reviewed by the DCF/CBC team to ensure that the review was completed thoroughly and correctly.
- Provide expertise and mediation to any review team that is challenged to reach consensus in rating a particular item on the tool.
- Initiate the process of the In-Depth reviews. The facilitator may gather input from the Side-by-Side review team and other reviewers as to the questions that may be applicable for the In-Depth review.
- Prepare a summary of the side-by-side cases in terms of identifying strengths and opportunities for improvement, as well as initiate the development of quality improvement strategies to address any significant performance concerns that may be identified. Collaborate with the CBC in developing the quality initiatives.

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 QA Plan 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.

**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 QA will be able to provide the agency with relevant findings.

QA 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. This data will be shared with the CMA, EYA and other stakeholders (See Exhibit C).

**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 2010/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>FS 101 – Percent of children not abused or neglected during services</td>
<td>QTR</td>
<td>95%</td>
</tr>
<tr>
<td>FS 106 – The percentage of children served in out-of-home care who are not mal</td>
<td>QTR</td>
<td>99.68%</td>
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<td>treated by their out-of-home caregiver shall be at least 99.68 percent</td>
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<tr>
<td>FS 107 - Percent of children in active cases (both in home and out of home) requi</td>
<td>Monthly</td>
<td>100%</td>
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<td>red to be seen who are seen monthly (Contract measure)</td>
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<tr>
<td>FS 108 – Average number of children who are missing children per 1000 in (In-hom</td>
<td>Monthly</td>
<td>10</td>
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<tr>
<td>e and Out of Home Care)</td>
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<td></td>
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<tr>
<td>FS 301 – Percent of children reunified who were reunified within 12 months of th</td>
<td>QTR</td>
<td>76%</td>
</tr>
<tr>
<td>e latest removal</td>
<td></td>
<td></td>
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<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>32.9%</td>
</tr>
<tr>
<td>FS 304 – Number of Finalized adoption (Goal 260)</td>
<td>QTR</td>
<td>260</td>
</tr>
<tr>
<td>FS 306 - Percent of Children with no more than 2 placements within 12 months remo</td>
<td>QTR</td>
<td>86%</td>
</tr>
<tr>
<td>val</td>
<td></td>
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<tr>
<td>FS 388-Number of children remaining in out-of-home care more than 12 months.</td>
<td>Monthly</td>
<td>680</td>
</tr>
<tr>
<td>FS 671- Percent of children in out-of-home care 24 months or longer on July 1 who</td>
<td>YTD</td>
<td>29.1%</td>
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<tr>
<td>achieved permanency prior to their 18th birthday and by June 30. (Total children i</td>
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<tr>
<td>is 469 x 29.1% (target) = 136 children.)</td>
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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.

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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. Decrease the Number of Children Entering Care
B. Decrease Out-of-Home Care numbers
C. Family Engagement and Assessment

A. Decrease the Number of Children Entering the Front End of the System through Enhanced Diversion Services-During Fiscal Years (FY) 08-09 and 09-10, statistical data revealed an increase in the number of children entering the system. As a result, ECA developed an ITN for a new diversion program in Pasco County for FY 09-10. ECA has continued to work with our current providers of diversionary services to re-vamp the type of referrals accepted and scope of services delivered to our families. In addition, a community workgroup was developed to address the philosophy outlined in the child welfare practice framework. As a result, diversion services will be expanded for both Pinellas and Pasco Counties for FY 10-11.

B. Decrease the Number of Children Served in Out-of-Home-After reviewing statistical data surrounding intake and exit trends over the past fiscal years, ECA was able to verify that the number of children served in out of home care within Pinellas and Pasco County exceed both National and State Standards. In order to effectively improved outcomes for the children and families served, ECA will need to reduce the number of children served in OHC so that resources can be more aligned and caseloads further reduced.

ECA’s goal for FY 10-11 is to reduce the number of children served in out of home care by 15% and reduce the number served in licensed care by 5%. Several strategies will be deployed to ensure success in meeting both performance outcomes:

- Allocate additional funding to Diversion and Reunification Services in Circuit 6
- Implement the ECA Child Welfare Practice Framework through the System of Care
- Implementing monthly reunification/case closure goals on a unit level (4 kids reunified or closed per unit per month- not including adoption closures).
- Stratifying data by unit to examine the root causes in order to develop and implement countermeasures to improve performance.
- Identify the specific children that remain in OHC >12 months and discuss plans and barriers with CMA during monthly Data Meeting.
C. Family Engagement and Assessment Activities-Engaging parents, children and caregivers in the dependency process, are a necessary component in providing children in care with timely permanency. ECA QM will review files with a focus on case participant engagement and will share data on these findings with Case Management Agencies and Stakeholders.

- **Parent Engagement** - Parent Engagement is paramount in decreasing the number of children in out of home care when reunification is the goal. ECA will ensure parents are engaged as partners in family centered practice initiatives. QM file reviews will focus on quality of parent engagement by CMA staff. Random files will be pulled and reviewed to determine if case management is engaging parents in the permanency process. ECA QM will provide monthly reports and analysis on progress by agency and by unit performance.

  CMA’s will ensure that family meetings are occurring within 30-45 days from ESI and that the Program Director review each new case at the 45 day mark to ensure completion and a monthly report be submitted to ECA QA regarding the compliance.

- **Family Assessment** - Family Assessments are to be completed at each critical juncture and at minimum every six months. ECA QA conducts regular file reviews to capture data regarding the compliance and quality of Family Assessments. Findings are shared with the agencies at the monthly Data Meeting. Family Assessments are to continue to be tracked by the agencies. The Program Directors will review one Family Assessment per CM per quarter to ensure quality. Findings will be shared with the case managers and supervisors and data will be provided to QA.

- **Documentation and Overall Quality** - ECA is asking 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 QA for validation and feedback.

**Evaluation and Reaction to New Information**

ECA’s Quality Assurance 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. This FY, ECA has contracted with Mind Share Technologies which encompasses a component of data validation. By utilizing Mind Share Discrepancy reports, ECA will be able to ensure compliance with data clean up exercises. In addition to the utilizations of new technologies, ECA QA 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
- 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. 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 assurance 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.

B. 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 in to 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.

C. 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. 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.
### Mentoring and Modeling Supervision Tool

**CASE NAME:**

**UNIT:**

**CHILD NAME:**

**CM:**

**TYPE OF PLACEMENT:**

**SUPERVISOR:**

<table>
<thead>
<tr>
<th>REVIEW QUESTIONS</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the modeling and mentoring reviews take place at minimum every 60 days? Or monthly for the three ECA identified safety criteria.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2. Did the supervisor document in FSFN the discussion occurred and summarized the actions that need to take place?</td>
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</tr>
<tr>
<td>3. Was the family history, changing circumstances, situation, and risk factors for this family addressed?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Were the CP, CP goal, progress towards goal, visitations, parent engagement and services addressed?</td>
<td></td>
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</tr>
<tr>
<td>5. Was there discussion regarding the child's current placement and caregivers?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. Were the child's mental health, psychotherapeutic medication, physical health, dental health, and educational needs addressed if applicable?</td>
<td></td>
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</tr>
<tr>
<td>7. If this case in an adoptions case, has a home been identified and what steps have been taken to finalize the adoption?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8. If the child is a teen in out-of-home care, was IL discussed?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. Did the supervisor ensure follow up of the assigned tasks from the previous review?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUMMARY OF STRENGTHS:**

**RECOMMENDATIONS:**

**Signature:** __________________________  **Date:** ___________________

Title: Quality Assurance

~ QUALITY WITHOUT COMPROMISE ~
ECA / DCF QA Review Schedule
2010-2011

Base Reviews:

• Completed in month of August 2010

• Completed in month of February 2011

Side-by-side Reviews:

• September 2010
  September 7\(^{th}\) – 9\(^{th}\) and 20\(^{th}\) – 22\(^{nd}\)

• March 2011
  March 14\(^{th}\) – 16\(^{th}\) and 21\(^{st}\) -23\(^{rd}\)
### SATISFACTION SURVEY-ECC-PB Case Management

Please answer based on your most recent experiences.

<table>
<thead>
<tr>
<th>Please answer based on your most recent experiences</th>
<th>RATINGS (fill in circles)</th>
<th>Comments or Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>Agree</td>
</tr>
<tr>
<td>1. I am treated with respect and courtesy.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. I have had input during the progress of the case.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3. The care manager communicates adequately with me.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4. My phone calls are answered quickly and messages are returned by CM.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>5. CM demonstrates concern for the family's safety.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>6. I and/or my child receive services in a timely manner.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>7. Services are available in my area.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>8. My care manager knows the case well enough to make appropriate recommendations.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>9. If I have a complaint, it is handled well.</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>10. Overall, I am satisfied with the level of service provided by CMA.</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

In your opinion, how can we improve our services to be more helpful to you?