Family Integrity Program 2010-2011

Quality Assurance Overview

The St. Johns County Board of County Commissioners Family Integrity Program (FIP) system of Quality Control, Quality Assurance and Performance Quality Improvement is designed to ensure services are provided to children and families consistent with the Department of Children and Families (DCF) contract and service delivery model, and in compliance with state and federal law, administrative rule, and DCF operating procedures. Additionally, FIP employs the concepts of Total Quality Management (TQM) in evaluating and improving the system in a shared decision-making model. In the TQM model, crises and reactive thinking are replaced by ongoing, data-driven evaluation and planning at the case and system levels.

The responsibility for FIP’s Quality Assurance and Performance Quality Improvement efforts reside with the St. Johns County Health and Human Services Director, the FIP Program Manager and the FIP QA Manager. The QA Manager supervises staff dedicated to quality operations, assurance and improvement activities. This staff includes one (1) QA Specialist. Additionally, FIP has two (2) employees that are trained and certified in the QA review process. FIP will work to increase the number of staff trained and certified to complete QA reviews. Additionally, FIP has supervisory staff designated as ICPC Specialist and Missing Children Specialist who work in conjunction with the Quality Assurance and Performance Quality Improvement team. FIP QA staff works in conjunction with program staff to schedule peer reviews in a manner that is similar to a Side-by-Side review. The peer reviews include Case Managers and Supervisors. FIP QA staff also facilitates case file review debriefings with each Supervisor and Case Manager that has had a file reviewed each quarter. These staffs’ efforts are supported by the St. Johns County Health and Human Services and FIP Executive Management Team.

Overall, the FIP Quality Assurance and Quality Improvement process involves staff across all levels throughout FIP and the St. Johns County Health and Human Services Department. Staff continuously gather and analyze data to make improvements to services and processes when compliance is not met or when safety/security issues arise. FIP promotes the philosophy that everyone is a member of the Quality
Assurance and Performance Quality Improvement team, including stakeholders, families, children, caregivers, foster parents, and FIP staff at all levels. FIP works collaboratively with community stakeholders (including DCF, service providers, and child and family representatives) to define the indicators of success; review and enhance the quality management data collection and reporting system/process; and periodically review performance and institute changes at the system and case levels, ensuring continual improvement.

FIP has a centralized yet program specific data collection system used to support the quality management system. Data is analyzed at least quarterly by FIP to support organization-wide planning and correction of problem areas.

FIP tracks and reports to DCF Circuit Administration, St. Johns County Health and Human Services Executive Team, and FIP Management and Supervisors, client outcome data consistent with the federal ASFA domains, and CFSR and other state mandates, including the specific performance measures outlined in the contract with DCF. FIP also examines satisfaction data from children and families, providers, the courts, DCF and other community stakeholders to identify and remedy areas of weakness or concern. In addition, FIP identifies and assesses overall system performance through data analysis relative to access to and the quality, efficiency and effectiveness of services.

FIP’s quality improvement process includes the full participation of stakeholders (i.e. services providers, foster parents, adoptive parents, and caregivers) and assesses performance of FIP itself. The FIP internal quality improvement process includes, but is not limited to:

- A plan for quality improvement which is clear, concise, accurate and provides direction for end users and management;
- Evaluation of FIP internal processes for compliance with Department contract requirements;
- Evaluation of FIP internal processes for compliance with statue, rule, regulation, and policy; and,
- Evaluation of client and stakeholder satisfaction.

FIP engages all consumers in an ongoing evaluation of the project and services, and encourages input and shared-decision making in a community-based model to provide direction for improvement processes.

1. Focus on Coordination

**Unit Supervisory Discussions.** Describe how the lead agency will assure qualitative supervisory discussions are completed.

The Dependency Case Manager Supervisor (DCMS) shall use the Supervisory Discussion Guide to facilitate the supervisory discussion with the Dependency Case Manager (DCM). The DCMS may utilize the questions on the tool most relevant to the case and discussion at the time. Not all questions on the tool must be answered; however, the supervisor must keep in mind the tool is to be used to:
a. Guide discussion of the case;
b. Ensure the elements of safety, permanency and well-being are addressed for all children via proper case management procedures;
c. Assist the supervisor in being a mentor to the Dependency Case Manager by allowing them to provide proper guidance and support; and,
d. Assist in ensuring the minimum requirements for case supervision are properly addressed:
   i. Permanency goal
   ii. Progress and Barriers to permanency
   iii. Tasks and who is responsible
   iv. Follow-up on tasks
   v. Emerging risk and Safety Concerns

By utilizing the tool to guide discussions and assist with ensuring a-d above are completed, the nature and purpose of the supervisory review is focused on supporting the DCM who can then support the children and families served. Providing adequate support and supervision to the DCMs will enhance the counselors’ abilities and lead to enhanced services to children and families.

1. At least once a quarter, 100% of an individual DCM’s assigned children will be staffed in supervision by the DCMS to ensure child safety, well-being, and permanency are being addressed for every child.

2. Within 10 business days of an ESI staffing, an FIP DCMS will review the case and document the initial supervisory review in FSFN.

3. The DCMS shall complete all supervisory reviews and enter all chronological notes into the Florida Safe Families Network (FSFN) within 48 hours of the completed supervisor review.

4. At a minimum, the following will be documented every 90 days in FSFN chronological notes for each child assigned:
   - Date of Supervision and Individuals Present
   - Permanency Goal
   - Progress and Barriers to Permanency
   - Tasks and the Person Responsible
   - Follow-up on Tasks from prior supervisor reviews
   - Emerging Risk and Safety Concerns

The DCMS may cut and paste the information from the Supervisory Discussion Guide into the FSFN note or type the information in the FSFN note.

The DCMS must input a note into FSFN with a heading of “supervisory review.” Each child reviewed must be selected as a subject of the note for the review to document compliance with the requirement to document a supervisory review every 90 days.

5. A supervisory review is required on all cases open 30 days or more in any 90 day period.

6. On a quarterly basis, the FIP QA Team will gather data regarding completed
supervisory reviews. The data gathered will include:
   a. Number and percent of supervisory reviews completed by the DCMS
   b. Number and percent of supervisory reviews completed by the agency

7. On a quarterly basis, the FIP QA Team will randomly select a total five Supervisory Review notes per DCM and conduct a qualitative review. The data gathered will include:
   a. Percent of compliance by the supervisor with quality of the reviews of the data related notes including discussions of but are not limited to:
      i. Permanency goal
      ii. Progress and barriers to permanency
      iii. Tasks and who is responsible
      iv. Follow-up on tasks
      v. Independent Living Referrals and Services
      vi. Collaboration with Department of Juvenile Justice and documentation of joint planning activities

8. DCMSs not meeting the qualitative review elements, i.e., focusing on presenting concerns, identifying progress and barriers to permanency, identifying needed follow-up and tracking to completion, will be required to submit action plans for performance improvement.

9. FIP will, as requested, provide performance data to DCF and the St. Johns County Health and Human Services Executive Team.

- **CBC QA and Side-by-Side Reviews.** Describe how the lead agency (and as appropriate, subcontractors and region staff) will prepare for and conduct the base, Side-by-Side and in-depth reviews. This includes defining the various roles of the reviewers and facilitator for the review and how reviewers and facilitators will be selected. Note: the sampling and conducting of in-depth reviews is the responsibility of the region, but these three activities should be coordinated.

**Base Reviews** - Case Management Agency Monitoring (Base Review) is designed to evaluate the quality of case management practices and processes utilized in service delivery. The goal is to ensure completion of case practice activities, adherence to best practice standards, and quality services for the children and families served.

1. FIP will use the state approved Quality of Practice Standards for Case Management Services and the Interpretive Guidelines to conduct the Base Reviews. The review tool is comprised of 71 standards assigned to Safety, Permanency and Well-Being, and when summarized will provide data specific to these outcomes. The Base Review information will be entered into the DCF Web Portal QA system database.

2. FIP conducts a Base Review of 17 client cases randomly selected from the quarterly extract provided by the Headquarters Family Safety Program Office. The extract is pulled the first week of the month that precedes the beginning of the new quarter, and consists of children who were service recipients during a defined selection period. All children are assigned to a CBC’s sampling population based on the CBC assignment of the primary worker as of the sample
date or the service recipient end date, whichever is earlier. Each quarter, a total sample of 25 cases is selected, and 17 cases are randomly selected for the Base Review.

3. The FIP Quality Team serves as the lead for the Base Reviews. Base Reviews are completed by the QA Specialist. In the event additional assistance is needed DCMSs and/or certified QA Reviewers may be asked to participate.

4. FIP ensures when assigning a case file for review, the reviewer does not have any direct involvement with the management or supervision of the case for the entire period under review.

5. All staff who conduct Base Reviews must complete the DCF approved statewide training before participating in a review.

6. All 17 Base Reviews are completed by the end of the quarter in which the case was assigned for review. If FIP elects not to participate in the in-depth reviews conducted by Northeast Region Quality Management staff during the Side-by-Side Review, two of the 17 Base Review cases will be randomly selected for in-depth interviews by the FIP QA Specialist.

7. The completed Base Review tool is submitted to the FIP QA Manager for review and final approval. The FIP QA Manager shall insure that all tools are approved and marked in the database as final review.

8. FIP compiles and analyzes the data obtained from the Base Review and submits via the approved electronic format to the Northeast Region Quality Manager and Contract Manager. The data will document the degree of compliance with each standard, and be summarized at the individual unit level and for all units to reflect the overall system of care.

9. Semi-annual compliance reports will include both summary and detailed data, and will be provided to Circuit Administration, Case Management Units, and the St. Johns County Health and Human Services Director.

10. Each Case Management Unit is responsible for addressing the deficient items that warrant Performance Quality Improvement activities.

11. FIP works closely with the Northeast Region Quality Management staff to ensure a complete understanding of the case file review process.

12. FIP QA Manager and QA Specialist will provide technical assistance as needed or requested to the Case Management Units.

Psychotropic Medications and Children in Out-Of-Home Care

FIP works closely with the DCF to conduct QA Side-by-Side reviews pertaining to children in out-of-home care and prescribed psychotropic medications. Both the Base and Side-by-Side Reviews require the reviewer to monitor the case record to ensure express and informed consent or court approval is obtained, and a valid medical plan is maintained in the file. FIP will continue to utilize the DCF approved system to track all Requests For Action (RFAs) submitted for cases reviewed. RFAs are cleared by DCF
once all documentation is submitted and reviewed by the DCF Quality Management Reviewer and Regional Quality Manager.

The FIP Program Manager or designee is responsible for tracking the medication treatment plans, express and informed parental consent or court orders for all children in out-of-home care and prescribed psychotropic medications. This individual is responsible for coordinating with the FIP QA team to provide requested information as needed.

The FIP Program Manager or designee is the single point of contact to assist with coordinating, analyzing, and initiating actions related to the mental/behavioral health of all children in out-of-home care and prescribed psychotropic medications.

- **Executive Management and Region Discretionary Reviews.**

FIP works closely with the DCF Regional Management and the St. Johns County Health and Human Services Director to resolve issues when they arise, and provide information needed in a timely and efficient manner. FIP works in conjunction with DCF to address client complaints. Complaints may surface at the local level, both internally at FIP or with the DCF Circuit Community Relations staff or may be surfaced at the State level to the Offices of the Secretary and/or Governor.

Regardless of where the complaint is received FIP works to resolve the complaint by reviewing the information, gathering the facts regarding the circumstances of the case and situation, and determining if appropriate action was taken to resolve the issues. Case summaries are sometimes required to provide a complete picture of the case beginning with the service initiation date through the current service date, including the events leading up to the issues documented in the complaint. From this summary, a formal written response is provided to the complainant.

When possible and appropriate, complaints are resolved through telephone calls, email correspondence, and letters rather than detailed summaries. Some community complaints may be addressed through the St. Johns County PRIDE System and proceed through the St. Johns County Health and Human Services Director. This process has led to a number of teaching opportunities focused on improving the quality of casework and services to children and families.

FIP responds to other discretionary reviews in a manner similar to that of the complaint review process. When a request for information is received, FIP processes the request to determine the best FIP staff person to respond.

FIP will continue to work in partnership with DCF Circuit Administration and Regional Management to respond to special review requests.
Special Reviews. Special Reviews shall be completed as directed by Circuit Administration or the DCF Office of Family Safety. Reviews may include, Independent Living, DJJ Crossover Youth, Psychotropic Medication, Placement Stability, and any other review deemed necessary by the State of Florida.

FIP will continue to work in partnership with DCF Circuit Administration and Regional Management to respond to special review requests.

Local Review Schedule. Provide a schedule for the upcoming fiscal year (2008/09) that shows when standard QA activities will occur (for example, the quarterly or semi-annually base reviews and Side-by-Side reviews). Include other events that affect quality tasks or represent local milestones or opportunities for coordinating quality processes (for example, quarterly regional/circuit performance meetings, CBC board of director performance reports, circuit Child Protective Investigation quality assurance reviews that will need region staff time, etc.).

- **Base Reviews**: Conducted Quarterly
  - July – Sep 2010 All activities have been suspended for the first quarter
  - Oct – Dec 2010 (17 on random days throughout the quarter)
  - Jan – March 2011 (17 on random days throughout the quarter)
  - April – June 2011 (17 on random days throughout the quarter)

- **Side By Side Reviews**: Conducted Quarterly
  - July – Sept 2010 (Scheduled to occur the week of August 30, 2010)
  - Oct – Dec 2010 (Scheduled to occur the week of December 13, 2010)
  - Jan – March 2011 (Scheduled to occur the week of February 7, 2010)
  - April – June 2011 (Scheduled to occur the week of April 25, 2010)

- **Monthly Meetings with local DCF Supervisors**: 
  - FIP Management/Supervisors meet every other month with the local DCF Supervisors to address concerns related to the transfer of cases from investigations to services.

- **Quarterly Meetings with Circuit Administrator to Review CBC Performance**: 
  - FIP Management and DCF Contract Specialists, Circuit Administrator and other staff meet quarterly to discuss performance measures, corrective action plans, DCF Score Card, and other concerns as the Circuit Administrator’s and the FIP Director’s schedules permit.

- **Circuit 7 Community Alliance Meetings**: 
  - Meetings occur quarterly in Circuit 7 unless cancelled due to lack of a quorum.

FIP Program Manager currently serves as the Parliamentarian for the Circuit 7 Community Alliance.

2. Focus on Results

- Quality Improvement Standards and Process. The CBC QA plan should address the following.

1. Describe how the CBC will track and report on its performance on contract measures. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.

The FIP QA staff will monitors and utilizes the FSFN report system for collecting and reporting data on performance indicators and outcome measures on a monthly, quarterly, and annual basis. The elements and minimum frequency are outlined below and subject to change.

Performance Measures:

1. Percent of children served in out-of-home care who are not maltreated by their out-of-home caregiver (FS106)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

2. Percent of all children under supervision who are required to be seen each month who are seen each month (FS107) (quarterly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

3. Percent of children removed within 12 months of a prior reunification (FS302) (quarterly)
   a. Data collected via:
      i. DCF Dashboard

4. Percent of children reunified within 12 months of latest removal episode (FS301) (quarterly)
   a. Data collected via:
      i. DCF Dashboard
5. Percentage of children with no more than 2 placements with 12 months of removal (FS306) (quarterly)
a. Data collected via:
   i. DCF Dashboard
   iii. FSFN Report(s)
6. Percent of children with finalized adoptions within 24 months of latest removal (FS303) (quarterly)
a. Data collected via:
   i. DCF Dashboard
   ii. FSFN Report(s)
7. Number of adoption goal met (MO5084) (Monthly)
a. Data collected via:
   i. DCF Dashboard
   ii. FSFN Report(s)
8. The percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday
   i. DCF Dashboard
   ii. FSFN Report(s) and/or Web Portal
9. The percent of children under supervision who are required to be seen every 30 days, who are seen every 30 days.
   i. DCF Dashboard
   ii. FSFN Report(s) and/or Web Portal

Quality and Risk Elements:
1. Supervisory Reviews (quarterly)
a. Data collected via:
   i. FSFN chronological notes
   ii. FIP QA staff run report utilizing information entered into FSFN regarding supervisory reviews completed
   iii. Random selection of five notes per supervisor for quality review
2. Exit Interviews (monthly)
a. Data collected via:
   i. Results hand tabulated by FIP QA Monitor staff from excel spreadsheet data extracted from ICWIS database.
3. Incident Reports (monthly)
   a. Data collected via:
      i. FIP manually collected spreadsheet – maintained by FIP QA Monitor staff

4. Foster Home Licensing Report (monthly)
   a. Data collected via:
      i. Monthly report manually collected by licensing staff

5. Birth Verification Compliance (monthly)
   a. Data collected via:
      i. FSFN report(s)

6. Photograph Compliance (monthly)
   a. Data collected via:
      i. FSFN report(s)

7. Finger Prints Compliance (monthly)
   a. Data collected via:
      i. FSFN report(s)

FIP utilizes the performance measure data collected and works with the Case Management Units to identify and address areas in need of improvement. This partnered approach is designed to look at issues related to quality and compliance at the case level. By looking at issues at the case level, progress can be made with individual children and families and over time for the system as a whole. Identifying issues at the case level has resulted in a more focused approach to performance improvement. From this case specific information, trends are identified and action steps implemented to address both case specific and systemic issues.

FIP completes a monthly report on FIP’s compliance with each of the contracted performance measures. This report compares performance from one month/quarter to the next, documents whether FIP is in compliance with each of the measures, and outlines specific action plans to address areas in need of improvement. Action plans are based on shared data review initiatives and on analysis and work done with the Case Management Units as described in the paragraph above. The summary report is provided to DCF and the Circuit 7 Community Alliance.

2. Describe how the CBC will track and report on the strategic objectives set by its Board. Describe what data sources will be used and how the performance will be communicated to management and the Board.

FIP and the St. Johns County Health and Human Services Executive Team developed an HHS Balanced Scorecard and established a set of strategic plans for the years 2005 through 2010. FIP’s current goals are to:

1) Improve Client Services
2) Build Stronger Community Relationships

3) Maintain Quality Staff

These goals are measured and monitored through the FSFN reports system, St. Johns County Health and Human Services environmental scan, customer satisfaction surveys, collaboration with other agencies in conjunction with the Memorandums of Understanding (MOUs), and the Community Resource Center Prevention and Early Intervention Data Collection report. The goals also measure FIP’s ability to maintain the safe reduction of children in out-of-home care by 50%. This goal was initially met in December 2008 and FIP was recognized and awarded for their efforts. However, since December 2008, FIP has not been able to maintain the 50% reduction. FIP participated in the development of a Circuit 7 Foster Care Redesign Proposal. FIP is in the process of hiring for and implementing a diversion program designed to address high risk cases, and when appropriate eliminate the need for court ordered intervention.

FIP is involved in the development and funding of a St. Johns County Juvenile Drug Court Program. FIP will fund the Court Administration position, and the part-time Clerk of Court position. FIP awarded a contract to EPIC Community Services to provide the substance abuse and therapeutic component of the program. The Court Administration position and the EPIC contract require reporting service provision data to FIP.

3. Describe how the CBC will track and report on the performance of their contract providers. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.

FIP does not have any contract providers.

4. Describe how the CBC will track and report on ongoing improvement initiatives occurring during the upcoming fiscal year. What need or performance gap is each one intended to fill, especially with respect to items 1-3 above? What evidence exists to show the initiatives will produce the desired change? For example, is there a Quality Improvement and Control (QIC) story or other systematic QI model in use that describes the initiative and tracks progress? Describe how the CBC will report the status of ongoing improvement initiatives to management, the Board, and interested stakeholders.

FIP will continue to complete monthly performance measure compliance reports, and present these reports to DCF Circuit Administration and the Circuit 7 Community Alliance as requested. These reports combine data obtained from the DCF dashboard, FMHI website, and FSFN. The report outlines compliance over time for all contracted performance measures. In addition, the report includes action plans for improvements when performance is found to be below contracted standards. These action plans include the information previously described in #1 above.
FIP will continue to utilize these approaches throughout fiscal year 2010/2011, building on the lessons learned and enhancing action plans previously implemented. FIP will continue to use the case level data review approach along with the trend analysis approach. Initial utilization of these processes has led to improved outcomes in obtaining fingerprints, birth verifications, and photographs and seeing children within 30 days. FIP will continue to review the data and participate in the collaborative monthly meetings with the Case Management Units.

Additionally, FIP has established Quality Improvement Teams designed to create learning experiences and drive system improvement. The teams responsible for reviewing performance and risk data include the St. Johns County Health and Human Services Executive Management Team, and the St. Johns County Health and Human Services Quality Operations Team. Additionally, the FIP Case Management Unit Supervisors Meeting occurs monthly and includes discussions on performance data, identified opportunities for improvement, and other concerns that may arise. The participants evaluate data and direct decision-making to implement changes to processes at both the service and case levels. Appropriate lessons and process changes are translated into new or enhanced policies and procedures, and shared with DCF/FIP Partnership, Circuit 7 Community Alliance, stakeholders, and other interested parties as indicators of solution-focused thinking and processing.

FIP continues to address the short-term and long-term strategic plan goals and action plans with the St. Johns County Health and Human Services Executive Team.

The FIP QA staff also supports performance through standardized QA activities to evaluate increased success and compliance. Additionally, the QA Department provides technical assistance to the Quality Improvement teams and individual case management units as necessary.

5. Describe what new performance improvement initiatives the CBC is going to undertake in the upcoming year. Describe the performance issue the initiative is meant to address, how it was selected, and how it will be managed (e.g., QIC approach?).

**Child and Family Services Review (CFSR) Federal Audit Quality Improvement Plan**

FIP created and implemented the Quality Improvement Plan to address the findings identified in the CFSR review. The region requires monthly updates regarding progress on the action steps within the plan. FIP provides all requested updates and information. Because the CBC Case Management Review Tool closely mirrors the CFSR Federal standards, FIP expects to utilize the results from the Base and Side-by-Side Reviews to gauge growth and current performance regarding the CFSR Federal Quality Improvement Plan items. This in conjunction with the case level analysis of performance measure compliance provides an overall picture of case practice and identifies needed improvements. The Side-by-Side Reviews are utilized as a “true learning activity” and involves the DCMS of the case meeting with the review team comprised of a CBC QA Reviewer not associated with the case, and a Region QA Reviewer to read the case record and complete the CBC Case Management Review Tool. During this process the DCMS has the opportunity to not only provide input and share information regarding the case, but more importantly has an opportunity to learn.
6. Describe how the CBC will evaluate and react as new information becomes available. For example, analyze what is revealed about practice standards during quality assurance reviews, or by performance measure trend data, or by performance on federal outcome measures. Will the information be used to either modify ongoing improvement initiatives or start new ones? For example, if quality assurance review information provides indications of issues in a particular site or for a particular function, how will a QI initiative be defined and managed?

FIP is an agency focused on making changes and doing what is in the best interest of the children and families we serve. FIP’s quality control, quality assurance and continuous quality improvement system allows FIP to recognize and react to emerging trends at various levels within the agency. This is documented through the use on the internally created FIP dashboard and trend data charting system. This data is posted within the FIP Office to ensure the information is readily available to FIP’s Case Management Units. FIP works closely with DCF Circuit 7. As trends are identified action plans are put in place. As stated previously in this plan, FIP reviews performance at the case level (both performance reviews and case file reviews – Base and Side-by-Side Reviews). By looking at issues at the case level progress can be made for individual children and families served, and over time for the system as a whole. Identifying issues at the case level lead to pinpointing problems. From this case specific information trends are identified and action steps put in place to address both case specific and systemic issues. This approach allows for ongoing analysis of established trends, and improvements and/or updates to existing action plans if the data does not support improvement. In addition, this approach allows for the establishment of new action plans for emerging trends identified through the various levels of quality assurance.

7. If a critical life, health, or safety threat to a child is identified during any quality assurance or other review activity, how will the CBC assure that the situation is immediately addressed and corrected?

For the Base and Side-by-Side Review process, FIP has a system in place for ensuring critical threats to a child’s life, health or safety are addressed immediately. When the reviewer determines there is a threat to the child’s life, health or safety a Request for Action Form is completed and documents the case specific and demographic information, and unresolved concerns. The form is routed to the FIP QA Manager. The FIP QA Manager reviews the document to note the issues of concern and within one workday forwards the document to the DCMS responsible for the case. The Case Management Unit has five days from the date the form is submitted to FIP to review and resolve the issue and return the form to FIP QA Manager documenting the actions taken to resolve the concerns. If there is a need to react immediately to ensure the child is safe, FIP and/or the reviewer completing the form ensure the appropriate
immediate action is taken, i.e. calling law enforcement, calling 911, calling the DCM to ensure the situation is addressed immediately, etc. FIP either approves the actions taken or re-submits the form to the DCMS requesting additional information or follow-up. This process continues until all concerns resolved.

Additionally, when any threat to a child’s life, health, or safety is identified during any other quality assurance activity, the concern is communicated in writing and the required follow-up action is documented. Safety concerns are tracked until the concern is resolved.

8. If the lead agency has completed or is working on tasks related to national accreditation, please include a brief description.

The Family Integrity Program is an agency within the St. Johns County Health and Human Services Department. The St. Johns County Health and Human Services Department was officially accredited by COA in November 2008.