CBC Quality Management Plan General Requirements

Background and introduction

In 1996, Florida began an ambitious process to reform foster care and related services to fully integrate the delivery of services to children in foster care into the infrastructure of communities. The Florida legislature mandated the Florida Department of Children and Family Services (DCF) enter into contracts to establish at least five model programs in which community-based agencies provide foster care and related services. The goal of the effort was to increase the commitment of communities to the well-being of children and their families. By 1998, the Florida legislature expanded the goals and required DCF to privatize foster care and related services statewide through a competitive bid process phased in over a three-year period. The State’s transition to the Community-Based Care Model was completed in May 2005, with 22 agencies selected through a competitive process serving Florida’s 67 counties.

Family Support Services of North Florida, Inc. (FSSNF) was established in 2002 and selected as the lead agency for child protective services in Duval County in 2003. During this time, the mission of FSSNF was “to provide for the safety and stability of children and families by strengthening the child protection system and involving neighborhood networks to ensure success.”

In 2007, the Nassau County Board of Commissioners informed DCF they wished to terminate the contract with State of Florida to oversee the local Community Based Care organization known as “Family Matters.” DCF requested FSSNF manage the Nassau County child welfare Community-Based Care under an Emergency Procurement Contract. FSSNF has made many improvements to the system of care in Nassau County including the inclusion of many local stakeholders. Since assuming responsibility for the Nassau Service Center in September 2007, FSSNF implemented the same processes for achieving permanency and service delivery that produced success in Duval County.

In June 2010, the board of directors of FSSNF voted at the June, 2010 board meeting to change the FSSNF Mission Statement to read, “The mission of Family Support Services of North Florida is to be the leader in providing safety, stability, and quality of life for all children by working with the community to strengthen the family unit.” FSSNF is committed to ensuring high-quality, community-based care for abused and neglected children in North Florida.

The staff provide ongoing casework for children in foster home, promote and support adoption, coordinate health care services, and provide prevention and preservation programs. True to the Community-Based Care Model, programs actively involve individuals and groups from the community. Together, the staff and community partners provide services that benefit over 3,000 children and families.
**Criterion 1: Quality Assurance System**

FSSNF currently implements a complete DCF approved quality assurance and quality improvement process consistent with the DCF contract and service delivery model, and in compliance with state and federal law, administrative rule, and DCF operating procedures. The FSSNF quality assurance and quality improvement processes outline a comprehensive approach to ensure quality services are provided to the children and families served. One of the guiding principles behind accomplishing this task is involving FSSNF staff at all levels, to include Case Management Agencies and community stakeholders. This comprehensive approach is accomplished by holding the Duval and Nassau Service Center staff accountable for leadership, direction, and compliance through an external quality assurance process, as well as the infusion of continuous quality improvement through an internal process focused on service delivery.

The quality assurance approach is designed as an external process that validates internal practices through the application of sound evaluation principles that ensure data is collected accurately, analyzed appropriately, and reported and acted upon effectively. FSSNF staff in collaboration with DCF provides external reviews, and coordinates all outside reviews of service delivery. While the quality assurance approach focuses on the external process, the quality improvement approach is an internal process driven and conducted by the FSSNF Quality Management Specialists in conjunction with the Duval and Nassau Service Center staff.

While the ultimate authority and responsibility for overseeing the exceptional quality of care at FSSNF rests with its Board of Directors, the responsibility for FSSNF’s quality assurance and quality improvement efforts resides with the FSSNF Director of Quality Management.

**Operational Responsibilities of Director of Quality Management, Quality Management Staff and Training Requirements**

FSSNF’s Director of Quality Management supervises staff dedicated to quality operations, assurance and improvement activities. The staff includes five (5) Quality Management Specialists. The Director of Quality Management and the Quality Management Specialists will attend all DCF and Region trainings pertaining to quality assurance and quality improvement issues, as well as other state and national conferences on best practices in service delivery and quality management.

The Director of Quality Management reports to the FSSNF Chief Operating Officer; the FSSNF Chief Operating Officer reports to the FSSNF Chief Executive Officer; and the FSSNF Chief Executive Officer reports to the FSSNF Board of Directors.
The Quality Management Specialists are responsible for planning, implementing and reporting on case management quality improvement and DCF required processes. It is also the Quality Management Specialists’ responsibility to identify trends from all reviews and seek solutions for improvement while working with the FSSNF Training staff and Duval and Nassau Service Center staff to incorporate findings into future trainings. Other responsibilities of the Quality Management Specialists include, but are not limited to:

- In collaboration with FSSNF service delivery staff and Duval and Nassau Service Centers, complete all DCF required reviews (i.e., Base and Side-By-Side Reviews);
- Participate in frequent quality improvement meetings that incorporate review findings with other critical sets of data and DCF and FSSNF monitoring reports into a plan of action by using the Plan, Do, Check, and Act (PDCA) concept;
- Assist the Duval and Nassau Service Center staff in quality improvement planning by ensuring compliance with statute, rule, and policy;
- Review, research and assist in tracking incident reports;
- Analyze data and report results to the Director of Quality Management;
- Review client complaints, work on resolutions and track results;
- Assist other FSSNF departmental areas in compiling and integrating the results of community stakeholder and foster parent surveys to strengthen the service delivery system;
- Conduct permanency and other out-of-home care staffings on a monthly and/or quarterly basis at the Duval and Nassau Service Center sites.
Quality Improvement System

FSSNF believes in a continuous quality improvement system that includes input by all levels of FSSNF staff and partners across departmental and community lines. Reports of Quality Management activities include the results of performance measures outlined in the contract with DCF and will be shared with the DCF Northeast Region Quality Manager, DCF Regional staff, FSSNF’s Management Team and Board of Directors, and each Case Management Organization. The benefit of sharing these results is to encourage individuals to work across departmental and community lines to improve quality of services and to realize the importance of customer satisfaction and services provided to the children and families served.

The Quality Management reports will show FSSNF and the Quality Management Team which Case Management Agencies are meeting their goals and following procedures and which ones need improvement. FSSNF’s Quality Management Team will use these reports to guide its quality improvement process. After reviewing the results of the reports, the FSSNF Quality Management Team will assist the Case Management Agencies, as needed, in developing an action plan to address areas of practice in need of improvement. However, it is ultimately each Case Management Organization’s responsibility to address deficiencies and provide a plan of action to eliminate future occurrences of deficiencies.

As stated above the FSSNF Quality Management Department will hold monthly quality improvement meetings with all of our Case Management Agencies and complete the quality improvement cycle on areas in need of improvement.

Criterion 2: Focus on Coordination

1. Unit Supervisory Discussions: Describe how the lead agency will incorporate the supervisory discussion guide.

At a minimum, existing policy requires case management supervisors review all open cases in their units on a quarterly basis. The supervisory review process for Duval and Nassau Counties will be as follows:

1. A supervisory review is required on all cases open 30 days or more in any 90 day period. The Family Services Counselor Supervisor (FSCS) will be required to review 100% of the cases in their unit every 90 days to ensure child safety, well-being, and permanency are being addressed for every child.

2. The FSCS shall use the Supervisory Discussion Guide or similar and approved document to assist in conducting a qualitative discussion conference with the
Family Services Counselor (FSC). The FSCS will only utilize the questions on the Supervisory Discussion Guide that are most relevant to the case and discussion at the time. The focus of the discussion will be to address:

**Participants:** Date of supervision and individuals present

**Child Safety:** What is the current level of risk?  
What are the immediate safety actions warranted?

**Case Status:** What is the current permanency goal?  
What progress was made in achieving permanency/stability?  
(Address ongoing two-way communication with service providers.)  
What barriers exist to achieving permanency/stability?  
What well-being issues were addressed or need to be addressed?  
What actions were completed since the last review and what actions remain?

**Next Steps:** What supervisory guidance and direction is needed?  
(Include tasks and person responsible.)

By utilizing the Supervisory Discussion Guide or similar and approved document to focus on the safety, permanency, and well-being of the case, the FSCS and FSC will have the opportunity to identify gaps and resolve them timely. This discussion would assure appropriate safeguards and services are in place and the cases are moving toward successful closure.

3. The FSCS shall input a chronological note in Florida Safe Families Network (FSFN) by selecting “**Review-Supervisory**” as the note-type to indicate the completion of a supervisory case review and include, at a minimum, the following information:

**Participants:** Date of supervision and individuals present.

**Child Safety:** What is the current level of risk?  
What are the immediate safety actions warranted?
Case Status: What is the current permanency goal?
What progress was made in achieving permanency/stability?
(Address ongoing two-way communication with service providers.)
What barriers exist to achieving permanency/stability?
What well-being issues were addressed or need to be addressed?
What actions were completed since the last review and what actions remain?

Next Steps: What supervisory guidance and direction is needed?
(Include tasks and person responsible.)

4. The FSCS shall complete and enter all chronological notes into FSFN within two working days of the completion of the supervisory case reviews. The FSCS may cut and paste the information from the Supervisory Discussion Guide or similar and approved document into the FSFN note or type the information in the FSFN note.

Each child reviewed must be selected as a subject of the note for the review in order to document compliance with the requirement to document a supervisory review every 90 days.

5. The FSSNF Data Department will continue to report the completion of supervisory reviews on at least a monthly basis to show compliance by each Case Management Organization (CMO). This report will include but not limited to the date of most recent supervisory review, date most recent supervisory review entered and the person who performed the most recent supervisory review.

6. The FSSNF Quality Management Team, as part of the Base and Side-By-Side Reviews, will continue to review the quality and completion of the supervisory reviews and report the findings to the DCF Northeast Region Quality Manager, FSSNF’s Management Team and Board of Directors, and each Case Management Organization as required.

7. Case Management Agencies with supervisors not meeting expectations will be required to submit corrective action plans for performance improvement.

2. CBC and Regional QA Base, Side-by-Side, and In-Depth Reviews: Describe how the lead agency and Region staff will prepare for and conduct quarterly base, side-by-side, and in-depth reviews. Also, describe how the lead agency will work with the Region staff to track, analyze, and report the findings.
CBC QA Base and In-Depth Reviews

The Case management Quality Assurance Base Reviews will occur each quarter and on an ongoing basis. The reviews will assist in determining the quality of services provided to the children and families. The process for preparing and conducting the reviews will be as follows:

1. Each quarter, the DCF Headquarters will provide to FSSNF an extract of all recipients during the defined selection period. The minimum number of 25 cases will be randomly selected per quarter. The FSSNF Director of Quality Management or designee will be required to draw and assign a random sample of 17 of the 25 cases from the extract for Duval and Nassau counties, and ensure the cases meet the criteria for the population quadrant under reviews by permanency goal.

2. The sample will represent a range of permanency goals. The sample list will consist of cases from the following population of permanency goals which have been assigned to a primary worker as of the sample date or the service recipient end date, whichever is earlier:
   - Maintain and Strengthen
   - Reunification
   - Adoption
   - Permanent Guardianship
   - Permanent Placement with a Fit and Willing Relative
   - Another Planned Permanent Living Arrangement (APPLA)

3. If FSSNF elects not to participate in the in-depth reviews conducted by the 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 FSSNF Director of Quality Management or designee.

4. The case reviews will be conducted by using the following schedule:

   **Duval and Nassau**
   - July-Sept. 2010 (17 cases throughout the quarter)
   - Oct-Dec. 2010 (17 cases throughout the quarter)
   - Jan-March 2011 (17 cases throughout the quarter)
   - April-June 2011 (17 cases throughout the quarter)

5. FSSNF Quality Management Team will request action from the Case Management Agencies if at any time the reviews note child safety or significant administrative concerns that require follow up.
6. The FSSNF Director of Quality Management or designee will track, analyze, and report the findings of the quarterly Base Reviews to the DCF Northeast Region Quality Manager, FSSNF’s Management Team and Board of Directors, and each Case Management Organization on a quarterly basis.

7. The report of the quarterly Base Review findings will include at a minimum: the overall performance in achieving safety, permanency, and well-being, practice trends, areas of excellence, and opportunities for improvement. The report format will also include a description of the selection of cases, and results of case file reviews.

8. Each Case Management Organization will be responsible for addressing deficiencies and providing a plan of action to eliminate future occurrences.

**CBC and Regional Quality Assurance Side-by-Side and In-Depth Reviews**

The Side-by-Side Review process will allow the DCF Region and FSSNF Quality Management staff an opportunity to review the same set of presenting circumstances, at the same time, enabling the parties to reach consensus in rating the same set of applicable standards. The process for organizing, managing, and conducting the Side-by-Side Reviews for Duval and Nassau Counties will be as follows:

1. The FSSNF Director of Quality Management or the DCF Northeast Region Quality Manager will identify eight (8) of the 25 cases to be reviewed using the Side-by-Side review process for Duval and Nassau Counties. The cases will be reviewed using the following schedule:

   **Duval and Nassau**
   - July-Sept. 2010 (Scheduled to occur during week of Sept. 13th-17th 2010)
   - Jan-March 2011 (Scheduled to occur during week of Jan. 24th-28th 2011)
   - April-June 2011 (Scheduled to occur during week of May 9th-13th 2011)

2. Two or more DCF Region Quality Management staff and FSSNF Quality Management staff will review the eight (8) cases selected for the Side-by-Side Review at the same time. Eight (8) cases will be identified for Duval and Nassau Counties. The Side-by-Side Review process will allow the teams to communicate and support each other through the process, and reinforce inter-rater reliability.

3. The DCF Northeast Region Quality Manager will be responsible for resolving any conflicts in review findings, when the team members cannot reach agreement. When a consensus cannot be reached, the DCF Northeast Region Quality Manager may consult with the FSSNF Director of Quality Management to assist in making the final determination.
4. As each case review is completed, the Side-by-Side Review Team will present a summary of the case and the review findings to the DCF Northeast Region Quality Manager by using the DCF approved reporting format for the Side-by-Side Review process.

While conducting (or pre-reviewing) the Side-by-Side Review sample cases, the DCF Northeast Regional Quality Manager or the FSSNF Director of Quality Management will identify two (2) cases from the eight (8) Side-by-Side Review sample for the case specific interviews (i.e. in-depth reviews). If FSSNF elects not to participate in the in-depth reviews conducted by the Northeast Region Quality Management staff during the Side-by-Side Review then the FSSNF Quality Management staff will randomly select two of the 17 Base Review cases for the in-depth interviews. The selection of the cases for the in-depth review process will be based on affirmative responses to the two criteria listed below:

- Are case participants available for interviews, and
- Are the cases representatives of the population being served in general?

After the eight (8) Side-by-Side case file reviews and in-depth activities are completed, DCF Regional Quality Assurance Reviewers will analyze the data and lead/facilitate an exit conference (upon request) or provide the completed report to/with region and FSSNF leadership. The preliminary findings will be provided in the timeframe to be determined by the appropriate DCF and FSSNF staff at the conclusion of each quarter so any necessary corrective actions can be made quickly.

The DCF Regional Staff and FSSNF will work together to assure quality improvement efforts are in place and address any shortcomings noted during the reviews.

Within the timeframe to be determined by the appropriate DCF and FSSNF staff at the conclusion of each quarter, and upon approval by the DCF Northeast Region Quality Manager, the final written report shall be forwarded to the DCF Regional Director, the FSSNF CEO and FSSNF Management Team, the DCF Assistant Secretaries for Programs and Operations, the DCF Contract Manager, and the DCF Director of the Office of Family Safety.

3. Psychotropic Medications for Children in Foster Care: *Describe how the lead agency will monitor express and informed consent or court approval has been obtained for children in foster care who are prescribed psychotropic medications, and a valid medical plan is maintained in the record.*

The FSSNF has developed a tracking system to ensure that any child prescribed psychotropic medication who is receiving case management supervision through FSSNF can be appropriately identified. At the Early Service Intervention (ESI) staffing, the FSSNF will continue to require the Child Protection Investigator (CPI) to complete the required Emergency Intake Form to include the child’s current psychotropic medications.
The FSSNF will continue to utilize a contracted consultant or the University of Florida MedConsult to review or obtain a second opinion on the status of children who are prescribed psychotropic medication.

Each Case Management Organization will review all open cases and identify which children have been prescribed a psychotropic medication. FSSNF now requires all case managers to review medications administered to children in care at EACH homevisit. A Medication Homevisit Addendum form has been developed to ensure all required information, to include express and informed consent or court approval, and a valid medical plan, is collected and documented in FSFN. The supervisors will be required to verify this information in FSFN during the completion of supervisory reviews which is required to be conducted every 90 days for accuracy and consistency. The case managers will work in partnership with the assigned Targeted Case Managers and/or caregivers to ensure coordination of activities involving the mental/behavioral health of the child.

The FSSNF Training Department, Quality Management Department, and Children’s Legal Services provided psychotropic medication trainings to the case management agencies during July 2009 and to the group home agencies in August-September 2009. The FSSNF also conducts regular conference calls and meetings with the case management agencies to ensure compliance and provide clarification on the psychotropic medication process.

The FSSNF Quality Management staff will continue to cross-reference the psychotropic medication-related lists with FSFN to identify any child on psychotropic medications not identified by the case management agencies and will inform the case management agencies of the specified time they will have to bring case into compliance.

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. The FSSNF Quality Management staff will continue to participate in the Base and Side-By-Side review process with the DCF Quality Management staff to complete reviews on children who are on psychotropic medications.

4. Florida Safe Families Network: Describe how the lead agency will continually assess data accuracy and completeness of data as inputted into state’s automated information system.

The FSSNF Data Department pulls reports weekly and/or monthly regarding FSFN data integrity (i.e. caseload verification, verification of visits, etc). These reports are sent to the case management agencies for timely and appropriate corrections. Data meetings are also held frequently to discuss FSFN data integrity and share best practices.

5. Executive Management and Region Discretionary Reviews: Describe how the lead agency will work with the region to respond to special review requests.
The FSSNF Quality Management Team receives client complaints, including those received via the DCF Tracker, written letters, phone calls, or emails. The FSSOP 175-01 Client Complaint Procedure is followed to address all complaints.

All client complaints are reviewed, researched, and responded to within 30 days of FSSNF’s notification. Complaints are entered in the DCF Tracker and/or tracked on an excel spreadsheet and assigned to the designated FSSNF Quality Management Specialist by the FSSNF Director of Quality Management for appropriate follow-up. When possible and appropriate, complaints are resolved through telephone calls, email correspondence, and letters rather than detailed summaries.

The FSSNF Quality Management Team will work with the DCF Circuit/Region to respond to and complete special discretionary review requests (i.e. special case audit requests) within a mutually agreeable timeframe. This activity will likely require specially designed review tools and other protocols depending on subject matter. The FSSNF Quality Management Team will utilize the DCF approved review tool to complete these reviews.

6. **Local Review Schedule:** Include a schedule for the upcoming fiscal year (2010/11) that shows when standard (quarterly) QA activities will occur (i.e. quarterly base reviews, side-by-side reviews, etc.). Include other events, for example, quarterly performance assessment meetings, CBC Board of Directors meetings, and other activities of local importance, initiatives or additional quality assurance activities.

- **Base Reviews:** Conducted Quarterly
  - July-Sept. 2010 (17 cases throughout the quarter)
  - Oct-Dec. 2010 (17 cases throughout the quarter)
  - Jan-March 2011 (17 cases throughout the quarter)
  - April-June 2011 (17 cases throughout the quarter)

- **Side By Side Reviews:** Conducted Quarterly
  - July-Sept. 2010 (Scheduled to occur during week of Sept. 13th-17th 2010)
  - Jan-March 2011 (Scheduled to occur during week of Jan. 24th-28th 2011)
  - April-June 2011 (Scheduled to occur during week of May 9th-13th 2011)

- **Monthly Meetings with Case Management Organization (CMO) staff:**
  - FSSNF staff meets every month with the Case Management Organization (CMO) Executive Directors or Chief Executive Officers, Program Directors, and Supervisors to share information, provide training, and address concerns related to various aspects of the dependency case process.
• **Monthly Meetings with the FSSNF Board of Directors:**
  
  - FSSNF Management staff meets every month on the second Tuesday of each month with the FSSNF Board of Directors.
  
  - One of the purposes of this meeting is to review the current performance for each CMO and overall agency objectives.

• **Monthly Meetings with Circuit Administrator to Review CBC Performance:**
  
  - FSSNF Management and DCF Contract Managers, Circuit Administrator and other staff meet monthly to discuss performance measures, current outcomes, resolutions/corrective action plans, DCF Score Card, and other concerns.

• **Circuit 4 Community Alliance Meetings:**
  
  - The Community Alliance Meetings occur on the third Wednesday of each month in Circuit 4.
  
  - One of the purposes of this meeting is to share information and updates and review and discuss the current performance for CBCs within Circuit 4.

### Criterion 3: Focus on Results

<table>
<thead>
<tr>
<th>1. Quality Improvement Standards and Process: Describe how the CBC will track and report 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.</th>
</tr>
</thead>
</table>

This activity is designed to address performance issues and provide an arena for discussion, planning and implementation for improvement. FSSNF accumulates the outcomes and performance indicators from FSFN, the DCF Web Portal, and other related-data sources into a bi-weekly and/or monthly scorecard. The scorecard is distributed in regular scheduled meetings (or email) to the Case Management Organization CEOs and directors to review, identify, and discuss performance trends in need of immediate attention. This data is also shared with FSSNF Management and DCF. The FSSNF Board of Directors also receives this information and the results of the strategic plan objectives during their meetings with FSSNF Management staff.

The providers are required to function at the performance target for the appropriate fiscal year, by the end of that fiscal year, or by the contract end date if it occurs within the fiscal year. The following performance measures are reflective of Fiscal Year 2010-2011 to 2011-2012 subject to change by direction of the DCF:
1. 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.
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

2. The percentage of children under supervision who are required to be seen every 30 days, who are seen every 30 days shall be at least 100 percent.
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

3. The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 75.20 percent.
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

4. The percentage of children reunified who re-entered out-of-home care within 12 months shall not exceed 9.9 percent.
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

5. The percentage of children who were adopted within 24 months of the latest removal shall be at least 36.6 percent.
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)
6. The percentage of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18\textsuperscript{th} birthday and by June 30 shall be at least 34.65 percent.

   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

FSSNF Quality Management Department conducts permanency staffings based on a child’s removal date obtained from FSFN to ensure all children are staffed for permanency at the 4\textsuperscript{th}, 7\textsuperscript{th}, 10\textsuperscript{th}, and 12+ month. The cases of children who have been in out-of-home care 12 months or more are staffed in an effort to reassess the permanency goals and achieve permanency.

7. The percentage of children in out-of-home care for at least eight days, but less than 12 months, who had two or fewer placement settings, shall be at least 86 percent.

   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

8. The number of children with finalized adoptions between July 1, 2010 and June 30, 2011 shall be at least (TBA).

   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

**Other Quality Improvement Processes**

1. Client Complaints (monthly)
   - All client complaints are received and input into the DCF Tracker and/or tracked on an excel spreadsheet by the designated FSSNF QUALITY MANAGEMENT Specialist for appropriate handling, per FSSOP 175-01.

2. Incident Reports (monthly)
   - All incident reports are received and input into the excel spreadsheet by the designated FSSNF QUALITY
3. Birth Verification Compliance (monthly)
   - FSFN report(s)

4. Photograph Compliance (monthly)
   - FSFN report(s)

5. Fingerprint Compliance (monthly)
   - FSFN report(s)

6. 30-Day visit Compliance (monthly)
   - FSFN report(s)

During bi-weekly, or at least monthly, Data Calls, FSSNF, DCF, and the Case Management Agencies review the Case Management Agencies meeting their goals and following procedures and the Case Management Agencies in need of improvement. Through this collaborative approach, best practices are shared to assist in improving performance.

2. Strategic Objectives: 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, the Board and stakeholders.

FSSNF and its Board of Directors established a set of strategic objectives for the years 2007 through 2011. The plans included the following categories: 1) Prevention and Early Intervention, 2) Safety, 3) Normalcy, 4) Permanence, 5) Independence, 6) Customer Satisfaction, 7) Technology Support, 8) Funding and Community Development and, 9) Efficiency and Productivity.

The success indicators, performance measures, and strategies for each category are as follows:

1. Prevention and Early Intervention

   a. Success Indicator
      - Demonstrate the efficacy of prevention in the diversion of children from entering care.

   b. Performance Measures
      - Percent of children will be free from abuse and neglect during services (for cases that receive 30 days or more of service)

      - Percent of children will be free from abuse and neglect 6 months after services (for cases that receive 30 days or more of service)
c. Strategies
- Provide an expanded and more appropriate alternative to removing children from their home by increasing the utilization of prevention and early intervention services.

2. Safety

a. Success Indicator
- Improve the case management process in order to achieve desired outcomes.
- Ensure sufficient foster care capacity is maintained by providing safe out-of-home care for our children.

b. Performance Measures
- 100% of children under supervision who are required to be seen each month shall be seen within 30 days of last visitation
- The percentage of children reunified who were reunited within 12 months of the latest removal shall be at least 76.2%
- 100% will have an Independent Living case plan at age 13-14
- Percent of licensed child-care beds to number of children in protective services
- Percent of newly certified foster care families
- Rate of children who are missing and runaway will be reduced by 10% each year

c. Strategies
- Improve the quality and timeliness of the case management.
- Develop and maintain an adequate number of high quality placements.
- Provide support and behavior management consultation services.
- Reduce the number of missing and runaway children.

3. Normalcy

a. Success Indicator
• Children have an increased sense of well-being – meet personal goals, experience an appropriate degree of freedom and self-determination, and have stable living arrangements.

b. Performance Measures
• Percent of foster children in schools with Title 1 programs who receive tutoring services
• Percent of foster children accurately identified as ESE participants

c. Strategies
• Develop and implement a tracking system for school measures.
• Strengthen our relationship with the Duval County School System Foster Care Liaison.
• Improve the communication of school information from FSS to case managers.

4. Permanence

a. Success Indicator
• More children remain in or return to their homes.
• More children who are unable to remain in or return to their homes will achieve timely and lasting permanence.

b. Performance Measures
• 76% or greater of children reunified who are reunited within 12 months of the latest removal
• 87% or greater of children have no more than 2 placements within 12 months of removal
• 9% or less of children removed within 12 months of a prior reunification
• Adoption performance will increase by 5% year over year and
• The number one ranking of the large CBC’s statewide in adoptions will maintain

c. Strategies
• Ensure timely, appropriate, and stable permanence for each child.
5.  **Independence**

a.  **Success Indicator**
   - All individuals will be adequately prepared to achieve and maintain independence

b.  **Performance Measures**
   - Percent of children who age-out of foster care with high school diploma or G.E.D
   - Percent of children who age-out of foster care who are working or in post-secondary education

c.  **Strategies**
   - Develop and implement a tracking system for school measures.

6.  **Customer Satisfaction**

a.  **Success Indicator**
   - Increased percentage of customers are satisfied with service provided by or funded by FSS.

b.  **Performance Measures**
   - Percent of customers and funding agents who report being served with courtesy, dignity, and respect
   - Percent of customer and funding agents who report being satisfied with service received

c.  **Strategies**
   - Design and implement customer and funding agent satisfaction assessment and improvement processes.

7.  **Technology Support**

a.  **Success Indicator**
   - Systems support agency business needs.

b.  **Performance Measures**
   - Percent of system service request completed within request time frame
   - Percent of time systems are available, excluding scheduled downtime
c. Strategies
   • Improve performance of data processing systems.

8. **Funding and Community Development**

a. **Success Indicator**
   • Enhance funding development efforts.

b. **Performance Measures**
   • Meet the fund development goals.
   
   • A charitable foundation for receipt of endowments, material donations and other donor sources will be established.

c. **Strategies**
   • Enhance funding and community development.

9. **Efficiency and Productivity**

a. **Success Indicator**
   • Increase employee satisfaction.
   • Improve financial position of agency.

b. **Performance Measures**
   • Percent of employee surveyed who report satisfaction with employment
   
   • Annual Operating Budget will result in an actual spending of \( \geq 98\% \) of appropriations with no more than a 2% roll-over factor
   
   • Audit exceptions and reimbursements will not exceed 0.1% of the operating budget
   
   • In the event of a budget shortfall, access will be limited to \( \leq 25\% \) of the established $2,500,000 line of credit. A cycle delay in payment from DCF is an exception to this performance target
   
   • Operating budget will be increased by 5% in new programs, grants or other sources of revenue

c. **Strategies**
   • Develop and administer an employee survey.
   
   • Ensure the organization remain financially sound.
On at least a monthly basis, FSSNF addresses performance issues and strategic plan objectives and provides an arena for discussion, planning and implementing improvement. FSSNF accumulates the outcomes and performance indicators into a bi-weekly and/or monthly scorecard. The scorecard is distributed in regular scheduled meetings to the Case Management Organization CEOs to review, identify, and discuss performance trends in need of immediate attention. This data is also shared with FSSNF Management and DCF on a bi-weekly and/or monthly basis during Data Conference Calls. The FSSNF Board of Directors is also provided this information and the results of the strategic plan objectives during their monthly meetings with FSSNF Management staff.

3. Contract Providers: 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.

In September 2007, FSSNF assumed responsibility for the Nassau Service Center as a service provider. Since that time, FSSNF has implemented the same processes for achieving permanency and service delivery that have produced success with the Duval County Case Management Agencies. During monthly meetings and quarterly reporting, FSSNF will track and report on the performance of the Case Management Agencies. See “Focus on Results” (section #1) above.

4. Ongoing Improvement Initiatives: Describe how the CBC will track and report on ongoing improvement initiatives that will still be occurring during the upcoming fiscal year. What need or performance gap is each one intended to fill? What evidence exists to show the initiatives will produce the desired change? Describe how the CBC will report the status of ongoing improvement initiatives to management, the Board, and interested stakeholders.

FSSNF will continue to complete bi-weekly and monthly reports to address performance issues, and continue to work with the Case Management Agencies to make improvements. FSSNF believes in a continuous quality improvement system that includes input by all levels of FSSNF staff and partners across departmental and community lines. The continuance of Data Conference Calls, Board meetings, case staffings, and partnership meetings with DCF, Case Management Organization CEOs and directors, FSSNF Management, and the FSSNF Board of Directors will allow an opportunity to address performance gaps and bring about desired change. Quarterly reports of Quality Management activities, including the results of the performance measures outlined in the contract with DCF, will be shared with the DCF Northeast Region Quality Manager, DCF Regional staff, FSSNF’s Management Team, Board of Directors, and each Case Management Organization. Sharing these results will encourage individuals to work across departmental and community lines to improve the
quality of services and realize the importance of customer satisfaction and the services provided to the children and families served.

FSSNF’s policy requires FSCs to directly input chronological notes and judicial review information into FSFN. FSSNF designated staff will continue to open and close cases and maintain eligibility in FSFN.

5. New Performance Improvement Initiatives: 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?).

During the 2008-2009 fiscal year, FSSNF underwent system upgrades to improve the timely input of photo and fingerprint data. Also FSSNF created a local dashboard which consists of data from various departments within FSSNF for performance reporting. Currently, the data is reported during bi-weekly and monthly meetings (i.e. Data Calls) and the monthly FSSNF Newsletter provided to FSSNF staff, FSSNF Board of Directors, DCF, and stakeholders. The FSSNF Information Technology Department is leading the efforts to improve the data system.

During this previous fiscal year, FSSNF worked with the DCF and other CBC representatives within Circuit 4 to address findings identified in the CFSR review and develop and implement the Quality Improvement Plan. Because the CBC Case Management Review Tool closely mirrors the CFSR Federal standards, FSSNF 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.

6. New Information: Describe how the CBC will evaluate and react as new information becomes available.

The Quality Management Team will hold Quality Improvement meetings at FSSNF once a month or as needed. The Quality Improvement Team will consist of one staff person from each Case Management Organization, designated Quality Management staff, and the Director of Quality Management or designee. The Quality Improvement Team will choose the topic based on the results of the previous CBC Base and/or Side-by-Side Reviews. The Quality Improvement Team will use the Plan, Do, Check, Act (PDCA) approach, as well as share best practices and problem solving. The data used for each Quality Improvement Team meeting will consist of previous Case Management Organization Base and/or Side-By-Side Review scores, and will focus on the lowest scored areas. The new information will also be shared at the monthly directors, supervisors, and management meetings with the goal of identifying, discussing, and implementing best practices.

7. Critical Life/Safety: 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?
FSSNF will utilize the DCF approved review tool to monitor Case Management Organizations. FSSNF will complete safety and administrative Request for Action Forms, according to policy, when reviewing case files and child safety issues are identified to include critical life, health, or safety threat to a child. Immediate action will be taken to ensure the safety of the child and the safety and administrative Request for Action Forms or other requests will be submitted to the director of the Case Management Organization with a 48-hour deadline. If additional time is needed, this will be communicated with all parties to ensure approval of an extension of time for resolution. FSSNF will also utilize the Request for Action Forms when systemic trends are identified and utilize the required tracking log to resolve all concerns. FSSNF will conduct staffings and other necessary activities in working with the Case Management Organizations, DCF, and other involved participants to address and resolve all immediate child safety concerns.

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

During early 2008, FSSNF began the process of becoming accredited through the Council on Accreditation (COA). The goal was to obtain accreditation as an administrative organization, i.e., Lead Agency, and a service provider. Mock audits were scheduled and occurred during July 2008, and the electronic self study was completed in August 2008. The COA Site Visit occurred in October 2008. As a result, in January 2009, COA informed FSSNF of its decision to grant full accreditation.