FSSNF QUALITY MANAGEMENT PLAN

July 2008
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. The mission of FSSNF is “to provide for the safety and stability of children and families by strengthening the child protection system and involving neighborhood networks to ensure success.” FSSNF is committed to ensuring high-quality, community-based care for abused and neglected children in North Florida.

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.

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 four (4) 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., CBC Base Reviews);
- Participate in monthly 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 track incident reports;
- Analyze data and report results to the Director of Quality Management;
- Review client complaints, work on resolutions and track results;
- Compile, share, and integrate the results of community stakeholder and foster parent surveys on a quarterly basis 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. Quarterly 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 subcontracted agency. 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 quarterly 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 quarterly reports to guide its quality improvement process. After reviewing the results of the quarterly 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 Agency’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. The Family Services Counselor Supervisor (FSCS) will be required to review 100% of the cases in their unit each quarter to ensure child safety, well-being, and permanency are being addressed for every child.

2. The FSCS shall use the Supervisory Discussion Guide 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:

   • Date of risk assessment completion and outcome
• Permanency goal
• Progress and barriers to permanency
• Tasks and person responsible
• Follow-up on tasks

By utilizing the Supervisory Discussion Guide to focus on the risk and permanency 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 permanency.

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:

- Date of risk assessment completion and outcome
- Date of supervision and individuals present
- Permanency goal
- Progress and barriers to permanency
- Tasks and person responsible
- Follow-up on tasks

4. The FSCS shall complete and enter all chronological notes into FSFN by the 10th of the month following the end of each quarter to indicate the completion of the supervisory case reviews.

5. The FSSNF Quality Management Team, on a quarterly basis, will pull data from FSFN to report the following outcomes:

a. # and % of supervisory reviews completed by supervisor
b. # and % of supervisory reviews completed by subcontractor
c. % of compliance by supervisor with the input of three (3) randomly selected qualitative discussion notes to include:
   - Date of risk assessment completion and outcome
   - Date of supervision and individuals present
   - Permanency goal
   - Progress and barriers to permanency
   - Tasks and person responsible
   - Follow-up on tasks

6. Case Management Agencies with supervisors not meeting expectations will be required to submit corrective action plans for performance improvement.
7. The FSSNF Quality Management Team will provide the data from the supervisory case reviews to the DCF Northeast Region Quality Manager, DCF Regional staff, FSSNF’s Management Team and Board of Directors, and each subcontracted agency.

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 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 and post to the Center of the Advancement of Child Welfare Practice. FSSNF will be required to draw a random sample of 25 cases from the extract for Duval and Nassau counties, and ensure the cases meet the criteria for the population quadrant under reviews. The sample list will consist of cases from one of the following populations:
   - Children 10 and under as of the sample date
   - Children 11 and above as of the sample date
   - Children 5 and under at the time of admission
   - Children 6 and above at the time of admission

2. FSSNF will be responsible for ensuring the cases drawn meet the criteria as identified in the sample population that is listed above.

3. Children that meet any of the following discard criteria will be dropped from the sample population and the next random order child considered for replacement in the final master list of 25 will be selected (In-home and Out-of-home cases) if the child has:
   - Been selected for review in this quarter.
   - Been reviewed in any of the prior 3 quarters.
   - Any sibling included in the current sample OR in a case reviewed in any of the prior 3 quarters.
   - A case open for continued adoption subsidy payments only.
   - Been placed for the entire period under review in a locked juvenile facility or commitment program.
   - Been a service recipient for less than 6 months as of the sample date or service recipient end date.
If a decision is made to discard a randomly selected case file from the sample list under the allowable discard criteria, the decision will be approved by the FSSNF Director of Quality Management. The FSSNF Director of Quality Management will document the basis for the decision as it relates to the discard criteria.

4. The FSSNF Director of Quality Management will serve as the lead for the CBC Quality Assurance Base Reviews. The FSSNF Quality Management Specialists will conduct separate reviews of the 17 cases per quarter for Duval and Nassau by utilizing the DCF approved CBC Case Management Review Tool ([Attachment 1](#)) and Interpretive Guidelines. The FSSNF Quality Management Specialists will staff the review findings with the FSSNF Director of Quality Management or designee who will concurrently assesses the data for consistency and accuracy. Any changes that result will be input into the database.

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

**Duval and Nassau**
- July-Sept. 2008 (17 cases throughout the quarter)
- Oct-Dec. 2008 (17 cases throughout the quarter)
- Jan-March 2009 (17 cases throughout the quarter)
- April-June 2009 (17 cases throughout the quarter)

6. 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.

7. 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, DCF Regional staff, FSSNF’s Management Team and Board of Directors, and each subcontracted agency within 30 days of the completion of the quarterly Base Reviews.

8. 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 ([Attachment 3](#)) will also include a description of the selection of cases, results of case file reviews by CBC, due dates for rebuttal period and corrective action plans. The report will also include a total score by subcontracted agency and a total score for FSSNF.

9. Each subcontractor 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 and the 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. 2008 (Scheduled to occur during week of Sept. 8th-12th 2008)
   - Oct-Dec. 2008 (Scheduled to occur during week of Dec. 8th-12th 2008)
   - Jan-March 2009 (Scheduled to occur during week of March 9th-13th 2009)
   - April-June 2009 (Scheduled to occur during week of June 8th-12th 2009)

2. Two DCF Region Quality Management staff and two 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 will determine the appropriate rating and advise the FSSNF Director of Quality Management about the decision made.

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 and the FSSNF Director of Quality Management will identify two (2) cases from the eight (8) Side-by-Side Review sample for the in-depth reviews. The in-depth review process will be as follows:

On a quarterly basis, the DCF Northeast Region Quality Manager and the FSSNF Director of Quality Management or designee will identify the names of the two (2) cases from the eight (8) Side-by-Side Review cases for the in-depth quality of care review. The FSSNF Director of Quality Management or designee will contact the appropriate Case Management Agency supervisors to schedule the interviews.
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 collected from all three review components (Base, Side-by-Side, and In-Depth), and lead/facilitate an exit conference with region and FSSNF leadership and provide preliminary findings within 30 days of the completion of the 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 30 days from the exit conference, 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, and the DCF Director of the Office of Family Safety.

3. 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. (SEE ATTACHMENT)

All client complaints are reviewed, researched, and responded to within 30 days of FSSNF’s notification. All complaints are entered and 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. The client complaint spreadsheet is sent to the FSSNF Director of Quality Management at the end of each month to assure all complaints are resolved in a timely manner. On a monthly basis, the client complaint spreadsheet is provided to the FSSNF Performance and Quality Improvement (PQI) Team to check the list for trends in the client complaints spreadsheet regarding FSCs, subcontracted agencies and foster homes. The FSSNF PQI Team reviews the compiled results and makes recommendations and suggestions on resolving the complaints and includes trends regarding complaints on specific individuals, agencies, or homes.

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.
4. Local Review Schedule: Include a schedule for the upcoming fiscal year (2008/09) 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.

See Attachment 4. The meetings and activities for fiscal year 2008-2009 include the name of the meeting, purpose, frequency, and participants.

Criterion 3: Focus on Results

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.

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 into a bi-weekly and/or monthly scorecard. The scorecard is distributed in monthly meetings to the Case Management Agency 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 on a bi-weekly and/or monthly basis during Data Conference Calls. The FSSNF Board of Directors also receives this information and the results of the strategic plan objectives during their monthly 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 percentage of children not abused or neglected during services will be at least 95% for Duval and Nassau.

The FSSNF Director of Quality Management pulls this report from FSFN and/or the DCF Performance Dashboard on a quarterly basis and provides the results to FSSNF Management and DCF. The results are also shared with the FSSNF Board of Directors and Case Management Agencies.

1) No more than 1% of children served in out-of-home care shall experience maltreatment during services for Duval and Nassau.

The FSSNF Director of Quality Management pulls this report from FSFN and/or the DCF Performance Dashboard on a quarterly basis and provides the results to FSSNF Management and DCF. The results are also shared with the FSSNF Board of Directors and Case Management Agencies.
2) No more than 9% of children are removed within 12 months of a prior reunification for Duval and Nassau.

   The FSSNF Director of Quality Management pulls this report from FSFN and/or the DCF Performance Dashboard on a quarterly basis and provides the results to FSSNF Management and DCF. The results are also shared with the FSSNF Board of Directors and Case Management Agencies.

3) The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 76.2% for Duval and Nassau.

   The FSSNF Director of Quality Management pulls this report from FSFN and/or the DCF Performance Dashboard on a quarterly basis and provides the results to FSSNF Management and DCF. The results are also shared with the FSSNF Board of Directors and Case Management Agencies.

4) The percentage of children with finalized adoption whose adoptions were finalized within 24 months of the latest removal shall be at least 32% for Duval and Nassau.

   The FSSNF adoption specialist, or designee reviews and tracks which Case Management Agencies are meeting the goal of 32%. The data is pulled from FSFN and/or the DCF Performance Dashboard and provided to FSSNF Management, DCF, FSSNF Board of Directors, and Case Management Agencies on a monthly basis.

5) No more than 774 of children will be in out-of-home care 12 months or more on June 30, 2008 for Duval.

   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 5th and 10th month. In addition, in February 2008, a weekly “Rocket Docket” staffing process was instituted to expedite permanency decisions and minimize court delays.

6) No more than 54 of children will be in out-of-home care 12 months or more on June 30, 2008 for Nassau.

   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 5th and 10th month.

7) The provider will complete 241 adoptions during Fiscal Year 07/08 by June 30, 2008 for Duval.

   The FSSNF Adoption Specialist or designee will track the number of adoptions finalized monthly and year-to-date by Case Management Agencies. The data is
pulled from FSFN and/or the DCF Performance Dashboard and provided to FSSNF Management, DCF, and the FSSNF Board of Directors on a monthly basis.

8) The provider will complete 17 adoptions during Fiscal Year 07/08 by June 30, 2008 for Nassau.

The FSSNF Adoption Specialist or designee will track the number of adoptions finalized monthly and year-to-date by Case Management Agencies. The data is pulled from FSFN and/or the DCF Performance Dashboard and provided to FSSNF Management, DCF, and the FSSNF Board of Directors on a monthly basis.

9) 100% of children under supervision who are required to be seen each month shall be seen each month for Duval and Nassau.

The FSFN report to address this performance measure is reviewed by the FSSNF Information Technology Department every day from the 20th of each month through the 5th working day of the next month. The FSSNF Information Technology Department pulls the report from FSFN and sends a report of kids not seen to supervisors and directors, on a daily basis, until all children are seen.

**Other Quality Improvement Processes**

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

2. Incident Reports (monthly)
   - All client complaints are received and input into the excel spreadsheet by the designated FSSNF QUALITY MANAGEMENT Specialist for appropriate handling.

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. Refer to Attachment 4 for additional quality improvement meetings/activities.

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. 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 monthly meetings to the Case Management Agency 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. Also, refer to Attachment 4 for additional quality improvement meetings/activities.

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 Agency 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 subcontracted agency. 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. In order for FSSNF to obtain feedback regarding provision of services, community surveys (See Attachment 2) are sent to stakeholders and foster parents on a quarterly basis. The results of the community surveys will be complied on a quarterly basis and shared with the FSSNF Quality Improvement Team. The FSSNF Quality Improvement Team will review compiled results and make recommendations and suggestions to improve areas lacking excellent customer service. Refer to Attachment 4 for additional quality improvement meetings/activities.

FSSNF’s policy requires FSCs to directly input chronological notes, placement, and removal, demographic, 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?).

In preparation for the upcoming fiscal year, FSSNF is currently undertaking system upgrades to improve the timely input of photo and fingerprint data. Also FSSNF is in the process of creating a local dashboard to allow data to be input from various departments within FSSNF and serve as a “one-stop shop” for performance reporting. Currently, the progress of this local dashboard 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.

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. The Quality Improvement Team will consist of one staff person from each subcontracted agency, designated Quality Management staff, and the Director of Quality Management. The Quality Improvement Team will choose the topic based on the results of the previous CBC Base Review. 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 the last Case Management Agency CBC Base Review scores, and will focus on the lowest scored areas. The agenda will focus on the performance outcome measures of the CBC Base Review and review new information as it becomes available. 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 Agencies. 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 subcontracted agency with a 24-hour deadline. FSSNF will also utilize the Request for Action Forms when systemic trends are identified.
8. National Accreditation: If the lead agency has completed or is working on tasks related to national accreditation, please include a brief description.

FSSNF is in the process of becoming accredited through the Council on Accreditation (COA). The goal is to obtain accreditation as an administrative organization, i.e., Lead Agency, and a service provider. Mock audits are scheduled to occur the week of July 21st, and the electronic self study is due August 13. On September 1, 2008, FSSNF will know if the self-study is approved and the accreditation process moves forward. The COA Site Visit is scheduled to occur the week of October 26.

FSSNF is also monitored by a host of local, state, and federal organizations, to include, but not limited to the following:

1. Department of Children and Families, Family Preservation & Safety
2. Department of Children and Families, Alcohol, Drug Abuse and Mental Health (ADM)
3. The Agency for Health Care Administration (AHCA)