Safe Children Coalition
DeSoto, Manatee, and Sarasota Counties
Quality Management Plan

July 1, 2009 – June 30, 2010

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Table of Contents

I - Introduction ........................................................................................................................... 3
II - Mission ............................................................................................................................... 3
III - Vision Statement .............................................................................................................. 4
IV - Quality Management Statement and Definitions .......................................................... 4
V – Quality Management Structure / Resources ................................................................. Error! Bookmark not defined.
VI – Quality Management – 4 Principle Outcomes ............................................................. 6
VII: Quality Management Activities ..................................................................................... 9
VIII – Quality Improvement ................................................................................................... 18
IX – Staff and Provider Training ........................................................................................... 21
X – Foster and Adoptive Home Licensing, Approval and Recruitment ............................... 22

2009-10 Quality Management Collaboration Plan .................................................................... 24

2009-10 Quality Management Schedule ............................................................................... 25
I Introduction

The Sarasota Family YMCA serves as the Lead Agency for Community Based Care in three counties on the West Coast of Florida - Sarasota, Manatee, and DeSoto. Under the leadership of the Sarasota Family YMCA, the Safe Children Coalition (SCC) is a collaboration between the YMCA and many local community entities who together provide a continuum of child welfare services for dependent children who have been abused, neglected or abandoned. Child protection services provided include case management, foster care, independent living and adoptions.

Services Provided by the Sarasota Family YMCA, Inc. and Subcontracted Providers

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Contract/ Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASE MANAGEMENT</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Sarasota Family YMCA, Inc. | • Family Preservation Services: DeSoto & Sarasota Counties  
• Manatee Glens Corporation: Manatee County  
• Youth & Family Alternatives: Desoto, Manatee & Sarasota Counties |
| **FOSTER CARE** | |
| Sarasota Family YMCA, Inc. | |
| Sarasota Family YMCA, Inc. – DeSoto, Manatee, and Sarasota Counties | |
| **RESIDENTIAL GROUP CARE** | |
| The Sarasota Family YMCA, Inc. has a number of subcontracts and Memorandums of Understanding with various community providers. These provider services are utilized for many types of placement services, including but not limited to: Residential Group Care, Specialized Therapeutic Foster Care, Therapeutic Foster Care, SIPP placements, group home and enhanced placement services, Medical and Developmental service foster care, substance abuse treatment services, mental health treatment services, teen pregnancy services and temporary shelter services. |
| **PREVENTION/COMMUNITY FACILITATION** | |
| Sarasota Family YMCA, Inc. | • Manatee Glens Corporation – DeSoto, Sarasota, Manatee Counties  
• Jewish Children and Family Services - Sarasota |
| **INDEPENDENT LIVING** | |
| Sarasota Family YMCA, Inc. | • All Case Management Providers (see above) for 13-17 year old youth & Legal Jurisdiction Youth 18+ |
| **ADOPTION SERVICES** | |
| Sarasota Family YMCA, Inc. | • All Case Management Providers (see above). |
An integrated system of care built on a foundation of community leadership, investment and accountability, providing a comprehensive service array that assures safety and permanency in the most effective and cost effective manner meeting specific outcomes and standards of care.

III Vision Statement

The Safe Children Coalition drives a seamless system of care that is characterized by integrity in decision-making, respect for the rights and dignity of children and families, and priority on professional responsibilities over personal interests. The service delivery system emphasizes: Timely access; triage of need; prevention and early intervention; appropriate, cost effective care and support in compliance with accreditation standards.

IV Quality Management Statement and Definitions

The primary purpose of the Sarasota Family YMCA, Inc.’s Quality Management System is to strengthen practice, improve the timeliness, accessibility, quality and effectiveness of services and increase natural and enduring community supports for children and families.

The Sarasota Family YMCA, Inc.’s Quality Management Plan is based on the organization’s culture of values: Caring, Honesty, Respect and Responsibility as well as nationally recognized accreditation standards for child welfare services.

- CBC services demonstrate respect for individual and family values and goals;
- CBC services support cultural identity and linguistic needs;
- CBC services accommodate variations in life style;
- CBC services emphasize personal growth, development, and situational change.
- Clients and families are informed of their right to consent and participate in decisions about their care;
- Clients have the right of refusal and self-determination;
- Clients have a right to privacy and confidentiality protection;
- Clients have the right to be heard by the organization with regard to grievances.

To effectively implement our Quality Management Plan, The Sarasota Family YMCA, Inc. incorporates each level of our staffing pattern in addressing Quality Assurance and Quality Improvement. Although the majority of the day-to-day function rests with the Senior Management which includes Operations, Data Services, Client and Community Relations, and Quality Management Departments; all CBC supervisors, line staff and support staff play an equally active role in continuous quality activities. This role is best defined as the system-wide participation in continuous quality improvement.

Utilizing the Council On Accreditation best practice standards, the Sarasota Family YMCA, Inc. strives to meet each standard as prescribed. Through our annual update to the Quality Management Plan, the standards are reviewed by the Director of Quality Management Services and the VP of CBC Operations to ensure compliance or at a minimum, to develop measures that will bring the company to compliance status. The Sarasota Family YMCA, Inc. is accredited by the Council on Accreditation, through June 30, 2009 and is awaiting the accreditation decision from the COA site visit conducted in March 2009.

Quality Assurance (QA) is a system that validates internal practices and uses sound principles of evaluation to ensure that data is collected accurately, analyzed appropriately, reported, and acted upon. The QA function looks at the entire system of care. Products of the QA function include reports that validate data at the agency, unit and case manager level, which evaluates the impact
of practice on in-process and end-process measurements, and provide recommendations for actions.

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

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

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

The Quality Management Plan is updated based on two actions:
- changes in the contract performance measures and / or
- the agency strategic plan.

V  **Quality Management Structure**

The Sarasota Family YMCA, Inc. has a long history of collaboration and cooperation with the DCF SunCoast Regional Office, and this includes peer participation in the Quality Management Case Management Reviews. Various community/provider entities, such as Alliances, Stakeholder groups, Branch Board, and Social Services Committee, CEO Forums, CQIC group, Systems Development Group, and various Management Groups participate in the quality management plan by reviewing and providing input via regular meetings and report/data reviews. Each assists, as needed, in evaluating performance and assisting in the development of action plans and strategies to ensure the provision of quality services to the children and families we serve.

Resources utilized to support quality management activities include the following:

- **Ongoing Internal Communication** – a high level of communication is maintained within each area of the organization. Methods utilized include email, interoffice memo, and formal meetings. Information and data is shared and production is monitored on a daily, weekly, monthly and / or quarterly basis.

- **Data Reports** – Data reports are gathered from a variety of sources, summary reports are developed and then a single Management Report is produced to review critical areas of change. This report is distributed to the Executive Forum and Stakeholders. Summary reports are distributed in hard copy or electronically shared with CBC staff, DCF Regional staff, and stakeholders and are disseminated on a daily, weekly, monthly and quarterly basis. The primary sources of data are Florida Safe Families Network (FSFN) and the DCF Dashboard.

- **Florida Safe Families Network (FSFN)** is utilized as the official source of record for all case management activities and other applicable information. The data and functionality contained within the system provides access reports as well as determines compliance
with multiple outcome measures and internally sets benchmarks. This program also serves as an information source during case practice reviews.

- **CoBRIS** – CoBRIS is an Internet base software application developed to assist child welfare agencies in their daily management, operations and reporting.

- **Case Practice Review Tool** – The Sarasota Family YMCA, Inc. will utilize a standardized tool Case Management Quality Assurance Tool to review and evaluate case practice.

- **Multiple Forms** – In developing the organization’s Quality Management System which was initially established in 1997, numerous processes have been implemented to drive production and accuracy. Various tracking forms range from ESI Staffings, Case Review Consultation/Staffings, Face to Face Verification of Home Visit forms to Supervisory Reviews. They are intended to serve as a prompting mechanism, to teach and to ensure compliance for Case Managers, Supervisors and Program Managers/Directors.

- **Document / Process Tracking Systems** – In focusing on compliance, numerous documents and process tracking systems have been implemented to ensure completion, receipt and appropriate process execution. These systems range from ESI packet content, multiple consultations/staffings facilitated by the Lead Agency, Case Management Supervisory Reviews, Child Exit Surveys, Staff Exit Surveys, Client Satisfaction surveys, etc.

- **Reliability and Integrity of Data Assurance** – Through internal and external monitoring of reports, various Quality Assurance activities and on-going case supervision, the reliability and integrity of data is maintained.

All of these components work collectively to drive production, ensure compliance and serve as prompting/teaching aids, as well as helping to ensure child safety, permanence and well-being.

**VI Quality Management – 4 Principle Outcomes**

The Sarasota Family YMCA, Inc. structures the core basis of our Quality Management Plan to encompass four (4) principle outcome categories:

1. Contract Performance Measures
2. Internal Strategic Quality Goals
3. Case Practice Review Findings
4. Fiscal Management / Revenue Maximization

Various Quality Assurance activities are conducted on a regular basis that supports one or more of the categories listed above.

**Principle Outcome Category 1 – Contract Performance Measures**

The Contract Performance Measures category addresses the measures listed within our contract with the Department of Children and Families. These measures are adjusted annually due to the targets negotiated at the time of contract renewal and / or through initiative identification at the state or federal level.
From the DCF Dashboard, the following is Safe Children Coalition outcome data. Please note achievements as well as significant areas to focus on in the coming year to improve performance.

**Safety Outcomes:**
- **FS101:** SCC performance improved from 97.90% in the first quarter of FY08-09 to 99.40% in the second quarter, to 98.79% in the third quarter on the percentage of children not abused or neglected during services. SCC performance exceeded the target of 95% and performed better than the statewide performance of 98.03% in the third quarter. There is no data available on the DCF Dashboard for the fourth quarter, however the fiscal year data through March 2009 reflects performance of 98.65%.
- **FS106:** SCC performance improved from .70% in the first quarter of FY08-09 to .20% in the second quarter with a slight decline to .32% in the third quarter on the measure of no more than 1% of children served in out-of-home care shall experience maltreatment during services. There is no data available on the DCF Dashboard for the fourth quarter, however the fiscal year data through March 2009 reflects performance of 0.39%.
- **FS107:** Children are being seen every 30 days consistently. 100% of children under supervision who are required to be seen every 30 days were seen in nine of the twelve months in FY 08-09, for an overall fiscal year performance of 99.97%.
- **FS108:** The number of reported Missing Children decreased from a high of 21.92 in July 2008 to 18.1 in June 2009.

**Permanency Outcomes:**
- **FS215:** The target for the number of adoptions to be finalized this fiscal year is 99. There were 132 adoptions finalized in the current fiscal year.
- **FS301:** The Safe Children Coalition performance improved from 71.68% in the first quarter of FY08-09 to 80.33% in the second quarter, decreased to 64.81% in the third quarter, and improved performance to 78.95% in the fourth quarter which exceeded the statewide performance of 73.26%. The overall fiscal year performance for SCC is 73%.
- **FS302:** The Safe Children Coalition performance improved from 13.04% in the first quarter of FY08-09 to 11.16% in the second quarter, 10.53% in the third quarter, and improved performance to 10.53% in the fourth quarter. The overall fiscal year performance for SCC is 10%.
- **FS306:** Placement Stability is a quarterly measure. The Safe Children Coalition performance has remained consistently at slightly over 80%, which is below the target of 87% and is slightly below the statewide performance of 81.51%. The Safe Children Coalition performance in the third quarter is a slight improvement to 81.46%, which is slightly below the statewide performance of 82.98%. The fourth quarter performance improved to 85.68%, and the overall fiscal year performance indicated performance improvement of 85.28%.

**Well-Being Outcomes:**
- **MO388:** The target has been met, there has been a positive trend in the number of children residing in out-of-home care for 12 months or more. The numbers have declined from 402 in May 2008, 376 in July 2008, 370 in August 2008, 356 in September 2008, and 356 in October 2008, 327 in November, and a slight increase to 332 in December, 341 in January 2009, 335 in February 2009, 316 in March 2009, 296 in April 2009, 284 in May 2009, and 285 in June 2009 (under target of 345).

**Principle Outcome Category 2 – Internal Strategic Quality Goals**
The Internal Strategic Quality Goals category is based on the critical areas and has been defined to consist of six (6) major strategic quality goals for 2009/10:

1. To meet or exceed the established contract outcome measures
2. To continue to reduce the number of children in Out of Home Care.
3. Implement a System of Care Process to focus on the first thirty (30) days of care.
4. Utilize Data Reports to monitor length of stay in care and focus on cases that remain as ‘open’ status beyond twelve (12) months as well as plan for the provision of services regarding cases that are approaching twelve (12) months in care.
5. Continue to improve performance on Placement Stability
6. Improve quality of case management supervision; and timeliness and quality of all documentation.

Quality Assurance activities related to this category include:

1. Multiple Case Staffings/Consultations/Documents
2. System of Care Monitoring
3. Shelter Tracking
4. Multiple Data Reports
5. Supervisory Reviews/Documentation
6. Incident Report Analysis
7. Foster Home Licensing File Reviews
8. Monitoring Subcontracted Providers
9. Case Practice Reviews
10. Psychotropic Medication Reviews
11. FSFN Validation
12. Child Exit Surveys
13. Quarterly Performance Reviews
14. Revenue Maximization of Funding
15. Random Validation of Eligibility – Federal Funding
16. Client Relations Activities / Complaints

These activities are described in detail in Section VIII.

**Principle Outcome Category 3 – Case Practice Review Findings**

The Case Practice Review Findings category addresses the quality of case practice as prescribed by the Florida Department of Children and Families and applies to both in home and out of home cases. The purpose is to provide Case Management unit data that will aid in the service delivery.

Detailed process explanation of the case practice review is provided in Section VIII.

**Principle Outcome Category 4 – Fiscal Management / Revenue Maximization**

The Fiscal Management / Revenue Maximization category addresses internal tracking regarding Title IV-E, TANF, Relative Care Giver and Medicaid and consists of validation of the data in FSFN and ICWSIS.

The Sarasota Family YMCA, Inc.’s Revenue Maximization Unit consists of one (1) Supervisor who is supervised by the Senior Director of Data Services. The Supervisor has direct supervision of one Revenue Maximization Specialists and one Administrative Assistant, who are
assigned all duties associated with federal funding, for the 3 Counties (DeSoto, Manatee, and Sarasota). Responsibilities are assigned via caseloads and consist of all out of home care clients, equally distributed.

To ensure on-going training and technical assistance activities comply with changing federal requirements, the Supervisor participates in the monthly Revenue Maximization Statewide conference calls, facilitated by DCF Central Office. All information received is communicated to all Revenue Maximization Specialists.

All SunCoast Regional trainings are attended by staff assigned to the Revenue Maximization Unit and all attend the state wide annual conference.

The SunCoast Region or Central Office Revenue Maximization Specialists provides technical assistance upon request.

VII: Quality Management Activities

The Sarasota Family YMCA, Inc. conducts a large number of quality management activities on a daily, monthly, quarterly and annual basis. The information gained from these activities is collected via various tools and methods and is used to determine compliance and drive production. The resulting reports are shared with CBC management on a weekly / monthly / quarterly basis and with the department monthly and/or as requested. Data and reports are submitted to respective stakeholders no later than 15 days following the reporting month, unless an alternative timeline has been formally negotiated.

The Quality Management component begins with continual review of the day-to-day operational data, and numerous quality management activities (outlined at the conclusion of this section). Quality Management is the on-going review of data to ensure that required contract outcome measures and internal benchmarks are met. If an area is determined to be deficient in production or non-compliant, the Senior Management Team in coordination with the Quality Management Department, the Continuous Quality Improvement Committee (which consists of representatives from all case management agencies) assumes the lead role in seeking the appropriate method to address the issue. Methods include, but are not limited to, in depth reviews of the data to ensure accuracy, development of quality improvement teams, specific studies to determine root cause, training needs, and / or general process evaluation. Through the implementation of one or more methods, assignments are made dependent upon the area of the organization that is directly affected. For example: if the CBC agency is not meeting the target for completion of home visits, the Child Welfare Specialist assigned to the Quality Management Department may work directly with the Case Management units and research barriers, review FSFN entries to determine accuracy, to determine cause of non-compliance, to identify training needs and / or to evaluate the process by which home visits are completed or entered into FSFN.

The Quality Management Department is only the originating source of the method of action. Once the method is decided, the Quality Management Specialists monitor the plan to improve practice. In the instance of home visits, the Quality Management Specialists work with the Regional QA Staff, CBC Data Specialists, CBC Case Management Supervisors/Case Managers, and others continue to monitor the data systems (FSFN and CoBRIS) to gather data and to make recommendations for what needs to happen in order to reach compliance. Once the root cause for non-compliance or poor performance is identified, the Quality Management Department, in conjunction with Lead Agency Contract staff determines what method should be formalized to address the issue. After completion of the quality improvement process, the Quality
Management Department supports performance through standardized quality assurance activities or special ad hoc studies to determine increased success and compliance. The Quality Management Specialists provide on-going technical assistance to all CBC staff, as necessary.

The following is a comprehensive list of formal activities.

1. **Multiple Case Staffings/Consultations/Documents**  
   **Frequency:** Weekly/Quarterly/Bi-Annually/As Needed  
   **Process/Methodology:** These strategies are facilitated by the Lead Agency Child Welfare Specialists (or their designees) and are designed to ensure safety, permanency and well-being is being addressed from the time the case enters services until the case is closed. Examples:
   - ESI (Early Services Intervention) documents ensure that all cases being transferred (from Investigations) provides or contains the information necessary for the supervisor and Case Manager to effectively begin working with the family. ESI Packets are reviewed to ensure all necessary documentation is complete and entered into FSFN. In the event that required documents are not received, the Records Department contacts the Child Welfare Specialist who then follows up with Investigations to obtain the missing information and/or FSFN compliance.
   - Case Staffing Review/Consultation form ensures that all current case information has been summarized by the Case Manager and prepared for review (along with a current Risk Assessment form) in order to assist the team in making decisions, in accordance with the Case Plan, such as more appropriate placements, level of care changes, reunification, case closure, etc.). All parties and participants to the case (and others as needed and authorized) are invited to the Staffing. A summary of the discussion and recommendations are recorded by the Program Manager or Child Welfare Specialist (or designee) and all in attendance sign the form and receive a copy of the form which is filed with the hard copy case file and used assist in continuing to guide the case forward.

2. **System of Care Monitoring**  
   **Frequency:** Weekly  
   **Process/Methodology:** This activity is designed to engage the family in activities that will provide services at the earliest possible time and speed the process to achieve permanency. The Sarasota Family YMCA, Inc. has identified specific activities that need to be completed within the first 30 days of care. These activities include: assigning the case to a case manager within 2 days of case receipt, contacting the family within 48 hours of case assignment in order to engage the family at the earliest possible time, completing the Family Assessment, informing all parties and participants of the Case Plan Conference scheduled by the court, documenting case plan participation, and providing weekly shelter audits.

3. **Shelter Tracking**  
   **Frequency:** Monthly  
   **Process/Methodology:** This activity is designed to evaluate the case activities that have been completed to achieve permanency and to provide a specific case list for supervisory review. The goal is to systematically track the cases by length of time in care and focus on reunification/permanency. This process analyzes the shelters that occurred from date of transfer to services to present in relation to the current goal and placement type or the closure information, date closed and to whom (parent, adoption, etc.).

4. **Multiple Data Reports**
Frequency: Daily, Weekly, Monthly, Quarterly, Semi-Annually, Annually
Process / Methodology: This activity is designed to provide constant, on-going data information to all departments within the agency for the purpose of driving production. The goal is to place these issues as a priority in our day-to-day work / operations and use them as a benchmark to gauge the success of our activities in meeting the service needs of our families.

Various sources are utilized to collect the data which is primarily captured in FSFN such as Placement data, Home Visits (verified by Face to Face forms that are signed by the caregiver), etc. Multiple “raw” data reports are provided to the Quality Management staff, from Data Services staff, who then build summary management reports for distribution throughout the CBC system for status updates and feedback. If data suggests that our compliance or production is not satisfactory or has declined, depending on the performance measure, daily monitoring may be implemented in an effort to provide on-going feedback in an effort to obtain compliance.

5. Supervisory Reviews/Documentation
Frequency: Monthly
Process / Methodology: This activity is designed to evaluate the case activities that have been completed to achieve permanency and to provide directional feedback to the Case Manager through effective qualitative discussions utilizing the “Mentoring and Modeling Quality, A Discussion Guide for Case Management Supervisors”, as needed. The goal is to systematically track the cases in need of a review by length of time in care and focus on reunification and/or permanency. Supervisory review completion is tracked on a monthly basis through FSFN and CoBRIS, to determine compliance. The process focuses on the completion of reviews by both the Case Management Supervisor and the Program Manager. Supervision can be tracked by entering the note into FSFN and at least one supervision contact per month also includes the use of the Supervision Log.

6. Incident Report Analysis
Frequency: Monthly
Process / Methodology: This activity is designed to analyze the incident report data and identify trends or concerns. The goal is to ensure that providers are adhering to procedure, that children remain safe and that any concerning trends are identified and addressed (both internally and externally).

Incident reports, both internal and external, are collected through various sources and forwarded to the Quality Management Department. The Quality Management Department organizes the data on a monthly basis and analyzes the data based on systematic criteria or categories. Summary reports are provided to the Lead Agency Contracts Department as well as the DCF Regional Office and other key stakeholders including the YMCA Social Services committee, YMCA Board, and the Family Safety Alliance. Critical Incidents are subject to review for quality management purposes. This review may consist of Lead Agency Management personnel as well as the case manager, supervisor, licensing/placement staff, and others, as needed based on the circumstances.

Incident reports are submitted from both internal personnel and external stakeholders, mainly providers. Internal reports are submitted to the Vice President of CBC Operations, and several other management staff including the Lead Agency’s Risk Manager, as well as the QM Specialist who review the reports, and ensure that appropriate follow up occurs.
Upon receipt of the reports, the quality management department records and analyzes the data and provides a monthly summary report to the DCF Regional Office, the YMCA’s Contracts Department, CEOs, CQIC members and other key stakeholders including the Family Safety Alliance and the YMCA Board. CQIC members also assist in reviewing the information gathered in order to identify trends and areas of strength and weakness. Dependent upon the overall analysis, quality improvement activities may be initiated and document corrective actions taken to improve performance in areas found deficient in this monitoring.

7. **Foster Home Licensing Audits**

   **Frequency:** Quarterly  
   **Process / Methodology:** This activity is designed to ensure safety and maintain compliance. The goal is to ensure all documents / information contained is current and useful to the caregiver.

   Foster Home Licensing Reviews are designed to evaluate the quality of foster homes and licensing practices and processes utilized in the licensing and re-licensing process. The Sarasota Family YMCA, Inc. has chosen to review cases on a weekly basis. The Quality Management Specialists review a minimum of two licensing files per week, files are identified for review using the random sampling methodology, with roll-up data provided to the Director of Child Welfare Operations and Licensing Supervisor on a quarterly basis. At the completion of each licensing file review a debriefing is conducted with the assigned Licensing Specialist to review findings. This process allows microanalysis while using cumulative data to evaluate our organization and the system of care as a whole.

8. **Monitoring Subcontracted Providers**

   **Frequency:** Monthly, based on risk assessment  
   **Process / Methodology:** This activity is designed to maintain compliance with the various service outcome measures. The goal is to ensure all sub-contractors are meeting the assigned outcome measures and that the designated services are being effectively delivered.

   The sub-contractor submits various monthly reports to the respective Sarasota Family YMCA, Inc.’s Contract Manager, within the Contracts and Grants Department. The reports are specific to the type of contract / services provided and they directly reflect progress or compliance with outcome measures. The reports are then reviewed and analyzed by the Contract Manager. If the data is consistent with the reporting requirements, the report is entered into the subcontractor report tracking application as received and filed in the sub-contractor contract file. If it does not meet the contract expectation, the Contract Manager provides technical assistance to the sub-contractor to correct the report and meet the requirement. The reports may then be used to complete reports due to DCF or combined to provide management reports. The Contract Manager provides technical support to assigned providers as necessary.

   Outcomes data is collected on an ongoing basis in FSFN and provided in a report to each case management sub-contractor monthly by the Quality Management Department. The individual sub-contractor performance data is cumulatively compiled on a monthly basis to determine the overall system of care performance.

   For the FY 2009/2010 contract period, the Sarasota Family YMCA, Inc.’s Contracts and Grants Department will be updating service specific contract measures to meet amended DCF requirements. Additionally, service provision descriptions, outcome measures and
monitoring tools for ancillary services will be updated to reflect the current service provision. All of these functions work together to ensure a more effective and efficient system of care, as well as varying methods of monitoring.

- The Sarasota Family YMCA, Inc. will monitor the contracted providers in the network through a number of mechanisms. The Sarasota Family YMCA, Inc.’s Contract Managers will conduct continuous management and monitoring activities through on-site visits to providers, review of required reports and desk audits of contract requirements. Additionally, per agreement statewide with CBC lead agencies, the YMCA will rely upon the home CBC monitoring activities for residential providers when the YMCA utilizes a facility out of the local area.

- The Sarasota Family YMCA, Inc. staff will collect and analyze provider data on a monthly basis. The Sarasota Family YMCA, Inc.’s Contract Managers will review performance reports as available and will discuss any performance issues as needed with the provider and the actions the provider will take to improve performance. This will be documented in the contract file. The Contract Managers provide technical assistance as necessary.

- Each subcontract will undergo an annual monitoring by the Sarasota Family YMCA, Inc. in accordance with YMCA Policy CG-431. Providers will be required to document corrective actions taken to improve performance in areas found deficient in this monitoring.

The monitoring tools are on file at the Sarasota Family YMCA, Inc. for review.

9. **Case Practice Reviews**  
**Frequency:** Monthly  
**Process / Methodology:** This activity is designed to identify case practice efforts and effectiveness in relation to the guidelines contained within the case practice review tool, which was designed to focus on safety, permanency, and well-being. The goal is to ensure completion of case practice activities, adherence to best practice standards, and quality services for families.

Case Practice Reviews are designed to evaluate the quality of case management practices and processes utilized in service delivery. The Sarasota Family YMCA, Inc. will review cases on a quarterly basis. This process allows microanalysis while using cumulative data to evaluate our organization and the system of care as a whole.

Quarterly case reviews will be completed in collaboration with the Regional Quality Assurance team. The CBC Quality Management Specialists will conduct seventeen (17) case file reviews on a quarterly basis, and will conduct eight (8) side-by-side reviews in collaboration with the Regional Quality Assurance team members. In-depth reviews will be conducted by the Regional Quality Assurance team members with results to be shared to develop any necessary quality improvement initiatives. Cases are identified for review using the random sampling methodology and will be provided by the Office of Family Safety. The extract will consist of all children who received services during a defined selection period. If the random sample, as first identified, is deemed to be extremely skewed on the critical placement type dimension (in-home and out-of-home), then the CBC will continue to draw a stratified sample that is proportional to the CBC’s current caseload balance on this dimension. No other grounds for discard and replacement for creating the final set of 25 are allowable without approval from the region QA Manager. The CBC Quality Management
team will provide one staff member to perform the role of liaison to assist with the tracking Request for Action (RFA) forms and to locate documents as requested by the reviewers. One member of the Regional Quality Management team will participate in the side-by-side review process as the monitor. The eight cases selected to be reviewed in the side-by-side reviews will be provided to the Regional Quality Management team on a quarterly basis when the sample is received from the Office of Family Safety. In-depth reviews will be conducted by the Regional Quality Assurance team members with results to be shared to develop any necessary quality improvement initiatives. The Request for Action process is utilized to ensure that any critical life, health, or safety threat identified during any quality assurance review is immediately addressed and resolved. If there are critical documents missing, safety concerns or other issues of concerns which need to be addressed immediately, a RFA form is completed. Critical documentation include but are not limited to: Case Plans, Judicial Review, Court orders, Medication consents/orders, Home Study, Background checks, Staffing forms, Risk Assessments, and child home visitation verification sheets. The reviewer completes the RFA form addressing each issue related to the case file reviewed and submits to the QM Team Leader or Director of Quality Management immediately to ensure that recommendations are appropriate. The approved RFA is presented immediately to the Agency Program Manager/Director to review the information, sign/date for as indication of receipt. The QM Specialist makes copy for follow-up purposes. The Provider Agency has two business days to respond to the RFA in writing, the QM Specialist ensures that Agency provides response within the time period allowed. When the QM Specialist receives the response from the provider agency, it is reviewed to ensure that each issue is adequately addressed or that an appropriate plan of action is established. (Form must be signed/dated indicating who completed the response). The completed RFA form is forwarded to the QM Team Leader, which will ultimately be attached to the completed QM Case File Review tool. The QM Specialist completes a follow-up check on the agency’s response 30 -45 days following the receipt of the RFA. The QM Team Leader tracks the RFA and follow up information. Lack of resolution of the RFA may result in action from the Sarasota Family YMCA, Inc. contracts unit.

An annual calendar of activities is developed in partnership with the CBC Quality Management staff and the Regional Quality Assurance staff (see attached). The Sarasota Family YMCA, Inc., has a long history of working cooperatively with the DCF Regional Office staff and the DCF QA Staff have provided various case review trainings throughout the partnership. To support consistency, the Region has also provided technical assistance through the sharing of up-to-date interpretations and guidance associated with the review tool and provided specific explanations for each question. Through this participation, the greatest benefit has been the sharing of experience and knowledge from the tenured Regional staff to the CBC Quality Management Department.

In order to adequately evaluate specialized populations such as Independent Living, DJJ, Substance Abuse and Adoptions special case reviews may be conducted according to the overall percentage of the population that represents each specialized population. The items by which these programs will be evaluated are included in the case practice review tool. The same principle methodology for random sampling and case identification will be applied.

Results are compiled within 15 days of completion of the review. The final report is available with both summary and detailed data and has the functionality and capability to be as micro or macro as necessary. The data is provided to the Senior Management, CEOs, the Lead Agency’s Contract Management staff, and designated DCF Regional staff, as required. Agency Program Managers review the findings with their supervisors and develop
performance improvement plans which are then submitted to the Lead Agency Contract Manager and Senior Management for approval, and monitoring.

Executive Management and Regional Discretionary reviews will be completed in collaboration with the Regional Quality Assurance team. The sampling methodology and review tools will be determined at the time of the special review request as determined by the Department of Children and Families Quality Assurance department and/or the Regional Administrator. The Quality Management Team Leader will be responsible to coordinate with the case management provider agencies to conduct reviews of critical incidents and special file requests within the timeframe requested by the Region.

10. **Psychotropic Medication Reviews**
   **Frequency:** Continual
   **Process/Methodology:** SCC developed a twice weekly e-mail notification to the program manager and Quality Management staff when a psychotropic medication has been entered into FSFN. This is based on the medication name, not the check of psychotropic medication box. This includes the notification if the Parental Consent or Court Order has not been selected. Quality Management staff will validate updated court orders and informed parental consent occur as required. SCC Quality Management staff will complete file reviews quarterly to validate supervisory reviews are completed monthly and if any child is on psychotropic medications appropriate actions are documented.

11. **FSFN Validation**
   **Frequency:** Continual
   **Process / Methodology:** This activity is designed to ensure accurate data is entered into the official system of record, FSFN. The goal is to minimally achieve 95% accuracy of all data related to cases.

   Based on numerous reports generated from FSFN, information is updated to maintain compliance and / or provide insight to areas of concern. Report samples include; data trends report, eligibility, legal status, fingerprints/birth verification/photographs, and ad hoc reports that address specific areas such as goals, placement, etc. For areas that are not currently tracked via the system, the supervisory review, case practice review and ad hoc target areas are validated through activities associated with each.

12. **Child Exit Surveys**
   **Frequency:** On-going
   **Process / Methodology:** This activity is designed to meet regulatory requirements and gain feedback form clients regarding each placement they experience. The goal is to ensure quality licensed out-of-home placements for clients.

   The process outlines that Child Exit Surveys must be completed by the case manager and with any child that exits a licensed out-of-home placement that lasted thirty (30) days or more in duration. The interview form is submitted for review and filing to the Licensing Department, Records Room, and to the Quality Management Department for data collection and analysis of trends, etc. The data collected includes the name of the child, the placement, the entrance and exit date, the exit interview completion date, compliance indicator and follow up information, if applicable. A monthly summary report is provided to the CBC Senior Management Team, Case Management Program Managers, Licensing Department, Region Contract Managers and key stakeholders. The Quality Management Department review the surveys and contact Case Management staff directly, as needed to ensure adequate
follow up has been achieved. Based on the data, quality improvement activities for Case Management and/or Licensing may be implemented.

13. **Quarterly Performance Reviews**
   **Frequency:** Quarterly
   **Process / Methodology:** This activity is designed to bring the DCF Regional Staff together with the CBC staff for the purpose of process identification and review. The goal is to gain insight into successful processes that are maintaining or exceeding standards for the purpose of sharing these processes with other units who may be struggling.

Data that is specifically related to a standardized set of both contract performance measures is gathered on a monthly and/or quarterly basis. This data is charted in the form of graphs, which are presented to the leadership of DCF, CBC, and other key stakeholders within the Safe Children Coalition.

Case Management Program Managers, Quality Management staff, and the CQIC members will review data and other relevant information on identified topics, conduct a root cause analysis to determine potential barriers to success, develop key action strategies and countermeasures and develop a presentation to the leadership of DCF, CBC, and other key stakeholders. Performance Measures that are meeting or exceeding goals may be a focus and managers may be asked to offer lessons learned and to share effective strategies. Performance Measures that are not meeting the goal may are also reviewed to determine variables/factors that may be contributing to lack of performance. Managers are provided the opportunity to discuss current and future Quality improvement efforts they intend to maintain or implement in an effort to address non-compliance. Based on the data and discussion of quality improvement efforts, the next performance review should identify success or a need for further quality improvement.

14. **Federal Funding Compliance**
   **Frequency:** Daily
   **Process / Methodology:** This activity is designed to ensure that accurate placement type and eligibility data is collected and recorded accurately. The goal is to ensure 95% accuracy of all data.

The Revenue Maximization Supervisor and staff review data consisting of placement type and eligibility, on a daily basis. This data is collected from the CoBRIS and FSFN Placement Change Report. This report reflects all placement changes recorded in FSFN. The information initially reviewed by the Revenue Maximization staff is then forwarded to the Child in Care (CIC) Staff in the Department of Economic Self Sufficiency of the DCF for the official eligibility determination. After reviewing the data from Revenue Maximization, CIC will send back a “Notice of Case Action” report which is then used by the Revenue Maximization staff to update FSFN and ICWSIS. Any discrepancies identified by either CIC or Revenue Maximization, are immediately addressed between to the two departments.

Weekly FSFN eligibility Exception Reports are reviewed by the Revenue Maximization staff who are responsible for correcting inaccurate placement and/eligibility type, if necessary. The Revenue Maximization Supervisor performs random audits using the Eligibility Type report to compare the data contained in ICWSIS, to ensure accuracy.

In order to maintain constant supervision of the Federal Funding Compliance Report, The Revenue Maximization Specialists monitor placement types within their assigned case loads
and communicate changes to the CIC office, therefore maintaining appropriate eligibility. The Revenue Maximization Specialists are also responsible for submitting the appropriate paperwork for the annual re-determination.

15. Random Validation of Eligibility – Federal Funding

   **Frequency:** Monthly
   **Process / Methodology:** This activity is designed to assure accuracy of the revenue maximization files. The goal is to ensure 95% accuracy.

   On a monthly basis, the Revenue Maximization Supervisor completes random revenue maximization file audits per Revenue Maximization Specialist. The Supervisor verifies the paperwork contained within the file against the check sheets that serve as a self-help tool for each Revenue Maximization Specialist. Incomplete files or inaccuracies in paperwork are returned to the Revenue Maximization Specialist for correction.

16. Client Relations Activities / Complaints

Client relations activities and complaints are tracked via the DCF Tracker system and internal excel tracking by the Lead Agency’s Client Relations Specialist. The activities and / or complaints are received by the CBC program office via the tracker system, email, phone call or written correspondence and then logged accordingly. The issues are researched and formal response and background information is developed and forwarded to the applicable individuals. Response times are driven by the urgency of the issue; however, all inquiries require a response within two working days of receipt of activity / complaint.

   A cumulative analysis is completed quarterly and consists of monthly and quarterly analysis regarding the nature of the complaint, referral source, substantiation category and basic information regarding each complaint (assignment number, date received, caller, child name, complaint inquiry type, finding, response date). The report is provided to the CEO, Executive Vice President of Social Services, Senior Vice President of CBC Operations, and Senior Management Team, as well as the appropriate case management agency. If the analysis identifies areas requiring attention, a Quality Improvement Strategy will be determined and initiated. In the event that the analysis reveals a need for training, various departments will conduct training with providers, staff or other applicable party to review appropriate process, per Florida Statute or Administrative Code.

Although the list presented above is meant to provide a comprehensive overview, quality Management activities are built into virtually every aspect of the organization. The list is fluid and changes with the production of outcomes and identified needs of the organization.

The Sarasota Family YMCA, Inc. utilizes input from and feedback to stakeholders through a variety of channels: written surveys, meetings, evaluations, monitoring and data sharing. The information gained through each avenue is cumulatively shared with the agency CEOs and Senior Management Team for discussion and action. Ideas, concerns and comments are utilized to evaluate our system of care, drive production, identify areas of strength and weakness and provide the organization with an overall means for improving our services.

Stakeholders include the children and families served, personnel, providers, Board of Directors, Department of Children and Families, key stakeholders, and community members as a whole.
Each stakeholder group plays a role in the Sarasota Family YMCA, Inc. quality assurance / quality improvement activities both formally and informally. Formal processes include exit surveys for children exiting a care placement, on-going communication with the family, client satisfaction surveys, staff meetings, provider monitoring and data report exchange, monthly oversight by the board of directors, on-going data review and collaboration with the Department of Children and Families, support and guidance regarding our interaction and service to the community as a whole through stakeholder groups and task forces, and news media print, community involvement and civic feedback from the various community groups. Input from each stakeholder group plays an important role in the strategic planning and ensuring that the Sarasota Family YMCA, Inc. is sensitive to the needs of each as well as maintaining a system of care that meets the needs of the service community. Feedback is provided through newsletters, data reports, interaction with the print media, public relations efforts and an open door / information exchange policy with our CEO.

VIII – Quality Improvement

Quality Improvement is implemented based on the level of performance or compliance with each quality Management activity or other source. Performance and compliance is determined based on established benchmarks and performance expectations. The indication of poor performance or lack of production is based on data reports and analysis conducted as part of the quality Management activities.

The Sarasota Family YMCA, Inc. believes that in order to strengthen our system of care, we must continually strive to:

1. Exceed our established outcomes,
2. Improve the quality of our services, and
3. Address substandard performance.

To ensure excellence and improvement, the Sarasota Family YMCA, Inc. addresses each area through a team approach. Once an area is identified as an area for improvement (based on performance data or reviews), the Senior Management Team in collaboration with the Quality Management department and members of CQIC review the data and determine the improvement strategies needed to achieve compliance. Technical assistance through each phase of the improvement process is provided from the Senior Management Team and the Quality Management staff. The Quality Management Staff ensures continual quality improvement through regular monitoring and reporting of the process. Technical Assistance is also provided by staff within the DCF SunCoast Regional Office.

The key to any implementation process is effective and efficient deployment. The Sarasota Family YMCA, Inc. deploys quality improvement through careful analysis of processes and resources, training, meeting technical needs, effective communication, and feedback. A Child Welfare Specialist position was redesigned in order to better connect operations, contracts, training and quality management functions. This position will help ensure knowledge of policies/procedures, identify trends and develop and deliver training based on identified gaps and needs. Overall, the system of care design will remain flexible and fluid and all Safe Children Coalition partners will be encouraged to provide ongoing feedback.

Initiatives utilized to enhance and drive deployment are:

- Performance Improvement Plan
State / Local Program Improvement Plan
Use of specific agency Quality Improvement Plans

The Performance Improvement Plan combines results or outcomes from external and internal reviews, identification of specific indicators and continual evaluation of outcomes. The process for implementation of solution plans is initiated, monitored and evaluated by the Quality Management department.

The use of specific agency Quality Improvement Plans combines the indicators outlined in the Quality Improvement Plan and those identified through regular process / procedural evaluation. Specific agency staff are assigned various tasks or action steps outlined in their solution plans. This team approach strengthens the overall plan deployment and creates organizational unity.

Data Collection and Analysis

Data Collection: In order to effectively address Quality Improvement measures, data collection is completed through two separate processes; external and internal. External data is collected via reports and reviews. Internal data is collected through FSFN, ICWSIS, internal tracking processes (such as CoBRIS, various surveys/excel reports), case file reviews, and standardized reporting tools.

Data collection is driven by the company’s established indicators and activities contained within the QA / QI plan. The frequency of data collection occurs at various scheduled time periods based on data availability, required reports or the status of a performance outcome.

Data Analysis: Identifies & verifies root cause through validating the strengths, identifying the weaknesses & ensuring the quality of the process that directly drives a specific indicator determined through the quality Management activity to effectively implement the processes. The Sarasota Family YMCA, Inc. will determine the process of the analysis, ensure valid & accurate data collection, review current procedures and practices, establish desired outcomes and targets, and develop and deploy a plan of solution. For successful and continual quality improvement, the Sarasota Family YMCA, Inc. will compare the data analyzed at each interval to determine trends.

Data Display: To effectively communicate the data, the Sarasota Family YMCA, Inc. generates reports in the form of lists, tables, and graphs and / or charts as required. This information is disseminated to the Board, Department, community partners, providers, staff, CQIC members and other interested or related stakeholders.

There are several new and ongoing performance improvement initiatives the Sarasota Family YMCA, Inc. will undertake in the upcoming fiscal year. Overall performance standards for the SCC have been on a steady rise over the past six months as indicated in the recent DCF Dashboard and SCC Management Reports.

Child Safety/ Child Welfare: The following key indicators related to child safety/ child welfare have shown marked improvement per the most recent DCF Dashboard:
1. The percentage of children seen each month by their Case Manager has been consistently at 100%, performance was 100% in nine of the twelve months in FY 08-09, for an overall fiscal year performance of 99.97%. To help ensure that 100% of children are seen each month by their Case Manager, case management agency "point persons" were identified (per county/ per agency) and trained by lead agency staff how to use FSFN reports to manage their performance on a daily basis. At specified times each month, lead agency staff send electronic status notifications to agency program managers and/or CEO’s to ensure this performance measure is met. 

2. During FY 2008-09, SCC consistently did not achieve the target for Missing children, however, we are currently meeting the target in regards to the average number of children who are missing per 1,000 children in-home and out-of-home care (the target is 10% or below). Even though we are exceeding the goal at this time, we still recognize the need for continuous quality improvement and are making strides in this area. To help ensure that we continue to lower our percentage of children missing from in-home and out-of-home care, the lead agency has identified a "single point of contact" for missing children who works closely with the DCF Region expert. The lead agency single point of contact has regular meetings with all local shelters to address their runaway issues as shelter placements have been identified as having some of the highest runaway episodes. Per normalcy policies, shelters are not required to report a youth within the first four hours of being discovered "missing" as many return within that timeframe. This has greatly reduced the number of runaway episode reports from shelters. In addition, the lead agency has developed resource and best practice guides related to missing children; this information has been disseminated to the case management organizations and training on this topic has been provided. We are currently identifying family foster homes who will receive enhanced training to serve the teenage population. In addition to enhanced training, the identified homes will be supported with additional funding to encourage a family-like environment with structured activities and incentives for teenagers to remain in the home. 

3. One of the areas showing improvement, but still shy of the goal, is the percent of children with no more than two placements within 12 months of removal. The overall FY2008-09 performance for this measure was 85.28%, an improvement from the first quarter performance of 80%. In regards to the performance indicator that children should have no more than two placements within 12 months of removal, Daily Placement Logs are kept and monthly management reports are generated to help manage this performance measure. The reasons for placement moves are also tracked to look for trends. In some cases, moves are indicative of areas in need of improvement (i.e. - placement breakdowns; lack of foster home resources; etc.). In other cases, moves are related to child well-being and best practices (i.e. - reunite siblings into one placement; return child to county of residence; etc.).

Permanency for Children:
1. The percentage of children reunified within 12 months of latest removal is one of the permanency key indicators. The overall fiscal year performance for SCC is 73%. The reasons children are not reunified in 12 months are reviewed on a case-by-case basis to determine trends and to identify potential systemic issues that may need to be addressed. This information is tracked by case management agency on the monthly management reports, discussed at CQIC meetings, and is shared with the Family Safety Alliance, YMCA Social Services committee and the YMCA Board on a monthly basis. 

2. The above standard works in tandem with the child safety one that specifies that no more than 9% return to care within 12 months of a prior reunification. There exists a delicate balance between these two standards to ensure that child safety is not sacrificed for permanency - and vice versa. The reasons children are not reunified in 12 months are reviewed on a case-by-case basis to determine trends and to identify potential systemic issues that may need to be addressed. This information is also shared with all key stakeholders on a monthly basis.
3. The percentage of children with finalized adoptions whose adoptions were finalized within 24 months of the latest removal shall be at least 27%. This is a performance measure that SCC continues to not achieve, which may be attributed to a higher number of children adopted who have been in care for more than 24 months waiting to be adopted. (Note - the adoption of a child who has been in the system for more than 24 months is considered a positive, although it will drive the performance outcome in the wrong direction). Community-based recruitment efforts such as the Heart Gallery focus on finding adoptive families for older teens that may have been in foster care awaiting adoption for longer than 24 months. Emphasis and attention is being placed on the timeliness of adoptions as well as total number of finalized adoptions. Tracking systems have been developed and benchmarks identified by lead agency adoption managers in order to provide technical assistance and help develop systems to better manage the timeliness of adoptions. The SCC exceeded its annual goal of 99 finalized adoptions with 132 adoptions finalized in FY2008-09.

Prevention-Diversion and "Front Door" Stability - Several indicators are in place to track stability at the prevention-diversion – or "front door" - level:
The SCC Management Reports includes Early Services Intervention (ESI) Reports which track removal rates. Lower removal rates can be indicative of a higher number of cases being diverted from dependency and thereby stabilizing the "front door." In addition, we maintain a monthly Prevention-Diversion Statistical Report of the prevention-diversion services provided by local community agencies as subcontracted and funded by the CBC Lead Agency The Manatee CBC Problem-Solving Committee, facilitated by Manatee County Sheriff's Office CPI in partnership with SCC and DCF, meets monthly with broad participation from local county government, CPI's, SCC, DCF, GAL and community providers and partners with a goal of local problem-solving of child welfare related issues from the first call to the hotline through to reunification or adoption. The co-location of Diversion Services/ Resource Specialists with the Manatee County Sheriff's Office Child Protection Investigations (CPI's) is an effort to improve emergency response and increase community referrals for protective investigation cases with an ultimate goal of reducing cases referred to dependency, keeping families intact and reducing removal rates. The same co-location effort and/or focus on diversion strategies is being implemented by DCF CPI's in Sarasota and Desoto Counties in collaboration with SCC.

Case Management Stability – SCC has maintained a stable workforce of case managers in FY 2008-09, with average caseloads decreasing for all three case management agencies. Several indicators are in place to track case management stability.
1. Data on vacancy rates and average caseloads are provided in monthly SCC Management Reports both by county and by case management agency.
2. Specific caseload numbers/sizes are tracked by the Case Management Organizations in reports that breakdown caseload size by caseworker. Trend data can be extracted from these reports to find high-, low- and average-caseload sizes as ad-hoc data is needed
3. Each subcontracted Case Management Organization has in place their own specific and unique practices designed to stabilize their workforce, decrease turnover and improve staff morale.

IX – Staff and Provider Training

Training / Staff Development: – Training and staff development play a large role in the successful implementation of the Quality Management Plan as well as the quality assurance and quality improvement efforts. Not only do we utilize training to ensure effective deployment of processes but we also provide training on the various quality management activities and the
appropriate manner in which to successfully complete quality improvement activities. This method has served to enhance the quality assurance / improvement initiatives.

The Sarasota Family YMCA, Inc. continually evaluates the training process. In order to determine if personnel are receiving adequate training to meet their needs, trainees participate in 4 surveys the first year, and evaluations are offered following all training sessions which allow participants to offer feedback and to inform Training Coordinators of their on-going or emerging needs.

The Sarasota Family YMCA, Inc. maintains that the true evaluation of the effectiveness of the Professional Development process is related to achieving performance outcomes and passing quality Management reviews.

Pre-service and in-service training – Pre-service training is provided to case management staff by certified Child Welfare Trainers. The pre-service training includes structured field activities and classroom training and requires successful completion of a knowledge-based test to achieve Phase I Certification. All pre-service training follows the requirements outlined by state.

In-service training is provided to staff via an internal training program and is administered via various cost effective sources. Many in-services are provided by qualified agency personnel, DCF Regional staff, USF Trainers and others. In-service training consists of Phase II Certification and / or applicable specialist certification for all case management related staff. All staff is required to complete the requirements outlined by the Department of Children and Families Licensing Division. Completion of training is maintained in the personnel file and tracked through an internal data base to determine compliance. Verification of training completion is validated through a training certificate issued by the on-site trainer.

Foster and adoptive families training – Foster and adoptive families are required to complete MAPP training prior to being licensed / approved as a foster and / or adoptive home. All MAPP training is provided through the Sarasota Family YMCA, Inc. – Licensing Unit. Trainers must be certified through the Department of Children and Families. The initial MAPP training consists of 30 hours. The Sarasota Family YMCA, Inc. is responsible for providing the training and maintains records of attendance and validates that the MAPP requirements have been successfully met. In addition to the MAPP certification, each licensed foster family must receive 16 hours of annual in-service training with subject matter being directly related to children and their care. The Sarasota Family YMCA, Inc. is responsible to track compliance of completion.

X – Foster and Adoptive Home Licensing, Approval and Recruitment

Foster and adoptive home licensing, approval and recruitment is conducted by the Sarasota Family YMCA, Inc. – Licensing Department. The Y’s Licensing Department is responsible for completing the licensing process, submitting the licensing file to the Department of Children and Families and is also responsible for recruitment of new foster / adopt homes.

The Department of Families and Children track the licensing and approval process via the Licensing Packet Review Form. The Sarasota Family YMCA, Inc. – Licensing Department staff work closely with the DCF Licensing Unit of the Regional Office to ensure processes maintain compliance. Joint meetings are held as needed to discuss any performance related issues or to use a team approach to program area changes or requests for information. Any repetitive non-compliance or negative performance shall result in the implementation of a Program Improvement Plan.
On a monthly basis, the Sarasota Family YMCA, Inc. – Licensing Department provides a thorough report of all recruitment and retention efforts which is distributed to and reviewed by the Board, Senior Management, Case Management CEOs, stakeholders and DCF Regional staff.
2009/10 Quality Management Collaboration Plan

In order to ensure effective collaboration between the Sarasota Family YMCA, Inc. and the DCF Regional office and enhance the quality assurance and quality management structure, the Sarasota Family YMCA, Inc. shall implement the following plan:

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<tr>
<th>Sarasota Family YMCA, Inc.</th>
<th>DCF Regional Office</th>
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<tr>
<td>1. Maintain open communication regarding activities outlined in the Quality Management Plan and ad-hoc activities,</td>
<td>1. Provide participation in case practice review tool no less than quarterly,</td>
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<td>2. Provide schedule of internal reviews to applicable department staff for opportunity for participation,</td>
<td>2. Maintain a relationship that fosters collaboration, feedback and learning opportunities,</td>
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<td>3. Provide opportunity for participation in all applicable training opportunities,</td>
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<td>5. Provide continual reporting and feedback dependent upon the activity cycle,</td>
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<td>6. Provide formal reports to the Department no less than quarterly, by the 20th of the month following the quarter end*, and</td>
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* All reports shall be submitted via email to the Contract Manager, as agreed upon by the Sarasota Family YMCA, Inc. and the DCF Regional Office. The format shall be clear, concise and present summary of the full activities, while the full report, data and analysis is maintained for review on site at the Sarasota Family YMCA, Inc.
July:
QM Specialists will complete:
- 7 reviews using the Quality of Practice Standards for Case Management” (for first quarter review)
- 8 Licensing File Reviews
- Special Reviews as assigned

August:
QM Specialists will complete:
- 7 reviews using the Quality of Practice Standards for Case Management” (for first quarter review)
- 8 Licensing File Reviews
- Special Reviews as assigned

September:
QM Specialists will complete:
- 3 reviews using the Quality of Practice Standards for Case Management” (for first quarter review)
- 8 Licensing File Reviews
- Special Reviews as assigned
Side-by-Side Reviews with DCF 9/14/09 to 9/18/09

QM Specialists will complete:
- 7 reviews using the Quality of Practice Standards for Case Management” (for second quarter review)
- 8 Licensing File Reviews
- Special Reviews as assigned

October:
QM Specialists will complete:
- 7 reviews using the Quality of Practice Standards for Case Management” (for second quarter review)
- 8 Licensing File Reviews
- Special Reviews as assigned

November:
QM Specialists will complete:
- 3 reviews using the Quality of Practice Standards for Case Management” (for second quarter review)
- 8 Licensing File Reviews
- Special Reviews as assigned
Side-by-Side Reviews with DCF 11/14/09 – 11/20/09

December:
QM Specialists will complete:
- 6 reviews using the Quality of Practice Standards for Case Management” (for third quarter review)
- 8 Licensing File Reviews
- Special Reviews as assigned
January:
QM Specialists will complete:
- 6 reviews using the Quality of Practice Standards for Case Management” (for third quarter review)
- 8 Licensing File Reviews
- Special Reviews as assigned

February:
QM Specialists will complete:
- 5 reviews using the Quality of Practice Standards for Case Management” (for third quarter review)
- 8 Licensing File Reviews
- Special Reviews as assigned

March:
Side-by-Side Reviews with DCF 03/01/10 – 03/05/10
QM Specialists will complete:
- 7 reviews using the Quality of Practice Standards for Case Management” (for fourth quarter review)
- 8 Licensing File Reviews
- Special Reviews as assigned

April:
QM Specialists will complete:
- 7 reviews using the Quality of Practice Standards for Case Management” (for fourth quarter review)
- 8 Licensing File Reviews
- Special Reviews as assigned

May:
QM Specialists will complete:
- 2 reviews using the Quality of Practice Standards for Case Management” (for fourth quarter review)
- 8 Licensing File Reviews
- Special Reviews as assigned
Side-by-Side Reviews with DCF 05/03/10 – 05/07/10

June:
Annual Report to DCF

Monthly Meetings:
Sarasota Family YMCA Executive Board Meeting – Third Wednesday
Sarasota Family YMCA Social Services Committee – Third Tuesday
Circuit 12 Family Safety Alliance – Fourth Thursday
Safe Children Coalition Continuous Quality Improvement Committee – Third Monday
Senior Management Meeting – First and Third Mondays
Safe Children Coalition CEO Leadership Meeting – First Tuesday
Safe Children Coalition Joint Operations Meeting – Third Monday