Community Based Care Lead Agency

Serving Children and Families in
Charlotte, Lee, Collier, Hendry and Glades Counties

PERFORMANCE AND QUALITY IMPROVEMENT PLAN
FISCAL YEAR
JULY 1, 2012 - JUNE 30, 2013
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**History**

In 1996 the Florida Legislature (section 409.1617, Florida Statues) established a robust mandate requiring that the Department of Children and Families (DCF) enter into contracts to create model programs in which the community based care agencies would deliver foster care and related services. The legislative intent was to strengthen the support and commitment of communities to protect abuse, abandoned and neglected children, and to reform the child welfare system by increased efficiency and accountability. In 1998 the Legislature adopted House Bill 3217 which expanded the goals, requiring DCF to fully privatize foster care and related services statewide through a competitive bid process.

In 2003, the Florida Department of Children and Families selected and awarded the Children’s Network of Southwest Florida (CNSWFL), a nonprofit organization, the Lead Agency contract to provide community based care services to children and families in Charlotte, Lee, Collier, Hendry and Glades counties. DCF renewed the agency’s contract in 2008. In 2011 DCF initiated the mandated competitive procurement process for child welfare services in Circuit 20 and CNSWFL once again successfully secured the lead agency contract for another ten years.

The Children’s Network of Southwest Florida serves as the System Administrator for a network of contracted providers, community and faith based partners, providing oversight of the system of care, ensuring accountability and improved outcomes for the children and families served. Included within the network of providers is foster home recruitment, training, licensing, and support; adoption recruitment, training, placement, pre-and-post-adoption support; independent living services; family preservation services; clinical services; shelter and residential care; nurse case management, and educational supports. CNSWFL contracts with two Case Management Organizations to provide direct case oversight including case planning, well being services, permanency planning, and safety / risk assessments.

The leadership of the Children’s Network of Southwest Florida promotes a culture of excellence and continuous improvement throughout the organization, with its community partners and contractors. The agency focuses on ensuring children reside safely within a permanent nurturing home environment that encourages their physical, emotional and educational well being. CNSWFL relies on its mission and vision statements as well as core guiding principles in making enhancements to the system of care and continuous quality improvement.
**Mission Statement**

The mission of the Children’s Network of Southwest Florida is to work with the community to protect children and preserve families. The agency endeavors to support family stabilization through diversion services, restore families that are disrupted through removal when appropriate, identify and promote permanent connections for children in a timely manner, engage relatives through family centered practice, equip adolescents for adulthood, maintain an array of service providers, assure provider accountability and emphasize respect for the worth and dignity of all people.

**Vision Statement**

It is the vision of the Children’s Network of Southwest Florida’s to build strong links for children in need by proactively seeking and assessing their natural supports and utilizing a trauma sensitive approach to achieve safety, permanency and well being in a timely manner.

The system of care that has been created by the Children's Network of Southwest Florida and its community partners reflect the following important principles:

**Core Principles**

**Safety Oriented** – Safety determinations will be made by assessing child vulnerability and threats, in conjunction with parental/caregiver capacity to protect. Action based crisis and safety plans will be developed to mitigate risk factors and assess ongoing safety of children.

**Access** – Children and families will have timely access to relevant services. Barriers to service will be identified and solutions will be actively pursued to expedite intervention.

**Individualized Services** – Each family member will receive individualized services in accordance with strengths and needs identified by the family and consistent with valid professional assessments. Services will be delivered in accordance with the case plan drawing from both formal and natural supports. Services will be provided at the level, intensity and duration necessary, and in the least intrusive manner possible.

**Family-Centered Focus** – Service planning, provision and decision making will be designed to meet the unique strengths and needs of the families. Full participation from the families will be strongly encouraged throughout all junctures in the life of the case.

**Culturally Competent and Respectful Practice** – Culturally competent services will be delivered in a manner that respects individual and family needs and cultural differences. Culturally competent, diverse staff will ensure that all clients have access to receive and benefit from the necessary services. Any differences in outcomes for populations of races,
religions, ethnicity, gender, physical disability, or other characteristics will be identified and addressed.

**Integration** - interagency planning, resource sharing and service delivery will be linked across the system of care network providers. Through a shared philosophy, coordinated intake, service planning, case management and continuity of service provision, the system of care will appear seamless to the individuals and families served.

**Effective and Efficient** – children, their families and the community expect quality services, effective service outcomes and responsible, transparent, and accountable use of public and private funds; providers and families will be held accountable for results.

**Normalcy** - Children will be encouraged participate in age appropriate activities that stimulate physical, social and emotional development. Services received by children will be within the least restrictive environment that is appropriate for their needs and safety requirements.

**Community-Engaged**– Local planning, management and decision making is the foundation of community based care. Partnerships with stakeholders will ensure that resources are allocated to meet the unique needs of the community. Ongoing assessment and identification of service needs will guide the prioritization process.

**Permanency Driven** – the Children’s Network of Southwest Florida will always strive for safe reunification of children with their families; however, if reunification is not possible, an alternate permanency plan for children and adolescents who are in out-of-home care will be developed in a timely fashion. Goal priorities will be: adoption, permanent guardianship of a dependent child, placement with a fit and willing relative, or another planned permanent living arrangement.

**Strengths Based** – Interventions with families will be centered on individual strengths, goal oriented and solution focused.

**Performance and Quality Improvement Purpose:**

The Children’s Network of Southwest Florida’s Board of Directors and Chief Executive Officer set forth a corporate wide culture that promotes excellent service delivery, quality practice and continuous improvement. These standards permeate throughout the agency and it is expected that staff at all levels of the organization have an investment in pursuing and demonstrating the same. All CNSWFL staff is deemed valuable team members whose contributions are integral to sustaining achievements and implementing quality initiatives; their involvement in PQI activities is encouraged and their feedback is actively sought.
CNSWFL’s Performance and Quality Improvement Plan primary purpose is to describe the agency’s continuous effort to coordinate activities that result in a comprehensive, quality based system of care that manages services and resources appropriately to assure efficacy of service delivery that result in positive outcomes for children and families. Influencing factors:

- Systemic improvement is a continuous process that warrants frequent evaluation and modification of service delivery, organizational and management processes as needed.
- The PQI process builds upon strengths and encourages cohesivity in a commonly shared goal.
- All components of the quality improvement system are designed to recognize and reward exceptional service delivery.
- Data collection, analysis and reporting are key components in identifying trends over time.
- A stratified approach to collecting data is essential.
- Obtaining input from key stakeholders, front line staff and providers is vital in validating quantitative findings.
- Training and appropriate staff supervision are necessary to assure consistent implementation of best practices.
- Identified problems can be resolved.
- Accountability and compliance should be assessed at the unit and worker levels.
- Define the scope and responsibility for implementation and coordination of PQI activities and technical assistance.
- Identify the methods and timeframes for monitoring activities.

CNSWFL’s **system-wide** approach for PQI involves Shewhart’s “Plan-Do-Check-Act” Model. This cyclical approach includes program planning, implementation, monitoring and modification as required, ensuring that processes are sound and comprehensive. Agency and Unit specific strategic planning takes place to address monitoring results, implement law changes and assess the effectiveness of policies and procedures.

As such, the system of care in Circuit 20 is a dynamic process that is adapted when necessary to the changing and evolving needs of children and families receiving services as driven by collaborations through family centered practices, local stakeholders and direction by the Department of Children and Families. The PQI plan may be modified throughout the course of the year and is updated at least once on an annual basis.
The CNSWFL’s table of organization follows:

**Organizational Structure**

The Director of each Department oversees their staff’s effective service delivery and involvement in the QPI processes within their department and reinforces each employee’s understanding that their assigned duties impact the overall performance of the agency, and more directly, the children and families served.

The **Chief Operating Officer** has four direct reports:

1. **The Director of Quality Management** is charged with ensuring implementation and coordination of PQI activities and provides supervision of eleven employees whose positions are dedicated to quality operations, assurance and improvement activities including Adoption, Missing Children / Human Trafficking / Incident Report, Permanency Planning, Independent Living, Road to Independent Living and Services to Former Foster Youths, Risk Assessment, Quality Assurance and management of the Imaging database. (The Department has been expanded to include a QA Supervisor who will begin employment with the agency in December 2012). All QM staff has significant...
experience in child welfare and each is assigned primary oversight for a designated programmatic area. Excluding the Imaging Specialist, all are trained, certified QA Reviewers so routinely participate in case reviews and specialty reviews. A Quality Management staff serves as the chairperson for the PQI committees that are aligned with their primary functions. In addition to CNSWFL’s QM staff, the Case Management Organizations combined have three (3) Quality Assurance staff who partner with the lead agency to assist in the implementation of quality assurance and improvement activities.

2- **Director of Programs** oversees a mixed unit that consists of Relative Search staff whose duties include completing homestudies and attending shelter hearings to meet with birth parents to obtain identifying information of their biological family and natural supports who may be interested in being involved while the child remains in out of home care. Additionally, at any point in the case, Case Managers submit requests for assistance in locating relatives or to have a home study completed.

Within this unit are Diversion Specialists who are co-located with DCF’s Child Protective Investigators (CPI) allowing easy access and information exchange. The Specialists provide referral services to families that are designed to prevent further involvement in the dependency system. Contact is maintained with service providers and the CPI through case completion.

There are four Foster Care Specialists within this department. The licensing staff is instrumental in ensuring application of Quality Parenting Initiatives throughout the circuit and is tasked with conducting reviews of initial files for licensure, annual re-licensures, complaints and foster care referrals. They: track and report on foster care waivers, exit interviews, foster care related satisfaction surveys; monitor compliance with state laws and operating procedures governing foster care; develop local policies that provide guidance, structure and organization for the CMO staff and the foster parents; monitors the CMOs foster care recruitment and training.

3- **Director of Staff Development** is assigned five Training Specialists who assist in the development and delivery of pre-service and in-service training for CPI, Case Management and Lead Agency staff. Their duties involve providing job coaching for recent pre-service graduates and assistance in developing Professional Development Plans for employees who demonstrate requiring specialized assistance to effectively execute certain job duties. All are certified trainers and each has areas of specialties based on their experience. This department works very closely with all others, especially the Quality Management unit, in customizing trainings to address systemic issues identified in monitoring reviews. Staff Development staff have strategic assignment on several PQI workgroups and the Director has a leading role in the CPI Transformation Project and will have a leading one on implementing the Case Management Redesign training that is anticipated in 2013.
The Network is expanding the scope of the highly successful Teen Outreach Program as an area within our circuit is amongst the counties with highest pregnancy in the state. This position will provide prevention education and training to youths and providers.

4- **Director of Utilization Management**: assures appropriate, qualitative services are available and delivered to children and families in the right amount at the right time. Within this unit are Intake Referral and Triage Specialists who serve as liaisons between DCF and the CMOs to assure cases received for services meet the criteria for such and are correctly documented in FSFN (the statewide automated SACWIS system). The Utilization Management Specialists monitor service providers current capacities, approve service referrals and assists in indentifying providers for our clientele when individualized unique needs are identified. The Therapeutic Compliance Reviewer is a Licensed Clinical Social Worker who reviews all CBHAs, participates in Multidisciplinary Team Staffing, and is a liaison with AHCA and Magellan (the agencies that oversee Medicaid service) to assure provision of service to children and families. Recruitment, monitoring and management of contract providers are managed by designated staff within this department who also work closely with the QM staff to assess compliance and quality.

**CNSWFL’s Data Analyst** reports directly to the CEO though is accessible to management and their staff at all levels. A primary function of the Data Analyst is to validate performance outcomes measured by DCF including contracted targets and the CBC scorecard. Therefore in addition to the basic reports available in FSFN, the Data Analyst develops agency specific reports to track data elements that influence performance outcomes. Weekly, monthly and quarterly performance reports are provided by the Data Analyst to the CNSWFL management team for review, monitoring and action planning. Aggregated monthly reports are supplied to CMOs during Directors meetings and posted to the CNSWFL website. Each CMO facilitates Supervisor meetings and All-Staff meetings to share information and identify challenges or system needs. When a topic requiring specialized collaboration arises, an Ad Hoc workgroup, comprised of a cross-section of staff and community stakeholders is established and remains active until solutions are developed and goals are achieved.

The Chief Financial Officer, Communication / Development Director and Information Technology Director direct report to the CEO. Within their purviews are responsibilities that require diligent oversight to assure compliance with state and federal laws that are closely aligned with, and impact the delivery of services to children and families. Staff from these departments participate in PQI activities and are monitored both internally and externally.
FOCUS ON COORDINATION

The Children's Network of Southwest Florida's collects and analyses data and information to: examine utilization, assess case management performance, evaluate contract compliance, strengthen practice and improve the timeliness and quality of the service delivery system in accordance with state and federal laws as well as the DCF’s monthly scorecard indicators and contract performance measures set forth in the Lead Agency Contract. CNSWFL’s Performance and Quality Improvement (PQI) process includes clients and stakeholders in decision making, initiative planning, coordination and identification of corrective action measures as needed.

Quality Management Review Process

a. Quality Services Reviews

In FY 2011 – 2012 CNSWFL began using the Department of Children and Families approved Quality Service Review (QSR) Protocol as one of the approaches in conducting case management reviews. The QSR model appraised the current status of a child possibly having special needs (e.g. a foster child with a serious emotional disorder) in key life areas, the status of the parent / caregiver and the performance of key system of care practices for the same child and family.

The QSR Protocol requires review of the most recent case activity, interviewing all case participants, caregivers, case management staff, Guardian ad Litem, educators, treatment providers, and other relevant person associated with the child and family. This process allows the reviewer to gather of information that will be used enhance, support and improve the quality of practice within the local system of care.

Based on the population of children receiving services as of July 1, 2012, CNSWFL is required to complete two QSR reviews per quarter. The QSR cases will be randomly selected from the data extract provided by the DCF’s Office of Family and Community Services for the corresponding quarter.

All reviews will be completed by teams of two as required by the protocol. Once the review has been completed, the reviewer will conduct a debriefing with the CMO Case Manager, Supervisor and others deemed appropriate. The debriefing is intended to tell-the-story about the child and family as learned from the file review and interviews, address the next appropriate steps to take in working with the family from the family’s point of view, the Case Manager’s perspective as well as the reviewers’ and be strength based, while clearly identifying areas of concern.

The final step in completing the QSR will be writing the case review summary which shall include basic demographics and facts about the child and family. The core summary will
describe the child’s and caregiver’s status, factors contributing to favorable or unfavorable ratings, an analysis of what’s working now and why, as well as practical steps to sustain success or overcome challenges / concerns. Completed reviews and findings will be presented to each Case Management Organization so that they can participate in the continuous quality improvement efforts.

**QSR Reports and Tools** – The reviewers will conduct a rating exercise and all information received from the file review and interviews will be entered in the software application managed by DCF via the quality assurance portal. Copies of the case review summaries will be submitted via email to DCF October 30, 2012, January 31, 2013, April 30, 2013 and June 30, 2013.

**b. Quality of Practice Standards (QPS):**

CNSWFL will complete eighteen Quality of Practice Standards file reviews each quarter. Under the guidance and direction of CNSWFL’s management team, and by approval of DCF, a focused specialty review may substitute for this review.

QPS Review Tool and Sample: Reviewers consisting of CNSWFL QM Staff, CMO QA Staff, and CMO Supervisory Staff who have received certification in QPS, will utilize the approved practice of standard tool that has been adopted by DCF. The sample will be randomly derived from the aforementioned extract provided by DCF.

If a decision is made to discard a randomly selected case file from the sample list under the allowable discard criteria, the decision must be approved by the Children’s Network of Southwest Florida Quality Management Director, who must document the basis for the decision as it relates to the discard criteria. This process of “scrubbing” the random sample from the extract by discard and replacement establishes the master list for the QPS and QSR reviews for the quarterly monitoring. CNSWFL’s Quality Management Director or a designated QM staff will track the cases reviewed from prior monitoring, discarding duplicate cases from subsequent samples, and conduct various data analyses.

**c. Quarterly Focused Reviews:**

An additional sample of ten files will be reviewed each quarter. The focus topics will be selected by DCF and the sample randomly derived from the DCF extract. The QPS Tool will be utilized to include only those questions specified by DCF.

Review Period: The review period for case file monitoring will always be first date after the end of the preceding monitoring period, and covers at a minimum a nine month period through the date the review is initiated.
2012-2013 QPS Review and Specialty Schedule (subject to modification):

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<th>1st Quarter</th>
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**Reporting:** QPS, QSR, Focused reviews all utilize the state’s automated tool so data is immediately available to DCF. CMO managerial and quality assurance staff participates in all debriefings and identification of improvement initiatives. CNSWFL will provide an annual report to DCF, quarterly reports to the stakeholders and communicates its findings at various stakeholder meetings. The reports will address findings and trends related to:

- Assessments
- Family Engagement
- Service Planning and Provision
- Promoting Case Progress
- Supervisory Reviews

**d. Executive Management and Region Discretionary Reviews:**

The Secretary of DCF or other executive staff may determine a review of a particular process or topic is needed, or may require a statewide or localized special project be conducted throughout the year. This activity will likely require specially designed review tools and other protocols depending on the subject matter. Discretionary reviews may also be assigned by Regional Directors for local purposes. These reviews will include high profile cases.
Request for special reviews will be directed to the Children’s Network of Southwest Florida’s Chief Operating Officer who will direct the request to the appropriate member of the Children’s Network of Southwest Florida’s Quality Management Specialist staff.

e. **Family Preservation Protocol Reviews**

CNSWFL is committed to keeping families together when possible, and has dedicated three full time staff to the duties and responsibilities of traditional and intensive diversion programs and services to prevent removal from parent or relative caregivers. These services and supports are provided at a greater intensity based on family need, including but not limited to: Substance abuse, domestic violence, mental health, anger management, etc. As a result, it is expected services will be initiated sooner, leading to families’ needs being met earlier which should lead to more expeditious closing and lower caseloads.

CNSWFL will randomly review cases to evaluate service effectiveness, identify barriers, and communicate observations regarding system improvements. Review outcomes will be provided to the CNSWFL Management, stakeholders and DCF.

**REQUESTS FOR ASSISTANCE (RFA):**

Assuring that situations are immediately addressed and corrected if a critical life, health, or safety threat to a child is identified during any quality assurance or other review activity:

When a critical life, health, or safety threat to a child is identified during any quality assurance or other review activity, the Reviewer who identified the concern enters a *Request for Assistance Form (RFA in the case record in FSFN)* and submits it to the Quality Management Review Coordinator (* in incidents where a safety concern is identified outside a quarterly review, the RFA will be completed in FSFN and a copy forwarded to the CNSWFL’s Quality Management Director and the CMO Program Director or designee. If the concern is related to a contracted provider a copy will be submitted to the Utilization Management Director and the provider as appropriate.

The Case Management Organization / contractor must respond to the concern in writing via the *RF* Form within 48 hours to document efforts made to decrease safety concerns. If additional time is needed, the CNSWFL Quality Management Director will communicate with all parties to ensure address an extension of time for resolution.

Upon receipt of the response, the QM Review Coordinator will review the response with QM Director and agree that the safety issue has been resolved or return the response with a request for additional action.
FOCUS ON RESULTS
Program results and quality service delivery are measured as part of CNSWFL’s performance outcomes which are outlined in our contract with DCF and evaluated monthly by the CBC Lead Agency Scorecard. These measures are identified in Attachments A and B and include safety, permanence and well being outcomes which are indicative of the appropriateness, effectiveness and dimensions of quality service delivery such as efficacy, continuity and timeliness. Additionally, CNSWFL identified other measures that are important to routinely track and report.

A. PERFORMANCE CONTRACT MEASURES for FY 2012 - 2013:

- The percentage of children served in out of home care who are not maltreated by their out of home caregiver shall be at least 99.68%
- The percentage of children reunified who were reunified within twelve months of the latest removal shall be at least 75.2%
- The percentage of children reunified who entered out of home care within twelve months shall not exceed 9.9%
- The percentage of children who were adopted within twenty four months of the latest removal shall be 36.6%
- The percentage of children in out of home care 24 months or longer on July 1, 2012 who achieved permanency prior to their 18th birthday and by June 30, 2013 shall be at least 29.1%
- The percentage of children in out of home care for at least eight days but less than twelve months, who had two or fewer placement settings shall be at least 86%
- The percentage of children under supervision who are required to be seen every 30 days who are seen every thirty days shall be 99.5%
- The number of children with finalized adoptions between July 1, 2012 and June 30, 2013 shall be determined (target is being negotiated)
- The average number of children who are missing per 1000 children in home and out of home care shall not exceed ten

B. INDEPENDENT LIVING MEASURES for which DCF is determining baseline data:

- Percent of youth who have aged out of care who complete high school or GED by 20 years of age.
- Percent of youth who have completed high school or GED and are involved in post secondary education.
- Percent of youth ages 18 and over receiving Independent Living services who have a job (including joining the military)
- Percent of young adults in safe housing.
- Percent of 17 year old youth in licensed out of home care who had a transition plan signed by the youth and filed with the Court.
The data for these measures is derived from Florida Safe Families Network (FSFN) and through DCF’s Dashboard. The reports are available either monthly or quarterly depending on the data source and is disseminated monthly or quarterly as available to CNSWFL Board Members, CMO Management staff, CNSWFL staff, and stakeholders. Performance reports are posted on CNSWFL’s website so is easily accessible to the community.

C. CBC Scorecard

The Department of Children and Families issues a monthly scorecard that ranks each CBC Lead Agency in the state against the other on twelve indicators; two are safety measures, one family preservation outcome, five permanency categories, and three well being indicators and one that rates financial management. They are:

- In state children seen every thirty days who are in home and out of home care (99.5%)
- No verified maltreatment during in home services or within six months of service termination for in home and out of home (96%)
- Ratio of children receiving Family Preservation Services to children with verified maltreatment (2.00)
- Required mother and father contacts for children in out of home care with the goal of reunification (50%)
- Children reunified within twelve months of entry in out of home care (48.4%)
- Reunified children who re-enter care within twelve months (9.9%)
- Ratio of adoptions in the last twelve months to the number of children in care greater than twelve months (.500)
- Children in care eight days to twelve months with two or fewer placements (86%)
- Medical, Dental and Immunization services (90%)
- Children ages 5 -17 enrolled in school (95%)
- Former foster youth 19 -22 with a high school diploma or GED (40%)
- Administrative Expenditures as a percent of YTD expenditures

CNSWFL has established PQI committees with representation from various stakeholders to evaluate current processes, analyze data assess the effectiveness of initiatives implemented to improve the agency’s performance on these measures.

CHILDREN’S NETWORK ONGOING IMPROVEMENT INITIATIVES

1. **FS 306**: CNSWFL QM Efforts to decrease the number of out of home placements during the first year in care (FS:306) were initiated during 2011-2012 when this issue was identified as an area of substandard performance in the Dashboard. Workgroups of principle case managers, supervisors and program management were held and specific instances of multiple placements were reviewed to determine best practices to avoid these types of placement changes in the future. Outcomes of interventions are being monitored monthly by the CMO Quality Assurance staff and quarterly by Quality Management Specialists to determine progress and follow-up steps that may be necessary.
2. FS 301: CNSWFL QM Efforts to increase the percentage of children who are reunified within twelve months of latest removal were initiated (FS:301) during 2011-2012 when this issue failed to meet this contract standard. Quality Management developed a monitoring tool to do a focused review on children who failed to meet the twelve month standard. Findings included places where time was lost during the out of home placement to promptly reunify the child. Staff Turnover. Time frames for specific tasks will be developed and monitored during 2012-2013 by the QM department to determine progress in this area of effort.

The above graph depicts CNSWFL’s aggregate scores in the five major categories over six quarters. Analysis of the data set provided the framework for the following initiatives:

3. **Supervisory Reviews**

Supervisory reviews, with timely feedback and guidance, is essential in ensuring Case Managers have addressed all areas of safety, permanency and well being of the children being served. Individualized, focused case discussion between the Supervisor and Case Manager fosters a process that enables staff to develop / enhance critical thinking skills and acquire knowledge of best practice, based on the model demonstrated by the Supervisor.

- Supervisors shall conduct supervisory reviews at least once every 30 days and will use the DCF “Mentoring and Modeling Quality: A discussion guide for Case Management
Supervisors” guide to facilitate face to face discussion with the Case Manager on 100% of cases open 30 days at least once every 90 days.

- Each Supervisory Review must be entered in FSFN within 48 hours of occurrence, selecting “Review Supervisory” as the appropriate note type. Each child reviewed must be selected as a subject of the note.

- The Supervisor must document, at a minimum:
  - the date of the discussion / persons who participated
  - current permanency goals and progress /barriers towards permanency
  - safety factors /risks/ planning
  - emotional, physical, medical, dental, educational and mental health well being
  - status of the children on psychotropic medication re: expressed informed, consent or Court Order, Side effects, FSFN Medical tab documentation
  - actions steps needed to move the case forward including timelines
  - status of tasks from previous Supervisory Review(s)

CNSWFL will track compliance through FSFN, disseminating a report bimonthly, and then discuss trends, analysis at the monthly CMO Team Meeting.

While there is improved performance in the timeliness of quarterly Supervisory reviews, high performance has not been achieved in assuring timely follow up on directions provided, and consistency is needed regarding qualitative documentation of the conducted review. A PQI Supervisory Workgroup is held bimonthly wherein all Case Management Supervisors are expected to participate in at least once annually, where he/she will have the opportunity to review and evaluate sample reviews from all case management units. Likewise a review that he/she has recently conducted will be evaluated and immediate feedback provided. The Supervisors Workgroup will use the following evaluation criteria:

- Appropriate supervisory guidance offered and tasks assigned
- Prior assigned tasks completed
- All service referrals made for identified needs,
- Child well-being issues addressed (physical, dental, educational, mental health),
- Emerging risk/safety factors or needs identified and addressed,
- Timeliness of the review (within 90 days of last review),
• Discussion of timely and appropriate progress towards permanency,
• Family Engagement, and
• Psychotropic medications during supervision.

*These criteria may change as other issues for supervisory attention may be identified.*

4. **Increased Hands on Mentoring by Case Management Supervisors.**

Each month the Supervisor will conduct a field visit with a Case Manager in the unit. For maximum benefit, care should be given to choosing the worker who has demonstrated the greatest need, and should involve a case that presents with challenges. The Supervisor and worker will discuss the case in advance of the visit to identify areas of concern or challenges for the worker. During the visit, the Supervisor will model effective interviewing, assessment, communication and engagement. The Case Manager should submit a copy of the typed notes to the Supervisor for review and feedback.

The Supervisor should enter the contact in FSFN within 48 hours selecting, “Supervisory consult” as the note type.

5. **Assessment**

CNSWFL has implemented the following measures to improve performance in the area of family assessment:

- CNSWFL’s Staff Development Department provided in service training to case management staff on the principles and guidelines of conducting an effective family assessment and has incorporated by the same in the pre-service curriculum module that addresses this issue.
- CNSWFL developed a workgroup that includes CMO’s Management, Quality Assurance staff, a Case Manager, a Supervisor and a CNSWFL Quality Management that convenes bimonthly to review a sample of Family Assessments to assess thoroughness and timeliness. Data from the case file reviews and workgroup meetings indicate a steady positive increase in the quality of the assessments. However, two main factors contribute to the mediocre performance outcome: 1- timeliness: late approval of initials and updates by Supervisors and 2- inconsistent updates at critical junctures when the child/family has a significant change in circumstance. While case file reviews provide evidence that Case Management considers the impact of significant changes when making decisions, they do not update the FSFN Family Assessment (FSFN FA) tool of those critical junctures in a timely manner. It should be noted the FSFN FA is being revised by DCF to make it
more user friendly.

- CNSWFL generates a monthly report identifying family assessments have a due date within 15 days and those that are already beyond the 90 days required
- The Case Management Organizations are on corrective action to improve performance in this area.

6. **Parent Engagement**

CNSWFL constantly seeks additional opportunities for parents and families to participate in the case planning process, engaging in their children’s activities and identification of barriers and challenges. Beginning in July 2012, CNSWFL requires that every birth parent is seen in their home every month if parental rights are intact, they reside in the Circuit, and the Court has not exempted the agency from contacting the parent. It is expected that this will result in improved communication, teaming and planning. A FSFN Business Objects report has been to track compliance. Information is available on demand and is tracked biweekly by the Quality Management Department.

7. **Quality Parenting Initiative**

CNSWFL fully endorses and supports QPI. In an effort to create a conduit between our foster families and the Children’s Network of Southwest Florida, in August 2011 two Foster Parent Liaison positions were created. The Foster Parent Liaisons work tirelessly to support our agency’s mission, our providers, and most importantly, our foster parents. They make themselves available twenty four hours a day to offer guidance and support to each foster parent in Circuit 20. Having served in the role as both foster and adoptive parents, they are able to provide invaluable insight and understanding to our families to assist them as they navigate through the child welfare system.

In February 2012 all foster care licensing and adoption staff involved in the recruiting and training of prospective foster / adoptive applicants was certified in PRIDE which the agency adopted as its required curriculum effective July 2012. PRIDE incorporates the shared parenting model between foster parents and biological parents, wherein foster parents are encouraged to supervise visits between the child and parent, take a more active role in exchanging information about the child with the parent and serving as mentors for birth families when appropriate.

8. **Independent Living:**

Independent Living remains a priority for CNSWFL and thus special reviews outside of the Contract Monitoring of the IL network provider take place. These reviews focus on services provided to the youth including eligibility requirements for the Road to Independence
9. **Exit Interviews:**

The Foster Care Specialists are responsible for processing exit interviews. Exit Interviews with children that leave licensed care will be conducted in a manner consistent with CFOP 175-61. Children ages 5-18 will be interviewed by their assigned Case Manager each time they leave the care of a licensed foster home or group home where they have been placed for thirty days, regardless of the reason for removal. The Licensing Specialist reviews the Exit Interviews to ensure that each question is answered and ensure proper follow up if the child voiced any concerns. The Licensing Specialists also track and request any missing or late Exit Interviews. Concerns and response patterns that require further attention are brought to the attention Programs Director. The interviews are provided to the CMOs.

10. **Children Not Seen:**

The Executive Assistant to the Chief Operating Officer generates a weekly listing “Children not Seen” which computes the number of days since the last face to face contact was made with the child. The list is disseminated for children whose last documented visit is at or beyond 21 days to CMO Management, QA, and Supervisors and in some instances, specified Case Managers. The Executive Assistant is also assigned the task associated with tracking children who appear on DCF’s Child Not Seen report. The information gathered is provided to the CMOs for a response to ensure that all children under supervision are seen every 30 days.

11. **Incident Reporting:**

CNSWFL and its contracted network providers will comply with the Department Operating Procedure (215-6), Incident Reporting and Client Risk Prevention. The QM Missing Child Specialist is responsible processing incident reports from all contracted network providers. The contracted reporter is responsible for submitting an accurate and detailed incident report and notifying necessary parties. The QM Missing Child Specialist oversees the process to ensure the written incident report is complete and includes information regarding corrective action and follow-up and distributes to all applicable CNSWFL staff for review. The information tracked from incident reporting will be analyzed and reported during Contract Monitoring and when requested by CNSWFL management. Incident Reports provide perspective into a network provider’s operations that might otherwise be overlooked.
12. *Psychotropic Medications*:

Ensuring that expressed and informed consent or court authorization has been obtained for children in out-of-home care prescribed psychotropic medication remains a priority. In addition to monitoring compliance in accordance with FAC 65C-35, Psychotropic Medication for Children in Out of Home Care, Case Managers are required to assess the status of children on psychotropic medications during home visits and document the following: prescribing physician, name of medication, dosage, frequency, number of refills, reason for medication, date prescribed, date of court order or of expressed and informed parental consent for each medication the child is prescribed. The Case Manager is further required to review the Medication Administration Log to ensure the medication is taking as prescribed or deviances are documented. The Case Manager reports any change in medication status to the Quality Assurance staff to input the information in FSFN. CNSWFL QM staff generates the FSFN psychotropic medications listing to identify any data errors as well as any medications that are lacking proper consent. This information is disseminated biweekly to the CMO and tracked until satisfactorily resolved.

13. **Client Relations Activities / Complaints:**

Client relations activities and complaints are tracked via DCF’s Tracker System and internally by the Executive Assistant to the Chief Executive Officer. 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 CNSWFL Management and Directors, CMO Management and Directors. 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.

14. **Weekly Tracking by CMO’s:**

CMO Quality Assurance Staff track the Case Manager’s activities weekly to assure that children’s Educational, Medical, Dental and Behavioral Healthcare needs are being assessed and appropriate treatment is being administered when warranted. Lack of sufficient documentation in these cases will be corrected following their recommendations. Quality
Management Specialists utilize FSFN Business Object reports to monitor the collection of this data and follow up with the CMOs bi weekly for cases that are out of compliance. Feedback is provided during Team Meetings, QPS and QSR Reviews.

**THIRD PARTY REVIEW Completed 8/30/2012:**
In August 2012 Our Kids Miami/Dade completed a Third Party Review of Children’s Network of Southwest Florida performance monitoring over fiscal year 2011-2012. The review was done to meet the requirements for such outside, independent review of Quality Management practices as defined by the Florida Department of Children and Families contract with Community Based Care Agencies to sub-contract for an independent annual evaluation from the private sector (including peer review) that is experienced in child welfare. The assessor engaged key stakeholders, reviewed monitoring reports and performance outcomes. The areas of concerns identified related to staff retention; primarily within one Case Management Organization, and Supervisory guidance within the said company. Strategies have been developed by the CNSWFL and the CMO’s to monitor progress. The areas for qualitative improvement are aforementioned. Stabilizing the work force at one of the CMO emerged as an area requiring attention. There have been significant changes at the Managerial levels within the CMO, hiring practices have been revised and staffing patterns have improved within the first quarter of the FY 2012-2013. Vacancies are addressed on a monthly basis at Team Meetings where strategies are discussed and developed to assure manageable caseload and continuity of services for families when possible.

**REPORTING:**
The Children’s Network Board of Directors will communicate the status of ongoing improvement initiatives through news releases, reports to County Alliances, and posting on the CNSWFL Web site. The monthly DCF scorecard is disseminated by DCF and is available to a broad spectrum of stakeholders.
**RESPONDING TO NEW INFORMATION:**

New information that becomes available will be used to either modify ongoing improvement initiatives or if necessary start new ones.

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**Ongoing QM Tasks for Children’s Network Quality Assurance Specialists**

Risk Management Analysis:
- Abuse During Services
- Specialty Reviews
- I. G. Report Follow-up
- Incident Reports

FSFN validation:
- AFCAR
- Family Assessments
- Timeliness and quality of Supervisory Reviews
- Psychotropic Medication
- Medical, Dental, Immunization
- Education
Coordinating staffings required by Statute:

- Permanency
- Reunification
- Missing Children
- Sibling Separation
- Transfer from Services to Adoptions
- Expedited TPR Staffings
- Goal Change Staffings

Adoptions:

- Approve Adoption Homestudy and Subsidy Packets
- Adoption Review Committees
- Quarterly Adoption Staffings
- Match Staffings
- Adoption Exchanges: Photolisting and Updates
- Five Year Adoption Plan

Independent Living:

- Independent Living Staffings
- Determination of benefit eligibility
- State and Federal Reporting
- Contract oversight and monitoring of specialty provider
- Technical assistance and training

**Tasks related to national accreditation**

The Children’s Network of Southwest Florida LLC is accredited as a Child Welfare Lead Agency by the Council on Accreditation (COA). This Accreditation was granted in August 2009 and is effective through August 31, 2013. CNSWFL will continue its collaborative partnerships with families, contracted / community providers and other stakeholders to promote corporate and social responsibility, increased accountability, and transparency.

CNSWFL integrates quality practice standards within all functions of the agency to increase its efficiency as a system administrator and improve the quality of services provided to children and families working with the Case Management Organizations.