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, 2013 - JUNE 30, 2014
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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 Children’s Network’s 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 twelve 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. A QM Supervisor was added to the unit 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 initiate engagement with birth parents and to obtain information of their biological family and natural supports who may be interested in being involved while the child remains in out of home care.

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. The broad spectrum of their responsibilities include tracking and reporting on: foster care waivers, exit interviews, and foster care related satisfaction surveys; monitoring compliance with state laws and operating procedures governing foster care; developing local policies that provide guidance, structure and organization for the CMO staff and the foster parents; monitoring of foster care recruitment and training.
3- **Director of Staff Development:** is assigned six 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. The Staff Development department will provide the Family Safety Decision Making Methodology training to all Circuit 20 staff and key stakeholders during fiscal year 2013 beginning in August 2013.

The Director of Staff Development supervises the Teen Outreach Program staff whose primary duty it is to provide pregnancy prevention education and training to youths and providers throught the circuit.

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**

The Children’s Network utilizes 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 appraises 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, 2013, CNSWFL is required to complete two QSR reviews per quarter. The QSR cases will be randomly selected from the data extract provided by DCF’s Office of Child Welfare 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 within ten business days of the last month of the preceeding quarter.

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

CNSWFL will complete fifteen 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.

2013 - 2014 QPS Review and Specialty Schedule (subject to modification):

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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 participate 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 Request for Action Form within 48 hours to document efforts made to decrease safety concerns. If additional time is needed, the CNSWF 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 2013 - 2014:**

- FS 106: 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%
- FS 301: The percentage of children reunified who were reunified within twelve months of the latest removal shall be at least 75.2%
- FS302: The percentage of children reunified who entered out of home care within twelve months shall not exceed 9.9%
- FS303: The percentage of children who were adopted within twenty four months of the latest removal shall be 36.6%
- FS671: The percentage of children in out of home care 24 months or longer on July 1, 2013 who achieved permanency prior to their 18th birthday and by June 30, 2014 shall be at least 29.1%
- FS 306: 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%
- FS773: 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%
- FS304: The number of children with finalized adoptions between July 1, 2013 and June 30, 2014 shall be determined (target is being negotiated)
- FS108: 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 eleven indicators; three are safety measures, four permanency categories, three well being indicators and one that rates financial management.

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

CHILDREN’S NETWORK ONGOING IMPROVEMENT INITIATIVES

1. **FS 301:** CNSWFL’s continues its efforts to improve on this permanency standard. Improvement was noted over three successive quarters in FY 2012-2013 albeit the last quarter experienced a downward trend. Assessment of systemic factors reveal a direct correlation between performance and high attrition rate at the Case Management Organization. Time frames for specific tasks at critical junctures of the case will be developed and monitored.

2. **FS 302:** CNSWFL Re-entry to out of home care within twelve months of permanency. The Children’s Network instituted the PRIDE curriculum for Foster Parents and is exploring PRIDE for Kinship care providers. The emphasis of the PRIDE training is to facilitate enduring relationships between the parent and caregiver that lasts beyond reunification. Additionally, a transition planning workgroup that includes a cross section of stakeholders (Judiciary, Foster Parents, CBC and CMO personnel, Children’s Legal
Services, GALP) has implemented initiatives that focus on nurturing the relationship between the child, parent and caregiver at the earliest possible moment. These include the caregiver and parent meeting at the shelter meeting, frequent visitation between parent and child, utilizing extended family supports to provide supervision for family time contacts etc.

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 qualitative supervisory reviews at least once every 90 days on 100% of cases open 30 days or more. This process includes at a minimum, review of the most current 90 days of case activity including FSFN and ASK (electronic case file) and a face to face discussion with the Case Manager.

- 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 /emerging dangers / caregiver protective capacity / planning
  - child functioning factors: 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 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 an upward trend was noted timeliness of quarterly Supervisory reviews in FY2012 /
2013, 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. Children’s Network will reinstate the Supervisors Workgroup as both Case Management Organizations have experienced significant personnel changes in direct service supervisory staff during FY 2012 / 2013 through the beginning of FY 2013 /2014. Best practice work products will be presented for review and used as the basis for evaluating a sample from each case management unit. 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 trends emerge or other initiatives are developed.

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. **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. A biweekly FSFN Business objects report is created that identifies face to face contacts completed with birth parents of children in out of home care whose case plan goal is reunification. As well, the Quality Management Specialists who facilitate Permanency Staffings every three months attempt make concerted efforts to engage the parents participation in the staffings and assure their awareness of upcoming court dates.

6. **Quality Parenting Initiative (QPI)**

CNSWFL fully endorses and supports QPI. The lead agency and its licensing providers are closely aligned with the Southwest Florida Foster and Adoptive Parent Support Association (SWFLFAPA) in circuit 20. The CBC’s Director of the Programs Department, the Foster Parent Liaisons who serve as conduits between the foster parent community and the agency, along with the President of SWFLFAPA, meet frequently to assure there is open communication across all agencies, to evaluate the efficacy of strategizes implemented to improve foster parents outcomes: retention, inclusion in decision making etc. and to strategize and evaluate supportive services provided to foster parents.

7. **Independent Living:**

In Fiscal Year 2012 / 2013 the Department of Children and Families Contract Oversight Unit (COU) annual contract review included Independent Living in the scope of the Review. The exception of updating one form, Children’s Network attained perfect scores for service delivery to former foster youths ages 18-23 in the following areas: 1- Road to Independence Scholarship 2- Transitional Support Services and 3- Aftercare. In the QA speciality Independent Living review completed in the second quarter of FY 2012 / 2013, the agency attained satisfactory and higher levels.

In June 2013 the Florida Legislature enacted the Nancy C. Detert Common Sense and Compassion Independent Living Act which significantly modifies the Independent Living Program for services to youths under age 18, and extends foster care to young adults ages 18-22. The Children’s Network is committed to assuring implementation of the new legislative tenets while assuring key stakeholders are informed. A workgroup has been developed.
8. **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 whenever they leave a licensed placement that lasted 30 days or more, regardless of the reason for removal. The Licensing Specialist reviews the Exit Interviews to ensure qualitative completion and appropriate follow up on any concerns.

9. **Children Not Seen:**

The Executive Assistant to the Chief Operating Officer generates a weekly listing of “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, Supervisors and in some instances, specified Case Managers.

10. **Incident Reporting:**

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

11. **Psychotropic Medications:**

Ensuring that written expressed and informed consent or court authorization is obtained prior to administration of psychotropic medication for children in out of home care remains a priority for the Children’s Network. In fiscal year 2012 / 2013 multiple trainings were conducted for front line case management staff by the CMO QA staff and the Children’s Network’s QM staff. Likewise, the Network’s Quality Management Director provided training to mental health providers in Lee county. Training is being coordinated for DCF’s Child Protective Investigators,
and mental health providers in Charlotte, Hendry/Glades and Collier counties in FY 2013 / 2014.

In May 2013 the Children’s Network developed a FSFN (statewide automated case record) workaround that enables the CBC and CMO to effectively track and monitor children on psychotropic medication.

12. 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 Children’s Network via the tracker system, email, phone call or written correspondence and then logged accordingly. The issues are researched and background information is developed then forwarded to the applicable individuals. Response times are driven by the urgency of the issue; though all are responded to within two working days.

A quarterly cumulative analysis is completed 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.

13. Weekly Tracking:

The Children’s Network generates a weekly Executive Report that focus (proactively or overdue) on compliance with:

- Medical, Immunization and Dental assessments of children
- Educational evaluations
- Parental contacts completed
- Identification records for children (birth verification, photographs, fingerprints)
- Supervisory review
- Family Assessments
- AFCAR

Quality Management Specialists utilize FSFN Business Object reports to identify the data and follow up with the CMOs weekly through completion of the required tasks. Feedback is provided during Team Meetings, QPS and QSR Reviews.
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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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.

Ongoing QM Tasks for Children’s Network Quality Assurance Specialists

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

FSFN validation: AFCAR
Family Assessments
Timeliness and quality of Supervisory Reviews
Psychotropic Medication
Medical, Dental, Immunization
Education

Coordinating staffings:
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
Roundtable Meetings

**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). The agency is presently in the reaccreditation process. 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.