ECKERD COMMUNITY ALTERNATIVES

CBC LEAD AGENCY SERVING CHILDREN IN PINELLAS AND PASCO COUNTIES

QUALITY MANAGEMENT/SYSTEM IMPROVEMENT PLAN
July 1, 2012 - June 30, 2013

~ QUALITY WITHOUT COMPROMISE ~
Overview

This document represents the quality improvement plan for Eckerd Community Alternatives. It outlines the approach utilized by the organization to implement a quality process. Together with a tool kit of supporting and defining documents, this plan comprehensively addresses and supports a culture of quality management throughout the program.

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Introduction

Eckerd Community Alternatives (ECA) is the Lead Community Based Care Agency serving children and families in Pinellas and Pasco Counties (Circuit 6/Suncoast Region). Awarded the Lead Agency contract in 2008, ECA serves as a system administrator ensuring the oversight of the system of care and accountability for improved outcomes for the children and families served. ECA has elected to contract with four case management agencies to work directly with children and families providing protective supervision, foster care, Independent Living and adoption related services:

- Lutheran Family Services- Pinellas County
- Directions for Living- Pinellas County
- Youth and Family Alternatives- Pasco County
- Camelot Community Care- IL Services for both Pinellas and Pasco Counties

ECA has also contracted Diversion services this past fiscal year with two partners:

- Direction for Living- Pinellas County
- Gulf Coast Community Services- Pasco County

The Department of Children and Families has given a call to action to increase the focus on quality management through implementation of a quality assurance plan that is driven by six guiding principles: “Integrity, Leadership, Transparency, Accountability, Community Partnerships and an Orientation to Action. Eckerd Community Alternatives’ mission, values, approach and philosophy is demonstrative of a sound commitment to child welfare and safety. Understanding that there have been historical challenges around performance outcomes within Circuit 6, as the Lead Agency, ECA has identified many opportunities for improvement and the ECA QM Plan identifies strategies to continue to improve the quality of services for the children and families of Pinellas and Pasco Counties.

Philosophy (Mission, Vision and Guiding Principles)

Eckerd Community Alternatives is committed to results-oriented performance and will strive to continue to develop an effective system of care that focuses on strong community-based partnerships. As established by the staff and Board of Directors, ECA’s mission, vision, and core value statements reflect an approach that is focused on excellence in service delivery, collaboration in system design, and accountability in meeting performance targets. The mission of ECA stems directly from Eckerd’s mission.

Mission Statement

Provide and share solutions that promote the well-being of children and families in need of a second chance.
The mission of Eckerd Community Alternatives is to design, implement, and manage a quality child protection system for the citizens of Pinellas and Pasco Counties. Our agency endeavors to support stabilization of families, restore families when safety concerns necessitate a removal, support caring relatives, connect children with loving homes, and prepare adolescents for adulthood. This mission is driven by our vision of ensuring that each child has the opportunity to succeed and our belief that all children have the right to grow up safe, healthy, and fulfilled in families that love and nurture them.

ECA is committed to improving the quality of services administered through the child welfare system. The guiding principle of ECA is to develop a system of care that is family-centered, community-based, integrated, outcome oriented, culturally competent, timely, and accountable for results.

**Vision Statement**

*Ensure that each child has the opportunity to succeed.*

ECA believes that consistent quality outcomes for Pasco and Pinellas children can only be achieved through the implementation of a practice framework strongly aligned and faithfully pursued at all levels of our system. The overarching concept behind this framework is that government and the Child Protection System should be a resource for families not a substitute for them. ECA recognizes that strong capable children come from capable families and as such, this framework will ground all child welfare professionals and those from other disciplines who support their efforts in a clear set of goals and practice standards directed to that end.

The goals of our Child Welfare System are to:

- Protect children from abuse and neglect.
- Enable children to live with their families.
- Achieve timely permanency in the child’s life.
- Assist children in becoming stable successful adults through success in education and job training.

Quality is an integral part of the organization’s values: we embrace continuous improvement, innovation, and creativity; hold ourselves accountable for achieving superior outcomes; and strive for excellence in all endeavors. The QM division collaborates with all programs and departments to achieve outcomes based on best practices and regulatory obligations, including licensing, contracts, agreements, legal entities, and accreditations. The entire organization is accountable for the data and outcomes, including but not limited to the daily collection and entry of data, interactions with consumers and stakeholders, and any actions necessary to successfully meet the organization’s mission and vision.

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Guiding Principles

Based on this vision, ECA has developed a Child Welfare Practice Framework that embraces the following principles:

- Ensure children remain in the home of their families whenever possible. Exceptions will only be made where the provision of services to include intensive in-home services will not protect them from further harm.

- Children and their families along with their natural support systems will participate in service / case planning. The services offered will be both comprehensive and unique to the child and family and based on their unique strengths and needs.

- Children and their families will be encouraged and supported in the execution of their service plan.

- If removed, children will be placed in their community, with their siblings and in the least restrictive setting that meets their needs.

- Every effort will be made to eliminate placement disruptions by providing timely supports to foster parents, relatives and other caregivers in the system. This responsibility falls to all participants in the system; community based lead agencies, child placing agencies that operate foster homes, and residential providers.

- Foster parents, relatives/ non-relatives and residential providers shall be involved in service / case planning for children and their families and will actively participate in the delivery of those services.

- Children will maintain regular visitation / contact with their families and their siblings. Foster parents, relatives and residential providers will be active participants in this process.

- Children removed from their families shall be integrated to the maximum extent possible into normalized educational, leisure and work activities. All caregivers, foster parents, relatives / non-relatives and residential providers shall be an active participant in providing these opportunities for children.

- Any behavior modification program employed in the treatment or management of a child’s behavior shall be individualized and meet generally accepted professional standards including that:
  - The program relies primarily on rewards instead of punishment;
  - The program be based on a careful assessment of the antecedents of the behavior that the program is designed to change; and
  - The program shall be consistently implemented throughout the day,
including in school, residential and leisure activity settings.

- Children who “age out” of the system shall be provided:
  - Adequate opportunities to prepare to leave foster care that will include assistance to promote educational success, work experience and opportunities to engage in basic life skills activities. Caregivers, foster parents, relatives and residential providers will be an active participant in these efforts.
  - Transition plans that support the child’s objectives whether it is continuing education or employment.
  - All personal health and other service records they will require in managing their affairs.
  - A smooth transition to adult mental health and / or developmental disability services where they are required.

Additional principles include:

- ECA will operate a service delivery system that will achieve excellence in providing quality services that assure the safety, well-being, and life permanency of children and the stability of families.

- ECA will foster community investment in the lives of children and families by not only participating in, but also being a catalyst of, community partnerships in improving the lives of local children.

- ECA will be a premier employer by demonstrating that staff are valued, fairly compensated, and given abundant opportunity for personal and professional development.

**Core Values**

As set by the Eckerd Chief Operating Officer, all ECA staff upholds the company values of courage, commitment, candor and competence in how we conduct our work and interact with others.

We strive to:

- Have the **courage** to do the right thing at the right time for the right reasons.

- Be **committed** to the mission, the company and each other to ensure success.

- Have the **candor** to speak openly and honestly, be passionate about our position regarding an issue and support the final decision.

- Have the **competence** to know our jobs, continually increase our professional
The Quality Management (QM) Plan is a culmination of retrospective analysis, research, cross-functional team guidance, and preferred practices. The results of this plan will be used to implement and improve practice.

**Goals**

The QM plan supports the following organizational goals:

- Define and support the implementation of the quality management process consistent with ECA’s mission, goals, and strategic plan
- Integrate quality management processes throughout all agencies, departments, and programs to include continuous monitoring of quality and engage relevant stakeholders
- Identify, assess, and communicate preferred practices; provide expertise for implementation
- Create a culture of collaboration, continuous learning, and recognition to include internal and external stakeholders
- Provide feedback and information to support continuous improvement efforts throughout all divisions, departments, and programs

**FY 2012-2013**

Over the past year ECA has encountered several obstacles which have impacted the overall system of care. These obstacles stretch limited resources, have a financial impact, and affect quality of service, but most importantly impact the families served. Specifically, the substance abuse epidemic, to include both prescription and synthetic drug use, has caused subsequent obstacles such as: increased removal rates, increased out of home care costs, increased recidivism, and reduced timeliness in permanency. In the past, Eckerd has utilized Family Preservation services offered by The Emergency Response Team, modeled after Homebuilders. A third-party evaluation of this program, conducted by Pinellas Counties Children’s Council, identified that a high-risk diversion model may better serve the needs of the community. In addition, over the past year, Circuit 6 has experienced an increase in removals, 45% increase in Pasco County and the 15% increase in Pinellas. Increase in removal rates affects the entire system of care. Some examples of potential by-products as a result of the increase in number of children served include:

- Increased turnover
- Less opportunity to engage parents, specifically absent fathers.
- Lack of detailed knowledge of case history
- Delayed permanency
- Decreased dollars to provide services
As a response, ECA has contracted with two local providers to offer Diversion services. These services are provided to both moderate and high risk cases with intensive services to prevent removal. In addition, several initiatives and processes will be implemented this fiscal year to ensure continuous quality improvement and increased performance outcomes.

**Quality Management Concepts and Definitions**

*Quality Assurance (QA):* an “externally” driven system that validates internal practices and uses sound principles of evaluation to ensure that data is collected accurately, analyzed appropriately, reported, and acted upon. The QA function looks at the entire system. Products of the QA function include reports that validate data at the unit and service center level that evaluate the impact of practice on in-process and end-process measurements, and provide recommendations for actions.

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

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

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

**Quality Management System**

The primary purpose of the ECA Quality Management System is to increase accountability by strengthening practice and improving the timeliness and quality of the service delivery system. ECA seeks to identify in-process and end-process measurements that align with these goals while ensuring substantial conformity with federal requirements of the Adoptions and Safe Family Act (ASFA) and achievement of the Contract Performance Measures set forth in the Lead Agency contract.

Focus this year will include:

- Ensure Quality Supervisory Review
- System wide utilization of a Focus Tool
- Quality Assurance Monitoring Process through Quality Service Reviews
- Additional Lead Agency Executive Management and Region Discretionary Reviews
- Performance and Quality Improvement Committee/Performance Meetings
- Weekly Data Discussions

~ QUALITY WITHOUT COMPROMISE ~
The ECA Quality Department will work with our Case Management Organization’s (CMO) staff to initiate several quality assurance/improvement activities that will assist the lead agency in the process of verifying whether the services rendered through the system of care are sufficient to drive improved outcomes for children and their families.

Ensure Quality Supervisory Review

Supervisory review, by its fundamental nature, is intended for immediate feedback for a case manager to use for quality improvement that supports the safety, permanency and well-being of the children we serve. This frontline activity will provide the timeliest opportunity to capture process and implement information and processes that are vital to achieving permanency for children. Unit supervisory discussions will focus staff on quality case work and create a process that allows staff to have mechanisms for gaining knowledge of best practice and delivering the highest quality of casework to the children and families that we serve.

With the exception of certain types of cases as referenced below, the CMO frontline supervisors will review 100% of open cases assigned to their unit at minimum, every sixty (60) days. These reviews will be conducted by unit supervisors face-to-face with the assigned case manager in a supervisory discussion format utilizing the “Mentoring and Modeling Quality” Discussion Guide. For cases involving a high risk case, missing child, a child age 0 to 5 residing in the home under case management supervision or a child prescribed a psychotherapeutic medication, the supervisor will be required to review the official record minimally once every 30 days.

The CMO will document in Florida Safe Families Network (FSFN) that the discussion occurred, summarizing any major points that may need further attention and potential issues to be considered in the future. At a minimum, the following information must be documented on the “Supervisory Review” FSFN chronological note:

- Date of supervisory discussion/ individuals present
- Current permanency goal and progress/barriers towards permanency
- Safety, risk and well-being
- Case management tasks required to achieve permanency and person(s) responsible
- Follow-up from previous supervisory review tasks and discussion

ECA also requires that in between modeling and mentoring supervisions, each supervisor complete a Supervisory Consult (note type in FSFN) to ensure that safety and tasks are addressed in between supervisions to ensure follow through and more frequent guidance from supervisors.

The FSFN documentation shall be completed within two (2) business days of the supervisory discussion.

The ECA QM Department will track compliance through FSFN/MindShare reports and
disseminate compliance to case management agencies weekly. This year, ECA Quality Management will conduct a specialized Supervision Review that will identify trends and recognize specific supervisors that may be in need of additional technical assistance. Those supervisors will receive job coaching from The University of South Florida’s Training Consortium to assist in improving the quality of supervisory reviews. In addition to tracking compliance, a random minimum sample will be selected on a quarterly basis by the ECA QM Department as well as the CMO staff, to review the quality of supervision as part of our Internal Focus Review Tool.

**ECA Focus Review Tool**

Historically, CMO’s would identify specific areas in which they would like to improve. It was identified that each CMO agency utilized a different tool to capture QM data based on their identified needs. ECA conducted an analysis and concluded that while each CMO may show improvement in their identified initiatives, collectively, the circuit did not show net improvement due to the lack of system focus. As a result, a Focus Review Tool was developed. *(See Exhibit A)*.

The tool is comprised of a subset of hand-picked questions from the State Quality and Practice Standards. Questions included are those that have been identified by DCF as a priority, such as home visits, supervision, family assessment, Education, Health Services, etc. In addition to the utilization by ECA QM staff, CMO QA staff as well as CMO Supervisors/Assistant Program Directors will complete reviews monthly utilizing the Focus Tool.

The Focus Tool purpose is to provide a process that not only identifies deficits, but also allows for correction. The data obtained from Focus Reviews is shared with staff, data is rolled up and analyzed by CMO QA staff, validated by ECA QM staff and discussed monthly at Performance and Quality Improvement meetings. Trends, barriers, best practices and opportunities are discussed and shared amongst all the CMO’s. Deficits that have the ability to be corrected are done so within 10 business days and tracked by the CMO’s and ECA.

**ECA Quality Assurance Monitoring Process**

ECA staff will conduct both Quality Practice Standard (QPS) Reviews and Quality Service Review’s (QSR) quarterly as outlined by the State QA Protocol. The DCF random sample calculator will be used to select 25 cases per quarter, to complete QPS reviews, from the state provided extract. ECA will select 2 of those 25 to also complete QSR reviews. We will ensure that all age ranges are represented as well as all permanency goals. Files will be reviewed for the purposes of on-going quality assurance and will be conducted utilizing the DCF QPS/QSR Guidelines. All reviewers will obtain certification through the State provided QPS/QSR certification course and all QSR reviews will be completed side-by-side in teams of two as required by the protocol.
The QPS tools will be completed on each of our CMO’s and quarterly will be stratified based on ECA’s organizational needs. The first quarter is designated to children at the highest risk, under the age of five and in the home. The second quarter is designated for children in Out-of-Home Care and involved in Independent Living Services. The third quarter will be focused on children in Out-of-Home Care over 12 months and the fourth quarter will remain open for a need that may become apparent through the course of this year. In all cases, immediate feedback will be provided to the CMO staff. This will be followed by an agency debriefing which will allow for the Program Directors and leadership to be aware of trends in their agency and receive recommendations for next steps in the cases reviewed. At the end of each quarter, an analysis of the entire system will be presented at a monthly Performance and Quality Improvement meeting for systemic issues to be addressed and improvement initiatives to be created.

The QSR protocol is designed for use in an in-depth case-based quality review process focused on child welfare practices involving CPS ongoing and Permanency cases. It is used for appraising the: (1) current status of a child possibly having special needs (e.g., a foster child with a serious emotional disorder) in key life areas, (2) status of the parent/caregiver, and (3) performance of key system of care practices for the same child and family. The protocol examines recent results for children receiving services and their caregivers as well as the contribution made by local service providers and the system of care in producing those results. Review findings are used by local agency leaders and practice partners in stimulating and supporting efforts to improve practices used for children and youth and their families who are receiving child welfare services provided by a local agency.

The ECA reviewers will enter all QPS and QSR data into the DCF web Portal and copies will be provided to the case management organizations. All data will be entered via the DCF Web Portal by October 30, 2012, January 30, 2013, April 30, 2013, and July 30, 2013.

Actions needed to address QPS/QSR findings will be developed by our PQI Committee as well as ECA leadership. The final analysis, which will include tasks, timeframes, targets and outcomes, will be provided to DCF via an annual Systems Improvement Plan (SIP). The SIP and all internal assessments will be made available by October 30th of each fiscal year.

Additional Lead Agency Executive Management and Region Discretionary Reviews

ECA will conduct an array of quality assurance reviews on a monthly and quarterly basis. Information gained from these activities will be collected via various tools and methods, and will be used to evaluate effectiveness and drive production.

In addition to the statewide QSR Protocol and tools, performance tools have been developed by ECA which capture data on qualitative measures for discretionary reviews. These tools include; communication, documentation, reunification, family assessment, parent engagement, etc. One way in which ECA will utilize these tools are in conjunction with ensuring quality reunifications. ECA conducted an in-depth analysis of contract measure 302-Children who re-enter care within 12 months and contract measure 301-children who are reunified within 12 months. ECA found that 69.5% of children who return to care do so within the first 6 months. With this information,
ECA determined that post reunification reviews needed to occur prior to the recidivism, to ensure issues/concerns are rectified prior to a re-removal. As a result, ECA is dedicated to reviewing monthly, 90 day post-reunification cases to ensure that concerns and trends are identified and shared with the case management organizations. Actions are then tracked by the lead agency to ensure follow through and compliance.

Performance tools will also be developed as needs or emerging trends are identified in efforts to capture root causes for delays in reunification and permanency. Outcome and output measures are reported and analyzed quarterly to ensure that outcomes are meaningful to the organization.

Performance and Quality Improvement Committee/ Performance Meetings

ECA has developed a Performance and Quality Improvement Committee (PQI) in effort to drive outcomes, improvement, share best practices, and to analyze needs from a systemic level. The PQI Committee meets monthly and minutes are shared with all participants. Participants in the ECA PQI Committee include: ECA QM Staff, CMO QA Staff, CMO leadership, ECA leadership, USF Training Department, Eckerd Contracts Staff, ECA Operations staff, etc. While there are some standing items always discussed at PQI such as Focus Tool Data, Incident Reports, DCF Scorecard, and Child Exit Surveys, additional items discussed are dependent on identified needs and emerging trends discovered by either ECA or a CMO. Often, new procedures, forms, tracking systems, best practice and training needs are established via this committee.

In addition to a PQI Committee, ECA has also developed a monthly Performance meeting with the individual CMO staff. At this meeting, contract measures and the DCF Scorecard is discussed in detail. Each CMO is able to discuss issues and are provided the opportunity to discuss barriers and plans for improvement. Multiple trainings have resulted from the monthly PQI and performance meetings.

Focus on Results

To improve overall performance and effect improvement in quality of practice, multiple areas central to the operation of the System of Care must be captured through data analysis. Some areas of focus include:

1. Performance on Contract Measures
2. Performance on Scorecard

1. Performance on Contract Measures

ECA developed a data packet designed to drive production, ensure accountability and provide constant, on-going data information to all case management agencies within the Pinellas and Pasco County system of care. The Florida Safe Families Network (FSFN) is the primary data source that will be used to develop the weekly data packet. Other data (obtained from hardcopy
ECA’s goal is to place performance issues as a priority in our day-to-day operations and use them as a benchmark to gauge the success of our activities in meeting our contract measures and the service needs of our families.

<table>
<thead>
<tr>
<th>Measure / Indicator</th>
<th>Reporting Frequency</th>
<th>Target FY 2012/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 percent</td>
<td>QTR</td>
<td>99.68%</td>
</tr>
<tr>
<td>FS 773 - Percent of children in active cases (both in home and out of home) required to be seen who are seen every 30 days (Contract measure)</td>
<td>Monthly</td>
<td>99.5%</td>
</tr>
<tr>
<td>FS 301 – Percent of children reunified who were reunified within 12 months of the latest removal</td>
<td>QTR</td>
<td>75.2%</td>
</tr>
<tr>
<td>FS 302 – Percent of children removed within 12 months of a prior reunification</td>
<td>QTR</td>
<td>9.9%</td>
</tr>
<tr>
<td>FS 303 – Percent of adoptions finalized within 24 months of the latest removal</td>
<td>QTR</td>
<td>36.6%</td>
</tr>
<tr>
<td>FS 304 – Number of Finalized adoption (Goal 260)</td>
<td>QTR</td>
<td>282</td>
</tr>
<tr>
<td>FS 306- Percent of Children with no more than 2 placements within 12 months removal</td>
<td>QTR</td>
<td>86%</td>
</tr>
<tr>
<td>FS 671- Percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30. (Total children is 469 x 29.1% (target) = 136 children.)</td>
<td>YTD</td>
<td>29.1%</td>
</tr>
</tbody>
</table>

Managing with data is an integral component of driving production, meeting goals and gauging improvement. ECA has established Agency/Unit level performance targets which are provided to the case management agencies. This data will be utilized to drive pertinent information to focus discussion on performance measures. In turn, ECA will identify and implement countermeasures to drive production and quality.

2. Performance on DCF Scorecard
<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. No Verified Maltreatment During In-Home Services or within 6 Months of Termination of Services (In-Home &amp; Out-of-Home): intended to ensure the safety of children under supervision and to ensure that supervision is not terminated prematurely</td>
<td>96.0%</td>
</tr>
<tr>
<td>3. Ratio of Children Receiving Family Preservation Services to Children with Verified Maltreatment: reasonable efforts to prevent unnecessary removal and placement through family preservation services these children are properly entered into FSFN with the</td>
<td>2.00</td>
</tr>
<tr>
<td>4. Required Mother &amp; Father Contacts: Child in Out-of-Home Care, Goal Reunification: intended to promote the achievement of timely reunification, which requires engagement and intensive casework with parents, including visits at least every 30 days</td>
<td>50.0%</td>
</tr>
<tr>
<td>5. Children Reunified within 12 Months of Entry: intended to encourage timely reunification (C1.3) (FS664)</td>
<td>48.4%</td>
</tr>
<tr>
<td>6. Reunified Children Who Re-entered Care within 12 Months: intended to ensure that timely reunification does not result in too many children returning to care (C1.4) (FS302)</td>
<td>9.9%</td>
</tr>
<tr>
<td>7. Ratio of Adoptions in Last 12 Months to Children in Care More than 12 Months: intended to ensure that children in care over 12 months achieve timely permanency, including seeking termination of parental rights and adoption when appropriate</td>
<td>0.50</td>
</tr>
<tr>
<td>8. Children in Care 8 Days-12 Months with No More than Two Placements: intended to improve the placement stability of children in out-of-home care (C4.1) (FS306)</td>
<td>86.0%</td>
</tr>
<tr>
<td>9. Medical, Immunization, Dental Services: intended to improve the well-being of children in out-of-home care by ensuring that they receive appropriate and timely medical and dental care</td>
<td>90.0%</td>
</tr>
<tr>
<td>10. Children Ages 5-17 Enrolled in School: intended to improve the well-being of children in out-of-home care by ensuring that they are enrolled in school and that the child’s current school is documented in FSFN</td>
<td>95.0%</td>
</tr>
<tr>
<td>11. Former Foster Youth Ages 19-22 with Diploma or GED: intended to ensure that children in out-of-home care are prepared for adulthood through education and by continuing to work with former foster youth to ensure that they have at least a high school diploma</td>
<td>40.0%</td>
</tr>
<tr>
<td>12. Administrative Expenditures as Percent of YTD Expenditures: Florida Statutes 409.1671 3(d), 4(a), (14). There is no standard for this indicator, but there is a presumption that lower is better.</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

ECA believes that there is always room for improvement and as such, will implement the following performance improvement initiatives related to several Scorecard measures during the upcoming year:
A. Parent Engagement/Contact

On a weekly basis, ECA pulls parent contact data which is provided to the CMO’s. This data includes a trend report, client specific detail, color codes to identify performance direction, and targets for each CMO by parent to ensure consistent improvement. Analysis is conducted by the lead agency, which identified that although Eckerd was conducting the most parent visits of all CBC’s, we were not performing the highest based on the number of applicable children. Effort to reduce the number of children in Out-of-Home Care with a goal of reunification will impact this performance. Parent Contact is also included in the weekly data packet and discussed during PQI meetings and at Monthly Performance meetings.

B. Health Services

ECA will ensure that children entering Out of Home Care are receiving adequate medical, dental, immunization and vision care. ECA CMO's will ensure that appropriate medical, dental and immunizations has been obtained and appropriately documented in FSFN for all children in OHC as part of a medical services clean up exercise and ongoing through supervisory reviews. ECA QM will validate all tools, systems and outcomes.

- The CMO's will be responsible for reviewing all children in OHC and shall identify any child specific issues and action plans necessary to ensure the children are in compliance.
- Each CMO will provide updates as to progress, completion, barriers, etc.
- ECA will randomly validate compliance, track completion weekly, and report to DCF weekly updates of the number of files reviewed, those that are currently up to date, those needing follow-up, and those for which follow up has been completed. ECA will also notify DCF of and community barriers perceived.
- In addition, ongoing compliance will be monitored via monthly focus tool reviews and analysis

ECA is constantly identifying additional opportunities for children to receive necessary medical and dental appointments. Working agreements with local CPI Sheriff Offices will assist with capturing the necessary information to ensure children are healthy. In addition, partnerships with local Health Departments and Community Health Partners have assisted with getting foster children priority with their appointments. ECA has also utilized dollars to contract with CMS Nurses to assist with setting appointments, tracking psychotropic medications, obtaining medical records, and being a liaison for our case managers and medical professionals. Data is provided weekly and is also included in data call and PQI meetings.
C. **Education**- Report cards and Educational Services are tracked by ECA on a weekly basis. Remote Data Capture is used to input report cards and again, information is shared at Data Calls. ECA requested funding from Eckerd Family Foundation to assist with employing School Guidance Counselors to assist as liaison with our local schools, providing educational information, assist with independent living teams to eliminate obstacles with high school graduation and educational forums will be held this year to ensure that all education initiatives in circuit 6 are working on the same goals and not providing competing priorities to the community.

**Evaluation and Reaction to New Information**

ECA’s Quality Management System is focused on Quality Improvement. Weekly reviews of performance by the leadership team form the basis for our quality assurance efforts and ensure that we quickly identify and address opportunities for improvement. Actions may include the development of new tracking tools, implementation of countermeasures and monitoring of progress. A second approach used by ECA is a formal improvement process. Steps include formal problem identification, gap analysis, root cause analysis and the identification and implementation of action steps to improve outcomes.

This analysis includes ensuring FSFN data validation. The lead agency will continually assess data accuracy and completeness of data as inputted into state’s automated information system. Last fiscal year, ECA contracted with Mind Share Technologies which encompasses a component of data validation. By utilizing Mind Share Discrepancy reports, ECA has been able to ensure compliance with data clean up exercises. In addition to the utilizations of new technologies, ECA QM reviews FSFN data when completing file reviews to ensure that goals, placement/living arrangements, legal status and client information is accurate as it is reflected in the case.

As new information becomes available through case reviews, performance measure trend data or from other sources, ECA will systematically evaluate the information and address the issue with one of the strategies outlined above based on the nature of the information, the expected outcomes and the overall impact of the initiative on improving our system of care.
Corrective Action Plans

ECA will ensure the safety of all children through the mitigation of risk factors associated with critical safety indicators. ECA will provide a series of mandatory training on the following topics for all Case Management:

- Psychotropic medication
- Safety Planning
- 175-88 policy and procedure
- Trauma Informed Care
- Mentoring and Modeling Supervision
- Legal / court room trainings
- Parent Assessment and Engagement
- FSFN File Cabinet
- “How to Use the Data”

ECA will utilize the All Management Meeting held once per month to provide ongoing training opportunities to case management agency supervisors, Assistant Program Directors and Program Directors. ECA QM and Training Department will coordinate ongoing training issues. ECA entered into a training contract with the University of South Florida to provide ongoing Pre-Service and In-Service training to the case management agencies.

The Department of Children and Families Contract Oversight Unit monitored ECA, for compliance with the scope limited and directed by the contract manager, considering a risk-based analysis of the contract and of available information.

A corrective action plan has been instituted to ensure desired performance outcomes. The following area will have a strong oversight by the Lead Agency:

A. Independent Living Services- Deficits were found among Pre-Independent Living Services, Life Skills Services, and Road to Independence Services. Specifically, normalcy plans, judicial reviews, IL staffings, and assessments are in need of improvement. ECA has previously contracted with Connected by 25 to provide IL training to all case management staff. Moving forward, ECA is creating checklist for case managers to utilize to ensure all necessary actions are taken, meetings are held with the State Attorney Office regarding hearings and judicial documents, and ECA will monitor semi-annually through reviews and provide direct feedback and ensure deficits are corrected.

B. Post Adoption Services- Specific finding included that the provider had not opened post adoption cases in FSFN in order to document services provided. As a result, ECA hired an additional Adoption Specialist to assist with the workload to allow for data entry. In addition, Post Adoption Services providers have been trained and given access to FSFN to document services provided to families. This area will be monitored semi-annually and during QPS reviews.
C. Over Capacity Waivers- Documentation that the services worker made an assessment of each child in the home when a waiver is in place ensures safety and therefore the home visit form utilized by licensing was enhanced to better document this assessment. In addition, the need for a waiver and the signatures are mandatory and all staff have been re-trained on the requirements. Additional processes have been put in place to allow contingencies to ensure compliance.

D. Client Identification- Specific findings included lack of birth verification, fingerprints and photographs located within the files. As a result, ECA will re-include blue ribbon measures in the data packet as information is available and it is discussed during data calls. Outliers will be identified and addressed as well as semi-annual reviews conducted.

Critical Life, Health of Safety Threats

If a critical life, health, or safety threat to a child is identified during any quality assurance or other review activity, ECA will provide immediate feedback to the case management agency through the use of a Request for Action form in FSFN. A call will also be made to the Program Director to ensure immediate action is taken and that an Incident Report is generated if applicable. Specific timeframes for response will be included in the RFA, along with recommendations to address the presenting issue. The RFA will not be closed until all issues are fully resolved. Technical assistance and training will be arranged for each respective CMA, based on the deficiencies noted in review. Training activities will be coordinated in a collaborative effort between the ECA QM Department and the USF Training Program.

National Accreditation

Eckerd Youth Alternative D/B/A ECA understands the importance of obtaining national accreditation as an additional quality assurance measure. EYA is accredited through the Council on Accreditation (COA) and has a quality management program that is designed to strengthen, measure, and validate our organizational effectiveness. ECA has also been awarded Network Accreditation. In accordance with COA standards and the vision set forth by the Department of Children and Families, our quality management program exemplifies a focus on coordination and results through a Continuous Quality Improvement (CQI) process that involves consumers and stakeholders in program planning, case review and monitoring of system effectiveness, as well as convening teams to provide assistance and support in the activation of improvement initiatives.
### Program Name: QM Focus Tool

| Date of Review (review period is 6 months prior): | 
| Reviewed By: | 
| FSFN Case Name | 
| Focus Child/DOB | 

### FAMILY ASSESSMENT (prior DCF findings)

The Family Assessment contains sufficient detail. (The FA contains more than one line answers. Areas detail the family's protective and risk factors.)

The FA is linked to progress notes and collateral assessments.

The FA was updated as significant events occurred.

The FA addressed the overall risk of the case.

The FA was completed timely (Within 15 days of ESI and every 6 months).

The FA was approved.

### RECORDS (prior DCF findings)

Recent school records and ePEPs are present in the case file (all applicable cases at least every 6 months; youth with juvenile justice involvement every 3 months).

### HOME VISITS

Home visits occurred within 30 days of the previous visit.

Children based on their age and ability were interviewed independent of the caregiver.

Case Manager observed risk factors regarding persons not related to the case in the home when applicable.

Unannounced home visits occurred at least once every three months.

### SUPERVISORY REVIEWS (prior DCF and ECA findings)

Supervisory reviews occurred every 60 days unless every 30 days was required.

Supervisory Consults were documented between supervisions if supervision was done less frequently than monthly.

Supervisory reviews contained detail related to safety and risk factors for this family.

Family history, changing circumstances, situation, and the family assessment were addressed.

The CP, CP goal, progress towards goal, visitations, parent engagement, their barriers and services were addressed.

Supervisory reviews showed linkage to previous reviews to ensure tasks were completed.

### MEDICAL RECORDS (ECA Q4 findings)

Recent medical and vision records are present in the case file. (Medical to be obtained every 12 months. Vision due at age 3 and at all medical screening.)

An immunization record is present (all ages).

### DENTAL RECORDS

Dental exam documents were in the case file (CMOs are subject to the following Florida Medicaid time frames: A referral to a dentist begins at 3 years or earlier as medically necessary, with subsequent examinations by a dentist every 6 months, or more frequently as prescribed by a dentist or other authorized provider.)

### COLLATERAL ASSESSMENT

Provider reports and contacts are documented in the record.

### CASE PLAN (prior DCF findings)

Case Plan is current.

Case Plan is signed by all parties.

Case Plan goal and tasks are appropriate based on the circumstances of the case and based on the child and families needs.

### HIPAA (prior COU findings)

HIPAA receipt is located in the file and signed.

### ICWA (prior DCF findings)

The ICWA form was present in the case file and contained all appropriate signatures.

In your opinion, will this child be in a safe and nurturing environment within the next 12 months.