Child Protection Services
Quality Management Plan
Fiscal Year 2014-2015

Serving Escambia, Santa Rosa, Okaloosa, and Walton Counties through contract with the Florida Department of Children & Families.

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1.0 Introduction

The FamiliesFirst Network (FFN) Quality Plan is completed by the Lead Quality Management Manager and approved by the Director of Policy & Quality. The plan is reviewed, amended and approved a minimum of annually. The plan is amended more frequently when substantial change necessitates update. Upon internal approval, the plan is forwarded to the Department of Children and Families (DCF) Contract Manager, DCF Office of Child Welfare, and to Lakeview Center, Incorporated’s (LCI’s) Director of Quality Management & Improvement.

The scope of this plan is FFN, the Child Protection Services Division of Lakeview Center, Inc. FFN’s geographical service area includes Escambia, Santa Rosa, Okaloosa, and Walton Counties in the State of Florida. Child Protection Services provided by FFN include case management for out of home placements, including adoption; in home supervision; foster home recruitment and licensing; child placement; revenue maximization; independent living services for youth under 18 and Young Adult Services for youth over 18. The agency does not subcontract these services to external partners.

At a divisional level, the FFN Management Team meets weekly and discusses performance on an ongoing basis. The FFN Management Team is comprised of the President of Families First Network, and Directors of Resource Development, Policy & Quality, Family Services, and Community Relations.

FFN’s quality plan recognizes and includes LCI’s Corporate Plan for Quality while specifically detailing FFN’s Quality Management System. The FFN Quality Management System includes accountability for and Continuous Quality Improvement (CQI) of key components as required by LCI, the Commission on Accreditation of Rehabilitation Facilities (CARF) International, DCF contract, and needs specific to the child protection services division. These key components are:

- Customer Satisfaction
- Deployment and sustainability of accreditation standards and performance excellence criteria
- Development and monitoring of division specific performance and scorecard measures and outcomes as defined by the Department of Children and Families
- Division education on the Performance Accountability Report (PAR) measurements and action plans
- Employee knowledge and skills training
- Implementation of best practices

Continuous Quality Improvement focuses on identifying trends and best practices, and providing internal oversight, consultation, and coordination related to the areas listed above.
2.0 Description of QA/CQI

2.1 Staff Resources

The FFN Policy & Quality Unit is primarily responsible for conducting quality assurance reviews. Staff members completing reviews are in Specialist or Manager level positions and have received specialized training to conduct reviews. The agency employs a Performance Improvement Manager. This position is devoted to Continuous Quality Improvement.

2.2 Infrastructure

FFN has responsibility for the division level implementation of a quality management system consistent with the LCI Corporate Quality Plan. This function is the responsibility of the FFN Performance Improvement Council (PIC) and is structured as indicated in the chart below:

- **FFN Management Team**
  - **Members:** Vice President and FFN Directors
  - **Purpose:** Approve resources and policy changes needed to implement plans of the council to ensure quality service.

- **FamiliesFirst Network Quality Council**
  - **Council members:** QI rep, QA rep, Family Services Liaison, Team Managers, Client Relations and one representative from each of the Service Center Quality Circles
  - **Purpose:** Review system data to identify areas where improvement is needed and to prioritize efforts. Responsible for monitoring actions to ensure quality services meet or exceed Federal measures, CARF standards, CFSR requirements, and QA and QI action plans.
  - **Reporting:** Progress and recommendations for policy and procedural changes presented to FFN Management Team by written summary. Reporting to LCI Quality Council as needed.

- **Quality Circle Members:** Should include the unit supervisors and QA rep, but may vary to include others.
  - **Purpose:** Review of Service Center data to identify areas for improvement, prioritize local actions, implement action plans, and review progress to ensure consistent compliance with all policy and procedures.
  - **Reporting:** Monthly progress with implementation including successes and barriers to achievement should be presented to the FFN Quality Council.
FFN developed the above division specific quality design to address the items most important to child protection practices. The collaboration of all FFN programs in the quality design provides the Quality Management structure necessary to:

- Facilitate continuous improvement in the provision of care and services
- Develop a customer focused, user-friendly approach in the provision of services
- Ensure compliance with policies, procedures, laws, state and federal rules, and accepted standards of practice
- Improve processes and systems relative to both internal and external customers

This design incorporates quality assurance, continuous quality improvement, and risk management principles. The FFN Management Team provides oversight in the process by reviewing recommendations of the Performance Improvement Council (PIC) and providing feedback. Additionally, the Performance Improvement Council regularly reports to the DCF/FFN Steering Committee to provide an added layer of accountability to the Department of Children and Families.

Currently, the PIC is overseeing three green belt projects focused on improving performance in the area of Placement Stability, Re-entry, and Maltreatment During In-Home Services.

### 3.0 Data Collection

Data is collected in the most efficient manner possible to identify trends and patterns, and to monitor specific measures of quality and satisfaction established within the current strategic plan which includes performance measurements established by LCI, DCF, and CARF. Automated systems for data collection are utilized where possible to allow for data correlation and graphic representation of patterns and trends. Through the strategic planning process, measures of quality and satisfaction are established and monitored on a routine basis through the Performance Accountability Report (PAR). FFN relies primarily on aggregate data and listing reports located in FSFN and the DCF Web Portal to gauge performance on contract and scorecard measures.

### 4.0 Data Analysis

Reports from available sources are reviewed daily, monthly or quarterly based on the necessity for tracking performance on each measure. Where available, data reviewed includes trended figures/rates, benchmark comparisons with other agencies or regions and recognized standards. The Performance Improvement Manager and Family Services Liaison are primarily responsible for performance measure tracking.
The FFN Quality Management Manager trends and analyzes quality assurance case file review data. This information is provided to the FFN Management Team, Performance Improvement Manager, Team Managers and Unit Managers. An Annual Summary is completed and submitted to the aforementioned and to DCF per contract requirements.

5.0 Performance Improvement Action Plans

When results of quality management activities reflect a process or outcome that is not within desirable range, action is taken to identify improvement opportunities. A Performance Improvement Action Plan is developed utilizing a team approach with staff members identified as key players in effecting and sustaining change relative to the performance concern. Performance Improvement Action Plans developed to drive division-wide change are approved by the FFN Management Team. Performance Improvement Action Plans include, at a minimum, the following information: identified issue, proposed plan for corrective action, responsible parties for the corrective action, and the timeframe for completion. This is applicable for both internal and external monitoring initiatives.

6.0 Decision Making

Decision making is based on the review of data and the thorough investigation of undesirable events, trends, or patterns. Individuals, teams, and/or the Performance Improvement Council assigned to address areas of concern are provided with the resources needed to collect and analyze available data and make informed decisions. Decision making at FFN is delegated to the extent practical to the individual, team, or council responsible for a particular improvement or monitoring initiative.

7.0 Policies and Procedures

FFN is responsible for development and update of procedures specific to the Child Protection Services Division. These procedures are updated a minimum of once per year and more often as needed. Major changes to FFN procedures require the approval of the FFN Management Team, the Department of Children and Families, and potentially the LCI Management Advisory Council and the Lakeview Center Board of Directors.

8.0 Confidentiality of Information

Verbal and written communications and documents obtained through or resulting from the various quality processes (i.e., peer review, quality assurance reviews, incident reporting, critical event review, etc.) which reflect upon individual clients or staff are processed and maintained as "privileged" materials, protected by state law. Individuals are not identified in final reports used for dissemination or corrective action purposes. When identification is required, client numbers or employee titles are used.
9.0 Quality Program Evaluation

The accomplishments of Strategic Plan Goals (the priorities for improvement) are reviewed regularly through the Performance Accountability Report. Each FFN program reviews the effectiveness of their monitoring and evaluation processes as well as their efforts toward the continuous improvement of service delivery. Additionally, the objectives, scope, and organization of the FFN quality plan are reviewed for effectiveness and efficiency and to promote continuous learning across the organization.

Reporting of data is made available on the Lakeview Center, Inc., Performance and Accountability Report (PAR). This information is communicated at monthly Board meetings, Quarterly Community Alliance meetings, DCF/FFN Steering Committee meetings, DCF Circuit Review meetings, and Lakeview Business Plan meetings. Additionally, the Lakeview Center, Inc. Annual Report is sent to all staff, stakeholders, board members, and community members.

10.0 Training

In addition to training required by LCI, position specific training is required for some FFN employees. Family Services Counselors and Unit Managers are required to be trained and certified according to the Florida Certification Board criteria. Training is tracked in an electronic system known as Learning Management System (LMS).

The FFN Training Department provides ongoing training opportunities for staff at all levels. A bi-monthly calendar of training is provided to all FFN staff on a monthly basis. Abundant training opportunities to earn CEU's are offered to certified staff or staff seeking certification. Some examples of these training opportunities include Motivational Interviewing, Human Trafficking, and Safety Planning.

FFN continues to devote a segment on supervisory discussion into the Supervising for Excellence training. FFN makes this training available to supervisors for the GAL, DCF or providers.

A Certification Support Team approach is in place for new Family Services Counselor (FSC's) proceeding through the Florida Certification Process. The Certification Support Team looks at ways to:

- Support trainees in the new certification process utilizing a team approach (FFN Trainer, University of West Florida Trainer, and Quality Management Specialist)
- Identify training needs
- Measure transfer of learning.
This process includes an initial meeting with FSC’s completing pre-service training/post-testing as well as six-month meetings. A Toolkit guides FSCs and supervisors in necessary requirements.

The FFN Training Department provides some training support activities for FSC’s who are in Pre-Service training for additional support of learning FSFN. Three Houses, Teaming and Web-Based links add to the array of trainings provided. The annual FFN In-Service Training Conference is planned for May 2015.

The FFN Training Manager participated in the Florida Safety Decision-Making Methodology (FSDMM) Super Safety Practice Expert training and development and was deemed proficient in training and consultation of the methodology as a Super Safety Practice Expert (SSPE). This expertise allows the FFN Training Manager to deem other leaders proficient to train and consult the model.

Implementation of Concurrent Planning Training will continue and has been added as a required course for all new FSC’s. A pre and post training survey is administered as part of the UWF evaluation process for all training classes.

A primary focus of training for 2014-2015 is the Florida Safety Decision Making Methodology classes for leaders, supervisors, staff and providers. FFN is co-training with DCF. In addition, a Consultation Model to support supervisors will also be implemented through learning groups and coaching.

11.0 Risk Management

Consistent with Lakeview Center, FFN collects critical incidents, complaints, and grievances data to monitor and improve the system of care. Critical incidents, complaints, and grievances are reported to the Risk Management program of Lakeview Center. Each critical incident, complaint, or grievance will be reviewed and reported to external agencies according to requirements. The Director of Community Relations provides a report of all incidents with an analysis that feeds into the LCI and DCF systems. The FFN Management Team reviews risk management areas monthly and determines next steps when indicated.

Information from the review will be used to provide recommendations for:

- Modifications to the environment to promote safety and facilitate services
- Modifications to the service planning process to improve the outcome of care;
- Education and training for clients and their families and/or organization staff;
- Service policy/procedure modification;

Critical incident, complaint, and grievance will be reviewed by the LCI Safety and Risk Management Committees, as appropriate. The review will emphasize opportunities to reduce adverse events.
12.0 Risk and Critical Incidents

Risk and critical incidents include the occurrence of an event that either results in the death or serious injury of a person served by the agency. These events require a thorough and credible root cause analysis. Such events are reported to and tracked by FFN Administration and ultimately to LCI Risk Management and DCF through incident reporting systems. Risk and critical incidents extend to subcontractor facilities.

12.1 Process for Reporting of Risk and Critical Incidents

Any occurrence of a risk or critical incident within FFN requires immediate notification of the Unit Manager, Team Manager, the program President, and the Lakeview Center Risk Manager as soon as the situation is under control, but no later than 24 hours of the discovery of the event. A formal report will be filed on an Incident Reporting Form.

12.2 Investigations of Risk and Critical Incidents (Root Cause Analysis)

The Policy Development Manager within FFN Administration serves as the FFN Death Review Coordinator and is responsible for an in-depth review and analysis of any child death occurring on an open case. This review and analysis is followed by debrief within the LCI and FFN risk management structure. The following are invited to the debrief scheduled by the Death Review Coordinator: President of Child Protective Services; FFN Directors of Family Services, Policy & Quality, and Community Relations; LCI Director of Risk Management; Quality Management Manager; an LCI Risk Management Specialist; all staff directly involved with the event through direct service or supervision, legal counsel, and others as needed.

The debrief committee identifies contributing factors which are be prioritized for improvement and assigned to the appropriate team or individual to address. Improvement initiatives are designed to reduce the risk of future occurrences of the event. The committee designates a responsible person or oversight body that monitors to ensure all new or updated procedures are in place and that any recommended action taken has the desired impact on client care and safety.

All other incidents including serious injury, sexual assault, or events occurring which could have resulted in the death, serious injury, or sexual assault of a child served are addressed through data collection and incident reporting review. The Director of Community Relations provides a report of all incidents with an analysis that feeds into the LCI and DCF systems.
13.0 Planned QA Quarterly Activities & Review Schedule

The following Quality and Compliance Reviews mandated by DCF Contract and outlined in the DCF Windows Into Practice will be completed quarterly in the DCF or Federal Web Portal using standardized electronic tools:

1. A total of thirty-six reviews completed in the areas of Raid Safety Feedback, Targeted Permanency Feedback, and Targeted Well-Being Feedback utilizing the DCF Quality of Practice Standards (QPS) tool. To the extent possible, based on the extract of children potentially eligible for review, twelve of each type of review will be completed quarterly. In the event of an insufficient sampling universe for each type of review, the age of children eligible for review will be expanded until there is a sufficient sample to meet requirements. These reviews will be primarily case record reviews.

2. Two reviews completed utilizing the Child and Family Services Review (CFSR) tool. These reviews will be a combination of file review and interviews with case participants and providers.

Standard monitoring tools are used throughout the division to monitor quality and compliance. Standardized monitoring tools provide valid and reliable measures that cover policy and program requirements and take into account changes to state statutes, federal regulations, and accreditation standards.

FFN Programs included in the review activities of this section are Family Services (FFN’s case management component), Adoptions, and Independent Living. For FY14-15, QPS and CFSR reviews will be completed by FFN service area according to the following review schedule:

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Quarter</th>
</tr>
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<tbody>
<tr>
<td>Escambia</td>
<td>Quarter 1</td>
</tr>
<tr>
<td>Santa Rosa</td>
<td>Quarter 2</td>
</tr>
<tr>
<td>South Okaloosa</td>
<td>Quarter 3</td>
</tr>
<tr>
<td>North Okaloosa &amp; Walton</td>
<td>Quarter 4</td>
</tr>
</tbody>
</table>

The purpose of this schedule is to review a larger sampling of cases per service area during one quarter each year rather than a smaller sample of cases from each service area on a quarterly basis throughout the year. The plan allows for the service area review to be followed by three quarters of quality improvement efforts.

Following review, a feedback meeting is held to share the results of each review with the Unit Manager and Family Services Counselor responsible for the case. Team Managers are also invited and encouraged to participate in feedback meetings.

At the conclusion of each quarter, the data is provided to the FFN Management Team, Performance Improvement Manager, Team Managers, Unit Managers, and the DCF Contract Manager. A Service Area Next Steps Meeting is held to analyze results and to develop a Performance Improvement Action Plan using a team approach. During the Service Area Next Steps Meeting, systemic concerns
are identified to address with stakeholders. Steps are then taken to engage stakeholder participation in system improvement efforts.

Timely QA data input occurs through oversight by the Quality Management Manager. Oversight includes frequent progress checks to ensure reviews are being completed at an acceptable pace throughout the quarter.

The goal is for QPS and CFSR input to be completed by the last day of each quarter. This allows time for the Quality Management Manager to validate reviews and to ensure any needed corrections are made within required DCF timeframes.

14.0 **Special, Discretionary, and Systemic Factor Reviews**

Special, Discretionary and Systemic Factor Reviews are completed at the request of members of the FFN Management Team, Team Managers, and Unit Managers. Reviews also occur when a need is identified by the Performance Improvement Council. Review findings are analyzed and utilized toward Continuous Quality Improvement.

15.0 **External Monitoring**

FFN is subject to monitoring by various external parties. These reviews include:

- A validation of the findings of FFN internal monitoring activities by DCF (State) or ACF (Federal)
- Contract monitoring
- Independent audits
- Foster Home and Child Placing Agency Licensure
- Accreditation

External monitoring is a valuable tool for Lakeview Center and FFN. Reviewers are seen as consultants in that they often bring knowledge of national trends and practices that would improve services. Adverse findings from monitoring visits or validation processes are addressed through FFN’s Performance Improvement Action Plan process.

16.0 **Revenue Maximization**

Revenue Maximization audits primarily consist of TANF, Master Trust, and Adoption Subsidy audits. The DCF Contract Oversight Unit (COU) completes an annual review. Every two years, the Social Security Administration completes a Master Trust Review.

The Revenue Maximization Unit reviews a DCF monthly report regarding TANF eligibility and tracks each child on the report weekly until a TANF eligibility decision is made.

The Revenue Maximization Unit in collaboration with the FFN Quality Assurance
Team has developed an annual file review which samples each type of funding to include IV-E Foster Care, IV-E Adoption Assistance, and TANF Adoption Subsidy. All of the cases shall be drawn from FSFN identifying cases based on their eligibility code. The FFN Quality assurance Team shall compile and submit a monitoring summary report thirty (30) days following the review to the Circuit 1 Contract Manager. The summary will include findings and recommendations for improvements. In addition to this annual review, a Policy and Quality staff member reviews 100% of all children potentially IV-E eligible for Adoption Subsidy.

17.0 Foster Home Development

Foster Home Licenses are issued by the Department of Children and Families through an attestation process. Initial licensing packets are forwarded by FFN Foster Home Development to DCF. Each packet is reviewed by DCF to ensure all licensing requirements are met before the license is issued. On a quarterly basis, DCF audits re-licensing packets. DCF provides an annual score as to how FFN has performed in providing required information in licensing packets. FFN has historically scored 95% or above in these audits.

18.0 Peer Review

Peer Review is utilized within FFN as an adjunct to continuous quality improvement. On a quarterly basis, a random sample is pulled by the Performance Improvement Manager. Employees in positions of Team Manager (TM), Unit Manager (UM), and Family Services Counselor (FSC) participate in quarterly peer review throughout the fiscal year using standardized tools. Some of questions are similar in all three tools (TM, UM, FSC) which allows consistency and provides a mechanism for improving inter-rater reliability. Flexibility is given to complete this review at the unit level whereby the same information is reviewed by a group and rated by participants. This process if followed by a discussion of the review to develop consensus and inter-rater reliability. This is also viewed as an excellent training mechanism. Data is rolled up and disseminated at Unit Manager Meetings or electronically via email. The data is analyzed to look at trends and to develop action plans as needed.

19.0 Accreditation Internal Site Visits

Site Visit teams, comprised of employees across Lakeview’s divisions, conduct internal quality surveys twice per year for the evaluation of quality, particularly as related to accreditation. Standardized assessment tools are used at program sites to ensure a fair and consistent review process. The goal of the Site Visit Teams will be to identify opportunities for improving the environment, continuity of care, on-going assessment and planning, customer input and alignment with accreditation standards. The review data will be rolled up, analyzed and reviewed for trends, and used to develop action plans to drive improvement.
20.0 Customer Satisfaction

Satisfaction surveys are conducted with a representative sample of active customers of FFN. Targeted audiences include clients and their families, and caregivers. Results of customer and staff surveys will be reviewed and action will be taken to improve low scoring items and to conduct necessary service recovery. Over time, the survey results will be aggregated and trended for the evaluation of performance and system of care effectiveness.

There are several vehicles for customers and staff to suggest areas for improving customer care, the efficiency of the division, and safety of the environment. These vehicles include: Bright Ideas program for staff, client satisfaction surveys, staff satisfaction surveys, interdepartmental satisfaction surveys, and direct feedback to division or organizational leadership.

21.0 Sub-Contract Oversight

FFN sub-contracts for prevention/diversion, adoption support, foster home development, residential group care and other related system of care service providers.

The tracking of the performance of these sub-contracted providers is conducted two primary ways. First, the providers submit monthly and or quarterly reports outlining their performance on designated measures as well as overall service information statistics. Second, periodic monitoring of the contracts are conducted by a contract monitoring team based on annual risk assessments except for residential care contracts which are monitored on an on-going basis due to the nature of their service.

The contract monitoring encompasses administrative and programmatic expectations to be met by Lakeview’s network. Providers are monitored based on DCF’s Community Based Care Lead Agency subcontracting guidelines, Lakeview Center Inc. standard contract, performance contract, and all attachments, Florida Statutes (F.S.), Florida Administrative Code (F.A.C), Federal regulations and Department of Children and Families policy, if applicable.

All new network providers who have executed contracts with Lakeview Center Inc. are monitored within the first twelve months of initiating services.

The quality and adequacy of services delivered by each contract provider is monitored through review of records, interviews of clients and staff, and observations during site visits. The provider is also required to complete an annual self evaluation. The contract monitoring team maintains all provider performance reports and validates information reported by the provider.

Information regarding contract providers is communicated through monthly Board meetings, Community Alliance Meetings, FamiliesFirst Review meetings and Lakeview Business Plan meetings. All executed subcontracts, subcontracting monitoring reports, and corrective action plans are provided to the Department of Children and Families Contract Manager.