Lakeview Center
BAPTIST HEALTH CARE

CORPORATE QUALITY PLAN

LAKEVIEW WAY

PLAN  DO
ACT  CHECK
1.0 Introduction

Quality is the degree of excellence in the operations and services that Lakeview Center provides. The ‘degree of excellence’ is the value of the operation or service as compared to similar operations or services and shall be determined by the client or customer.

Lakeview Center believes that quality must exist at all levels within the organization. Staff must ‘think’ excellence and genuinely feel that quality is an essential component of their job description. The importance of and commitment to quality must be modeled by Lakeview Center’s leadership to all those we serve.

Lakeview’s leaders are charged with the responsible of engaging staff in making suggestions for improvement, actively taking advantage of improvement opportunities and keeping informed of ongoing progress of quality activities.

2.0 Quality Program

A quality program is an essential element to the operations and services that support Lakeview’s vision and ensures its mission. The corporate quality program is responsible for creating, implementing, studying, reporting on progress, and amending the Corporate Quality Plan.

The Corporate Quality Plan (CQP) defines the organization’s Quality Program for Lakeview Center. It identifies the methods used by LCI to manage performance and perform quality assurance and quality management activities. therefore, demonstrating compliance with accreditation and certification standards, external contractual requirements, and customer expectations.

2.1 Purpose

The purpose of the quality program is to facilitate the pursuit of ongoing organizational excellence in support of the quality and safety of Lakeview's operations and services, fulfillment of its vision, mission, values, and strategic priorities, and in support of our Standards of Performance. (see attachment #1)

Vision – To be the best Human Services Organization in America

Mission – Helping People Overcome Life’s Challenges

Values – Vision, Integrity, Service, Innovation, Teamwork, & Stewardship

Priorities – Safety, Standardization, and Diversification

Standards of Performance - Customer Experience, Professional Demeanor, Ownership/Accountability, & Compliance/Safety (see attachment #2)

Lakeview is continually monitoring and improving the operations and services of each division. Lakeview strives to ensure its quality programs are consistent with Commission on the Accreditation of Rehabilitation Facilities; CARF International Conformance Standards, Cleaning Industry Management Standards (CIMS), federal regulations, as well as state and local laws and ordinances.
2.2 **Scope**

The scope of the quality program is comprehensive and extends to all facets of the organization; governance, administration, leadership, front line services, and facilities. The quality plan extends to:

1. Lakeview Center’s four divisions and their programs; *(see attachment # 3)*
   - Administrative Support Services
   - Behavioral Health Services
   - Child Protection Services, and
   - Vocational Services

2. External services provided to customers through written agreements or contracts and partnerships within the broader community.

3. Appropriate policies concerning Confidentiality, Code of Conduct, Conflict of Interest, and all Health Insurance Portability and Accountability Act (HIPAA) requirements.

4. External contributors to quality and safety that may include utilization reviews, risk management, credentialing or certification processes, and other documentation to support Federal Regulations, Agency for Health Care Administration, or State of Florida Dept. of Children and Families requirements.

### 3.0 Quality Program Structure

#### 3.1 Leadership

Leadership refers to those positions within Lakeview Center having decision-making authority and includes such positions as Vice Presidents, Directors, Managers, or Supervisors.

Lakeview Center in conjunction with Baptist Healthcare has set forth Leadership Core Competencies:

1. Servant Leadership
2. Goal Achiever
3. People Developer
4. Motivator
5. Innovator
6. Emotionally Intelligent

Leadership is responsible for the effectiveness of the quality programs, setting expectations, and exemplifying commitment to quality. Leaders accomplish this by:
1. Establishing and promoting Lakeview’s vision and mission.
3. Developing corporate policies and procedures that are annually reviewed, amended, and approved.
4. Establishing responsibilities and accountability for demonstrating corporate compliance.
5. Ensuring compliance with all legal and regulatory requirements.
6. Managing the financials and risks of the operations and services.
7. Selecting and prioritizing organizational and program performance targets in both operations and service delivery.
8. Reviewing progress toward meeting performance targets through the Performance Accountability Report (PAR).
9. Overseeing, supporting, and providing for the on-going performance improvement activities.

**Board of Directors**

The Board of Directors ensures that processes and controls are in place to promote quality and safety of Lakeview Center, its employees, and the clients. Pursuant to the by-laws, the Board requires and supports the establishment of the quality program. The Board has delegated overall responsibility of the quality program to the Chief Executive Officer (CEO) of Lakeview Center.

**Management Advisory Council**

The Management Advisory Council (MAC) is the executive leadership of Lakeview Center. The MAC meets regularly and is responsible for corporate policies and procedures, corporate strategic planning and decisions impacting the entire organization. The members of the MAC consist of the CEO and the Administrative and Operational Vice Presidents. The CEO and Vice Presidents regularly meet with the Board of Directors.

### 3.2 Accountability

The Vice President (VP) of Corporate Development has oversight responsibilities for the Corporate Quality Program and provides resources for its administration. The VPs and their Direct Reports sets goals and objectives for the quality program.

The Director of Quality and Management Improvement (QMI) has responsibility for the overall operations of the Quality Program and implementation of a Corporate Quality Plan. The plan is reviewed annually, more often if substantial changes are made within the quality program, and approved by the VP of Corporate Development.
The Director of QMI receives written plans and progress reports from chairpersons of the Corporate Quality Assurance Teams and divisional quality departments. The Director consolidates the information into quarterly reports. These reports are presented to leadership and linked to the PAR. Leaders are responsible for implementing corrective and/or preventive actions and ensuring the availability of resources to support the quality programs.

3.3 Corporate Quality Assurance (QA) Teams


QA teams establish a charter that provides the chairperson’s name, team members, roles and responsibilities, frequency of team meetings, deliverables, and resources. QA Team charters will be reviewed and amended, if needed, annually. Charters must be signed by all team members.

QA teams are required to maintain minutes of meetings, and submit a quarterly report to the Director of QMI. The quarterly report shall include trending of data, if appropriate, progress on the respective plans, and any quality initiatives being conducted.

4.0 Quality Management System

Lakeview’s quality management system focuses on identifying the interaction between internal processes, managing these processes to ensure conformance, and measuring their effectiveness and efficiency in meeting our customer’s requirements and enhancing customer satisfaction.

Lakeview has adopted and incorporated as its quality management system’s framework the philosophy of PLAN – DO – CHECK – ACT (PDCA). This framework provides a consistent method to continually improve the value of operations and services we deliver to our customers. (see attachment # 3)

A critical asset in Lakeview’s Quality System is the corporate Quality Management and Improvement (QMI) Team. The QMI Team is comprised of the Director of QMI, Quality System Specialists, Training Manager and support staff, and Customer Relation’s Specialist. This team is responsible for the oversight and integration of the quality systems throughout the organization.

The QMI Team’s responsibilities include:

1. Provide oversight, coordination, and consultation regarding accreditation and certification standards as well as organizational performance measures and management.
2. Oversee internal quality survey process for conformance or compliance with standards.
3. Track and trend internal audit data for organizational improvement opportunities.
4. Manage organizational quality improvement activities.
5. Coordinate with external auditing bodies for audits conducted within Lakeview’s operations or service programs.
6. Manage, track, trend, and provide organizational training requirements
7. Manage customer relations information to include tracking and trending employee and customer satisfaction data.
8. Promote alignment of organizational and divisional quality systems to create standardization within quality structures.

5.0 Policies and Procedures

Corporate policy and procedures are written standards for the operations and services of Lakeview Center. These written standards are collected and organized into manuals. Corporate policies and procedures set the guidelines for internal processes of Lakeview Center.

The Quality System (QS) Specialists will review corporate policy and procedures to assure alignment with accreditation and certification standards. The QS Specialists will make recommendations for amendments, when needed, to the Policy and Procedure Quality Assurance Team.

6.0 Quality Audits / Reviews

6.1 Internal Quality (IQ) Surveys

Lakeview believes in ‘saying what we do and doing what we say.’ Lakeview has implemented several internal quality surveys to assure compliance with our accreditation standards, certification requirements and sanitation and safety regulations. The results of these surveys will be documented, reviewed, and, if necessary, trigger quality improvement initiatives.

The QS Specialists will have direct oversight and involvement with planning and implementing improvement activities. When the results indicate a need for division staff involvement, the QS Specialist will act as consultants and provide technical assistance where needed or as requested.

6.2 External Audits

Due to our nature of work, Lakeview Center is subject to multiple reviews by external auditing bodies. The Director of QMI shall be notified of all reviews.

The external auditing body provides a report that results in actions needed to correct deficiencies, recommendations to improve conformance or compliance with standards, and/or suggestions for best practice within Lakeview’s operations or service delivery system. The QM System will be a clearinghouse for the plans created in response to external audit reports.

A QS Specialist will coordinate with the owners of the plans to provide
consultation or assistance regarding quality improvement activities or with plan completion. The QS Specialist will be available to assist with IQ Surveys to provide verification of process improvements.

7.0 Quality Improvement Initiatives

Lakeview’s QM System is designed to identify opportunities for organizational improvement as they occur and to implement quality improvement initiatives before the deficiencies can have a negative impact on operations or service delivery. Besides the internal quality surveys, reports produced from Quality Assurance Teams and performance measures results will be utilized to identify improvement opportunities and successes:

1. Risk and critical incidents
2. Accessibility to services
3. Diversity of clients and employees
4. Employees and client feedback
5. Employee and client satisfaction
6. Emergency Safety drills,
7. Internal and external safety inspections
8. Data analysis

Lakeview’s QM Programs will use the PLAN – DO – CHECK – ACT (PDCA) process for any quality improvement activity conducted. The Corporate QMI Team has collected and makes available quality improvement tools to support the PDCA processes. These tools shall be used to document quality improvement activities. The Quality System Specialist shall be available to consult and provide technical guidance on QI activities.

8.0 Training

Lakeview believes that properly trained employees are critical to its success. Properly trained employees make better decisions in operations and services. The decisions lead to more satisfied employees and customers. Lakeview invests both time and resources to provide training opportunities for each employee to gain knowledge and be better qualified and placed in the right position. The corporate training program is designed to meet accreditation and certification standards, and regulatory requirements.

The Lakeview Training Manager shall provide a plan of training opportunities and environments for staff to learn about corporate policies and procedures and health and safety requirements. The training manager will ensure voluntary, required or mandatory training, as it relates to continued employment, is recorded and transcripts are made available to staff as needed.

8.1 Types of Training

Orientation
The Lakeview Training Department, with the assistance of the Human Resources Department and selected external partners, will provide initial training to all Lakeview Center employees. Training mediums will include the basic classroom setting (via lecture or demonstration), DVD, and web-based training.

**Staff Development**

Ongoing education for employees will be provided as new tasks or requirements dictate. This will also include remedial and refresher training.

**Leadership Development**

Lakeview provides Leaders with opportunities to enhance their knowledge, skills, and abilities through various leadership development training sessions.

**Health and Safety**

The health and safety of our employees and customers is of utmost importance. Lakeview provides a comprehensive safety manual, available at each facility, containing corporate and site specific safety information. All employees are required to complete initial health and safety training, which is renewed annually. Lakeview also provides monthly training on a variety of related topics.

**Competency**

Competency based training is provided by training programs throughout the Lakeview system. Supervisors and managers utilize both verbal and written observations to provide feedback to employees regarding their level of competency to perform their job related duties.

**Quality Improvement**

Lakeview Center continually seeks opportunities to improve its operations or services. To support the continuous improvement, employees will be provided opportunities to learn and practice processes, training on PLAN – DO – CHECK – ACT (PDCA) process and/or Performance Improvement Fundamentals (PIF) process.

**8.2 Documentation of Training**

All employee training shall be documented and controlled via Lakeview's electronic Learning Management System (LMS). The LMS enables all Lakeview employees to manage and track their training and development opportunities. Leaders are able to track and report on staff development, training, and compliance. The Training Manager will provide reports to leadership of employees compliance with training requirements.

**9.0 Performance Outcomes**

Performance outcomes are the measures and metrics used by Lakeview to measure its success in fulfilling its mission in the operations and delivery of services to customers. All performance outcome measures are published on the Performance Accountability Report (PAR) which serves as a scorecard toward success. Performance measurement
is aligned through leadership and programs. (see Attachment # 4)

1. The MAC sets organizational measures to support the priorities outlined in Lakeview’s strategic plan and which are in alignment with the Operational Pillars of Excellence; People, Service, Quality, Finance, and Growth.

2. Lakeview has established quality measures consistent with Effectiveness, Access, Satisfaction, and Efficiency (EASE) of service delivery.

3. Operational or service programs directly support these established measures through their Key Performance Indicators (KPI).

4. Each employee’s job duties are aligned to support the program’s KPI.

Lakeview also measures and reports on risk and critical incidents, accessibility issues, diversity of clients and employees, stakeholder input, emergency drills, and internal and external safety inspections.

The Performance Measurement and Management (PMM) Quality Assurance Team tracks, trends and analyses the outcome measures for success and opportunities for improvement. Quarterly, the PMM Team provides an organizational "Performance Measurement and Management Report" and prepares an overview for the MAC.

### 9.1 Organizational Performance Measures

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<thead>
<tr>
<th>Pillar</th>
<th>Metric</th>
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<tbody>
<tr>
<td>People</td>
<td>Positive Employee Morale</td>
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<td></td>
<td>Employee Voluntary Turnover</td>
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<td></td>
<td>Total Implemented Bright Ideas</td>
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<tr>
<td>Service</td>
<td>Customer Satisfaction</td>
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<tr>
<td>Quality</td>
<td>Achieve Divisional Quality Goals</td>
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<tr>
<td>Finance</td>
<td>Financial Performance</td>
</tr>
<tr>
<td>Growth</td>
<td>Operating Revenue</td>
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### 10.0 Stakeholder Input

Lakeview believes in being an open and honest organization. Lakeview believes it has fulfilled its mission when the customers and stakeholders confirm its mission. Therefore, a communication process has been built into its system in which receiving feedback and sharing information is vital to knowing if Lakeview is a successful organization.

Lakeview’s communication shall provide mechanisms for delivery of clear, coordinated, timely, and effective information to increase stakeholders’ and customers’ awareness of Lakeview’s activities. Lakeview shall provide appropriate venues for customers and stakeholder input.

The QMI Team will provide annual employee satisfaction surveys and client and stakeholder point of service surveys. The information will be tracked, reviewed, and to
support good practices and drive quality improvement initiatives.

11.0 Attachments

Quality programs within each of the service divisions are responsible for overseeing, monitoring and reporting on their division's quality activities. Division quality programs may be designated with titles such as team, council, committee, circle, or unit. A division may have multiple sub-teams which should be broadly representative of staff from all levels of the division.

Division quality programs are responsible for creating and, on an annual basis reviewing, amending and approving a quality plan for its division, inclusive of its programs. The plan shall outline:

1. The owner and approval of the plan
2. When the plan will be reviewed, amended and approved
3. How client record/file reviews shall be conducted
4. Information pertaining to division quality performance measures
5. How data will be trended and analyzed

Division quality teams will report quarterly on the progress of its quality plan. The report shall include:

1. Status on client record/file reviews
2. Status on performance goals and outcomes
3. Status on quality improvement activities
4. Provide any recommendations to leaders for changes to policy, procedures or practice and training or education needs surrounding operations or service delivery.

Division quality programs will provide, as an attachment, any additional program or service requirements specific to contractual arrangements or federal and state law and regulations.
LAKEVIEW CENTER, INC.

Strategic Priorities
What we must achieve to ensure our mission and long-term sustainability

Safety: Keep everyone safe everyday.
Standardization: Reduce variability in quality and cost.
Diversification: Grow and diversify our revenue streams.

OUR FOUNDATION

Our VISION
To be the best Human Services Organization in America.

Our MISSION defines our reason for existence:
Helping people overcome life’s challenges

Our VALUES are our beliefs and the guiding principles for achieving our mission:
Vision • Integrity • Service • Innovation • Teamwork • Stewardship

Our STANDARDS OF PERFORMANCE define key employee behaviors that create a culture of Performance Excellence:
Attitude • Appearance • Communication • Commitment to Co-Workers • Responding to Customers • Privacy • Safety • Sense of Ownership • Customer Welcoming

Our PILLARS are our measures of organizational excellence.
People – Recruit and retain a highly engaged workforce.
Service – Exceed customer expectations.
Quality – Provide the best customer outcomes.
Financial – Maximize financial performance to achieve mission.
Growth – Achieve profitable growth.
Standards of Performance

- **Customer Experience:**
  - Customer Engagement • Etiquette
  - Responsiveness • Communication
- **Professional Demeanor:**
  - Attitude • Appearance
  - Courtesy and Respect
- **Ownership/Accountability:**
  - Sense of Ownership
  - Self Accountability • Peer Accountability
- **Compliance/Safety:**
  - Integrity/Ethics • Privacy
  - Confidentiality • Safety Awareness
Lakeview Quality Plan

How LCI Meets Our Mission

**Operations**
- Auditing Firms
- Accreditation
- Monitoring
- External Customer Relations and Surveys

**Service**
- Satisfaction Scores
- EASE Metrics driving the PAR (Effectiveness, Access, Satisfaction, Efficiency)
- Quality Improvement Plan

**Quality Department**
- Training
- Internal Customer Relations and Surveys
- Quality Assurance Teams
Child Protection Services
Quality Management Plan
Fiscal Year 2013-2014

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

Completed by: Carlita Bennett, Lead Quality Management Specialist
Plan Approved by: Margaret Taylor, Director of Policy & Quality
5401 W. Fairfield Drive
Pensacola, FL 32501
Phone: (850) 453-7745
1.0 Introduction

The FamiliesFirst Network (FFN) Quality Plan is completed by the Lead Quality Management Specialist and approved by the Director of Policy & Quality. The plan is reviewed, amended and approved a minimum of annually on or before July 31. 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; and independent living services for youth. The agency does not sub-contract 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 Vice President of Child Protection Services and Directors of Resource Development, Policy & Quality, Family Services and Community Relations.

FFN’s quality 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 by DCF 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. The FFN Quality Assurance Team is called the Performance Improvement Council 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 |

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**Families First 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: Monthly progress and recommendations for policy and procedural changes would be presented to FFN Management Team by written summary. Reporting to LCI Quality Council as needed. |

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**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 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.

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 Specialist Lead trends and analyzes quality assurance 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.
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 time frame 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 updating 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.

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 FSCs 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 2014.
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 2013-14 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.

Training in Motivational Interviewing will be added to the training calendar.

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 Vice 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: Vice President of Child Protective Services; FFN Directors of Family Services, Policy & Quality, and Community Relations; LCI Director of Risk Management; FFN Lead Quality Management Specialist; 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 reviews Quality and Compliance Reviews mandated by DCF Contract will be completed quarterly in the DCF Web Portal using standardized electronic tools developed by DCF:

1. Fifteen base reviews completed utilizing the DCF Quality of Practice Standards (QPS) tool. These reviews are primarily case record reviews.

2. Two reviews completed utilizing the DCF Quality Services Review (QSR) tool. These reviews are a combination of file review and interviews with case participants and providers.
3. Ten special reviews of Psychotropic Medication Administration completed utilizing the QPS tool. These reviews are primarily case record reviews.

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 FY13-14, QPS and QSR reviews will be completed by service area according to the following review schedule:

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<th>Service Area</th>
<th>Quarter</th>
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<tbody>
<tr>
<td>Escambia</td>
<td>Quarter 1</td>
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<tr>
<td>Santa Rosa</td>
<td>Quarter 2</td>
</tr>
<tr>
<td>South Okaloosa</td>
<td>Quarter 3</td>
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<tr>
<td>North Okaloosa &amp; Walton</td>
<td>Quarter 4</td>
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</tbody>
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The purpose of this review schedule is to allow for the review of a larger sampling of cases per service area during one quarter each year rather than the review of 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 and QSR story submission occurs through oversight by the Lead Quality Management Specialist and supervision of the Director of Policy & Quality. Oversight includes frequent progress checks to ensure reviews are being completed at an acceptable pace throughout the quarter.

The goal is for QSR and QPS reviews and input to be completed by the last day of each quarter. This allows ten days for the Lead Quality Management Specialist to validate reviews and to ensure any needed corrections are made within required DCF timeframes. The goal for completion of QSR stories is the 20th day following the end of each quarter which allows ten days for stories to be reviewed and submitted to DCF within the required timeframe.
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 determines Title IV-E eligibility on every child placed in licensed out of home care, although this is no longer required due to the IV-E waiver. In addition, a Policy and Quality staff member reviews 100% of all children potentially IV-E eligible for Adoption Subsidy. These processes have proven efficient and effective.

The Revenue Maximization Unit is in the process of developing standardized tools to conduct internal reviews of TANF, Master Trust and Adoption Subsidy. While spot checks have occurred in previous years, the process will become more formalized this fiscal year in alignment with contract requirements.
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 Quality Assurance. 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 Peer Review on a quarterly basis 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. Data is rolled up and presented at Unit Manager Meetings. 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 “mock” monitoring of service units 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 Statues (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.

22.0 Continuation of QA/CQI Activities Through Transition

FFN is committed to continuing required QA/CQI activities through transition to the Family Safety Decision Making Methodology (FSDMM). FFN remains proactive in moving toward transformation and is willing to assist DCF in development, modification, and testing of fidelity tools to ensure consistency with FSDMM.