FSSNF QUALITY MANAGEMENT PLAN
Fiscal Year 2012-2013

October 2012
CBC Quality Management Plan General Requirements

Background and introduction

In 1996, Florida began an ambitious process to reform foster care and related services to fully integrate the delivery of services to children in foster care into the infrastructure of communities. The Florida legislature mandated the Florida Department of Children and Family Services (DCF) enter into contracts to establish at least five model programs in which community-based agencies provide foster care and related services. The goal of the effort was to increase the commitment of communities to the well-being of children and their families. By 1998, the Florida legislature expanded the goals and required DCF to privatize foster care and related services statewide through a competitive bid process phased in over a three-year period. The State’s transition to the Community-Based Care Model was completed in May 2005, with 22 agencies selected through a competitive process serving Florida’s 67 counties.

Family Support Services of North Florida, Inc. (FSSNF) was established in 2002 and selected as the lead agency for child protective services in Duval County in 2003. During this time, the mission of FSSNF was “to provide for the safety and stability of children and families by strengthening the child protection system and involving neighborhood networks to ensure success.”

In 2007, the Nassau County Board of Commissioners informed DCF they wished to terminate the contract with State of Florida to oversee the local Community Based Care organization known as “Family Matters.” DCF requested FSSNF manage the Nassau County child welfare Community-Based Care under an Emergency Procurement Contract. FSSNF has made many improvements to the system of care in Nassau County including the inclusion of many local stakeholders. Since assuming responsibility for the Nassau Service Center in September 2007, FSSNF implemented the same processes for achieving permanency and service delivery that produced success in Duval County.

In June 2010, the board of directors of FSSNF voted at the June, 2010 board meeting to change the FSSNF Mission Statement to read, “The mission of Family Support Services of North Florida is to be the leader in providing safety, stability, and quality of life for all children by working with the community to strengthen the family unit.” FSSNF is committed to ensuring high-quality, community-based care for abused and neglected children in North Florida.

The staff provide ongoing casework for children in foster home, promote and support adoption, coordinate health care services, and provide prevention and preservation programs. True to the Community-Based Care Model, programs actively involve individuals and groups from the community. Together, the staff and community partners provide services that benefit over 3,000 children and families.
Criterion 1: Quality Assurance System

FSSNF currently implements a complete DCF approved quality assurance and quality improvement process consistent with the DCF contract and service delivery model, and in compliance with state and federal law, administrative rule, and DCF operating procedures. The FSSNF quality assurance and quality improvement processes outline a comprehensive approach to ensure quality services are provided to the children and families served. One of the guiding principles behind accomplishing this task is involving FSSNF staff at all levels, to include the Case Management Organizations (CMO) and community stakeholders. This comprehensive approach is accomplished by holding the Case Management Organizations (CMO) accountable for leadership, direction, and compliance through an external quality assurance process, as well as the infusion of continuous quality improvement through an internal process focused on service delivery.

The quality assurance approach is designed as an external process that validates internal practices through the application of sound evaluation principles that ensure data is collected accurately, analyzed appropriately, and reported and acted upon effectively. FSSNF staff in collaboration with DCF provides external reviews, and coordinates all outside reviews of service delivery. While the quality assurance approach focuses on the external process, the quality improvement approach is an internal process driven and conducted by the FSSNF Quality Management Specialists in conjunction with the Case Management Organizations (CMO).

While the ultimate authority and responsibility for overseeing the exceptional quality of care at FSSNF rests with its Board of Directors, the responsibility for FSSNF’s quality assurance and quality improvement efforts resides with the FSSNF Director of Quality Management.

Operational Responsibilities of Director of Quality Management, Quality Management Staff and Training Requirements

FSSNF’s Director of Quality Management supervises staff dedicated to quality operations, assurance and improvement activities. The staff includes six (6) Quality Management Specialists. The Director of Quality Management and the Quality Management Specialists, when appropriate, will attend all DCF and Region trainings pertaining to quality assurance and quality improvement issues, as well as other state and national conferences on best practices in service delivery and quality management.

The Director of Quality Management reports to the FSSNF Chief Operating Officer over Foster Care; the FSSNF Chief Operating Officer over Foster Care reports to the FSSNF Chief Executive Officer; and the FSSNF Chief Executive Officer reports to the FSSNF Board of Directors.
The Quality Management Specialists are responsible for planning, implementing and reporting on case management quality improvement and DCF required processes. It is also the Quality Management Specialists' responsibility to identify trends from all reviews and seek solutions for improvement while working with the FSSNF Training staff and Case Management Organizations (CMO) to incorporate findings into future trainings. Other responsibilities of the Quality Management Specialists include, but are not limited to:

- In collaboration with FSSNF service delivery staff and Case Management Organizations (CMO), complete all DCF required reviews (i.e., Quality of Practice Standards (QPS) and Quality Service Reviews (QSR));
- Participate in frequent quality improvement meetings that incorporate review findings with other critical sets of data and DCF and FSSNF monitoring reports into a plan of action by using the Plan, Do, Check, and Act (PDCA) concept;
- Assist the Case Management Organizations (CMO) in quality improvement planning by ensuring compliance with statute, rule, and policy
- Review, research and assist in tracking incident reports;
- Analyze data and report results to the Director of Quality Management;
- Review client complaints, work on resolutions and track results;
- Assist other FSSNF departmental areas in compiling and integrating the results of community stakeholder and foster parent surveys to strengthen the service delivery system;
- Conduct permanency and other out-of-home care staffings on a monthly and/or quarterly basis at the Case Management Organizations’ (CMO) sites.

**Quality Improvement System**

FSSNF believes in a continuous quality improvement system that includes input by all levels of FSSNF staff and partners across departmental and community lines. Reports of Quality Management activities include the results of performance measures outlined in the contract with DCF and will be shared with the FSSNF’s Management Team, FSSNF Board of Directors, the DCF Northeast Region staff, the DCF Office of Family and Community Services-Child Welfare, and each Case Management Organization (CMO). The benefit of sharing these results is to encourage individuals to work across departmental and community lines to improve quality of services and to realize the importance of customer satisfaction and services provided to the children and families served.

The Quality Management reports will show FSSNF and the Quality Management Team which Case Management Organizations (CMO) are meeting their goals and following procedures and which ones need improvement. FSSNF’s Quality Management Team will use these reports to guide its quality improvement process. After reviewing the results of the reports, the FSSNF Quality Management Team will assist the Case Management Organizations (CMO), as needed, in developing an action plan to improve child welfare practice. However, it is ultimately each Case Management Organization’s (CMO) responsibility to address deficiencies and provide a plan of action to eliminate future occurrences of deficiencies.

As stated above the FSSNF Quality Management Department will participate in regularly scheduled meetings with other FSSNF departmental staff, Case Management Organization (CMO) staff, and other community stakeholders to discuss performance, share best practices, and address areas in need of improvement.

**Criterion 2: Focus on Coordination**

1. **Unit Supervisory Discussions:** Describe how the lead agency will incorporate the supervisory discussion guide.

At a minimum, existing policy requires case management supervisors review all open cases in their units on a quarterly basis (ie every 90 days). The supervisory review process for Duval and Nassau Counties will be as follows:

1. A supervisory review is required on all cases open 30 days or more in any 90 day period. The Family Services Counselor Supervisor (FSCS) will be required to review 100% of the cases in their unit every 90 days to ensure child safety, well-being, and permanency are being addressed for every child.
2. The FSCS shall use the Supervisory Discussion Guide or similar and approved
document to assist in conducting a qualitative discussion conference with the
Family Services Counselor (FSC). The FSCS will only utilize the questions on
the Supervisory Discussion Guide that are most relevant to the case and
discussion at the time. The focus of the discussion will be to address:

Participants: Date of supervision and individuals present

Child Safety: What is the current level of risk?
What are the immediate safety actions warranted?

Mental Health/
Well-Being: Have you observed any behavioral or physical indicators
that the child is not thriving or is in a potentially dangerous
living arrangement?

Is the child receiving physical, mental and dental health
services as needed?

Is the child enrolled in Medicaid or another health
insurance program?

Did the child receive a Child Health Check-Up (medical
diagnostic screening previously known as an Early
Periodic Screening, Diagnosis, and Treatment (EPSDT)
and is the child receiving the required follow up?

Does the record reflect we have up-to-date medical
information and has that information been shared with the
caregivers?

Are there any substance abuse, developmental or mental
health issues?

Is the child on psychotropic medications, and if so, are they
appropriately documented in FSFN?

Is the Informed Consent current and/or is the court order
authorizing treatments maintained in the record?

Was a child specific multi-disciplinary staffing held to
address the child’s developmental, emotional, behavioral,
educational and health care status? Are the prescribed
services being delivered; if so, are they effective?

Case Status: What is the current permanency goal?
What progress was made in achieving permanency/stability? (Address ongoing two-way communication with service providers.)

What barriers exist to achieving permanency/stability?

What well-being issues were addressed or need to be addressed?

What actions were completed since the last review and what actions remain?

Next Steps/
Follow-up: What supervisory guidance and direction is needed? (Include tasks and person responsible.)

By utilizing the Supervisory Discussion Guide or similar and approved document to focus on the safety, permanency, and well-being of the case, the FSCS and FSC will have the opportunity to identify gaps and resolve them timely. This discussion would assure appropriate safeguards and services are in place and the cases are moving toward successful closure.

3. The FSCS shall input a chronological note in Florida Safe Families Network (FSFN) by selecting “Review-Supervisory” as the note-type to indicate the completion of a supervisory case review and include, at a minimum, the focus of the discussion listed in #2 above.

4. The FSCS shall complete and enter all chronological notes into FSFN within two working days of the completion of the supervisory case reviews.

Each child reviewed must be selected as a subject of the note for the review in order to document compliance with the requirement to document a supervisory case review every 90 days.

5. The FSSNF Data Department will continue to report the completion of supervisory case reviews on at least a monthly basis to show compliance by each Case Management Organization (CMO). This report will include but not limited to the date of most recent supervisory review, date most recent supervisory review entered and the person who performed the most recent supervisory review.

6. The FSSNF Quality Management Team, as part of the QPS Reviews, will continue to review the quality and completion of the supervisory reviews and report the findings to the FSSNF’s Management Team and Board of Directors, and each Case Management Organization (CMO) as required.

Family Support Services of North Florida, Inc.
Quality Management Plan FY2012-2013
7. Case Management Organizations (CMO) with supervisors not meeting expectations will be required to submit corrective action plans for performance improvement, per stipulations of their contract with FSSNF.

2. CBC Quality of Practice Standards (QPS) and Quality Service Reviews (QSR):

Describe how the lead agency staff will prepare for and conduct quarterly quality of practice standards (QPS) and quality service reviews (QSR). Also, describe how the lead agency will track, analyze, and report the findings.

CBC Quality of Practice Standards (QPS) Reviews

The case management Quality of Practice Standards (QPS) Reviews will continue to occur each quarter. The reviews will assist in determining the quality of services provided to the children and families. The process for preparing and conducting the reviews will be as follows:

1. Each quarter, the DCF Office of Family and Community Services-Child Welfare will provide to FSSNF an extract of all recipients during the defined selection period. A random number of cases will be selected per quarter. The FSSNF Director of Quality Management or designee will be required to draw and assign the random sample of cases from the extract for Duval and Nassau counties, and ensure the cases meet the criteria for the population quadrant under reviews by in-home and out-of-home care.

2. The sample will represent, as much as possible, an equal share of in-home (non-judicial and judicial) and out-of-home cases.

3. The case reviews will be conducted by using the following schedule:

   Duval and Nassau
   • July-Sept. 2012 (at least 18 cases throughout the quarter)
   • Oct-Dec. 2012 (at least 18 cases throughout the quarter)
   • Jan-March 2013 (at least 18 cases throughout the quarter)
   • April-June 2013 (at least 18 cases throughout the quarter)

4. FSSNF Quality Management Team will request action from the Case Management Organizations (CMO) if at any time the reviews note significant safety concerns that require follow-up.

5. The FSSNF Director of Quality Management or designee will track, analyze, and report the findings of the quarterly QPS Reviews to the FSSNF's Management Team and Board of Directors, and each Case Management Organization (CMO) on a quarterly basis and the DCF Northeast Region staff and the DCF Office of Family and Community Services-Child Welfare when requested.
6. The report of the quarterly QPS Review findings will include at a minimum the overall performance in the five practice areas:

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

7. Each Case Management Organization (CMO) will be responsible for addressing deficiencies and providing a plan of action to eliminate future occurrences.

**CBC Quality Service Reviews (QSR)**

The Quality Service Review (QSR) process will provide a “window into practice” in real-time, and help focus quality improvement efforts at the local and state level. The QSR process will also be used in combination with other data to get a baseline measurement of practice and help determine what training, local partnerships, and resources are needed for practice development. The process for organizing, managing, and conducting the QSR reviews for Duval and Nassau Counties will be as follows:

1. Each quarter, the DCF Office of Family and Community Services will provide to FSSNF an extract of all recipients during the defined selection period. The minimum number of at least 2 cases will be randomly selected per quarter. The FSSNF Director of Quality Management or designee will be required to draw and assign a random sample of at least 2 cases from the extract for Duval and Nassau counties, and ensure the cases meet the criteria for the population quadrant under reviews by in-home and out-of-home care.

2. The cases will be reviewed and related-interviews conducted, per the implementation requirements of the QSR Protocol, using the following schedule:

   **Duval and Nassau**
   - July-Sept. 2012 (at least 2 cases throughout the quarter)
   - Oct-Dec. 2012 (at least 2 cases throughout the quarter)
   - Jan-March 2013 (at least 2 cases throughout the quarter)
   - April-June 2013 (at least 2 cases throughout the quarter)

3. The sample will represent, as much as possible, an equal share of in-home (non-judicial and judicial) and out-of-home cases.

4. FSSNF Quality Management Team will request action from the Case Management Organizations (CMO) if at any time the reviews note significant safety concerns that require follow-up.
5. Once the reviews have been completed, the FSSNF Quality Management Specialists will write the case review summaries. The summaries shall include some basic demographics and facts about the child and family. The core of the summaries will describe the child's and caregiver's status, factors contributing to favorable or unfavorable statuses, to include some analysis of what's working now and why as well as some practical steps to sustain success or overcome problems.

6. The final step in completing the QSR will entail the FSSNF Quality Management Team conducting a debriefing with the CMO case manager, supervisor and others as deemed appropriate. The debriefing is intended to tell-the-story about the child and family as learned from the file review and all of the interviews; and to discuss or clarify any gaps or address any additional questions. The debriefing also includes an opportunity to discuss what may be the most appropriate next steps to take in working with the family from the family's perspective, the case manager's perspective, and from the reviewers' perspectives. The debriefing, at a minimum, shall include information as to the strengths of the child and family and practice as well as the challenges.

7. The FSSNF Director of Quality Management or designee will follow the implementation requirements of the QSR Protocol to track, analyze, and report the findings of the quarterly QSR Reviews to the FSSNF's Management Team and Board of Directors, and each Case Management Organization (CMO) on a quarterly basis and the DCF Northeast Region staff and the DCF Office of Family and Community Services-Child Welfare when requested.

During fiscal year 2011-2012, FSSNF performed as follows in regards to the QSR results: Consistent achievement of measures was noted in the areas of safety, living arrangement, permanency, physical and dental health, early learning/academic development and parent and caregiver functions.

The areas of opportunities for improvement were identified in child vulnerability, stability, emotional well-being and pathway to independence. As a result, we have placed more emphasis on improving performance at our Performance Quality Improvement (PQI) or Continuous Quality Improvement (CQI) related-meetings with our CMO partners and monthly meetings w/supervisors and directors have resulted in improved performance as reflected on the statewide scorecard. Having a strong data team working w/the FSSNF Quality Management Team and CMO quality management staff has been driving improvements in our performance measures. It is our plan to continue this effort.

3. Psychotropic Medications for Children in Foster Care: Describe how the lead agency will monitor express and informed consent or court approval has been obtained for children in foster care who are prescribed psychotropic medications, and a valid medical plan is maintained in the record.
The FSSNF has developed a tracking system to ensure that any child prescribed psychotropic medication who is in out-of-home care receiving case management supervision through FSSNF can be appropriately identified. At the Early Service Intervention (ESI) staffing, the FSSNF will continue to require the Child Protection Investigator (CPI) to complete the required Emergency Intake Form and/or the Service Planning Conference Checklist staffing form to include the child’s current psychotropic medications. The FSSNF will continue to utilize a contracted consultant or the University of Florida MedConsult to review or obtain a second opinion on the status of children who are prescribed psychotropic medication as required by Children & Families Operating Procedure (CFOP) 155-10 & 175-40.

Each Case Management Organization (CMO) will review all open cases and identify which children who are in out-of-home care and have been prescribed a psychotropic medication. FSSNF now requires all case managers to review medications administered to children in care at EACH home visit. A Medication Homevisit Addendum form has been developed to ensure all required information, to include express and informed consent or court approval, and a valid medical plan, is collected and documented in FSFN. The supervisors will be required to verify this information in FSFN during the completion of supervisory reviews which is required to be conducted every 90 days for accuracy and consistency. The case managers will work in partnership with the assigned Targeted Case Managers and/or caregivers to ensure coordination of activities involving the mental/behavioral health of the child.

The FSSNF Training Department, Quality Management Department, and Children’s Legal Services provided psychotropic medication trainings to the Case Management Organizations (CMO) during July 2009 and to the group home agencies in August-September 2009. This training is provided on an ongoing basis as needed to the CMOs. The FSSNF also conducts regular conference calls and meetings with the Case Management Organizations (CMO) to ensure compliance and provide clarification on activities that drive system improvement to include the psychotropic medication process.

The FSSNF Quality Management staff will continue to cross-reference the psychotropic medication-related lists with FSFN to identify any child on psychotropic medications not identified by the Case Management Organizations (CMO) and will inform the Case Management Organizations (CMO) of the specified time they will have to bring the case into compliance.

The QPS reviews require the reviewer to monitor the case record to ensure express and informed consent or court approval is obtained, and a valid medical plan is maintained in the file. The FSSNF Quality Management staff will continue to participate in the QPS review process to complete reviews on children who are in out-of-home care and prescribed psychotropic medications.
4. Florida Safe Families Network: Describe how the lead agency will continually assess data accuracy and completeness of data as inputted into state’s automated information system.

The FSSNF Data Department pulls reports weekly and/or monthly and assists the CMOs regarding FSFN data integrity (i.e. caseload verification, verification of visits, etc). These reports are sent to the CMOs for timely and appropriate corrections. Data/performance meetings are also held frequently to discuss FSFN data integrity.

The qualitative and timely completion of documenting data into FSFN is also monitored during the FSSNF Quality Management Team’s quarterly case reviews. The results are discussed and shared with our CMO partners and other appropriate staff persons to strategize on performance improvement and sharing best practices.

5. Executive Management and Region Discretionary Reviews: Describe how the lead agency will work with the region to respond to special review requests.

The FSSNF Quality Management Team receives client complaints, including those received via the DCF Tracker, written letters, phone calls, or emails. The FSSOP 175-01 Client Complaint Procedure is followed to address all complaints.

All client complaints are reviewed, researched, and responded to within 30 days of FSSNF’s notification. Complaints are entered in the DCF Tracker and/or tracked on an excel spreadsheet and assigned to the designated FSSNF Quality Management Specialist by the FSSNF Director of Quality Management for appropriate follow-up. When possible and appropriate, complaints are resolved through telephone calls, email correspondence, and letters rather than detailed summaries. On at least a quarterly basis, client complaints are also reviewed and discussed at the FSSNF Risk Committee Meetings to determine trends, opportunities for improvement, and the assessment of appropriate resolution.

The FSSNF Quality Management Team will continue to work with the DCF Circuit/Region to respond to and complete special discretionary review requests (i.e. special case audit requests) within a mutually agreeable timeframe. This activity will likely require specially designed review tools and other protocols depending on subject matter. The FSSNF Quality Management Team will utilize the DCF approved review tool to complete these reviews.

6. Local Review Schedule: Include a schedule for the upcoming fiscal year (2012/13) that shows when standard (quarterly) QA activities will occur (i.e. quarterly QPS reviews, QSR reviews, etc.). Include other events, for example, quarterly performance assessment meetings, CBC Board of Directors meetings, and other activities of local importance, initiatives or additional quality assurance activities.
• **QPS Reviews: Conducted Quarterly**
  
  - July-Sept. 2012 (at least 18 cases throughout the quarter)
  - Oct-Dec. 2012 (at least 18 cases throughout the quarter)
  - Jan-March 2013 (at least 18 cases throughout the quarter)
  - April-June 2013 (at least 18 cases throughout the quarter)

• **QSR Reviews: Conducted Quarterly**
  
  - July-Sept. 2012 (at least 2 cases throughout the quarter)
  - Oct-Dec. 2012 (at least 2 cases throughout the quarter)
  - Jan-March 2013 (at least 2 cases throughout the quarter)
  - April-June 2013 (at least 2 cases throughout the quarter)

• **Monthly Meetings with Case Management Organization (CMO) staff:**
  
  - FSSNF staff meets every month with the Case Management Organization (CMO) Executive Directors or Chief Executive Officers, Program Directors, and Supervisors to share information, provide training, and address concerns related to various aspects of the dependency case process.

• **Monthly Meetings with the FSSNF Board of Directors:**
  
  - FSSNF Management staff meets every month on the second Tuesday of each month with the FSSNF Board of Directors.

  - One of the purposes of this meeting is to review the current performance for each CMO and overall agency objectives.

• **Monthly Meetings with Circuit Administrator to Review CBC Performance:**
  
  - FSSNF Management and DCF Contract Managers, Circuit Administrator and other staff meet monthly to discuss performance measures, current outcomes, resolutions/corrective action plans, DCF Score Card, and other concerns.

• **Circuit 4 Community Alliance Meetings:**
  
  - The Community Alliance Meetings occur at least quarterly or semi-annually in Circuit 4.

  - One of the purposes of this meeting is to share information and updates and review and discuss the current performance for CBCs within Circuit 4.

• **Monthly FSSNF Board Quality Improvement Committee Meetings:**

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Family Support Services of North Florida, Inc.
Quality Management Plan FY2012-2013
• The FSSNF Board Quality Improvement Committee Meetings occur on the first Friday of each month.

• The purpose of this meeting is to conduct a comprehensive review of the QA program including risk assessment, resource management and improvement opportunities.

• **Risk Committee Meetings:**

  • The Risk Committee Meetings occur on the third Wednesday of each month.

  • The purpose of this meeting is to review and assess risks as it relates to client incidents, staff accidents, client grievances, foster care referral processes, training needs, building inspections, and Council on Accreditation (COA) requirements.

• **Quality Management (QM) Department Meetings:**

  • The QM Department Meetings occur on Tuesdays of each week.

  • The purpose of this meeting is to review and discuss the findings of current case audits to improve child welfare practice, discuss new policies and procedures, develop and implement strategies for continuous quality improvement system-wide, and share “best practices” of child welfare.

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**Criterion 3: Focus on Results**

1. **Quality Improvement Standards and Process:** Describe how the CBC will track and report its performance on contract measures. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.

This activity is designed to address performance issues and provide an arena for discussion, planning and implementation for improvement. FSSNF accumulates the outcomes and performance indicators from FSFN, the DCF Web Portal, and other related-data sources into a bi-weekly and/or monthly scorecard. The scorecard is distributed in regular scheduled meetings (or email) to the Case Management Organization (CMO) CEOs and directors to review, identify, and discuss with their staff the performance trends in need of immediate attention. This data is also shared with FSSNF Management and DCF. The FSSNF Board of Directors also receives this information and the results of the strategic plan objectives during their meetings with FSSNF Management staff.

The CMOs are required to function at the performance target for the appropriate fiscal year, by the end of that fiscal year, or by the contract end date if it occurs within the fiscal
year. The following contract performance measures are reflective of Fiscal Year 2012-2013 and subject to change by direction of the DCF and/or FSSNF:

1. Children under supervision required to be seen every 30 days will be at least 99.5%.
   a. Data collected via:
      i. DCF WebPortal
      ii. FSFN Report(s)

2. Required Mother and Father Contact will be 50%.
   a. Data collected via:
      i. DCF WebPortal
      ii. FSFN Report(s)

3. Children reunified within 12 months shall be at least 75.2%.
   a. Data collected via:
      i. DCF WebPortal
      ii. FSFN Report(s)
      iii. QPS Review Tool

4. Children reunified who re-enter care shall not exceed 9.9%.
   a. Data collected via:
      i. DCF WebPortal
      ii. FSFN Report(s)

5. Percentage of children in care 24+ months on July 1st who achieve permanency prior to their 18th birthday and June 30th shall be at least 34.65%.
   a. Data collected via:
      i. DCF WebPortal
      ii. FSFN Report(s)
      iii. QPS Review Tool

FSSNF Quality Management Department conducts permanency staffings based on a child’s removal date obtained from FSFN to ensure all children are staffed for permanency at the 4th, 7th, 10th, and 12+ month and every 3-4 months thereafter. The cases of children who have been in out-of-home care 12 months or more are staffed in an effort to reassess the permanency goals and achieve permanency. Also, during fiscal year 2010-2011, FSSNF became one of the innovative sites for the Casey Family Program Permanency Roundtable Staffings (PRT). The PRTs offer another level of case monitoring in an effort to expedite permanency.
6. FSFN tabs showing medical, dental, immunizations shall show compliance of at least 90%.
   a. Data collected via:
      i. DCF WebPortal
      ii. FSFN Report(s)

7. Children in care at least 8 days but less than 12 months who had 2 or fewer placements shall be at least 86%
   a. Data collected via:
      i. DCF WebPortal
      ii. FSFN Report(s)

8. At least 100% of eligible youth age 17 will have a Fostering Connections staffing (transition plan) filed with the court within 90 days prior to the youths 18th birthday.
   a. Data collected via:
      i. DCF WebPortal
      ii. FSFN Report(s)

9. No verified maltreatments during in-home services or within 6 months of service termination shall be at least 96%
   a. Data collected via:
      i. DCF WebPortal
      ii. FSFN Report(s)

10. Ratio of adoptions in last 12 months to children in care more than 12 months shall be at least 0.5.
    a. Data collected via:
       i. DCF WebPortal
       ii. FSFN Report(s)

11. The percent of children adopted within 24 months of the latest removal shall be at least 36.6%.
    a. Data collected via:
       i. DCF WebPortal
       ii. FSFN Report(s)
       iii. QPS Review Tool

12. 95% of children ages 5 - 17 shall be enrolled in school.
    a. Data collected via:
i. DCF WebPortal
ii. FSFN Report(s)

13. The number of children with finalized adoptions between July 1, 2012 and June 30, 2013 shall be at least (TBA).
   a. Data collected via:
      i. DCF WebPortal
      ii. FSFN Report(s)

The following proposed Independent Living Outcome Measures are reflective of Fiscal Year 2012-2013 and subject to change by direction of the DCF. However, for these baseline-year measures, the DCF agrees not to pursue any corrective action or progressive intervention stemming from performance on the Independent Living measures during the baseline period:

1. % of youth who have aged out of care completing high school or GED by 20 years of age.
   a. Data collected via:
      i. FSFN Report(s)

2. % of youth who have completed high school or GED and are involved in post secondary education.
   a. Data collected via:
      i. FSFN Report(s)

3. % of youth ages 18 and over receiving Independent Living services who have a job (including joining the military).
   a. Data collected via:
      i. NYTD (National Youth and Transition Data Base)

4. % of young adults in safe housing.
   a. Data collected via:
      i. NYTD (National Youth and Transition Data Base)

5. % of 17-year-old youth in licensed out of home care who had a transition plan signed by the youth and filed with the court.
a. Data collected via:
   i. FSFN Report(s)
   ii. Independent Living (IL) Compliance Tracker

**Other Quality Improvement Processes**

1. Client Complaints (monthly)
   - All client complaints are received and input into the DCF Tracker and/or tracked on an excel spreadsheet by the designated FSSNF Quality Management Specialist for appropriate handling, per FSSOP 175-01.

2. Incident Reports (monthly)
   - All incident reports are received and input into the Incident Reporting and Analysis System (IRAS) and the *excel spreadsheet* by the designated FSSNF Quality Management Specialist or designee for appropriate handling.

3. Birth Verification Compliance (monthly)
   - FSFN report(s)

4. Photograph Compliance (monthly)
   - FSFN report(s)

5. Fingerprint Compliance (monthly)
   - FSFN report(s)

6. 30-Day visit Compliance (monthly)
   - FSFN report(s)

7. ICPC errors and status of home studies Compliance (monthly)
   - FSFN report(s)

8. IL Assessments, Staffings, and Classes (completed) Compliance (monthly)
   - FSFN report(s)

9. Missing Childrens’ (efforts, assessments and incident reporting) Compliance (monthly)
   - FSFN report(s)

10. Supervisory Review Compliance (monthly)
    - FSFN report(s)

During bi-weekly, or at least monthly, Data/Performance conference calls and/or meetings, FSSNF, DCF, and the Case Management Organizations (CMO) review
whether or not the CMOs are meeting their goals and following procedures. Through this collaborative approach, best practices are shared to assist in improving performance.

2. **Strategic Objectives:** Describe how the CBC will track and report on the strategic objectives set by its Board. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.

FSSNF and its Board of Directors established a set of strategic objectives for the years 2009 through 2014. However, in June 2011, FSSNF implemented a Strategic Planning Steering Committee. This committee was tasked with revising the current strategic plan and developing a planning process that is intended to be positive, forward thinking, transparent and involve staff, leadership and the Board of Directors. In doing so, the revised strategic plan was completed and signed in September 2011 and covers the period from 2011 through 2015. The revised strategic plan compliments FSSNF’s mission statement which “is to be the leader in providing safety, stability, and quality of life for all children by working with the community to strengthen the family unit.” FSSNF is committed to ensuring high-quality, community-based care for abused and neglected children in North Florida.

On at least a monthly basis, FSSNF addresses performance issues and strategic plan objectives and provides an arena for discussion, planning and implementing improvement. FSSNF accumulates the outcomes and performance indicators into a bi-weekly and/or monthly scorecard. The scorecard is distributed in regular scheduled meetings (or email) to the Case Management Organization (CMO) CEOs and directors to review, identify, and discuss with their staff the performance trends in need of immediate attention. This data is also shared with FSSNF Management and DCF. The FSSNF Board of Directors also receives this information and the results of the strategic plan objectives during their meetings with FSSNF Management staff.

3. **Contract Providers:** Describe how the CBC will track and report on the performance of their contract providers. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.

FSSNF has implemented a process, Foster Care ReDesign to name one, for achieving permanency and service delivery that have produced success with the our CMOs. During monthly meetings and quarterly reporting, FSSNF will continue to track and report on the performance of the CMOs. See “Focus on Results” (section #1) above.

4. **Ongoing Improvement Initiatives:** Describe how the CBC will track and report on ongoing improvement initiatives that will still be occurring during the upcoming fiscal year. What need or performance gap is each one intended to fill? What evidence exists to show the initiatives will produce the desired change? Describe how the CBC
will report the status of ongoing improvement initiatives to management, the Board, and interested stakeholders.

FSSNF utilizes the PDCA Cycle of Quality Improvement to facilitate the performance and quality improvement process. The PDCA Cycle is a checklist of the four stages that allow a PQI process starting from identifying the problem through making necessary revisions or changes to resolve the issue. The four stages are Plan-Do-Check-Act, and the cycle is illustrated below.

- **Plan** – identify and analyze items in need of improvement or change and create the corrective action plan for implementing the improvements. Corrective action plans should include
  - Statement of Need
  - Action Steps
  - Delineation of Responsibility
  - Target Dates
  - Follow-Up Completion Status

- **Do** - deploy steps of the plan.

- **Check** - follow up to ensure the plan was implemented properly and outcomes are desirable.

- **Act** - Plan is fully implemented and the cycle begins again to identify the next problems/issues identified.

FSSNF will continue to complete bi-weekly and monthly reports to address performance issues, and continue to work with the CMOs to make improvements. FSSNF believes in a continuous quality improvement system that includes input by all levels of FSSNF staff and partners across departmental and community lines. The continuance of Data Conference Calls, Board meetings, case staffings, and partnership meetings with DCF, Case Management Organization CEOs and directors, FSSNF Management, and the FSSNF Board of Directors will allow an opportunity to address performance gaps and bring about desired change. Quarterly reports of Quality Management activities, including the results of the performance measures outlined in the contract with DCF, will be shared with the FSSNF’s Management Team, FSSNF Board of Directors, the DCF Northeast Region staff, the DCF Office of Family and Community Services-Child.
Welfare, and each Case Management Organization (CMO). Sharing these results will encourage individuals to work across departmental and community lines to improve the quality of services and realize the importance of customer satisfaction and the services provided to the children and families served.

FSSNF’s policy requires FSCs to directly input chronological notes and judicial review information into FSFN. FSSNF designated staff will continue to open and close cases and maintain eligibility in FSFN.

5. New Performance Improvement Initiatives: Describe what new performance improvement initiatives the CBC is going to undertake in the upcoming year. Describe the performance issue the initiative is meant to address, how it was selected, and how it will be managed (e.g., QIC approach?).

During each fiscal year, FSSNF evaluates the need for ongoing system upgrades and hold various meetings with technological companies to improve overall company performance. In the past fiscal year, FSSNF created a local dashboard which consisted of data from various departments within FSSNF for performance reporting and secured a contract with MindShare and other-related companies. Currently, the data is reported during bi-weekly and monthly meetings (i.e. Data Calls) and the monthly FSSNF Newsletter provided to FSSNF staff, FSSNF Board of Directors, DCF, and stakeholders. The FSSNF Information Technology Department is leading the efforts to improve the data system.

As in previous fiscal years, FSSNF worked and will continue to work with the DCF and other CBC representatives to address findings and share best practices. FSSNF expects to utilize the results from the QPS and QSR Reviews to gauge growth and current performance regarding the CFSR Federal Quality Improvement Plan (QIP) items. In fact, in the past fiscal year, due to these types of efforts which have occurred throughout the State of Florida, DCF, FSSNF, and other CBCs have satisfied the Federal QIP with the exception of the Another Planned Permanent Living Arrangement (APPLA) standards. However, several initiatives are taking place to improve this standard.

6. New Information: Describe how the CBC will evaluate and react as new information becomes available.

The FSSNF Quality Management Team will conduct and attend meetings at FSSNF once a month or as needed to share pertinent information. This would allow the opportunity for all parties involved to discuss and develop strategies to appropriately handle the new information. It would also allow the opportunity to share “best practices”.

Family Support Services of North Florida, Inc.  
Quality Management Plan FY2012-2013
7. Critical Life/Safety: If a critical life, health, or safety threat to a child is identified during any quality assurance or other review activity, how will the CBC assure that the situation is immediately addressed and corrected?

FSSNF will utilize the DCF approved review tool to monitor the Case Management Organizations (CMO). FSSNF will complete child safety and well-being Request for Action Forms, according to policy, when reviewing case files and child safety issues are identified to include critical life, health, or safety threat to a child. Immediate action will be taken to ensure the safety of the child and the safety and well-being Request for Action Forms or other requests will be submitted to the director of the CMOs with a 48-hour deadline or other agreed upon timeframe. If additional time is needed, this will be communicated with all parties to ensure approval of an extension of time for resolution. FSSNF will also utilize the Request for Action Forms when systemic trends are identified and utilize the required tracking mechanisms to resolve all concerns. FSSNF will conduct staffings and other necessary activities in working with the CMOs, DCF, and other involved participants to address and resolve all immediate child safety concerns.

8. National Accreditation: If the lead agency has completed or is working on tasks related to national accreditation, please include a brief description.

During fiscal year 2011-2012, FSSNF began the process of being reaccredited through the Council on Accreditation (COA). Mock audits, self studies, and all other required processes were completed during fiscal year 2011-2012 through the beginning of fiscal year 2012-2013. The COA Site Visit occurred in mid-October 2012. As a result, FSSNF has already been advised of approved reaccreditation.