Sarasota Family YMCA Quality Management Plan

July 1, 2014 – June 30, 2015

Safe Children Coalition

Serving DeSoto, Manatee and Sarasota Counties

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I. Introduction

The Sarasota Family YMCA serves as the Lead Agency for Community Based Care in three counties on the West Coast of Florida - Sarasota, Manatee, and DeSoto. Under the leadership of the Sarasota Family YMCA, the Safe Children Coalition (SCC) is collaboration between the YMCA and many local community entities who together provide a continuum of child welfare services for dependent children who have been abused, neglected or abandoned. Child protection services provided include case management, foster care, independent living and adoptions.

Highly skilled and experienced local networks provide a comprehensive continuum of child welfare, foster care and related services in specific geographic areas, focused on Child Safety, Permanency and Well-being. Services are driven by the unique needs of the community, and are fluid to maximize the strengths of Circuit 12 and its ability to recognize and provide quality. Services are easily accessible to the child and family, and also to the community as the needs of

<table>
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<tr>
<th>Provider</th>
<th>Service Provided</th>
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<tr>
<td>YMCA</td>
<td>Program Management and Compliance, Foster Home Licensing, Placement, Data Services and Support, Quality Management and Training, Records and Information, Utilization Management</td>
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<tr>
<td>Family Preservation Services</td>
<td>DeSoto, Sarasota Counties: Case Management Services, Adoption Services, Independent Living Services</td>
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<tr>
<td>Manatee Glens Corporation</td>
<td>Manatee County: Case Management Services, Adoption Services, Independent Living Services</td>
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<tr>
<td>Youth and Family Alternatives</td>
<td>Manatee, Sarasota Counties: Case Management Services, Adoption Services, Independent Living Services</td>
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this community change. This assists the child in reaching permanency in a safe and stable home.

II Mission

An integrated system of care built on a foundation of community leadership, investment and accountability, providing a comprehensive service array that assures safety and permanency in the most effective and cost effective manner meeting specific outcomes and standards of care.

III Vision Statement

The Safe Children Coalition drives a seamless system of care that is characterized by integrity in decision-making, respect for the rights and dignity of children and families, and priority on professional responsibilities over personal interests. The service delivery system emphasizes: Timely access; triage of need; prevention and early intervention; appropriate, cost effective care and support in compliance with accreditation standards.
IV  Quality Management Statement and Definitions

The primary purpose of the Sarasota Family YMCA, Inc.’s Quality Management System is to strengthen practice, improve the timeliness, accessibility, quality and effectiveness of services and increase natural and enduring community supports for children and families.

The Sarasota Family YMCA, Inc.’s Quality Management Plan is based on the organization’s culture of values: Caring, Honesty, Respect and Responsibility as well as nationally recognized accreditation standards for child welfare services.

- CBC services demonstrate respect for individual and family values and goals;
- CBC services support cultural identity and linguistic needs;
- CBC services accommodate variations in life style;
- CBC services emphasize personal growth, development, and situational change.
- clients and families are informed of their right to consent and participate in decisions about their care;
- clients have the right of refusal and self-determination;
- clients have a right to privacy and confidentiality protection;
- clients have the right to be heard by the organization with regard to grievances.

To effectively implement our Quality Management Plan, The Sarasota Family YMCA, Inc. incorporates each level of our staffing pattern in addressing Quality Assurance and Quality Improvement. Although the majority of the day-to-day function rests with the Senior Management which includes Operations, Data Services, Client and Community Relations, and Quality Management Departments; all CBC supervisors, line staff and support staff play an equally active role in continuous quality improvement activities. This role is best defined as the system-wide participation in continuous quality improvement.

Utilizing the Council On Accreditation best practice standards, the Sarasota Family YMCA, Inc. strives to meet each standard. Through our annual update to the Quality Management Plan, the standards are reviewed by the Director of Quality Management Services and the VP of CBC Operations to ensure compliance or at a minimum, to develop measures that will bring the company to compliance status. The YMCA and Case Management Organizations are fully accredited by and comply with established child welfare best practice standards of those nationally accrediting bodies. Agencies are accountable to those accrediting bodies on an ongoing basis. The YMCA has been accredited by Council on Accreditation (COA) since 2001.

The YMCA has developed a systematic approach to developing and implementing quality assurance (QA) and quality improvement (QI) processes, the goal of which is to strengthen practice, improve timeliness, accessibility, quality and effectiveness of services and increase natural and enduring community supports for children and families. The YMCA, including its Board, collaborates with key partners, i.e., Department and other key stakeholders, network providers, and Family Safety Alliance, to participate in quality management (QM) planning by evaluating performance and assisting in action plan and strategy development to ensure the provision of quality services to children and families. The QM system is designed to improve performance outcomes related to child safety, permanency and well-being. It focuses on systemic improvements in the delivery of services to the children and families we serve. The approach involves the collection, evaluation, and communication of client outcome and client satisfaction data from key operational areas of our organization, all of which are monitored to ensure that all services are provided consistently -- to achieve outcome and performance
expectations, maintain COA national accreditation standards, and sustain child welfare best practices.

The Quality Management Plan provides a framework for SCC to meet performance targets, i.e., Department Contract Performance Measures, federal requirements of AFSA, CFSR standards, accreditation and internal measures designed to continually improve the quality of services provided to children and families. The YMCA, in collaboration with CMO quality assurance staff, conducts activities on a daily, monthly, quarterly and annual basis for all SCC processes. The information acquired from these activities is collected via various tools and methods, and is used to determine compliance and drive positive performance outcomes. Methods include, but are not limited to: In-depth reviews of the data to ensure accuracy; specific studies to determine root cause; identification of training needs; and general process evaluation. The Plan meets COA standards and Department requirements, describes processes and activities implemented by the YMCA, i.e., ongoing activities, internal quality and subcontract monitoring, case record reviews, customer satisfaction, stakeholder participation.

The key to any implementation process is effective and efficient deployment. The YMCA deploys continuous quality improvement through careful analysis of processes and resources, training, meeting technical needs, effective communication, and feedback. A Child Welfare Specialist position was redesigned to better connect case management, contracts, training and quality management functions. This position helps to ensure knowledge of policies/procedures, identify trends, and develop and deliver training based on identified gaps and needs. The system of care design remains flexible and fluid, with all SCC partners encouraged to provide feedback.

The YMCA has established clear and consistent communication across all levels of staff to discuss outcomes and performance related issues. Regular communication includes:

<table>
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<tr>
<th>Communication Method</th>
<th>Description</th>
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<tr>
<td>Joint Operations Meeting</td>
<td>Monthly meetings held between YMCA and senior CMO staff to discuss performance, best practice and other issues related to operations and system of care.</td>
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<tr>
<td>Agency Specific CQIC Meeting</td>
<td>Monthly meetings held between YMCA and CMO senior staff and case management supervisors to discuss and review agency specific performance, and develop performance improvement strategies.</td>
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<td>Lunch and Learn Sessions</td>
<td>YMCA child welfare staff and CMO frontline staff meet on a bi-weekly basis to discuss topics identified by new and experienced CMO staff to assist in completion of daily work assignments.</td>
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<td>CEO Executive Forums</td>
<td>Quarterly meetings held between senior YMCA staff and senior CMO staff to discuss performance, best practice, and other issues related to the operations and system of care.</td>
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<td>Foster Parent Association Meetings</td>
<td>Held monthly in all three counties and attended by foster parents, YMCA out-of-home care staff and other YMCA staff. Give foster parents a valued voice in the SCC, keep them apprised of how SCC is doing on performance outcomes and other initiatives such as the Quality Parenting Initiative, provides training opportunities.</td>
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<td>Family Safety Alliance (FSA)</td>
<td>Performance data is reported to the FSA on a bi-monthly basis with a focus on systemic issues. The FSA monitors performance and discusses community-level strategies to improve the Circuit 12 system of care.</td>
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<td>Board Meetings</td>
<td>Performance data is reported to the YMCA Board of Directors and Youth</td>
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The YMCA distributes a Monthly Management Report to all SCC staff, YMCA Board and Youth and Family Services/Foster Care committee, the Department, Family Safety Alliance members, and multiple community partners along with the SCC monthly Communiqué. The report provides data and trend analysis on all performance outcome measures from the Department Performance Dashboard, statistical data on several key operational indicators, and agency-specific performance data. The Management Report is posted in all SCC service sites, on the SCC website, and in the SCC Data Portal for easy access by all SCC staff.

YMCA staff collects and analyzes case management organization (CMO) performance data on a monthly basis. YMCA Contract Managers review performance reports and discuss with the provider any performance issues and needed action to improve performance, providing technical assistance as needed. Each subcontract undergoes an annual monitoring by the YMCA in accordance with YMCA Policy CG-431; providers are required to document corrective actions taken to improve performance in areas found deficient. All communications are documented in the contract file.

The Plan-Do-Check-Act (PDCA) cycle is the foundation of SCC quality management planning and improvement processes. The cycle demonstrates a continuous process that promotes accurate collection and reporting of data and ongoing analysis of information to continually improve quality of services. All SCC staff, CMO managers and supervisors, case managers, and support staff play an equally active role in QM activities.

The YMCA and CQIC assume the lead role in seeking the appropriate method to address performance outcomes utilizing the PDCA model to process improvement. CQIC monthly meetings are conducted to discuss performance, review performance data, and develop improvement strategies related to internal and system issues. Participants in the monthly CQIC meetings include CMO Program Managers, Case Management Supervisors, Operations staff, and
Quality Management and Training staff members. QM begins with continual review of day-to-day operational data and ongoing review of data to ensure that required contract outcome measures and internal benchmarks are met.

The SCC system-wide QA/QI approach is led by an experienced YMCA QM team: The YMCA Director of Performance Improvement and Support Services provides leadership to the QM and Training Manager, four field-based Quality Assurance Specialists, and two field-based Quality Specialist trainers. YMCA Contract Management and Fiscal Management staff also plays an important part in the QM process. The entire team plays an integral role in collecting, analyzing, and communicating performance, client satisfaction, and outcome data throughout the entire system of care, including subcontracted and community providers. The Child Welfare Specialists manage the system change at the operational level, working closely with CMO staff to identify opportunities for improvement, and they develop strategies to address needed change. The QM team is responsible for: Developing and standardizing all management tools for performance outcome measures; collecting and analyzing qualitative and quantitative performance data; identifying trends and patterns; developing system-wide and provider specific performance and management reports; reviewing critical incidents; coordinating all QA/QI activities; and ensuring the integration of findings into the overall continuous quality improvement process. YMCA QM staff also supports performance through standardized quality assurance (monitoring) activities or special ad hoc studies to evaluate increased success and compliance. As necessary, YMCA QM Staff provides ongoing technical assistance and training to all CBC staff.

**Quality Assurance (QA)** is a system that validates internal practices and uses sound principles of evaluation to ensure that data is collected accurately, analyzed appropriately, reported, and acted upon. The QA function looks at the entire system of care. Products of the QA function include reports that validate data at the agency, unit and case manager level, which evaluates the impact of practice on in-process and end-process measurements, and provide recommendations for actions.

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

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

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

V Quality Management Structure

The Sarasota Family YMCA, Inc. has a long history of collaboration and cooperation with the DCF SunCoast Regional Office. Various community/provider entities, such as Alliances, Stakeholder groups, Branch Board, and Social Services Committee, CEO Forums, CQIC group, Systems Development Group, and various Management Groups participate in the quality management plan by reviewing and providing input via regular meetings and report/data
reviews. Each assists, as needed, in evaluating performance and assisting in the development of action plans and strategies to ensure the provision of quality services to the children and families we serve.

Resources utilized to support quality management activities include the following:

- **Ongoing Internal Communication** – a high level of communication is maintained within each area of the organization. Methods utilized include email, interoffice memo, and formal meetings. Information and data is shared and production is monitored on a daily, weekly, monthly and / or quarterly basis.

- **Data Reports** – Data reports are gathered from a variety of sources, summary reports are developed and then a single Management Report is produced to review critical areas of change. This report is distributed to the Executive Forum and Stakeholders. Summary reports are distributed in hard copy or electronically shared with CBC staff, DCF Regional staff, and stakeholders and are disseminated on a daily, weekly, monthly and quarterly basis. The primary sources of data are Florida Safe Families Network (FSFN) and the DCF Dashboard.

- **Florida Safe Families Network** (FSFN) is utilized as the official source of record for all case management activities and other applicable information. The data and functionality contained within the system provides access reports as well as determines compliance with multiple outcome measures and internally sets benchmarks. This program also serves as an information source during case practice reviews.

- **Case Practice Review Tool** – The Sarasota Family YMCA, Inc. will utilize the standardized Windows into Practice Case Management Quality Assurance Tool to review and evaluate case practice with a focus on the recent results for children receiving services and their caregivers, as well as the contributions of local service providers and the system of care in producing positive results.

- **Reliability and Integrity of Data Assurance** – Through internal and external monitoring of reports, various Quality Assurance activities and on-going case supervision, the reliability and integrity of data is maintained.

All of these components work collectively to drive production, ensure compliance and serve as prompting/teaching aids, as well as helping to ensure child safety, permanence and well-being.

**VI Quality Management – 5 Principle Outcomes**

The Sarasota Family YMCA, Inc. structures the core basis of our Quality Management Plan to encompass five principle outcome categories:

1. Contract Performance Measures
2. Internal Strategic Quality Goals
3. Case Practice Review Findings
4. System Review Improvement Findings
5. Fiscal Management / Revenue Maximization
Various Quality Assurance activities are conducted on a regular basis that supports one or more of the categories listed above.

**Principle Outcome Category 1 – Contract Performance Measures**

The Contract Performance Measures category addresses the measures listed within our contract with the Department of Children and Families. These measures are adjusted annually due to the targets negotiated at the time of contract renewal and/or through initiative identification at the state or federal level.

**Principle Outcome Category 2 – Internal Strategic Quality Goals**

The Internal Strategic Quality Goals category is based on the critical areas and has been defined to consist of four major strategic quality goals for 2014-2015:

1. To meet or exceed the established contract outcome measures
2. Utilize Data Reports to monitor length of stay in care and focus on cases that remain as ‘open’ status beyond twelve (12) months as well as plan for the provision of services regarding cases that are approaching twelve (12) months in care.
3. Improve quality of case management supervision; and timeliness and quality of all documentation.

Quality Assurance activities related to this category include:

1. Shelter Tracking
2. Multiple Data Reports
3. Supervisory Reviews/Documentation
4. Incident Report Analysis
5. Foster Home Licensing File Reviews
6. Monitoring Subcontracted Providers
7. Case Practice Reviews
8. Psychotropic Medication Reviews
9. FSFN Validation
10. Child Exit Surveys
11. Federal Funding Compliance
12. Random Validation of Eligibility – Federal Funding
13. Client Relations Activities / Complaints

These activities are described in detail in Section VIII.

**Principle Outcome Category 3 – Case Practice Review Findings**

The Case Practice Review Findings category addresses the quality of case practice as prescribed by the Florida Department of Children and Families and applies to both in home and out of home cases. The purpose is to provide Case Management unit data that will aid in the service delivery.

Detailed process explanation of the case practice review is provided in Section VIII.
Principle Outcome Category 4 – Fiscal Management / Revenue Maximization

The Fiscal Management / Revenue Maximization category addresses internal tracking regarding Title IV-E, TANF, Relative Care Giver, Non Relative Caregiver and Medicaid and consists of validation of the data in FSFN.

The Sarasota Family YMCA, Inc.’s Revenue Maximization Unit consists of one (1) Supervisor who is supervised by the Senior Director of Data Services. The Supervisor has direct supervision of Two Revenue Maximization Specialists II and One Revenue Maximization Specialist I, who are assigned all duties associated with federal funding, for the 3 Counties (DeSoto, Manatee, and Sarasota). Responsibilities are assigned via caseloads and consist of all out of home care clients, equally distributed.

To ensure on-going training and technical assistance activities comply with changing federal requirements, the Supervisor participates in the Revenue Maximization Statewide conference calls, facilitated by DCF Central Office. All information received is communicated to all Revenue Maximization Specialists.

All SunCoast Regional trainings are attended by staff assigned to the Revenue Maximization Unit and all attend the state wide conference. The SunCoast Region or Central Office Revenue Maximization Specialists provides technical assistance upon request.

VII: Quality Management Activities

The Sarasota Family YMCA, Inc. conducts a large number of quality management activities on a daily, monthly, quarterly and annual basis. The information gained from these activities is collected via various tools and methods and is used to determine compliance and drive production. The resulting reports are shared with CBC management on a weekly / monthly / quarterly basis and with the department monthly and/or as requested. Data and reports are submitted to respective stakeholders no later than 15 days following the reporting month, unless an alternative timeline has been formally negotiated.

The Quality Management component begins with continual review of the day-to-day operational data, and numerous quality management activities (outlined at the conclusion of this section). Quality Management is the on-going review of data to ensure that required contract outcome measures and internal benchmarks are met. If an area is determined to be deficient in production or non-compliant, the Senior Management Team in coordination with the Quality Management Department, the Continuous Quality Improvement Committee (which consists of representatives from all case management agencies) assumes the lead role in seeking the appropriate method to address the issue. Methods include, but are not limited to, in depth reviews of the data to ensure accuracy, development of quality improvement teams, specific studies to determine root cause, training needs, and / or general process evaluation. Through the implementation of one or more methods, assignments are made dependent upon the area of the organization that is directly affected. For example: if the CBC agency is not meeting the target for completion of home visits, the Quality Management Specialist assigned to the Quality Management Department may work directly with the Case Management units and research barriers, review FSFN entries to determine accuracy, to determine cause of non-compliance, to identify training needs and / or to evaluate the process by which home visits are completed or entered into FSFN.
The Quality Management Department is only the originating source of the method of action. Once the method is decided, the Quality Management Specialists monitor the plan to improve practice. In the instance of home visits, the Quality Management Specialists work with the Regional QA Staff, CBC Data Specialists, CBC Case Management Supervisors/Case Managers, and others continue to monitor the data systems (FSFN and SCC Data Portal) to gather data and to make recommendations for what needs to happen in order to reach compliance. Once the root cause for non-compliance or poor performance is identified, the Quality Management Department, in conjunction with Lead Agency Contract staff determines what method should be formalized to address the issue. After completion of the quality improvement process, the Quality Management Department supports performance through standardized quality assurance activities or special ad hoc studies to determine increased success and compliance. The Quality Management Specialists provide on-going technical assistance to all CBC staff, as necessary.

The following is a comprehensive list of formal quality assurance activities.

1. **Permanency Tracking**  
   **Frequency:** Monthly  
   **Process / Methodology:** This activity is designed to evaluate the case activities that have been completed to achieve permanency and to provide a specific case list for supervisory review. The goal is to systematically track the cases by length of time in care and focus on reunification / permanency. This process analyzes the shelters that occurred from date of transfer to services to present in relation to the current goal and placement type or the closure information, date closed and to whom (parent, adoption, etc.).

2. **Multiple Data Reports**  
   **Frequency:** Daily, Weekly, Monthly, Quarterly, Semi-Annually, Annually  
   **Process / Methodology:** This activity is designed to provide constant, on-going data information to all departments within the agency for the purpose of driving production. The goal is to place these issues as a priority in our day-to-day work / operations and use them as a benchmark to gauge the success of our activities in meeting the service needs of our families.

   Various sources are utilized to collect the data which is primarily captured in FSFN such as Placement data, Home Visits (verified by Face to Face forms that are signed by the caregiver), etc. Multiple “raw” data reports are posted within FSFN or on the SCC Data Portal which is available to all CBC staff for status updates and feedback. If data suggests that our compliance or production is not satisfactory or has declined, depending on the performance measure, daily monitoring may be implemented in an effort to provide on-going feedback in an effort to obtain compliance.

3. **Supervisory Reviews/Documentation**  
   **Frequency:** Monthly  
   **Process / Methodology:** This activity is designed to evaluate the case activities that have been completed to achieve permanency and to provide directional feedback to the Case Manager through effective qualitative discussions utilizing the “*Mentoring and Modeling Quality, A Discussion Guide for Case Management Supervisors*”, as needed. The goal is to systematically track the cases in need of a review by length of time in care and focus on reunification and/or permanency. Supervisory review completion is tracked on a monthly basis through FSFN to determine compliance. The process focuses on the completion of casereviews by both the Case Management Supervisor and the Program Manager.
Supervision can be tracked by entering the note into FSFN and at least one supervision contact per quarter also includes the use of the Supervision Log.

4. **Incident Report Analysis**
   **Frequency:** Monthly  
   **Process / Methodology:** This activity is designed to analyze the incident report data and identify trends or concerns. The goal is to ensure that providers are adhering to procedure, that children remain safe and that any concerning trends are identified and addressed (both internally and externally).

Incident reports, both internal and external, are collected through various sources and forwarded to the Quality Management Department. The Quality Management Department organizes the data on a monthly basis and analyzes the data based on systematic criteria or categories. Summary reports are provided to the Lead Agency Contracts Department as well as the DCF Regional Office and other key stakeholders including the YMCA Social Services committee, YMCA Board, and the Family Safety Alliance. Critical Incidents are subject to review for quality management purposes. This review may consist of Lead Agency Management personnel as well as the case manager, supervisor, licensing/placement staff, and others, as needed based on the circumstances.

Incident reports are submitted from both internal personnel and external stakeholders, mainly providers. Internal reports are submitted to the Vice President of CBC Operations, and several other management staff including the Lead Agency’s Risk Manager, as well as the QM Specialist who review the reports, and ensure that appropriate follow up occurs.

Upon receipt of the reports, the quality management department records and analyzes the data and provides a monthly summary report to the DCF Regional Office, the YMCA’s Contracts Department, CEOs, CQIC members and other key stakeholders including the Family Safety Alliance and the YMCA Board. CQIC members also assist in reviewing the information gathered in order to identify trends and areas of strength and weakness. Dependent upon the overall analysis, quality improvement activities may be initiated and document corrective actions taken to improve performance in areas found deficient in this monitoring.

5. **Foster Home Licensing Audits**
   **Frequency:** Quarterly  
   **Process / Methodology:** This activity is designed to ensure safety and maintain compliance. The goal is to ensure all documents / information contained is current and useful to the caregiver.

Foster Home Licensing Reviews are designed to evaluate the quality of foster homes and licensing practices and processes utilized in the licensing and re-licensing processes. The YMCA has chosen to review cases on a quarterly basis. The Quality Management Specialists review a minimum of twenty licensing files per quarter, files are identified for review using the random sampling methodology, with roll-up data provided to the Director of Child Welfare Operations and Licensing Supervisor on a quarterly basis. This process allows microanalysis while using cumulative data to evaluate our organization and the system of care as a whole.
6. Monitoring Subcontracted Providers  
**Frequency:** Monthly, based on risk assessment  
**Process / Methodology:** This activity is designed to maintain compliance with the various service outcome measures. The goal is to ensure all sub-contractors are meeting the assigned outcome measures and that the designated services are being effectively delivered.

The sub-contractor submits various monthly reports to the respective Sarasota Family YMCA, Inc.’s Contract Manager, within the Contracts and Grants Department. The reports are specific to the type of contract/services provided and they directly reflect progress or compliance with outcome measures. The reports are then reviewed and analyzed by the Contract Manager. If the data is consistent with the reporting requirements, the report is entered into the subcontractor report tracking application as received and filed in the subcontractor contract file. If it does not meet the contract expectation, the Contract Manager provides technical assistance to the sub-contractor to correct the report and meet the requirement. The reports may then be used to complete reports due to DCF or combined to provide management reports. The Contract Manager provides technical support to assigned providers as necessary.

Outcomes data is collected on an ongoing basis in FSFN and provided in a report to each case management sub-contractor monthly by the Quality Management Department. The individual sub-contractor performance data is cumulatively compiled on a monthly basis to determine the overall system of care performance.

- The Sarasota Family YMCA, Inc. will monitor the contracted providers in the network through a number of mechanisms. The Sarasota Family YMCA, Inc.’s Contract Managers will conduct continuous management and monitoring activities through on-site visits to providers, review of required reports and desk audits of contract requirements. Additionally, per agreement statewide with CBC lead agencies, the YMCA will rely upon the home CBC monitoring activities for residential providers when the YMCA utilizes a facility out of the local area.

- The Sarasota Family YMCA, Inc. staff will collect and analyze provider data on a monthly basis. The Sarasota Family YMCA, Inc.’s Contract Managers will review performance reports as available and will discuss any performance issues as needed with the provider and the actions the provider will take to improve performance. This will be documented in the contract file. The Contract Managers provide technical assistance as necessary.

- Each subcontract will undergo an annual monitoring by the Sarasota Family YMCA, Inc. in accordance with YMCA Policy CG-431. Providers will be required to document corrective actions taken to improve performance in areas found deficient in this monitoring.

The monitoring tools are on file at the Sarasota Family YMCA, Inc. for review.

7. **Case Practice Reviews**  
**Frequency:** Quarterly  
**Process / Methodology:** This activity is designed to identify case practice efforts and effectiveness in relation to the guidelines contained within the case practice review tool, which was designed to focus on safety, permanency, and well-being. The goal is to ensure completion of case practice activities, adherence to best practice standards, and quality
services for families. A minimum of 15 files for each of the targeted reviews will be completed quarterly using the Windows into Practice Standards for Case Management. The sample size is based on the number of children served with cases selected for review based on meeting the identified criteria established in the Windows Into Practice Guidelines for Quality Assurance Reviews for FY 2014-15.

Case Practice Reviews are designed to evaluate the quality of case management practices and processes utilized in service delivery. The Sarasota Family YMCA, Inc. will review ten cases on a quarterly basis. This process allows microanalysis while using cumulative data to evaluate our organization and the system of care as a whole.

The Request for Action process is utilized to ensure that any critical life, health, or safety threat identified during any quality assurance review is immediately addressed and resolved. If there are critical documents missing, safety concerns or other issues of concerns which need to be addressed immediately, a RFA form is completed. Critical documentation include but are not limited to: Case Plans, Judicial Review, Court orders, Medication consents/orders, Home Study, Background checks, Staffing forms, Risk Assessments, and child home visitation verification sheets. The reviewer completes the RFA form addressing each issue related to the case file reviewed and submits to the QM Team Leader or Director of Quality Management immediately to ensure that recommendations are appropriate. The approved RFA is presented immediately to the Agency Program Manager/Director to review the information, sign/date for as indication of receipt. The QM Specialist makes copy for follow-up purposes. The Provider Agency has two business days to respond to the RFA in writing, the QM Specialist ensures that Agency provides response within the time period allowed. When the QM Specialist receives the response from the provider agency, it is reviewed to ensure that each issue is adequately addressed or that an appropriate plan of action is established. (Form must be signed/dated indicating who completed the response). The completed RFA form is forwarded to the QM Team Leader, which will ultimately be attached to the completed QM Case File Review tool. The QM Specialist completes a follow-up check on the agency’s response 30 -45 days following the receipt of the RFA. The QM Team Leader tracks the RFA and follow up information. Lack of resolution of the RFA may result in action from the Sarasota Family YMCA, Inc. contracts unit.

The YMCA will conduct a minimum of two cases per quarter using Windows Into Practice Case Management Services Guidelines and CF SR Interview Question protocols and web based tools. The review will focus on ongoing child welfare case practices and will be conducted by designated QM staff that area responsible for ongoing quality assurance activities. The Quality Management Team Leader will identify and assign 2 cases for case specific In-depth reviews and stakeholder interviews.

The YMCA Quality Management Team Leader will ensure the list of cases selected for case specific interviews is unduplicated and make another random selection if the case must be discarded due to not meeting criteria for selection. The sample for each review will represent a range of permanency goals. In order to achieve this, the sample will not be a simple random sample from the entire extract.

The Sarasota YMCA will adhere to the sampling methodology outlined in the Windows into Practice Guidelines for Quality Assurance and Continuous Quality Improvement for FY 2014 -2015.
Executive Management and Regional Discretionary reviews will be completed as requested by DCF Leadership. The sampling methodology and review tools will be determined at the time of the special review request as designated by the Department of Children and Families Quality Assurance department and/or the Regional Administrator. The Quality Management Team Leader will be responsible to coordinate with the case management provider agencies to conduct reviews of critical incidents and special file requests within the timeframe requested by the Region.

8. **Psychotropic Medication Reviews**  
   **Frequency:** Continual  
   **Process/Methodology:** SCC developed a twice weekly e-mail notification to the program manager and Quality Management staff when a psychotropic medication has been entered into FSFN. This is based on the medication name, not the check of psychotropic medication box. This includes the notification if the Parental Consent or Court Order has not been selected. Quality Management staff will validate updated court orders and informed parental consent occur as required. SCC Quality Management staff will complete ten case file reviews quarterly to validate supervisory reviews are completed monthly and if any child is on psychotropic medications appropriate actions are documented.

9. **FSFN Validation**  
   **Frequency:** Continual  
   **Process / Methodology:** This activity is designed to ensure accurate data is entered into the official system of record, FSFN. The goal is to minimally achieve 95% accuracy of all data related to cases.

Based on numerous reports generated from FSFN, information is updated to maintain compliance and/or provide insight to areas of concern. Report samples include; data trends report, eligibility, legal status, fingerprints/birth verification/photographs, and ad hoc reports that address specific areas such as goals, placement, etc. For areas that are not currently tracked via the system, the supervisory review, case practice review and ad hoc target areas are validated through activities associated with each.

10. **Child Exit Surveys**  
    **Frequency:** On-going  
    **Process / Methodology:** This activity is designed to meet regulatory requirements and gain feedback from clients regarding each placement they experience. The goal is to ensure quality licensed out-of-home placements for clients.

The process outlines that Child Exit Surveys must be completed by the case manager and with any child that exits a licensed out-of-home placement that lasted thirty (30) days or more in duration. The interview form is submitted for review and filing to the Licensing Department, Records Room, and to the Quality Management Department for data collection and analysis of trends, etc. The data collected includes the name of the child, the placement, the entrance and exit date, the exit interview completion date, compliance indicator and follow up information, if applicable. A monthly summary report is provided to the CBC Senior Management Team, Case Management Program Managers, Licensing Department, Region Contract Managers and key stakeholders. The Quality Management Department review the surveys and contact Case Management staff directly, as needed to ensure adequate follow up has been achieved. Based on the data, quality improvement activities for Case Management and/or Licensing may be implemented.
11. Federal Funding Compliance

**Frequency:** Daily

**Process / Methodology:** This activity is designed to ensure that accurate placement type and eligibility data is collected and recorded accurately. The goal is to ensure 95% accuracy of all data.

The Revenue Maximization Supervisor and staff review data consisting of placement type and eligibility on a daily basis. This data is collected from FSFN Placement Change Report. This report reflects all placement changes recorded in FSFN. Eligibility information is initially entered in FSFN by the Revenue Maximization staff and then forwarded electronically to the Child in Care (CIC) Staff, Department Of Children and Families/ACCESS, who then complete the official eligibility determination in the Florida system. The CIC staff reviews the data submitted from the Revenue Maximization staff and returns the eligibility electronically from Florida (AMS) system to FSFN, at which time a paper Notice Of Case Action is also provided to the Revenue Maximization staff for the Rev Max file. Any discrepancies identified by either CIC or Revenue Maximization are immediately addressed between the two departments.

Weekly FSFN eligibility Reports are reviewed by the Revenue Maximization staff who are responsible for completing any pending IV-E, Adoption or TANF eligibilities. Monthly the Eligibility Exception report, found in the DCF Web Systems Portal, is reviewed to determine if the TANF eligibility or IV-E eligibility needs to be updated based on the placement types of the child or to renew the TANF eligibility if the current one has expired.

In order to maintain constant supervision of the Federal Funding Compliance Report the Revenue Maximization Specialist monitors the placement types within their assigned case loads and communicate electronically through FSFN any changes to the CIC staff, therefore maintaining appropriate eligibility. The Revenue Maximization Specialist are also responsible for submitting the appropriate review paperwork electronically to CIC staff, for the annual Medicaid redetermination for Non IV-E Foster Care cases.

12. Random Validation of Eligibility – Federal Funding

**Frequency:** Monthly

**Process/Methodology:** This activity is designed to assure accuracy of the Revenue Maximization files. The goal is to ensure 95% accuracy.

On a monthly basis, the Revenue Maximization Supervisor completes a random revenue Maximization file audit per Revenue Maximization Specialist. The Supervisor verifies the paperwork contained within the file against the required items listed on IV-E waiver checklist or the IV-E Adoption Subsidy check list as appropriate to the file type being reviewed.

Incomplete files or inaccuracies in paperwork is returned to the Revenue Maximization Specialist for correction.

13. Client Relations Activities / Complaints
Client relations activities and complaints are tracked via the DCF Tracker system and internal excel tracking by the Lead Agency’s Community Facilitator (Client Relations Specialist). The activities and / or complaints are received by the CBC program office via the tracker system, email, phone call or written correspondence and then logged accordingly. The issues are researched and formal response and background information is developed and forwarded to the applicable individuals. Response times are driven by the urgency of the issue; however, all inquiries require a response within two working days of receipt of activity / complaint.

A cumulative analysis is completed quarterly and consists of monthly and quarterly analysis regarding the nature of the complaint, referral source, substantiation category and basic information regarding each complaint (assignment number, date received, caller, child name, complaint inquiry type, finding, response date). The report is provided to the CEO, Executive Vice President of Social Services, Senior Vice President of CBC Operations, and Senior Management Team, as well as the appropriate case management agency. If the analysis identifies areas requiring attention, a Quality Improvement Strategy will be determined and initiated. In the event that the analysis reveals a need for training, various departments will conduct training with providers, staff or other applicable party to review appropriate process, per Florida Statute or Administrative Code.

Although the list presented above is meant to provide a comprehensive overview, quality Management activities are built into virtually every aspect of the organization. The list is fluid and changes with the production of outcomes and identified needs of the organization.

The YMCA utilizes input from and feedback to stakeholders through a variety of channels: written surveys, meetings, evaluations, monitoring and data sharing. The information gained through each avenue is cumulatively shared with the agency CEOs and Senior Management Team for discussion and action. Ideas, concerns and comments are utilized to evaluate our system of care, drive production, identify areas of strength and weakness and provide the organization with an overall means for improving our services.

Stakeholders include the children and families served, personnel, providers, Board of Directors, Department of Children and Families, key stakeholders, and community members as a whole. Each stakeholder group plays a role in the YMCA quality assurance / quality improvement activities both formally and informally. Formal processes include exit surveys for children exiting a care placement, on-going communication with the family, client satisfaction surveys, staff meetings, provider monitoring and data report exchange, monthly oversight by the board of directors, on-going data review and collaboration with the Department of Children and Families, support and guidance regarding our interaction and service to the community as a whole through stakeholder groups and task forces, and news media print, community involvement and civic feedback from the various community groups. Input from each stakeholder group plays an important role in the strategic planning and ensuring that the Sarasota Family YMCA, Inc. is sensitive to the needs of each as well as maintaining a system of care that meets the needs of the service community. Feedback is provided through newsletters, data reports, interaction with the print media, public relations efforts and an open door / information exchange policy with our CEO.

**VIII – Quality Improvement**

Quality Improvement is implemented based on the level of performance or compliance with each quality Management activity or other source. Performance and compliance is determined based
on established benchmarks and performance expectations. The indication of poor performance or lack of production is based on data reports and analysis conducted as part of the quality Management activities.

The Sarasota Family YMCA, Inc. believes that in order to strengthen our system of care, we must continually strive to:

1. Exceed our established outcomes,
2. Improve the quality of our services, and
3. Address substandard performance.

To ensure excellence and improvement, the Sarasota Family YMCA, Inc. addresses each area through a *team approach*. Once an area is identified as an area for improvement (based on performance data or reviews), the Senior Management Team in collaboration with the Quality Management department and members of CQIC review the data and determine the improvement strategies needed to achieve compliance. Technical assistance through each phase of the improvement process is provided from the Senior Management Team and the Quality Management staff. The Quality Management Staff ensures continual quality improvement through regular monitoring and reporting of the process. Technical Assistance is also provided by staff within the DCF SunCoast Regional Office.

The key to any implementation process is effective and efficient deployment. The Sarasota Family YMCA, Inc. deploys quality improvement through careful analysis of processes and resources, training, meeting technical needs, effective communication, and feedback. A Child Welfare Specialist position was redesigned in order to better connect operations, contracts, training and quality management functions. This position will help ensure knowledge of policies/procedures, identify trends and develop and deliver training based on identified gaps and needs. Overall, the system of care design will remain flexible and fluid and all Safe Children Coalition partners will be encouraged to provide ongoing feedback.

**Data Collection and Analysis**

**Data Collection:** In order to effectively address Quality Improvement measures, data collection is completed through two separate processes; external and internal. External data is collected via reports and reviews. Internal data is collected through FSFN, internal tracking processes (such as SCC Data Portal, various surveys/excel reports), case file reviews, and standardized reporting tools.

Data collection is driven by the company’s established indicators and activities contained within the QA / QI plan. The frequency of data collection occurs at various scheduled time periods based on data availability, required reports or the status of a performance outcome.

**Data Analysis:** Identifies & verifies root cause through validating the strengths, identifying the weaknesses & ensuring the quality of the process that directly drives a specific indicator determined through the quality Management activity to effectively implement the processes. The YMCA will determine the process of the analysis, ensure valid & accurate data collection, review current procedures and practices, establish desired outcomes and targets, and develop and deploy a plan of solution. For successful and continual quality improvement, the YMCA will compare the data analyzed at each interval to determine trends.
Data Display: To effectively communicate the data, the YMCA generates reports in the form of lists, tables, and graphs and/or charts as required. This information is disseminated to the Board, Department, CMO CEOs, community partners, providers, staff, CQIC members and other interested or related stakeholders.