QUALITY IMPROVEMENT PLAN
2020-2021

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I.   **ABOUT CITRUS FAMILY CARE NETWORK**

Citrus Health Network, Inc. (CHN) first started operations in 1979 as a federally funded community mental health center under the name of Northwest Dade C.M.H.C. In 2004, CHN became a Federally Qualified Health Center (FQHC) expanding its services to primary care services that currently include general, family and internal medicine; pediatrics; and obstetrics/gynecology. In 2019, CHN, as Family Care Network, was awarded the Lead Agency for Community Based Care in Miami-Dade and Monroe Counties by Florida's Department of Children and Families.

Throughout the years, CHN has achieved and maintained various accreditations:
- The Joint Commission (TJC) as an Ambulatory Care (2005), Primary Care Medical Home (2011), Behavioral Health (1987) and Behavioral Health Home Organization (2014) – Re-accreditation expected in 2020
- National Committee for Quality Assurance (NCQA) as a Patient Centered Medical Home (2012) – Re-recognition achieved in 2019
- Accreditation Council for Graduate Medical Education (ACGME) as a Psychiatry Residency Program (2015) and Child & Adolescent Fellow Program (2018) – Re-accreditation expected in 2028 and 2020, respectively.
- American Psychological Association as a Doctoral Psychology Internship Program (1988) and Post-Doctoral Psychology Residency Program (2004) - Re-accreditation expected in 2020 and 2021, respectively.

Mission

The business of helping people.

Values and Principles

Guiding the practices implemented at CHN, are the values and principles that provide guidance and vision in meeting the agency's Mission Statement. These values and principles support CHN's commitment to operating as a Total Quality Management organization.

1.   The organization has clearly defined, well understood, and mutually agreed upon purpose and task.
2.   Services revolve around the needs of the children and families in the System of Care needs.
3.   Processes cross departmental boundaries-territories are eliminated.
4.   Improvements are made by people who have the best interest of the organization at heart.

5.   Interdisciplinary teams solve system problems
6.   Employees participate in performance improvement activities(Empowerment).
7.   Managers lead and coach.
8.   Self initiative is encouraged; it is the price of success.
9.   Fear of taking responsibility is eliminated.
10. The management information system must be designed to collect statistical data rather than monitor behavior for punitive purposes.
11. Top management teams manage conflict constructively and avoid politics based on personal agenda.

Subcontracted Full Case Management Agencies

Citrus FCN has subcontracted with the following Full Case Management Agencies (FCMAs) to provide the necessary case management services to meet the needs of the children and families in the child welfare system:

1.   Center for Family and Child Enrichment, Miami-Dade County
2.   Children's Home Society, Miami-Dade County
3.   Family Resource Center, Miami-Dade County
4.   Wesley House, Monroe County

Each FCMA must submit their Quality Assurance Plan to Citrus FCN on an annual basis to FCN's Chief Quality Officer as per contract requirements. The FCMAs must demonstrate application and adherence to quality assurance best practices in their service delivery. Compliance will be assessed during annual monitoring activities.

II.   QUALITY IMPROVEMENT PROGRAM

FCN's Quality Improvement (QI) Plan is part of CHN's Performance Improvement (P.I.) Program that has been instituted at CHN since 1986 in order to ensure a consistent process through which the level of desired quality could be defined, pursued, achieved and maintained. Inherent in this concept is the creation of formal mechanisms for detecting and correcting factors which prevent the achievement of desired quality and/or outcomes. At the very foundation of these formalized mechanisms is the ongoing monitoring and evaluation of systems critical to the safety and the quality of care and services provided to the children in the child welfare system**.**

A.   AUTHORITY AND GOVERNING SUPPORT

1.   The ultimate responsibility for the quality of care and service provided lies with the Governing Body.

2. The Governing Body has the final authority and responsibility for the development and maintenance of a flexible, comprehensive and integrated P.I. Program which strives to ensure that consistently, acceptable services will be provided by the facility.

3. The Governing Body has delegated the authority and accountability for the operation of the P.I. Program to Family Care Network's Administration.

4. The Governing Body has established Family Care Network's Committee of the Board of Directors.

5. The Governing Body has made the commitment to provide the financial support necessary so that the Administration can provide the specific material resources, equipment, and personnel required.

6. The facility's Governing Body and Administration authorize all FCN Department Directors and staff to participate in the PI Program.

7. Revisions to the PI Program are made as substantive changes take place and are reviewed by FCN's Committee of the Board of Directors, as needed.

8. FCN's Committee of the Board of Directors, FCN Director, and FCN Performance Improvement Council (PIC) members receive and review PI reports.

B. OBJECTIVES OF THE PI AND QI PLAN

1. To evaluate and maintain quality care and oversight and reduce general liability by incorporating all child welfare monitoring activities, risk management, cost containment and standards compliance activities, into one, coordinated and integrated PI Program.

2. To assure coordination of all PI activities by establishing a Performance Improvement Council (PIC).

3. To assure identification and resolution of child welfare community wide problems.

4. To provide ongoing monitoring and evaluation of the child welfare system of care in Miami-Dade and Monroe Counties.

5.   To provide oversight and accountability for monitoring of the Family Case Management Agencies (FCMAs) and other contracted agencies to ensure corrective action plans are implemented, as needed.

6.   To facilitate communication and reporting among the PIC, PI committees, Administration, Departments, and FCN's Committee of the Board of Directors.

7.   To distribute results of P.I. activities to the various System of Care stakeholders.

8.   To ensure that all relevant Department of Children and Families (DCF) requirements are complied with, including DCF operating procedures.

9.   To identify FCN, FCMA and other contracted provider staff educational needs on an ongoing basis.

10. To evaluate the PI program for effectiveness and suggest improvements in methodology or structure which may further the overall purpose or fulfill the objectives of this Program.

III.   SCOPE OF QI PROGRAM

The QI Program provides oversight responsibility of all systems critical to the safety and the quality of services provided to the children and families in the child welfare system of Miami-Dade and Monroe Counties. Given the comprehensiveness of this responsibility, priority considerations have been established and they are as follows:

1.   Children in child welfare with high utilization of services;
2.   Children in child welfare identified as high risk;
3.   Those issues/activities that have major impact on children and families;
4.   Activities where failures can place the children in child welfare at the greatest risk;
5.   Activities requiring the greatest skill or attention to applicable policies and procedures;
6.   Issues that have given rise to chronic problems, unresolved by previous efforts;
7.   Activities which have been cited by external or internal monitoring activities as opportunities for improvement;
8.   Unanticipated events that demonstrate people or system failure; and
9.   Indicator development based on Department of Children and Families Performance Measures.

In addressing the targeted systems critical to the safety and the quality of care provided to the children and families in child welfare, the QI Program will utilize a monitoring system involving the collection of specific data, the interpretation and analysis of the data, the recommendation(s) for action and the follow-up documentation of actions taken. These will be carried out for both individual situations/concerns and on an aggregate basis (trend/pattern) by the Child Welfare Systems as a whole, and by FCMA, and evaluated by the QI Program

In an attempt to carry out this responsibility, FCN's QI Department has been enhanced with additional staff to meet the demands of the various case reviews as well as to enhance the reporting methods to be able to analyze data and identify trends. Activities have been structured to address three areas: monitoring and evaluation, corrective action and outcome.

A.   **QUALITY ASSURANCE (QA) CASE REVIEWS**

QA Reviews encompass one method by which provision of care and services provided by the FCMAs will be monitored and measured. The purpose of the QA case reviews at FCN is to assure that children and families in the System of Care receive accurate intakes, assessments, effective treatments, appropriate utilization of resources and appropriate, timely reunifications, as applicable. The QI/PI program accomplishes this purpose by ensuring that providers of services receive appropriate input for the maximization of the quality of care they provide.

FCN's QI Department staff will follow and comply with the Continuous Quality Improvement (CQI) processes described in Florida's Department of Children and Families Windows into Practice. CQI consist of ongoing quality reviews of child welfare practice related to safety, permanency and child well-being. This involves using two different quality assurance review tools of the Office of Child Welfare statewide quality assurance model.

1.   Quality Assurance Reviews are completed by trained FCN QI Specialists.
2.   Review samples are generated using recognized sampling methodologies and/or in accordance with Department of Children and Families (DCF) requirements.
3.   Requests for Action (RFAs) are generated to address administrative and safety concerns as described in the *Child Welfare Quality Management Plan.*

During the FY 2020-2021, the following case reviews will be completed as

detailed in the chart below:

FCN	FL PIP CFSR	RAPID SAFETY FEEDBACK	SPECIAL CASE REVIEWS
Q1 FY 20-21	4	10	Approx. 65
Q2 FY 20-21	4	10	
Q3 FY 20-21	TBD*	10	Approx. 65
Q4 FY 20-21	TBD*	10	
TOTAL	**8**	**40**	**Approx. 130**

*   PIP review requirements after December 2020 have not been determined at this time. FCN will comply with any requirements defined in the future for these types of reviews.

TYPES OF QA CASE REVIEWS

1.   Rapid Safety Feedback Reviews (RSFR):
The RSF reviews' target population is children 0-4 years old receiving in-home services. It is a review process designed to identify key risk factors of in-home cases that could gravely affect a child's safety. The state approved *Rapid Safety Feedback Case Review Instrument In-Home Service Cases Tool and Interpretive Guidelines* will be used to conduct targeted case reviews. A minimum of 10 cases per quarter will be reviewed for the following sections with corresponding items:

REVIEW ITEM
1.0 Family Assessment
1.1 Are recent family assessments sufficient?
1.2 Are they timely?
2.0 Case Manager Visits
2.1 Quality of visits between case manager and child(ren)
2.2 Frequency
2.3 Quality of visits between case manager and child's mother
2.4 Frequency
2.5 Quality of visits between case manager and child's father
2.6 Frequency
3.0 Background Checks and Home Assessments
3.1 Are they completed when needed?
3.2 Is the information assessed and used to address potential danger threats?

4.0 Safety Management
4.1 Is safety plan sufficient?
4.2 Is safety plan actively monitored?
5.0 Supervisory Case Consultation and Guidance
5.1 Is supervisor regularly consulting with case manager?
5.2 Is supervisor ensuring recommended actions are followed up on?

2. Federal Child & Family Services Reviews (CFSR):
A random selection of cases is received from the Office of Child Welfare at the start of the quarter. The review period goes back a year prior to the present review date. This review is conducted to ensure conformity with the Federal child welfare requirements and to gauge the experiences of children, youth, and families receiving child welfare services. This review focuses on three main sections: safety, permanency, and well-being. A minimum of 4 cases per quarter are reviewed. These CFSR case record reviews require stakeholder interviews with the child (if age appropriate), biological parents, case manager, and any other parties to the case.

CFSR Item	Item Description	CFSR Baseline	PIP Target
Safety Outcome 1 - Children are, first and foremost, protected from abuse and neglect.			
1	Investigations: child victims seen timely	91.50%	95%
Safety Outcome 2 - Children are safely maintained in their homes whenever possible and appropriate.			
2	Services to prevent entry or re-entry into foster care	76.50%	85%
3	Risk assessment and safety concerns	71.30%	77%
Permanency Outcome 1 - Children have permanency and stability in their living arrangements.			
4	Placement Stability	81.80%	88%
5	Permanency Goal Established Timely	74.50%	82%
6	Permanency Goal Achieved Timely	67.30%	75%
Permanency Outcome 2 - -The continuity of family relationships and connections is preserved for children.			
7	Siblings Placed Together	85%	NA
8	Child visits with Family	69%	NA
9	Preserving the Child's Connections	82%	NA
10	Placement with Relatives	72%	NA
11	Promote and/or maintain positive relationships with parent	60%	NA
Well-being Outcome 1 - Families have enhanced capacity to provide for their children's needs.			

12	Assessment of needs and services provided for children, parents, and foster parents	51.30%	58%
12A	Assessments and Services for Children	88%	NA
12B	Assessment and Services for Parents	55%	NA
12C	Assessment and Services for Foster Parents	80%	NA
13	Children and Parents involved in Case Planning	63.60%	70%
14	Caseworker Visits with Child	72.50%	78%
15	Caseworker Visits with Parents	43.50%	51%
Well-being Outcome 2 - Children receive appropriate services to meet their educational needs.			
16	Child's Educational Needs	92%	NA
Well-being Outcome 3 - Children receive adequate services to meet their physical and mental health needs.			
17	Child's Physical Health and Dental Needs	85%	NA
18	Child's Mental Health Needs	72%	NA

Samples Selections:
Sample size and parameters for Rapid Safety Feedback and Federal CFSR are determined annually by DCF and delineated in *Windows into Practice*.

Review Tools:
The web-based review tools for Rapid Safety Feedback and Federal CFSR Reviews are determined by DCF and delineated in *Windows into Practice.* Review results are entered into corresponding data base systems.

Feedback/Consultations:
Consultation were provided and will continue to be provided to the FCMAs after each case review with the FCMA case manager, supervisor and QA staff, as defined in *Windows into Practice* and included coaching. The FCN QI Staff have been assigned to each FCMA agency to be accessible as consultants specializing in Safety Methodology practices.

Results and Continuous Quality Improvement :
Results of *Windows into Practice* reviews are child welfare systemic in nature and are thus used to inform the Citrus FCN/Southern Region/Florida *CFSR Performance Improvement Plan.* This plan and its activities are implemented throughout the state at the region, agency and partner agency levels.

AGENCY SPECIAL/DISCRETIONARY REVIEWS.

1. Special Reviews
   Special Reviews are completed as requested by Citrus FCN Director and/or Leadership Team. Citrus FCN special reviews are completed as

needs are identified due to practice-related complaints or concerns and in any transition of services from one contracted provider to another.

During FY 2019-2020, Citrus FCN was required to conduct special case reviews because of a settlement agreement by the Department in the case of HG vs Mike Carroll, prior to Citrus FCN becoming the CBC Lead Agency. The special case reviews began to be conducted in January 2020 and include a 90/10 sample for cases in licensed care as defined in the lawsuit and selected by the Office of Child Welfare. These case record reviews require stakeholder interviews with the child (if age appropriate), biological parents, case manager, and any other parties to the case. The agreement included requirements for substantial compliance with the following three outcomes:

Outcome 1 – of all children entering out of home care in a 12 months period, the rate of moves from a placement setting shall not exceed 4.12 moves per 1000 days.

Outcome 2 – 90% of cases reviewed of Class Members shall be in a placement settings that at the time of the review is stable, incorporated from item 4 of the CFSR Onsite Review Instrument and Instructions, and any changes in placement setting that occurred during the periods under review were in the best interests of the child and consistent with achieving the child's permanency goal(s).

Outcome 3 – 90% of cases reviewed of Class Members during the period under review shall have their mental and behavioral health needs addressed, calculated utilizing the methodology outlined in the audit process of the agreement and incorporated from item 18 of the CFSR Onsite Review Instrument and Instructions.

In addition, there were three placement commitments as follows:

Placement Commitment 1 – Defendant shall cease placing Class members in any hotel, motel contracted service provider, or any state agency office unless in extraordinary circumstances necessary to protect the safety and security of the child.

Placement Commitment 2 – Foster homes may not exceed their licensed capacity without a capacity waiver being approved by the Regional Managing Director (RMD) of DCF for one of the following reasons: a) to accommodate sibling groups; b) to accommodate a child or sibling group who had lived in the home previously; or c) to

accommodate a teen parent to have his or her child placed in the same home.

Placement Commitment 3 – No Class Member under the age of six will be placed in a shift care setting without the approval of the RMD based on one of the following: a) to prevent the separation of siblings, b) to prevent the separation of a parenting young adult and child; c) court order; or d) extraordinary treatment of service needs.

As per DCF, Florida CQI Child and Family Service Reviews items 4 and 18 are required to be reviewed as per the settlement and will be reported on via the State database. FCN's QI staff will conduct a full case review of the selected cases and complete an internally developed quality case review tool for internal QI purposes.

2. Discretionary Reviews
    Discretionary Reviews are scheduled based upon OFIs identified by the agency's ongoing CQI activities. Discretionary reviews are subject to change due to new or changes in agency priorities.

B. **CBC SCORECARD MEASURES FOR SOUTHERN REGION FOR FY 2020-2021:**

Scorecard Measure	Goal
Rate of abuse or neglect per 100,000 days while in foster care	8.04
% of children not abused while receiving in-home services	95%
% of children with no verified maltreatment within 6 months of termination of supervision	95%
% of children under supervision seen every 30 days	99.5%
% of children exiting out of home care to a permanent home within 12 months of entering care	40.4%
% of children exiting out of home care to a permanent home in 12 months for children in out of home care 12-23 months	43.7%
% of children who do not re-enter out of home care within 12 months of moving to a permanent home	91.7%
Average number of placement moves per 1,000 days in foster care	4.12
% of children in out of home care who received medical services within the last 12 months	95%
% of children over the age of 3 in out of home care who received dental services within the last 7 months	95%
% of young adults exiting out of home care at age 18 who completed/are enrolled in secondary education, vocational education or adult education	80%
% of sibling groups where all siblings are placed together	65%

For all of the reviews conducted and scorecard measures, the target goals are based on the minimum rate to achieve compliance. Practice trends in the different monitoring activities for the first fiscal year in operations for FCN, identified areas needing improvement. As a result, Citrus FCN has implemented quality improvement practices and principles within FCN and in collaboration with the FCMAs to work towards achievement of satisfactory compliance rates.

Data will be generated and presented to the FCN Leadership via the Performance Improvement Council, FCN Committee of the Board of Directors, FCMA Leadership and QA Managers, and other stakeholders, as applicable.

IV. STRUCTURE/COMMITTEES

To ensure that the above principles have been adhered to, and to provide for the monitoring and evaluation of the quality and appropriateness of care and services, committees have been established as part of the overall P.I. Program to provide oversight, problem resolution and evaluation.

FCN's QI/PI Program is under the directive and oversight of FCN's Committee of the Board of Directors and Director of FCN. CHN's Chief Quality Officer reports directly to the CEO and FCN Director and is responsible for ensuring the implementation and practice of QI/PI principles throughout the day to day activities of FCN. QI activities are designed to be integrated within the operations of the organization in order to maintain a culture of Total Quality Management.

A. PERFORMANCE IMPROVEMENT COUNCIL (PIC)

The Performance Improvement Council (PIC) at FCN was established by FCN's Committee of the Board of Directors and FCN's Administration to take up the delegated authority and responsibility for the development, coordination and evaluation of a comprehensive QI/PI Program. The PIC oversees the monitoring and evaluation of the quality and appropriateness of systems critical to the safety and the quality of care and services provided to the children and families; identifies and resolves problems; reviews and approves the work of the Performance Improvement Teams (PIT); and studies outcomes and provides follow-up. The coordination and integration of all the Performance Improvement (PI) committees is the responsibility of the PIC. This includes quality improvement and risk management activities, as well as the responsibility for the quality and appropriateness of care provided to the children and families within the Child Welfare System of Care. This is accomplished through ongoing monitoring of activities and functions performed by FCN.

FAMILY CARE NETWORK
CITRUS HEALTH NETWORK, INC.
QUALITY IMPROVEMENT PLAN

1. **Membership**:
    The PIC is composed of an inter-disciplinary team of key staff including: CHN's Chief Executive Officer, CHN's Chief Operating Officer, FCN's Director, CHN's Chief Information Officer, CHN's Chief Quality Officer, CHN's Communications Director, FCN's In-House Counsel, FCN's Intake Director, FCN's Director of Placement and Licensing, FCN's Director of Programs and Services, FCN's Chief Financial Officer, FCN's Director of Adoptions and Youth Services and FCN's QI Manager. Additional supervisory staff will be invited to participate in PIC meetings, as applicable. The Director of FCN serves as the Committee Chairperson. The Chief Quality Officer directs and coordinates all PIC activities and summaries, and reports findings from QI/PI monitoring activities to the PIC, Administration, and FCN Committee of the Board of Directors.

2. **Meetings:**
    The PIC meets at least monthly and as often as deemed necessary by the chairperson.

3. **Activities:**
    a. Frame, supervise, and integrate all QI/PI matters, and communicate necessary corrective action(s) to FCN Department Directors, PIC, Administration, and/or FCN Committee of the Board of Director.
    b. Mandate corrective action implementation, when necessary.
    c. Integrate data by reviewing problem-related information from all sources and by directing the use of such data.
    d. Monitor corrective actions through to resolution and follow-up outcome.
    e. Develop policies and procedures which ensure the provision of quality care with on-going improvement and interdepartmental resolutions.
    f. Provide clinical and administrative leadership with timely useful information to enhance problem solving and systemic planning.
    g. Provide feedback to reporting individuals, committees and/or groups.
    h. Establish Performance Improvement Teams to work in specific areas as needed to continuously improve the quality of care provided.
    i. Work within the FOCUS PDCA model (refer to section VI.)
    j. Review reports of monitoring activities and develop corresponding recommendations, corrective actions or plans for maintenance.

k.   Monitor the effectiveness of corrective action plans which have been implemented.

l.   Incorporate relevant findings of all regulatory agencies and accrediting bodies into the QI Program corrective action procedures.

m.   Conduct special studies of identified problems with systems critical to the safety and the quality of care and services provided

n.   Recommend procedures for service record maintenance and ensure that details are recorded in the proper manner and that sufficient data is present to evaluate the quality of care and service provided to the clients and their families.

o.   Review, develop, and implement procedures for corrective action when deficiencies or deviations from acceptable standards are recognized for a particular FCMA or other contracted provider or a process involving many providers.

p.   Information is disseminated through PIC Committee minutes and memorandum to FCN Directors, FCN staff, Administration and FCN's Committee of the Board of Directors.

B.   QUALITY IMPROVEMENT DEPARTMENT

The QI Department consists of the Chief Quality Officer, QI Manager, QI Coordinator, four QI Specialists, QI OTI/ICPC Specialist, QI Data Analyst Specialist, QI Data Integrity Specialist and QI Support Staff. The QI staff have specific functions/specialities that define their day to day activities and they include, but are not limited to:
1.   Missing Children Specialty
2.   OTI/ICPC Specialty
3.   QI Lead Case Reviewer
4.   Data Analytics and Performance Measures Specialty

All of the QI Specialists, QI Coordinator and QI Manager are trained and competent to conduct the required QI Case Reviews.

The QI Program was established at FCN:
- To report ongoing QI activities to the PIC and FCN Committee of the Board of Directors.
- To review data and report pertinent findings of QI monitoring activities including quarterly analysis of DCF Outcome and Performance Data.
- To report findings and recommendations resulting from on-going case reviews and monitoring activities.
- To oversee compliance monitoring activities of FCMAs.

- To report findings and progress made in compliance with DCF's Federal Review Performance Improvement Plan

Reporting on monitoring activities:

1. The PIC is concerned with:
   - ensuring that monitoring activities are ongoing and in accordance with the defined standards of care for carrying out the activity.
   - being available to interpret and evaluate pertinent findings that are beyond the authority or expertise of the department/committee.
   - considering recommendations as a result of standing committee activities and process improvement teams that are beyond the authority or expertise of the department/committee/team to implement.

2. The QI Department staff will:

   a. Collect data minimally on:
   - DCF Performance Measures,
   - Case review findings and identified trends,
   - stakeholders' satisfaction survey results,
   - incident reports,
   - complaints,
   - psychotropic medication use,
   - other performance measures as required by contractual agreements.

   b. Review the data on a monthly and/or quarterly basis to:
   - identify problematic cases;
   - develop improvement plans based on results;
   - develop action plans and ensure they are implemented;
   - identify trends in the data collected or processes being reviewed; and
   - present findings to pertinent committees, Leadership, FCMAs and DCF, as applicable.

   The quarterly monitoring reports will be presented to PIC. Any significant findings and recommended plan of actions will be reviewed and approved by the PIC.

   c. Direct and coordinate the PIC meetings, present reports for review and recommendations and submit the minutes for those meetings.

    d. Conduct stakeholder satisfaction surveys on an on-going basis, at least one time per year per program.

   3.   The Chief Quality Officer or designee will report all findings to the PIC and FCN Committee of the Board of Directors, minimally on a quarterly basis.

C.   QI Committees/Meetings

Various meetings are held and attended by FCN's QI staff throughout the year:

- <u>Quarterly DCF Regional Director CQI meeting</u> – includes DCF, FCN QI Department and FCMA QA Department staff. Held to review DCF's Performance Improvement Plan and other pertinent matters.
- <u>Monthly CQI FCN and FCMA meetings</u> – include minimally FCN QI Department and FCMA QA Department staff – held to review upcoming policies, review scorecards and progress made in PIP items.
- <u>DCF QA Manager's Meeting</u> – hosted by DCF Office of Child Welfare quarterly meeting and includes DCF Regional, FCN and other staff. These meetings are held to address and collaborate on Federal and State QI initiatives and processes.
- <u>CEO Roundtable Meetings</u> – hosted by FCN's Director and attended by FCN Director, CHN CEO and other identified leadership.
- <u>FCN/CLS Meetings</u> – hosted by Children's Legal Services and includes monthly meetings between both parties to develop action plans for identified items.
- <u>Special Focus Meetings</u> – hosted by FCN and held to address specific topics of concern as identified and requested by FCN's Leadership, FCMAs or other stakeholder.

V.   PROBLEM IDENTIFICATION
The process of problem identification is carried out by all FCN staff, with regular monitoring of those areas which have the greatest impact on the quality of care. By regularly monitoring and evaluating systems critical to the safety and the quality of care and services provided, problems effecting the maintenance of acceptable quality will be identified. The type of data to be evaluated will be determined by the information needed and should accurately reflect the systems of care that the committees or departments are concerned with. Emphasis will be placed on utilization of existing data sources to complement actual record reviews.

Examples of data sources for identification of problems or opportunities are:
- FSFN case records

- Results of the ongoing monitoring of the systems critical to the safety and the quality of care and services provided at the FCMA or PIT level
- Mortality/morbidity reviews
- Findings of PIC activities
- Incident reports
- Trending analysis
- Stakeholder comments, complaints and grievances
- Results of stakeholder satisfaction surveys
- Staff development activities
- Data obtained from staff interviews and observation of FCMA activities
- Results of FCMA and contracted agencies monitoring activities

A. **PRIORITIZATION OF PROBLEMS OR OPPORTUNITIES TO IMPROVE CARE**

While several areas of concern may be identified, it is agreed that efforts in problem analysis and resolution must be prioritized. In-depth assessment will be continued for those identified problems which have the greatest degree of adverse impact on the services provided to the children and families in child welfare and that can be expected to upgrade care should the problem be resolved. Committees and/or individuals responsible for P.I. activities will prioritize identified problems according to the following criteria:

- accessibility of care
- appropriateness of care
- continuity of care
- timeliness of care
- safety of the environment of care
- effectiveness of care
- efficacy of care
- stakeholder perspective issues

B. **ASSESSMENT METHODS**

Many different methods may be used to assess problems by staff and committees. The use of pre-established criteria in an audit format is utilized, as well as simple number counts, ongoing monitoring and/or group consensus. The goal of the problem assessment process is to uncover the problem's source and magnitude in order to facilitate the development of an effective and efficient action plan in a timely manner.

Problem assessments may be done on a prospective, concurrent or retrospective basis; the method chosen is dependent upon the type of analysis desired and the timeliness of the information sought or needed.

Causes can often be grouped under one of the following four categories:

1. *Knowledge/skill problems:* Staff involved may have insufficient training, orientation, or experience to provide the required service according to standards of care. Policies and procedures and/or standards and expectations may be poorly articulated or communicated.

2. *Performance problems:* Assuming an adequate level of knowledge and preparation, problems may be the result of poor motivation, neglect of responsibilities, low staff morale due to management practices, poor time management, etc.

3. *Resources problems:* Failure to provide good quality care may be indicative of insufficient staff, equipment, or space resources.

4. *Process problems:* A problem is identified in a process that involves a variety of providers and interdisciplinary teams may be needed to resolve the issue.

Corrective actions need to be tailored to the analysis of the factors contributing to the problem, which may often be a combination of the several of the above. Corrective action often involves one or more of the following:

1. Implementation or modification of oversight and/or monitoring
2. Adjustment of responsibilities and/or practices
3. Staff education and training
4. Policy and procedure changes at service and administrative levels
5. Re-allocation of staff, equipment, and/or space resources
6. Staff disciplinary action
7. Development of a Process Improvement Team

As noted earlier, it is the intent of the organization that problems be addressed at the level of the organization at which they are found and in a timely manner. When problems cannot be adequately addressed at those levels, they are to be reported successively to the PIC for recommendation and/or resolution.

C. **PROBLEM SOLVING ACTIVITIES** (required whenever necessary)
    Problems or "variations from acceptable practice" may be grouped in two ways: those identified during ongoing monitoring activities or those identified during the routine functioning of the Departments. Both may be analyzed and resolved using the problem-solving activity.

    The first step in the problem-solving activity is to validate the existence of a

variation from acceptable practices. A one-time occurrence, not expected to re-occur, may not warrant further study or problem solving. A well-documented variation from acceptable practice or established departmental standards policy or procedure will require problem resolution.

Problem resolution must be specific to the problem identified and must include a plan for re-analysis of the issue to ensure elimination of the problem. Documentation of problem solving activities and resolutions shall be maintained by the QI Program.

D.   FOLLOW-UP EVALUATIONS (required for problem solving activities)

1.   Whenever a problem-solving activity is completed, a plan for follow-up should be documented. Follow-up evaluations should be done at the time specified during the original problem-solving activity. The evaluation process is part of the "CHECK" in the FOCUS PDCA model.

2.   Follow-up evaluations include:
   a.   continued review of related performance measures and/or quality indicators to identify positive changes
   b.   formal studies
   c.   observations, interviews and questionnaires
   d.   if the follow-up evaluation does not show positive impact, problem-solving activities must be repeated. Unless otherwise established, such repeated activity is the responsibility of the individuals, programs, or departments who identified the problem/issue initially.
   e.   documentation and reporting of follow-up evaluations to PIC in the required format and in accordance with the reporting schedule outlined during the initial problem-solving activity.

E.   REPORTING SYSTEM
The results of all QI information will be reported by the Chief Quality Officer to:
1.   FCN Committee of the Governing Body
2.   FCN Director
3.   Chief Executive Officer
4.   Performance Improvement Council members

F.   RESULTS OF MONITORING AND PROBLEM IDENTIFICATION
The PIC, Administration, QI Department and/or any other specific committee carrying out monitoring activities will use the monitoring results and problems identified to continually enhance and improve the quality of the system of care by:

1. identifying practices that should be changed and monitoring revisions
2. identifying standards that need review and revisions to ensure validity and agreement
3. identifying staff skills to be upgraded through appropriate supervision and in-service training, and ensuring that improvement has occurred
4. identifying preventive actions to reduce environmental safety hazards, risk of negligent acts while making less the potential liability for FCMAs and FCN
5. identifying processes that need revisions to result in improved quality of services

VI. MONITORING AND EVALUATION OF THE SYSTEMS CRITICAL TO THE SAFETY AND THE QUALITY OF CARE, TREATMENT AND SERVICES PROVIDED

A. OVERVIEW

Monitoring is a systematic and routine process of information collection over a period of time. It involves the gathering and review of important and relevant data. This includes those systems critical to the safety and the quality of care, treatment and services provided which are high in volume, high risk, or areas which are problem prone. The systems that are chosen to be monitored need to reflect and be representative of the actual care being delivered.

Monitoring encompasses the area of quality and appropriateness of care. It looks at ongoing issues and processes, not simply the documentation of the daily administrative tasks or problems. Monitoring is a process that must be integrated facility-wide through an ongoing system. It is distinguished from other systems of measurement not so much by what is measured as when it measures it. That is, monitoring evaluates the present and not the past, and is continuous. The monitoring of staff competencies is conducted through regular supervision.

As stated previously, constant monitoring and evaluation of components of the entire System of Care is necessary to ensure that it is effective and in compliance with all applicable DCF standards, policies, procedures and other external requirements. In implementing the monitoring and evaluation system, emphasis will be placed on:

*   Identifying and minimizing service related problems that may influence a negative outcome.
*   Identifying and maximizing opportunities to improve services provided.
*   Identifying and minimizing the frequency of unexpected adverse events that may occur.

- Identifying and minimizing faulty processes that impact service outcomes.

Methods:
- Identify indicators and set thresholds of evaluation/performance.
- Compare results of monitoring to indicators and thresholds.
- Compare results of monitoring to other Lead Agencies to measure FCN with DCF standards and practices.

The monitoring and evaluation process incorporates the FOCUS PDCA Model as a means to evaluate Important Aspects of Care and the action plans as developed by PITs.

The monitoring and evaluation process is designed to help the organization's QI Program use their resources by focusing on high-priority quality of care issues. To accomplish this, the process involves the following:

1. Identification of the most important systems critical to the safety and quality of care, treatment and services provided.
2. The use of measurable indicators to systematically monitor these systems critical to the safety and quality of care, treatment and services provided in an ongoing way;
3. Evaluation of the care when thresholds are reached in the monitoring process to identify opportunities for improvement or for correction of problems in the quality of care;
4. Taking actions to improve care or correct problems and evaluating the effectiveness of these actions.

Restated at the FCMA level, FCN's activities will include to:
- **F**ind a process to improve
- **O**rganize to improve the process
- **C**larify current knowledge of the process
- **U**nderstand the sources of process variation
- **S**elect the process improvement
- **P**lan the improvement
- **D**o the improvement process
- **C**heck the results
- **A**ct to hold the gain and continue working on the process.

B.   FOCUS PDCA MODEL

FCN's QI/PI Program will conduct ongoing monitoring and evaluation activities

utilizing the FOCUS PDCA Model to:
- ensure high-quality care to the children and families of the System of Care
- pursue opportunities to improve care provided to the children and families of the System of Care
- promote ethical responsibility within the System of Care
- contribute to cost-effectiveness within the System of Care
- enhance compliance with Federal and State regulatory and accreditation requirements.

The results of these efforts will result in the development of important systems critical to the safety and quality of care and services provided, as well as indicators and thresholds of evaluation/ performance levels for:
- System of Care performance improvement activities, and
- FCMAs and other contracted agencies performance improvement activities.

On an ongoing basis, committees and FCMA staff will monitor and evaluate the quality and appropriateness in accordance with established performance measures and criteria. In any case where problems/opportunities to improve care can be implemented at the FCMA, this is accomplished. Data is aggregated on a monthly and quarterly basis utilizing systems that have been developed for this purpose. This aggregate data is presented to Administration and/or Committees, and when problems are identified, is reviewed by the PIC. Any questions or discrepancies or unclear data are resolved with the FCMA involved and reported back to the PIC. The PIC reviews the data submitted to ascertain what monitoring and evaluation has been completed and if it is in an acceptable range; if not, that corrective action has been taken for aggregated data or individual problems.

When data presented to the PIC uncovers a problem or an issue that should be reviewed further, the PIC may request the formation of a PIT of involved individuals that meet to resolve the problem and report to the PIC findings and follow-up.

As part of FCN's overall evaluation, the PIC conducts evaluation**s** and reappraisals of the QI/PI program via FCMA reports, standing committee reports, and PIT reports that are presented to the PIC and FCN Committee of the Board of Directors for their review and any further recommendations.

C.   ANNUAL APPRAISAL OF QUALITY IMPROVEMENT PROGRAM

The QI/PI program and the quality and appropriateness monitoring process will be evaluated on an annual basis by the FCN Committee of the Board of Directors. Reports provided to the PIC and Governing Body assist in the development of new goals and objectives for the upcoming year. The following areas will be addressed in the Annual QI/PI Reappraisal:

Program Effectiveness
The QI/PI Program is integrated with FCN's goals and objectives.
1.   Summary of revisions, changes or additions to policies and procedures based on functions.
2.   Evaluation of FCN's goals and objectives based on evaluation criteria.
3.   Identification of problems that were identified through QI/PI activities.
4.   What corrective plans occurred throughout the year to address the problems.
5.   What areas will be addressed in the upcoming year regarding QI/PI problem identification.

Program Processes
1.   Have changes in care and services provided occurred over the last year, or are changes to the care and services provided anticipated over the coming year? If yes, please describe.
2.   Are any changes warranted in the delineation of systems critical to the safety and quality of care and services provided?
3.   Are changes needed in data collection processes in order to improve QI/PI data accuracy, timeliness or completeness? If yes, what changes are proposed?
4.   Are changes warranted in the established review and QI/PI communication processes? If yes, what changes are suggested?
5.   Are changes to the QI/PI activities needed to assure consistency between the written description and the actual program activities? If so, have these recommended changes been submitted?
6.   What major changes or accomplishments have been achieved this past year?

D.   2020-2021 QI PLAN
Results of the data analysis for the various measures from case reviews and the Scorecard are described in detail in the Annual CQI Plan for 2020-2021. FCN recognizes that several of the measures reported on for fiscal year 2019-2020 do not reflect the impact of FCN as the CBC. Due to the

measures being calculated oftentimes from data going back 12 months, and even as far back up to 24 months, the majority of the data represented the efforts of the prior CBC. As a result, throughout fiscal year 2019-2020, FCN chose to implement several activities that had been presented during the CBC ITN process and identified as a need during the transition period to improve the system of care within the Southern Region.

These activities demonstrate a multi-faceted approach to address the various areas of concern, based on established best practices or evidence- based practices, when available. They impact in one way or another, directly or indirectly, the various measures and involve not only Citrus FCN but different stakeholders within the system of care. These activities represent the 2020-2021 action plan as the majority of them were not implemented long enough during the 2019-2020 fiscal year to make any significant impact on the various measures reported. Due to the date ranges of the measures, these activities' impact on the measures will not be seen until end of 2020-2021 fiscal year or the year after, 2021-2022.

1. <u>Development of Children's Reception and Intake Base (CRIB) sites</u>
    CRIBs were created by Citrus Health Network in collaboration with Citrus FCN to provide a safe, child friendly and child focused environment to welcome children during a removal episode. Services include:
    A. Addressing child's basic needs such as hygiene, nutrition and provision of basic supplies for the child's transition.
    B. Transitional Trauma Therapists (TTT) to aid the child and family with the trauma of removal either at the site of removal or at a CRIB site, to contact the biological family to gather pertinent information, to conduct a screening triage to determine the child's needs in out of home care, to contact relative or non-relatives, and to attend the shelter hearing on the day following the removal to provide support to the child and enhance engagement between the biological family and foster family.

    PLAN: Citrus FCN has been collecting monthly utilization data on the CRIB and TTT services being provided and will continue to do so. However, Citrus FCN is collaborating with FSU in collecting the necessary data to establish the CRIB as an evidence based practice. Part of the current process is developing the necessary

elements for adhering to the fidelity monitoring.

For the 2019-2020 FY, program goals included:
- Delivery of CRIB spaces in the Miami-Dade region – 3 sites were developed.
- TTT services to respond to removals, provide interventions at the CRIB, and provide support to families – during FY, data collection process was pending finalization
- CRIBs to deliver basic needs to child at CRIB (hygiene, nutrition, duffle bags with supplies) - 140 families/219 children
- TTT presence the following day at shelter hearing to serve as liaison between foster and bio families while providing support to recently removed child/ren – during FY, data collection process was pending finalization

The measures developed for FY 2020-2021 are:
1. TTT will participate in 100% of DST staffings
2. TTT and/or BHT will provide services on 75% of removals
3. TTT will triage and administer the Screening Triage Form with Mental Status Examination on 95% of children coming to the Children's Reception and Intake Base
4. TTT will participate on transitional calls with foster families on 90% of the cases
5. TTT will participate at 90% of the shelter hearings to support biological and foster family/relatives/non-relatives

2. <u>Enhancement of Foster Parent Recruitment Efforts to Increase Licensed Care Capacity</u>:
Investing in a data-driven recruitment process to enhance current licensed care capacity:
A. branding efforts;
B. Contracted with a marketing agency experienced in child welfare to build brand awareness and support foster parent recruitment;
C. Built internal capacity by growing the Foster Parent Recruitment Team and adding an additional staff focused on marketing and communications to further develop and implement communications and Established a regular and robust social media presence to highlight recruitment activities, partnerships, events, awareness topics, and themes.
D. Initiatives implemented include launching public service

announcements, conducting extensive community outreach and grassroots efforts, further developing network with faith-based communities, establishment of a recruitment warm line, data driven recruitment for targeted populations in greatest need of placements, dedicated relaunch and maintenance of Quality Parenting Initiative (QPI) activities by engaging stakeholders throughout the system of care, and increased collaboration with the Foster Adoptive Parent Associations throughout the Southern Region.

PLAN: During FY 2019-2020, Citrus FCN increased their foster home capacity by 80 new homes from July 2019 for a total of 429 foster homes by July 2020. Citrus FCN's bed capacity increased by 115 new beds from July 2019 for a total of 950 beds by July 2020. During FY 2020-2021, Citrus FCN plans to add an additional 100 new homes with a target net gain of 20 new homes and 40 new beds.

3. Enhancing Placement Processes for Achievement of Stability:

   A. Hired Family Finders with the primary responsibility to search for relatives, fictive kin and/or siblings of children at risk of entering or currently in licensed foster care, primarily for placement but also to connect each child with a family member or someone in the child's own network, so that every child may benefit from lifelong connections.

   B. For children in in-home care to provide support services to relatives and non-relatives.
      - Contracted with Kinship Navigator Program.
      - Implemented use of Family and Court Support Team to contact families when children are initially removed, attend court hearings and meet with the caregivers at the Children's Court House, explain caregiver benefits, assist with Access application process and explain Level 1 Licensing process.

   C. For children in out-of-home care to provide support services to foster parents:
      - Implemented use of the Foster Parent Support Team, which includes Foster Parent Liaisons who are assigned to foster parents to provide relational based retention activities, training and opportunities to promote the recognition of licensed caregiver accomplishments, and exceptional customer service

and responsiveness to support foster parents in providing quality care

D. Developed policies on completion of Placement Assessments at time of child coming into licensed care or movement in licensed care;

E. Established weekly Placement Committee Multi-Disciplinary Staffings to support the FCMAs to assist with fragile placements and/or proactively plan for transitions to another placement;

PLAN: Data to continue to be collected on utilization of Family Finders and Kinship Navigators services. Family Finders were hired later in the 2019-2020 FY. Data will be collected during the first quarter of FY 2020-2021 to determine appropriate measures for the FY. Kinship Navigators provided quarterly utilization data and number of families served and status of closures with focus on Level 1 Licensure throughout FY 2019-2020. Due to COVID-19, data collection will continue to be received and assessed for appropriateness during FY 2020-2021 to determine appropriate goals.

4. Strengthening Permanency Processes:
    A. Provided training to the FCN Permanency Specialists. Responsibilities include assisting with the permanency process, tracking staffing participation and completion of staffing, monitoring cases where permanency was not achieved timely and addressing barriers with FCMAs.
    B. Provided training to FCMAs, Children's Legal Services, Defense Attorneys, Guardians at-Lidem, etc. on Safety Methodology best practices to establish a common foundation related to permanency throughout the Southern Region.
    C. Established monthly FCN Permanency Meetings with participation from the FCMAs. Committee responsibilities include:
        *   Developing policy and procedures collaboratively with the FCMAs, CLS and DCF to address needs of children in out-of-home care up to 12 months, 12 to 23 months, and 24 or more months.
        *   Developing a standardized form and process for documentation of permanency staffings at the agreed upon months in care.
    D. Developed workgroup consisting of a variety of staff from

FCN Departments, DCF, FCMA, and CLS with the goal of improving performance measures related to permanency. Workgroup activities completed during the fiscal year include:

- conducting a root cause analysis to identify the different barriers in the current system of care impacting permanency;
- identifying measurable action plans with goals for the identified barriers;
- identifying data collection and reporting methods for measuring progress towards goals.
- Measuring progress overtime and reporting to the different stakeholders.

E. Formalizing process for inclusion of Adoption Department staff for cases with goals of adoption and/or filed petitions for Termination of Parental Rights.

PLAN: The Permanency Workgroup was developed late in the third quarter of the FY. An action plan tracking tool was developed based on the different barriers identified by the workgroup. The main activities of the workgroup and FCN has been to apply the QI principles outlined in this plan:

- identify action plan items for the different barriers;
- identify goals; and
- identify data methodology.

The workgroup began the process of monitoring compliance for the items with identified data methodology. Thus far, data has been collected on a monthly basis since April 2020 and will continue to be monitored during FY 2020-2021 for:

- Compliance with Permanency Staffings by agency.
- CLS participation in Permanency Staffings.

A scorecard based on the permanency workgroup activity is being developed to facilitate the monitoring of the different activities.

5. Enhanced Behavioral Health Department:
   A. Established policies for the completion of Comprehensive Behavioral Health Assessments (CBHA).
   B. Implemented process and policy where the Behavioral Health Manager reviews all intake reports and coordinates all services through Citrus FCN's Behavioral Health

Coordinators.

C. Established weekly Youth Planning Team Meetings facilitated by the Behavioral Health Manager to address the needs of youth meeting specific criteria that includes but is not limited to:
- Chronic elopement history;
- Multiple psychiatric hospitalizations;
- Under the age of 10 with a psychiatric hospitalization;
- Under the age of 10 with an elopement incident; and
- Use of long term one-to one Behavioral Health Technician services.

D. Hiring an Adoption Clinician under the Adoption Department to work with all post adoption cases where adoptive parents are experiencing behavioral health issues with their youth. Services include short-term counseling and linkages and/or referrals for temporary higher levels of placements.

PLAN: Lack of compliance with behavioral health related measures have led to the need to focus on the development of policies to ensure the system of care expectations are clearly defined. Although Behavioral Health data is currently being collected, it is a very time consuming process and the priority for fiscal year 2020-2021 is to develop the necessary electronic data collection methods to facilitate status of referrals generated to allow for improved tracking. This is planned for development via the use of the Stabilify software in the winter/spring of 2020-2021.

6. <u>Enhanced Services for Foster and Transitioning Youth</u>
   A. Established Youth Advisory Council (YAC) to solicit feedback from youth ages 13 to 23 who have a history in child welfare in Miami-Dade and Monroe. .
   - The Goals of the YAC are:
     - Provide recommendations/ input/ feedback to enhance or support the organization, in general, and the Youth Services department, in specific.
     - Provide recommendations/ input/ feedback to enhance or support the child welfare system of care system's delivery of services.
     - Conduct Outreach in the community to support the organization's efforts in terms of recruitment of foster and adoptive parents.
   - Citrus FCN's YAC is seen as a model for other

Community Based Care Lead Agencies around the State of Florida.

B. Increased staffing of the Transitioning Youth Services (TYS). Department to better serve the largest TYS population in the state.

C. Continuation and expansion of the Family Unification Program (FUP),

- FUP is an initiative in partnership with Citrus Health Network's Housing Department, and the Housing Authorities for the Cities of Hialeah and Homestead.
- The program provides Housing Choice Vouchers to:
    o Families for whom adequate housing is a primary factor in the imminent removal of the family's child(ren) or the delay in reunification.
    o Eligible young adults between the ages of 18-24 who have or will age out of foster care and are homeless or are at risk of becoming homeless.

PLAN: The goals for the program are being met for 2019-2020 (Program runs November to October) as detailed below. This is the second year of the program.

- 80% of awarded vouchers will receive a referral/ recommendation from the Citrus FCN FUP Review Committee by July 2020. Goal was surpassed (85%)
- 75% of families/ youth approved by Housing Authorities will "move in" into a housing unit by November 2019. Goal is pending to be achieved.

Progress thus far:
- 70 Vouchers awarded (37 Hialeah Housing Authority; 33 Homestead Housing Authority)
- Number of referrals received since 1/1/2020: 91
- Number of recommended families/ youth sent to the Housing Authorities: 59
- Number of recommended families/ youth submitted to the Hialeah Housing Authority: 31 out 37 vouchers)
- Number of recommended families/ youth submitted to the Homestead Housing Authority: 28 out of 33 vouchers
- For Year II, due to COVID-19 related issues and concerns, as per HUD guidelines recommended families/ youth are not moving into new housing until September 2020

7. Enhanced Array of Prevention Services
   A. Established the Child Welfare Integration and Support Team (CWIST) created by Citrus Health Network in collaboration with Citrus FCN to respond to the needs of families while promoting integration of behavioral health services, substance abuse services, and child welfare systems.
      - The CWIST consists of Subject Matter Experts (SME) that assist the Department during the investigation by providing clinical case reviews, case consultations, joint responses, and brief assessments to aid in safety determination.
      - The CWIST also consists of Family Navigators that provide care coordination to families under investigation by engaging and linking caregivers and monitoring adherence to treatment recommendations.
   B. Enhanced Child Welfare Prevention Providers' abilities to assess family functioning and address the broader needs of the children and family that are affecting the children's safety, permanency, and well-being.
      - Implemented the North Carolina Family Assessment Scale- General and Trauma/Well-Being Scales (NCFAS-G & T/WB), a well-demonstrated tool for child welfare with increased focus on trauma.
         o The NCFAS-G, with the T/WB scales, allows for further gathering and organization of information that assist in identifying needed changes, help in the development of family service plans and strategies, and aid in Identifying family strengths and resources that can be mobilized to promote protective factors.
   C. Enhanced Safety Management Services(as part of the continuum of prevention services) by centralizing those services that control the conditions that make children unsafe while helping to manage caregiver behavior and/or emotions or replace caregivers responsibilities when caregivers are unable to protect or care for their children.
      - Increased Safety Management Services frequency in the home and augment community coordination with counseling and parent skills training in the home utilizing evidenced-based practices the Family First Act.
      - Implemented utilization of NCFAS-G &T/WB to allow for further gathering and organization of information to

identify needed changes, identify family strengths and resources to assist in the development of the Family Functioning Assessment Ongoing (FFA-O), Case Plan, and Progress Updates.

PLAN: This service was created in January 2020. Citrus is in the process of identifying methods of evaluating outcomes of the clinical and family navigators activities. Data collection of the NCFAS is being developed within Citrus Health Network's electronic health record and is pending to be released in September 2020.

8. Enhancement of Data Collection
Implemented use of several of Stabilify's Software products to enhance the Southern Regions ability to gather real time data and analyzing capabilities. Several of the activities described in this section will be tracked within Stabilify's system.

PLAN: FCN to continue working with Stabilify in the enhancement of needed features and platforms within the Stabilify system to enhance FCN's and FCMA's ability of analyzing real time data.

9. Other activities
In addition to activities mentioned thus far, other activities requiring meetings with different stakeholders, policy development and monitoring include, but are not limited to:
A.   Management of Sibling Groups
B.   Diligent Search Process
C.   Permanency Staffings

All of the above mentioned topics are in different phases of development. As real time data methodology is identified, they will be included in monthly or quarterly reporting summaries.

VII.   TRAINING ACTIVITIES

Although separate departments, the FCN Training Department and FCN QI Department collaborated throughout the year as areas of need for improvements were identified to ensure training was available and provided. The Quality and Training team worked together to support case managers and supervisors. Quality team and training team co-trained case management field staff on safety planning, CFSR and quality documentation. Case consultations were held and debriefed side by side with training and quality team to discuss opportunities for improved performance and highlight good practice work. Quality staff engaged training staff in planning and development of new Quality processes around supervisory reviews,

score-card measures, permanency planning, and staffing processes.

Citrus FCN has embraced the Florida Practice Model as the state endorsed modality to be utilized by all field staff. For fiscal year 2019-2020, Citrus FCN contracted with Action for Child Protection to develop and implement a case management supervisory proficiency model. The goal of this partnership was to assess and enhance supervisor skills and competency in the practice model through a structured process and provide a path to proficiency for case management supervisor staff that meet criteria. In addition to the proficiency process, Action for Child Protection provided on-going trainings in the practice model, case consultations, and technical assistance in an effort to develop competencies of all frontline staff. Trainings topics included the following:

1.   Case Management Supervisor Case Consultation
2.   Developing Sufficient Safety Plans
3.   Assessing and Scaling Caregiver Protective Capacities
4.   Assessing and Scaling Child Needs
5.   Crafting Case Plan Outcomes
6.   Writing a Sufficient Family Functioning Assessment
7.   Back to Basics Training
8.   55 learning circle case consultations were delivered

Details of trainings received by each of the FCMAs are available in the Annual CQI Report.

With all of the training provided throughout the FY, Citrus FCN still did not see significant improvements in the different measures. An identified trend across all the FCMAs was the consistent high non-compliance rate in item 5.1 and 5.2 in the RSF Case Reviews under the Supervisory Case Consultation and Guidance Section although significant amounts of trainings were provided for supervisors. (Refer to Annual CQI Report for details.) For this reason, although on-going trainings will continue to be provided for the enhancements of case management and supervisory skills in the 2020-2021 FY as per FCN's Training Plan, the FCMAs volunteered to have an additional focus on the application of QI practices.

Citrus Health Network's QI Department developed a training plan for the FCMAs for FY 2020-2021 on QI Principles that will include providing consultation on various QI activities within each agency until they are proficient in the application of QI principles and methodology across the organization. In addition, FCN Leadership as well as FCMA selected staff will be encouraged to complete the Six Sigma Yellow Belt Certification as an additional step towards becoming proficient in QI practices. It is the goal of Citrus FCN for the system of care to be knowledgeable in the application of QI practices in order to be able to make sustainable improvements in the different measures identified as non-compliant. This is a process that will be implemented throughout the FY.