



Family Integrity Program Quality Assurance and Management Plan 2020-2021



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Introduction and Background

The St. Johns County Board of County Commissioners Family Integrity Program (herein referred to as “FIP”) is a division within St Johns County’s Health and Human Services Department. The Health and Human Services (HHS) department also contains the county’s Social Services, the Housing and Community Development, and the Veteran’s Services divisions. The SJCBOCC initially received the contract to provide dependency case management services in 2003 and the Family Integrity Program was established. The contract was renewed in 2019 for five years, expiring in 2024. FIP is responsible for dependency case management services, In Home Non-Judicial services, foster care licensing, contract management, adoption and post-adoption services and independent living services. In April 2019, FIP finalized the contract with Devereux- Family Builders program to begin to provide safety management services to cases that have been determined to be eligible for these services by the Department of Children and Families (DCF). This contract was renewed for the 2020-2021 fiscal year.

The Family Integrity Program’s system of Quality Assurance and Continuous Quality Improvement is designed to ensure services are provided to children and families consistent with the Department of Children and Families’ contract and service delivery model, and in compliance with state and federal law, administrative rule, and DCF operating procedures. Additionally, FIP employs the concepts of evaluating and improving the system in a shared decision-making model; crises and reactive thinking are replaced by ongoing, data-driven evaluation and planning at the case and system levels.

Overall, the agency’s Quality Assurance and Quality Improvement process continues to involve staff across all levels throughout FIP and the St. Johns County Health and Human Services Department. The Quality Services (QS) department continuously gathers and analyzes data to make improvements to services and processes when compliance is not met or when safety/security issues arise. FIP promotes the philosophy that everyone is a member of the Quality Assurance and Continuous Quality Improvement team, including stakeholders, families, children, caregivers, foster parents, and FIP staff at all levels. FIP works collaboratively with community stakeholders (including DCF, service providers, and child and family representatives) to define the indicators of success; review and enhance the quality management data collection and reporting system/process; and periodically review performance and institute changes at the system and case levels, ensuring continual improvement. The agency’s relationship with stakeholders is integral to determining systematic strengths and areas for improvement. Currently, the QS department works to identify local systematic trends through performance data, surveys, and collaboration through boards and meetings. Local systematic concerns are addressed with community providers to enhance the services provided to the individuals served through FIP and other organizations. The HHS Director and FIP Program Manager sit on numerous boards and attend community meetings to develop positive relationships and, when necessary, develop action plans regarding identified needs.

FIP has a centralized yet program specific data collection system used to support the quality management system. Performance data is analyzed on a continual basis by the Quality Services staff, which is then reported to management at FIP. In addition, case review and scorecard data is analyzed on a quarterly basis to support organization-wide planning and correction of problem areas in regards to case management efforts and performance.

The Quality Services staff tracks trends within the data outcomes and reports to DCF Administration, St. Johns County Health and Human Services Executive Team, and FIP Management, in regard to client outcome data that is consistent with the federal ASFA domains, and other state mandates, including the specific performance measures outlined in the contract with DCF. The QS department also examines satisfaction data from providers, the courts, DCF and other community stakeholders to identify and remedy areas of weakness or concern. The agency engages all consumers in an ongoing evaluation of services, and encourages input and shared-decision making in a community-based model to provide direction for improvement processes. National data indicators, specifically regarding the Performance Improvement Plan outcomes, are monitored and applied to the agency's performance outcomes to ensure the agency is performing to national standards. Data received concerning national data indicators from the Office of Child Welfare is discussed during management meetings; data is analyzed and CQI activities can be developed based upon these areas identified as not meeting national standards.

The agency's internal quality improvement process includes, but is not limited to:

- A plan for quality improvement which is clear, concise, accurate and provides direction for end users and management;
- Evaluation of FIP's internal processes for compliance with Department contract requirements;
- Evaluation of FIP's internal processes for compliance with statute, rule, regulation, and policy; and,
- Evaluation of client and stakeholder satisfaction.
- Conducting periodic reviews of the service delivery process, in compliance with the Office of Child Welfare (OCW) guidance and standards
- Review progress and deficiencies among the various activities related to quality assurance and develop necessary plans to ensure improvement
- Develop policies and procedures based upon agency needs and requirements
- Track and analyze systematic and national data trends to ensure performance is positive and aligned

Description of QA Staff Resources and Infrastructure

The Family Integrity Program is the lead agency for St Johns County and there are no Case Management Organizations (CMO) within or managed by the agency. The responsibility for the Family Integrity Program's Quality Assurance and Performance Quality Improvement efforts reside with the St. Johns County Health and Human Services Director, the FIP Program Manager, the Health and Human Services Finance and Contracts Manager and the Health and Human Services Quality Services Supervisor. The Health and Human Services Finance and Contracts Manager directly supervises the Quality Services Supervisor; two (2) Quality Services Specialists and the agency's Nurse Care Coordinator (NCC) are directly supervised by the Quality Services Supervisor. The NCC was moved into the QS unit in 2019, after it was determined by agency management that this would be a best practice approach. The Quality Services Supervisor and Quality Services Specialist positions require a Child Welfare certification through the Florida Certification Board, as a "best practice" approach to ensuring the staff has adequate knowledge regarding child welfare practices. The Quality Services

employees are considered “blended” positions, which serve the Family Integrity Program primarily, but also provide quality improvement activities and oversight to the Health and Human Services’ Social Services department, Housing and Community Development department, and Veteran’s Services department. The Quality Services unit did add an additional Quality Services Specialist in February 2020, although this position works strictly with the Housing and Community Development department and does not provide any monitoring activities for FIP. Due to the Quality Services Supervisor position being a “blended” position, the third Specialist is supervised by the QS Supervisor.

The Contract and Finance Manager, in addition to supervising the Quality Services Supervisor, supervises the Contract Coordinator, the Federal Funding Specialist, and the FIP Accounting Technician. The Finance and Contract Manager coordinates with the DCF Contract Manager and is the point of contact for all contractual obligations. Additionally, the DCF Contract Manager works directly with the QS Supervisor when the need arises.

Performance and Quality Improvement Activities

For the Family Integrity Program, the Quality Services unit conducts activities throughout the year to ensure practices are aligned with safety, permanency and wellbeing for the children and families served. These activities, outlined below, ensure that these practices are upheld and identify areas needing improvement.

➤ Description of Reviewing Standards

- The HHS Quality Services staff will serve as the lead for the reviews for the Family Integrity Program. Reviews will be completed by the Quality Service Specialists. The Quality Service Specialists will consult with the Quality Service Supervisor concerning the reviews; the Quality Service Supervisor will approve the reviews after completion. In the event additional assistance is needed, unit supervisors and/or additionally certified QS reviewers may be asked to participate.
- The QS Supervisor will ensure when assigning a case file for review, the reviewer does not have any direct or previous involvement with the management or supervision of the case for the entire period under review. A Conflict of Interest Statement will be completed on PIP monitored case reviews.
- All staff who conducts reviews must complete the DCF QA Reviewer Training and CFSR/ FL-CQI training before participating in a review.
- All reviews will be completed by the 5th of the month following the end of the previous quarter in which the case was assigned for review.
- The QS Supervisor will compile and analyze the data obtained from the review on a quarterly basis. The data will document the degree of compliance with each standard, and be summarized at the agency level.
- Quarterly reports will include both summary and detailed data, and will be provided to the HHS and FIP Management.
- Each Case Management Unit is responsible for addressing deficiencies and items that warrant Performance Quality Improvement activities.
- The QS department will work with FIP case managers and supervisors to ensure the process of reviews and other CQI activities are known and understood.

- The QS department will provide technical assistance, which could include training, to the Case Management staff as needed.
- **Rapid Safety Feedback Reviews (RSF)** - Case file reviews are designed to evaluate the quality of case management practices and processes utilized in service delivery. Specifically, the RSF reviews have been designed to flag key risk factors in In-Home services cases that could gravely affect a child's safety. The goal is to ensure completion of case practice activities, adherence to best practice standards, and quality services to ensure that children can safely remain in their homes. RSF case file reviews will be conducted and focus on children ages birth up to five years old, receiving in home services with a parent.

The sampling methodology will align with the Office of Child Welfare's Continuous Quality Improvement guide, *Windows into Practice*. Due to FIP being one of the smaller Community Based Care (CBC) agencies, eight (8) file reviews will be conducted, per quarter. The cases reviewed would include children served through the In Home Non-Judicial unit that are determined to be "unsafe" and also through the Dependency Program, whether the child is placed through post placement supervision following reunification or through a "direct filing" of a dependency petition. The sample will be pulled from the report titled "Children Receiving In Home Services Daily" located in the Business Objects reporting system. Any sampling methodology changes and discards will be described and addressed in the Annual Report. Additionally, the QS Supervisor will pull this report on a bi-weekly basis to determine if there are any active investigation on open cases; cases with an active investigation are reviewed, utilizing the RSF tool, as a tier one criteria. The QS team may review more than eight cases per quarter, depending upon this criteria, as there may be cases that are reviewed after the initial eight cases if open investigations exist.

In adherence to *Windows into Practice* guidance, feedback will be provided to the agency's case manager and supervisor on an individual basis through a face-to-face case consultation. The consultation will include the Dependency Case Manager (DCM), the DCM's direct supervisor, the QS Supervisor, and the QS Specialist; the FIP Program Manager will be notified of each consultation and has the option to attend. A Quality Management Progress Report identifying the case strengths, areas of improvement and items missing from the file will also be provided to the case manager and their direct supervisor. A chronological note will be entered by the QS Specialist in the FSN case with results from the review and the consultation.

Noted deficiencies in the case will result in a Request for Action (RFA). RFAs will be issued if an immediate safety threat is identified during the reviews or if there are significant areas identified as needing improvement; parameters regarding when to issue an RFA are outlined in the review tool. All RFAs are documented in FSN and tracked through the QS department as to tasks required and date of completions.

- **Florida's CQI Reviews (FL-CQI)** – The FL-CQI adopts the Federal CFSR qualitative case reviews items and measures. For the Family Integrity Program, the FL-CQI will be completed on 14 cases selected each six month period; this sampling methodology and review period aligns with the state's reporting period to the Children's Bureau regarding the Performance Improvement Plan initiatives and monitoring. Each quarter, there will be five (5) file based FL-CQI reviews, and two (2) "In Depth" file reviews, which include stakeholder interviews. In the second quarter, the agency will review one (1) PIP monitored case, which

will take the place of an In Depth FL-CQI review. The agency's PIP reporting will terminate in December 2020 and no additional PIP monitored cases will be conducted, although In Depth reviews will continue to occur. The cases selected for the FL-CQI cases will be through a random sample, generated by the AFCARs submission and provided by the Office of Child Welfare for Out of Home cases and through the RSF sample, located in the Business Objects Reporting Environment, for In Home cases. These reviews will be entered exclusively into the federal Online Management System (OMS). The cases selected will follow a 60/40 split with 40% of In Home cases and 60% of Out of Home cases selected per quarter, which is approximately five out of home cases and three in home cases.

In Depth file reviews will occur on one In Home case and one Out of Home case each quarter. Stakeholder interviews on the In Depth reviews will include, but are not limited to, case managers, supervisors, service providers, parents, Children's Legal Services (CLS), and other essential case participants. The QS Specialists will make every effort to interview the stakeholder in person, as this is the preferred method.

As with RSF file reviews, feedback on FL-CQI reviews will be provided to the agency's case manager and supervisor through a face-to-face case consultation. The consultation will include the Dependency Case Manager (DCM), the DCM's direct supervisor, the QS Supervisor, and the QS Specialist; the FIP Program Manager will be notified of each consultation and has the option to attend. Quality Management Reports will be completed and provided to case management, supervisors, and the Program Manager on each FL-CQI completed. Requests for Action will be issued if there are immediate safety concerns noted during the reviews. Quarterly data will be analyzed and provided to FIP's management team to identify strengths and areas needing improvement.

➤ **Federal Child and Family Services Review (CFSR) PIP Monitored Cases**

In 2016, the state participated in a two-phase, "state conducted" review process in which quality assurance and improvement staff, both through DCF and the CBCs conducted the onsite reviews, in partnership with Children's Bureau staff. Due to the state's overall performance, which was determined through the 80 case reviews completed, the state continues to work towards the Performance Improvement Plan (PIP) goals to enhance the state's performance regarding the CFSR outcomes. The Family Integrity Program is scheduled to complete one PIP monitored case file reviews in the 2020-2021 fiscal year as the Children Bureau extended the State's Performance Improvement deadline to December 2020, due to the COVID-19 pandemic. These reviews are conducted using the same process that the CFSR reviews utilized. The agency was not asked to complete additional case reviews in the 2019-2020 fiscal year although, the agency is prepared to conduct additional PIP monitored case reviews, if requested by OCW.

➤ **Request For Action**

The agency has a system in place for ensuring critical threats to a child's safety or wellbeing are addressed immediately. When the QS Specialist responsible for reviewing the case determines there is a safety or administrative issue, a Request for Action Form is completed which documents the unresolved concerns and case specific and demographic information. The form is routed to the Quality Services Supervisor. The QS Supervisor reviews the document to note the issues of concern and within the same workday, forwards the

document to the case manager and their supervisor responsible for the case. The case manager will have a set number of days from the date the form was submitted to FIP, to review and resolve the issue. This date will be determined by consultation with the case manager, their supervisor, and the QS Specialist/ Supervisor. The form, along with supporting documents, if necessary, will be provided back to the QS Specialist that reviewed that case and QS Supervisor. If there is a need to react immediately to ensure the child is safe, the case manager and/or the QS Specialists will ensure the appropriate action is taken immediately. FIP then either approves the actions taken or re-submits the form to the case manager’s supervisor requesting additional information or follow-up. This process continues until the issue is satisfactorily resolved. Additionally, when any threat to a child’s life, health, or safety is identified during any other quality assurance activity, the same procedure will apply. Safety concerns are tracked until the concern is resolved. An RFA chronological note will also be entered and resolved in FSN by the QS Specialist.

An internal spreadsheet is kept to ensure timely resolutions and to determine if certain trends need to be addressed, either through training or through individual employee actions.

➤ **Schedule of Case Reviews**

The following schedule of reviews is based upon data pulled by the Office of Child Welfare, Data Reporting Unit, as of July 2020. The schedule of reviews is also located in the 2019-2020 Guidelines for QA Review “Windows into Practice.” As of the writing of this plan, the new 2020-2021 Windows into Practice had not yet been released, therefore the QS unit will be conducting reviews based upon the previous year’s guidance and schedule. There have been no significant changes in populations of children being served and the same number of reviews will continue to be conducted, until further guidance by the Office of Child Welfare is received.

2019-2020 Schedule of Reviews					
Q1					
CBC Lead Agency	Florida CQI Reviews	Florida CQI In-Depth Reviews	PIP Monitored Case	Rapid Safety Feedback Reviews	Total Quarterly Reviews
Family Integrity Program	5	2	0	8	15
Q2					
CBC Lead Agency	Florida CQI Reviews	Florida CQI In-Depth Reviews	PIP Monitored Case	Rapid Safety Feedback Reviews	Total Quarterly Reviews
Family Integrity Program	5	1	1	8	15

Q3					
CBC Lead Agency	Florida CQI Reviews	Florida CQI In-Depth Reviews	PIP Monitored Case	Rapid Safety Feedback Reviews	Total Quarterly Reviews
Family Integrity Program	5	2	0	8	15
Q4					
CBC Lead Agency	Florida CQI Reviews	Florida CQI In-Depth Reviews	PIP Monitored Case	Rapid Safety Feedback Reviews	Total Quarterly Reviews
Family Integrity Program	5	2	0	8	15

In addition to the above schedule of file reviews, the QA team will also be responsible for quarterly and annual reports and reviews, as outlined below.

Quarterly:

➤ **Supervisory Reviews**

The Dependency Case Manager Supervisors (DCMS) are required to complete supervisory reviews on all open cases at least every 90 days and once per quarter. The reviews are required on 100% of cases within their designated unit and should occur on cases opened a minimum of 30 days. These reviews are separate from the required Supervisory Consults, which are reviewed by QS staff during RSF and FL- CQI reviews. The DCMS will utilize the internal supervisory discussion tool, or other similar, approved document to guide their reviews and discussions. The main focus of the reviews will ensure the elements of safety, permanency and well-being are being addressed for all children via proper case management procedures.

Supervisory Review Audits, conducted by the QS department will occur and adhere to the following standards:

- On a quarterly basis, the QS department will gather data regarding supervisory reviews that were completed during the preceding quarter. The data gathered will include:
 - Number and percent of supervisory reviews completed by the Dependency Case Manager Supervisor
 - Number and percent of supervisory reviews completed by the agency
- On a quarterly basis, the QS department will randomly select a minimum of five (5) Supervisory Review notes completed per Unit Supervisor and conduct a qualitative

review. An internal audit tool has been created to ensure consistency of these audits.

- A copy of the audit tool, completed by the QS Specialist and reviewed by the QS Supervisor, will be provided to the agency's Program Manager. The audit tool will be completed by the QS department by the end of the first week, following the end of the quarter.
- The Program Manager is responsible for reviewing the completed tool and disseminating the tool to the supervisors. The Program Manager will be responsible for ensuring deficiencies are addressed with the supervisors by developing action plans, trainings, or through other means to improve in performance.
- The QS department will, as requested, provide supervisory review performance data to the HHS Director.

➤ **Contract Monitoring- Devereux Family Builders**

The QS department is responsible for ensuring that the contract with the Devereux- Family Builders program is monitored and the program adheres to the performance measures outlined in the contract. A monitoring plan has been developed and was sent to the HHS Contract Manager and Devereux's management for transparency regarding the monitoring expectations.

As outlined in the monitoring plan, the QS department will review a minimum of 50%, not to exceed a total of ten, of the cases that received services during the preceding quarter. After consultation with Devereux's management, a monitoring tool was developed which adheres to the expectations of the agency and the contract. This monitoring tool, which was developed during the previous fiscal year, will be utilized during this current fiscal year. Any changes to the tool will be reflected in the Monitoring Plan; an updated plan would be provided to the HHS Contract Manager and Devereux's management.

At the end of each quarter, a sample of cases will be determined and Family Builders will provide the hard copy file to the QS department for review; in addition to reviewing the physical file, the FSFN component of the case will also be reviewed. The sample will be pulled from a listing of cases served by the Family Builders' program, which is received by the QS team through monthly emails. The review of the case files will be completed, signed off by the QS manager, and then distributed to both FIP and Devereux management by the 30th day of the month proceeding the quarter being reviewed. Any noted ongoing deficiencies will be discussed with Devereux management and a corrective action plan could be developed.

➤ **Incident Reporting**

The Quality Services team is responsible for receiving and tracking all client and employee related incidents. Internal policies have been created in regards to incident reporting and grievance procedures. Client incidents are input through the DCF Web Portal Incident Reporting System (IRAS) and documented through an internal incident report. The incidents are collected by the QS department and reported to management on a quarterly basis;

trends are analyzed to determine program performance. Employee incidents are collected through the St Johns County Personnel Department and are composed departmentally to be analyzed and reported on. These procedures are aligned with COA standards.

➤ **Grievances**

The Quality Assurance team is also responsible for collecting and tracking all client and employee grievances. The grievance procedure for clients served is outlined in both a Parent and a Caregiver Handbook that is provided to all parents and caregivers served by FIP. A foster parent manual is also provided to all foster parents, outlining this procedure as well. All grievances are handled through FIP management and the HHS director, when necessary; monitoring is through the QS department. DCF Tracker complaints, Inspector General (IG) reports and county wide grievances (collected through a system called "PRIDE") are all monitored by the QS department. The QS department also assists management when the grievance necessitates it. Grievance reports are also analyzed and reported to management on a quarterly basis to determine trends related to the agency.

➤ **Quarterly Partnership Meetings**

FIP Management, DCF Contract Specialists, the Regional Director and other stakeholders meet quarterly to discuss performance measures, corrective action plans, the DCF Score Card, agency performance, and any other concerns. The QS Supervisor provides data and performance measure outcomes to the Contract Manager upon request in preparation for these meetings. The QS Supervisor attends these quarterly meetings to provide additional information regarding the discussed topics, when necessary.

➤ **Continuous Quality Improvement Activities**

Each month, the Quality Services Supervisor meets with FIP management to discuss CQI activities and performance; typically this meeting coincides with the weekly supervisory meetings held with FIP management. Areas that have been identified are based on areas needing improvement discovered while performing case reviews, from COU/ Council on Accreditation (COA) monitoring, scorecards, and requests from FIP Supervisors. Identification of gaps in performance, evaluation of successes, and root cause analysis are conducted by the QS department regarding various performance outcomes and indicators. All areas found to be in need of improvement, the QS department will be responsible for developing action plans, updating or developing policies and/ or procedures, developing tools to assist staff, and identifying training needs for staff; specific strategies will be dependent upon the outcome and best possible identified solution. The agency's management will assist the QS department with the development of specific strategies; feedback from frontline staff will also be taken into account to ensure that all employees are involved in improvement efforts. The QS department will continuously monitor data after strategies have been implemented to determine whether or not the activities were successful, or if additional activities are needed.

Continuous quality improvement projects, successes and determinations have been previously outlined in the agency's annual report; the 2019-2020 CQI activities' results have been submitted with the agency's annual report, due in August 2020. Areas of focus that have been identified for this upcoming year are:

- **Case Planning (CFSR Item #13)** - The agency has failed to meet the PIP target in this measure and declined in performance from previous years. There has been a steady decline in this item over the past two fiscal years, with the current year's performance being the lowest performing in comparing the previous five years. In reviewing the specific cases that received an "area needing improvement" rating, there continues to be a noticeable trend in the lack of documentation regarding communicating with the child about the case plan goal. This is thought to be correlated to the consistent poor performance in Item 14, case worker visits with children, as an overall lack of quality visits with children are being observed. The QS team conducted small group training and provided a tip sheet regarding the expectation surrounding the CFSR tool during the previous fiscal year and have fully implemented the "CFSR checklist" for all case files. Expectations regarding speaking to the child about the goal, in clear, age appropriate language has been and will continue to be conveyed. Future trainings regarding this topic are being researched and this item's performance will be monitored and analyzed throughout the year.
- **Case manager Visits with Children (CFSR Item #14; RSF item 2.1)** – This item failed to meet the PIP target for the 5th year and had a decline in performance from the previous fiscal year. Additionally, performance in this area on the Rapid Safety Feedback reviews have become stagnant with no improvement in this item from the previous fiscal year. Numerous strategies have been previously implemented, with no impact in improvement. In the 4th quarter of the 2019-2020 fiscal year, the agency implemented a new strategy in which case management supervisors are to review 100% of all home visit notes for the case managers in their units. In reviewing every home visit note, supervisors are checking for note quality, including documenting private, one-on-one conversations with children are occurring, as well as monitoring for other elements. Supervisors are tracking this on an internal spreadsheet that was created and providing this tracking spreadsheet to the QS unit for monitoring purposes. Any additional action items for this measure will be included in the agency's PIP plan and reported to the region.
- **Caseworker Visits with Parents (CFSR Item #15; RSF items 2.5 & 2.6)** - Another area the agency will be focusing on improvement efforts for the upcoming fiscal year is in the area of caseworker visits with parents, specifically regarding fathers, as seen on both the FL-CQI reviews and on the RSF reviews. Historically, the agency has struggled in this item, with the exception of the 2018-2019 fiscal year's data, in which improvement was seen. This was after a significant push from management to frontline staff regarding parental engagement; additionally, trainings with nationally renowned speakers was held, which highlighted the importance of parental engagement. Due to the agency's historical poor performance in this measure, the QS unit has developed a strategy in which case management supervisors are responsible for tracking parental contact for each case, per case manager, on a monthly basis. These spreadsheet are then tracked by the QS unit every month for discrepancies, trends, or barriers. The frequency of contacts is being analyzed, through these tracking spreadsheets and frontline staff feedback, to determine barriers; it is believed that if barriers surrounding the frequency of contacts are alleviated, better rapport could be established with parents, therefore increasing the quality of the contacts.

- **Background Screenings and Home Assessments (RSF Item 3.1)**- One area that the agency did not see improvement in again from the previous fiscal year and failed to meet the state average was in ensuring background checks and home assessments are sufficient and appropriately responded to when addressing potential danger threats. The QS team has tracked this area over the past fiscal year to determine trends; it was determined that the main issue was surrounding updating the home assessment/ progress update at critical junctures. Previous fiscal year poor performance in this area was due to a lack of background screening, although this appears to have improved, but a lack of timely home assessments drove this item's performance down. A reference sheet regarding when to complete progress updates/ home assessments was created and disseminated to staff. Additionally, this area is discussed with each case manager and their supervisor at RSF case consultations. Other action items are in discussion with management.
- **Safety Planning (RSF Item 4.1)** - The agency did see an improvement in this area from the previous fiscal year, although fell just below the statewide average. Despite the improvement, this area will continue to be an area of focus, as child safety is paramount. The agency has continued conducting "safety plan clinics" between the case managers, along with their supervisors, and the agency's Safety Services Specialist. The case managers bring an active safety plan to the "clinic" and the Safety Services Specialist reviewed the safety plan, along with the criteria for impending danger with them individually. The case managers are able to receive individual guidance on their specific cases. Safety plan training, conducted by DCF's SSPEs were also recently held with staff. Due to COVID- 19, these clinics have had to occur telephonically, and on a more individual basis, but are still occurring with the Safety Services Specialist and frontline staff. Additionally, supervisors are tracking home visit note quality for child visits, but are also tracking safety planning documentation during home visits. These tracking spreadsheets are provided to an analyzed by the QS unit.
- **Supervisor Consultations (RSF Item 5.1)** - The agency has seen improvement in this item over the past fiscal year and was higher than statewide averages, although due to the important nature of supervisory consultations and guidance to frontline staff, the agency will continue to focus on this area, as performance was in the low 60%. The agency's supervisors have recently completed supervisory based trainings to enhance their knowledge regarding consults, as well as other issues within child welfare. Additionally, supervisors are now responsible for tracking their consults when monitoring home visit notes, as this is a field on the tracking spreadsheet.
- **Percent of Children who are not Abused/Neglect during In-Home Services (Scorecard)** - The agency has historically performed above the benchmark in this measure, but during the previous fiscal year, did see the last three quarters fall just slightly below the benchmark. A root cause analysis was conducted and the majority of the children on the report were pinpointed to have come from the dependency case management units, and not the non-judicial services unit. In further analyzing this measure, the majority of children with a verified report were lacking or did not have a sufficient safety plan in place at the time of the verified report. In addition to

the safety planning strategies mentioned above, the QS team is in communication with agency management to implement additional strategies throughout this fiscal year.

At this time, the areas listed above are the main priority regarding improvement activities, although additional areas of improvement will be determined throughout the year as data and feedback are collected and analyzed.

Annually:

➤ Federal Funding Audit

The QS department will conduct an annual federal funding eligibility audit concerning the Title IV-E foster care, Title IV-E adoption subsidy, and TANF adoption subsidies for the children that are served through the agency. A Federal Funding Eligibility Monitoring Plan was created and provided to the QS department to guide the audit; the monitoring plan describes the review approach and schedule for use in reviewing cases for eligibility with Title IV-E and TANF. This plan supports the overall effort to improve the quality of services for children and families. Title IV-E and TANF eligibility reviews conducted under this Monitoring Plan will assist in the validation of the accuracy of the State's claim for reimbursement of payments.

In coordination with the HHS Contract and Finance Manager, the QS Supervisor is responsible for pulling a sample for review, based upon IV-E Foster Care and Adoption Assistance, and TANF Adoption Subsidy payments will be drawn from Florida Safe Families Network (FSFN). The sample of cases is selected from the universe of cases open for services during the period under review (and includes all children and families whose cases are coded as eligible for the funding source under review). A random sample will be drawn using a 90% confidence level and a margin of error of 10%. Separate samples are drawn for IV-E Foster Care, IV-E Adoption Assistance, and TANF Adoption Subsidy. Due to the smaller size of the agency, a 90/10 sample will force the QS department to review more than half of the eligible sample, which is higher than other CBCs and will create issues surrounding randomization in the upcoming audit years, although the agency must adhere to these directives.

Upon completion of the audit, a Final Report will be completed with findings of the audit. This final report will be provided to the HHS Contract and Finance Manager by September 30th to forward onto the agency's DCF Contract Manager.

➤ Surveys- Stakeholder/ Foster Parent/ Employee

Annually, typically in October, electronic Foster Parent, Stakeholder and Employee Satisfaction Surveys are conducted. The results are gathered, analyzed and presented to HHS and FIP management for performance improvement purposes as well as areas identified as strengths. A document containing results is disseminated to staff, as well as stakeholders. Areas identified as needing improvement, based upon this feedback, are analyzed and programmatic changes may occur or an improvement plan implemented. Previous year's survey results are compared to the current results to determine trends.

➤ **Quality Assurance Analysis Report**

Quality Assurance Annual Report is created at the end of every fiscal year to address the areas identified in the various reviews and other quality assurance activities conducted throughout the year. The annual report expected for the 2019-2020 fiscal year aligns with the Results Oriented Accountability approach and will analyze the agency on a systematic level, including describing the agency's performance, findings/ trends over the past three to five years, gaps, and intervention benchmarks; the report will be combined with the agency's annual plan and will align with the directives located in the State's guide for quality assurance and continuous quality improvement, Windows into Practice. The QS department will utilize the results from the previous year's activities to gauge growth and current performance. This in conjunction with the case level analysis of performance measure compliance will provide an overall picture of case practice and identify needed improvements. The report will be provided to the HHS Director, FIP Program Manager, DCF Contract Manager and OCW Quality Management annually.

Performance Improvement Plan Activities

As part of the State's initiative to improve performance stemming from the federal CFSR, the agency has developed a Performance Improvement Plan to develop and implement agency-specific strategies. The PIP outlines strategies and key activities that will develop or enhance performance and outcomes. The activities that have been established thus far are developed as promising practices and re-evaluated throughout the year to determine if these activities are beneficial or require a modification in strategy. Activities and action items that have been identified to address performance improvement are:

- Small group and all-staff trainings, either virtually or in person, regarding the expectations and requirements of the tool and how the ratings are achieved
- Individualized coaching upon discovery of an area of poor performance
- CFSR "tip sheet" developed to ensure staff are aware of the tool and specifics surrounding strength based ratings
- Contacting national and/ or state training providers to ensure staff are trained in parental and child engagement
- Updating the agency's parent and caregiver handbooks to include the most recent, pertinent information to support the federal guidelines
- Monthly tracking of deficient areas and continue analysis throughout the fiscal year to determine barriers
- Inviting CLS to speak at all-staff meetings regarding permanency goals and achievement
- Revision of the agency's permanency staffing forms to ensure they align with the federal requirements and practice model
- Update the agency's foster parent recruitment plan to focus on areas identified as needs within the licensed care community
- Home visit note audits and monitoring; discussions with individual case managers to provide feedback if necessary
- Partner with community providers to develop additional resources and providers for the families receiving services from the agency

- Internal policy development and dissemination on current CFOPs related to enhancing practice model initiatives
- Continue to meet with management and stakeholders at monthly “Barrier Breakers” meetings to discuss system of care, challenges, and barriers

Additional action items are being created as data is received and analyzed. As data is received, typically on a quarterly basis and on both on the state and local level, the QS Supervisor meets with FIP’s management to discuss additional activities and strategies, as the PIP is an ongoing, evolving document. Local and state performance trends are compared with national data indicators to determine additional opportunities for improvement and the need to change or develop additional strategies. Additionally, the QS Supervisor participates in monthly conference calls with the Northeast Region’s Safety Program Office and other Northeast Region QA Managers to discuss various strategies, areas of strength and opportunities to improve in, and potential barriers unique to the region. The agency reports to the Northeast Region office quarterly on progress toward achieving these goals.

Supplemental Reviews

In addition to the RSF Reviews, the FL- CQI, and the PIP monitored case reviews, additional supplemental reviews that may be required by DCF can be conducted throughout the year, per quarter or as needed. Communication with OCW QA will occur to determine which area of focus should be reviewed, if additional reviews are determined to be required. The agency’s management may also require assistance from the QA staff in regard to local trends or contract compliance, which may require supplemental reviews.

The Contract Oversight Unit (COU) determines contract compliance each year during the annual visit or “desk audit”. The QS department is the point of contact for the COU audit and assists COU in whatever capacity is needed during their audit. The QS department is then responsible for ensuring all Corrective Action Plan (CAP) areas identified from the audit are monitored and reviewed on a monthly or quarterly basis. At this time, the agency is not currently under a CAP and it was determined by the agency’s Contract Manager after the previous COU audit in October 2019 that “no Corrective Action Plans are required for the findings from this on-site monitoring. Since the report’s release, FIP’s performance measure finding ratings have improved and are either satisfactory or already monitored very closely. Issues regarding programmatic and subcontracting findings have been resolved and require no further action”.

Discretionary/Special Reviews

Discretionary or Special Reviews will be conducted by the QS department as requested by DCF staff, stakeholders, the HHS Director, or the FIP Program Manager. The purpose and focus will be discussed with the requestor, as well as the results of the review. Depending on the nature of the review, this may not be reported in the annual report, if the review is confidential in nature. There are no scheduled discretionary reviews scheduled as of the writing of this plan.

Local Improvement Initiatives

St Johns County’s Health Department, which is co-located with HHS/ FIP, had begun to conduct the annual Community Health Assessment and Improvement Plan for 2020, although due to the evolving concerns with COVID-19, this assessment and plan have not yet been completed. The

HHS Director, which is FIP's CEO, will remain an active participant in the assessment and will attend various forums regarding this initiative, along with numerous stakeholders within the community. The Community Health Assessment is completed every three years and assesses a community's health status by analyzing health outcomes, such as physical health, reportable and infectious diseases, maternal and child health, social and economic factors, health behaviors (such as drug and alcohol use), access to care, quality of care, and physical environments (including housing and transportation). A community health improvement plan is developed to outline areas in which the Health Leadership Council, in reviewing and analyzing qualitative and quantitative data, have established as areas which require systemic initiatives. These initiatives have a direct impact on the agency, as it benefits the community at large through the development of programs and providers and an understanding of the community's health outcomes and behaviors.

In addition to participating in the Community Health Assessment, the Health and Human Service department has contracted a firm to formally analyze the department, including the Family Integrity Program, to develop a department-wide Strategic Plan. This plan was expected to be completed by the end of summer of 2020, although due to travel restrictions and CDC guidelines regarding COVID-19, this strategic plan development is temporarily on hiatus. Upon receipt of the department's strategic plan, this will be implemented and adopted into either this current QM plan or the upcoming fiscal year's QM plan.

Stakeholder Involvement

As mentioned above, the agency's management participates in many local initiatives and remains on committees and boards throughout the county. The agency partners with local stakeholders, including providers, agencies, and governmental organizations. The Family Integrity Program is also co-located with the county's CPI units, Children's Legal Services, Stewart Marchmen Act (the county's main substance abuse and mental health organization), the Health Department, the county's Social Services, Housing and Community Development, and Veterans' Services. Due to this co-location, this allows for positive relationships and communication between the agencies, which benefit the clients served. Stakeholders are an important partner in the agency's system of care and are integrated in numerous activities, such as Integrated Practice Team (IPT) meetings, staffings, and attending all-staff meetings to share services offered. The agency has formed positive relationships also with the school board, as evident by the consistent positive performance in educational services to children, as well as the county's Sheriff's Department. Due to the restriction of COVID-19, many "in person" meetings and staffings have been transitioned to virtual platforms, although remain current, as to continue to provide services and strengthen relationships.

The agency has a strong working relationship with the county's CPIs; the agency's and DCF's management work diligently to ensure this relationship remains positive, despite the challenges that can occur within child welfare. The CPI units are co-located within the HHS building, which allows for quick decision making and ensures a constant presence between both entities. Challenges surrounding working remotely have been alleviated and processes have evolved to ensure there are no gaps in service delivery.

Measures and Outcomes

The QS department monitors and utilizes the FSFN report system for the purpose of collecting and reporting data on performance indicators and outcome measures on a weekly, monthly, quarterly, and annual basis. The elements and minimum frequency are outlined below and subject to change.

- **Performance Measures/Scorecard-** The Family Integrity Program utilizes the DCF created “Scorecard” and Performance Measures for Continuous Quality Improvement purposes. This tool reports all CBC statewide performance with their level of compliance and service delivery. The scorecard and performance measures are reviewed quarterly by the QA team upon release. At least once per quarter, typically the month following the release of the previous quarter’s measures, the QS Supervisor reports on FIP’s compliance with each of the contracted performance measures and scorecard results. This report compares compliance from one quarter to the next, identifies if FIP is in compliance with each of the measures and addresses specific action plans to address areas in need of improvement. Performance data is compared to quarterly case review data and analyzed to determine trends, whether strengths or areas the agency should focus on to improve.

- **Quality and Risk Elements**

Management meetings to determine performance elements in service delivery are held on a weekly basis. These meetings are held with the Program Manager, Case Management Supervisors, and the Quality Services Supervisor; the HHS Director attends when available. During the meetings, data is shared in regards to agency performance and continuous quality improvement needs. The following topics can be discussed during the meetings, although this list is not exclusive:

- Supervisory Reviews (monthly/ quarterly)
- Incident/ Grievance Reports (quarterly)
- Home visit frequency and quality (monthly)
- Medical, Dental, and Immunization compliance
- Birth Parent frequency and quality contact
- AFCAR errors- Adoption and Foster Care
- Scorecard In Depth Analysis
- RSF and FL-CQI review data (quarterly)
- Child Placement Agreements (CFOP170-11)
- Systematic/ Local trends; strengths and deficiencies
- National Data Indicators

Other area surrounding performance or quality improvement elements are discussed on an “as needed” basis depending upon issues or needs occurring within the agency at that moment in time. Minutes of the meetings are kept by the Office Manager to comply with COA standards.

- **Data Collection and Analysis**

The QS department utilizes the data collected regarding the performance outcomes and works with the Family Integrity Program’s management to identify and address areas in

need of improvement. Data will be collected from, including, but not limited to the DCF Scorecard, FSFN Business Objects reporting system, Stakeholder surveys, National Data Indicators, and case file review reports. The approach the agency uses is designed to look at issues affecting the agency as a whole, but also can analyze performance at the case level. By looking at issues at the case level, progress can be made for individual children and families and over time for the system as a whole. Identifying issues at the case level has resulted in a more focused approach to performance improvement. From this case specific information trends are identified and action steps put into place to address both case specific and systemic issues.

The agency will continue to utilize these approaches throughout this new fiscal year, building on what has been learned and enhancing plans previously implemented. The agency looks forward to continuing to enhance this process by building upon the foundation created. In doing so, the agency will continue to review the data and participate in the collaborative monthly meetings with the frontline staff to inform them of outcomes they influence.

Management Meetings continue to occur weekly, currently on a virtual platform, to include the entire team in the quality service delivery and CQI processes. Appropriate lessons and process changes are translated into new or enhanced policies and procedures, and shared with DCF/FIP Partnership, stakeholders, or other interested parties as indicators of solution-focused thinking and processing.

The HHS Director will continue to address the short-term and long-term strategic plan goals and action plans with the St. Johns County Health and Human Services Executive Team, which includes FIP management.

The QS Department also supports performance through standardized quality assurance activities to evaluate increased success and compliance. Additionally, the QS Department will continue to provide technical assistance to individual case management units as necessary.

Staff Retention

The agency historically has had a low turnover rate and ensures staff satisfaction through various activities and trainings geared toward compassion fatigue and “burn out”. The QS team is responsible for tracking retention and reporting this both publicly on the agency’s website for the F.S. 409.988 requirements and with HHS management. Due to this not being a current concern, this item is not addressed on a regularly scheduled basis, although if it was viewed as becoming an issue, the management team would gather data from staff input and separation interviews to determine the cause of the increase in turnover. Strategies to increase staff satisfaction would be discussed with the management team. As of this writing, the agency was at a 91.7% retention rate.

Training and Certifications

Case management staff, supervisors and licensing staff are certified and re-certified in adherence to the Florida Certification Board (FCB) standards. As part of the QS department’s responsibilities, employee trainings and the certification process are monitored and tracked to ensure proper certification is maintained. Employee training files and spreadsheets are updated

and maintained within the agency, by the QS department. Frequent reviews of the training files ensure that employees maintain continuous professional development. QS Specialists track agency staff trainings and report them to the agency's finance department for Title IV-E training reimbursements. The QS Supervisor also serves as the Point of Contact for the FCB to ensure all requirements are met for the certification process.

In addition to tracking trainings for the agency's staff, the QS team is responsible for ensuring all staff have the opportunity for training and professional development to keep current in their field, enhance their knowledge, skills, and abilities and to ensure teamwork and cooperation along all levels of staff. The training provided, either "In House" or through contracted providers will be consistent and align with federal, state, and local laws. Based upon deficiencies identified through various means, the QS team ensures that the agency's management is made aware of these needs. The FIP Program Manager and the HHS Director are responsible for locating and securing qualified individuals/agencies to train staff on topics identified by Quality Services Department.

The QS team has provided internal trainings, although since the agency is not a certified Florida Certification Board training entity, the trainings provided to staff do not count toward the bi-annual certification renewals. Despite this, the QS team provides trainings throughout the year on various topics, such as psychotropic medications, CFSR requirements, and CFOP and legislative changes. As of this writing, the QS team has conducted annual trainings on psychotropic medications and CFSR requirements and ratings. An all-staff training on agency performance and initiatives implemented to improve is scheduled for an upcoming all-staff meeting. Additional trainings, dependent upon ongoing deficiencies in performance, will be scheduled throughout the year, as data is analyzed.

Implementation of CQI

A true Continuous Quality Improvement process involves all levels of staff and includes external stakeholders, including families served, providers, caregivers and the judicial system. The HHS management team is fully committed to the CQI process and understands that open communication between administration and direct services is integral to providing the most effective services for the clients served. Quality improvement plans must remain fluid and adaptable to the ever changing field of working with children and their families.

All results of quality assurance or continuous quality improvement findings are analyzed on a continual basis, consistent with the corresponding availability and timeframes. On a weekly basis, the QS Supervisor meets with the agency's Program Manager and agency supervisory staff. Dependent upon the output of the data, whether monthly or quarterly, this information is discussed and analyzed to determine strengths and opportunities for improvement. Quarterly scorecard, case review, incidents/ grievances, and financial viability data are discussed within two weeks of the previous quarter's end. Compliance reports are discussed monthly in conjunction with report release through the reporting universe within FSFN.

Upon identification of an opportunity for improvement, the management team develops action items that are designed in an effort to positively impact performance. The QS Supervisor then ensures that the new proposed actions align with operating procedures and/ or administrative code. The Program Manager and QS Supervisor are responsible for ensuring staff are notified of the new actions and the purpose of them, either through policy creation and dissemination, or

through more informal means, such as email communications or staff meetings. After the next data reporting cycle is received whether it is monthly, quarterly, or can be received on demand, the data is again reviewed with management to determine if the action items are impacting performance. In an instance where decreased performance is continuing, the Quality Services team then conducts an in-depth root cause analysis to determine further underlying issues. Agency frontline staff are advised of performance strengths and opportunities for improvement, as well as strategies for improvement at All-Staff meetings, on a minimum of a monthly basis. The frontline staff are included in the discussion and encouraged to offer feedback at these meetings.

Council on Accreditation

The Health and Human Services Department was initially accredited in November 2008. The Family Integrity Program was included in this initial accreditation in the areas of Adoptions Services, Child Protective Case Management Services, Foster Care/ Kinship Care, and Youth Independent Living Services. The Family Integrity Program, under the HHS, was re-accredited in November 2012 and again in November 2016. The agency's current accreditation was granted until 2021. The QS unit remains responsible for ensuring all internal policies are kept up to date and align with the COA standards and is currently preparing for the upcoming re-accreditation process.