

# FamiliesFirst Network of Lakeview

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BAPTIST HEALTH CARE

## FamiliesFirst Network Continuous Quality Improvement (CQI) Plan Fiscal Year 2018-2019

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

Completed by: Autumn Cherry, Specialist-Quality  
Approved by: Carlita Walker, Team Manager-Quality  
and Lynne Whittington, Director of Quality and Program Development  
1221 W. Lakeview Avenue, Bldg. B  
Pensacola, FL 32501  
Phone: (850) 525-2503

# *FamiliesFirst Network Annual Continuous Quality Improvement (CQI) Plan*

## **I. Introduction**

The FamiliesFirst Network (FFN) Continuous Quality Improvement Plan is completed by one of the Agency's Specialist-Quality positions and approved by the Team Manager-Quality and Director of Quality and Program Development. This plan is reviewed, amended, and approved annually, though it can be amended more frequently if substantial change necessitates an update. Upon internal approval, the plan is forwarded to the Department of Children and Families (DCF) Contract Manager, DCF Office of Child Welfare (OCW), and to Lakeview Center (LCI)'s Director of Quality Management and Improvement.

The scope of this plan is FFN, the Child Protection Services Division of Lakeview Center, Inc. FFN serves Escambia, Santa Rosa, Okaloosa, and Walton Counties in the Northwest Region. Child Protection Services provided by FFN include case management for out-of-home placements, including adoption; in home supervision; foster home recruitment and licensing; child placement; revenue maximization; Young Adult Services (YAS) for youth over 18 and independent living services for youth under 18. The Agency does not sub-contract case management services to external partners.

Sub-contracts are utilized for family support services, in home support services, intensive family preservation/reunification, adoption support, traditional and behavioral foster home development, emergency shelter and residential group care, supervised visitation centers, children's mental health wraparound support services, child welfare pre-service training, and other related system of care service needs. During FY17-18, safety management services were transitioned to FFN In Home Non-Judicial Services Units.

At a divisional level, the FFN Executive Leadership Team (ELT) meets weekly and discusses performance on an ongoing basis. The FFN Executive Leadership Team is comprised of the President of Families First Network, and Directors of Clinical and Placement Services,, Quality and Program Development, Family Services, and Administration and External Affairs.

FFN's quality plan recognizes LCI maintains a Corporate Plan for Quality while specifically detailing FFN's Quality Management System in this document. The FFN Quality Management System includes accountability for and Continuous Quality Improvement (CQI) of key components as required by LCI, the Commission on Accreditation of Rehabilitation Facilities (CARF) International, DCF contract, and needs specific to the child protection services division. These key components are:

- Customer Satisfaction
- Deployment and sustainability of accreditation standards and performance excellence criteria
- Monthly and quarterly monitoring of division specific performance measures on the Performance Accountability Report (PAR).
- Employee knowledge and skills training

- Implementation of best practices

Continuous Quality Improvement (CQI) focuses on identifying trends and best practices, and providing internal oversight, consultation, and coordination related to the areas listed above.

#### **a. CQI Staff Resources**

Quality Management is a subcomponent of the FFN Quality and Program Development Unit. FFN has four positions primarily devoted to Quality Management. These positions include:

- A Team Manager-Quality who reports to the Director of Quality and Program Development.
- Three (3) Specialists-Quality who report to the Team Manager-Quality. These positions are designated to conduct quality reviews required by DCF contract as well as internal quality reviews. Specialists in these positions receive specialized training as required by DCF contract. The Agency is in the process of adding an additional Specialist-Quality position; this position will share CQI and incident reporting responsibilities. It is anticipated this position will be filled in Q2 of FY18-19.

Additionally, Specialists are involved in quarterly data analysis and provide technical assistance around quality improvement efforts.

The agency also employs a Data Analysis Manager (previously titled Performance Improvement Manager). This position is devoted to tracking, monitoring, and reporting all performance measures and identifying focus areas based on performance measure results. The position is supervised by the Director of Administration and External Affairs.

FFN developed the above division specific quality design to address the items most important to child protection practices. The collaboration of all FFN programs in the quality design provides the Quality Management structure necessary to:

- Facilitate continuous improvement in the provision of care and services
- Develop a customer focused, user-friendly approach in the provision of services
- Ensure compliance with policies, procedures, laws, state and federal rules, and accepted standards of practice
- Improve processes and systems relative to both internal and external customers

This design incorporates quality assurance, continuous quality improvement, and risk management principles.

#### **b. Data Collection**

Data is collected in the most efficient manner possible to identify trends and patterns, and to monitor specific measures of quality, growth, and satisfaction established within the current

strategic plan which includes performance measurements established by LCI, DCF, and Commission on Accreditation of Rehabilitative Facilities (CARF). CARF is the organization through which Lakeview Center, Inc. maintains accreditation as required by contract. Automated systems for data collection are utilized where possible to allow for data correlation and graphic representation of patterns and trends. Through the strategic planning process, measures of quality, growth, and satisfaction are established and monitored on a routine basis through the Performance Accountability Report (PAR). FFN relies primarily on aggregate data and listing reports located in FSFN and the DCF web portal to gauge performance on contract and scorecard measures. Additional data from quarterly CQI reviews is collected through Qualtrics reports provided by DCF and CFSR web portal reports.

### **c. Data Analysis**

Reports from available sources are reviewed daily, monthly or quarterly based on the necessity for tracking performance on each measure. Where available, data reviewed includes trended figures/rates, benchmark comparisons with other agencies or regions and recognized standards. Performance measure data for the agency and program areas are distributed to all FFN leadership for review. The Data Analysis Manager is primarily responsible for performance measure tracking.

The FFN Team Manager-Quality oversees analysis and trending quality management case file review data. This information is provided to the FFN Executive Leadership Team, Data Analysis Manager, Team Managers and Unit Managers. An Annual Summary is completed and submitted to the aforementioned and to the DCF Contract Manager and Office of Child Welfare per contract requirements. Performance measure data and other data metrics impacting performance are made available on the FFN website.

### **d. Performance Improvement Action Plans**

When results of quality management activities reflect a process or outcome that is not within desirable range, action is taken to identify improvement opportunities through a thorough root cause analysis. Action Plans are developed to drive improvement. These plans are developed utilizing a team approach with staff members identified as key players in effecting and sustaining change relative to the performance concern. The FFN Data Analysis Manager works in conjunction with the Continuous Quality Improvement Team to correlate performance measure issues with quality review findings. Action Plans developed to drive division-wide change are approved by the FFN Executive Leadership Team. Action Plans include, at a minimum, the following information: identified issue, proposed plan for corrective action, responsible parties for the corrective action, and the time frame for completion. This is applicable for both internal and external monitoring initiatives.

FFN submitted a Program Improvement Plan to DCF to address areas needing improvement as a result of the CFSR Round 3 reviews completed during FY16-17. The PIP was approved by DCF and items on this plan will continue into FY18-19. FFN began submitting quarterly progress updates to the Circuit 1 DCF Contract Manager and the Office of Child Welfare in October 2017. Additionally, progress with the CFSR PIP is discussed at monthly DCF and FFN Leadership meetings and a quarterly meeting specifically held to review the CFSR PIP.

A COU audit was conducted in October of 2017. A plan was developed to focus on the following areas: placement stability, children in foster care receiving dental services, children re-entering foster care within 12 months of moving to a permanent home, the tracking of legal documents, timely service referrals for foster parents, incomplete adoption home studies and subcontractor contracts. The plan also addressed an issue with a foster parent refusing to accept a child based on race or ethnicity in violation of the Multiethnic Placement Act of 1994 (MEPA). It was later determined FamiliesFirst Network was had been and continued to be in compliance with MEPA. Several other areas of the plan have either shown improvement or been determined to be completed to include, percentage of foster care children receiving dental services, percentage of children re-entering foster care within 12 months of moving to a permanent home, timely filing of legal documents, and more timely referrals for foster parents. Several areas are continuing to be monitored until all goals are reached.

For FY18-19, the Agency will continue to work on the objectives identified in the CFSR and COU PIPs . Additional areas of focus identified based on reviews from FY17-18 include:

- Quality contacts
- Engagement of fathers
- Case planning activities

The Agency is scheduling meetings with field level staff to determine the root cause of these gaps and will develop an action plan based upon feedback received. The continued increase in the number of children in out of home care and associated system impact will also be monitored and addressed throughout the year.

#### **e. Decision Making**

Decision making is based on review of data and thorough investigation of undesirable events, trends, or patterns. Individuals and teams assigned to address areas of concern are provided with the resources needed to collect and analyze available data and make informed decisions. Decision making at FFN is delegated to the extent practical to the individual or team responsible for a particular improvement or monitoring initiative.

#### **f. Policies and Procedures**

FFN is responsible for development and update of procedures specific to the Child Protection Services Division. These procedures are updated a minimum of once per year and more often as needed. Major changes to FFN procedures require the approval of the FFN Executive Leadership Team, the Department of Children and Families, and potentially the LCI Management Advisory Council (MAC) and the Lakeview Center Board of Directors.

#### **g. Confidentiality of Information**

Verbal and written communications and documents obtained through or resulting from the various quality processes (i.e., quality reviews, incident reporting, critical event review, etc.) which reflect upon individual clients or staff are processed and maintained as "privileged" materials, protected by state law.

#### **h. Quality Program Evaluation**

The accomplishments of Strategic Plan Goals (priorities for improvement) are reviewed regularly through the Performance Accountability Report. Each FFN program reviews the effectiveness of their monitoring and evaluation processes as well as their efforts toward the continuous improvement of service delivery. Additionally, the objectives, scope, and organization of the FFN quality plan are reviewed for effectiveness and efficiency and to promote continuous learning across the organization.

Reporting of data is made available on the Lakeview Center, Inc., Performance and Accountability Report (PAR). This information is communicated at monthly Board meetings, Quarterly Community Alliance meetings, DCF/FFN leadership meetings, DCF Circuit Review meetings, and Lakeview Business Plan meetings.

Additionally, the Lakeview Center, Inc. Annual Report is sent to all staff, stakeholders, board members, and community members.

#### **i. Training**

In addition to training required by LCI, position specific training is required for some FFN employees. Case Managers and Unit Managers (supervisors) are required to be trained and certified according to the Florida Certification Board criteria. New Case Managers and supervisors in the certification process are required to attend Core In-Service classes within their first year. An additional week of training is conducted immediately after Pre-Service Training which focuses on FFN New Hire Orientation, Car Seat Training, and other classes. This emphasis is entitled Culture Week and weaves in the values and behaviors consistent with organizational culture.

Training is tracked in an electronic system known as iDevelop. FFN Training Department enters into this system all training they provide.

The FFN Training Department provides ongoing training opportunities for staff at all levels. A bi-monthly calendar of training is provided to all FFN staff on a monthly basis. Abundant training opportunities to earn CEU's are offered to certified staff or staff seeking certification. Some examples of these training opportunities include Quality Home Visits, Permanency Values, Sexual Safety, Human Trafficking, and Safety Planning. In addition Learning Groups on the Florida Safety Practice are scheduled monthly.

FFN continues to devote a segment on supervisory discussion, including consultation in the safety practice, into the Supervising for Excellence (SFE) training. FFN makes this training available to supervisors for the GAL, DCF or providers. This training is required for all new FFN supervisors. It is also open to case management mentors (STAR Mentors).

A Certification Support Team approach is in place for new Child Welfare Case Managers (CWCMS) proceeding through the Florida Certification Process. The Certification Support Team looks at ways to:

- Support trainees in the new certification process utilizing a team approach (Unit Manager, FFN Trainer, University of West Florida Trainer, and Specialists)
- Identify training needs
- Measure transfer of learning

A full day of training on the FCB certification process requirements, tracking activities competencies with CWCMS completing pre-service training/post-testing as well as five-month meetings is now part of Culture Week. A Toolkit guides case managers and supervisors in necessary requirements. Recently supervision forms have been revamped to focus on the Core Competencies. During FY18-19, additional training will be provided for supervisors focusing on supervisory reviews and consultation.

The FFN Training Department provides some training support activities for case managers who are in Pre-Service training for additional support of learning FSFN. Training on FSFN Enhancements to appropriate staff members will be ongoing as changes roll out.

Three Houses, Teaming, and Web-Based links add to the array of trainings provided. The annual FFN In-Service All Staff Training in November and Annual In-Service Training Conference in May are also opportunities for staff development from local, state and national experts.

FFN Training has implemented Training Tidbits through the iDevelop system. Each month, four web-based trainings are assigned to staff to complete on different focus areas such as trauma, family engagement, assessment, sexual abuse, etc. This training is mandatory for frontline staff.

The FFN Training Manager participated in the Florida Safety Decision-Making Methodology (FSDMM) Super Safety Practice Expert training and development and was deemed proficient in training and consultation of the practice as a Super Safety Practice Expert (SSPE).

Engaging Fathers training is being provided across the circuit for all case management staff as a part of our CFSR PIP. In accordance with the CFSR PIP, the Agency will continue to provide Quality Contacts training. A shorter, 2 hour, refresher course on Quality Contacts will be required for all case managers and those supervising visitations. During this training, the new Home Visit Guide/Template will be introduced. These trainings begin August 20, 2018.

Implementation of the Safety Practice has been a focus of support and will continue into 2019. Safety Practice consultants continue to provide 'just in time' training and coaching on cases.

Continued development of Practice Experts in Sexual Abuse will occur. Training with Dr. Eddleman will be provided to all staff and providers. Additionally, staff will maintain certification to work Human Trafficking cases. A tracker is maintained to ensure that only staff members whose training is current will be assigned cases where Human Trafficking has been identified.

Permanency Values and Skills training has been and will continue to be provided to all staff and providers for the Casey Permanency Roundtable project. FFN trains Early Childhood Court providers as well as FFN and DCF staff.

FFN Training staffs are also certified in CPR/First Aid and provide for staff and families needing it.

Crisis Prevention Intervention training will be a focus this year and all existing case management, supervisors, placement staff and family support workers will be required to attend the 8 hour training. For new staff in these categories, this will be a part of Culture Week.

#### **j. Risk Management**

Consistent with Lakeview Center, FFN collects critical incidents, complaints, and grievances data to monitor and improve the system of care. Each critical incident, complaint, or grievance is reviewed and reported to external agencies according to requirements. When indicated, the FFN Executive Leadership Team reviews areas of risk management and determines next steps.



The Team Manager-Quality provides a quarterly report and analysis to the LCI Risk Management Team. The LCI Risk Management Team utilizes the information to identify opportunities to reduce adverse events across the organization. Critical incidents, complaints, and grievances are also reviewed by the LCI Safety Team, as appropriate. The FFN Team Manager-Quality is a member of the LCI Risk Management Team.

Information from the processes stated above will be used to provide recommendations for:

- Modifications to the environment to promote safety and facilitate services
- Modifications to the service planning process to improve the outcome of care
- Education and training for clients and their families and/or organization staff
- Service policy/procedure modification

#### **k. Risk and Critical Incidents**

Risk and critical incidents include the occurrence of an event that either results in the death or serious injury of a person served by the agency. These events require a thorough and credible root cause analysis. Such events are reported to and tracked by FFN Administration and ultimately to LCI Risk Management and DCF through incident reporting systems. Risk and critical incidents extend to subcontractor providers and facilities.

##### **1) Process for Reporting of Risk and Critical Incidents**

Any occurrence of a risk or critical incident within FFN requires immediate notification of the Unit Manager, Team Manager, the appropriate FFN Director, FFN President, and the agency Incident Reporting phone line. As soon as the situation is under control but no later than 24 hours following the discovery of the event, the Lakeview Center Risk Manager should be notified of the incident. A formal report is documented in the STARS Incident Reporting System.

##### **2) Investigations of Risk and Critical Incidents (Root Cause Analysis)**

The Permanency Manager within FFN Administration has served as the FFN Death Review Coordinator, however, this responsibility shifted to the Continuous Quality Improvement Team in August 2018. The team is responsible for an in-depth review and analysis of any child death occurring on an open case. This review and analysis is followed by debrief within the LCI and FFN risk management structure. The following are invited to the debrief scheduled by the Death Review Coordinator: President of Child Protective Services; FFN Directors of Family Services, Quality and Program Development, Administration and External Affairs, and Clinical and Placement Services; LCI Director of Employee Relations and Risk Services, Team Manager-Quality; LCI Risk Manager; LCI legal counsel, and others as needed.

The FFN Death Review Coordinator or other Specialist or Manager assigned to review the critical incident will complete an initial debrief of the incident with all staff directly involved with the event through direct service or supervision.

The debrief committee identifies contributing factors which are be prioritized for improvement and assigned to the appropriate team or individual to address. Improvement initiatives are designed to reduce the risk of future occurrences of the event. The committee designates a responsible person or oversight body that monitors to ensure all new or updated procedures are in place and that any recommended action taken has the desired impact on client care and safety.

All other incidents including serious injury, sexual assault, or events occurring which could have resulted in the death, serious injury, or sexual assault of a child served are addressed through data collection and incident reporting review. Reports and Analyses are reviewed and reported quarterly to LCI CEO and Vice Presidents.

## **II. Planned CQI Quarterly Activities & Review Schedule**

The following Quality and Compliance Reviews mandated by DCF contract and outlined in the DCF Windows into Practice will be completed quarterly in DCF systems or the Federal Web Portal using standardized electronic tools:

- Ten (10) Rapid Safety Feedback (RSF) Reviews per quarter will be completed in the DCF Web Portal. These reviews focus on children under the age of four served in-home.
- During each quarter, FFN will conduct two (2) Child and Family Services Reviews with interviews. These cases are considered Program Improvement Plan (PIP) reviews through which the state's improvement from CFSR Round 3 will be measured. Reviews are conducted in teams of two (one DCF reviewer and one FFN reviewer).
- During each quarter, fourteen (14) Child and Family Services Reviews (CFSR's) will be conducted utilizing the CFSR tool. These reviews are considered Florida CQI case reviews and will be file review only.

All reviews will be completed in the federal Online Monitoring System (OMS).The number of reviews completed may be reduced or changed as approved by DCF without amendment to this plan.

Standard monitoring tools are used throughout the division to monitor quality and compliance. Standardized monitoring tools provide valid and reliable measures that cover policy and program requirements and take into account changes to state statutes, federal regulations, and

accreditation standards. FFN Programs included in the review activities of this section are Family Services (FFN’s case management component), Adoptions, and Independent Living.

For FY18-19, RSF and CFSR quarterly reviews will include a random sampling of cases from throughout the four counties within FFN’s service area. Review samples will include Out-of-Home, In-Home Judicial, and In-Home Non-Judicial cases. Reviews completed for the State Conducted PIP Monitored CFSR’s will be completed from a sample provided by DCF and according to the following tentative schedule:

<b>Dates of Reviews</b>	<b>Type of Case</b>
August 20-24, 2018	Out of Home
September 10-14, 2018	TBD
October 1-5, 2018	TBD
October 22-26, 2018	TBD
January 28-February 1, 2019	TBD
March 4-8, 2019	TBD
April 8-12, 2019	TBD
April 22-26, 2019	TBD

Following review, a feedback meeting is held to share the results of each review with the Unit Manager and Case Manager responsible for the case. Team Managers are also invited and encouraged to participate.

At the conclusion of each quarter, data is provided to the FFN Executive Leadership Team, Data Analysis Manager, Team Managers, and Unit Managers. Upon an analysis of quality review results in conjunction with other measures and current efforts already in place to address known deficits, a team approach will be used to drive performance improvement. Systemic concerns will be identified and addressed both internally and externally with stakeholders. Annual analysis is provided to the DCF Contract Manager as required by contract.

Timely input of reviews occurs through oversight by the Team Manager-Quality. Oversight includes frequent progress checks to ensure reviews are being completed at an acceptable pace throughout the quarter.

The goal is for RSF and CFSR input to be completed by the last day of each quarter. This allows time for the Team Manager-Quality to validate reviews and to ensure any needed corrections are made within required DCF timeframes.

### **III. Other**

#### **a. Special, Discretionary, and Systemic Factor Reviews**

In addition to contract required reviews, special and discretionary reviews are completed at the request of members of the FFN Executive Leadership Team, DCF, or Team Managers. Review findings are analyzed and utilized toward continuous quality improvement.

Listed below are the types of reviews conducted throughout the year:

- Twice per year, FFN participates in Internal Quality Surveys to sustain readiness for accreditation surveys completed by CARF. FFN's next CARF survey will take place in the fall/winter of 2018.
- Annually, FFN completes a Revenue Maximization Review of Adoption TANF, Title IV-E Foster Care, and Title IV-E Adoption eligible children.
- An Early Childhood Court (ECC) Review is completed annually to measure how ECC standards have been met. A report is completed and sent to FFN leadership and to the ECC Steering Committee.
- As identified and required in the Florida CFSR Performance Improvement Plan, FFN will participate in stakeholder interviews or other activities deemed necessary for further review and assessment of Systemic Factors.

During FY18-19, FFN also plans to continue SHINE (Support, Highlight, Inspire, Note, Excel) Reviews with a focus on Quality Contacts and Supervisory Consultation/Reviews. These special reviews will be contingent upon Agency resources and capacity.

#### **b. External Monitoring**

FFN is subject to monitoring by various external parties. The reviews include:

- A validation of findings of FFN internal monitoring activities by DCF (State) or ACF (Federal)
- Contract monitoring by DCF, on-site review bi-annually with a desk review in the off year
- Independent audits
- Child Placing Agency Licensure is renewed annually on July 1
- Accreditation Surveys by CARF; the next CARF accreditation survey is scheduled for Fall/Winter 2018.

External monitoring is a valuable tool for Lakeview Center and FFN. Reviewers are seen as consultants in that they often bring knowledge of national trends and practices that would improve services. Adverse findings from monitoring visits or validation processes are addressed through FFN's Performance Improvement Action Plan process.

### **c. Revenue Maximization**

Revenue Maximization audits primarily consist of IV-E, TANF, Master Trust, and Adoption Subsidy audits. The DCF Contract Oversight Unit (COU) completes an annual review which consists of an alternating pattern of desk and on-site reviews. Every two years, the Social Security Administration completes a Master Trust Review.

The Revenue Maximization Unit reviews a DCF monthly report regarding TANF eligibility and tracks each child on the report weekly until a TANF eligibility decision is made.

The Revenue Maximization Unit in collaboration with the FFN Continuous Quality Improvement Team completes an annual file review consisting of samples of each type of funding to include IV-E Foster Care, IV-E Adoption Assistance, and TANF Adoption Subsidy. Samples are randomly drawn from FSFN, identifying cases based on their eligibility code. The FFN Continuous Quality Improvement Team compiles and submits a monitoring summary report thirty (30) days following the review to the Circuit 1 Contract Manager. The summary includes findings and recommendations for improvements. In addition to this annual review, a Policy and Quality staff member reviews 100% of all children potentially IV-E eligible for Adoption Subsidy.

The Office of CBC/ME Financial Accountability performs financial monitoring procedures based on the DCF 2017-18 CBC-ME Financial Monitoring Tool for Desk Reviews. The monitoring procedures performed include tests of transaction details, file inspections, and inquiries to adequately support findings, observations, and technical assistance. This review is done on a quarterly basis. The Revenue Maximization Unit manages all of the monitoring results for FSFN payments.

### **d. Foster Home Development**

Foster Home Licenses are issued by the Department of Children and Families through an attestation process. Monthly random audits are conducted by DCF to ensure that all initial and relicensing packets are in compliance with Florida Administrative Code and Statute. A minimum of 10% of submitted packets are reviewed. All initial and relicensing packets submitted by FFN's sub-contracted providers are reviewed by the FFN Licensing Team Manager prior to being submitted to the DCF licensing authority also via the attestation model. DCF provides an annual score as to how FFN has performed in providing required information in licensing packets. FFN has historically scored 98% or above in these audits. All results and scores for attestation audits are located in FSFN under the FFN license.

**e. Accreditation Internal Site Visits**

Site Visit teams, comprised of employees across Lakeview’s divisions, conduct internal quality surveys twice per year for the evaluation of quality, particularly as related to accreditation. Standardized assessment tools are used at program sites to ensure a fair and consistent review process. The goal of the Site Visit Teams will be to identify opportunities for improving the environment, continuity of care, on-going assessment and planning, customer input and alignment with accreditation standards. The review data will be rolled up, analyzed and reviewed for trends, and used to develop action plans to drive improvement.

**f. Customer Satisfaction**

As part of Lakeview Center’s customer satisfaction efforts, satisfaction surveys are conducted with a sample of active FFN customers. Targeted audiences include clients and their families, and caregivers. Results of customer surveys will be reviewed and action will be taken to improve low scoring items and to conduct necessary service recovery. Over time, survey results will be aggregated and trended for the evaluation of performance and system of care effectiveness.

There are several vehicles for customers and staff to suggest areas for improving customer care, the efficiency of the division, and safety of the environment. These vehicles include: Bright Ideas program for staff, client satisfaction surveys, staff satisfaction surveys, and direct feedback to division or organizational leadership.

**g. Sub-Contract Oversight**

FFN currently sub-contracts for family support services, in home support services, intensive family preservation/reunification, adoption support, traditional and behavioral foster home development, emergency shelter and residential group care, children’s mental health wraparound support services, child welfare pre-service training, and other related system of care service needs. During fiscal year 2017-2018, safety management services was transitioned to FFN and subcontracted In Home Support Services were implemented to support prevention efforts. FFN will continue to directly provide these services in FY 18-19.

The performance of subcontracted providers is monitored utilizing two principal methods. Sub-providers submit monthly and quarterly reports outlining their performance in relation to outcomes set forth in their contracts. Reports are used to crosswalk effectiveness of service delivery with improvement in the lives of the children and families served, or as deliverables related to contract goals in the case of non client services. Additionally, periodic on site monitoring of contracts is conducted at a frequency based on risk assessment. On site monitoring includes an evaluation of environment of care, case review, financial and administrative review, quality, and personnel. Contract monitoring encompasses administrative

and programmatic expectations to be met by Lakeview's network. Providers are monitored based on DCF's Community Based Care Lead Agency subcontracting guidelines, Lakeview Center Inc. standard contract, performance contract, and all attachments, Florida Statutes (F.S.), Florida Administrative Code (F.A.C), Federal regulations and Department of Children and Families policy, if applicable.

The quality and adequacy of services delivered by each contract provider is monitored through review of records, interviews of clients and staff, and observations during site visits. The provider is also required to complete an annual self evaluation. The contract monitoring team maintains all provider performance reports and validates information reported by the provider.

Information regarding contract providers is communicated through monthly Board meetings, Community Alliance Meetings, FamiliesFirst Review meetings and Lakeview Business Plan meetings. All executed subcontracts, subcontracting monitoring reports, and corrective action plans are provided to the Department of Children and Families Contract Manager.

#### **h. Plan to Address Areas Needing Improvement**

Systemic factors were identified through CFSR and RSF reviews along with data analysis conducted by the Data Analysis Manager. These areas, identified below, will be the focus of the Agency during FY17-18:

- Quality Contacts
- Case Planning
- Engaging Families
- Placement Stability
- Supervision—Case Specific Supervision and Clinical Supervision

In order for a more in-depth root cause analysis of these issues to occur, the Agency is scheduling field level meetings to discuss these issues. Information learned in these meetings will be utilized to strengthen the Agency's plan for FY18-19.

The Agency has planned Quality Contacts refresher trainings to begin August 20, 2018 and will be mandatory for all case managers and those supervising visitations. This training will also serve to implement the new Home Visit Template/Guide developed. It is anticipated that with improvements in Quality Contacts and documentation, the Agency will see an improvement in other engagement items, such as case planning and engagement of fathers. The Agency plans to utilize SHINE reviews to focus on Quality Contacts and Supervision on an ongoing basis, providing the ability to assess and address any identified gaps as well as to note improvements.

Additional training is planned to address supervision. These trainings will focus on both case-level supervision and clinical supervision and will occur in Q1 and Q2 of FY18-19.

In order to address placement stability, the Agency has put in place some measures that will continue for FY18-19. These interventions include High Utilizers staffings held weekly for children with intensive needs around placement, a requirement for Unit Manager approval prior to Placement Changes, and continued efforts to explore and place with relatives, and to support both relative and licensed placement with a focus on support at the crucial time period from removal to case transfer.

RSF and CFSR reviews will also continued to be utilized during FY18-19 to monitor for improvement. Quarterly, updates are provided to leadership based upon a Single Case Bore Analysis and information is shared regarding trends, opportunities for improvement, and areas where positive strides have been made.

In FY 18-19, the Agency will roll out the CARES (Caregiver And Resource Entry Support) team. CARES will provide the support and resource connection our foster parents and relatives/non-relatives need upon first entry into the system specifically during the time period from removal to case transfer. The CARES team will serve to:

- Meet with the child and caregiver (whether foster home or relative/non-relative placement) to orient them to the process and assess immediate support needs
- Connect the caregivers to the Care Coordination team to provide information on insurance, primary care providers, medications, counseling referrals, etc.
- Complete day-care referrals as needed and appropriate
- Conduct ice-breakers between foster parents and birth parents to introduce them to who will be caring for their child
- Pick up wherever the CPI leaves off with relative and non-relative searches and complete the home study on identified resources
- Ensure fingerprints and photos are completed as required
- Help prepare the case for case transfer
- Initiate diligent searches on parents (\*this task will be maintained by the CARES team for the life of the case)

Prepared by: Autumn Cherry, Specialist-Quality

Date: 8/29/18

Approved by: Carlita Walker, Team Manager-Quality

Date: 8/30/18

Lynne Whittington, Director of Quality & Program Development

Date: 8/30/18