Safe Children Coalition Inc.
Quality Management Plan

FY 2020 - 2021

I   Introduction

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

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

Provider	Service Provided
Safe Children Coalition (SCC)	Program Management and Compliance, Foster Home Licensing, Placement, Data Services and Support, Quality Management and Training, Records and Information, Utilization Management
SCC - CMO	DeSoto, Sarasota Counties: Case Management Services, Adoption Services, Independent Living Services
Lutheran Services	Manatee Counties: Case Management Services, Independent Living Services
Florida Center	Early Childhood Court Case Management Services

QA Process
The primary purpose of Safe Children Coalition, Inc.'s Quality Management System is to strengthen practice, improve the timeliness, accessibility, quality and effectiveness of services and increase natural and enduring community supports for children and families.

Safe Children Coalition, Inc.'s Quality Management Plan is based on the organization's culture of values: Caring, Honesty, Respect and Responsibility as well as nationally recognized accreditation standards for child welfare services.

- CBC services demonstrate respect for individual and family values and goals;
- CBC services support cultural identity and linguistic needs;
- CBC services accommodate variations in lifestyle;
- CBC services emphasize personal growth, development, and situational change.
- Clients and families are informed of their right to consent and participate in decisions about their care;
- Clients have the right of refusal and self-determination;

- Clients have a right to privacy and confidentiality protection;
- Clients have the right to be heard by the organization with regard to grievances.

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

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

The key to any implementation process is effective and efficient deployment. The SCC deploys continuous quality improvement through careful analysis of processes and resources, training, meeting technical needs, effective communication, and feedback. The system of care design remains flexible and fluid, with all SCC partners encouraged to providing feedback.

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

Communication Method	Description
Tri-County Case Management Meeting	Held every two weeks between SCC and senior CMO staff to discuss and review performance data, develop performance improvement strategies related to internal and system issues. In addition to discussing one case in regard to moving a child to permeance.
Lunch and Learn Sessions	SCC child welfare staff and CMO frontline staff meet on a quarterly basis to discuss topics identified by new and experienced CMO staff to assist in completion of daily work assignments.

Foster Parent Association Meetings	Held monthly in all three counties and attended by foster parents, SCC out-of-home care staff and other SCC staff. Give foster parents a valued voice in the SCC, keep them apprised of how SCC is doing on performance outcomes and other initiatives such as the Quality Parenting Initiative, provides training opportunities.
Family Safety Alliance (FSA)	Performance data is reported to the FSA on a bi-monthly basis with a focus on systemic issues. The FSA monitors performance and discusses community-level strategies to improve the Circuit 12 system of care.
Board Meetings	Performance data is reported to the SCC Board of Directors and Youth and Family Services/Foster Care committee on a monthly basis. The Board monitors performance and discusses strategic goals for SCC.
Foster Parent Task Force	Discussion occurs regarding partnership between the CMO's and the foster parents. This meeting occurs once a month and is facilitated by an outside professional (DOH).

The SCC distributes a Monthly Management Report to all SCC staff, SCC Board and Youth and Family Services/Foster Care committee, the Department, Family Safety Alliance members, and multiple community partners along with the SCC Newsletter, and quarterly to the Circuit 12 legislative delegation. The report provides data and trend analysis on all performance outcome measures from the Department Performance Dashboard, statistical data on several key operational indicators, and agency-specific performance data. The Management Report is posted in all SCC service sites, on the SCC website, and in the SCC Data Portal for easy access by all SCC staff.

Quality Management Structure

Various community/provider entities, such as Alliances, Stakeholder groups, Branch Board, and Social Services Committee, CEO Forums, CQIC group, Systems Development Group, and various Management Groups participate in the quality management plan by reviewing and providing input via regular meetings and report/data reviews. Each assist, as needed, in evaluating performance and assisting in the development of action plans and strategies to ensure the provision of quality services to the children and families we serve.

Resources utilized to support quality management activities include the following:

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

▪ Data Reports – Data reports are gathered from a variety of sources; summary reports are developed and then a single Management Report is produced to review critical areas

of change. This report is distributed to the Executive Forum and Stakeholders. Summary reports are distributed in hard copy or electronically shared with CBC staff, DCF Regional staff, and stakeholders and are disseminated on a daily, weekly, monthly and quarterly basis. The primary sources of data are Florida Safe Families Network (FSFN) and the DCF Dashboard.

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

- <u>Case Practice Review Tool</u> – Safe Children Coalition, Inc**.** will utilize the standardized Case Management Windows into Practice Quality Assurance Tool to review and evaluate case practice, as well as the In-Depth Quality of Services Review Tool with a focus on the recent results for children receiving services and their caregivers as well as the contributions of local service providers and the system of care in producing positive results.

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

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

VI   Data Collection and Analysis

Florida Safe Families Network

Safe Children Coalition, Inc. Data Department pulls reports weekly and monthly and assists Case Management Organizations regarding FSFN data integrity. These reports are sent to the Case Management Organizations for timely and appropriate corrections. Data/performance meetings are held frequently to discuss FSFN data integrity.

DCF Contractual Requirements

Safe Children Coalition, Inc. and the Case Management Organizations are required to provide case management services in a way that achieves performance targets outlined in contractual standards. Contractual standards are as follows:

Contractual Performance Measures	Target
The number of children with finalized adoptions between July 1, 2018 and June 30, 2019 shall be at least 201.	144
Rate of abuse or neglect per day while in foster care.	8.5 or less
Children Under Supervision Who Are Seen Every Thirty Days	≥99.5%
Children exiting foster care to a permanent home within twelve (12) months of entering care.	≥40.5%
Children exiting foster care to permanent home within 12 months for children in foster care 12 to 23 months.	≥43.6%
Children who do not re-enter foster care within twelve (12) months of moving to a permanent home.	≥91.7%
Children's placement moves per 1,000 days in foster care.	4.12 or less
Children in foster care who received medical services in the last twelve (12) months.	≥95%
Children in foster care who received dental services within the last seven (7) months.	≥95%
Young adults who aged out of foster care who completed or are enrolled in secondary education.	80.0%

Ongoing tracking and reviews provide an opportunity to address performance issues and discuss improvement strategies. Case Management Organization CEO's and directors review and identify with their staff performance trends that need immediate assistance. This information is also shared with DCF and Safe Children Coalition, Inc. leadership.

Case Management Supervisory Reviews/Supervisor Consults:

Supervisor consultations are guided discussions at specific points in the case management process that apply the child welfare practice model criteria focused on promoting effective practice and decision making.

Effective supervisor consultations provide modeling of strength-based interviewing, encouraging case manager input and ideas; and offering feedback. Case consultations provide the supervisor with venues to learn about the quality of practice of the case managers assigned to them. This includes understanding the interpersonal skills that their case managers use to engage families, knowing how to build effective family teams, critically thinking and assessing family dynamics throughout the life of a case, and ultimately which case managers need additional support and professional development.

Rapid Safety Feedback

Rapid Safety Feedback is a process designed to flag key risk factors in in-home services cases that could gravely affect a child's safety. These factors have been determined based on reviews of other cases where child injuries or tragedies have occurred. Factors include but are not limited to the parents' ages, the presence of a boyfriend in the home, evidence of substance abuse, or previous criminal records, and prior abuse history. The critical component of the process is the case consultation in which the reviewer engages the child case manager and the supervisor in a discussion about the case. The case review focuses on nine (9) overarching items:

Item #	Rapid Safety Feedback Item
1	Are family assessments of danger threats, child vulnerability, and family protective capacities sufficient to identify safety concerns and case plan actions needed to effectively address caregiver protective capacities and child needs? 1.1 Is the most recent family assessment sufficient? 1.2 Is the most recent family assessment completed timely?
2	Are visits between case managers, children, and parent(s) or legal custodian(s) sufficient to ensure child safety and evaluate progress toward case plan outcomes? 2.1 Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes? 2.2 Is the frequency of visits between the case manager and the child(ren) sufficient to ensure child safety and evaluate progress toward case plan outcomes? 2.3 Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes? 2.4 Is the frequency of the visits between the case manager and the child's mother sufficient to ensure child safety and evaluate progress toward case plan outcomes? 2.5 Is the quality of the visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes? 2.6 Is the frequency of the visits between the case manager and the child's father sufficient to ensure child safety and evaluate progress toward case plan outcomes?

3	Are background checks and home assessments sufficient and responded to with a sense of urgency when needed to address potential danger threats? 3.1 Are background checks and home assessments completed when needed? 3.2 Is the information assessed and used to address potential danger threats?
4	Is a sufficient safety plan in place to control danger threats to protect a child? 4.1 Is the safety plan sufficient? 4.2 Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?
5	Is the case manager supervisor conducting guided discussions at specific points in the case management process focused on promoting effective practice and decision-making?

Samples are pulled at the beginning of each quarter and updated samples will be pulled periodically if needed during quarter. Selected files for review from each sample will be uploaded into the Qualtirics portal by case name. Each CBC reviews ten (10) in-home service cases each quarter using the Rapid Safety Feedback Tool.

When samples are selected, they will be selected based upon the identified risk factors for the Rapid Safety Reviews. All files reviewed in previous quarters that still appear on the sample list are eligible for review again but do not require a review again.

The sample will be selected using the business objects report entitled Children Receiving In-Home- Services Daily QA Listing. The report includes all children in an active living arrangement as of the report date are included in the listing. The report Input Controls filters this list of children under the age of four and for whom either caretaker in the living arrangement has been an alleged perpetrator for allegations of BOTH Family Violence Threatens Child AND Substance Misuse. The allegations could be in a single or separate investigation.

Modifying these Input Controls will either further restrict or expand the listing of children displayed.
   (1) The report is set to default to parent or caregiver under age 27 but the reviewer has discretion to increase or decrease the age.
   (2) At least one prior report was received on the victim child or other victim child under the age of 5 (0 to 4 years and 364 days); and
   (3) In order to obtain the minimum number of cases to be reviewed, the sample criteria may need to be further stratified as follows:
   (a) 1st: All children under 12 months of age regardless of the maltreatment.
   (b) 2nd: Children under age 4 where the caretaker has been an alleged perpetrator for family violence threatens harm and substance misuse.
   (c) 3rd: Children under age 4 where the caretaker has been an alleged perpetrator for family violence threatens harm or substance misuse.
   (4) The sample will be selected from cases that have been open at least 30 days.

(5) If the CBC is unable to meet the sample size, the values in the report described below should be expanded to "all" and the age of the child should be expanded beginning with age 4.

(6) The case must be open at the time of the review.

Child and Family Safety Review (CFSR)

The CFSR will provide ongoing trend data on child welfare practice that will be used for further analysis, scorecards, etc. This information will also be used to track progress in areas needing improvement as identified by the Federal CFSR. The CFSR includes seventeen items related to child safety, permanency, and well-being. All reviews are to be completed using the federal

Online Management System (OMS) at https://www.cfsrportal.org/oms The CFSR review items are listed in the table below:

Item #	Florida CFSR Item	Related Outcome
1	Were the agency's responses to all accepted child maltreatment reports initiated, and face-to- face contact with the child (ren) made, within time frames established by agency policies or state statutes?	Safety Outcome 1
2	Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry	Safety Outcome 2
3	Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes or while in foster care?	Safety Outcome **2**
4	Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?	Permanency Outcome 1
5	Did the agency establish appropriate permanency goals for the child in a timely manner?	Permanency Outcome 1
6	Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?	Permanency Outcome 1
7	Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?	Permanency Outcome 2

8	Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?	Permanency Outcome 2
9	Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?	Permanency Outcome 2
10	Did the agency make concerted efforts to place the child with relatives when appropriate?	Permanency Outcome 2
11	Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?	Permanency Outcome 2
12	Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	Well-being Outcome 1
13	Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	Well-being Outcome 1
14	Were the frequency and quality of visits between caseworkers and child (ren) sufficient to ensure the safety, permanency, and well-being of the child (ren) and promote achievement of case goals?	Well-being Outcome 1
5	Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child (ren) sufficient to ensure the safety, permanency, and well-being of the child (ren) and promote achievement of case goals?	Well-being Outcome 1
16	Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?	Well-being Outcome 2
17	Did the agency address the physical health needs of children, including dental health needs?	Well-being Outcome 3
18	Did the agency address the mental/behavioral health needs of children?	Well-being Outcome 3

Samples will be pulled semiannually using the most recent AFCARs submission extract. The Office of Child Welfare will provide the extract each quarter. Reviews will be completed in the Florida CFSR Online Monitoring System. Case selection criteria must consider a 60/40 split between out-of- home care and in-home services.

Two of the CFSR's completed a quarter will be an In-Depth Reviews with Case Specific Interviews. Each CBC will conduct an in-depth review of two cases each quarter utilizing the CFSR Onsite Review Instrument dated July 2014. Interviews will include case participants, caregivers, service providers, and other essential persons involved in the case. The case must be debriefed with the Case Manager, Supervisor (and other QA staff). The case selection criterion is as follows:

- Choose one in home and one out of home case.
- The case must be open for at least six months

Sample Size for the 2020-2021 Year:

Community Based Care Lead Agency	Sample Sizes During the July 2020 - December 2020 PIP Monitoring Period							
	In-Home Children	Out-of-Home Care	Total	Florida CQI Reviews 6 Month Period		PIP Monitored Cases	Life of Case Reviews ** (6 months)	Total of PIP, Florida CQI and LOC
	FSFN July 2020	FSFN July 2020		File Reviews	In-Depth Reviews	Each 6 Month Period	In-home Cases	6 Month Periods
Safe Children's Coalition	336	1029	1365	20	1	3	20	44

Case Consultations

After the reviews are completed, the reviewer should schedule a case consultation to discuss review findings. The consultation should always include the case manager and the supervisor. Others can be invited at the QA Manager's discretion. Face-to-face consultations are always the preferred approach, but given complex logistical issues, limited work forces and time frames, they can be conducted via telephone/conference call as necessary. Case consultations should be conducted as soon as possible upon completing the review.

Request for Action

The Request for Action process is utilized to ensure that any critical life, health, or safety threat identified during any quality assurance review is immediately addressed and resolved. If there are critical documents missing, safety concerns or other issues of concerns which need to be addressed immediately, a RFA form is completed. Critical documentation includes but are not limited to: Case Plans, Judicial Review, Court orders,

Medication consents/orders, Home Study, Background checks, Staffing forms, Risk Assessments, and child home visitation verification sheets. The reviewer completes the RFA form addressing each issue related to the case file reviewed and submits to the QM Team Leader or Director of Quality Management immediately to ensure that recommendations are appropriate. The approved RFA is presented immediately to the Agency Program Manager/Director to review the information, sign/date for as indication of receipt. The QM Specialist makes copy for follow-up purposes. The Provider Agency has two business days to respond to the RFA in writing, the QM Specialist ensures that Agency provides response within the time period allowed. When the QM specialist receives the response from the provider agency, it is reviewed to ensure that each issue is adequately addressed orthat an appropriate plan of action is established. (Form must be signed/dated indicating who completed the response). The completed RFA form is forwarded to the QM Team Leader, which will ultimately be attached to the completed

QM Case File Review tool. The QM Specialist completes a follow-up check on the agency's response 30 -45 or less days following the receipt of the RFA. The QM Team Leader tracks the RFA and follow up information. If the follow up is not completed the QM team will check on the follow up 30 days from the original due date. If there is lack of resolution of the RFA there may be action from Safe Children Coalition, Inc. contracts unit.

All safety related Request for Assistance is documented in the FSFN system.

VII   Other Areas of Focus

Child Exit Surveys

This activity is designed to meet regulatory requirements and gain feedback form clients regarding each placement they experience. The goal is to ensure quality licensed out-of-home placements for clients.

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

Client Relations Activities / Complaints

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

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

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

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

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

Federal Review Activities – Annual File Review

The population universe for this review was the total number of Adoption TANF, Title IV-E Foster Care and Title IV-E Adoption eligible children actively receiving payments by Safe Children Coalition during the fiscal year 2019-2020.

A 90/10 sample represents a confidence level of 90% with a 10% margin of error. Below is the breakdown of sample for the review:

The following tools will be completed during the review of each population.

- IV-E Foster – Children's Bureau Title IV-E Foster Care Eligibility On-Site Review and Instrument IV-E Adoption and Adoption TANF – Adoption Federal Review Tool

After each quarterly review the review tools will be provided to the Director of Quality Management to roll up into the annual plan.

The lead agency will complete its IV-E foster care, IV-E adoption subsidy, and TANF adoption subsidy eligibility reviews *quarterly*. These reviews will be completed by the Quality Management Department and the RevMax Department.

<u>Federal Funding Reviews: Quarterly</u>
Oct -Dec. 2019
Jan - March. 2020
April - June 2020
July – Sept 2020

VIII   Annual Report of Case Management Practice Trends

Safe Children Coalition Inc. will provide an annual report that reflects a summary or self-assessment that will be based on <u>all</u> the data collected through various QA reviews and any other sources of information that measure local performance.

The summary must be evaluative in nature – not simply descriptive in a narrative format. It should not be a "cut and paste" of findings from the review tools or a re-hash of review questions in bullet fashion with performance shown by percent achieved for a standard.

Evaluative Language: Presents judgments; assesses status and outcomes; gauges, ranks, and rates performance over time. Using evaluative language allows the "Self-Assessment" to address how well the agency is doing; is the agency's policies and practices providing quality service delivery and producing positive outcomes for children and families? A combination of descriptive and evaluative language offers a reliable picture of the system of care. It shares a narrative story and outlines characteristics.

Practice trends

The following grouping of practice trends should be addressed in the summary. The summary should provide an analysis and evaluation of performance trends across multiple service delivery and management factors.

1. Safety
2. Permanency
3. Wellbeing
4. Systemic Factors

Address findings
The summary should also describe how the CBC will react to the analysis of findings. It may be a simple reference that findings will be addressed as described in the annual update of the Quality Management Plan or in the local Quality Improvement Plans.

IX   Quality Management Team

The Sarasota Y /Safe Children Coalition Quality Management Team is comprised of staff members who bring professional experiences from a variety of different backgrounds. The Quality Management Team is under the supervision of the Director of Quality Assurance. The Quality Management Team consists of (3 and 1/2) Quality Management Specialists, (1) Quality Management Contract Specialist, (1) Missing Child/ Human Trafficking Point of Contact, (1) Quality Management Paraprofessional and (2) Resource Development Coordinator.

Each member of the team performs various duties and provides oversight for special areas within the System of Care. Some of these include but are not limited to:

- Evaluating and Assessing the Quality of Services provided to children and their families by case management agency partners, through the review of case records
- Monthly Continuous Quality Improvement (CQI) Meetings
- Monitoring of Psychotropic Medications
- Monitoring Missing Children and Human Trafficking compliance
- Managing and Oversight of Critical Incident Reporting
- Reviewing Licensing Files and facilitating Licensing QA Staffing
- Monitoring Child Exit Surveys, Customer Service Surveys and Foster Care Surveys
- Monthly Performance Reports
- Recording and Responding to Client Relations Issues
- CIRRT Reviews (when needed)
- Other case file reviews
- Pre-service Training
- Developing resources within the community to support our families. (i.e. Oversee clothes closet donations)

Quality Management Leadership:

Director of Quality Assurance   Andrea Mertyris

(QA Department Supervisor, Incident Reports, CQIC's, Performance Reports, Death Review Committee, Concern/Trackers, Licensing Reviews, Licensing QA Facilitator)

Quality Management Specialist:

Quality Management Support Specialist   Hilda Allbritton
(Administrative Support, Child Exit Surveys, FSFN Security Officer)

Quality Management Specialist   Tarina Adkins
(RSF and CFSR Reviewer, Psychotropic Med Reviews, CMO Supervisor Support, and Pre-Service)

Quality Management Specialist   Angela Murray
(RSF and CFSR Reviewer, CMO Supervisor Support, and Pre-Service)

Quality Management Specialist   Holli Howard
(RSF and CFSR Reviewer, FFA Ongoing Reviewer, Special Request Reviews, and Backup MC)

Quality Management Specialist   Hannah Roberts
(Missing Children (MC), Human Trafficking)

Quality Management Contract Specialist   Erica Kleinfeld
(CFSR, Data Reports/Tracking)

Quality Management Specialist – Part time   Gerri Lewis
(CFSR, Rapid Safety, and Records Request)

Resource Development Coordinator   Elijah Brown and Alicia Graf
(Donations, Clothes Closet, and other various fundraising events)

Schedule of QA/CQI Activities

Rapid Safety Feedback Reviews: Quarterly
July – Sept. 2020 (at least 10 cases throughout the quarter)
Oct – Dec. 2020 (at least 10 cases throughout the quarter)
Jan. – March 2021 (at least 10 cases throughout the quarter)
April – June 2021 (at least 10 cases throughout the quarter)

Florida Child and Family Services Reviews (CFSR): Quarterly
July – Sept. 2020 (at least 10-11 cases throughout the quarter)
Oct – Dec. 2020 (at least 10-11 cases throughout the Quarter)
Jan. – March 2021 (at least 10-11 cases throughout the quarter)
April – June 2021 (at least 10-11 cases throughout the quarter)

Florida Child and Family Services Reviews (CFSR) – In depth: Quarterly
July – Sept. 2020 (at least 1 case throughout the quarter)

Oct – Dec. 2020 (at least 1 cases throughout the quarter)
Jan. – March 2021 (at least 1 cases throughout the quarter)
April – June 2021(at least 1 cases throughout the quarter)

X   Contract Manager

This activity is designed to maintain compliance with the various service outcome measures. The goal is to ensure all sub-contractors are meeting the assigned outcome measures and that the designated services are being effectively delivered.

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

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

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

- Safe Children Coalition, Inc. staff will collect and analyze provider data on a monthly basis. Safe Children Coalition, Inc. 's Contract Managers will review performance reports as available and will discuss any performance issues as needed with the provider and the actions the provider will take to improve performance. This will be documented in the contract file. The Contract Managers provide technical assistance as necessary.
- Each subcontract will undergo an annual monitoring by Safe Children Coalition, Inc. in accordance with SCC Policy CG-431. Providers will be required to document corrective actions taken to improve performance in areas found deficient in this monitoring. The monitoring tools are on file at Safe Children Coalition, Inc. for review.

XI   Quality Improvement

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

Safe Children Coalition, Inc. believes that in order to strengthen our system of care, we must continually strive to:

- Exceed our established outcomes,
- Improve the quality of our services, and
- Address substandard performance.

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

The key to any implementation process is effective and efficient deployment. The SCC, Inc. deploys quality improvement through careful analysis of processes and resources, training, meeting technical needs, effective communication, and feedback. Overall, the system of care design will remain flexible and fluid and all Safe Children Coalition partners will be encouraged to provide ongoing feedback.

XII   Staff and Provider Training

The SCC believes that a well-trained workforce is critical both to the provision of quality services to individuals served and to staff retention. The SCC Training Plan is developed and implemented to assist case management, licensing, and other child welfare staff to demonstrate the knowledge, skills, and abilities necessary to competently perform their duties and responsibilities as child welfare professionals.   The training curriculum is designed to: Improve compliance with child welfare practice standards of care; increase staff's knowledge, skills and abilities to promote the safety, permanency and well-being of children; and increase feelings of competency and confidence by child welfare case managers and supervisors.

The SCC develops, coordinates, and implements the state approved training plan to ensure qualified direct service personnel. The SCC adheres to the requirements of Florida

Administrative Code 65C-33 Child Welfare and Training Certification for certification of all

child welfare professionals, with training provided to case management staff by SCC Department-certified Trainers. The training includes classroom training, structured field activities, and requires successful completion of a knowledge-based test to achieve Phase I Certification. Trainees are not allowed to carry caseloads until the Phase I posttest has been passed; caseloads thereafter are monitored by the individual case management agencies to ensure a high quality of care practices. The Phase II Field Based Performance Assessment Plan is a partnership between the SCC job coach, SCC case manager, and supervisor, where the learning experience is created and delivered in a peer environment. The job coaching experience is unique to that partnership, considering the history, competency and experience of the case manager and supervisor and strives to increase self-direction toward achievement of goals. The job coaching relationship extends learning beyond the classroom, allows the case manager to apply fundamental and relevant child welfare concepts to real world practice in the field and encourages the supervisor to guide and develop child welfare best practice.

Pre-service training also includes: Security Awareness training, FSFN basics training, Interstate Compact on Placement of Children (ICPC), federal funding, and other online courses included in the Department's curriculum. Once a case manager has successfully completed the pre-service requirements and acquires a caseload, the SCC Field Trainers assist the case manager to acquire the necessary job skills and techniques. Activities may include development of case plans and judicial review social study reports; completion of home studies and child studies; preparation for and attendance at case plan conferences and staffings; preparation and attendance at court hearings; preparation and completion of adoption subsidy packets and consent packets; accompaniment to initial and subsequent home visits to the parent or caregiver; preparation of ICPC/OTI packet; review of documentation and other activities identified by the case manager and their supervisor to provide support and direction. In-service training is provided to staff through various cost-effective sources and is provided by qualified SCC personnel, Department staff, and others. Completion of training is maintained in the personnel file and tracked through an internal data base to ensure compliance with requirements of Certification for Child Welfare professionals.

The SCC QM and Training department conducts an annual training needs assessment to assist in the development of the annual training plan for all child welfare professionals within SCC. To determine if staff are receiving adequate training to meet their needs, trainees participate in four surveys the first year of their employment conducted by the QM department, and evaluations are offered following training sessions which allow participants to offer feedback and to inform the Training Department of their ongoing or emerging needs. The SCC maintains that the true evaluation of the effectiveness of the professional development process is related to achieving performance outcomes and directly links the development of training initiatives to areas identified through ongoing quality assurance activities. The variety of trainings offered to SCC and the community reflect the comprehensive knowledge and skill necessary to serve the complex needs of children and families under SCC supervision.

XIII   Targeted Efforts for Improvement for FY 2018-2019

New Initiatives: 2020-2021

1. Development of a tracking system to ensure initial contact is completed within the two working days. The Safe Children Coalition, Inc. was out of compliance during an audit in

August 2019. The percentage of contact initiated with in the two business days was 38.46% The initial contact tracking chart was implemented in April 2020. During the audit in August 2020 Safe Children Coalition decreased their lateness of contacts. The initial contact percentage of initiated contact went up to 85%.

2. Case manager calls scheduled every other week with all leadership. During the call updates are provided on COVID, Staff Retention, CQI items, department updates and recently added the discussion of one youth who has not reached permanency. During the call the case manager and case manager supervisor will join and give a background of the case. Those on the call share throughs or ask questions to help the case manager think outside the box and hopefully assist in reaching permanency.

3. Director of Data Analytics runs reports on timeliness of case note entry, placement moves, and performance. This position has also improved the Safe Children Coalition monthly reports.

4. Training Unit has been developed to support new case managers coming out of pre-service. The training unit is supervised by a trainer/job coach. The case managers will remain on the unit until it is determined they are ready for assigned in the CMO or they reach certification.

5. Discussion of a Utilization Management team. This team would be working with families at shelter to begin referrals and purchase of services. At this time the budget does not allow for a full team, but an administrative position has been posted to hire.

Safe Children Coalition has seen a lot of changes in the year of 2019-2020 and has made many positive changes within the system of care. COVID has changed the way of business, but with the new leadership, new positions, and new processes Safe Children Coalition continues to reach for new goals.

Submitted by:
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