



# FSSNF Annual CBC Lead Agency CQI Report Fiscal Year 2017-2018

August 31, 2018



## Table of Contents

I.	Introduction .....	3
II.	Contract Measures FY 17-18.....	5
III.	Reports Received, Removals and Discharges .....	7
IV.	Children in Care by Type.....	8
V.	Board of Directors.....	9
VI.	Performance Improvement.....	10
VII.	Safety Outcome .....	11
VIII.	Permanency Outcome .....	12
IX.	Well-Being.....	13
X.	CQI – IHC Safety Outcomes.....	14
XI.	CQI – IHC Well-Being Outcomes.....	15
XII.	RSF Family Assessment .....	16
XIII.	RSF Case Manager Visits .....	17
XIV.	RSF Background Checks and Home Assessments.....	18
XV.	RSF Safety Management .....	19
XVI.	RSF Supervisory Case Consultation and Guidelines .....	20
XVII.	CQI Foster Care.....	21
XVIII.	CQI IHC.....	23
XIX.	Rapid Safety Feedback (RSF).....	25
XX.	0-5 Supplemental Out-of-Home Care.....	28
XXI.	0-5 Supplemental Relative/Non-Relative Home Study Review.....	29
XXII.	0-5 Supplemental Out-of-Home Care Targeted Well-Being/Permanency Reviews .....	30
XXIII.	0-5 Supplemental Reunification Reviews .....	32
XXIV.	Findings:.....	33
XXV.	Gaps Between Findings and Benchmarks: .....	34
XXVI.	Intervention findings: .....	35

# I. Introduction

The statewide Quality Assurance process for fiscal year 2017-2018 utilized Rapid Safety Feedback (RSF), Child and Family Services Reviews (CFSR) for Foster Care and In-home Continuous Quality Improvement (CQI) case reviews. The three case reviews addressed Safety, Permanency, and Well-Being. The process improvement method was a consultation provided by the Quality Management Specialist to the case manager, supervisor, associate director and/or director after each case review. Consultation regarding specific challenges being addressed within a case was identified as a preferred quality improvement process and proved to be an integral piece to addressing areas in need of improvement. Family Support Services of North Florida (FSSNF) included an internal quality assurance review called 0-5 Supplemental reviews due to the high risk factors of substance abuse and domestic violence for this vulnerable age group. The FSSNF Lead Quality Management Specialist conducts all 0-5 Supplemental reviews. FSSNF quality assurance reviews:

- **Rapid Safety Feedback Reviews** focused on the safety of children ages 0-4 receiving in-home services for at least one day during the period of review and have been a service recipient for at least 30 days as of the sample date.
- **CQI Foster Care Reviews** focused on children age 0-17 receiving out-of-home services for at least 30 days during the period of review and have been a service recipient for at least 6 months as of the sample date.
- **CQI In-Home Care (IHC) Reviews** focused on children ages 0-17 receiving in-home services and open for at least 45 days during the period of review without a removal episode of at least 24 hrs.
- **0-5 Supplemental Reviews** focused on reunification reviews for children ages 0-5 using questions to comply with reunification requirements in CFOP; relative/non-relative home study reviews for children ages 0-5 using questions to comply with home study and background requirements in CFOP; and out of home care well-being/permanency reviews for children ages 0-5 using questions from CFSR well-being and permanency.

The statewide Quality Assurance process for fiscal year 2017-2018 included the federal **Child and Family Services Review (CFSR)** that began in April of 2016. Florida completed its CFSR in September 2016 and the Children's Bureau issued the final report on December 28, 2016, giving the state 90 days to develop a Program Improvement Plan (PIP) for failing to meet performance goals. The PIP was approved on March 28, 2017 by the Children's Bureau and implementation

began on July 1, 2017. FSSNF completed eight CFSR PIP case reviews during the FY 17/18 and created PIP action items to improve areas needing improvement.

FSSNF has budgeted for our QM Department to manage our CFSR PIP and CQI organizational capacity. FSSNF Quality Management staffing consists of the QM Director, QM Specialist Manager, Lead QM Specialist, QM Oversight Coordinator, and 3 QM Specialists. FSSNF also created a Process Improvement Department to look at strengths and areas needing improvement within our agency for performance outcome measures. The FSSNF QM Department works closely with our Process Improvement team regarding our CQI organizational capacity to come up with action plans for improvement and monitoring trends. The FSSNF Oversight Coordinator is the lead for the QM Department for all PIP related activity. This position is dedicated to monitoring PIP activities and compliance with corrective action tasks. The Oversight Coordinator works closely with several FSSNF departments and staff to ensure PIP compliance such as our:

- Licensing/Placement Department
- Process Improvement Department
- Data Department
- CMO Department
- Community Development Department
- Family Preservation Department
- Behavioral Health Integration Manager

All of these departments at FSSNF are key contributors to the FSSNF PIP activities and CQI organizational capacity. Our Data department meets monthly with our Case Management Organizations (CMOs) to go over areas needing improvement based off of FSN data reports and Department of Children and Families (DCF) scorecard measurements. The FSSNF CMO services department meets monthly with the CMOs to ensure compliance with contract measures, provide support for best practices, and come up with solutions to barriers to improve outcome measures such as CQI and RSF data outcome measures. FSSNF has monthly barrier breaker meetings with various and sundry stakeholders in our community as well as our CMOs, Children's Legal Services (CLS), and DCF partners to review areas needing improvement for better overall child safety practice and support for our families.

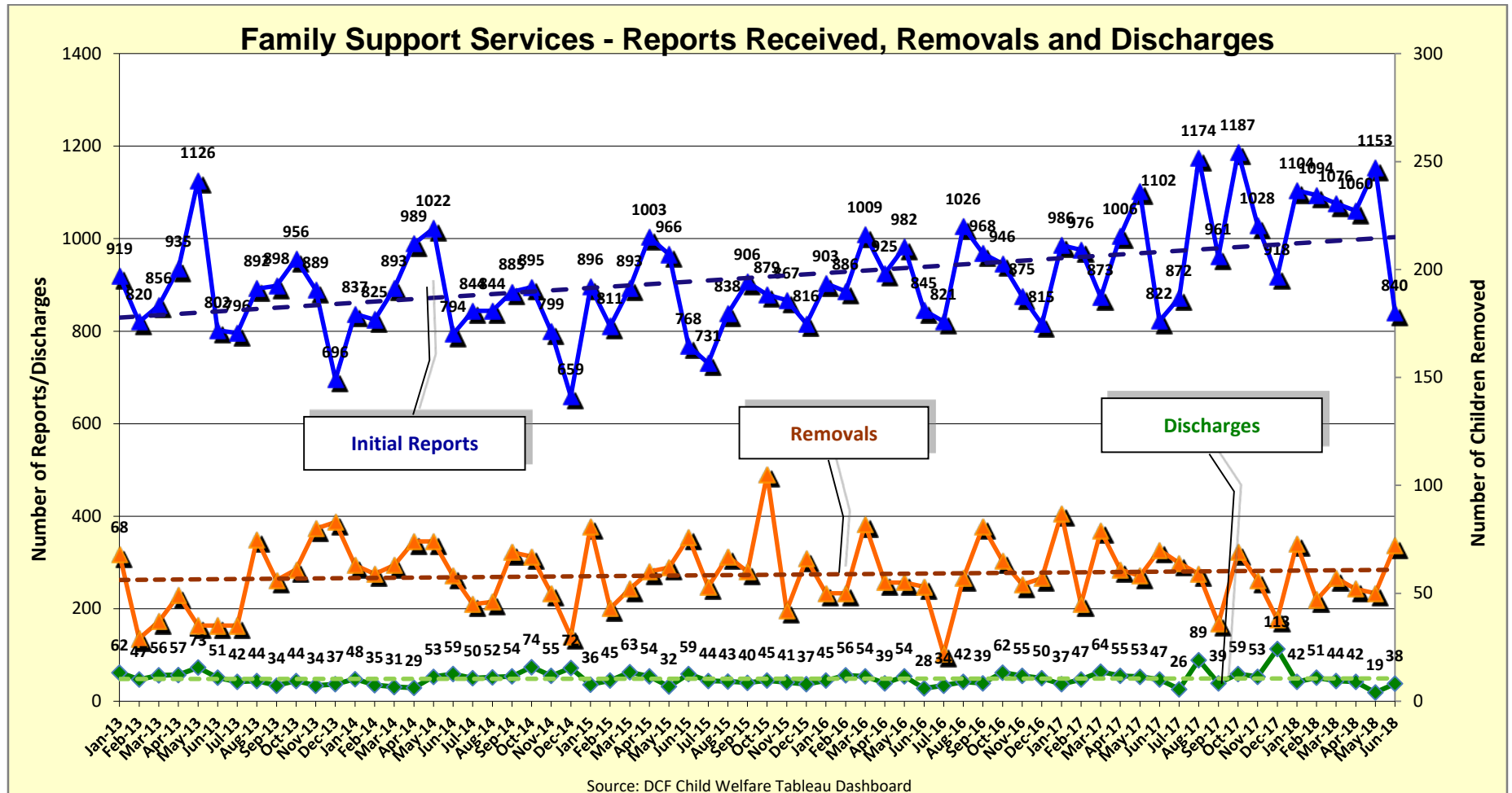
The FSSNF QM Director tracks and monitors all CQI, RSF, and PIP case results and sends quarterly reports to FSSNF Senior Management and CMO Management for review and corrective action.

## II. Contract Measures FY 17-18

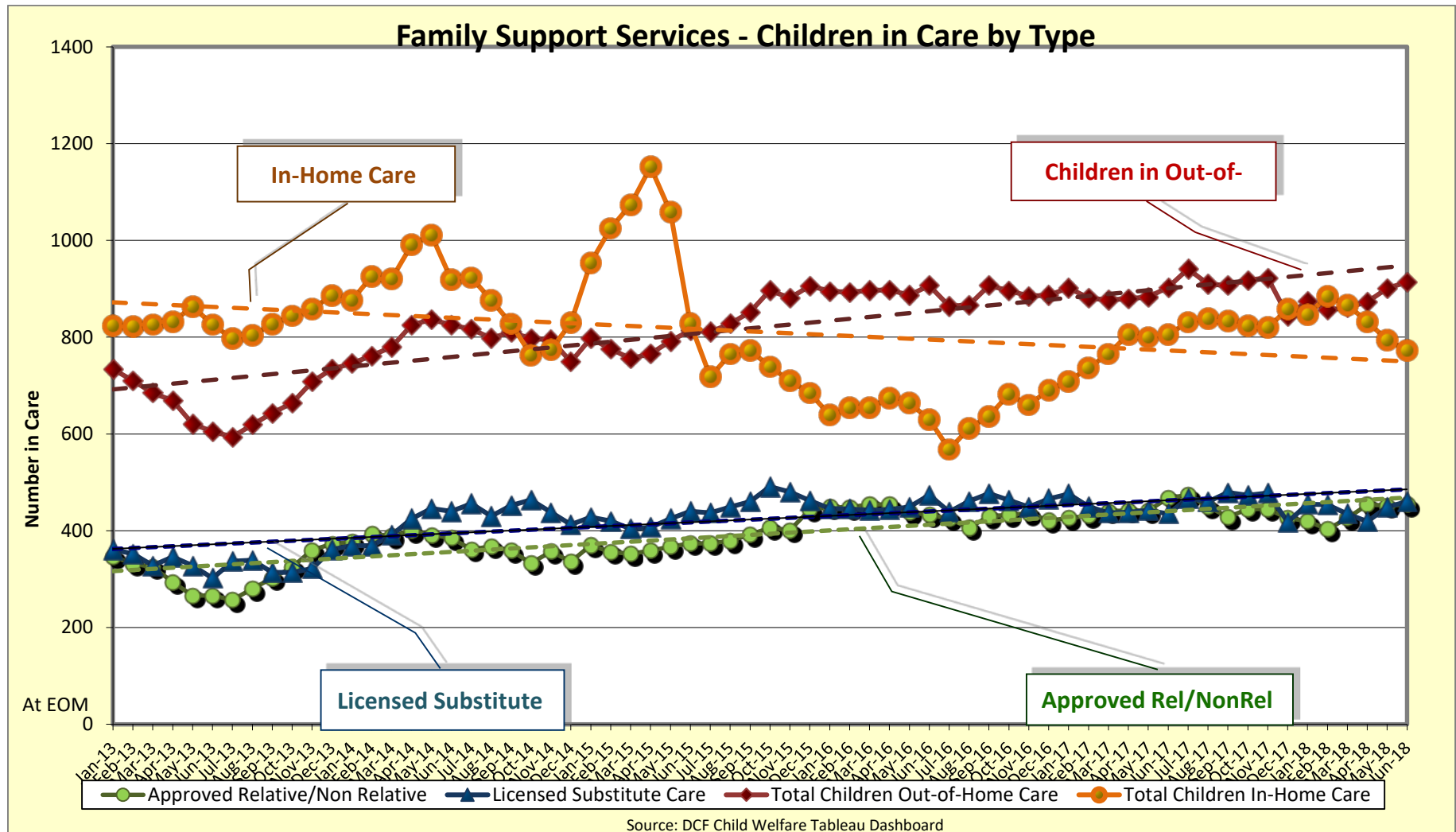
Contract Measure	Scorecard Measure	Contract Performance Measures	Standard	Q1	Q2	Q3	Q4	FSS Average Q1-Q4	Statewide CBC Average Q1-Q4
1	M01	Rate of abuse or neglect per day while in foster care	8.50 or less	5.89	7.65	7.88	7.62	7.27	9.45
2	N/A	Number of children with finalized adoptions between July 1, 2017 and June 30, 2018.	172	88	130	70	75	363 total	
3	M04	Percentage of children under supervision who are seen every thirty (30) days	99.5% and above	99.90%	99.80%	99.90%	99.90%	99.90%	99.70%
4	M05	Children exiting foster care to a permanent home within twelve (12) months of entering care	40.5% and above	37.20%	35.50%	37.80%	40.70%	37.80%	39.75%
5	M07	Children who do not re-enter foster care within twelve (12) months of moving to a permanent home	91.7% and above	85.40%	98.40%	87.50%	93.70%	91.30%	89.60%
6	M08	Children's placement moves per 1,000 days in foster care	4.12 or less	3.68	3.12	3.11	3.23	3.31	4.45
7	M09	Percentage of children in out-of-home care who received medical service in the last twelve (12) months.	95.0% and above	98.80%	99.20%	98.80%	98.40%	99.00%	97.50%

Contract Measure	Scorecard Measure	Contract Performance Measures	Standard	Q1	Q2	Q3	Q4	FSS Average Q1-Q4	Statewide CBC Average Q1-Q4
8	M10	Percentage of children in out-of-home care who received dental services within the last seven (7) months.	95.0% and above	96.10%	94.00%	91.30%	93.40%	94.00%	92.40%
9	M11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education	80.0% and above	100.00%	100.00%	100.00%	96.20%	98.90%	89.00%

### III. Reports Received, Removals and Discharges



## IV. Children in Care by Type





## V. Board of Directors

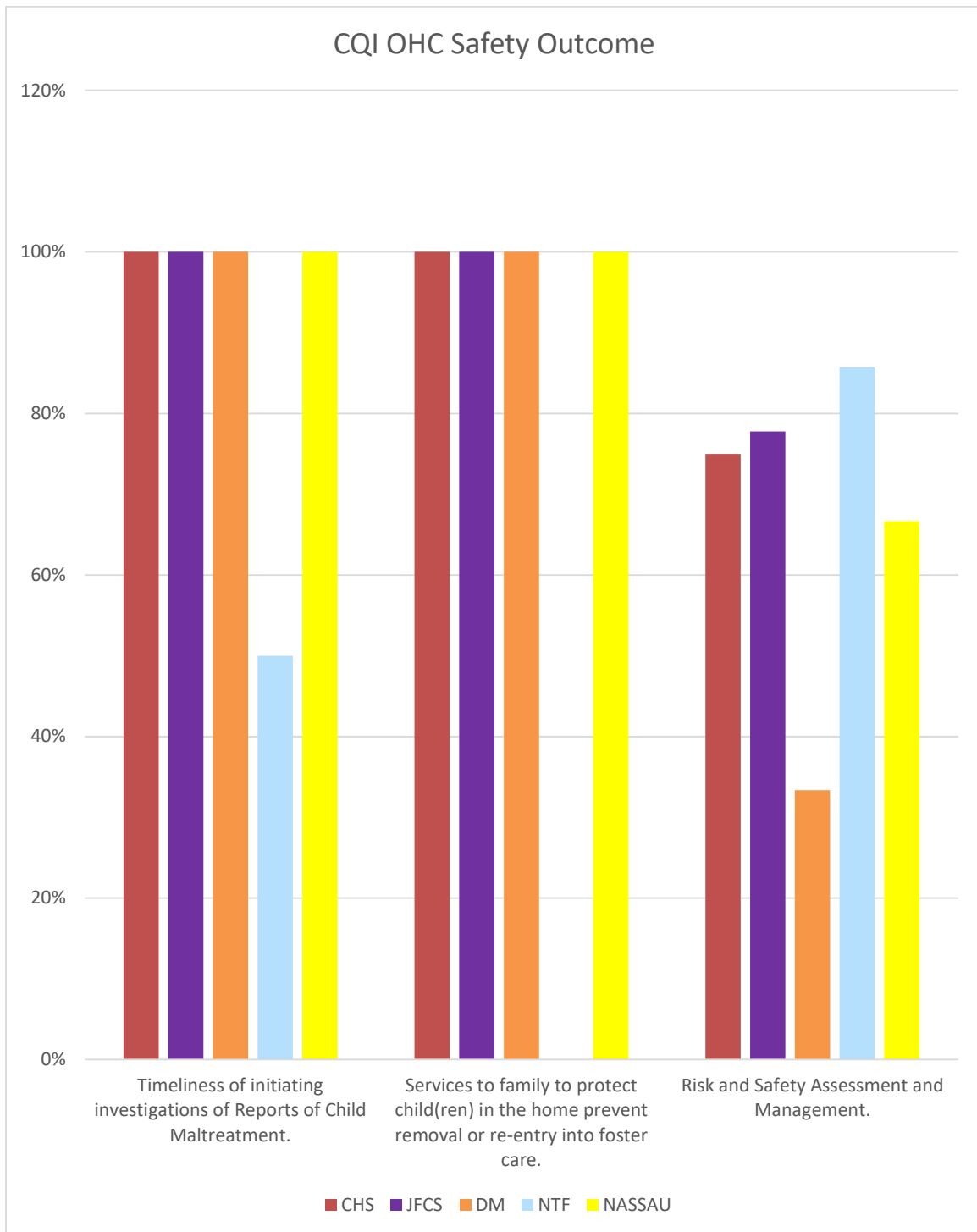


## VI. Performance Improvement

The FSSNF Quality Management (QM) Director pulls the monthly CQI and RSF case samples for the QM Specialists to complete the case reviews. The QM Specialists also complete the CFSR PIP case reviews that are assigned by DCF. The Lead QM Specialist completes all three types of 0-5 Supplemental case reviews on a monthly basis. Second party case reviews for the CQI and RSF cases are completed by the QM Manager. Consultations occur on all case reviews with the Family Services Counselor (FSC), FSC Supervisor, and QM Manager and Director. During the consultations, the strengths and areas needing improvement are discussed for lessons learned and action items for performance improvement. If there is a safety concern, a Request for Action (RFA) is completed immediately with the FSC. The QM Director monitors and tracks all the case reviews and maintains a tracking log for all CQI In-Home, CQI Foster Care, and RSF case reviews. This tracking log was created in FY 16/17 so we now have year to year comparison data.

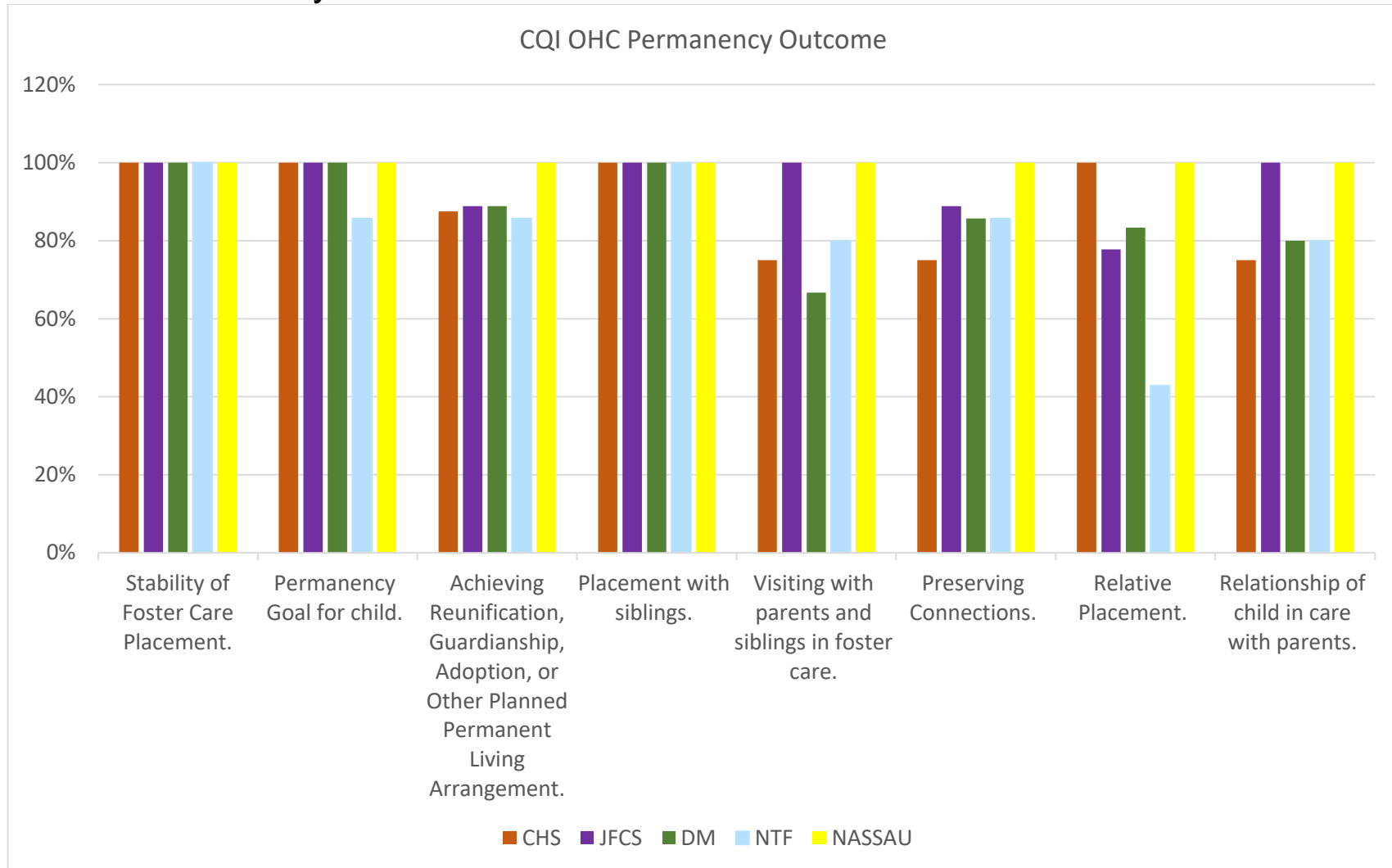
After analyzing and processing the outcome measures from FY 2016/17 to FY 2017/18, FSSNF has shown an overall slight improvement in CQI IHC, CQI Foster Care, and RSF case reviews. There were more significant improvements in the 0-5 Supplemental case reviews. This data is reviewed quarterly by FSSNF and CMO Management in conjunction with scorecard and FSN data. All data is used by FSSNF Senior Management during weekly meeting to determine implementation plans for improvements. FSSNF creates workgroups to analyze the data in order to develop pilot programs and best practice strategies such as our Post Reunification pilot program with one of our CMOs, Daniel. This pilot program was created on January 1, 2017 to improve timely permanency and prevent the recidivism of foster care re-entry.

## VII. Safety Outcome

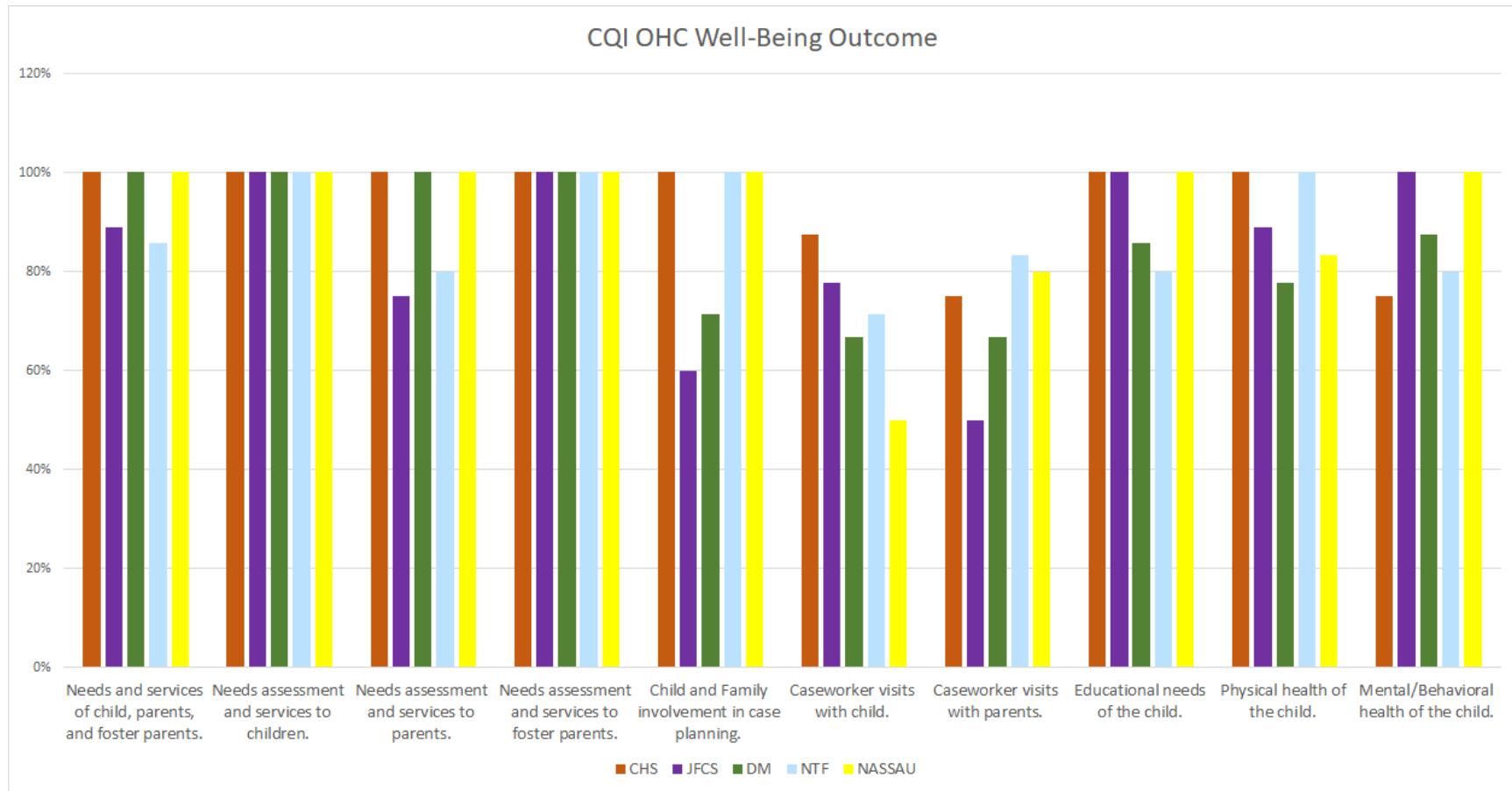


<sup>1</sup> Zero percentage indicates no cases were selected for the CMO.

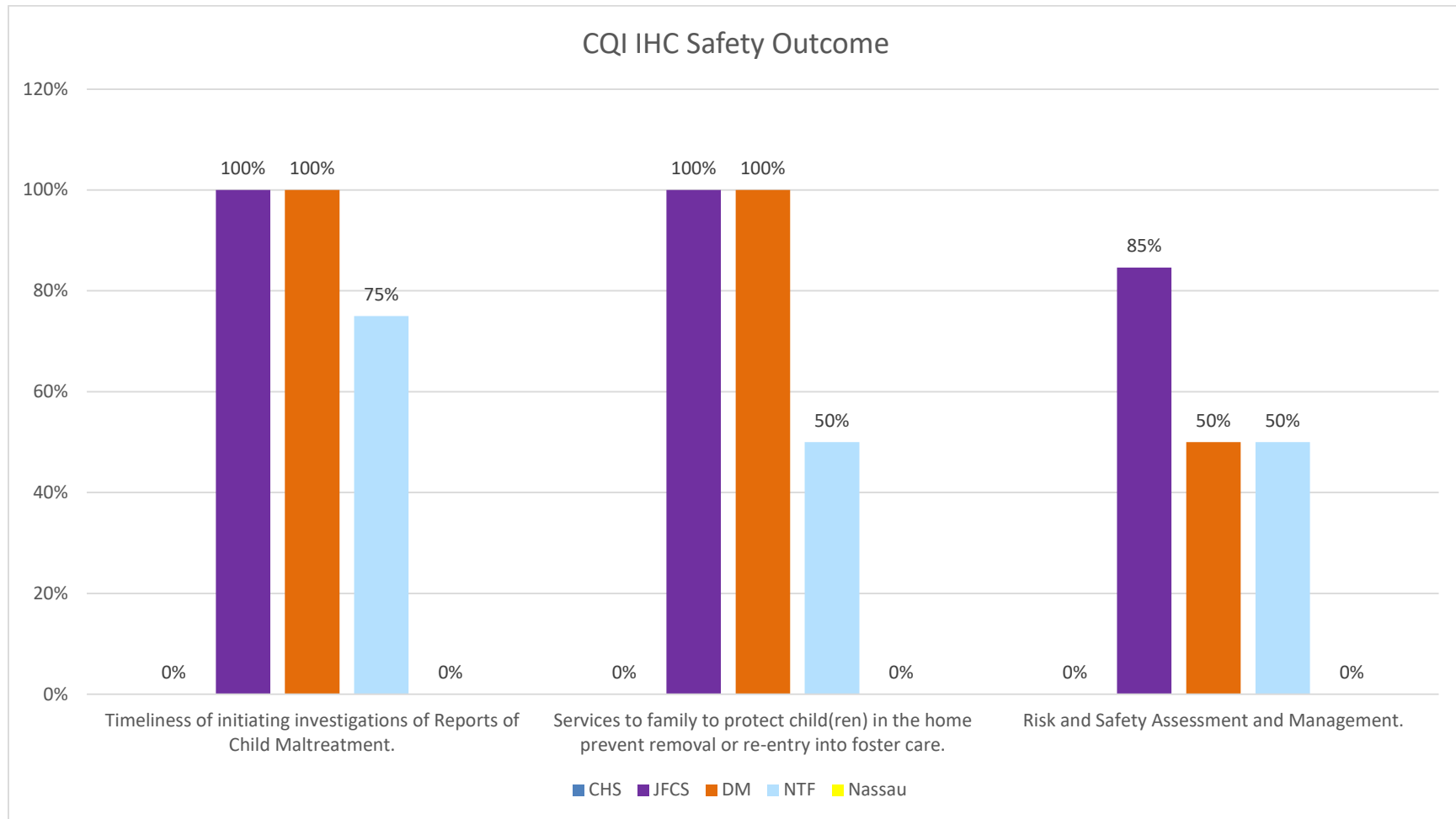
## VIII. Permanency Outcome



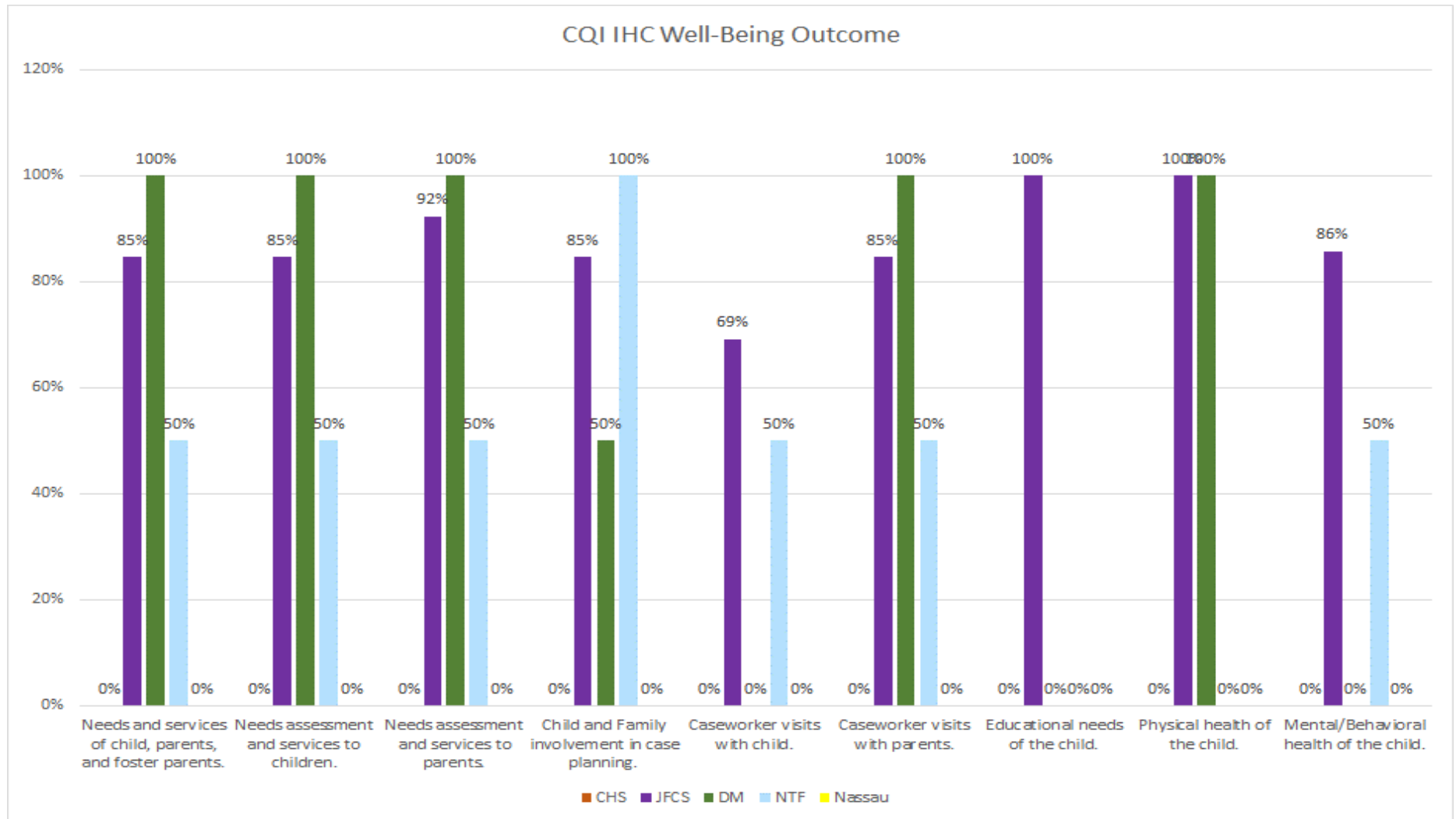
## IX. Well-Being



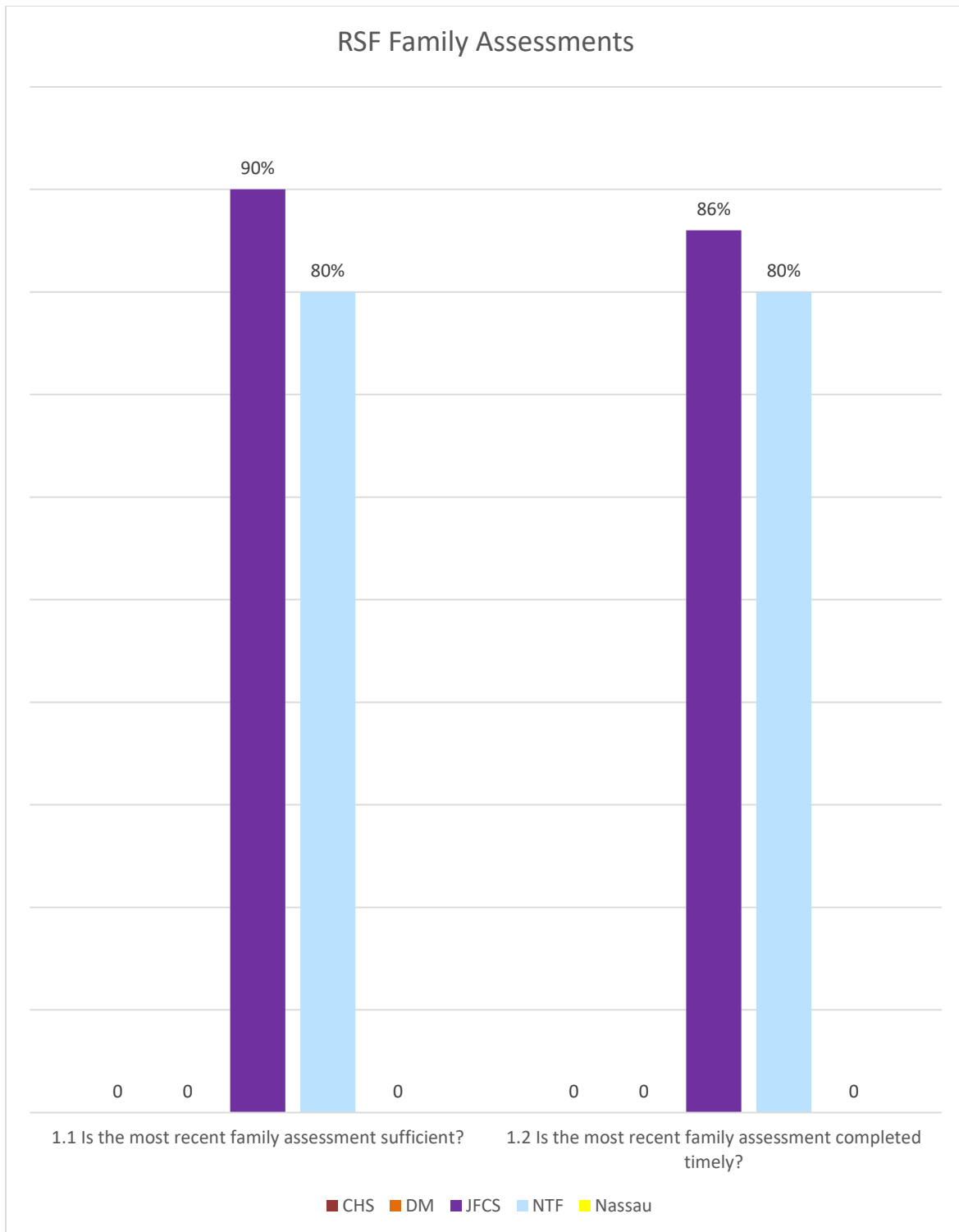
## X. CQI – IHC Safety Outcomes



## XI. CQI – IHC Well-Being Outcomes

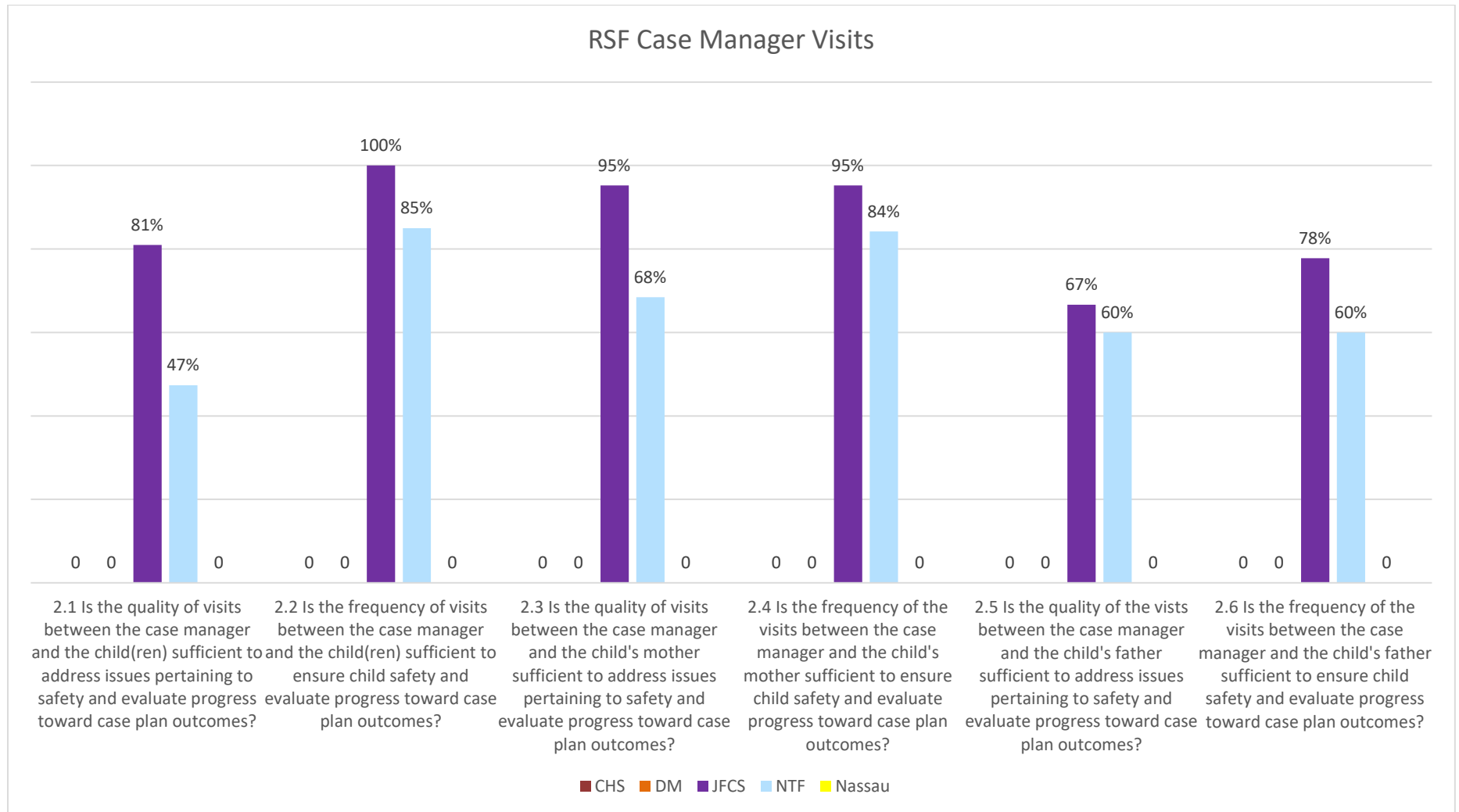


## XII. RSF Family Assessment

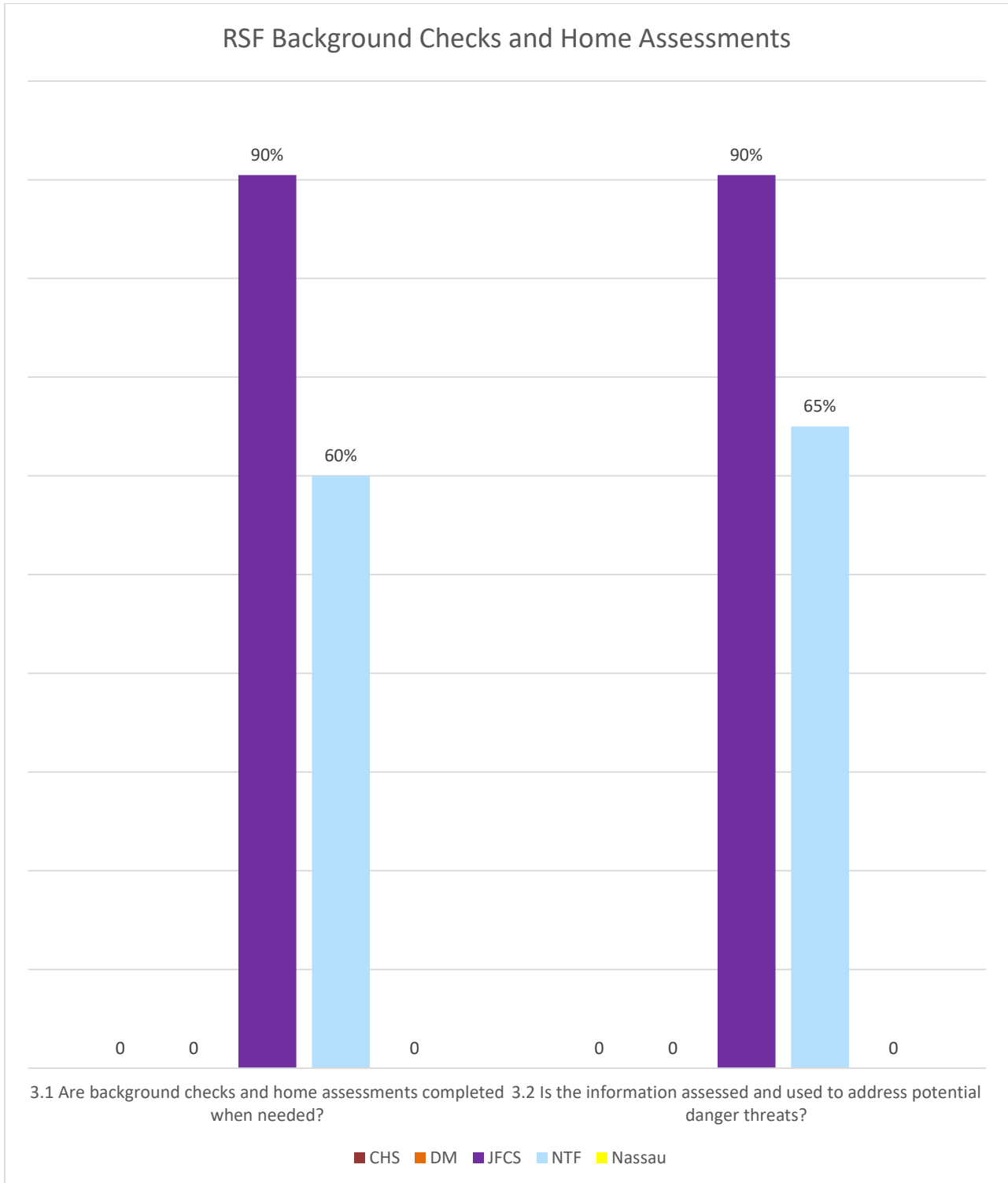




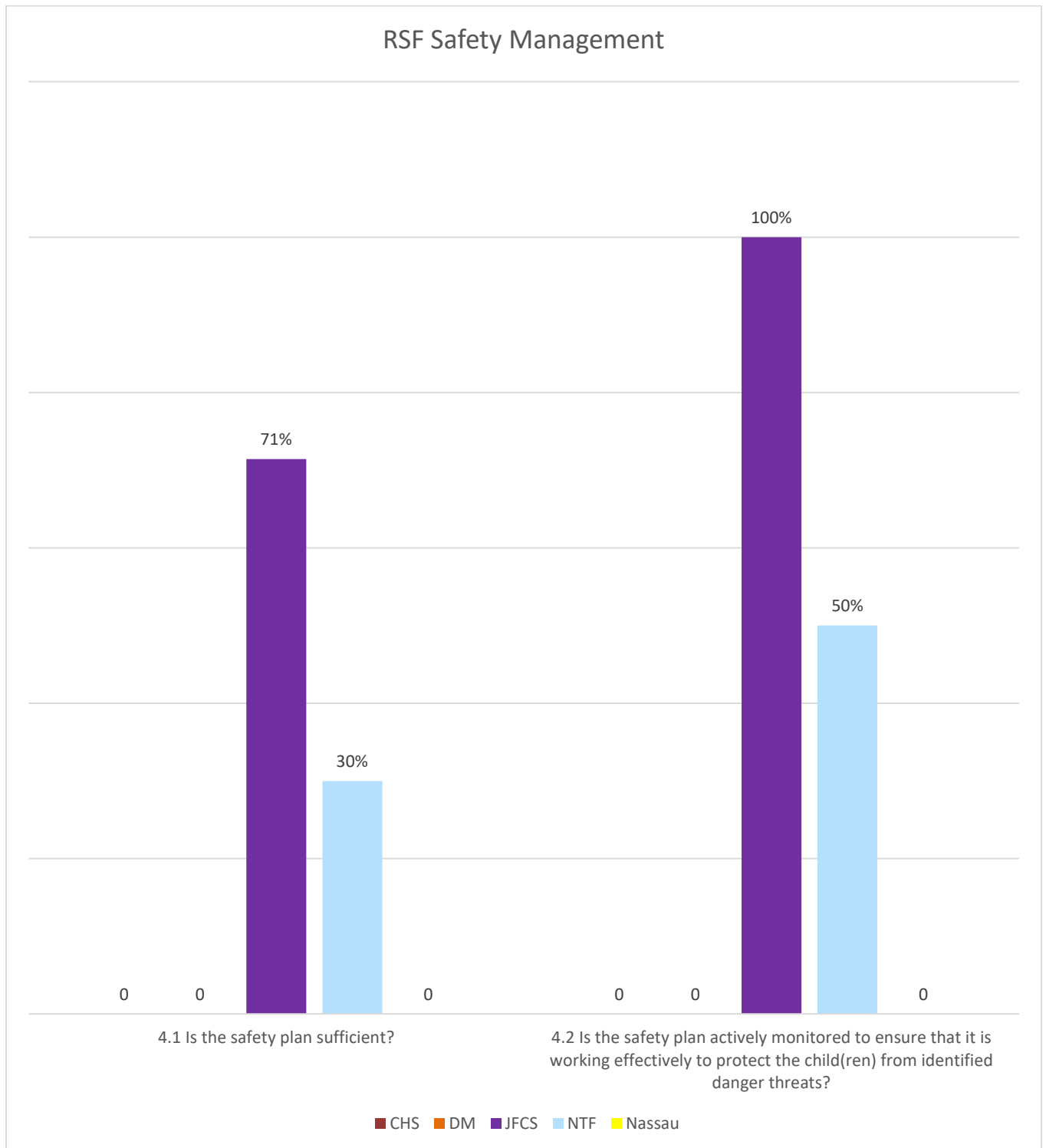
### XIII. RSF Case Manager Visits



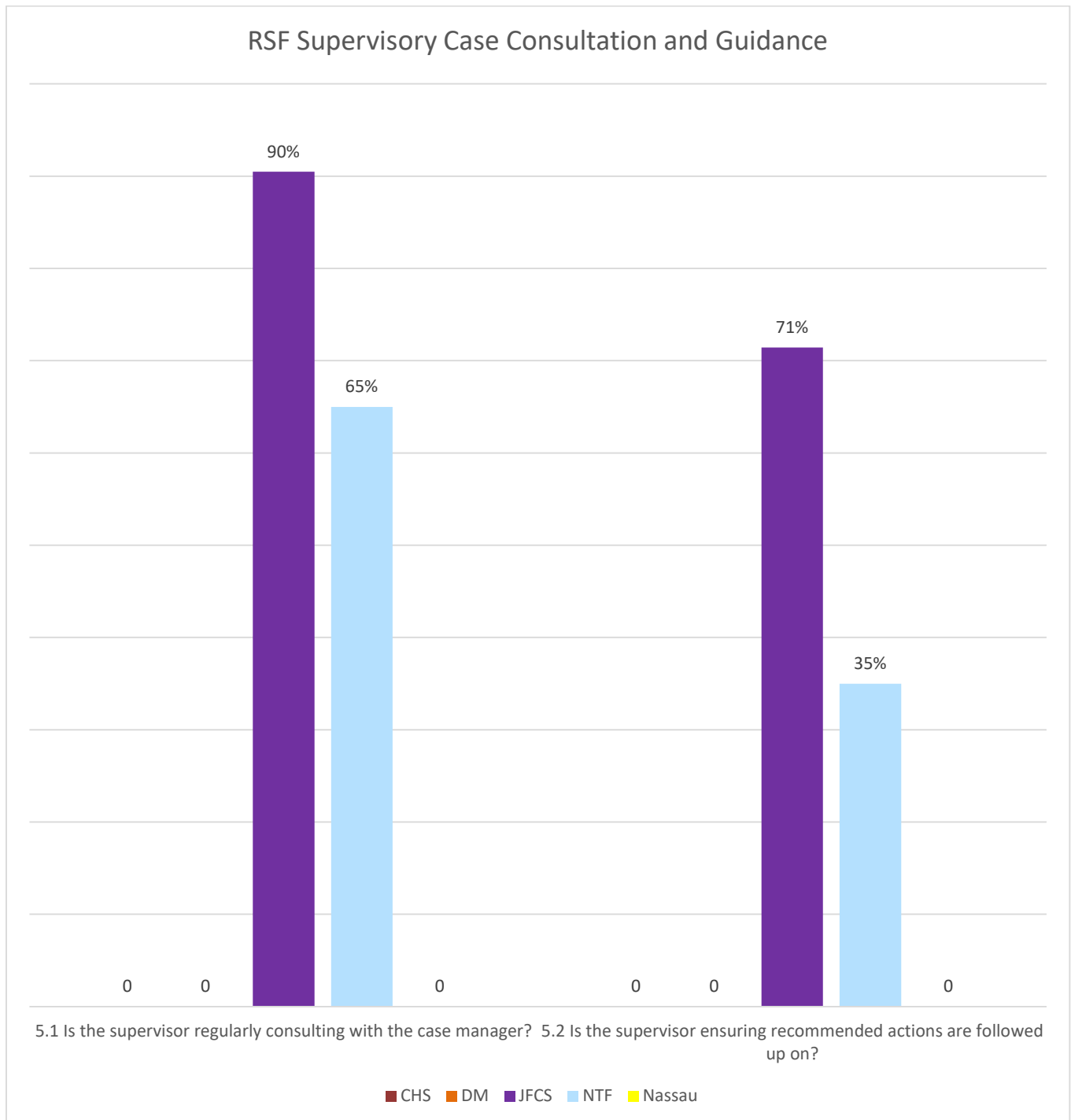
## XIV. RSF Background Checks and Home Assessments



## XV. RSF Safety Management



## XVI.RSF Supervisory Case Consultation and Guidelines



## XVII. CQI Foster Care

	2017 - 2018 TOTALS				2016 - 2017 TOTALS			
Category	STRENGTH	%	AREA FOR IMPROVEMENT	%	STRENGTH	%	AREA FOR IMPROVEMENT	%
Timeliness of initiating investigations of Reports of Child Maltreatment.	12	92%	1	8%	17	100%	0	0%
Services to family to protect child(ren) in the home prevent removal or re-entry into foster care.	10	100%	0	0%	16	100%	0	0%
Risk and Safety Assessment and Management.	26	67%	13	33%	26	62%	16	38%
Stability of Foster Care Placement.	38	100%	0	0%	40	100%	0	0%
Permanency Goal for child.	38	97%	1	3%	39	93%	3	7%
Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement.	35	90%	4	10%	36	86%	6	14%
Placement with siblings.	22	100%	0	0%	24	89%	3	11%
Visiting with parents and siblings in foster care.	23	85%	4	15%	25	78%	7	22%
Preserving Connections.	31	86%	5	14%	32	76%	10	24%
Relative Placement.	27	79%	7	21%	29	69%	13	31%
Relationship of child in care with parents.	22	88%	3	12%	23	82%	5	18%
Needs and services of child, parents, and foster parents.	37	95%	2	5%	29	69%	13	31%

	2017 - 2018 TOTALS				2016 - 2017 TOTALS			
Category	STRENGTH	%	AREA FOR IMPROVEMENT	%	STRENGTH	%	AREA FOR IMPROVEMENT	%
Needs assessment and services to children.	39	100%	0	0%	39	93%	3	7%
Needs assessment and services to parents.	22	92%	2	8%	25	81%	6	19%
Needs assessment and services to foster parents.	37	100%	0	0%	36	88%	5	12%
Child and Family involvement in case planning.	24	86%	4	14%	31	76%	10	24%
Caseworker visits with child.	28	72%	11	28%	28	67%	14	33%
Caseworker visits with parents.	18	72%	7	28%	17	57%	13	43%
Educational needs of the child.	26	93%	2	7%	32	91%	3	9%
Physical health of the child.	35	90%	4	10%	38	90%	4	10%
Mental/Behavioral health of the child.	26	90%	3	10%	28	93%	2	7%
<b>TOTAL STRENGTH</b>	<b>576</b>	<b>89%</b>			<b>610</b>	<b>82%</b>		
<b>TOTAL AREA OF IMPROVEMENT</b>	<b>73</b>	<b>11%</b>			<b>136</b>	<b>18%</b>		
<b>TOTAL ELEMENTS</b>	<b>649</b>	<b>100%</b>			<b>746</b>	<b>100%</b>		

## XVIII. CQI IHC

	2017 - 2018 TOTALS				2016 - 2017 TOTALS			
Category	STRENGTH	%	AREA FOR IMPROVEMENT	%	STRENGTH	%	AREA FOR IMPROVEMENT	%
Timeliness of initiating investigations of Reports of Child Maltreatment.	19	95%	1	5%	28	93%	2	7%
Services to family to protect child(ren) in the home prevent removal or re-entry into foster care.	15	94%	1	6%	28	93%	2	7%
Risk and Safety Assessment and Management.	16	76%	5	24%	19	63%	11	37%
Stability of Foster Care Placement.	0	NA	0	NA	0	NA	0	NA
Permanency Goal for child.	0	NA	0	NA	0	NA	0	NA
Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement.	0	NA	0	NA	0	NA	0	NA
Placement with siblings.	0	NA	0	NA	0	NA	0	NA
Visiting with parents and siblings in foster care.	0	NA	0	NA	0	NA	0	NA
Preserving Connections.	0	NA	0	NA	0	NA	0	NA
Relative Placement.	0	NA	0	NA	0	NA	0	NA
Relationship of child in care with parents.	0	NA	0	NA	0	NA	0	NA
Needs and services of child, parents, and foster parents.	17	81%	4	19%	20	67%	10	33%

	2017 - 2018 TOTALS				2016 - 2017 TOTALS			
Category	STRENGTH	%	AREA FOR IMPROVEMENT	%	STRENGTH	%	AREA FOR IMPROVEMENT	%
Needs assessment and services to children.	17	81%	4	19%	26	87%	4	13%
Needs assessment and services to parents.	18	86%	3	14%	21	70%	9	30%
Needs assessment and services to foster parents.	0	NA	0	NA	0	NA	0	NA
Child and Family involvement in case planning.	18	86%	3	14%	21	72%	8	28%
Caseworker visits with child.	13	62%	8	38%	21	70%	9	30%
Caseworker visits with parents.	17	81%	4	19%	24	83%	5	17%
Educational needs of the child.	5	71%	2	29%	4	80%	1	20%
Physical health of the child.	4	80%	1	20%	9	82%	2	18%
Mental/Behavioral health of the child.	8	80%	2	20%	6	60%	4	40%
<b>TOTAL STRENGTH</b>	<b>167</b>	<b>81%</b>			<b>227</b>	<b>77%</b>		
<b>TOTAL AREA OF IMPROVEMENT</b>	<b>38</b>	<b>19%</b>			<b>67</b>	<b>23%</b>		
<b>TOTAL ELEMENTS</b>	<b>205</b>	<b>100%</b>			<b>294</b>	<b>100%</b>		



## XIX. Rapid Safety Feedback (RSF)

	2017 - 2018 RSF TOTALS				2016 - 2017 RSF TOTALS			
Category	STRENGTH	%	AREA FOR IMPROVEMENT	%	STRENGTH	%	AREA FOR IMPROVEMENT	%
1.1 Is the most recent family assessment sufficient?	35	85%	6	15%	29	74%	10	26%
1.2 Is the most recent family assessment completed timely?	34	83%	7	17%	28	72%	11	28%
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?	26	65%	14	35%	29	74%	10	26%
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?	38	93%	3	7%	39	100%	0	0%
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?	33	83%	7	18%	31	79%	8	21%

	2017 - 2018 RSF TOTALS				2016 - 2017 RSF TOTALS			
Category	STRENGTH	%	AREA FOR IMPROVEMENT	%	STRENGTH	%	AREA FOR IMPROVEMENT	%
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?	36	90%	4	10%	38	97%	1	3%
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?	12	63%	7	37%	18	69%	8	31%
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?	13	68%	6	32%	18	69%	8	31%
3.1 Are background checks and home assessments completed when needed?	31	76%	10	24%	30	77%	9	23%
3.2 Is the information assessed and used to address potential danger threats?	32	78%	9	22%	32	82%	7	18%
4.1 Is the safety plan sufficient?	21	51%	20	49%	22	56%	17	44%

	2017 - 2018 RSF TOTALS				2016 - 2017 RSF TOTALS			
Category	STRENGTH	%	AREA FOR IMPROVEMENT	%	STRENGTH	%	AREA FOR IMPROVEMENT	%
4.2 Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?	31	76%	10	24%	25	64%	14	36%
5.1 Is the supervisor regularly consulting with the case manager?	32	78%	9	22%	27	69%	12	31%
5.2 Is the supervisor ensuring recommended actions are followed up on?	22	54%	19	46%	22	56%	17	44%
<b>TOTAL STRENGTH</b>	<b>396</b>	<b>75.14%</b>			<b>388</b>	<b>74.62%</b>		
<b>TOTAL AREA OF IMPROVEMENT</b>	<b>131</b>	<b>24.86%</b>			<b>132</b>	<b>25.38%</b>		
<b>TOTAL ELEMENTS</b>	<b>527</b>	<b>100%</b>			<b>520</b>	<b>100%</b>		

## XX. 0-5 Supplemental Out-of-Home Care

### 0-5 Supplemental Out-of-Home Care Targeted Well-Being/Permanency Reviews: July 2017 - June 2018

AGENCY	SURVEYS COMPLETED	APP	YES	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	AVERAGE
JFCS	8	76	74	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	97.50%
NTF	4	38	36	100%	100%	100%	100%	100%	100%	100%	100%	100%	50%	95%
DANIEL	14	134	125	100%	100%	93%	86%	100%	92%	100%	92%	100%	71%	93.39%
CHS	13	129	122	100%	100%	92%	100%	100%	100%	100%	100%	100%	54%	94.53%
NASSAU	8	73	73	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
TOTAL	47	450	430	100%	100%	96%	96%	100%	98%	100%	97%	100%	70%	96.08%

#### SURVEY QUESTIONS

- 1 Were concerted efforts made to ensure visits were frequent enough and of sufficient duration to promote continuity of the child's relationship with the parent?
- 2 Were concerted efforts made to ensure that the quality of visitation between the parent and child was sufficient to maintain or promote the continuity of the relationship?
- 3 Did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the child's needs?
- 4 Were appropriate services provided to meet the child's identified needs?
- 5 Did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the mother's needs?
- 6 Did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the father's needs?
- 7 Were appropriate services provided to meet the mother's identified needs?
- 8 Were appropriate services provided to meet the father's identified needs?
- 9 Did the agency make concerted efforts to actively involve the parents in the case planning process?
- 10 Is there evidence the case management supervisor is regularly consulting with the case manager, ensuring recommended actions followed up on urgently.

## XXI.0-5 Supplemental Relative/Non-Relative Home Study Review

2017-2018 FISCAL YEAR 0-5 SUPPLEMENTAL RELATIVE/NON-RELATIVE HOME STUDY REVIEW MINDSHARE AVERAGES											
AGENCY	SURVEYS COMPLETED	APPLICABLE ANSWERS	YES	Q1	Q2	Q3	Q4	Q5	Q6	Q7	AVERAGE
JFCS	55	321	298	95%	95%	82%	96%	93%	100%	97%	92.55%
NTF	6	33	28	100%	100%	67%	83%	67%	0%	100%	85%
DANIEL	39	222	188	90%	87%	77%	87%	82%	50%	95%	85.58%
CHS	24	133	113	92%	88%	88%	83%	75%	50%	100%	84.27%
NASSAU	12	68	68	100%	100%	100%	100%	100%	100%	100%	100%
<b>TOTAL</b>	<b>136</b>	<b>777</b>	<b>695</b>	<b>93%</b>	<b>92%</b>	<b>82%</b>	<b>91%</b>	<b>86%</b>	<b>82%</b>	<b>97%</b>	<b>89.48%</b>

1. For each non-licensed placement, a home study shall be completed by the FSC prior to or at the time of placement and filed with the court within 30 days of being approved with court within 30 days of being approved.
2. The home study is approved.
3. Background checks, including receipt and consideration of the results are required prior to placement and includes background checks for all household members, frequent visitors, and back-up caregivers.
4. The home study was filed with the court.
5. The home study and background checks are found in the FSFN file cabinet.
6. Background checks, including receipt and consideration of the results are completed for new household members, frequent visitors, and back-up caregivers.
7. General Supervisory Review quality. The review needs to address safety, permanency, and well-being.

## XXII. 0-5 Supplemental Out-of-Home Care Targeted Well-Being/Permanency Reviews

### 0-5 Supplemental Out-of-Home Care Targeted Well-Being/Permanency Reviews: July 2017 - June 2018

AGENCY	SURVEYS COMPLETED	APP	YES	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	AVERAGE
JFCS	8	76	74	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	97.50%
NTF	4	38	36	100%	100%	100%	100%	100%	100%	100%	100%	100%	50%	95%
DANIEL	14	134	125	100%	100%	93%	86%	100%	92%	100%	92%	100%	71%	93.39%
CHS	13	129	122	100%	100%	92%	100%	100%	100%	100%	100%	100%	54%	94.53%
NASSAU	8	73	73	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
TOTAL	47	450	430	100%	100%	96%	96%	100%	98%	100%	97%	100%	70%	96.08%

#### SURVEY QUESTIONS

- 1 Were concerted efforts made to ensure visits were frequent enough and of sufficient duration to promote continuity of the child's relationship with the parent?
- 2 Were concerted efforts made to ensure that the quality of visitation between the parent and child was sufficient to maintain or promote the continuity of the relationship?
- 3 Did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the child's needs?
- 4 Were appropriate services provided to meet the child's identified needs?
- 5 Did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the mother's needs?
- 6 Did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the father's needs?
- 7 Were appropriate services provided to meet the mother's identified needs?
- 8 Were appropriate services provided to meet the father's identified needs?

**0-5 Supplemental Out-of-Home Care Targeted Well-Being/Permanency Reviews: July 2017 - June 2018**

AGENCY	SURVEYS COMPLETED	APP	YES	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	AVERAGE
9	Did the agency make concerted efforts to actively involve the parents in the case planning process?													
10	Is there evidence the case management supervisor is regularly consulting with the case manager, ensuring recommended actions followed up on urgently?													

## XXIII. 0-5 Supplemental Reunification Reviews

**2017-2018 FISCAL YEAR 0-5 SUPPLEMENTAL REUNIFICATION REVIEW MINDSHARE AVERAGES**

AGENCY	SURVEYS COMPLETED	APPLICABLE ANSWERS	YES	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	AVERAGE
JFCS	20	159	141	95%	90%	63%	90%	95%	90%	90%	95%	88.75%
NTF	4	31	16	50%	50%	50%	33%	0%	75%	50%	100%	50.45%
DANIEL	15	120	71	20%	60%	40%	80%	40%	67%	80%	87%	59.17%
CHS	7	56	39	71%	43%	86%	71%	43%	86%	57%	100%	69.64%
NASSAU	5	40	37	60%	100%	80%	100%	100%	100%	100%	100%	92.50%
<b>TOTAL</b>	51	406	304	63%	73%	60%	82%	65%	82%	80%	94%	72.10%

1. Case plan to Maintain and Strengthen is found in the FSFN file cabinet.
2. Progress Update with supervisor consultation and approval have been completed to reflect conditions for return have been met. (this includes assessment of the parent's physical location in which an in-home safety plan can be implemented)
3. Updated local criminal history checks have been completed, including required fingerprint submission.
4. Documentation is present in FSFN that a reunification planning conference has occurred.
5. In Home Safety Plan has been developed with the family, signed, and uploaded into FSFN.
6. Post-placement supervision is occurring as needed (this should be included in safety plan and reviewed by FSC and supervisor within 5 business days after the child has been reunified).
7. Supervisor consultations have been completed and reunification is approved with concurrence from program manager.
8. Documentation in FSFN that the child was seen and assessed at each visit



## XXIV. Findings:

Our year to year findings for CQI performance data shows we improved in all items except two for CQI Foster Care cases. Timeliness of initiating investigations of reports of child maltreatment went from 100% to 92%. The other item was mental/behavioral health of the child which went from 93% to 90%. The timeliness of initiating investigations is not a FSSNF operation and falls under our DCF CPI departments. Even though we decreased in these two items from previous FY, they were both high enough to meet PIP target percentages and would not be considered an area needing improvement (ANI). FSSNF CQI IHC data was not as strong as our CQI Foster Care cases due to only improving in 7 of the 12 items from previous FY. RSF data showed a very minor improvement overall from 74.62% in FY 16/17 to 75.14% in FY 17/18. RSF percentage of strengths went down in 9 of the 14 items but 5 of the 9 were less than 5% decreases. In 4 of the 5 items where we improved from previous FY, the increase was significantly higher which is why the overall percentage improved slightly.

Only 4 of the 21 CQI Foster Care items are areas needing improvement: risk and safety assessment; relative placement; caseworker visits with child; and caseworker visits with parent. We improved significantly in all 4 items from previous FY but they are still not at our internal standard. CQI IHC had 8 of 12 areas needing improvement including the same items in CQI Foster Care except relative placement as that item was N/A for CQI IHC. The other areas needing improvement for CQI IHC involved assessment and services to the children. All of the items in the RSF were below our internal standards of 95% strengths for all items even though our overall strengths percentage made a slight improvement from last FY.

FSSNF RSF and CQI data for Safety items shows we are in need of improvement. This is one item where we did significantly better in our CQI IHC vs CQI Foster Care probably due to our Family Preservation FAST program. Our CQI IHC case reviews are primarily all FAST cases. There is so much work done on the front end of the case with safety and risk assessment by our FAST program which is why this is a higher strength than our CQI Foster Care cases. However, it's still an area needing improvement for both the Foster Care and In-Home Care cases.

The 8 CQI Foster Care items for Permanency are all strengths for FSSNF. The only item that would need to improve would be relative placements. Our DCF scorecard measure for M05 for children achieving permanency within 12 months and M07 children not re-entering foster care within 12 months of permanency are both in the yellow for FY 17/18. This outcome measure doesn't meet DCF or FSSNF internal standards which is why we have program improvement strategies to make this a strength for our agency.

CQI Foster Care and CQI IHC items for Well-Being shows a marked difference between the two case reviews. Our Foster Care cases are significantly stronger than our IHC cases in Well-Being. The only 2 items for Foster Care that don't meet our quality internal

standards are caseworker visits with child and caseworker visits with parents. All other 8 items for Foster Care are strengths. As for IHC, only one of the 9 items meets our quality internal standards and one item is N/A due to being a foster parents item not found in IHC cases. This might be due to our FAST program emphasizing services for parents and not enough for the children because they are already in home with the parents. This is an area of focus moving forward into the new FY 18/19.

Overall findings show that we are stronger in Foster Care than IHC. Both service arrays need to improve risk and safety assessment. As our agency continues to strengthen our Fidelity practice, we should see a marked improvement in this area. Better Fidelity practice will allow for better documentation of concerted efforts and appropriate safety plans with the correct danger threat. Quality visits and more frequent visits with the fathers will improve our caseworker visits with parents outcome measure. There needs to be a greater emphasis on relative searches for both the maternal and paternal sides of the family. FSSNF FAST program is doing a better job on the front end of cases but needs to focus more on the back end with services to the children. In particular, our FAST units that were under our CMO, Neighbor to Family (NTF) had a significantly higher number of areas needing improvement than our other CMO FAST units. NTF had 4 cases and 18 ANI while JFCS had 13 cases and only 17 ANI. Daniel CMO had 2 cases with 4 ANI and Nassau had 2 cases with 0 ANI. This data shows NTF was the main contributor to the lower CQI IHC percentages for strengths.

## XXV. Gaps Between Findings and Benchmarks:

The biggest gap in our performance findings compared to our benchmarks is found in our discrepancy between our CQI Foster Care and CQI IHC data. One of the main root causes for this discrepancy is probably contributed to the failure of NTF CMO in their contract performance with FSSNF for FAST services. The correlation between the numerous stakeholder complaints about NTF and data outcome deficiencies in the RSF and CQI IHC reviews resulted in the need for corrective action by FSSNF. Due to NTF's many areas needing improvement, FSSNF had to take corrective action to transfer all the NTF FAST units to one of our other CMO agencies, Daniel.

Safety outcome measure for CQI and RSF is our next biggest gap in performance compared to our benchmarks. FSSNF feels the root cause for this discrepancy is due to our weakness in Fidelity practice. While we have shown an improvement in our Safety outcome measures from CQI and RSF, we have not met the internal standards for our benchmarks. The past corrective action measures that we implemented have contributed to the overall improvement from FY 16/17 to FY 17/18 such as the redesign of the Permanency staffing to align with Fidelity practice. FSSNF is continuing to make further corrective actions to improve these standards with Fidelity practice by contracting with ACTION and creating the Fidelity staffing.

Family engagement is another area needing improvement under Permanency and Well-Being outcome measures where FSSNF did not meet internal standards for our benchmarks. FSSNF took corrective action by creating a Kinship Navigator position and improving Fidelity practice with the parents by focusing on behavioral change and less on case plan task completion. FSSNF contracted with one of our CMOs, Daniel to provide post reunification support services to our families in order to improve our permanency standards for re-entry into foster care. This program is currently serving approximately 145 children/69 cases. The program is being referred for family engagement thirty to sixty days prior to reunification and can stay involved with the family after the completion of post placement supervision for up to four months past post placement supervision.

## XXVI. Intervention findings:

All of our gaps between our findings and benchmarks will be addressed in our statewide Program Improvement Plan (PIP). Our Oversight Coordinator position within our FSSNF Quality Management (QM) department is tracking all data for our PIP. FSSNF Safety Practice Team has completed the first round of Fidelity staffings with each of our CMO agencies. Our Fidelity staffing occurs within 2 weeks of our Child Welfare Case Plan (CWCP) Conference to prepare the FFA-ongoing, Safety Plan, and CWCP. The follow up Fidelity staffing occurs prior to the first Judicial Review (JR) Hearing to ensure the Progress Update and JR worksheet are appropriate. FSSNF contracted with ACTION to provide all our CMO's training for child protection with case consultations to be practiced at our Fidelity staffings. The FSSNF QM department is tracking the action items from the Fidelity staffings to ensure follow up and CMO understanding of the practice. Each CMO unit will take turns with a Fidelity staffing case to ensure all Supervisors master the practice. The QM FSSNF Process Improvement team is monitoring the data from our Daniel post reunification support program for its effectiveness in reducing re-entry into foster care and permanency within 12 months. The Kinship Navigator position is being tracked and family searches are being reviewed at the first permanency staffing to ensure family searches for relatives and fathers for parent engagement.

PIP activities are monitored internally by our QM department and various other departments within FSSNF for effectiveness. FSSNF participates in local DCF region quarterly PIP monitoring by providing reports to our DCF regional office and region conference call updates. FSSNF created a Process Improvement team within our Data Department to analyze performance data to ensure our best practices and programs are making a positive impact on our outcome measures. Each corrective measure either on the PIP or internal process improvements are reviewed by FSSNF Senior Management during weekly departmental meetings, Barrier Breaker meetings, DCF partnership meetings, CMO CEO quarterly meetings, and FSSNF board meetings. Any data outcome measures that are not being met are analyzed for root causes and acted on with new strategic measures.