



**Sarasota Family YMCA, Inc.  
Safe Children Coalition**

**Quality Management Plan**

**FY 2018 - 2019**



**FLORIDA DEPARTMENT  
OF CHILDREN AND FAMILIES**  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

## I Introduction

The Sarasota Family YMCA 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 the Sarasota Family YMCA, the Safe Children Coalition (SCC) is a collaboration between the YMCA 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 also 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
YMCA	Program Management and Compliance, Foster Home Licensing, Placement, Data Services and Support, Quality Management and Training, Records and Information, Utilization Management
YMCA - CMO	DeSoto, Sarasota Counties: Case Management Services, Adoption Services, Independent Living Services
Youth and Family Alternatives	Manatee Counties: Case Management Services, Adoption Services, Independent Living Services

### QA Process

The primary purpose of the Sarasota Family YMCA, 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.

The Sarasota Family YMCA, 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 life style;
- 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, The Sarasota Family YMCA, Inc. incorporates each level of our staffing pattern in addressing Quality Assurance and Quality Improvement. Although the majority 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 YMCA, 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 YMCA, *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 YMCA 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 YMCA has established clear and consistent communication across all levels of staff to discuss outcomes and performance related issues. Regular communication includes:

<b>Communication Method</b>	<b>Description</b>
Tri-County CQIC Meeting	Quarterly meetings held between YMCA and senior CMO staff to discuss and review performance data, develop performance improvement strategies related to internal and system issues.
Agency Specific CQIC Meeting	Quarterly meetings held between YMCA and CMO senior staff and case management supervisors to discuss and review agency specific performance, and develop performance improvement strategies.
Lunch and Learn Sessions	YMCA child welfare staff and CMO frontline staff meet on a monthly basis to discuss topics identified by new and experienced CMO staff to assist in completion of daily work assignments.

CEO Executive Forums	Quarterly meetings held between senior YMCA staff and senior CMO staff to discuss performance, best practice, and other issues related to the operations and system of care.
Foster Parent Association Meetings	Held monthly in all three counties and attended by foster parents, YMCA out-of-home care staff and other YMCA staff. Give foster parents a valued voice in the SCC, keep them apprised of how SCC is doing
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 YMCA 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.

The YMCA distributes a Monthly Management Report to all SCC staff, YMCA 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 assists, 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.

- Florida Safe Families Network (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.
- Case Practice Review Tool – The Sarasota Family YMCA, 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.
- Reliability and Integrity of Data Assurance – 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 of 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**

The Sarasota Family YMCA, 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**

The Sarasota Family YMCA, 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:

<b>Contractual Performance Measures</b>	<b>Target</b>
The number of children with finalized adoptions between July 1, 2018 and June 30, 2019 shall be at least 201.	201
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%

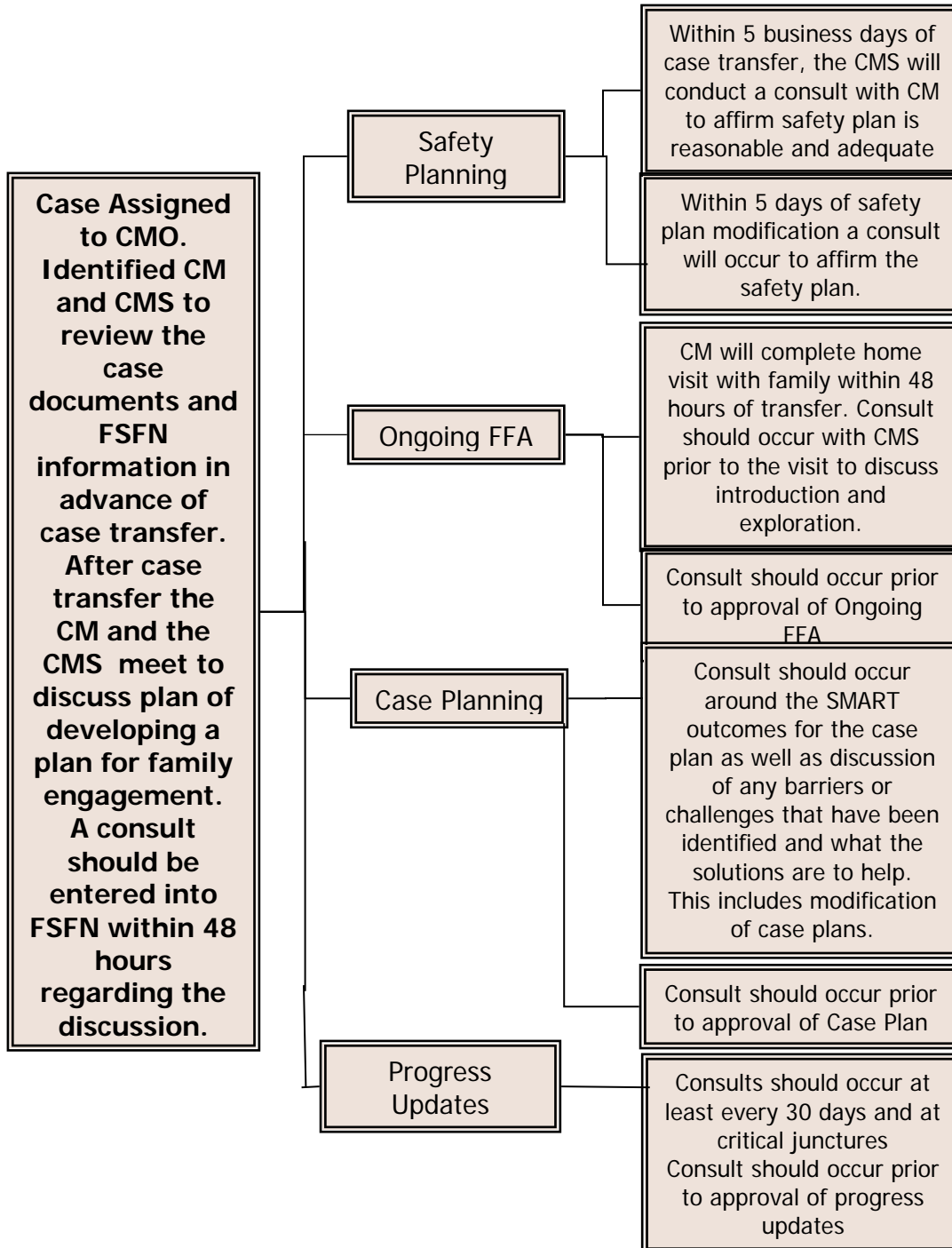
Ongoing tracking and reviews provide an opportunity to address performance issues and discuss improvement strategies. Case Management Organization CEO's and directors review and identify with their staff performance trends that need immediate assistance. This information is also shared with DCF and the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

## Supervisor Consult Flow Chart



## 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	<p>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?</p> <p>1.1 Is the most recent family assessment sufficient?</p> <p>1.2 Is the most recent family assessment completed timely?</p>
2	<p>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?</p> <p>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?</p> <p>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?</p> <p>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?</p> <p>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?</p> <p>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?</p> <p>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?</p>



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

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 Qualtrics 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 semi annually 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
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### Case Consultations

Sample Sizes During the July 2017 - June 2018 PIP Monitoring Period							
In-Home Children	Out-of-Home Care	Total	Florida CQI Reviews 6 Month Period		PIP Monitored Cases	Rapid Safety Feedback Case Reviews	Total of PIP, Florida CQI, and RSF
FSFN June 2017	FSFN June 2017		File Reviews	In-Depth Reviews	Each 6 Month Period	In-home Cases	6 Month Periods
384	1067	1451	20	1	3	20	44

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 include 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 or that 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 the Sarasota Family YMCA, Inc. contracts unit.

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

## **VII Other Areas of Focus**

### **Child Exit Surveys**

This activity is designed to meet regulatory requirements and gain feedback from 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. In the event that 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 YMCA 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 as a whole. Each stakeholder group plays a role in the YMCA 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 the Sarasota Family YMCA, 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 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 a six (6) member team made up of participants from the following departments: Contracts, Quality Management, Out of Home Care, Client and Community Relations, Adoptions, and the RevMax Supervisor/or designee in the absence of the RevMax Supervisor.

#### Federal Funding Reviews: Quarterly

Oct -Dec. 2017  
Jan - March. 2018  
April - June 2018  
July – Sept 2018

The purpose of this activity is designed to assure accuracy of the revenue maximization files. The goal is to ensure 95% accuracy. The samples of cases will be drawn from FSFN identifying cases coded as eligible for each type of funding (IV-E Foster Care, N-E Adoption Assistance, and TANF Adoption Subsidy) at the statistically valid sample of 90%/10% confidence level/interval.

The role of the reviewer is to verify eligibility. The reviewer will be able to make well-informed assessments about conformity, identify areas where corrective action is required, and where technical assistance is needed, through review of the information and evidence from the case file reviews.

Following the review, error payments will be identified and corrections made for any case having an ineligible payment, such as a payment made with an unmet eligibility criterion, a duplicate payment, an overpayment, or any other unallowable expenditure. Additionally, a quality improvement plan will be developed to address weaknesses and ensure compliance.

A written report of the review will be prepared within 30 business days of completion of each review. A written annual report (collapse findings from the eligibility reviews) will be sent (*per the Contract*) to the Department's Contract Manager outlining areas needing correction with a summary of the findings for each case reviewed.

### **VIII Annual Report of Case Management Practice Trends**

The Sarasota Family YMCA Inc. will provide an annual report that reflects a summary or self-assessment that will be based on all of 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) Quality Management Specialists, (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. (ie. 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                                  Gerri Lewis  
(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                                  Linda Drohan  
(Missing Children (MC), Human Trafficking)

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

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

**Schedule of QA/CQI Activities**

- Rapid Safety Feedback Reviews: Quarterly  
July – Sept. 2018 (at least 10 cases throughout the quarter)  
Oct – Dec. 2018 (at least 10 cases throughout the quarter)  
Jan. – March 2019 (at least 10 cases throughout the quarter)  
April – June 2019 (at least 10 cases throughout the quarter)

Florida Child and Family Services Reviews (CFSR): Quarterly

July – Sept. 2018 (at least 13 cases throughout the quarter)

Oct – Dec. 2018 (at least 13 cases throughout the quarter)

Jan. – March 2019 (at least 13 cases throughout the quarter)

April – June 2019 (at least 13 cases throughout the quarter)

Florida Child and Family Services Reviews (CFSR) – In depth: Quarterly

July – Sept. 2018 (at least 2 cases throughout the quarter)

Oct – Dec. 2018 (at least 2 cases throughout the quarter)

Jan. – March 2019 (at least 2 cases throughout the quarter)

April – June 2019 (at least 2 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 Sarasota Family YMCA, 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.

The Sarasota Family YMCA, Inc. will monitor the contracted providers in the network through a number of mechanisms. The Sarasota Family YMCA, 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 YMCA will rely upon the home CBC monitoring activities for residential providers when the YMCA utilizes a facility out of the local area.

- The Sarasota Family YMCA, Inc. staff will collect and analyze provider data on a monthly basis. The Sarasota Family YMCA, 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 the Sarasota Family YMCA, Inc. in accordance with YMCA 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 the Sarasota Family YMCA, 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.

The Sarasota Family YMCA, 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, the Sarasota Family YMCA, 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 Sarasota Family YMCA, 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 YMCA 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 YMCA 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 YMCA 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 post test has been passed; caseloads thereafter are monitored by the individual case management agencies to ensure a high quality of case practices. The Phase II Field Based Performance Assessment Plan is a partnership between the YMCA 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, taking into account 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 YMCA 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 YMCA 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 YMCA 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 YMCA 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**

#### Children Seen/Not Seen

In July 2017 the Sarasota YMCA/Safe Children Coalition in Manatee County reported not seeing over twenty children not seen in the month of June. This issue was addressed with the Manatee CMO and the issue was apparent that no one was managing the Children Seen/Not Seen report. To ensure this would not occur again a Sarasota YMCA Operations Manager began tracking the report for Manatee beginning the 2017-2018 fiscal year. In July 2018 the Sarasota YMCA/ Safe Children Coalition in Sarasota reported over ten children not seen in the month of June. The Sarasota CMO did have an administrative position who was tracking the report and sending out notifications to the case managers assigned, however she began having issues with the report in FSFN when the enhancement to the cloud was completed. Therefore no one was overseeing the report for the Sarasota CMO. The decision was made by discussion with the CMO's and Lead Agency Operations that an Operations Manatee would run the Children Seen/Not Seen report weekly for all three counties. The report is sent out and a response is required by the appropriate CMO regarding the plan to see the children within the thirty days as required by Statue/CFOP. This oversight by the Operations Managers will assist with ensuring a home visit is completed every thirty days and the performance report will show improvement with the kids seen.

#### Safe Case Closure

Do to the number of children returning to care or cases reopening after closure a Quality Assurance Contract Specialist began reviewing cases staffed on the schedule for reunification or closure. The QA Contract Specialist becomes involved in the cases staffed for reunification by reviewing the case completing a shortened version of the reunification check list. The QA Contract Specialist after completing the review sends the completed form and an email with recommendations of follow needed for reunification to the Case Manager, Case Manager Supervisor and the Operations Manager assigned to staff the case. Depending on the required documents or follow needed the QA Contracts Specialist will attend the staffing in person. The QA Contract Specialist prior to closure will review the case again to ensure the case is ready for safe closure. If the case is not reflecting any concerns or missing any critical documents then the QA Contracts Specialist does not need to attend the staffing and will send an email to Case Manager, Case Manager Supervisor, and Operations Manager assigned to staff for closure stating no issues noted. If there are follow ups not completed or documents or gaps in documentation then the QA Contracts Specialists will send out the email with the concerns to the Case Manager, Case Manager Supervisor and the Operations Manager who are assigned to staff the case as well as attend the staffing. The QA Contracts Manager completes this process for all three counties.

## Dental

During the 2017-2018 fiscal year performance of dental compliance was not met. Due to the low percentage a Quality Management Specialist position was refocused to manage the dental reports and work with the CMO's on reaching compliance. The QA Specialist runs the dental report the beginning of each month and sends the report to each CMO to respond on why a dental was not met. The QA Specialist meets with the identified Point of Contact by each CMO to discuss dental reports and discuss barriers of completing the dental on time. Outcomes are shared monthly at each CMO CQIC. The QA Specialist has been working with the WATCH nurse program to ensure dental was completed and entered into FSFN. The Sarasota YMCA has seen an increase in dental and will continue this process to ensure meeting the standard and then maintaining compliance.

## Data Entry

Since the timeliness of data entry of change of placement/living arrangements were noted in file reviews as not timely, the Sarasota YMCA developed a process to ensure changes are made and made timely. The Quality Management Contract Specialist reviews the daily placement change report tracked by the Out of Home Department/Placement. This report includes licensed out of home placements and relative/non relative changes. The QA Contract Specialist enters into the FSFN case and looks through the placements. If the placement is not correct the QA Contract Specialist sends an email to Case Manager, Case Manager Supervisor, and the Program Director of the placement needing to be updated in FSFN. The QA Contract Specialist will work along with the Data Entry Specialist to ensure placement is updated within 48 hours. The QA Contract Specialist tracks the changes and reports out on the timeliness of entries during CQIC. Barriers/Challenges are discussed during CQIC.

## ReAbuse/ReEntry

The Sarasota YMCA/ Safe Children Coalition was above state average for children who reentered care due to re-abuse. The report reflected a large sibling group who remained on the list for the 2017-2018 fiscal year. Due to the increase in number and not meeting the state wide performance measure the QA Contract Specialist is responsible for running the report monthly and looking at the reason the case was on the re-abuse/reentry. A report is generated to reflect and track reasons the case came back to care and shared at the CQIC. This information is also shared at least quarterly during a partnership meeting with DCF. If the case meets the requirements for a Rapid Safety Feedback review the case is reviewed by a QA Specialist and a RSF tool is completed in the RSF portal. This case is also added to the sample list.