

8/31/2020

FSSNF QM PLAN

2020-2021



Family Support Services
OF NORTH FLORIDA INC.



COUNCIL
ON
ACCREDITATION

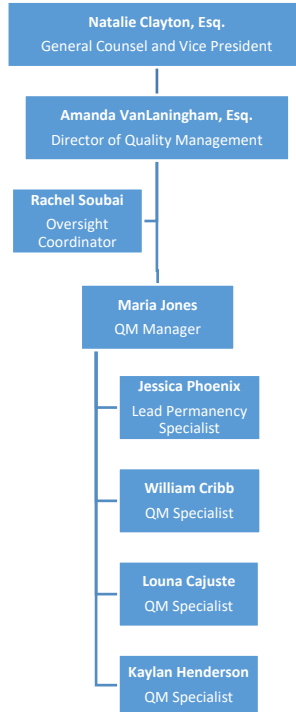
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Introduction

FSSNF has a staff of seven (7) dedicated to quality operations, assurance and improvement activities. During the 19-20 Fiscal Year, FSSNF realigned the QM Department to fall under the scope of the General Counsel and Vice President of Case Management Organization Services and brought on a new Director of Quality Management. The Director has a Manager, Oversight Coordinator, Lead Permanency Specialist, and three (3) QM Specialists. The Director is the primary contact working with DCF in all things related to the QM Progress.



The FSSNF QM Department completes all DCF required quality assurance reviews and interviews; Program Improvement Plan case reviews; analyze completed reviews and identify strength and opportunities for improvement trends; assist the CMOs in quality improvement planning; process incident reports and enter into IRAS as required by operating procedure; review client complaints, work on resolutions and track results; review and track compliance for psychotropic medications for all children in out of home cases; conduct permanency staffings on a monthly basis at the CMOs, and conduct special reviews.

Along with the dedicated QM Staff, FSSNF believes that everyone is a member of the contract monitoring, continuous quality assurance/improvement process including stakeholders, families, children, caregivers, FSSNF staff, and sub-recipient provider staff at all levels. Information is shared to increase collaboration, knowledge, and to promote best practice. All parties work in unison to identify and address areas in need of improvement, create action plans for improvement, monitor progress, and make adjustments as needed. To that end, the new Vice President and Director realigned the QM Department's processes to ensure accurate and timely data analysis.

The statewide Quality Assurance Process for fiscal year 2019-2020 utilized the Child and Family Services Review Tool (CFSR) for Foster Care and In-home Continuous Quality Improvement (CQI) and Program Improvement Plan (PIP) case reviews; and the Rapid Safety Feedback Tool (RSF) for In-home Services cases. The CFSR tool is broken up into three categories: Safety Items (1 through 3); Permanency Items (4 through 11); and the Child and Family Well-being Items (12 through 18). The RSF tool is broken up into five categories: Family Assessments (Item 1); Case Manager Visits (Item 2); Background Checks and Home Assessments (Item 3); Safety Management (Item 4); and Supervisory Case Consultation and Guidance (Item 5). The CFSR tool focuses on federal standards and guidelines while the RSF tool focuses solely on fidelity to Florida's Safety Practice. Quality Assurance Reviews:

- **CQI/PIP Foster Care (OOH) Reviews:** focuses on children age 0-17 receiving out-of-home services for at least 30 days during the period under review and have been a service recipient for at least 6 months as of the sample date.
- **CQI/PIP In-Home Care (IHC) Reviews:** focuses on children ages 0-17 receiving in-home services and open for at least 45 days during the period under review without a removal episode of at least 24 hours.
- **Rapid Safety Feedback Reviews:** focuses on the safety of children ages 0-4 receiving in-home services for at least one day during the period under review and have been a service recipient for at least 30 days as of the sample date.

For both tools, the process improvement method utilized a pre-consultation of the selected case facilitated by FSSNF Lead Quality Management Specialist (Specialist) to the case manager, supervisor, and/or the associate director/director regarding potential areas in need of improvement that may be strengthened prior to the completion of the review. After the completion of the review tool, a debrief consultation was scheduled by the Specialist to review the results and to provide additional guidance regarding strengths and areas needing improvement to the case manager, supervisor, and/or the associate director/director.

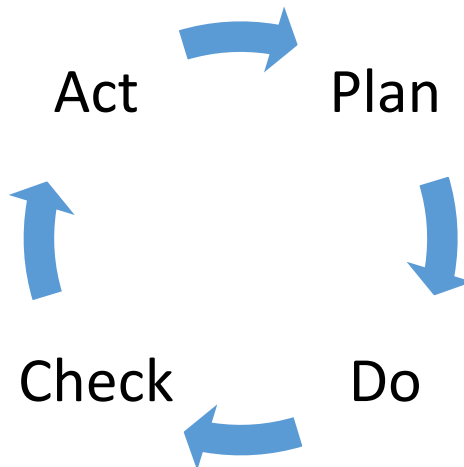
The Family Support Services of North Florida (FSSNF) strategic plan compliments FSSNF's mission statement which is, "**to be the leader in providing safety, stability, and quality of life for all children by working with the community to strengthen the family unit.**" FSSNF is committed to ensuring high-quality, community-based care for abused and neglected children in *North Florida*.

Section 1: QM Process

FSSNF implements a complete DCF-approved quality management process consistent with the DCF contract and service delivery model, and in compliance with state and federal law, administrative rule, and DCF operating procedures. One of the guiding principles behind accomplishing this is involving FSSNF staff at all levels, to include the Case Management Organizations (CMOs) and community stakeholders. This approach holds the CMOs accountable for leadership, direction, and compliance through an external quality assurance process, as well as the infusion of continuous quality improvement through an internal process focused on service delivery.

The quality assurance approach is designed as an external process that validates internal practices through the application of sound evaluation principles that ensure data is collected accurately, analyzed appropriately, and reported and acted upon effectively. FSSNF staff in collaboration with DCF provide external reviews, and coordinate all outside reviews of case management service delivery. While the quality assurance approach focuses on the external process, the quality improvement approach is an internal process driven and conducted by the CMOs with the guidance and support of the FSSNF Quality Management (QM) team.

FSSNF utilizes the PDCA Cycle of Continuous Quality Improvement to facilitate quality improvement. The PDCA Cycle is comprised of four stages that starts with identifying the problem and concludes with action. The four stages are illustrated and defined below:



- **PLAN:** Analyze the current areas needing improvement, gather data, and identify possible actions to make improvements. Specify desired outcomes. Create a corrective action plan.
- **DO:** Implement planned actions for improvements.
- **CHECK:** Determine if the actions taken worked as intended and resulted in the desired outcomes; revise as needed.
- **ACT:** Standardize the actions for improvement that resulted in the desired outcomes.

Section 2: Schedule of Reviews

A: Fiscal Year 2019-2020

Quarter	Review Type	Month of Review	Number to be Reviewed
Q1	Rapid Safety Feedback	July	10
	PIP Monitored CFSR - OHC	July	1
	FL CQI - OHC	August	5
	FL CQI - IHC	September	5
	PIP Monitored CFSR - IHC	September	1
Q2	Rapid Safety Feedback	October	10
	PIP Monitored CFSR - OHC	October	1
	FL CQI - OHC	November	5
	FL CQI - IHC	December	5
	PIP Monitored CFSR - IHC	December	1
Q3	Rapid Safety Feedback	January	10
	PIP Monitored CFSR - OHC	January	1
	FL CQI - OHC	February	5
	FL CQI - IHC	March	5
	PIP Monitored CFSR - IHC	March	1
Q4	Rapid Safety Feedback	April	10
	PIP Monitored CFSR - IHC *eliminated at the end of review due to parent's refusal to participate	April	
	FL CQI - OHC	May	5
	PIP Monitored CFSR - OHC	May	1
	FL CQI - IHC	June	5
	PIP Monitored CFSR -IHC *replaced April's eliminated case	June	1

B: Fiscal Year 2020-2021

Quarter	Review Type	Month of Review	Number to be Reviewed
Q1	Rapid Safety Feedback	July	10
	PIP Monitored CFSR - OHC	July	1
	FL CQI - OHC	August	5
	FL CQI - IHC	September	5
	PIP Monitored CFSR - IHC	September	1
Q2	Rapid Safety Feedback	October	10
	PIP Monitored CFSR - OHC	October	1
	FL CQI - OHC	November	5
	PIP Monitored CFSR - IHC	November	5
	FL CQI - IHC	December	1
Q3	*Pending Quality Office Decisions		
Q4	*Pending Quality Office Decisions		

Section 3: Child and Family Services Reviews (CFSR)

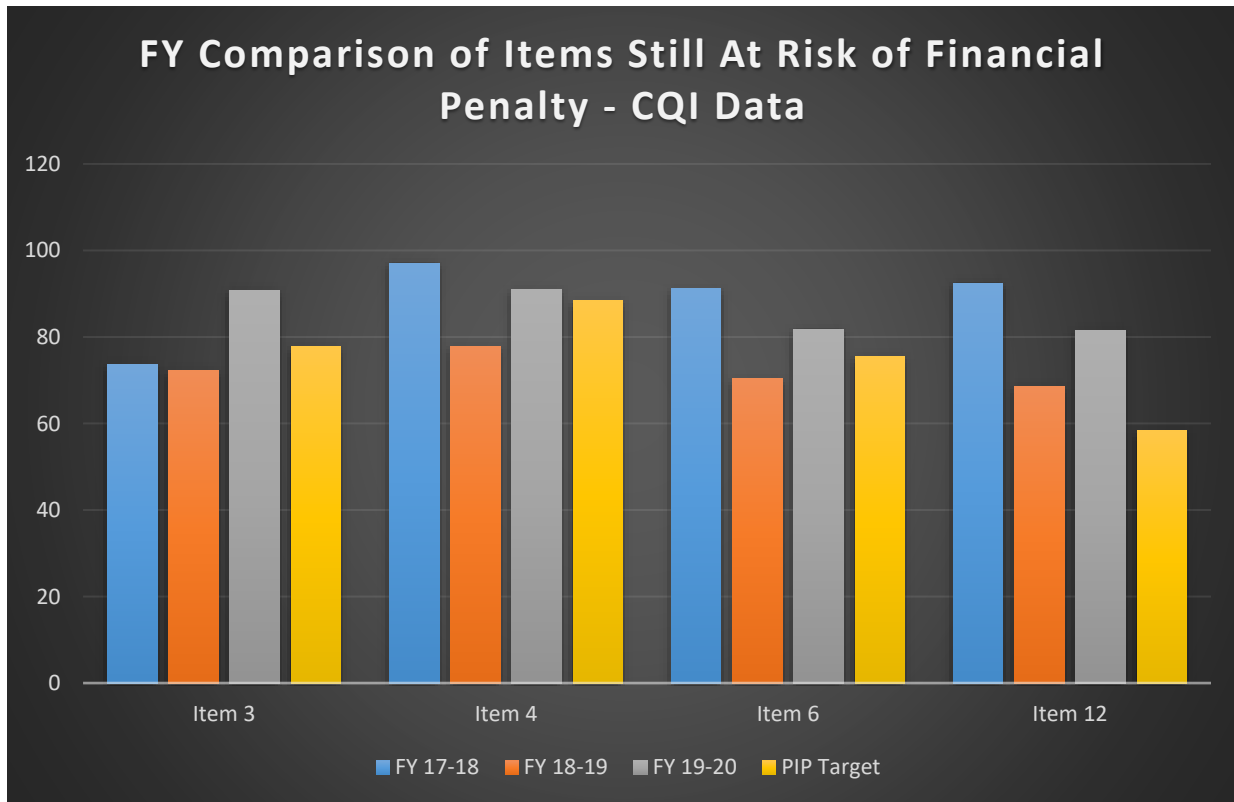
For Fiscal Year 2019-2020, FSSNF reviewed forty (40) cases for the Florida Continuous Quality Improvement (CQI) Review using the federally developed Child and Family Service Review (CFSR) process. Additionally, FSSNF completed eight (8) Program Improvement Plan (PIP) reviews utilizing the CFSR tool. In total, FSSNF reviewed forty-eight (48) cases using the CFSR tool.

A: Florida Continuous Quality Improvement Reviews (CQI)

FSSNF completes 40 Continuous Quality Improvement Reviews (CQI) – 20 out-of-home and 20 in-home cases – every year utilizing the Child and Family Services Review (CFSR) tool.

The selected cases are chosen by utilizing a listing provided by DCF that follows the sampling requirements in Windows into Practice. FSSNF completes the specified number of Florida CQI reviews per quarter as indicated in the Windows into Practice document and/or other DCF official documents/operating procedure/memorandum. All Florida CQI reviews are completed by the end of the quarter in which the case was assigned for review. Florida CQI reviews are completed utilizing the State approved tools and are entered into the CFSR portal at: <https://www.cfsrportal.org>.

B: CQI Results and Data



Item Number	Baseline	PIP Target	FSSNF Average CQI Score 18-19 N = 49	FSSNF Average CQI Score 19-20 N = 43	Change between FY 18-19 and FY 19-20
1	91.50%	91.60%	92.11%	89.66%	2.45 % ↓
2	76.50%	85.80%	100%	100%	→
3	71.30%	77.70%	72.2%	90.70%	18.50% ↑
4	81.80%	88.50%	77.8%	90.91%	13.11% ↑
5	74.50%	82.10%	77.8%	95.45%	17.65% ↑
6	67.30%	75.40%	70.4%	81.82%	11.42% ↑
7	85%	NA	92.86%	91.67%	1.19% ↓
8	69%	NA	75.00%	84.62%	9.62% ↑
9	82%	NA	90.48%	90.91%	.43% ↑
10	72%	NA	84.21%	80.95%	3.26% ↓
11	60%	NA	64.23%	66.67%	2.44% ↑
12	51.30%	58.40%	68.50%	81.40%	12.90% ↑
12A	88%	NA	65.31%	95.35%	30.04% ↑
12B	55%	NA	77.55%	82.86%	5.31% ↑
12C	80%	NA	76.19%	86.36%	10.17% ↑
13	63.60%	70.70%	70.00%	75.68%	5.68% ↑
14	72.50%	78.90%	87.50%	93.02%	5.52% ↑
15	43.50%	51.10%	53.70%	76.47%	22.77% ↑
16	92%	NA	61.90%	83.33%	21.43% ↑
17	85%	NA	73.08%	89.29%	16.21% ↑
18	72%	NA	69.23%	95.00%	25.77% ↑

C: FSSNF Response and Innovations Regarding CQI Reviews

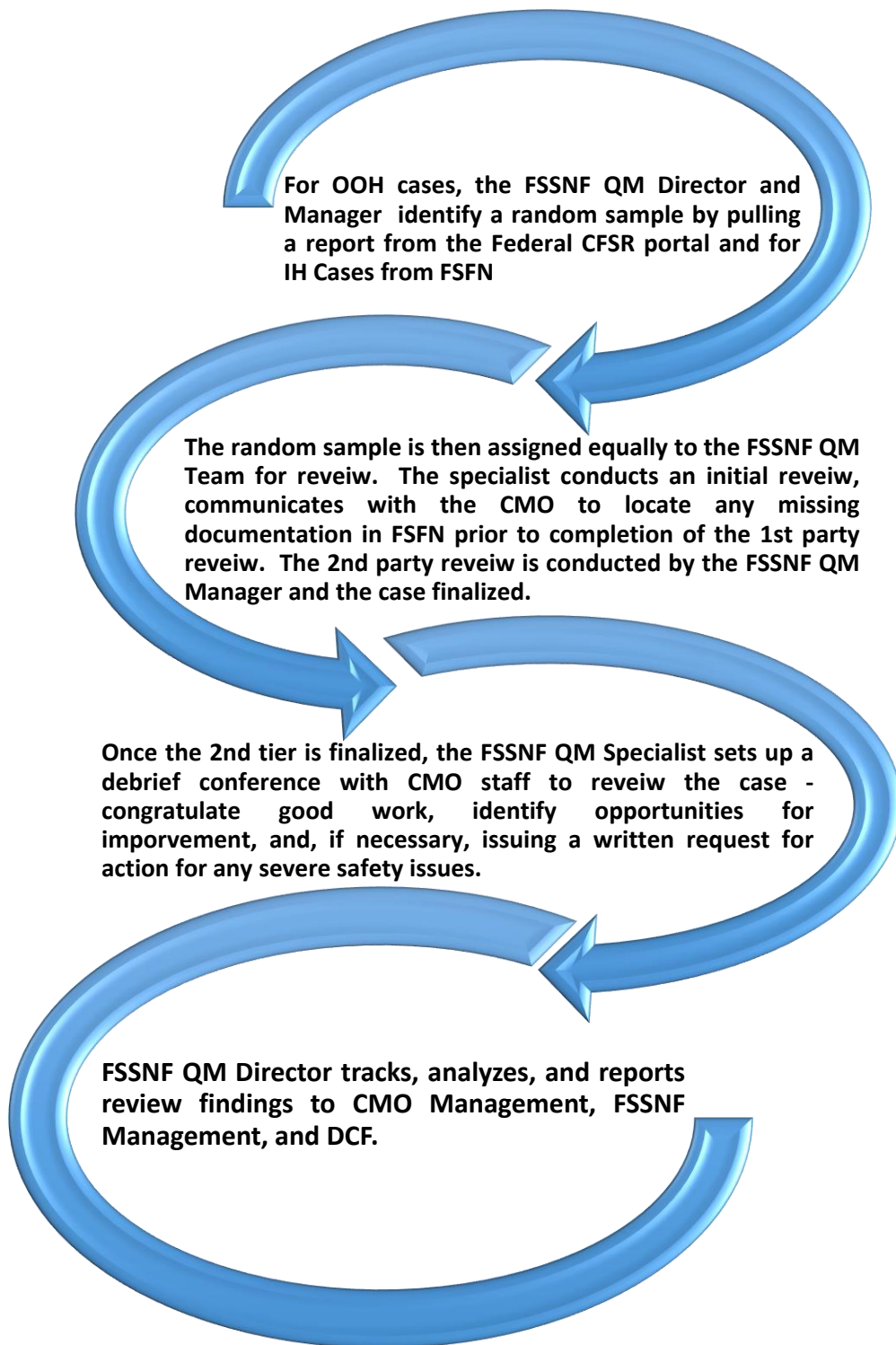
FSSNF regularly reviews trends indicated by both the CQI reviews and the PIP reviews, and has implemented several changes in the last year aimed at improving the documentation and quality of case work with the intention of impacting all aspects of the system of care to improve outcomes and timely permanency for all children served.

To that end, during FY 19-20, beginning in Quarter 2, the FSSNF QM initiated a new process for conducting CQI reviews. Once a case is assigned to a FSSNF QM Specialist, the Specialist reviews all FSFN documentation regarding the selected case to identify strengths and potential areas needing improvement (ANIs). The QM Specialist then emails the case worker and supervisor with questions regarding any deficiencies in documentation and assists the worker and supervisor with any questions regarding where to put missing documentation in FSFN and how to rectify any documentation errors to inform the worker where missing information/documentation should be located in FSFN and various other information systems utilized in the region to accomplish the strength rationale. Finally, the Specialist re-reviews the case in FSFN prior to completing the tool.

This modification in practice is designed to incorporate the CMOs more fully into the review process and provides the worker the opportunity to receive real-time feedback regarding documentation procedures.

Since initiating the process, FSSNF has seen an increase in CMO participation in the review process, stronger relationships between the FSSNF QM Department and CMO Management which has allowed for easier implementation of changes and more specialized one-on-one training with our workers. FSSNF intends to continue this new practice model in this current fiscal year.

The process for organizing, managing, and conducting the Florida CQI reviews for Duval and Nassau Counties is as follows:



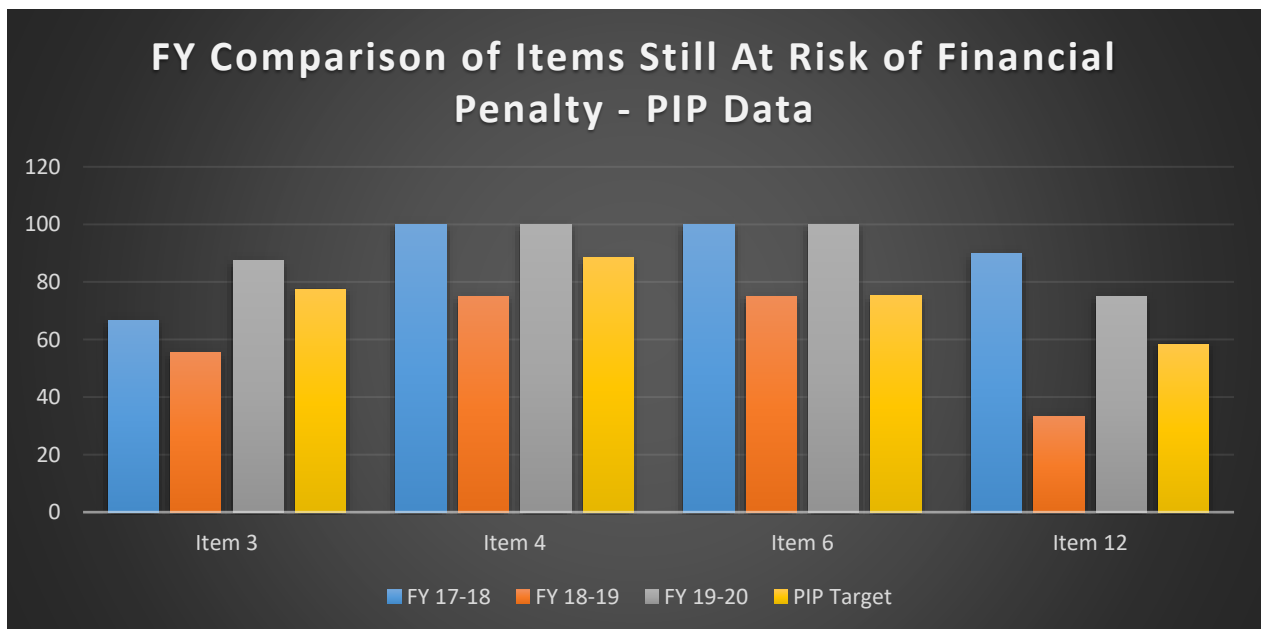
D: Program Improvement Plan (PIP)

In April 2016, Florida initiated the federal Child and Family Services Review (CFSR) which was completed in September of 2016. On December 28, 2016, the Children’s Bureau issued a final report giving the State of Florida 90 days to develop a Program Improvement Plan (PIP) for failing to meet performance goals. On March 28, 2017, the PIP was approved by the Children’s Bureau and implementation began on July 1, 2017 and is anticipated to be completed in December 2020.

Based on the initiation of the PIP, FSSNF created a federal PIP Activities Plan to improve Areas Needing Improvement (ANIs), which is updated quarterly. Several departments at FSSNF are contributors to the FSSNF PIP Activities Plan. The FSSNF Case Management Services Department meets monthly with our CMOs’ leadership to go over scorecard data, identify areas of strengths and needs of improvement for compliance with contract measures, provide support for best practices, and develop solutions to barriers to improve outcomes for our families. FSSNF participates in monthly “barrier breaker” meetings with our community partners – CMOs, Children’s Legal Services, DCF Operations – as well as with various community stakeholders – DV Advocates, Substance Abuse Programs, Law Enforcement, etc. – to review areas needing improvement and to overcome any barriers met so that our system of care can provide better overall child safety practice and support for our families.

During the FY 19/20 FSSNF completed eight CFSR PIP case reviews. For fiscal year 20-21, Florida remains on a PIP for Items 3, 4, 6, and 12. This year’s focus for the Northeast Region will specifically be on Items 3, 4, 6, and 12. FSSNF’s fiscal year 19-20 PIP data met or exceeded all PIP targets. In all charts listed in this Plan, the items still at risk for financial penalty are highlighted in blue.

E: PIP Results and Data



FSS PIP RESULTS			Average Strengths		
	CFSR Baseline	PIP Target	FY 18/19 Q1-Q4	FY 19/20 Q1-Q4	Improvement % between 18/19 and 19/20
			9 Cases	8 Cases	
Item 1 Investigations: child victims seen timely	91.50%	91.60%	85.70%	100.00%	14.3%↑
Item 2 Services to prevent re-entry into foster care	76.50%	85.80%	66.66%	100.00%	33.34%↑
Item 3 Risk assessment and safety concerns	71.30%	77.70%	55.55%	87.50%	31.95%↑
Item 4 Placement stability	81.80%	88.50%	75.00%	100.00%	25%↑
Item 5 Permanency goal established timely	74.50%	82.10%	100.00%	100.00%	maintained
Item 6 Permanency goal achieved timely	67.30%	75.40%	75.00%	100.00%	25%↑
Item 7 Siblings placed together	85%	NA	66.00%	100.00%	34%↑
Item 8 Child visits with family	69%	NA	100.00%	100.00%	maintained
Item 9 Preserving the child's connections	82%	NA	75.00%	100.00%	25%↑
Item 10 Placement with relatives	72%	NA	75.00%	100.00%	25%↑
Item 11 Promote and/or maintain positive relationships with parent	60%	NA	66.00%	100.00%	34%↑
Item 12 Assessment of needs and services provided for children, parents and foster parents	51.30%	58.40%	33.33%	75.00%	41.67%↑
Sub-Item 12A Assessments and services for children	88.00%	NA	77.77%	100.00%	22.23%↑
Sub-item 12B Assessments and services for parents	55.00%	NA	55.55%	75.00%	19.45%↑
Sub-item 12C Assessments and services for foster parents	80%	NA	50.00%	100.00%	50%↑
Item 13 Children and parents involved in case planning	63.60%	70.70%	44.44%	75.00%	30.56%↑
Item 14 Caseworker visits with child	72.50%	78.90%	77.77%	87.50%	9.73%↑
Item 15 Caseworker visits with parents	43.50%	51.10%	44.44%	62.50%	18.06%↑
Item 16 Child's educational needs	92%	NA	40.00%	100.00%	60%↑
Item 17 Child's physical health and dental needs	85%	NA	75.00%	100.00%	25%↑
Item 18 Child's mental health needs	72%	NA	60.00%	100.00%	40%↑

Item Number	Baseline	PIP Target	FSSNF Average PIP Score 19-20 N = 8	FSSNF Average CQI Score 19-20 N = 43
Item 1 Investigations: child victims seen timely	91.50%	91.60%	100%	89.66%
Item 2 Services to prevent re-entry into care	76.50%	85.80%	100%	100%
Item 3 Risk assessment and safety concerns	71.30%	77.70%	87.50%	90.70%
Item 4 Placement stability	81.80%	88.50%	100%	90.91%
Item 5 Permanency goal established timely	74.50%	82.10%	100%	95.45%
Item 6 Permanency goal achieved timely	67.30%	75.40%	100%	81.82%
Item 7 Siblings placed together	85%	NA	100%	91.67%
Item 8 Child visits with family	69%	NA	100%	84.62%
Item 9 Preserving the child's connections	82%	NA	100%	90.91%
Item 10 Placement with relatives	72%	NA	100%	80.95%
Item 11 Promote and/or maintain positive relationships	60%	NA	100%	66.67%
Item 12 Assessment of needs and services provided for children, parents and foster parents	51.30%	58.40%	75%	81.40%
Item 12A Assessments and services for children	88%	NA	100%	95.35%
Item 12B Assessments and services for parents	55%	NA	75%	82.86%
Item 12C Assessments and services for foster parents	80%	NA	100%	86.36%
Item 13 Children and Parents involved in case planning	63.60%	70.70%	75%	75.68%
Item 14 Caseworker visits with child	72.50%	78.90%	87.50%	93.02%
Item 15 Caseworker visits with parents	43.50%	51.10%	62.50%	76.47%
Item 16 Child's educational needs	92%	NA	100%	83.33%
Item 17 Child's physical health and dental needs	85%	NA	100%	89.29%
Item 18 Child's mental health needs	72%	NA	100%	95%

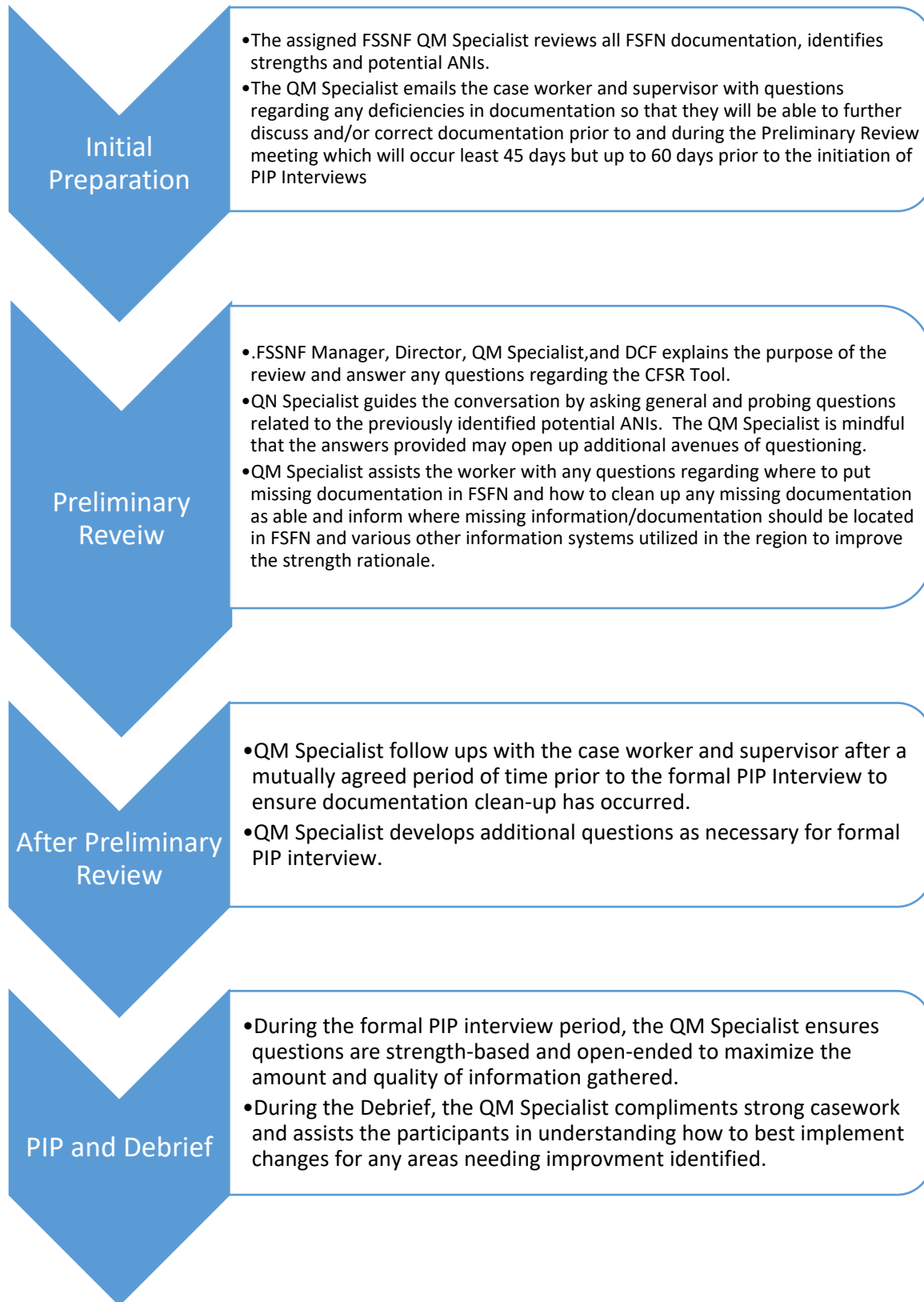
F: FSSNF Response and Innovations Regarding PIP Reviews

During FY 19-20, beginning in Quarter 2, the FSSNF QM initiated a new process for conducting PIP reviews. Once a case is assigned to a FSSNF QM Specialist, the Specialist reviews all FSN documentation regarding the selected case to identify strengths and potential areas needing improvement (ANIs). The QM Specialist then coordinates Preliminary Review with the assigned case workers and the DCF Reviewer at least forty-five (45) days prior to the formal PIP interview process. The QM Specialist develops questions with the QM Director and Manager that focuses on gathering information surrounding any potential deficiencies in documentation and potential ANIs. The questions are “strength-based” and will focus on asking the worker and supervisor to explain how a task was accomplished (i.e., even if not immediately clear in the initial documentation review, what alone and away conversations with a child looked like) rather than assuming the particular task was not accomplished. The QM Specialist also assists the worker and supervisor with any questions regarding where to put missing documentation in FSN and how to clean up any documentation errors as well as to inform the worker where missing information/documentation should be located in FSN and various other information systems utilized in the region to improve the strength rationale. Finally, the Specialist then develops additional questions as necessary for the formal PIP Interviews.

This modification in practice is designed to incorporate the CMOs more fully into the review process and provides the worker the opportunity to receive real-time feedback regarding documentation procedures.

Since initiating the process, FSSNF has seen an increase in CMO participation in the PIP review process, stronger relationships between the FSSNF QM Department and CMO Management which has allowed for easier implementation of changes and more specialized one-on-one training with our workers. FSSNF intends to continue this new practice model in this current fiscal year.

The process for organizing, managing, and conducting the PIP reviews for Duval and Nassau Counties is as follows:



Section 4: Rapid Safety Feedback (RSF)

Windows into Practice defines the Rapid Safety Feedback Tool as “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 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.”

Eligible cases include children (from birth until age 5) reunified with their parent(s) or residing in the home with their family, where the family has a history of substance abuse and domestic violence.

The FSSFN QM Department reviewed forty (40) cases using the Rapid Safety Feedback tool in FY 2019-2020.

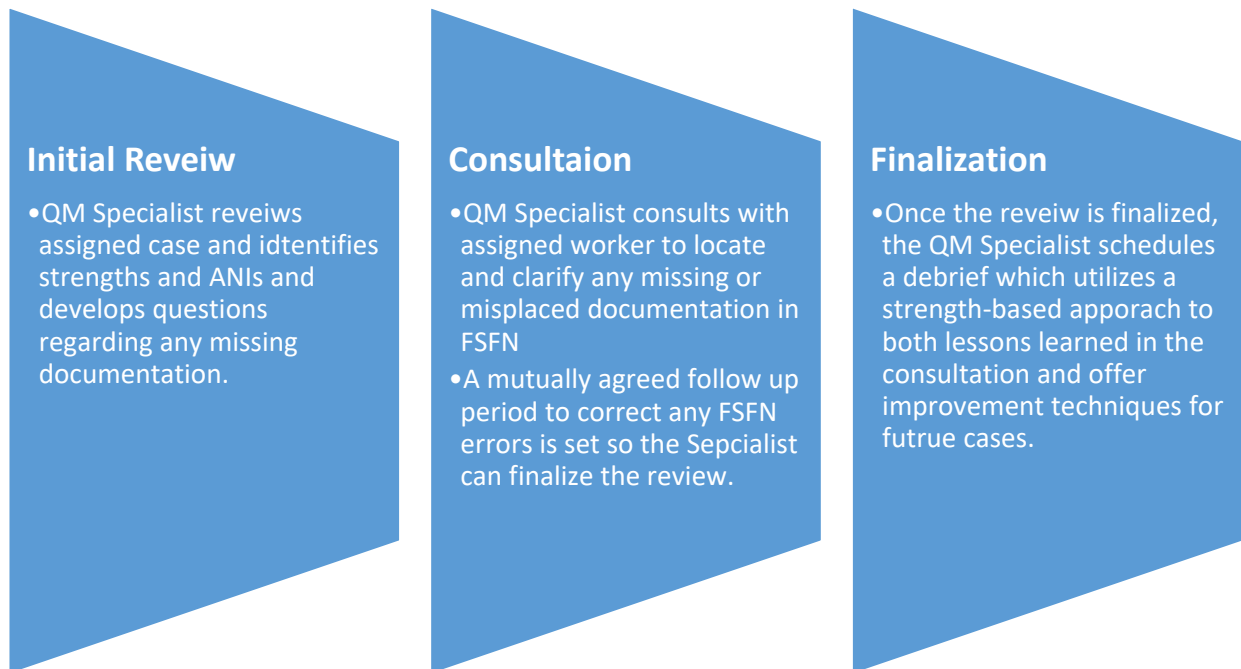
A: RSF Results and Data

Item Number		FSSNF Average RSF Score 18-19 N=40	FSSNF Average RSF Score 19-20 N=40	% change between 18-19 and 19-20
1. Are family assessments sufficient?	1.1	70%	70%	maintained
	1.2	65%	67.50%	2.50% ↑
2. Are visits between case managers, children, and parent(s) or legal custodian(s) sufficient?	2.1	65%	77.50%	12.50% ↑
	2.2	98%	92.50%	5.5% ↓
	2.3	72%	81.08%	9.08% ↑
	2.4	92%	92.11%	.11% ↑
	2.5	61%	59.46%	1.54% ↓
	2.6	63%	56.76%	6.24% ↓
3. Are background checks and home assessments sufficient?	3.1	70%	75%	5% ↑
	3.2	70%	75%	5% ↑
4. Is a sufficient safety plan in place?	4.1	78%	75%	3% ↓
	4.2	75%	69.23%	5.77% ↓
5. Is the case manager supervisor conducting guided discussions at specific points in the case?	5.1	73%	75%	2% ↑
	5.2	63%	65%	2% ↑

B: FSSNF Response and Innovations Regarding RSF Reviews

FSSNF recognizes that while the State of Florida and the Children’s Bureau/Federal Government utilize different standards to measure the child welfare system of care, there is commonality and complimentary items of review. To that end, the FSSNF QM Department is dedicated to the proposition that good, quality, safe case work can be translated into the appropriate tool. Therefore, the FSSNF QM Department also initiated a new process for reviewing RSF cases that is similar to the CQI/PIP Process. Aligning the review processes between tools creates a uniform message that can be delivered to all line workers and reduces confusion regarding tool language which allows the worker to focus on what is most important: quality delivery of services to a family in order to achieve the best possible outcome for our children in the timeliness manner possible.

Once a case is assigned to a FSSNF QM Specialist, the QM Specialist reviews all FSFN documentation to identify strengths and potential areas needing improvement (ANIs). For any identified areas of weakness, the QM specialist QM Manager, and QM Director develop open-ended, strength-based questions. The QM Specialist then emails the case worker and supervisor with the questions and assists with the worker and supervisor to clarify any missing information and inform the worker where any missing information/documentation should be located in FSFN, and various other information systems, utilized in the region to improve the strength rationale. Finally, the Specialist re-reviews the case in FSFN prior to completing the tool.



Although there are still several areas that present areas of opportunities, FSSNF has improved in many items since FY 2019-2020. In the coming fiscal year, FSSNF will be focusing on Items 2.2, 2.5, 2.6, 4.1, and 4.2 – specifically directing efforts toward quality documentation surrounding frequency and quality of visits as well as development of quality safety plans.

Section 5: Supplemental and Other Reviews

A: Special Reviews

Discretionary, or special reviews, are conducted by the FSSNF Quality Management Department when requested. Requests for Special Reviews can be made by the Senior Management Team, FSSNF Directors, Case Management Organizations, or DCF Administration. Prior to conducting the review, the FSSNF QM Director determines the purpose of the review in conjunction with the requestor. Results are shared with the FSSNF Senior Management Team and the requesting party. These reviews may be child/family and/or topic specific. For example, in the 2019/2020 fiscal year, FSSNF QM staff completed Special Reviews for permanency, kinship navigation, judicial review documentation quality, parent engagement, extended foster care compliance, child deaths, and quality assurance during COVID.

B: Example of Special Review - Quality Case Work During Covid

SPECIAL PROJECTS: QUALITY CASE WORK DURING COVID
Parameters

- Period Under Review: March 16 – May 31
- Cases that are 9 months old
- Areas to be Assessed both Quantitative and Qualitative:
 - Home Visits
 - Parent Contacts
 - Safety Plans
 - Home Studies
 - Supervisory Consults
- Sample Size Daniel Judicial: 15 out of 30; Daniel Prevention: 20 out of 20
- Sample Size NYAP Judicial: 11 out of 11
- Sample Size Nassau: 8 out of 8
- Sample Size JFCS Judicial: 15 out of 28; JFCS Prevention Duval: 15; JFCS Prevention Nassau: 5

General Observations on Covid Case Reviews

Home Visits: Good documentation of: specific information when communicating with verbal child(ren), engagement with caregiver re: needs. Inconsistency with documentation of alone and away; documentation of contact with all children in home, documentation of announced/unannounced contact.

Parent-Child Visits: Inconsistency with documentation of frequency and quality of visits coordinated by caregiver(s) – lacking specificity

Safety Plans: Inconsistency with obtaining required signatures, addressing documented safety concerns or focusing on wellbeing rather than safety, allowing safety plans to lapse

Consultations: Inconsistently with follow up tracking and safety plan discussion

*This review is solely documentation based, no fsc/fscs was consulted for additional details

C: Incident Reporting

All FSSNF staff and contracted providers are required to complete an incident report when a critical incident or accident occurs. This provides FSSNF with required notice of any critical incident that may impact the health, safety, or well-being of a child or person receiving services under the supervision of a contracted provider as outlined in Fla. Admin. Code R. 65C-14.017 and CFOP 215-6. Along with the state-required thirteen (13) critical incidents, FSSNF requires submission of an incident report for the following situations: (a) any illness of a child requiring hospital admission; (b) adult client death; (c) new abuse reports; and (d) baker act of any child or young adult.

For the FY 19-20 FSSNF recorded 493 incidents which included both the thirteen (13) required incidents types as well as the four (4) additional FSSNF required incidents types. Of the 493 incidents, 310, or 62%, of them involved the teenage population ages thirteen (13) to seventeen (17). A total of 110 teenagers accounted for the following: forty-three (43) youths had one (1) incident each; twenty-two (22) youths had two (2) incidents each; eighteen (18) youths had three incidents each; eight (8) youths had four (4) incidents each; six (6) youths had five (5) incidents each; five (5) youths had six (6) incidents each; one (1) youth had seven (7) incidents; two (2) youths had eight (8) incidents each; two (2) youths had nine (9) incidents each; two (2) youths had ten (10) incidents each, and one (1) youth had sixteen (16) incidents each.

TEEN Critical Incident Tracking	
FY 19/20	INCIDENTS TOTAL
Arrests	38
Baker Acts	86 (118 including suicide attempts)
Suicide Attempts	32
Runaways	154
TOTAL	310

During FY 19-20, in an effort to streamline communication between the CMOs and FSSNF and to improve real-time data analysis, FSSNF enhanced local operating procedure regarding incident reporting and developed an incident report form and tracker utilizing the data analytics system, MindShare, which is linked to Family Safe Florida Network (FSFN). This new system launched July 1, 2020.

In the coming year, FSSNF will utilize the new more automated system to coordinate faster response times to youths in crisis by flagging youths with repeat incidents and notifying the FSSNF Behavioral Health and CMO Services Departments, as well as notifying the FSSNF Placement Department if there are inconsistencies in FSFN regarding placement.

D: Permanency Staffings

In January 2020, FSSNF QM Department initiated a new process for conducting statutorily-required permanency staffings. A QM Specialist was reclassified into a Lead Permanency Specialist who handles all permanency staffings and follow up tracking for all CMOs in Duval and Nassau counties. Rather than follow a rigid 3, 6, 9, 11+ month schedule, the case staffing list is developed for all cases scheduled to be heard in court the following month. As part of the realignment of staffing dates, FSSNF abandoned the “permanency staffing referral form” and instead requires the assigned family services counselor (FSC) and supervisor submit and updated Progress Update to the Lead Permanency Specialist at least one week prior to the scheduled permanency staffing. This is designed to help prepare the FSC for the meeting and to encourage timely drafting of court documents such as the judicial review social studies report. During the staffings, the Lead Permanency Specialist facilitates the conversation and ensures appropriate focus on permanency progress as well as topics aligned with PIP and RSF topics. While the Lead Permanency Specialist is facilitating the conversation, the CMO QM Specialist co-facilitates by taking notes, drafting the FSNF Permanency Note, and recording follow up tasks.

Staffing Dates:

1st Wednesday of the Month: Jewish Families and Community Services

2nd Monday of the Month: National Youth Advocacy Program

2nd Wednesday of the Month: Jewish Families and Community Services

2nd Friday of the Month: Daniel Memorial

Second to Last Wednesday of the Month: FSS Nassau Service Center

After the staffings, the CMO QM Specialist provides the complied follow up tasks to the Lead Permanency Specialist, who then tracks CMO completion of follow up tasks bi-monthly.

Since the initiation of this new process, FSSNF QM Department has noted the following trends:

- Decrease in action items needing basic case work tasks such as “locate the father”, and refer to “services” and a SHIFT to more collaborative ideas on ways to engage the parents, increase quality and quantity of visits between parents and children, and moves the case towards permanency goal.
- Have documented conversations about permanency goals, both primary and concurrent goals sooner in the case which increased achievement on these areas for our CQI’s and PIP reviews.
- Collaboration across departments has decreased amount of staffings when possible (Separated sibs) and added input from the adoption recruiters.
- Puts the amount of time in care at the forefront of the teams’ minds in order to try and achieve permanency by 12 and 24 months when safe to do so.

Section 6: Internal Reporting of Findings

FSSNF implements and supports a continuous quality improvement system that includes input by all levels of FSSNF staff and partners across departmental and community lines. FSSNF currently provides direct court-ordered dependency services in Nassau County and subcontracts with the following CMOs in Duval County to provide in-home and out-of-home services:

1. Daniel Memorial, Inc.
2. Jewish Families and Community Services, Inc.
3. National Youth Advocate Program

Reports of Quality Management activities include the results of performance measures outlined in the contract with DCF and are shared with the FSSNF Management Team, the FSSNF Board of Directors, the FSSNF and DCF Contract Management Staff, the DCF Northeast Region staff, the DCF Office of Child Welfare, and the DCF Office of Quality Assurance.

A: Data and Analysis Reporting

In an effort to better communicate with our CMOs and to correct errors more efficiently, the FSSNF CMO Services Department compiles and distributes weekly data and trends surrounding the Case Management Score Card for each CMO. For Example:

Measure	Threshold	Trend	2-Aug	10-Aug
Children Seen Every 30 Days	100%		99.70%	99.73%
Mother Contacts Completed	70%		83.33%	77.78%
Mother's Marital Status Missing	0		0	3
Father Contacts Completed	50%		65.91%	66.67%
Placement and Case Data Exceptions	-		54	71
Parent Contacts Completed	50%		74.62%	72.22%
Children Enrolled in School	-		95.24%	93.09%
NYTD Exceptions	0		2	3
Young Adults Enrolled in Education	80%		84.62%	84.62%
Children on Visit-Type Placements >30 Days	0		3	2
Children with a Recorded SSN	90%		98.67%	98.67%
Children with an Open Medical Tab	100%		100.00%	100.00%
Children with Fingerprints Recorded	95%		99.20%	99.47%
Children Receiving Medical Services	95%		96.31%	96.62%
Children with Birth Verifications Recorded	95%		97.07%	97.87%
Children Receiving Dental Services	95%		76.63%	78.69%
Children with Updated Photographs	95%		98.40%	98.67%
Children with Updated Immunizations	95%		97.85%	99.08%
Sibling Groups Placed Together	65%		60.56%	60.81%
Supervisory Reviews Completed	90%		98.70%	99.74%
Safety Plans Completed and Updated	95%		95.74%	97.78%

The FSSNF Director of Quality Management provides quarterly data reports for reviews that have been completed and includes a summary of strengths and areas needing improvement. Recipients of the quarterly reports include: CMO CEOs, Directors and Associate Directors; and FSSNF Management.

B: Meetings with FSSNF Board of Directors

The FSSNF Performance Analytics Team regularly reviews trend information provided by the FSSNF Quality Management Department and the FSSNF CMO Services Department to determine areas of concern and provide quantitative/qualitative overlaid data upon identifying a need for escalation and further review.

FSSNF Management staff regularly discuss patterns and trends identified in both our Quantitative and Qualitative data with the FSSNF Board of Directors.

C: Meetings with Regional Administrator to Review CBC Performance

The FSSNF Management and DCF Contract Managers Circuit Administrator and other staff meet quarterly at our Partnership meeting to discuss performance measures, current outcomes, resolution/corrective action plans, DCF Scorecard, and other concerns.

FSSNF has a monthly Barrier Breakers meeting with various community stakeholders as well as our CMOs, CLS, and DCF Partners to review areas needing improvement for better overall child safety practice and to support our families.

D: Risk Committee Meetings

The Risk Committee Meetings occur at least quarterly. The purpose of the meeting is to review and assess risks as it relates to client incidents, staff accidents, client grievances, building inspections, etc.

FSSNF QM Department is putting special emphasis on Incident Reporting data to identify children in care that represent potential risk and safety concerns to better address those concerns and target services at a faster rate.

E: Quality Management Department Meetings

The QM Department Meetings occur weekly to review current and open analyses, best practice, and cases with barriers from permanency staffing. The purpose of this meeting is to review and discuss the findings of current case audits to improve child welfare practice, discuss and implement new policies and procedures, and work through difficult cases.

All data reports will be completed and/or provided to the DCF Office of Child Welfare/Office of Quality Assurance and other entities per the contract due dates.

Section 7: Local Improvement Initiatives

After reviewing all data from the case audits utilizing the CFSR and RSF tools, FSSNF QM Department has identified the following systematic trends:

- Case management line staff generally complete work as required by measurement tools, but struggle with documentation – especially with regard to contacts with parents, and with assessment of families. This has impacted Items 12 – 15 on the CFSR tool and Item 2 on the RSF Tool.
- Case management line staff are conducting safety assessments as needed for the Federal Review Tool, but still struggle with Safety Practice documentation. This accounts for the difference between Item 3 on the CFSR Tool and Item 4 on the RSF Tool.
- Realigning the Permanency Staffings to coincide with scheduled court hearings and creating a co-facilitation between the FSSNF QM Specialist and CMO QM Specialist has resulted in better documented, more targeted conversations which has already impacted PIP reviews especially surrounding Items 4, 6, and 12.
- Implementing new, FSSNF internal protocol for review of all audits using the CFSR and RSF tool has helped reduce case management line staff confusion, increased case management line staff “buy in” to the quality management review process, and has strengthened community partner relationships.

To continue improving our system of care measurements and along with maintaining the processes and procedures developed in 19-20 FY, FSSNF is introducing the following for the FY 20-21:

A: Internal Reviews

CMO QM Specialist will conduct quarterly internal reviews of their cases using the RSF and CFSR tools at the following frequency: Month 1: 1 RSF (or equivalent as amended by the DCF Quality Office); Month 2: 1 OOH CQI (CFSR Tool); Month 3: 1 IH CQI (CFSR Tool).

Implementation

- Training: FSSNF QM will assign one RSF and one CQI case to the CMO QM staff along with the tools and provide two weeks for review of the cases and tools, then FSSNF QM Staff will provide a one day training to all CMO QM staff to ensure familiarity with the tool.
- CMO QM Specialist will receive one case per month at random from FSSNF QM Department. CMO QM Specialist will complete the review tool and submit the results to FSSNF QM Department and conduct debrief conferences with the case worker, supervisor, and FSSNF QM Team.

Requiring the CMOs to conduct their own reviews under the supervision of the FSSNF QM Department will help the CMOs take personal ownership of the review tools which will in turn help the CMO Quality Specialist better assist their agency and staff with quality case work. Further, requiring the line FSSNF QM Specialists do second level reviews will assist the specialists in better understanding how to translate volumes of information into succinct responses to the tool item questions.

B: 4:1 Family Services Counselor to Supervisor Ratio

During the 2019-2020 FY, FSSNF created a Workforce Support and Development Work group to (1) reduce case worker turnover by increasing the development of current employees, and (2) enhance the recruiting and training program for new case management employees. The workforce group engaged in extensive discussion and also reviewed and analyzed survey responses collected by Dr. Dina Wilkie, a professor at the Florida State University College of Social Work, as part of a study of the case management system in Duval and Nassau Counties.

Implementation

As a result of the research conducted, FSSNF provided additional FTEs to each of the CMOs to create a 4:1 ratio of family service counselors to supervisors in July 2020. During the transition, new supervisors and new family service counselors will participate in additional training and support. Decreasing the number of workers reporting to a supervisor will increase work satisfaction for the frontline worker and supervisor which will improve statewide and federal data measures as well as stabilize the workforce as caseloads are reduced.

C: Reflective Practice Leadership Program for Family Support Counselor Supervisors

To best support all family support counselor supervisors, FSSNF is joining in DCF's pilot of the Reflective Practice Leadership Series which is comprised of sixteen (16) one (1) hour/week virtual live/interactive workgroups with six (6) months of weekly follow up consultations calls to support implementation.

Implementation

The family support counselor supervisors will participate in the following classes:

- a. Introduction to Reflective Practice
- b. Supporting staff in uncertain times using reflective practice
- c. Understanding the problem (agency lens)
- d. Understanding the problem (reflective lens and agency lens combined)
- e. Core Competencies in Reflective Practice
- f. Becoming Self Aware (regarding biases as it pertains to impact on case work)
- g. Changing to What Questions – Making the Shift Roadmap
- h. Building Blocks in Critical Thinking Skills
- i. Waking up to Invisible Rules and the Impact on Culture in the Workspace
- j. Whose Lens is Presented/Whose Lens is missing?
- k. Infusing Reflection into Supervision – Growing Professional Development Supervision
- l. How to give reflective feedback on becoming a leader – how to address poor performance
- m. Testifying in Court using critical thinking strategy – how to prepare and be prepared
- n. Reflective Practice Supervision – Formatting successful roadmaps
- o. Reflective practice in action -what about this practice is so hard?

The above assessments, plans, and articulated innovations, support the FSSNF strategic priorities for FY 2020-2021 which are to: (1) increase the amount of caregiver support and quality placement alternatives; (2) expand community engagement and partnerships to bring the community together to help families; (3) enhance case management workforce support and development to continuously provide quality services to children and families; and (4) enhance data driven decision-making while leveraging technology to make administrative functions for case management less time intensive. Most importantly, this plan champions the FSSNF mission to provide high-quality, community-based care for abused and neglected children in North Florida.