



PERFORMANCE AND QUALITY IMPROVEMENT PLAN

FY 21/22, Updated

Introduction

As a network managing agency, Northwest Florida Health Network's primary role is to establish and maintain an integrated network of providers with the goal of ensuring optimal access to and the provision of quality services. The agency's approach is collaborative and inclusive of the individuals and families served, the Florida Department of Children and Families (DCF), subcontracted agencies, formal and informal providers, and key stakeholders such as the Court System and Children's Legal Services (CLS).

Mission

NWFHN's Mission is to provide the highest quality child welfare, behavioral health services to children, adults and their families within their communities through a managed network of accredited providers.

Vision

Our Vision is to create local ownership and effective integration of the child welfare and substance abuse-mental health systems in each of our eighteen communities. By doing so, we believe that the quality of life for children, adults and families we serve will dramatically improve resulting in personal independence and stronger communities.

NWFHN provides the highest quality child welfare services through partnership with multiple subcontracted agencies. NWFHN subcontracts with Camelot Community Care and DISC Village in Circuit 2 for case management services. NWFHN subcontracts with Anchorage Children's Home in Circuit 14 as well as Twin Oaks Community Services. Camelot Community Care is a newly contracted provider as of 11/1/2021 as is Twin Oaks beginning 12/1/2021.

NWFHN provides the highest quality substance abuse and mental health services through partnerships with multiple subcontracted agencies, school systems, county governments and local law enforcement agencies.

At NWFHN, we serve individuals and families in need of both prevention, intervention and residential services. Through our managed network of accredited providers, we are able to offer quality a wide range of services for children, families and adults.

Philosophy of Performance Management

Employ an analytic and systemic approach to planning and Performance Management

The primary purpose of this plan is to define how the agency will strengthen practice by improving the quality and provision of network services.

This plan is based on the agency's belief that:

- Improving services is a continuous process
- Training, assessment and quality improvement activities are ongoing processes focused on strategies that encourage best practice, compliance, and accountability for the people we serve
- Providing cost-effective, quality services and promoting positive outcomes for those we serve are the responsibilities of all staff, providers and licensed caregivers
- Reliable and objective data are essential to improving services
- Assuring quality services requires the input and feedback from stakeholders
- Good outcomes are achieved through consistent monitoring, evaluation and the sharing of the best practices

- There is never an excuse for poor quality service
- Mistakes should be used as tools for learning

**Key Agency Staff Involved in CQI
And FY 21/22 CQI/QA Activities**

Performance and Continuous Quality Improvement are considered responsibilities of all NWFHN staff. Key staffs and their roles include:

1. Quality Assurance and Training Staff

The Quality Assurance, Training and MDT Manager oversees 3 Quality Assurance 3 Training Specialists, 1 MDT supervisor and 3 MDT specialists. The Quality Assurance, Training and MDT Teams are a part of the leadership team at NWFHN. The 3 Quality Assurance Specialists are responsible for completing Contact and True Engagement reviews, Florida CQI reviews and CFSR/PIP review cases. This allows for consistent communication between the QA team, Training Team and the operational leadership team.

The Quality Assurance, Training and MDT manager is a Master’s Level Professional with experience in the child welfare field. The QAT and MDT Manager holds a Green Belt certification and is also a Tier 1 reviewer for Child and Families Services Reviews and a Quality Assurance Reviewer for DCF’s CQI program.

All Quality Assurance Specialists are Child Welfare Certified through the Florida Certification Board. They are also Quality Assurance Reviewers for DCF’s Continuous Quality Improvement Program as well as Reviewers for the Child and Family Services Review Program.

Schedule of Reviews – FY 21-22

QTR	Review Type	# to be Reviewed	Partner Agency	Review Begin Date	Review End Date
Q2	FL-CQI (IN-DEPTH)	4	ALL	10/1/2021	12/31/2021
	QO PRACTICE CFSR REVIEWS	2	ALL	10/1/2021	12/31/2021
	CATER REVIEWS	33	ALL	10/1/2021	12/31/2021
Q3	FL-CQI (IN-DEPTH)	10	ALL	1/1/2022	3/31/2022
	QO PRACTICE CFSR REVIEWS	4	ALL	1/1/2022	3/31/2022
	CATER REVIEWS	84	ALL	1/1/2022	3/31/2022
Q4	FL-CQI (IN DEPTH)	10	ALL	4/1/2022	6/30/2022
	QO PRACTICE CFSR REVIEWS	4	ALL	4/1/2022	6/30/2022
	CATER REVIEWS	~84	ALL	4/1/2022	6/30/2022

Monitoring of Systemic Factors

Systemic Factor	CFSR Item	CFSR Systemic Requirement	NWFHN Monitoring Activities
Statewide Information System	19	Statewide Information System: Ensuring that the agency maintains accurate, up-to-date information (data) regarding the status, demographic characteristics, placement/ location, permanency goals and medical & dental care for every child who is in foster/out-of-home care	NWFHN produces a weekly data management report [<i>Case Status Report</i>] to monitor work processes and data entry/integrity and as a means of assisting front-line staff manage daily activities. Data elements included: <ol style="list-style-type: none"> 1. Court Documents Due within 30 Days and Past Due 2. NWFHN Missing Children 3. Children Not Seen 25 - 30 Days 4. Physical Exams Due 5. Dental Exams Due 6. Transition Plans Due 7. Mother F/F Contacts Past Due 8. Father F/F Contacts Past Due 9. Children in OOHC between 9-11 months 10. Children Not Seen 31 Days or More 11. Supervisory Reviews Not Completed 61 Days or More 12. IL Supervisory Reviews Not Completed 91 Days or More 13. Missing Medical/Mental Health Records 14. Missing Yearly Physicals Exams 15. Past due Dental Exams 16. Missing Immunizations 17. Missing Education Records 18. Foster Care AFCARS 19. Adoption AFCARS 20. Placement Errors 21. Identification Records 22. Children in OOHC 12 Months or More
Case Review System	20	Written Case Plan: Ensuring that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions	<p>The data for Items 20-24 is collected for 10 cases per quarter utilizing the FL-CQI version of the Federal CFSR tool and the agency's programmatic Quality Assurance review tools.</p> <p>Data is aggregated quarterly and shared with service providers in addition to NWFHN's Management Team and Training staff for analysis and incorporation, as appropriate, into:</p> <ol style="list-style-type: none"> 1. Applicable Annual Strategic Priority Action Plans 2. Pre-Service and In-service training curricula 3. Partner/subcontractor agency performance improvement plans
	21	Periodic Reviews: Ensuring that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review	
	22	Permanency Hearings: Ensuring that a permanency hearing occurs no later than 12 months from the date of foster care entry and at least every 12 months	
	23	Termination of Parental Rights: Ensuring that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions	
	24	Notice of Hearings and Reviews to Caregivers: Ensuring that foster parents, pre-adoptive parents, and relative caregivers are notified of any review or hearing held with respect to the child	

Systemic Factor	CFSR Item	CFSR Systemic Requirement	NWFHN Monitoring Activities
Quality Assurance System	25	<p>Quality Assurance System: Ensuring that the quality assurance system functions optimally throughout the agency service area, including:</p> <ol style="list-style-type: none"> 1. Maintains standards for evaluating the quality of services in a manner that assures inter-rater reliability 2. Provides relevant, timely reports, and 3. Evaluates implemented program improvement measures 	<p>NWFHN’s Quality Management System is monitored at least quarterly by the Quality Assurance and Training Supervisor and addressed with Executive Leadership when necessary. For FY 19/20, ensuring optimal quality management functioning includes the following Action Plans:</p> <p>These action plans are aligned to the following agency Long Term Strategic Goal(s) and Objective(s).</p> <p>Objective 3.3 Employ an analytic & systemic quality management approach for planning & performance management</p> <p>~ Enhance and evaluate CFSR PIP activities related to child safety, permanency and well-being outcomes</p>
Staff and Provider Training	26	<p>Initial Staff Training: Ensuring that initial child welfare services training that teaches the knowledge and skills necessary for service excellence is provided to all case management staff</p>	<p>For FY 21-22, ensuring that initial and ongoing training addresses needed knowledge and skills to improve performance on CFSR items included in Florida’s PIP is included as NWFHN’s Annual Strategic Priority (8); Action Plan entitled <i>Develop the Workforce/NWFHN Training Plan</i>. This action plan is aligned to the following agency Long Term Strategic Goal(s) and Objective(s).</p> <p>Goal 3.0: Assure high-quality service for children, adults & their families...</p> <p>Goal 4.0: Develop & sustain exceptional professionals to serve in all areas of service...</p> <p>Objective 4.1.9: Institute high quality, innovative child welfare training and support professional certification for child welfare case managers and supervisors</p> <p>Objective 4.2: Support and maintain high standards for training, certification, and support professional certification for child welfare case managers and supervisors</p> <p>Objective 4.2.9: Support and maintain high standards for training, certification and licensure for staff in all areas of service provided by NWFHN</p>
	27	<p>Ongoing Staff Training: Ensuring that ongoing training is provided for staff that addresses the knowledge and skills necessary for child welfare service excellence</p>	
Agency Responsiveness to the Community	32	<p>Coordination of CFSP Services with Other Federal Programs: Ensuring that services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population</p>	<p>Coordination of CFSP Services with Federal and State Substance Abuse and Mental Health Services is addressed by three of NWFHN’s Annual Strategic Priorities for FY 21-22 and are aligned to the following agency Long Term Strategic Goal(s) and Objective(s).</p> <p>Goal 1.0: Implement & manage a fully integrated System of Care approach to the provision of child welfare & behavioral health services</p> <p>Objective 1.2.2: Leverage parallel systems & coordinate local service delivery - Perpetuate Treatment Model for Child Welfare</p> <p>Objective 1.2: Leverage parallel systems & coordinate local service delivery - Implement Care Coordination Model</p>

2. Contract Performance and Monitoring Staff

The Performance, Data and Accreditation (PDA) Manager within NWFHN’s Contracts Administration Unit addresses performance and contractual monitoring of the agency’s subcontractors. The PDA Manager is a Master’s Level Professional with extensive experience in child welfare, public health and education program development and evaluation, strategic planning, qualitative and quantitative analysis and quality assurance. The incumbent PDA manager is certified as a Florida Sterling Examiner (2016) and is a Six Sigma Black Belt certified in data analytics.

The PDA Manager supervises a staff of four professionals: two Contract QA/Analyst positions responsible for Child Welfare and Behavioral Health subcontract monitoring and two Licensing & Attestation Specialists responsible for quality assurance related to the licensing of agency foster homes.

Programmatic monitoring for Child Welfare contracts is completed by the Child Welfare Contract QA/Analyst who is certified as a Child and Family Services Review (CFSR) reviewer. Programmatic monitoring for Behavioral Health services are completed by appropriately credentialed Substance Abuse and Mental Health Professional staff supervised by NWFHN’s Managing Entity for Substance Abuse and Mental Health Operations Manager.

Schedule of Contract Monitoring Reviews – FY 21/22 (dates subject to change based on partner and staffing needs)

PROVIDER	CONTRACT NUMBER	SERVICE DESCRIPTION	21/22 MONITORING DATE
ANCHORAGE CHILDREN'S HOME	255/21006	Case Management	6/7/2022
APALACHEE CENTER, INC (BNET)	B0180	BNET	3/14/2022
APALACHEE CENTER, INC. (FACT)	B0050	(FACT)	3/14/2022
APALACHEE CENTER, INC. (MRT)	B0160	MRT	3/14/2022
APALACHEE CENTER, INC. (PATH)	B0070	(PATH)	3/14/2022
APALACHEE CENTER, INC. (SAMH)	B0060	(SAMH)	3/14/2022
BOYS TOWN NORTH FLORIDA	235	Residential Group Care	4/5/2022
BRIDGEWAY (SAMH)	A0080	(SAMH)	3/28/2022
CDAC (NNAS/SEN)	C0220	NNAS/SEN	2/7/2022
CDAC Behavioral Healthcare Inc.	A0060	SA case management and prevention	2/7/2022
CHEMICAL ADDICTIONS RECOVERY EFFORT INC	C0030	SA	4/4/2022
CHEMICAL ADDICTIONS RECOVERY EFFORT INC (PPG)	C0060	PPG- prevention	4/4/2022
DISC VILLAGE	258/21002	Case Management	5/24/2022
DISC VILLAGE, INC. (SA)	B0040	SA and prevention	6/13/2022
DISC VILLAGE, INC. (SFI)	B0100	SFI	6/13/2022
HABILITATIVE SERVICES	231	Intervention	4/12/2022
INSPIRE	248	Residential Group Care	4/19/2022
Lakeview (PATH)	A0260	PATH	4/25/2022
LAKEVIEW CENTER INC- CAT	A0240	CAT	4/25/2022
LAKEVIEW CENTER INC. (SAMH)	A0110	SAMH	4/25/2022
LAKEVIEW CENTER, INC. (FACT)	A0170	FACT	4/25/2022
LEON COUNTY DRUG COURT	B0110	drug court SA program	2/16/2022
LEON COUNTY SHERIFF (CALM)	C0230	CALM	5/9/2022
LIFE MANAGEMENT CENTER	254	Visitation	6/21/2022
LIFE MANAGEMENT CENTER	232	Intervention	6/21/2022
LIFE MANAGEMENT CENTER OF N.W. FL - CAT	C0160	CAT	2/28/2022
LIFE MANAGEMENT CENTER OF N.W.F	C0010	SAMH	2/28/2022
LIFE MANAGEMENT CENTER OF N.W.F (FEPT)	C0020	First Episode Psychosis Treatment	2/28/2022
LIFE MANAGEMENT CENTER OF N.W.F (FFT)	C0190	EFT	2/28/2022
LIFE MANAGEMENT CENTER OF N.W.F (FACT)	C0040	FACT	2/28/2022

PROVIDER	CONTRACT NUMBER	SERVICE DESCRIPTION	21/22 MONITORING DATE
LIFE MANAGEMENT CENTER OF N.W.F FIT Team Circuit 14	C0080	FITT	2/28/2022
LIFE MANAGEMENT CENTER OF N.W.F MRT	C0170	MRT	2/28/2022
PANCARE	C0180	school mental health	4/8/2022

Corrective Action Plans may be required of subcontractors based upon contract monitoring results. Procedures regarding such plans are defined by Operating Policy (713 – Monitoring of Subcontracted Services).

Child Welfare Contract Measures

NWF HEALTH NETWORK CHILD WELFARE CONTRACT MEASURES	GOAL DIRECTION	21-22 TARGET
Rate of abuse per 100,000 days in foster care (<i>Fed. Msr.</i>)	↓	8.5
Percent of children who are not neglected or abused during in-home services	↑	95.0%
Percent of children who are not neglected or abused after receiving services	↑	95.0%
Percent of children under supervision who are seen every 30 days	↑	99.5%
Number of children with finalized adoptions between July 1, 2021 and June 30, 2022. (<i>Cumulative</i>)	↑	184
Percent of children exiting foster care to a permanent home within 12 months of entering care (<i>Fed. Msr.</i>)	↑	40.5%
Percent of children achieving permanency in 12 months for children in foster care 12 to 23 months (<i>Fed. Msr.</i>)	↑	43.6%
Percent of children who do not reenter foster care within 12 months of moving to a permanent home (<i>Fed. Msr.</i>)	↑	91.7%
Children's placement moves per 1,000 days in foster care (<i>Fed. Msr.</i>) *	↓	4.12
Percent of children in out-of-home care who have received medical services in the last 12 months	↑	95.0%
Percent of children in out-of-home care who have received dental services in the last 7 months	↑	95.0%
Percent of young adults in foster care at age 18 who have completed or are enrolled in secondary education, vocational training, and/or adult education	↑	80.0%
Percent of sibling groups where all siblings are placed together (Point in Time - End of Most Recent Month/Quarter)	↑	65.0%

NWFHN Direct Services Measures and Data

NWFHN's only direct services include Placement, Kinship Care (Level I licensure) and Traditional Foster Care (Levels II-V licensure). Agency defined measures for FY 21/22 are:

Placement

- Percent of clients in need of a licensed out-of-home placement will have a licensed placement to go to at the end of each day. (Target 100%)
- Children's placement moves per 1,000 days in foster care. (Target ≤ 4.12)
- Percent of sibling groups where all siblings are placed together. (Target $\geq 65\%$)

Kinship Care (Level I Licensure)

- The number/percent of Licensed Level I homes that provide a safe environment for children as defined by the Department's licensing standards. (Target 100%)
- Percent of children placed in Relative, Non-Relative, or Fictive Kinship placements are in Licensed Level I placements. (Target $\geq 40\%$)

- Percent of Level I Licensed Placements that are stable (do not disrupt). (Target $\geq 92\%$)

Traditional Foster Care (Level II-V)

- Percent of children in licensed foster care, age 5 and above, felt safe in their licensed, foster home placement. (Target $\geq 80\%$)
- Percent of children in licensed foster care, age 5 and above, felt safe in their licensed, foster home placement. (Target $\geq 80\%$)
- Percent of Level 2 licensed foster homes are retained for a subsequent year of relicensure. (Target $\geq 75\%$)

Management Data

NWFHN regularly tracks and reports data related to direct services, subrecipient direct services, and contractual outcome measures. Examples of management reporting indicators include raw numbers, percent and rates related to measure populations and specific subrecipient workload management indicators as noted in NWFHN’s Operating Policy 802: *Data and Reporting* and 908: *Caseload and Critical Activities*.

Child Welfare Quarterly Performance Data Review and CQI Discussions

Contract performance measures are reviewed with providers each quarter at Quarterly Performance Management Team Meetings. Subcontracted providers present their own quarterly performance data, share best practices on measures that perform well and describe their analysis and countermeasures related to any measures that have fallen below expectations.

2022 SCHEDULE	
CHILD WELFARE PERFORMANCE MANAGEMENT TEAM MEETINGS	
	2/22/2022
	5/24/2022
	8/23/2022
	11/22/2022

3. Managing Entity (ME) for Substance Abuse and Mental Health Services (SAMH)

The responsibility for NWFHN’s SAMH-related PQI efforts resides with the ME Operations Manager (ME OM). The ME OM is a Master’s level professional with over 24 years of experience in child welfare, data management, budgeting, and behavioral health services and is Six Sigma/Black Belt certified. The ME OM supervises a staff of 18 professionals, including NWFHN’s:

- SAMH Data Administrator – a Master’s level professional with more than 12 years of experience in data & systems administration
- SAMH Data Specialist – whose incumbent has a degree in Actuarial Science
- Three SAMH Network Coordinators with extensive Substance Abuse and Mental Health experience and relevant certifications/licensures

Substance Abuse and Mental Health Contract Measures

NWF HEALTH NETWORK		Goal	FY
MANAGING ENTITY FOR SUBSTANCE ABUSE AND MENTAL HEALTH CONTRACT MEASURES		Direction	Target
Average annual days worked for pay for adults with severe and persistent mental illness		↑	40

NWF HEALTH NETWORK MANAGING ENTITY FOR SUBSTANCE ABUSE AND MENTAL HEALTH CONTRACT MEASURES		Goal Direction	FY Target
Percent of adults with serious mental illness who are competitively employed		↑	24%
Percent of adults with severe and persistent mental illnesses who live in stable housing environment		↑	90%
Percent of adults in forensic involvement who live in stable housing environment		↑	67%
Percent of adults in mental health crisis who live in stable housing environment		↑	86%
Percentage change in clients who are employed from admission to discharge		↑	10%
Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge		↓	15%
Percent of adults who successfully complete substance abuse treatment services		↑	51%
Percent of adults with substance abuse who live in a stable housing environment at the time of discharge		↑	94%
Percent of school days seriously emotionally disturbed (SED) children attended		↑	86%
Percent of children with emotional disturbances (ED) who improve their level of functioning		↑	64%
Percent of children with serious emotional disturbances (SED) who improve their level of functioning		↑	65%
Percent of children with emotional disturbance (ED) who live in a stable housing environment		↑	95%
Percent of children with serious emotional disturbance (SED) who live in a stable housing environment		↑	93%
Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment		↑	96%
Percent of children who successfully complete substance abuse treatment services		↑	48%
Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge		↓	20%
Percent of children with substance abuse who live in a stable housing environment at the time of discharge		↑	93%

Substance Abuse and Mental Health Quarterly Performance Data Review and CQI Discussions

Contract performance measures are reviewed with providers each quarter during Quarterly Performance Calls with providers. These calls share best practices on measures that perform well and describe analysis and countermeasures related to any measures that have fallen below expectations.

4. Data Staff

NWFHN’s Child Welfare Data Unit is responsible for reporting child welfare data and ensuring its integrity. NWFHN has two data integrity specialists who are housed under Operations, one in Circuit 2 and one in Circuit 14. This unit helps to manage data and ensure performance outcomes are consistently met through communication with frontline staff regarding data entry and reporting. Data collection is completed utilizing the reporting region of the Florida Safe Families Network as well as the DCF QA Portal. Data entered in the CFSR portal (PIP/CQI reviews) is also available through the “Reports” region. Qualtrics is utilized for analysis of CATER data.

NWFHN’s Substance Abuse and Mental Health Data unit is responsible for reporting substance abuse and mental health data and ensuring its integrity. This unit helps to manage data and ensure performance outcomes are consistently met through communication with partner agencies regarding data entry and reporting. Data collection is completed utilizing BEHAVIX, the agency reporting system that in turn reports to the Department’s data system.

Data Analysis

Data is analyzed on a monthly and quarterly basis. Each quarter and year, trends are identified in the data in order to improve practice outcomes and ultimately the outcomes for children and families. Benchmark comparison is completed with set targets or other standards is completed.

During FY 21-22, partnership will continue between the DCF and NWFHN's key quality assurance/CQI staffs to complete data analysis and review performance. This allows for collaboration and innovation regarding data analytics and presentation. Formal activities include Quarterly Statewide Quality Office Performance Reviews, Quarterly Region-Level Quality Office Performance Reviews, Monthly Collaboration Meetings with DCF, Quarterly Child Welfare Performance Management Team Meetings, Quarterly Substance Abuse/Mental Health Provider Calls, and Quarterly Quality Meetings with our providers.

Continuous Quality Improvement – Deming's Model of CQI

NWFHN's Quality Management System is designed on Deming's Plan-Do-Check-Act model of CQI.

Plan: The process of defining and planning a System of Care

- Its programs, processes evaluation and remediation
- In a manner best suited to meet the needs of the clients served

Do: The process of implementing the planned System of Care throughout the Service Network

Check: The process of systematically monitoring services, collecting data, obtaining feedback, analyzing findings and identifying trends, strengths and opportunities for improvement. (The system-wide review and analysis of service indicators and outcomes)

Act: The process of implementing performance improvement activities to overcome barriers to quality services and remedy deficiencies. This also involves follow up to assess the effectiveness of the performance improvement activities implemented. If found to be ineffective, or if more improvement is needed or desired, the cycle continues to the plan phase again and the process repeats.



Staff and Provider Training

Data collection and analysis drives the training selected and ultimately provided by the NWFHN Training Team.

Initial training is provided through quality pre-service training delivered. Initial training is offered 4-5 times a year based on need. Due to the current pandemic, initial pre-service training transitioned to the virtual platform. Ongoing training is offered on a monthly basis and is provided based on QA data analysis. Trainings such as cultural competency and human trafficking are offered on a bi-annual basis but more frequently as needed. The training team is also providing in-service virtually on an ongoing basis. NWFHN provides training to subcontracted providers, agency staff as well as community stakeholders. All trainers maintain child welfare certification and have a combined over 50 years of combined child welfare experience. All NWFHN trainers hold the Trauma and Resilience Certification through Florida State University. The Quality Assurance, Training and MDT Manager continues to ensure all training provided is data driven and includes a means to monitor transfer of learning.

During FY 21-22, the NWFHN Quality Assurance and Training Supervisor will continue to integrate the training team with Quality Assurance as well as the Multidisciplinary Team. More efforts will be made to include all system partners in in-service training related to case management practice in order to ensure a common language and understanding exists.

Service Array & Resource Development

NWFHN is invested in ensuring the service array available to families is quality and diverse. As Big Bend is also the managing entity, the agency is able to leverage ME resources when there is an identified area of need related to service array. Targeted efforts will occur in FY 21-22 to determine the efficacy and appropriateness of the service array. Efforts to address the identified deficits in the service array will continue into the upcoming fiscal year.

Performance Improvement Action Plans

- Training Action Plan
- Supervisor Development Action Plan
- CQI Action Plan

Actions plans are formulated in response to an identified deficit. A target is set for each action plan and subsequent action steps and target dates are set. Meetings are held at certain intervals throughout the year in order to monitor the status of the action plan and ensure no changes need to be made.

During FY 21-22, CATER (Contact and True Engagement Reviews) will be implemented. The review tools (IH/OHC) are directly aligned with CFSR guidance for quality visits with children and parents. A case will be reviewed per case manager each quarter with a selected target child, sample size will vary slightly each quarter. The review promotes parent engagement and quality conversations with families. A debrief also occurs in order to promote best practice and discuss findings.

Performance improvement action plans include a consistent debrief process to ensure each review is debriefed with frontline staff. Each case will also be debriefed with the unit as well when possible. This will ensure that findings and best practices are shared amongst the team.

Quarterly, each CMO, will have a presentation/training regarding their CMO's quality assurance findings for the previous quarter during the Quarterly Quality Meeting. During that meeting, staff will have the opportunity to ask questions regarding the findings/reviews. This will also allow the case management staff to discuss barriers to achieving strengths in items in order to implement change in practice where possible. Ultimately, life of case data will be shared during each meeting in order to facilitate qualitative discussion regarding findings and actionable next steps.

During FY 21-22, pre-consultation will continue on all cases as part of the NWFHN CQI action plan. Pre-consultations allow for discussion regarding expectations of the review and documentation. As evidenced by the large discrepancy between CQI and PIP data, documentation will continue to be a focus during this fiscal year. The quality assurance team will continue to ensure the review process is supportive and informative while driving quality case practice.

Quality Roundtables were also implemented prior to PIP reviews, an intensive form of the pre-consultation process that was previously occurring. Quality Roundtables will continue prior to each CFSR review completed to include NWFHN operations staff, case management and investigations (when applicable.) Again, the goal being to provide an opportunity to enhance the quality of documentation to ensure findings reflect the true quality of the services provided to children and families.

Focus of Training Team FY 21-22/Activities to Address Program Improvement and Case Review Items Deemed an Area Needing Improvement (ANI)

Due to the discrepancy noted in FY 19-20 PIP versus CQI data, documentation will be a focus during the fiscal year 21-22. Documentation training will be provided in order to address this need. With a continued focus on parent engagement/contact, the newly revised home visit tools will be utilized in training to assist in demonstrating quality documentation. This training will be developed and will be mandatory for all new staff as this is a consistent area of need.

Safety Planning Training and Case Application will continue to be a specific focus this fiscal year. Although safety planning training has been provided previously, case application is key to learn concepts needed to effective safety plan. This identified intervention will allow the training team to use data from CQI to explain the areas needing improvement and focus on concepts during the learning circles to enhance those areas. Areas specific to deficits identified in item 3 will be included.

As identified during FY 20-21, the reunification process includes multiple components that are critical for case management staff and other system partners to understand. Data analysis shows multiple factors to be addressed including sufficient assessment, safety planning, and conditions for return. These will be addressed during the upcoming fiscal year to impact permanency.

A focus on conditions for return in order to further the knowledge base further than strictly training will also occur. While conditions for return training has been provided on an ongoing basis, delving into crafting CFR statements and delivery of conditions for return to families is the focus. This will further proficiency and ensure frontline staff are clearly communicating with families to achieve timely permanency.

Father Engagement Training will be offered to staff as well in order to address the lack of father involvement seen consistently in both CFSR/PIP reviews as well as CQI reviews. The lack of father engagement has further implication for permanency findings. The value of father engagement and potential barriers will be discussed. This training will occur cyclically during FY 21-22.

Sufficiency of Information Assessment including ongoing FFA training and learning circles will also be implemented to address gaps related to ongoing assessment. Although information sufficiency training has been offered, an emphasis on ongoing assessment needs to be explored related to findings particularly in item 2 regarding ongoing formal and informal assessments.

Although a focus from the previous fiscal year, the training team continues to emphasize quality contacts with a full revamp to be completed during FY 21-22. The revamp will include a new home visit tool (parent/child) to be utilized across all subcontracted agencies. There will also be supplemental tools provided to case management to assist in parent engagement.

In addition, intensive training will be provided to case management staff regarding parent engagement; “How to Have Difficult Conversations”. This has been identified as an ongoing barrier to engagement and quality visits. As a well-supported evidence based practice, NWFHN training team will provide in-depth motivational interviewing training to frontline staff as well as leadership during the second half of the fiscal year.

During phase 2, the training team will be assigned to one case per new trainee during the first 90 days post-test. This will allow trainees to transfer learning from the classroom to the field as well as instill best practices from initiation of the case. This will include assessments, safety planning, quality contacts and court. As ongoing assessment continues to be an area of focus, this allows for real-time feedback to be given and applied; focused on information gathering and proper documentation.

Please note, the trainings and activities listed above are the agency’s efforts to improve statewide targeted initiatives.

Training Activities Provided by CQI Team

In addition to a strengthened debrief process, the NWFHN QA team also continues pre-consultations to be completed on each CQI case. The pre-consultation is a method to educate staff regarding the review as well as engage them in the review process. The pre-consultation discusses each item reviewed and how each one is evaluated. This is not done in order to “teach to the tool” but rather to inform frontline staff and ensure transparency throughout the process. Although started during last fiscal year, the pre-consultation will continue in order to address the deficiency in documentation that is evident through identified data trends.

Thus far, the Roundtables have been effective in addressing documentation gaps as well as informing child welfare professionals and other system partners of the review importance and process. QRT continue during FY 21-22 on all CFSR type reviews.

CQI Training Activities also include a consistent debrief process to ensure each review is debriefed with frontline staff. Each case will also be debriefed with the unit as well when possible. This will ensure that findings and best practices are shared amongst the team. Barriers to achieving best practice and problem solving also occurs during the debrief session. Those ideas are then communicated with Operations as well as during the Quarterly CQI-Training meeting.

Quarterly, each CMO will have a presentation/training regarding their CMO’s quality assurance findings for the previous quarter. This occurs during their quarterly quality meeting. During that meeting, staff will have the opportunity to ask questions regarding the findings/reviews. This will also allow the QA specialist to discuss barriers to achieving strengths in items in order to implement change in practice where possible.

Stakeholder Involvement

NWFHN gathers input from stakeholders using a variety of methods. Input will be gathered via the following avenues:

- NWFHN staff survey – implemented by the agency’s Human Resources partner agency
- Partner agency staff survey/staff retention reports – submitted to NWFHN monthly
- Annual service needs and strategic planning meeting, activities and proposals

- Solicitation of input from community members and organizations, the court system representatives, and DCF partners

Additionally, Stakeholder input is gathered on an ongoing basis via the following methods:

- monthly and quarterly management
- programmatic meetings
- Community Alliance Partnership meetings
- community activities and training from staff
- the Court system
- foster parents
- DCF/CPI staff and leadership
- community members
- other provider and service organizations

NWFHN's Board of Directors, Executive Leadership and Management Team are responsible for reviewing and incorporating stakeholder input in the development of short and long term planning, policy, training, service development and contracting.

New initiatives, services and activities are developed in cooperation with these stakeholders to address concerns and update practice within our System of Care. Specific initiatives are assigned to the COO, Operations Managers, Directors and their staffs for implementation and follow-up.

As systemic issues are identified, stakeholders are a vital member of the team approach to ensuring that gaps in the data are addressed effectively. NWFHN values the opinion of all stakeholders.

Partnership between Investigations and Case Management

Efforts are made consistently to ensure communication between case management and investigations. Collaboration meetings are held on topics related to CPI and CM where information is shared including quality management data. Community Alliance meetings are also held at which CM/CBC staff is represented as is CPI leadership. Communication of leadership for CBC/CPI is critical to ensuring partnership of frontline staff.

In Quality Assurance, DCF operations review specialist works closely with QA manager to discuss current data and trends. During FY 21-22, ORS and QA manager will collaboratively work to present Quality Assurance Data in various forums. Partnership is also demonstrated during the co-review process for CFSR reviews.

Collaboration meetings occur monthly which include DCF/investigations and case management leadership. CQI/CFSR data is presented as well as resulting CQI activities. Initiatives are discussed to ensure input is received from both investigations and case management as well as to improve communication.

Strategies to Improve Practice/Local Improvement Initiatives

Training will continue regarding QA reviews completed in order for frontline staff to understand the items contained in the OSRI. This will include a high level discussion of QA as well as a breakdown of each item reviewed. Quality Assurance will continue to educate staff on the reviews throughout the year on an as needed basis.

The NWFHN supervisor development program will be revamped during FY 21-22. The Supervisor Development program will focus more on leadership development rather than solely on case management focused supervisor training. It will include a group project and ongoing supervisor/mentorship learning circles.

During FY 21-22, NWFHN's training team and other system partners will structure and implement a case management proficiency process. This process will be formed through a workgroup developed to ensure input is received from frontline staff as well as leadership from subcontracted agencies.

New strategies or initiatives will be implemented on an as needed basis. The Quarterly-CQI training meeting is an opportune time to identify new strategies and address the training needs of subcontracted providers.

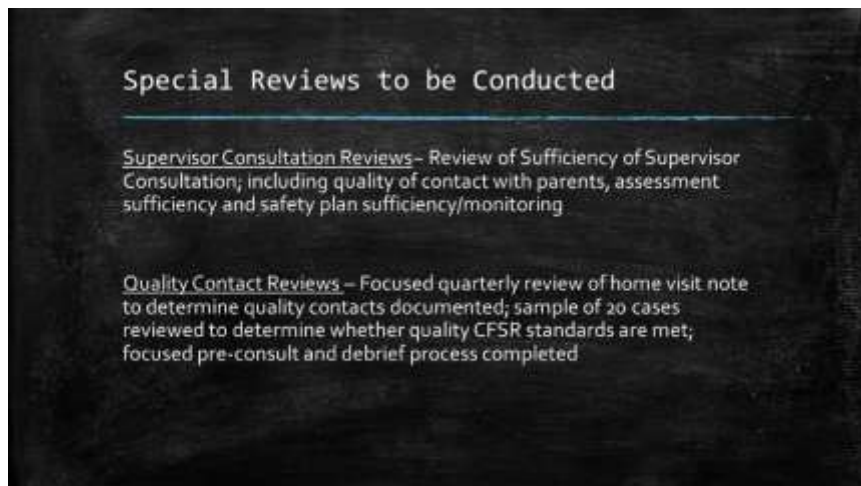
Special Reviews, Discretionary Reviews, Systemic Reviews

a. Special Reviews

Special Reviews are completed as requested by NWFHN's Executive Leadership and/or Management Team. NWFHN special reviews are completed as needs are identified due to practice-related complaints or concerns and in any transition of services from one contracted provider to another.

b. Discretionary Reviews

Discretionary Reviews are scheduled based upon Opportunities for Improvement (OFI's) identified by the agency's ongoing CQI activities. Discretionary reviews are subject to change due to new or updated agency priorities.



**NWFHN will collaborate with the Department's Northwest Region (NWR) staff to develop, implement and monitor the progress of performance improvement activities designed to address areas identified as needing

improvement by the FFY 2016 Florida CFSR. NWFHN's portion of the NWR Plan addresses performance improvement activities targeted to strengthen practice related to:

- a. Safety – particularly ongoing safety assessment and appropriate response
- b. Permanency – focusing on placement stability, reunification upon families' success upon meeting the conditions for return and timely Termination of Parental Rights and adoption for those unable to be reunified
- c. Well-Being – with a targeted focus on needs and services for parents in collaboration with NWFHN's Managing Entity Behavioral Health providers, improving engagement with parents, and ensuring appropriate and timely medical, dental and behavioral health care for children**