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**ECKERD COMMUNITY
ALTERNATIVES CBC
LEAD AGENCY
SERVING CHILDREN IN
PINELLAS AND PASCO
COUNTIES**

**QUALITY MANAGEMENT
PLAN
July 1, 2009 - June 30, 2010**

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I. Philosophy

Eckerd Community Alternatives is committed to results-oriented performance and will strive to continue to develop an effective system of care that focuses on strong community-based partnerships. As established by the staff and Board of Directors, ECA's mission, vision, and core value statements reflect an approach that is focused on excellence in service delivery, collaboration in system design, and accountability in meeting performance targets.

A. Introduction

Eckerd Community Alternatives (ECA) is the Lead Community Based Care Agency serving children and families in Pinellas and Pasco Counties (Circuit 6/Suncoast Region). Awarded the Lead Agency contract in 2008, ECA serves as a system administrator ensuring the oversight of the system of care and accountability for improved outcomes for the children and families served. ECA has elected to contract with five case management agencies to work directly with children and families providing prevention, protective supervision, foster care, Independent Living and adoption related services:

- Gulf Coast Community Care- Pinellas County
- Directions for Mental Health- Pinellas County
- Bay Care- Pasco County
- Youth and Family Alternatives- Pasco County
- Camelot Community Care- IL Services for both Pinellas and Pasco Counties

The Department of Children and Families has given a call to action to increase the focus on quality management through implementation of a quality assurance plan that is driven by six guiding principles: "Integrity, Leadership, Transparency, Accountability, Community Partnerships and an Orientation to Action. Eckerd Community Alternatives' (ECA) mission, values, approach and philosophy is demonstrative of a sound commitment to child welfare and safety. Understanding that there have been historical challenges around performance outcomes within Circuit 6, as the new Lead Agency, ECA has identified many opportunities for improvement and the ECA QA Plan identifies strategies to continue to improve the quality of services for the children and families of Pinellas and Pasco Counties.

B. Mission Statement

The mission of Eckerd Community Alternatives is to design, implement, and manage a quality child protection system for the citizens of Pinellas and Pasco Counties. Our agency endeavors to support stabilization of families, restore families when safety concerns necessitate a removal, support caring relatives, connect children with loving homes, and prepare adolescents for adulthood. This mission is driven by our vision of ensuring that each child has the opportunity to succeed and our belief that all children have the right to grow up safe, healthy, and fulfilled in families that love and nurture them.

ECA is committed to improving the quality of services administered through the child welfare system. The guiding principle of ECA is to develop a system of care that is family-centered, community-based, integrated, outcome oriented, culturally competent, timely, and accountable for results.

C. Vision Statement

ECA believes that consistent quality outcomes for Pasco and Pinellas children can only be achieved through the implementation of a practice framework strongly aligned and faithfully pursued at all levels of our system. The overarching concept behind this framework is that government and the Child Protection System should be a resource for families not a substitute for them. ECA recognizes that strong capable children come from capable families and as such, this framework will ground all child welfare professionals and those from other disciplines who support their efforts in a clear set of goals and practice standards directed to that end.

The goals of our Child Welfare System are to:

- Protect children from abuse and neglect.
- Enable children to live with their families.
- Achieve timely permanency in the child's life and
- Assist children in becoming stable successful adults through success in education and job training.

D. Guiding Principles

Based on this vision, ECA has developed a Child Welfare Practice Framework that embraces the following principles:

- Ensure children remain in the home of their families whenever possible. Exceptions will only be made where the provision of services to include intensive in-home services will not protect them from further harm.
- Children and their families along with their natural support systems will participate in service / case planning. The services offered will be both comprehensive and unique to the child and family and based on their unique strengths and needs.
- Children and their families will be encouraged and supported in the execution of their service plan.
- If removed, children will be placed in their community, with their siblings and in the least restrictive setting that meets their needs.
- Every effort will be made to eliminate placement disruptions by providing timely supports to foster parents, relatives and other caregivers in the system. This responsibility falls to all participants in the system; community based lead agencies, child placing agencies that operate foster homes, and residential providers.
- Foster parents, relatives/ non-relatives and residential providers shall be involved in service / case planning for children and their families and will actively participate in the delivery of those services.
- Children will maintain regular visitation / contact with their families and their siblings. Foster parents, relatives and residential providers will be active participants in this process.
- Children removed from their families shall be integrated to the maximum extent possible into normalized educational, leisure and work activities. All caregivers, foster parents, relatives / non-relatives and residential providers shall be an active participant in providing these opportunities for children.

- Any behavior modification program employed in the treatment or management of a child's behavior shall be individualized and meet generally accepted professional standards including that:
 - a. The program relies primarily on rewards instead of punishment;
 - b. The program be based on a careful assessment of the antecedents of the behavior that the program is designed to change; and
 - c. The program shall be consistently implemented throughout the day, including in school, residential and leisure activity settings.

- Children who "age out" of the system shall be provided:
 - a. Adequate opportunities to prepare to leave foster care that will include assistance to promote educational success, work experience and opportunities to engage in basic life skills activities. Caregivers, foster parents, relatives and residential providers will be an active participant in these efforts.
 - b. Transition plans that support the child's objectives whether it is continuing education or employment.
 - c. All personal health and other service records they will require in managing their affairs.
 - d. A smooth transition to adult mental health and / or developmental disability services where they are required.

Additional principles include:

- ECA will operate a service delivery system that will achieve excellence in providing quality services that assure the safety, well-being, and life permanency of children and the stability of families.

- ECA will foster community investment in the lives of children and families by not only participating in, but also being a catalyst of, community partnerships in improving the lives of local children.

- ECA will be a premier employer by demonstrating that staff are valued, fairly compensated, and given abundant opportunity for personal and professional development.

E. Core Values

As set by the EYA Vice President of Operations, all ECA staff upholds the company values of courage, commitment, candor and competence in how we conduct our work and interact with others.

We strive to:

- Have the **courage** to do the right thing at the right time for the right reasons.
- Be **committed** to the mission, the company and each other to ensure success.
- Have the **candor** to speak openly and honestly, be passionate about our position regarding an issue and support the final decision.
- Have the **competence** to know our jobs, continually increase our professional development and successfully meet our outcomes.

F. Approach to Service Delivery

The mission, vision, and value statements outlined above drive ECA's overall approach to service provision. In executing our mission, vision, and values, ECA is clearly focused on our client, the child, and believes that the family is the most important resource we work with on behalf of our client. We have a steadfast belief that the best place for children is with their own family. For this reason, the objectives of reducing the number of children in the dependency system, reducing the number of children in out of home care, and providing permanent families through adoption will be the focus of our operations.

In utilizing a performance-driven and results-oriented approach, performance data will be openly shared with all stakeholders, including the Department of Children and Families (DCF), ECA staff, board members, subcontractors, funders, legislators, other social service organizations, and the media.

This practice will become a hallmark of ECA's service approach and will serve several purposes. First, it fosters trust in ECA within the community as a lead agency that will disclose not just positive performance data, but all performance data, in the interest of transparency. Second, it keeps ECA's partners in the community mindful of the areas of systemic success and those in need of improvement. Third, it communicates ECA's value of accountability for performance. Finally, having stakeholders throughout the community review performance data prompts ECA and its partners to respond to where performance targets are not being met.

The success of Eckerd Community Alternatives depends upon a sustained collaboration between multiple public sector agencies, public and private schools, private agencies, law enforcement, individual service providers, community resources, the State Attorney's Office, Department of Children and Families, the courts, foster parents, the Guardian ad Litem Program and the family. ECA identifies and recruits agencies and individuals to expand provider capacity and continue to work with community agencies working to prevent child abuse. Eckerd Community Alternatives focuses on agencies that offer specific services, family and child-centered service philosophy, and with documented success.

Eckerd Community Alternatives believes that prevention strategies must be the driving force behind how we support children and families so that protective interventions and services do not become necessary. This mind-set and resulting actions associated with prevention education and training leads to positive results, cost effective interventions, cohesive family support and effective self-help methodologies.

Prevention is a priority and Eckerd Community Alternatives has focused on actively involving civic groups, faith-based organizations, neighborhood groups, local businesses, social and recreational groups, and the community at large to increase community capacity for nurturing children, enhancing their overall well being, and supporting families. The prevention efforts include special projects or events that increase community awareness of the needs of children and families, especially those who are in at risk/or are living with relatives or non-relatives, or in foster care.

ECA recognizes that certain children who come to the attention of the Florida Abuse Hotline who are at risk of abuse, neglect, or abandonment may benefit from intervention/diversionary services and remain in their home. For those cases that do not meet the criteria for an abuse report, ECA and the Department of Children and Families (DCF) have developed a process for ECA to respond to these "prevention" referrals, allowing for maximum opportunities to divert inappropriate families from entering the formal system of care.

II. Quality Management Concepts and Definitions

Quality Assurance (QA): an “externally” driven system that validates internal practices and uses sound principles of evaluation to ensure that data is collected accurately, analyzed appropriately, reported, and acted upon. The QA function looks at the entire system. Products of the QA function include reports that validate data at the unit and service center level that evaluate the impact of practice on in-process and end-process measurements, and provide recommendations for actions.

Quality Improvement (QI): is an “internally” driven process that is conducted and initiated by the staff actually providing or supervising the service. QI provides opportunities for all staff to use data and make improvements in their daily work environment. QI is an ongoing process that is dynamic and occurs as a result of action planning that is designed to result in program improvement.

Continuous Quality Improvement (CQI): is the progression toward desired improvements in process, products or outcomes through incremental steps, with periodic review and readjustment of objectives.

Quality Management (QM): is the systematic integrated review of Quality Assurance and Improvement activities.

III. Quality Management System

The primary purpose of the ECA Quality Management System is to increase accountability by strengthening practice and improving the timeliness and quality of the service delivery system. ECA seeks to identify in-process and end-process measurements that align with these goals while ensuring substantial conformity with federal requirements of the Adoptions and Safe Family Act (ASFA) and achievement of the Contract Performance Measures set forth in the Lead Agency contract. The ECA QM plan is separated into two major categories, quality assurance and quality improvement activities.

A. Focus on Coordination and Process

ECA will initiate several quality assurance activities that will assist our lead agency in the process of verifying whether the services rendered through the system of care are sufficient to drive improved outcomes for children and their families. ECA will implement the following quality assurance activities:

1. Ensure Appropriate Supervisory Review
2. ECA/DCF Quarterly Assurance Monitoring Process
 - A. Base Reviews
 - B. Side-by side Reviews
3. QIC Story Process
4. Lead Agency Executive Management and Region Discretionary

1. Ensure Appropriate Supervisory Review

Supervisory review, by its fundamental nature, is intended for immediate feedback for a case manager to use for quality improvement that supports the safety, permanency and well-being of the children we serve. This frontline activity will provide the timeliest opportunity to capture process and implement information and processes that are vital to achieving permanency for children. Unit supervisory discussions will focus staff on quality case work and create a process that allows staff to have mechanisms for gaining knowledge of best practice and delivering the highest quality of casework to the children and families that we serve.

With the exception of certain types of cases as referenced below, the CMA frontline supervisors will review 100% of open cases assigned to their unit at minimum, every sixty (60) days. These reviews will be conducted by unit supervisors face-to-

face with the assigned case manager in a supervisory discussion format utilizing the “Mentoring and Modeling Quality” Discussion Guide. For cases involving a missing child, a child age 0 to 5 residing in the home under case management supervision or a child prescribed a psychotherapeutic medication, the supervisor will be required to review the hardcopy record minimally once per month.

At least once a quarter during the life of the case, the unit supervisor will review all open cases in the unit and subsequently facilitate a qualitative discussion with the assigned case manager to assure needed safeguards and services are in place and casework activity is moving the child toward an appropriate safe and permanent living arrangement. Cases that have been open for at least 45 days in any given quarter are required to be reviewed in that quarter.

The Unit Supervisor will document in Florida Safe Families Network (FSFN) that the discussion occurred, summarizing any major points that may need further attention and potential issues to be considered in the future. At a minimum, the following information must be documented on the “Supervisory Review” FSFN chronological note:

- Date of supervisory discussion/ individuals present
- Current permanency goal and progress/barriers towards permanency
- Case management tasks required to achieve permanency and person(s) responsible
- Follow-up from previous supervisory review tasks and discussion

The FSFN documentation shall be completed within two (2) business days of the supervisory discussion.

The Quality Assurance Department will track compliance through FSFN reports and disseminate compliance to CMA Program Directors, CMA Unit Supervisors and ECA Senior Management Team via the weekly data call. In addition to tracking compliance, a random minimum sample of five cases per supervisor will be selected on a quarterly basis by the Quality Assurance Department to review the chronological note for quality and content purposes as described above.

A Modeling and Mentoring Performance Tool will be utilized to collect data regarding the quality of supervisory discussion. This data will be shared with the CMA monthly.

Supervisory review completion is also tracked on a monthly basis in the Florida Safe Families Network (FSFN) to determine compliance.

2. ECA/DCF Quality Assurance Monitoring Process

The State QA Plan requires a total of twenty-five reviews per quarter. These twenty-five file reviews consist of seventeen base reviews to be completed by Eckerd QA, and eight side-by-side reviews with Regional DCF QA staff, of which two will be identified for In-Dept reviews by DCF.

ECA will make use of the DCF random sample calculator to select the twenty-five cases necessary per the model. The random sample calculator will again be used to select the eight cases of the twenty-five to be used for the DCF/Eckerd side-by-side. These reviews are conducted utilizing a DCF approved Case Management Review Tool and Interpretive Guidelines.

In accordance with the Department of Children and Family guidelines, ECA will receive an extract list of cases from which to pull the sample, from the Department of Children and Families Region Office prior to the beginning of the review quarter. Upon retrieval of the case review sample, ECA's QA department will review the sample to ensure the cases provided meet the intended criteria as far as targeted population (legacy, admission and age) as well as time frame for the period under review. The cases will be assigned to the ECA Quality Management Team with the expectation that all case base reviews will be completed during the first two months of the review quarter and prior to the DCF Side-by-Side. The third/final month of the review quarter will be utilized for tracking, analyzing, trending and reporting of the findings. ECA Quality Assurance staff, in conjunction with DCF will review these cases involving families receiving services on a quarterly basis for all Side-by-side reviews.

The DCF Quality Assurance Monitoring process involves two major components:

A. CBC Base Reviews- Case Reviews are intended to be an internal review of service quality elements and oversight of compliance with practice standards. The purpose of the base review is to provide structured feedback for enhancement of casework process and collect data to determine areas of strong service delivery and areas that need improvement.

Eckerd Community Alternatives will use the DCF Regional Excel Database to input, summarize and review case data in anticipation of the Statewide QA Automated Database development and implementation.

B. Side-by-Side Reviews-The Side-by-Side Case Review process involves a joint review by the Lead Agency and the Department of Children and Families, of the cases not targeting a subset of the randomly selected records identified for the CBC base review process. This joint review is intended to promote knowledge building and sharing among DCF regional QA staff and Eckerd Community Alternatives QA staff. The purpose of the Side-by-Side review is to provide collaborative quality assurance oversight of practice compliance and vital information for practice improvement.

The region will identify a single person from their QA staff to serve as the facilitator/lead reviewer for the duration of the review. This position is distinct from the Region's QA reviewers, and their primary responsibilities will be to:

- Provide a second level review for each of the eight cases that have been reviewed by the DCF/CBC team to ensure that the review was completed thoroughly and correctly.
- Provide expertise and mediation to any review team that is challenged to reach consensus in rating a particular item on the tool.
- Initiate the process of the In-Depth reviews. The facilitator may gather input from the Side-by-Side review team and other reviewers as to the questions that may be applicable for the In-Depth review.
- Prepare a summary of the 8 cases in terms of identifying strengths and opportunities for improvement, as well as initiate the development of quality improvement strategies to address any significant performance concerns that may be identified. Collaborate with the CBC in developing the quality initiatives.

The CBC will identify a single person from their QA department to serve as a liaison for the period of the duration of the Side-By-Side review. This position is distinct from ECA's reviewers and their primary responsibilities will be to:

- Assist in finding or gathering information not readily found within the files.
- Assist with any 'Requests for Actions' (RFA's) if identified.

These reviews will be conducted according to the attached Regional Side-By-Side Review calendar (**Appendix 1**).

3. QIC Story (Quality Improvement and Control Process)

ECA will monitor quality improvement through the development of a Quality Improvement and Control (QIC) Story in order to address root causes and to implement countermeasures to address performance. This activity will continue for the 2009-2010 fiscal year.

ECA is driven by new opportunities to improve our system of care so that children and families are provided with a quality delivery service system. When data analysis reveals new information regarding performance, ECA will immediately implement a total quality management process. ECA will identify key stakeholders that can assist in evaluating the performance and will utilize the principles of the Total Quality Management model to develop QIC story projects. ECA senior management will serve as team leads and will involve team members from DCF, the Sheriff's Department, Case Management, the Judiciary, Guardian Ad Litem Program, Foster Parent Association and/or other stakeholders as determined appropriate for the particular project.

ECA will utilize various tracking logs and TQM tools such as Pareto charts and Histograms, countermeasure matrix and fishbone analysis to display the results of the QIC story process. Countermeasures will be implemented and monitored weekly utilizing our system of care weekly data call.

4. Lead Agency Executive Management and Region Discretionary Reviews

ECA will conduct an array of quality assurance reviews on a monthly and quarterly basis. Information gained from these activities will be collected via various tools and methods, and will be used to evaluate effectiveness and drive production.

B. Focus on Results- QA Improvement Standards and Process

To improve overall performance and effect improvement in quality of practice, multiple areas central to the operation of the System of Care must be captured through data analysis. Some areas of focus include:

1. Performance on Contract Measures
2. Upcoming Quality Initiatives

1. Performance on Contract Measures

ECA developed a weekly data packet designed to drive production, ensure accountability and provide constant, on-going data information to all case management agencies within the Pinellas and Pasco County system of care. The Florida Safe Families Network (FSFN) is the primary data source that will be used to develop the weekly data packet. Other data (obtained from hardcopy file reviews) will be incorporated into the data packet on an as needed basis. ECA's goal is to place performance issues as a priority in our day-to-day operations and use them as a benchmark to gauge the success of our activities in meeting our contract measures and the service needs of our families.

If data suggests that our compliance is not satisfactory or declines, weekly reports are often developed to provide an on-going baseline for monitoring.

Performance tools have been developed which capture data on qualitative measures. These tools include; communication, documentation, reunification, etc. Tools will also be developed to capture Case Plan Compliance in efforts to capture root causes for delays in reunification and permanency.

2. Upcoming Quality Initiative

ECA believes that there is always room for improvement and as such, will implement the following quality improvement initiatives during the upcoming year:

- A. Decrease the Number of Children Entering Care
- B. Decrease Out-of-Home Care numbers
- C. Family Engagement

A. Decrease the Number of Children Entering the Front End of the System through Enhanced Diversion Services-

During the past fiscal year, statistical data revealed an increase in the number of abuse reports and removals in Pasco County. Pasco County experienced an overall increase in the number of children served during the past fiscal year with over 70% of all children being served in out of home care. During FY 09-10, ECA convened a workgroup to address the trends experienced in Pasco County. The principles outlined in the ECA Child Welfare Practice Framework were used to guide the discussion. Specific goals included engaging the judiciary and sheriff's department in an effort to increase their confidence in the family stabilization services available within the county so that removal is seen as a last resort for only those children requiring that level of intervention. A primary outcome of the workgroup was the development of an ITN for a new diversion program in Pasco County.

ECA will continue to work with our current providers of diversionary services to re-vamp the type of referrals accepted and scope of services delivered to our families. In addition, a community workgroup will be developed to address the philosophy outlined in the child welfare practice framework. Community workgroup members will be inclusive of representatives from DCF, the judiciary, the sheriff's department, state attorney's office, guardian ad litem program, case management agency, school board and other key stakeholders as deemed appropriate and necessary.

B. Decrease the Number of Children Served in Out-of-Home-

After reviewing statistical data surrounding intake and exit trends over the last fiscal year, ECA was able to verify that the number of children served in out of home care within Pinellas and Pasco County far exceed both National and State Standards. In order to effectively improved outcomes for the children and families served, ECA will need to reduce the number of children served in OHC so that resources can be more aligned and caseloads further reduced.

ECA's goal for FY 09-10 is to reduce the number of children served in out of home care by 10% and the number served in licensed care by 5%. Several strategies will be deployed to ensure success in meeting both performance outcomes:

- Re-design Diversion Services in Pasco County
- Implement the ECA Child Welfare Practice Framework through the System of Care
- Implementing monthly reunification/case closure goals on a unit level (3 kids reunified or closed per unit per month-not including adoption closures).
- Stratifying data by unit to examine the root causes in order to develop and implement countermeasures to improve performance.
- Completing targeted case reviews to address specific cases involving children that remain in OHC >18 months.

C. Family Engagement Activities-Engaging parents, children and caregivers in the dependency process, are a necessary component in providing children in care with timely permanency. ECA QM will review files with a focus on case participant engagement and will share data on these findings with Case Management Agencies and Stakeholders.

- **Parent Engagement-** Parent Engagement is paramount in decreasing the number of children in out of home care when reunification is the goal. ECA will ensure parents are engaged as partners in family centered practice initiatives. QM file reviews will focus on quality of parent engagement by CMA staff. Random samples will be pulled from FSFN to determine if case management is engaging parents in the permanency process. ECA QM will provide monthly reports and analysis on progress by agency and by unit performance.

In addition, Communication Performance tools will be used quarterly and data will be obtained to share at CMA meetings.

- **Child Engagement-** There are multiple ways to encourage children to be active case participants and contributors in their future. Speaking with children separately from caregivers so that candid information is received, encouraging children to attend Permanency Staffing and court, and discussing case plan tasks, safety and well-being during face to face visits will be areas that Eckerd QA will focus during reviews to ensure that children are continuously engaged. Data specific

to child engagement obtained from the State tool and Communication tool will also be provided at CMA meetings.

- **Caregiver Engagement-** Including Relative/Non-relative caregivers as well as Foster Parents in the process and development of the case for children in their care serves multiple purposes. Not only do these efforts build relationships and cooperation amongst parties, but also create a better understanding of expectations and outcomes. By reviewing caregiver feedback forms and by completing client satisfaction surveys, ECA QA will be able to provide the system of care with relevant findings.

Satisfaction surveys per agency will be completed on caregivers, parents, children and providers monthly. The surveys will capture data specific to availability of services, treatment by case managers, availability to provide feedback, knowledge of staff, and overall satisfaction of ECA. This data will be shared with EYA, each CMA and other stakeholders.

IV. Current Corrective Action Plans

During the past fiscal year, several corrective action plans were instituted to ensure desired performance outcomes. ECA will ensure the safety of all children through the mitigation of risk factors associated with critical safety indicators. The following are areas that will have a strong oversight by the Lead Agency.

A. Ludwig Correction Plan

Each Case Management Agency reviewed all open cases and identified which ones involved a pending birth of a child into a family under case management supervision (pursuant to 65C-30.016 F.A.C, 65C-30.015, CFOP 175-72 and SCC Policy # 100.045). Case Management Agencies identified all children that are residing in the home of a biological parent that are not captured as part of the official record in FSFN. The case managers staff each child with his or her supervisor to determine if there are concerns about the safety, risk or long-term well being of the new child in question and whether or not consultation with the State Attorney's Office is needed regarding the filing of a petition on the new child.

ECA provided a series of mandatory training on the following topics for all Case Management:

- CFOP 175-72
- Red Flag Protocol
- Risk Assessment
- Family Engagement
- Reasonable Efforts

ECA will utilize the All Management Meeting held once per month to provide ongoing training opportunities to case management agency supervisors, Assistant Program Directors and Program Directors. ECA QM and Training Department will coordinate ongoing training issues. ECA entered into a training contract with the University of South Florida to provide ongoing Pre-Service and In-Service training to the case management agencies.

During ECA quality assurance monitoring, a random sample of cases that meet this requirement will be monitored and a report of the findings will be shared with case management agencies. If action is needed, the case management agencies will be required to respond with solutions to address QM findings.

B. Statewide Quality Improvement Plan (QIP)

This is a statewide initiative to address areas of improvement as a result of the findings from the latest CFSR. This QIP is currently in operation and ECA will continue to monitor and provide quarterly reports on ECA's progress. This plan identified five (5) areas that were in need of improvement.

- Keep Children Safe from Abuse and Neglect
- Demonstrate mastery in all family center practice
- Increase placement stability
- Grow children in to health productive adults
- Ensure continuous quality improvement in our system of care

ECA is committed to ensuring the above through our quality assurance process, quality improvement plan, weekly data call, on-going training needs and our continued open transparency with community partners.

C. Children on Psychotherapeutic Medication

ECA will ensure prescribed psychotropic medication can be identified, have the statutory required documentation in the case record (court order or informed parental consent) and have documented medication management activities completed at a frequency of no more than 90 days. Each Case Management Agency will review all open cases and identify which children have been prescribed a psychotropic medication. Each child will be accurately recorded on the Psychotropic Medication Log (PML) provided by the Lead Agency. ECA developed a policy to address how the Circuit will manage the population of children prescribed psychotropic medication to include, identification of new kids prescribed psychotropic medication, as well as how existing children's information will be updated timely (as medication and/or dosage changes), how information will be entered accurately in the case management system and the mechanism for verifying appropriate documentation is located in the hardcopy record. Further, each child prescribed psychotropic medicine will be staffed every 90 days. ECA will use the PML to monitor children on psychotropic medication. ECA will pull random samples of supervisory reviews to determine if children on psychotropic medicines are be addressed and updated as appropriate.

V. Quality Improvement / Quality Assurance Reporting

Eckerd Community Alternatives disseminates Subcontractor Performance Summary Reports on a quarterly basis to the Board and ECA Senior Management. Each subcontracted provider receives a Quarterly Provider Report Card for each contract that they have with Eckerd Community Alternatives. On an annual basis, each subcontracted provider receives a comprehensive on-site monitoring report that details overall provider compliance with the terms of the contract to include compliance with contract performance measures.

Eckerd Community Alternatives has developed comprehensive systems to report contract and CMA performance to management, the Board and community stakeholders. Eckerd Community Alternatives compiles data reports and disseminates the ECA Data Call Report via e-mail on a weekly basis. The report is sent to DCF; CMA CEO's and Program Directors; ECA Senior Management; legislative representatives/ delegates; court administration; community alliance members; ECA Board members; and other relevant parties. The report details our company's progress on system and contract performance measures with transparency and accuracy. This information is covered each Monday on a "Data Call". ECA will provide weekly/monthly reports on performance outcomes.

Eckerd Community Alternatives will compile a CMA Unit Data Report via e-mail on a weekly basis. The unit data report is provided to the Program Directors, Assistant Program Directors, supervisors and members of the ECA management team to maintain focus on targets relating to Out of Home Care management.

Additionally, the following tracking systems were put into place to drive performance improvement:

STRATEGY	DESCRIPTION	REPORTING	FREQUENCY	IMPLEMENTATION
Track Performance	Monday Morning Data Call tracks performance on weekly basis	Data report prepared and disseminated to CMAs, ECA staff, DCF, Sheriff's Department, and State Attorney's Office and other key players. Data will be discussed on Mondays at 9:00 am via conference call.	Weekly	July 2008 and Ongoing
Placement and Licensing Stability Team Member	Daily review of all children in need of a stable placement	Daily Placement Log	Daily	July 2008 and Ongoing
ECA Front Line Case Reviews	A random selection of cases each quarter will be reviewed using an ECA Quality Review Tool	Results are reported to DCF, CMAs and key stakeholders.	Quarterly	Ongoing
DCF CBC Comprehensive Compliance and Quality Review	A random selection of 25 cases per quarter as identified by DCF	Results are summarized and reported to DCF, CMA's and key stakeholders.	Quarterly	Ongoing
Critical Incident Tracking	Aggregate information is tracked, and reported as	Incident Database; A	Quarterly	July 2009

	relevant and important to the quality of services being provided.	summary report will be provided to CMA, ECA Management Team, and DCF quarterly. Monthly you will provide a trend data to CMAs on incidents		
Client Complaint Tracking	Aggregate information is tracked, and reported as relevant and important to the quality of services being provided.	Client Concern Database; A summary report of trend data will be provided to CMAs, ECA Management Team and DCF quarterly.	Quarterly	July 2009
FSFN Validation	This activity is designed to ensure accurate data is entered into the official system of record, Florida Safe Families Network.	Various reports that address performance deficiencies	Varies	July 2009
Foster Care Exit Interviews	This activity is designed to meet regulatory requirements and gain feedback from clients regarding each placement they experience.	Results are analyzed by the Lead Agency and reported to DCF, CMA's and providers on a monthly basis.	Monthly	July 2009
Foster Parent Satisfaction Survey	The instrument is designed to solicit information from foster parents surrounding their satisfaction with case management and licensing staff	Survey Results will be summarized and provided to DCF and community stakeholders	Yearly	June 2009
Out-of-home care Database	The data base is designed to track the number and cost associated with children in out-of-home care placements. Placement	Database; daily reports are retrieved that track daily OHC expenditure rates relative to	Daily	July 2009

	data is tracked in an access data base.	UM targets		
Intake and Placement Tracking Log	This activity tracks those children who have been diverted from licensed care.	Excel report	Monthly	July 2009

VI. Evaluation and Reaction to New Information

ECA's Quality Assurance System is focused on Quality Improvement. Weekly reviews of performance by the leadership team form the basis for our quality assurance efforts and ensure that we quickly identify and address opportunities for improvement. Actions may include the development of new tracking tools, implementation of countermeasures and monitoring of progress. A second approach used by ECA is a formal improvement process. Steps include formal problem identification, gap analysis, root cause analysis and the identification and implementation of action steps to improve outcomes. ECA has used this approach to ensure the state goal for adoption is achieved. ECA will implement this approach to reduce the number of runaways. One of the strengths of this approach has been the engagement of CMA and ECA staff at all levels. This will allow for the broadest possible input from child welfare professions at all levels and significantly improve desired performance within the organization.

As new information becomes available through case reviews, performance measure trend data or from other sources, Eckerd Community Alternatives will systematically evaluate the information and address the issue with one of the strategies outlined above based on the nature of the information, the expected outcomes and the overall impact of the initiative on improving our system of care.

VII. Critical Life, Health of Safety Threats

If a critical life, health, or safety threat to a child is identified during any quality assurance or other review activity, ECA will provide immediate feedback to the case management agency through the use of a Request for Action form. Copies of the Request for Action forms will be hand delivered to the attention of the CMA Program Director/Manager, case management supervisor and case manager. If the appropriate staff member is off-site and there is a need to email the Request for Action Form, a follow up phone call must be made to ensure receipt of the safety concern. Specific timeframes for response will be included on the form, along with recommendations to address the presenting issue. Technical assistance and training will be arranged for each respective CMA, based on the deficiencies noted in review. Training activities will be coordinated in a collaborative effort between the ECA QM Department and the USF Training Program.

VIII. National Accreditation

Eckerd Youth Alternative D/B/A ECA understands the importance of obtaining national accreditation as an additional quality assurance measure. EYA is accredited through the Council on Accreditation (COA) and has a quality management program that is designed to strengthen, measure, and validate our organizational effectiveness. In accordance with COA standards and the vision set forth by the Department of Children and Families, our quality management program exemplifies a focus on coordination and results through a Continuous Quality Improvement (CQI) process that involves consumers and stakeholders in program planning, case review and monitoring of system effectiveness, as well as convening teams to provide assistance and support in the activation of improvement initiatives.



ECA / DCF QA Review Schedule 2009-2010

Quarter 1: Cancelled due to Psychotherapeutic Medication Reviews

Quarter 2: October 5-16, 2009 Base Review
October 19-23, 2009 Side By Side Review

Quarter 3: January 4-15, 2010 Base Review
February 15-19, 2010 Side By Side Review

Quarter 4: April 5-16, 2010 Base Review
May 17-21, 2010 Side By Side Review



DATE COMPLETED

Person Completing Survey	
<input type="radio"/> Parent	<input type="radio"/> Provider
<input type="radio"/> CG/Nonrelative	<input type="radio"/> GAL
<input type="radio"/> CG/Relative	<input type="radio"/> FDS
<input type="radio"/> CG/Foster Parent	<input type="radio"/> Attorney
# of ECA kids in home:	<input type="radio"/> Other:

Unless a safety concern is identified, this survey is confidential. In an effort to serve you better, please answer the following questions regarding your experience with ECA. Thank you.

SATISFACTION SURVEY-Circuit 6 Case Management

AGENCY:

Please answer based on your most recent experiences	RATINGS (fill in circles)					Comments or Suggestions Please explain low ratings.
	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	
1. I am treated with respect and courtesy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. I have had input during the progress of the case.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. The care manager communicates adequately with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. My phone calls are answered quickly and messages are returned by CM.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. CM demonstrates concern for the family's safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. I and/or my child receive services in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. Services are available in my area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. My care manager knows the case well enough to make appropriate recommendations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. If I have a complaint, it is handled well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10. Overall, I am satisfied with the level of service provided by CMA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

In your opinion, how can we improve our services to be more helpful to you?

Quality Practice Standards for Case Management Review Tool
Face Sheet

Case Reviewed By (Name and Agency) _____

Period Under Review _____

Date of Review _____

Technical Assistance

Yes
 No

Administrative

Child Safety

Base Review

Side-by-Side Review

Lead Agency: _____

CBC/Provider of Services: _____

Case Manager: _____

Supervisor: _____

Unit Number: _____

Case Information:

Case Name: _____

Reason for Services: _____

Focus Child _____

DOB: _____

(out-of-home care only): _____

Case Type: _____

Living Arrangement: _____

Date of Case Transfer Staffing/ESI: _____

Case Goal: _____

Date Case Management Services Began: _____

Number of Case Managers
Assigned During Period Under
Review: _____

Date of Current Removal (if applicable): _____

Case Participants:

Mother: _____

Bio-Father: _____

Bio-Father: _____

Legal Father: _____

Child/Sibling: Age _____

Child/Sibling: _____

Current Caregiver: _____

Child/Sibling: _____

Child/Sibling: _____

Date Placed with _____

Relationship to _____

Current Caregiver: _____

Current Caregiver: _____

Are there siblings in Out-of-Home Care? Yes No

Discharge Date (if applicable): _____

Medical DX: _____

RX: _____

Re-entry Date (if applicable): _____

Mental Health DX: _____



ECKERD COMMUNITY ALTERNATIVES
QUALITY ASSURANCE

Mentoring and Modeling Supervision Tool

CASE NAME: _____

AGENCY / UNIT: _____

CHILD NAME: _____

CM: _____

TYPE OF PLACEMENT: _____

SUPERVISOR: _____

REVIEW QUESTIONS	YES	NO	N/A	COMMENTS
1. Did the modeling and mentoring reviews take place at minimum every 60 days? Or monthly for the three ECA identified safety criteria.				
2. Did the supervisor document in FSFN the discussion occurred and summarized the actions that need to take place?				
3. Was the family history, changing circumstances, situation, and risk factors for this family addressed?				
4. Were the CP, CP goal, progress towards goal, visitations, parent engagement and services addressed?				
5. Was there discussion regarding the child's current placement and caregivers?				
6. Were the child's mental health, psychotherapeutic medication, physical health, dental health, and educational needs addressed if applicable?				
7. If this case in an adoptions case, has a home been identified and what steps have been taken to finalize the adoption?				
8. If the child is a teen in out-of-home care, was IL discussed?				
9. Did the supervisor ensure follow up of the assigned tasks from the previous review?				

SUMMARY OF STRENGTHS:

RECOMMENDATIONS:

Signature: _____ Date: _____

Title: Quality Assurance

CC: AGENCY DIRECTOR