

**Performance &
Quality Improvement
Annual Report
FY 2017-2018**



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Introduction

Success 4 Kids & Families (S4KF) believes that continually striving to improve the quality of programs and service delivery is fundamental to achieving positive participant outcomes and ensuring the sustainability and growth of the agency. S4KF's philosophy is that to achieve excellence, the work of the agency must be mission and vision driven, performed in alignment with S4KF's core values, based on current best practice, and grounded in a culture of data-driven, continual quality improvement.

S4KF's Performance and Quality Improvement system was formally implemented at the agency during 2009-2010 and has continued to evolve over the years from a primarily reactionary approach focused on contract compliance, to a more systematic, proactive approach. Today, the agency's PQI efforts involve staff at all levels in continual performance measurement and the identification of strategies to improve the quality of programs, service delivery and agency operations.

S4KF has committed significant resources to increasing the agency's capacity for continual performance and quality improvement activities, including funding for an Electronic Health Record (EHR). The transition to an EHR in July of 2017 strengthened the quality improvement system infrastructure by providing the technology necessary to create a more systematic, data-driven approach to performance measurement and quality improvement.

Throughout the year, staff in all programs collect and enter data regarding the individuals and families they serve, the services they provided, and the impact of those services. Performance data is also collected from S4KF's stakeholders through various means, including participant satisfactions surveys, staff engagement surveys and annual monitoring by funders. Additionally, quarterly case record reviews are conducted to evaluate the extent to which service delivery meets quality standards by demonstrating alignment with S4KF's core values and System of Care Principles.

Supervisors and staff are provided with access to reports that allow them to monitor individual and program performance on a continual basis in order to proactively identify challenges and address potential concerns. Performance data collected from across the agency is reviewed, aggregated and analyzed by Leadership, the PQI committee and program staff to monitor compliance with legal, regulatory and funder requirements, evaluate service quality, and identify strengths and areas for improvement. The data also helps the agency identify trends to help anticipate opportunities and challenges as well as successes that can be applied across other programs.

The following report provides an overview of the data collected in 2017-18 and corresponding analysis of S4KF's service population, program and administrative performance, highlights of PQI initiatives, and plans for the upcoming year.

Vision:

A community free from stigma where individuals and families have the support they need to live fully engaged and successful lives.

Mission:

Success 4 Kids & Families provides quality care coordination through innovative mental wellness and educational services to strengthen and empower individuals and families.

Values:

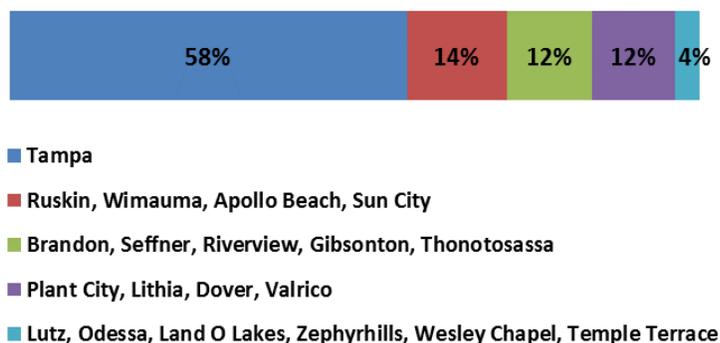
We embrace the core values of Respect, Integrity, Quality, and Innovation, and emphasize the following in all we do:

- ❖ *Consumer Driven Care*
- ❖ *Diversity & Cultural Competence*
- ❖ *Community & Collaboration*

Who We Served

Behavioral Health Programs

Percent Served by Region

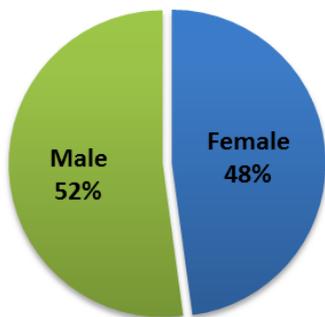


S4KF served over **800** participants in its behavioral health programs in the past year.

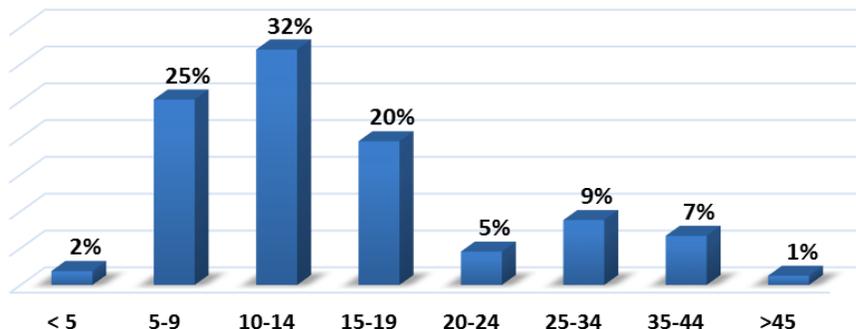
In October of 2017, we opened our new Successful Families program to address the needs of families residing in the underserved East and South regions of Hillsborough County.

Given that one-third of participants served were between the ages of 10-14, a training focused on the “tween” population may be beneficial in the coming year.

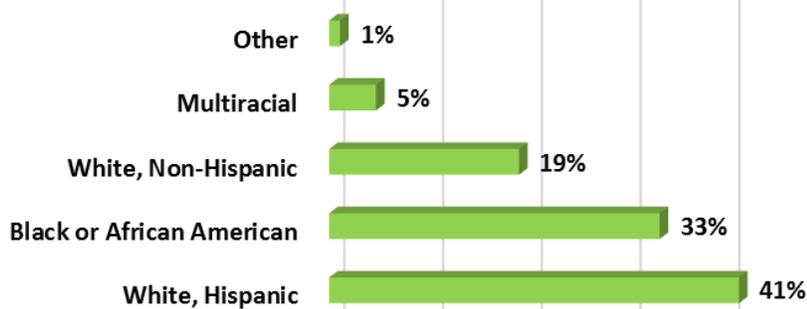
Gender



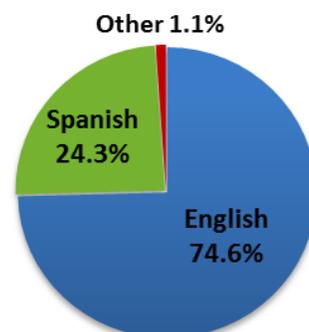
Age



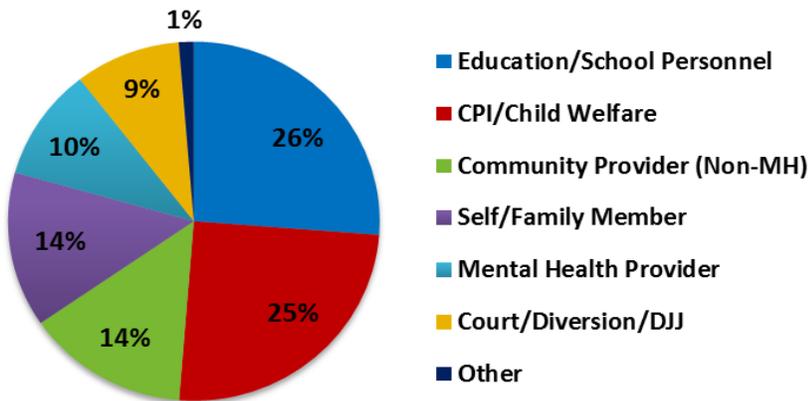
Race/Ethnicity



Primary Language



Referral Sources



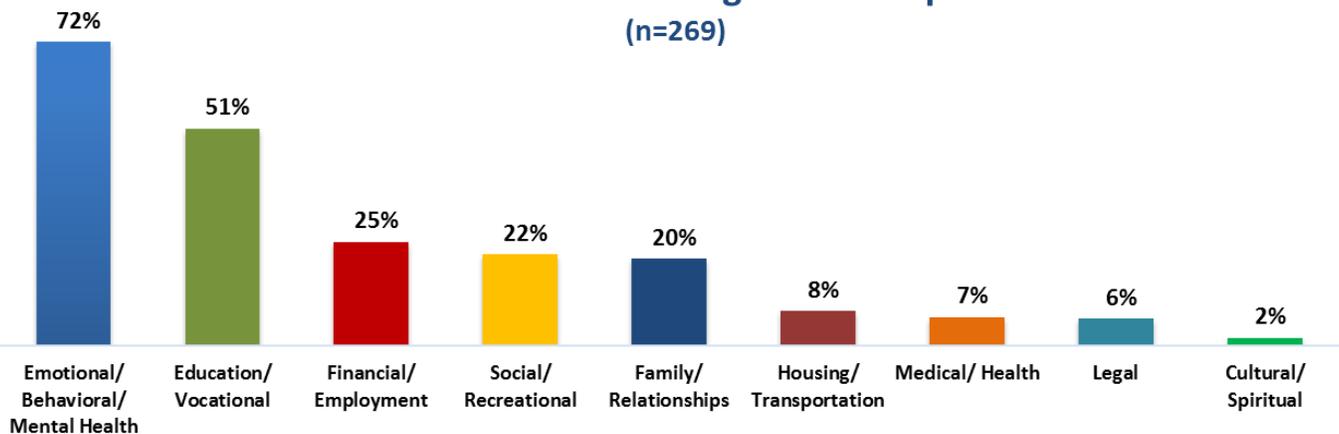
The school system and child welfare system account for just over half of the referrals received by S4KF. S4KF has always had strong ties to the school system and school personnel have been a primary referral source since the agency was founded.

Referrals from Child Protective Investigators (CPIs) have increased significantly this year due in large part to the presence of a designated S4KF member on-site at the sheriff's office at least one day a week.

Most of our Court/Diversion/DJJ referrals are received directly by staff who regularly attend youth detention, delinquency, competency, and truancy court hearings as part of our Successful Youth & Successful Students programs. The remaining referral sources include self-referrals as well as those from a variety of community service providers.

Identified Needs of Program Participants

(n=269)



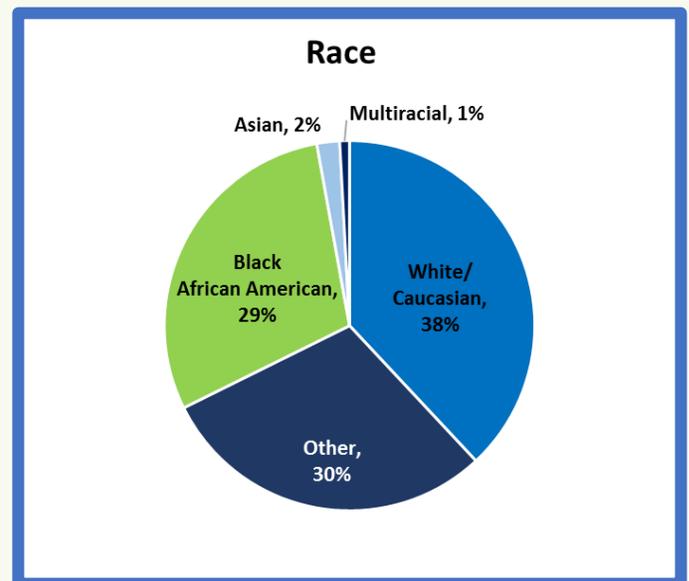
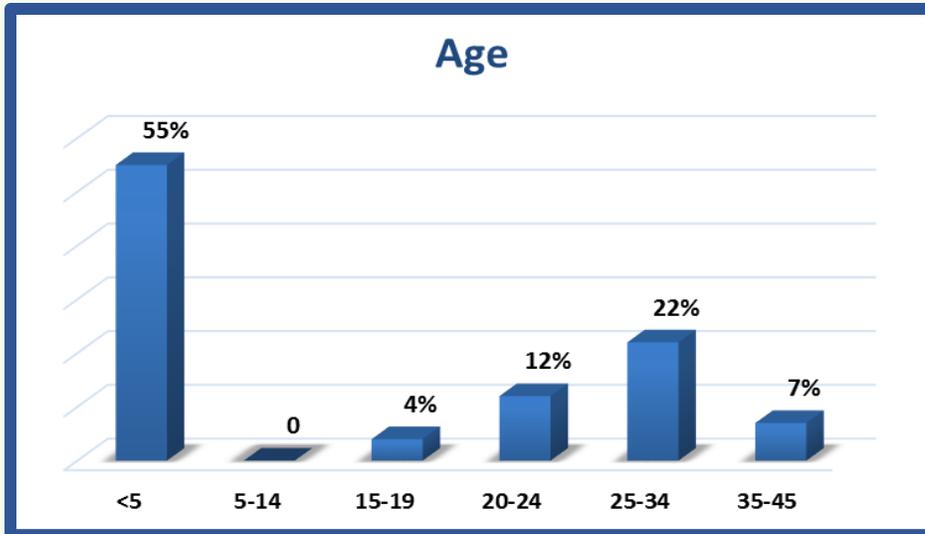
Each S4KF program participant receives a comprehensive assessment that covers the 9 life domains shown above. Once complete, staff work with participants to create their support plan which will include goals, objectives and action steps for each of the domains in which needs were identified. The graph above indicates the percent of participants with identified needs in each of the domains.

The number of participants with housing and medical needs is lower than expected given the number of requests for rental assistance and number of participants without health insurance upon enrollment. Further analysis is needed to determine if these needs are being documented under other domains or are being addressed without being included in the support plan. If the latter is the case, additional staff training may be needed to ensure that all needs being addressed by case managers are documented in the participant's plan so that activities can be connected back to the participant's goals & objectives.

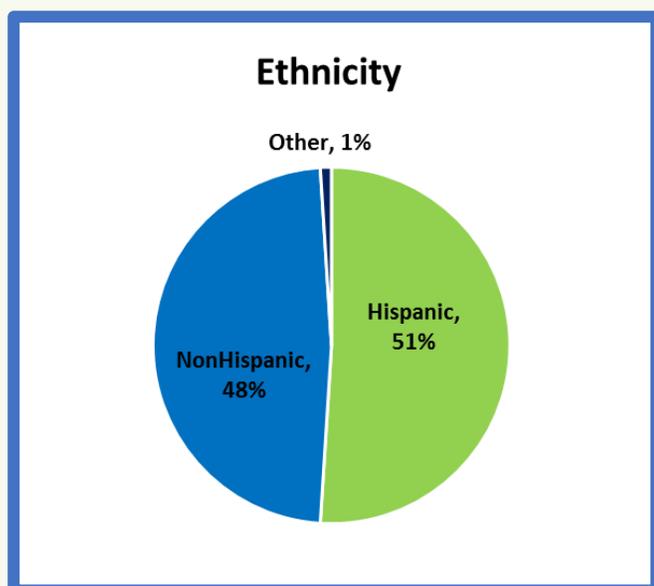
Who We Served

Healthy Start Case Management

Healthy Start Case Managers served over **3700** participants in the past year.



*n=3530 participants who provided their race



*n=2286 participants who provided their ethnicity

Program Performance

Outputs

Numbers Served

Case Management	Goal	Actual
Successful Kids/Students/Youth	333	450
Successful Parents	98	103
Successful Families	120	155
West Tampa Connections	88	80
Healthy Transitions	N/A	33
Healthy Start	N/A	3757
TOTAL	N/A	4578

Therapy	#
Successful Kids/Students/Youth	16
Successful Parents	8
Successful Families	30
West Tampa Connections	7
Healthy Transitions	9
Healthy Start	168
TOTAL	238

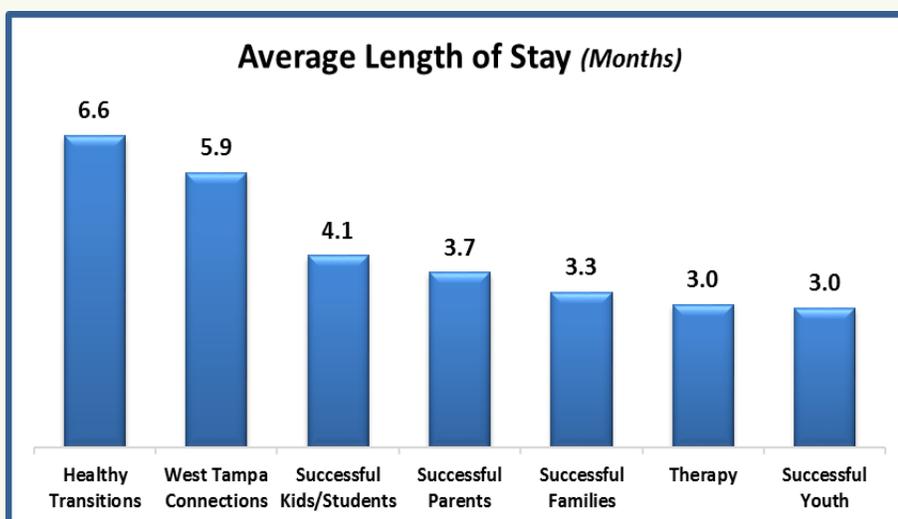
Goals for numbers served in the S4KF programs indicated above are set by funders. The reporting year for West Tampa Connections and Successful Families runs from Oct 1 – Sept 30 so they are on target to reach their goal based on numbers expected for the end of the 3rd quarter.

We have overserved the contract for Successful Kids, Students & Youth and when viewed in light of the lower than expected number of successful discharges, combined with relatively short lengths of stay, it's possible we could be doing more for fewer participants, potentially making a bigger impact.

Going forward, we need to monitor numbers served closer through the entire year. In addition, it may be beneficial to review case records of participants with shorter stays to assess whether there are missed opportunities for additional services and support that would benefit the families we serve.

Healthy Transitions Support Services

- ❖ 54 Mental Wellness Groups attended by 30 youth & young adults
- ❖ 84 hours of 1:1 peer support to 8 youth & young adults
- ❖ 14 Education & Employment Support groups attended by 20 youth & young adults
- ❖ 156 hours of 1:1 Education & Employment support to 25 youth & young adults



Average length of stay is similar between programs except West Tampa Connections and Healthy Transitions, which are almost double that of the other programs.

These programs provide incidental items and additional supports along with traditional mental health which may contribute to greater engagement.

Therapy participants would be expected to have longer stays but that is not always the case.

*Includes only discharged clients

Program Performance

Outcomes

Successful Kids, Successful Students & Successful Youth

Outcome	Goal	Actual
SED - % Attended School	86%	88%
ED - % Improved Function	64%	95%
SED - % Improved Function	65%	86%
ED - % Stable Housing	95%	99%
SED - % Stable Housing	93%	99%

S4KF exceeded all targets set by the funder in 2017-2018 for Successful Kids, Students & Youth.

Improved function is measured by a decrease in the CFARS score which is completed every 6 months. School attendance and stable housing are determined by the number of days attended and current living situation as entered on the MHO tool, which is completed quarterly.

All targets were exceeded in the Successful Parents program, however % competitively employed continued to be a challenging outcome for us to meet. Part of the difficulty is that only recipients of therapy are counted. We are actively working on increasing the number of clients who receive therapy.

Successful Parents

Outcome	Goal	Actual
% Competitively Employed	24%	30%
% Stable Housing	90%	97%
Average # of days worked annually	40	85

Successful Families

**Year runs Oct 1 - Sept 30*

Outcome	Goal	YTD
Increased Parenting Skills	80%	100%
Reduced Parental Stress	70%	56%
Concrete Supports	85%	100%
Increased Social Supports	85%	52%
Improved Mental Well Being	80%	92%

This is the first year for this contract and the program reached full capacity in the 1st quarter.

At the end of the 3rd quarter, 3/5 targets have been exceeded and the number of parents with reduced stress is expected to increase in the final quarter as more parents take the post-test upon discharge.

The indicator for social supports was changed this year to require an increase in both informal & formal supports which presents a challenge for us due to S4KF's commitment to consumer-driven care. Therefore, we are advocating for an alternative indicator to account for families who are satisfied with their informal support network.

At the end of the 3rd quarter, 1/4 targets have been met. School attendance and parental involvement are expected to meet the required targets in the final quarter. With regard to increased social supports, we are experiencing the same challenge as with Successful Families and hope to agree upon an alternative indicator.

West Tampa Connections

**Year runs Oct 1 - Sept 30*

Outcome	Goal	YTD
Academic Progress	80%	80%
School Attendance	90%	82%
Increased Social Supports	85%	40%
Parent Involvement	85%	79%

Healthy Transitions

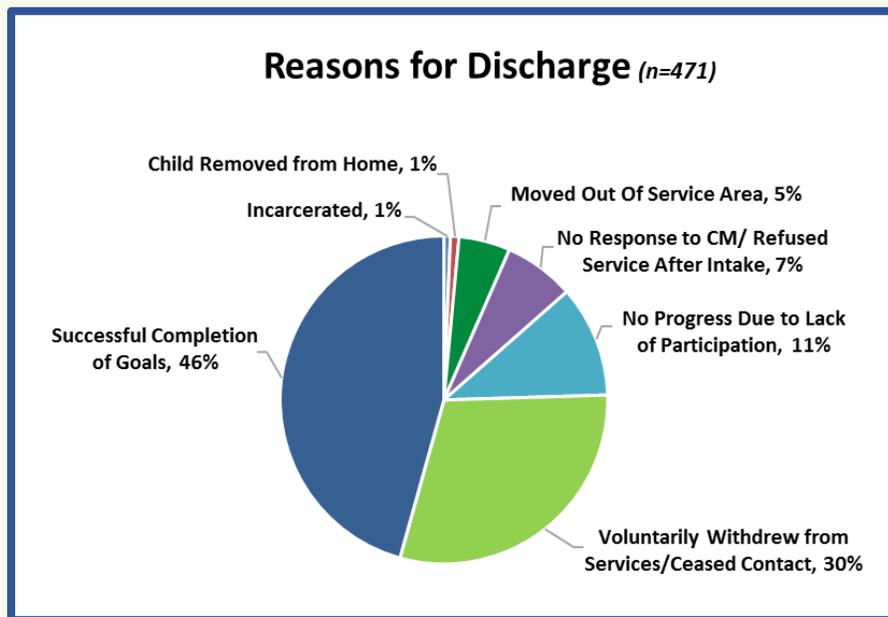
Young adults in the Healthy Transitions program complete the Federal NOMS (SPARS) assessment which asks participants questions about their current functioning as well as their experiences in the past 30 days. The assessment is conducted at intake, 6 months and discharge as a means for measuring change over time while in the program.

While the number of participants reporting any use of crisis services was small, the outcomes were positive, with all 4 youth reporting zero instances at follow-up. Similarly, 3 out of the 4 youth who had experienced homelessness reported zero nights of homelessness at follow-up.

Outcomes	Actual
Increased Support (n=21)	43%
Increased Employment (n=27)	41%
Decreased Substance Use (n=24)	50%
Decreased use of crisis services (n=4)	100%
Increased ability to deal with crisis (n=29)	55%
Decreased days of homelessness (n=4)	75%
Improved overall health status (n=34)	65%

Given the challenges faced by this transitional age population, an increase of 41% in employment is a significant achievement.

The number of young adults reporting increased support is lower than one would expect if enrolled in wraparound case management, however the data does not indicate which services participants are receiving so it may be beneficial to explore this result further.



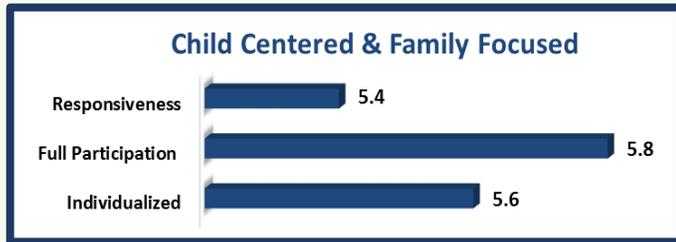
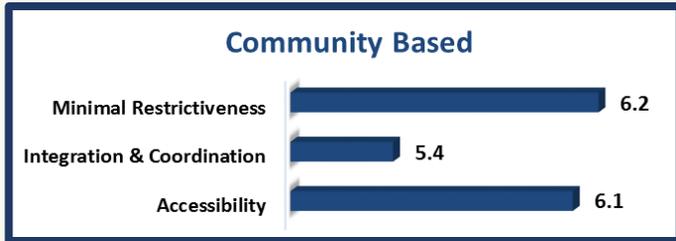
46% with a successful discharge is lower than expected. There is a school of thought that voluntary withdrawals may be considered successful discharges in that the participant may feel as though they don't need the service any longer. Since 30% of withdrawals were voluntary, a better understanding of participant outcomes may be achieved by splitting this into 2 categories such as "withdrew due to satisfaction with progress" and "unknown, ceased contact".

The 11% with no progress due to lack of participation indicates the need for further analysis to determine if there is an engagement issue we need to address.

Service Quality

Case Record Peer Reviews

Behavioral Health Programs

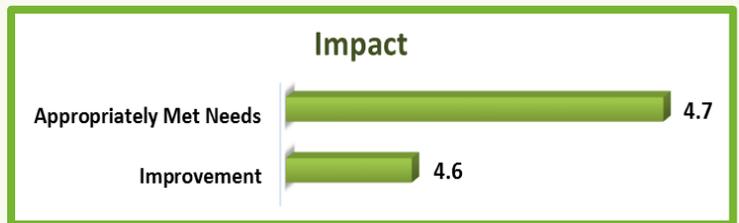


The transition to an electronic health record in July 2017 has significantly reduced the amount of time required to internally audit compliance of case documentation. In light of this, S4KF has been working toward a new peer record review process with a focus on quality of service delivery rather than compliance.

S4KF measures quality in terms of the alignment of service delivery with System of Care Values and Wraparound Principles. In order to evaluate quality in these terms, staff worked with USF to draft a condensed version of the System of Care Practice Review (SOCPR) tool for our case record reviews.

The new tool requires reviewers to evaluate case records in 4 domains using a scale from 1–7, with 7 indicating the highest agreement with each statement. The results displayed are from the first quarterly review using the new tool which included 10 staff & 20 case records. Scores represent the average for each subsection of questions within the domain.

Overall the results were positive, however despite scores indicating quality service, scores related to impact were relatively low suggesting the need for further analysis.



Healthy Start

Healthy Start supervisors participate in monthly case record peer reviews with a partner organization and evaluate compliance with a tool required by the Healthy Start program. Program performance is evaluated based on the indicators below. In 2017-18, all but two goals were met. Healthy Start staff are currently reviewing the process from initial receipt to assessment to identify factors that may be contributing to extended timeframes and devise corresponding strategies to ensure required deadlines are met.

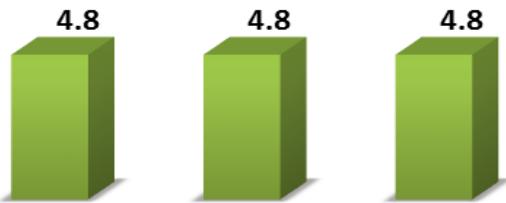
Performance Indicators	Goal	Actual
% of level 3 enrollees receiving a minimum of 2 encounters every 30 days	80%	97%
% of level 3 enrollees with a family support plan completed w/in 60 days of assessment	95%	96%
% of level 2 enrollees receiving a minimum of 1 FTF contact every 60 days	80%	99%
% of level 1 enrollees receiving a minimum of 1 encounter every 60 days	98%	100%
Average number of home visits per day	2	2.24
% of participants receiving an initial contact w/in 5 days of receipt of screen	92%	87%
% of participants with an assessment completed within 10 days of initial contact	92%	88.9

Service Quality

Participant Discharge Survey Responses

Successful Kids/Youth/Students (n=26)

Accessible & Coordinated



I was able to talk with staff when I needed to

I received services when I needed them

Staff helped me find other services that I needed

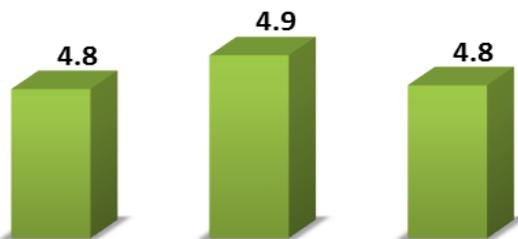
Upon discharge, each family is provided with an optional survey to complete that solicits feedback on several different aspects of their experience with S4KF. Participants are asked to rate their agreement with multiple statements on a scale from 1-Strongly Disagree to 5-Strongly Agree.

The results displayed are grouped in a manner that reflects the domains assessed in case record reviews for comparison purposes. While overall, the results are very positive, it is worth noting that the 3 lowest scores are related to impact which is consistent with the results of the quarterly record review.

Going forward, reviewing the quarterly results of record reviews and participant surveys together may be beneficial to see if this trend continues. In addition, we plan to include participant interviews to enhance the case record review process which may provide greater insight into the lower impact scores.

Another area indicating the need for further review is the low response rate. Although survey response rates for participants are not expected to be high, given the enrollment numbers and rate of successful discharges, one would expect to receive more than 26 responses.

Culturally Competent

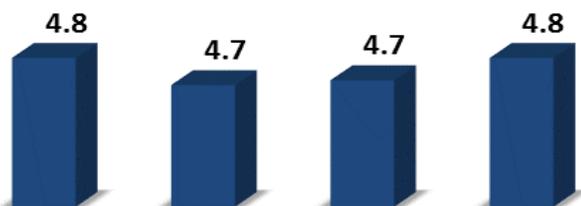


I was free to practice my religion

Staff respected my ethnic background

Staff spoke with me in a way that I understood

Child & Family Focused



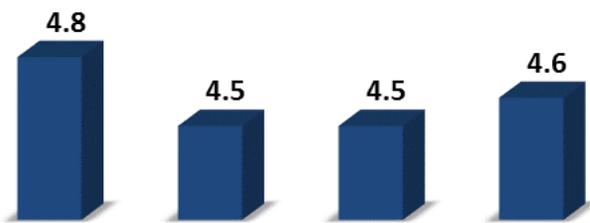
I helped to choose my treatment goals

I got as much help as I needed

I got the help I wanted

I helped to choose my services

Perceived Impact



I am better able to do things I want to do

I am better able to cope when things go wrong

I am better at handling daily life

I am doing better in school and/or work

Healthy Transitions

Young adults in the Healthy Transitions program complete the Federal NOMS (SPARS) assessment at intake, 6 months and discharge. In addition to outcome related questions, youth are asked to rate their agreement with several statements related to their experience in the program on a scale of 1-Strongly Disagree to 5-Strongly Agree. The chart below includes data collected for the past 2 years. 18 youth and young adults completed a follow-up assessment in 2016-17 and 21 completed one in 2017-18.

Overall, the results suggest a high level of satisfaction with services provided. 100 % of participants in 2017-18 agreed or strongly agreed that they liked the services and would choose Healthy Transitions over other options, and all but one participant indicated they would recommend the agency to others.

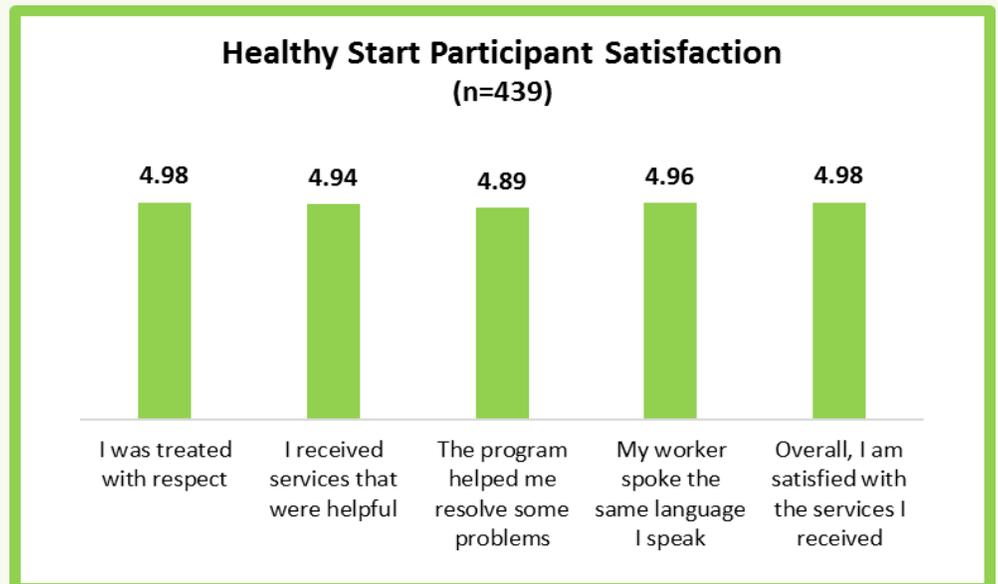


Cultural sensitivity had a slightly lower average due to 3 participants who indicated disagreement with the statement. As a core value of the agency, cultural sensitivity is something we try to ensure all participants experience at S4KF. So, although most participants rated this area highly, it may still be beneficial to explore this further to determine whether there are improvements we could make to help ensure all participants perceive our practices to be culturally sensitive.

Healthy Start

Healthy Start participants also receive an optional survey upon discharge in which they are asked to rate their agreement with statements on a scale of 1-Strongly Disagree to 5-Strongly Agree.

With average scores of over 4.8 across all items, the results indicate high levels of satisfaction with services and don't identify any areas of concern requiring further review.

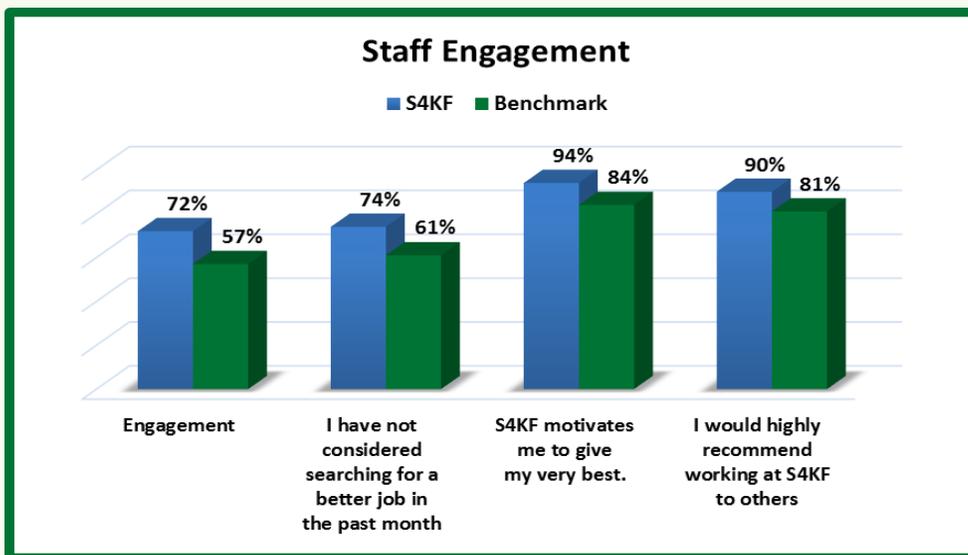


Administrative Performance

Staff Engagement

Each Year S4KF participates in a survey of staff engagement levels in local nonprofits conducted by Workplace Dynamics. The survey provides feedback from staff about their perception of organizational health and effectiveness, alignment with values, management effectiveness, inter-departmental cooperation and cross agency communications. Using this method to obtain staff feedback allows S4KF to compare its results to an external benchmark, providing a more informed assessment of agency performance in terms of creating a positive workplace environment.

In 2017, S4KF exceeded the benchmark in all areas, including the measures of engagement shown below, and scores increased on all but 4 survey items compared to 2016. The average scores on those 4 items decreased by less than a tenth of a point, so the decrease is not significant enough to indicate a problem. However, Leadership will pay close attention to these items next year to identify any potential trends.

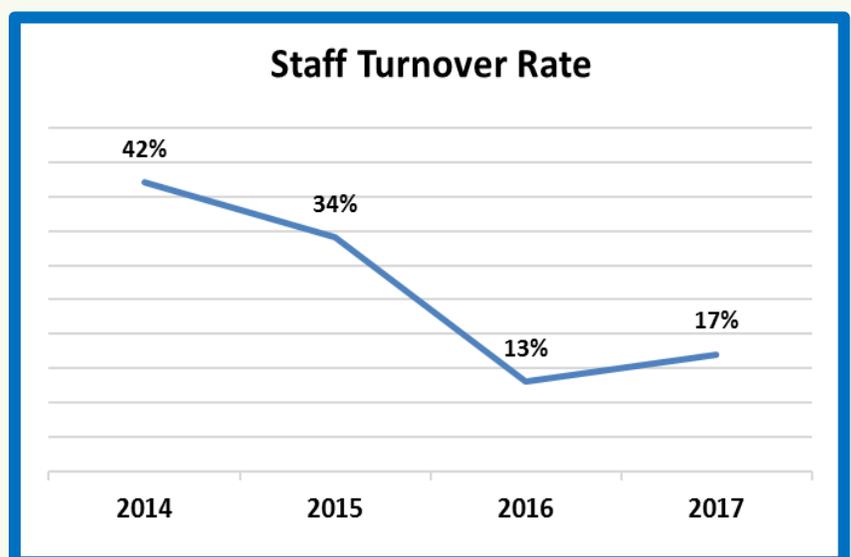


In 2017, 94% of S4KF staff participated in the annual engagement survey!

2017 saw a slight increase in staff turnover compared to 2016, however turnover was still maintained at a far lower level than those in 2014 & 2015.

The total number of terminations in 2017 was 11, with 8 being voluntary and 3 non-voluntary. Of the 8 voluntary departures, only 4 staff left to pursue opportunities elsewhere.

Reports published by Compensation Force and GuideStar found the average turnover rate for nonprofits to be 16% and 19% respectively, placing S4KF within the average range.



Administrative Performance

Participant Health & Safety

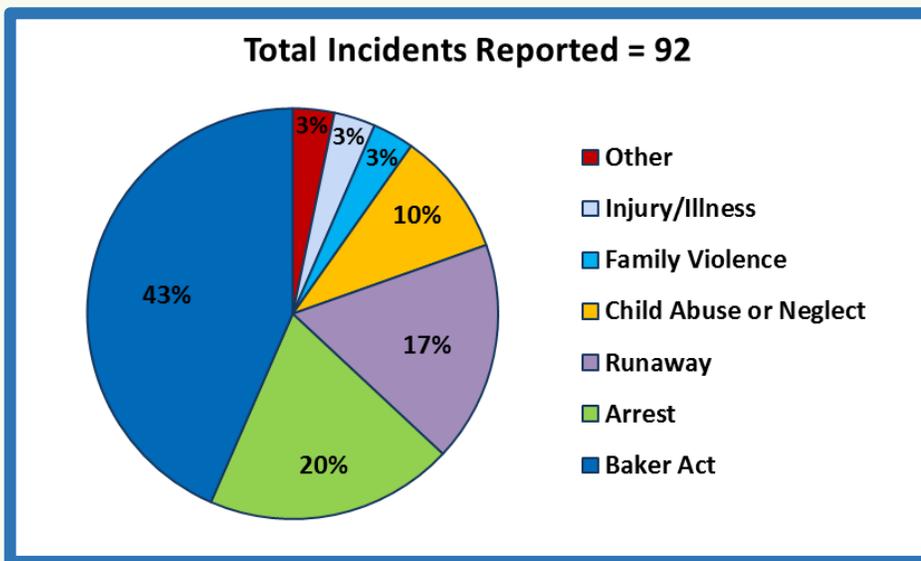
S4KF tracks and reviews all incidents related to the health and safety of program participants on a monthly basis. In 2017-18, there were no participant incidents in which S4KF staff were involved.

The number of incidents reported increased by 42%, from 65 in 2016-17 to 92 in 2017-18, with the largest increases found in runaway episodes, arrests, and baker acts. A review of the data indicates that the increase may be partially due to specific participants since 5 individuals were the subject of one third of all reports received and, with regard to runaway episodes in particular, 1 child was responsible for 10 of the 16 reports received.

Instances of actual or potential harm to self or others resulting in Baker Acts continue to account for the majority of incidents. Of the 40 Baker Acts that occurred, 5 involved threats of harm to others, 5 involved

actual harm to others, 27 involved threats of harm to self and 3 involved actual harm to self, none of which were suicide attempts.

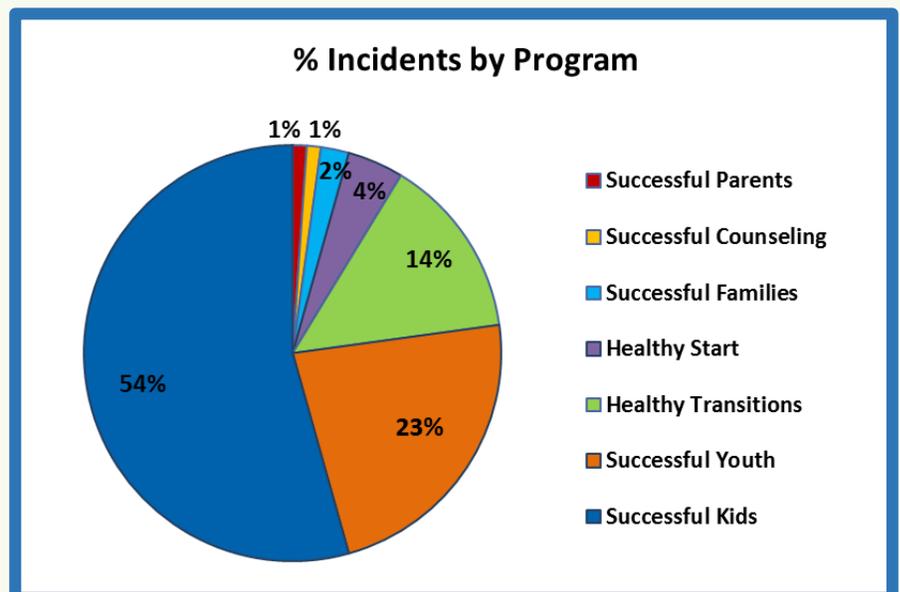
Over the next year, we will continue to monitor the numbers and if they continue to increase, a deeper analysis of the surrounding circumstances will be undertaken in order to determine whether changes in service or additional training could help reduce the number of participants Baker Acted.



The majority of incidents occurred in the Successful Kids program, which is expected due to the higher number of participants served in this program overall.

The number of incidents involving participants of the Successful Youth program is high in relation to numbers served, however this can be accounted for in large part by 1 participant who was the subject of half of the reports received.

Similarly, in Healthy Transitions 2 young adults were the subject of nearly 2/3 of the reports received.



Continual Quality Improvement

Culture of Quality

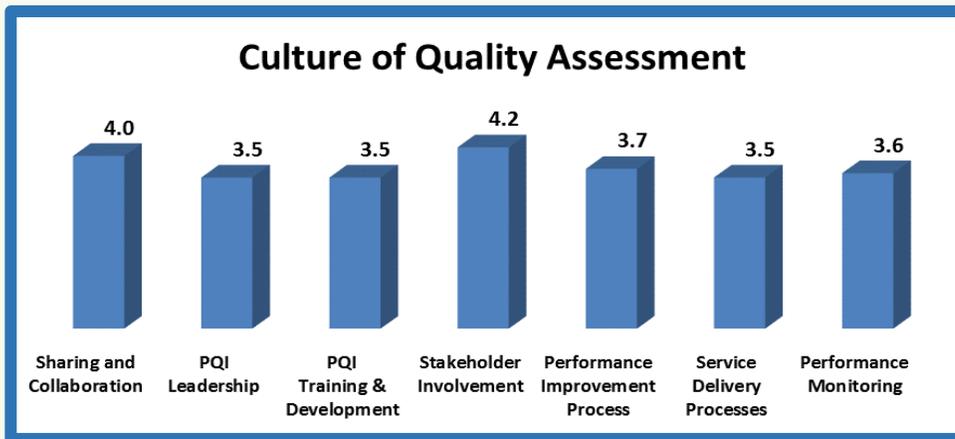
At the end of the 2017-18 fiscal year, PQI committee members completed an assessment to determine the extent to which a culture of quality exists within S4KF. Participants were asked to rate the degree to which they agreed with statements on a scale of 1- Strongly Disagree to 5- Strongly Agree. The graph below displays the average score of all statements within each of the 7 areas shown.

The results provided valuable insight and indicated that while all of the elements of a quality culture are present, there are several areas for improvement. The statements receiving the lowest scores were related to the establishment, tracking and support of individual development plans, knowledge of where to locate the most current policies and procedures, and staff's understanding of their PQI related roles and expectations.

With regard to individual development plans, the agency has addressed this by revising the annual performance evaluation form and implementing a new procedure requiring review and follow-up on individual plans every quarter. Access to up-to-date policies and procedures has also been addressed through the creation of an Employee Handbook available to all staff on the payroll timekeeping site and a

programs and service delivery manual posted on the secure report site.

The suggested lack of staff understanding about PQI roles requires further analysis to determine the best way to address this issue. Agency wide PQI training and additional language included in job descriptions may be beneficial.



As part of the quality culture assessment, members were also asked to rate the committee's performance in several key areas on a scale of 1- Needs Improvement to 3- Very Effective. The results suggest that the committee could be more effective in its implementation of the PDSA improvement process.



In the coming year, the committee will focus on establishing a more structured process for the documentation and review of each stage of the cycle once an area for improvement has been identified. A more structured and well-documented process may also help increase awareness of PQI efforts by providing committee members with a more effective way of communicating activities and results at staff meetings.

Continual Quality Improvement

Performance & Quality Improvement Initiatives

When the review and analysis of data indicates areas for improvement, the PQI committee and Leadership work with staff to identify and implement strategies to improve performance. Below is a brief overview of some of the PQI initiatives implemented during the past year.

1. Feedback solicited from Healthy Transitions youth as part of the strategic planning process indicated that they wanted a way to access their support plan information, like an app that would allow them to track their own progress. In response, a pilot site was created on the agency SharePoint site to provide secure, confidential access. The Healthy Transitions peers are currently working with the youth planning committee to develop the site in a way that will work for youth.
2. Healthy Start case record reviews revealed that staff were not meeting the number of encounters required for their highest risk clients. In order to address this, the team devised and implemented new procedures that ultimately resulted in a 97% success rate, exceeding the stated goal.
3. At the beginning of the year, a review of referral data indicated a lower than expected number of referrals from Child Protective Investigators (CPIs). After reviewing options for increasing awareness, a designated staff member was assigned to spend 2 days a week on-site at the Hillsborough County Sheriff's Child Protection Division office. This initiative proved successful, resulting in an increase of 76% in the number of referrals from CPIs by the end of the year as well as an increase in more appropriate referrals for S4KF's services.
4. A review of enrollment rates indicated that a larger than expected number of potential Successful Parents clients were being lost during the time between the initial referral and contact by staff to arrange an intake appointment. In order to address this, staff positions were reviewed and revised and new procedures were implemented for tracking referrals and scheduling intake appointments. A comparison of enrollment rates from the first half of the year to the second indicates that engagement rates increased from 23% to 53% and the program successfully met its required target for numbers served in 2017-18.
5. The PQI committee brainstormed ideas for increasing awareness of and engagement in the PQI process across the agency and decided to try a quarterly prize draw for PQI ideas submitted by staff. 26 suggestions were received from 11 staff during the initial quarter which was a larger response than expected, however, some of the suggestions were not related to improvement indicating that more examples of the types of suggestions relevant to PQI should be included in the materials distributed next quarter. Overall, the initiative proved encouraging and resulted in valuable input into ways the agency can improve its process and the overall quality of service delivery. A big thanks to everyone who contributed their ideas & congratulations to Lucy for winning the first official PQI prize draw!

Looking Forward

Strong support of quality improvement by leadership, engaged committee members, and the commitment of all staff, helped the agency successfully transition to an electronic health record (EHR) while maintaining high quality service delivery and achieving positive outcomes for our participants in 2017-18. The transition to an EHR significantly enhanced our ability to collect, analyze, and use data to improve our program administration and service delivery. It allowed us to streamline many of our processes and make significant improvements, especially in terms of compliance, while at the same time providing insight into potential areas of concern that would previously have been impossible to identify with the use of paper records.

Due to the unforeseen sunset of our current electronic health record, the agency will be transitioning to a new system in the coming year. The planning, implementation and training on the new electronic health record will be a primary focus of PQI activities in 2018-19, including maximizing the reporting capabilities of the new system to build on what we started this past year and further strengthen the PQI infrastructure to promote a data-driven culture of continual quality improvement. The successes and lessons learned this year will help guide our transition to the new system and provide the foundation for continual quality improvement efforts in the coming year.

The PQI goals for the 2018-19 are outlined in the annual PQI Plan located on the Abila payroll timekeeping site and the agency website. The goals and objectives are derived from the new strategic plan approved in May of 2018 as well as the quality culture assessment and PQI committee self-assessment results outlined in this report. In addition, Leadership and the PQI committee will use the data presented in this report to further analyze the efficiency and effectiveness of current processes, identify areas for improvement, and work with staff to implement strategies to support the successful fulfillment of S4KF's mission and achievement of the agency's strategic goals in the coming year.

For questions about the contents of this report, or for more information about S4KF's Performance & Quality Improvement Program, please contact the Quality Improvement & Compliance Manager at:

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