



**Success 4 Kids & Families, Inc.**

**Performance & Quality  
Improvement (PQI) Plan**

**2018-2019**

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## INTRODUCTION & PHILOSOPHY

Founded in 2005, Success 4 Kids & Families, Inc. (S4KF) is a not-for-profit organization that provides a comprehensive array of services to individuals and families struggling with mental health, behavioral and/or substance abuse problems and Healthy Start educational and support services to pregnant women and new mothers in Hillsborough County. In addition to its direct service programs, S4KF provides training and consultation services to local, state and national organizations on a fee-for-service basis and serves as the Multi-Agency Network for Students with Emotional Disabilities (SEDNET) coordinator for Hillsborough county.

S4KF's services are provided at no cost to recipients in their home or a community setting of their choice and, depending on the program, may be delivered by S4KF staff or independent contractors. The specific services provided vary by program and include case management, pre- and postnatal education and support, peer support, promotora support, therapy, parenting classes and wellness groups. *See Appendix A for an overview of S4KF programs including target populations, referral sources, services provided & program goals.*

S4KF's Vision, Mission and Values serve as the foundation for developing the strategic goals and objectives that drive the agency's work and guide performance and quality improvement efforts.



S4KF believes that continually striving to improve the quality of service delivery and management practices 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.

The agency's quality improvement efforts have evolved considerably over the past 10 years, from implementing change primarily in response to new funding or contract requirements, to a systematic approach, involving staff at all levels in continual performance measurement and the proactive identification of strategies to improve the quality of programs, service delivery and agency operations.

In 2016, S4KF committed significant resources to increasing the agency's capacity for continual performance and quality improvement activities, including the addition of a full-time staff position to oversee quality improvement and compliance efforts and funding for an Electronic Health Record (EHR). These changes further strengthened the quality improvement system infrastructure by providing the staff hours and technology necessary to create a more systematic, data-driven approach to continual performance measurement and quality improvement.

S4KF's Performance and Quality Improvement (PQI) plan provides a framework for understanding the agency's approach to continual quality improvement and guides PQI efforts by establishing annual goals and objectives. It includes an overview of the agency's PQI infrastructure, staff roles and responsibilities, stakeholder involvement, and systematic approach to the collection, review & analysis of data to evaluate and improve agency performance and the quality of programs and services.

## PQI SYSTEM INFRASTRUCTURE

S4KF fosters a culture of continual quality improvement within the agency by allocating sufficient resources to support an effective PQI system. The agency's PQI infrastructure includes a full-time staff member dedicated to performance and quality improvement, a PQI committee with representation from all programs and departments and roles and responsibilities for all staff and the S4KF board. In addition, the agency has the technological resources to collect and aggregate the data needed to effectively measure and evaluate performance, monitor compliance and identify opportunities for quality improvement.

### Staff and Board Roles & Responsibilities

#### Quality Improvement & Compliance Manager (QICM)

The QICM is responsible for day to day oversight and management of the quality improvement system including:

- Creating systems for collecting, aggregating and ensuring the integrity of agency data
- Reviewing and analyzing data received across the agency to identify performance issues
- Ensuring PQI goals, activities and results are communicated throughout the agency
- Creating PQI reports, dashboards or other tools to ensure staff at all levels have the information they need to effectively monitor service quality and compliance
- Providing training to staff on PQI principles and tools
- Providing technical support and assistance to program staff to improve the efficiency, effectiveness and/or quality of service delivery processes and documentation
- Chairing and facilitating the work of the PQI committee
- Developing, maintaining and distributing the annual PQI plan and report
- Overseeing the preparation for and participating in program audits
- Serving as the point of contact for the Council on Accreditation during active accreditation cycles and in between

#### Executive Director & Leadership Team

Leadership fosters a culture of quality improvement by ensuring sufficient resources are allocated to support quality improvement including:

- Technology to support data collection, analysis, and reporting
- Funding for a full-time quality improvement position
- Funding for staff training and professional development opportunities
- Funding for COA accreditation renewal and maintenance fees
- Designated staff time for PQI committee meetings and activities

Leadership is responsible for ensuring the agency's policies, procedures, and practices comply with legal and regulatory requirements and that they are followed consistently across the agency. They have responsibility for ensuring the agency's work is mission driven, performed in alignment with S4KF's core values, and supports the achievement of strategic goals and objectives. Each member of the Leadership team is responsible for creating an annual work plan to support the successful implementation of the strategies identified in the strategic plan. Progress on work plans is reviewed quarterly at Leadership team meetings.

In addition, Leadership regularly reviews financial, human resource and program performance and outcomes data to identify areas of potential risk and/or opportunities for improvement and develops plans to improve operational performance as needed. Leadership is also represented on the PQI

committee by the QICM, Deputy Executive Director, and Director of Operations, which ensures the timely exchange of PQI information and demonstrates the commitment of Leadership to PQI across the agency.

The Executive Director communicates PQI information to the Board of Directors through performance reports and communicates feedback from the Board back to Leadership, as applicable.

### **Supervisory Staff**

Supervisors are expected to promote a culture of quality that is supportive of staff, while using data constructively to create an environment of continual learning and improvement. Supervisors help the agency meet its PQI requirements by:

- Participating in the collection, review and analysis of data
- Monitoring compliance with program requirements, policies and procedures
- Facilitating the implementation and evaluation of PQI initiatives within their teams
- Reporting staff PQI data and training needs to the QICM
- Implementing and monitoring corrective action plans when needed
- Reviewing PQI data regularly with staff during supervision and team meetings
- Using performance and outcomes data to improve service delivery

### **All Staff**

All employees are expected to play a role in helping to create and maintain a culture of quality improvement within the agency by:

- Ensuring data is entered accurately, completely and in a timely manner
- Regularly reviewing their program's performance and outcomes data
- Ensuring their work is carried out according to program requirements, policies & procedures
- Helping to identify processes that need improvement
- Carrying out PQI initiatives within their program as directed
- Reviewing the quarterly PQI report to remain up to date on PQI initiatives
- Participating in training and professional development opportunities

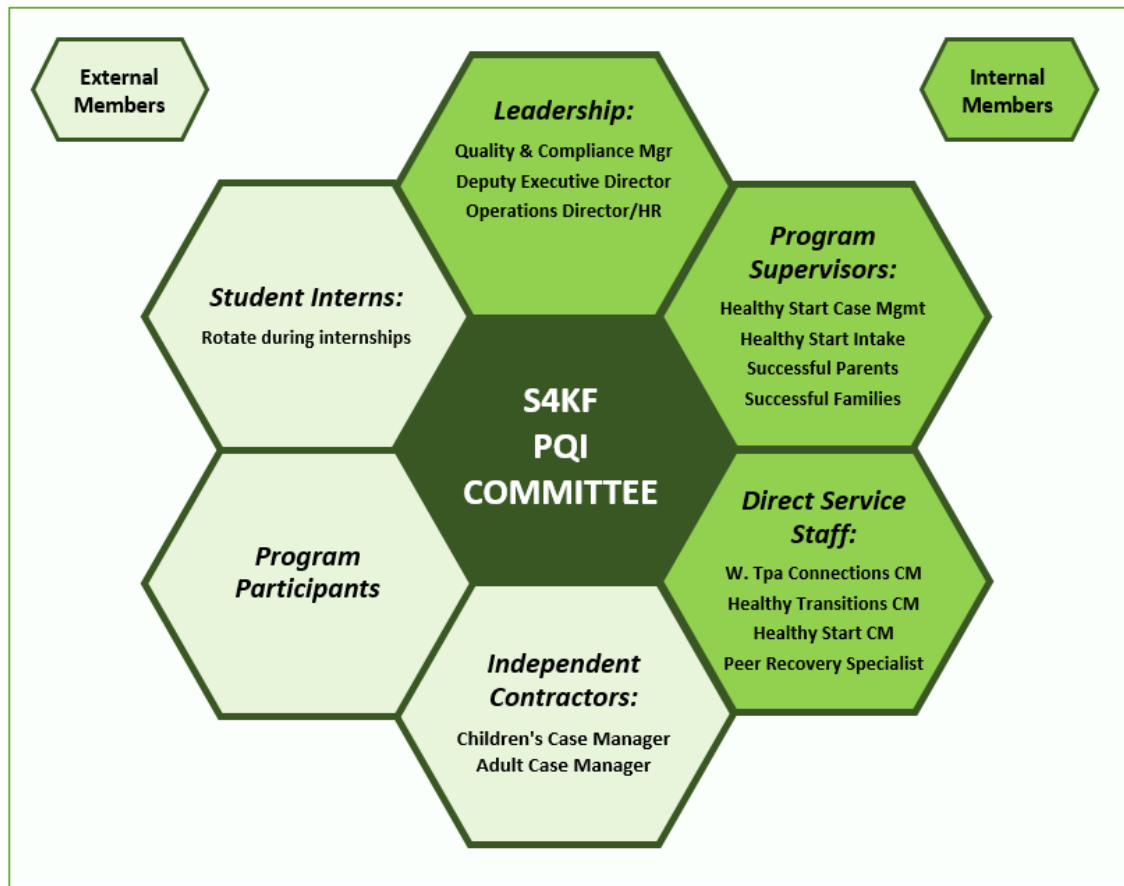
### **S4KF Board of Directors**

The Board reviews PQI, risk management, human resource and financial information provided by the Executive Director and Leadership team, offers feedback, and assists in identifying areas where performance or quality improvement is needed. In addition, the Board monitors progress on the agency's strategic goals, objectives and annual work plans and reviews and adopts policies that provide the framework for agency operations.

### **PQI Committee Structure & Function**

S4KF's PQI Committee is chaired by the QICM and comprised of voluntary members from all programs and administration and includes direct care, supervisory and leadership staff, contractors, student interns and program participants. This ensures that when discussing issues or formulating improvement plans, a wide variety of perspectives are taken into account that include voices representing those who will be impacted by any changes.

## S4KF PQI Committee Membership



The PQI committee meets once a month for the primary purpose of reviewing and analyzing data received across the agency to identify areas of strength and opportunities for improvement in the following areas:

- The quality of care and service delivery;
- The effectiveness and efficiency of service delivery processes;
- Participant outcomes;
- Accessibility of the agency's programs and services;
- Participant satisfaction;
- Participant-related risk prevention and management processes;
- Compliance with funder requirements;
- Compliance with internal policies and procedures;
- The alignment of agency practices with Council on Accreditation standards;
- The effectiveness and efficiency of internal operations; and
- The alignment of agency practices with the mission, vision, values and strategic goals.

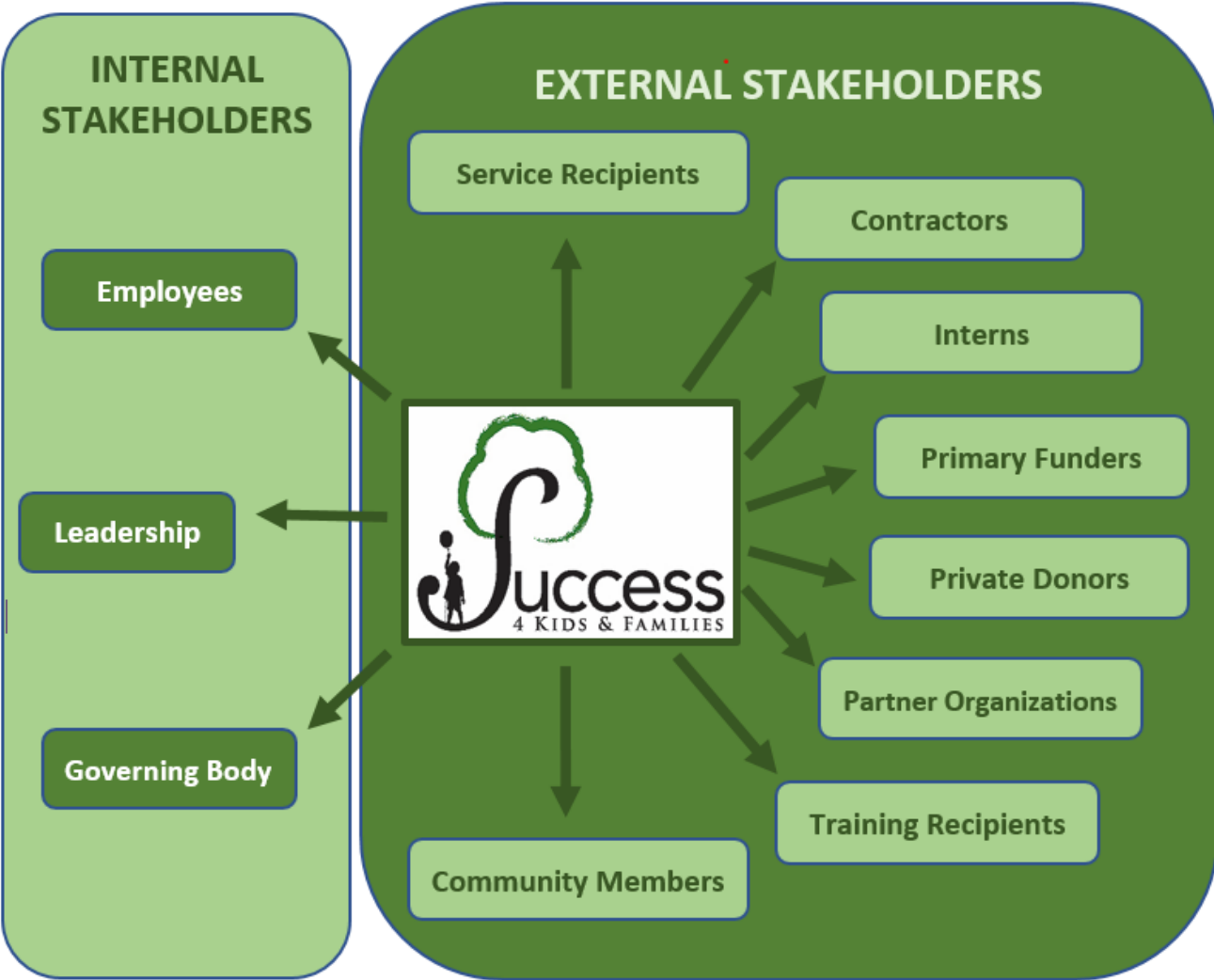
When an opportunity for improvement is identified, the committee discusses potential causes, brainstorms solutions, and develops, implements and monitors the effectiveness of improvement plans. When areas of concern require additional information or more in-depth analysis, subcommittees may be created to work on the specific issue in between meetings.

PQI committee members also have a central role in fostering a culture of quality improvement by recognizing staff and other stakeholders who have made contributions to positive change, ensuring PQI activities, successes and lessons learned are communicated throughout the agency and by promoting continual quality improvement in their departments and programs.

## STAKEHOLDER INVOLVEMENT

S4KF is accountable to its stakeholders for ensuring that the agency operates in an ethical, transparent and fiscally sound manner to deliver high quality services that further our mission and reflect our core values. The agency demonstrates this commitment by striving to ensure that all stakeholders have opportunities to provide feedback on agency performance and service quality and receive information in return about how their feedback informs performance and quality improvement efforts in the agency. The diagram below shows the groups that make up the agency’s stakeholders, followed by an overview of the communication channels currently in place to support their involvement in the PQI process.

### S4KF Stakeholders



## Employees

*S4KF staff includes program supervisors, direct care staff including intake staff, case managers, therapists & peers and administrative support staff.*

S4KF receives feedback from employees on areas for improvement through formal channels such as the annual staff satisfaction survey, the online suggestion box and the PQI committee's email or, through more informal means during staff supervision, discussions in team meetings or by contacting a PQI committee member.

S4KF provides employees with performance and quality improvement information in the employee handbook, during orientation and through supervision, annual evaluations, program compliance and outcome reports, monthly and quarterly all staff meetings, PQI quarterly reports and the minutes of PQI committee meetings.

## Leadership

*The leadership team includes the Executive Director, Deputy Executive Director, Operations Director, Clinical Director, Healthy Start Program Manager and Quality & Compliance Manager*

The Leadership team identifies areas of concern or in need of improvement through their ongoing assessment of activities and performance in their respective areas of oversight. This information is shared at weekly Leadership team meetings and if appropriate, brought to the PQI committee for further discussion.

The Quality Improvement and Compliance Manager updates the Leadership team on PQI activities at weekly meetings and provides members with program oversight responsibilities ongoing reports related to contract compliance and service quality.

## Board of Directors

*The S4KF Board is made up of voluntary members of the community with a wide variety of experience and expertise that support the agency in fulfilling its mission and achieving its goals.*

S4KF receives feedback from the Board of Directors on performance and areas for improvement identified through their review of financial performance, agency risk, agency policies and progress on annual plans to achieve strategic goals.

S4KF provides performance and quality improvement information to the Board through monthly reports from the Executive director on financial performance and any other areas of identified risk or concern, and the annual PQI Report and Risk Management Plan & report.

## Service Recipients

*S4KF's service recipients are its most important stakeholder group and include individuals and families receiving mental health, substance abuse and pre and postnatal education and support services.*

S4KF receives input from service recipients formally through the tools used to measure outcomes throughout service, satisfaction surveys at discharge, follow-up aftercare surveys 90 days after discharge and representation on the PQI committee. In addition, they provide ongoing, informal feedback to their case managers, therapists and peer support workers.

S4KF provides information to service recipients in their program orientation packages and in PQI reports and the annual IRS 990 posted on the S4KF website.

## Contractors

*S4KF utilizes a pool of qualified independent contractors with diverse backgrounds, education, experience and skills, enabling the agency to effectively match service recipients to providers in its state funded programs.*

S4KF receives information from contractors through ongoing case documentation, monthly case supervision, quarterly contractor meetings and representation on the PQI committee.

S4KF provides information to contractors in the manual they receive upon joining S4KF and through access to PQI reports on the agency's website. In addition, contractors receive information about performance, outcomes and improvement initiatives through case supervision and at quarterly contractor meetings.

## Interns

*S4KF supports student interns from local universities with the opportunity to gain hands on experience in their field while under the supervision of one of S4KF's Licensed, clinical practitioners.*

S4KF receives feedback from interns through supervision, participation in PQI committee meetings and as part of their final evaluation upon the completion of their internship.

S4KF provides information about S4KF's PQI program in the manual they receive upon joining S4KF and through access to PQI reports on the agency's website. In addition, interns are provided with the opportunity to attend PQI committee meetings and participate in PQI activities during their time with S4KF.



## Primary Funders

*S4KF's primary funders are the Central FL Behavioral Health Network, Healthy Start Coalition, Children's Board of Hillsborough County, Hillsborough County Schools & Eckerd Connects.*

S4KF receives performance feedback from funders through online dashboards, ongoing communications with the Executive Director and S4KF staff, and annual contract monitoring/audits.

S4KF provides funders with information through annual contract monitoring/audits, performance and outcomes data uploaded directly to their data collection sites, regular program activity reports, incident reports and S4KF's annual report. Funders also have access to PQI reports and S4KF's annual IRS 990 form posted on the website.

## Private Donors

*S4KF receives donations from private foundations, companies and individuals who support the agency's mission. These donations are a vital resource used to expand the supports and services available to participants.*

S4KF receives feedback from private donors through meetings with staff, correspondence accompanying donations and ongoing communications during the coordination of events and initiatives.

S4KF provides information to private donors through the annual report and on the agency website through postings of events and initiatives made possible through donations, PQI reports and the annual IRS 990 form.

## Partner Organizations

*S4KF's community partners include primary referral sources such as Schools, Youth Diversion and Truancy Courts, Child Protective Investigators, child welfare agencies, Crisis Stabilization Unit and Community Resource Centers, and community service providers that S4KF refers out to in order to obtain services for their clients.*

S4KF receives feedback from partner organizations through the referral process and participation in community meetings and committees. S4KF staff regularly attend court and receive feedback from judges and other juvenile justice staff, and S4KF has a staff placed at the Child Protective Investigations unit one day a week. Healthy transitions staff meet regularly with 211 to staff clients and Successful Families staff are regularly onsite at Children's Board Resource Centers.

S4KF provides information directly to partner organizations through presentations, participation in community meetings and committees, attendance at resource fairs and outreach events and through the referral process. In addition, partner organizations can access the PQI report and IRS 990 posted on the S4KF website.

## Training Recipients

*S4KF training recipients include organizations across the U.S. and in Canada. S4KF provides training and certification in Wraparound Case Management, Medicaid Targeted Case Management & and other best practices in service provision.*

S4KF receives feedback from training recipients through evaluations completed at the end of each training and through ongoing follow-up support and collaboration on service quality initiatives post-training.

S4KF provides information directly through the delivery of training materials as well as discussions that occur throughout the process about successes, lessons learned, current research and emerging best practices. Training recipients can also access the PQI report on the agency website.

## Community Members

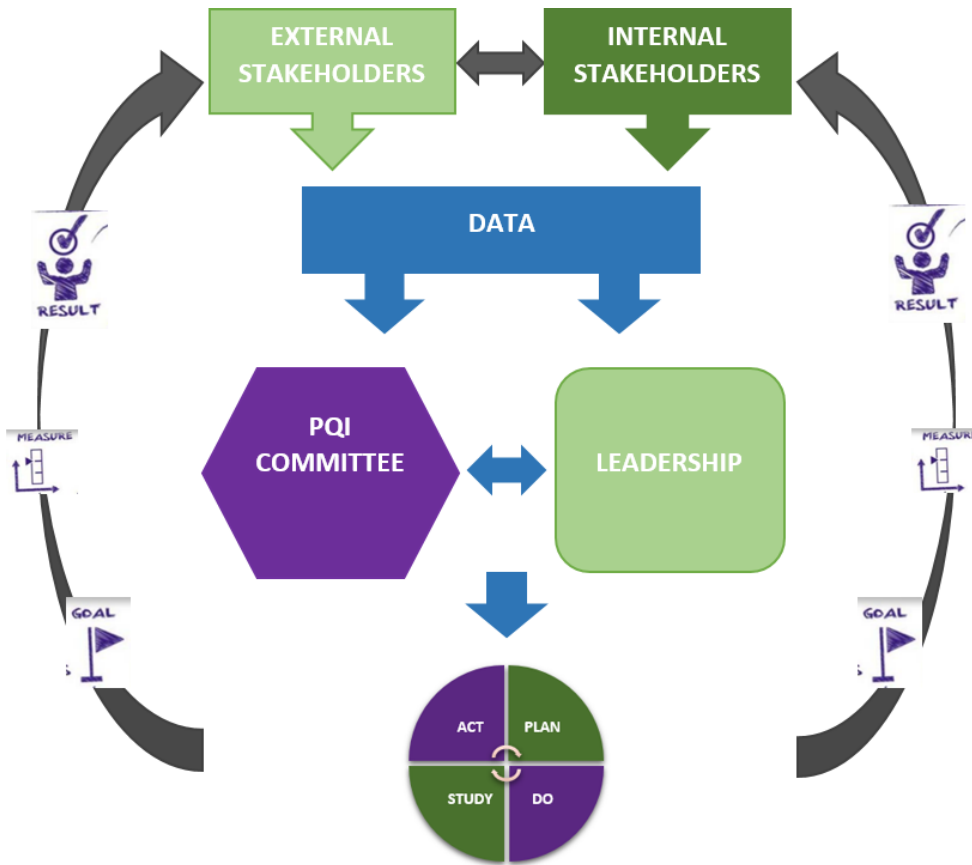
*The community as a whole benefits when its members receive the support they need to live fully engaged, successful lives. Community members also represent potential supporters or recipients of S4KF programs and services.*

S4KF receives information from the community via the S4KF website and social media, through reports published by other organizations, from other providers at community meetings, at outreach events and from the media.

S4KF provides information to the public by attending resource fairs and other outreach events, presenting at conferences, through word of mouth and on the S4KF website.

## PQI Information Exchange Overview

The diagram below illustrates the flow of data and ongoing exchange of information across the PQI system.



S4KF receives data from its internal and external stakeholders in various forms including outcome measurement tools, case record documentation, survey responses, focus group results, monitoring and audit results, discussions and interactions at community meetings and outreach events.

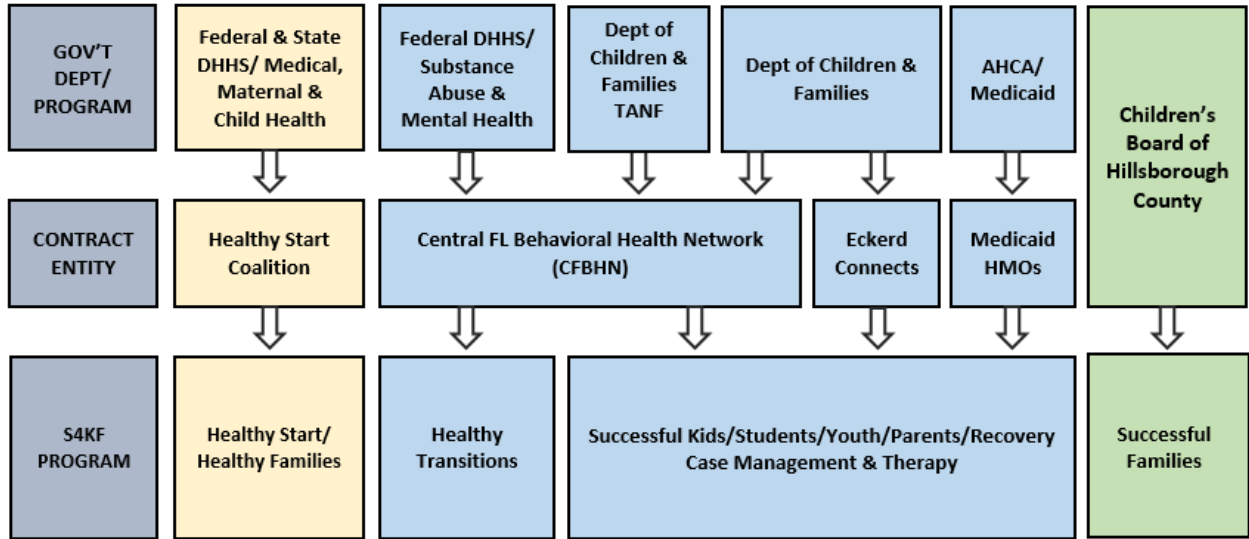
The data is collected and aggregated by the QICM or designated staff for review, analysis and distribution to staff in the form of reports to support performance, compliance and quality monitoring of service delivery and administrative processes. The PQI committee and/or Leadership team analyzes the data received to identify trends, areas of strength and opportunities for improvement. Where needed, improvement plans are developed, implemented and evaluated for effectiveness by the PQI committee, Leadership team or program teams.

PQI information including activities, successes and lessons learned, agency performance and outcomes data, and progress on improvement plans is then provided back to stakeholders. Staff receive information through PQI meeting minutes, staff and board meetings, supervision, performance reports and dashboards. Information is provided to external stakeholders through interactions with agency staff, outreach events, marketing materials, the S4KF website and reports to funders and oversight organizations.

At the end of each quarter, the QICM produces a report for all stakeholders including performance and outcomes data, an overview of PQI activities and progress on PQI initiatives. The report is distributed to staff via email and posted to the HR and Payroll website and S4KF agency website accessible to all stakeholders.

## PERFORMANCE MEASUREMENT & EVALUATION

S4KF’s services are primarily funded through federal, state and local government contracts and fee for service agreements with multiple Medicaid HMOs. The diagram below provides an overview of the multiple funding and contracting entities that set criteria for service delivery, determine the participant outcomes to be measured, the measurement tools used, and the indicators used to evaluate agency performance.



Although target populations, eligibility criteria and service delivery requirements for programs are determined by the agency’s contracting entities, S4KF strives to ensure consistency across programs by setting agency-wide performance and quality standards for core services that reflect best practice and align with the agency’s vision, mission and core values.

In addition, the PQI committee works to promote a culture of excellence and continual quality improvement by identifying areas for improvement not covered by funder requirements and areas where the agency should set performance targets that exceed those set by funders.

S4KF collects and aggregates data received across the agency from multiple sources related to programs and service delivery and administrative data including human resource, financial, and risk management data. The data is reviewed and analyzed to identify trends and to measure and evaluate performance as outlined below.

### Program Performance Measures

S4KF measures program performance in four key areas: Outputs, Outcomes, Service Quality and Service Delivery administrative processes.

#### Outputs

S4KF collects a variety of data to measure program productivity such as number of clients served, hours of service provided, or number of groups held. Outputs are tracked, measured and reported on if they meet one or more of the following criteria:

- performance targets have been established by funders/contracts;
- analysis may help identify areas where agency resources could be used more efficiently or effectively; and/or
- they may provide insight into root causes or potential solutions to identified issues.

*See Appendix B for a detailed description of the outputs measured by each program*

## Outcomes

All programs measure participant outcomes in a minimum of two of the following areas:

- Change in clinical status
- Change in functional status
- Health, welfare and safety
- Permanency of life situation
- Quality of life

The table below provides a description of the tools used by S4KF to measure participant outcomes.

TOOL	DESCRIPTION
<b>Adult &amp; Child Functional Assessment Rating Scales (FARS &amp; CFARS)</b>	The FARS & CFARS are used to evaluate an individual's cognitive, social and role functioning by assessing the severity of problems exhibited in multiple life domains on a scale ranging from "None (1)" to "Extreme (9)". After the assessment is completed, the evaluator totals each area and an overall score is determined. For DCF funded programs, a FARS/CFARS is completed by the case manager or therapist at intake, discharge and quarterly or every 6 months during service depending on the program.
<b>Perceived Stress Scale (PSS)</b>	The Perceived Stress Scale (PSS) is used to measure the degree to which situations in one's life are appraised as stressful. Items were designed to assess how unpredictable, uncontrollable, and overloaded respondents find their lives to be. The questions in the PSS ask about feelings and thoughts during the last month. In each case, respondents are asked how often they felt a certain way. Parents complete the PSS during intake and again at discharge to measure change in perceived stress level.
<b>Adult Adolescent Parenting Inventory (AAPI-2)</b>	The AAPI-2 is an inventory designed to assess parenting attitudes, beliefs, knowledge and history. Based on the known parenting and child rearing behaviors of abusive parents, responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect. Parents complete the AAPI-2 at the beginning of the Nurturing Parents Program to assess areas in need of intervention, and at the end to assess levels of growth and positive change.
<b>Mental Health Outcome Form (MHO)</b>	The MHO is a tool used by the Department of Children and Families (DCF) to collect required outcomes data. Outcomes the MHO is used to measure include housing stability, income, employment status and school attendance. An MHO is completed by the case manager/therapist at intake, discharge and every 90 days during service.
<b>National Outcomes Measures (NOMs)</b>	The NOMs is a tool used to collect client outcomes in the following 8 domains as required by federal grantees: data access/capacity, functioning, stability in Housing, education and employment, crime and criminal justice status, retention, perception of care, social connectedness. The NOMs is completed by the client during intake, at discharge and every 6 months during service.
<b>Ecogram</b>	The ecogram is an internal tool used to document a participant and/or family's network of informal and formal supports. The case manager/therapist completes the ecogram with the family during the intake assessment and updates it every 90 days and again at discharge to measure growth in the participant/family's support system.
<b>Edinburgh Post-Natal Depression Scale (EPDS)</b>	The EPDS is comprised of 10 questions used to identify women who may have postpartum depression. Questions in the EPDS ask about feelings and thoughts during the last 7 days. In each case, respondents are asked how often they felt a certain way. Each answer is given a score of 0 to 3 with a score over 10 indicating potential risk for depression. Participants complete the EPDS during intake and periodically during treatment to measure change in the severity of symptoms.
<b>Ages &amp; Stages Questionnaire (ASQ3)</b>	The ASQ3 is used to monitor the development of children and identify those who have, or are at risk of, developmental delay. The ASQ is completed during intake and at designated intervals to monitor developmental progress.

*For a detailed list of outcomes measured, goals, performance indicators, measurement tools and benchmarking information for each program and department, see Appendix C*

## Service Quality

### ***Participant Satisfaction and Aftercare Follow-up Surveys***

Participants in all programs are provided with the opportunity to complete a satisfaction survey at the time of discharge. Some programs are required to use funder mandated tools and others use tools created internally to assess participant satisfaction. Satisfaction surveys assess a participant's perception of the services he/she received from multiple perspectives including, but not limited to:

- Accessibility
- Efficiency
- Effectiveness
- Quality

Approximately 90 days after discharge, with prior permission, participants are contacted by administrative staff for a brief survey designed to measure the effectiveness of services through participants' perception of their:

- success in maintaining the progress they made during service after they were discharged;
- ability to cope with crisis; and
- knowledge of and confidence in their ability to access community resources on their own.

In addition, it provides participants with an opportunity to provide feedback on the agency including what they think we do well and where we could improve. Staff also use this opportunity to provide assistance in the form of referrals or information if needed.

Results are aggregated and reviewed quarterly by the PQI committee in order to identify concerns and potential areas for improvement.

### ***External Reviews/Audits***

S4KF programs, services and operations are regularly reviewed for quality and compliance with legal, regulatory and contractual requirements. Reviews and/or audits are conducted by the following entities as indicated below:

- Central Florida Behavioral Health Network (Annually)
- Children's Board of Hillsborough County (Annually)
- DCF Substance Abuse Licensing (Annually)
- Eckerd Connects (Periodic)
- Healthy Start Coalition (Annually)
- Medicaid HMOs (Periodic)
- Council on Accreditation (Every 4 years)
- Private CPA Firm (Annually)
- Workers Compensation Board (Annual)

The scope of the review varies among entities but overall includes monitoring of service and administrative policies, procedures and practices, participant case records, personnel files, and payroll and financial records.

The results of external monitoring are reviewed upon receipt of the results at the next scheduled Leadership meeting and PQI committee meeting. Successes and areas of concern are then shared agency wide at the next all staff meeting.

## **Case Record Quality Reviews**

S4KF's case record review process has continually evolved in response to emerging best practice research, fluctuations in agency resources and the increasing complexity of funder contractual requirements. In the past, S4KF utilized the evidence-based System of Care Practice Review (SOCPR) framework to conduct comprehensive analyses of service quality. The framework uses a validated tool to assess quality through case record reviews and interviews with program participants. While S4KF considers this best practice, the resources involved in performing the SOCPR with fidelity were beyond the agency's capacity to continue on a regular basis.

In light of this, the agency discontinued the SOCPR and moved to a peer review model that involved a review of case record documentation only and the use of a tool created internally to assess compliance with contractual requirements and service quality. The process satisfied the agency's need to monitor compliance with multiple funding entity requirements for service delivery however, much of the focus on quality and adherence to System of Care (SOC) and S4KF agency values was lost.

When the agency transitioned to an Electronic Health Record (EHR) in 2017, it significantly reduced the staff time required to monitor compliance. The system's design included built in processes for ensuring compliance with multiple documentation requirements and its reporting capabilities provided the means to monitor case record compliance issues in real-time on an ongoing basis. This allowed the agency to re-assess the review process and revise the tool increase the focus on quality indicators and remove much of the compliance content.

At the beginning of 2018, S4KF began discussions with USF on the possibility of adapting and shortening the SOCPR tool. Permission was granted with the understanding that there would be a loss of reliability and validity. The tool was revised with input from USF faculty and S4KF is currently preparing for the first peer review using the new tool.

S4KF will conduct quarterly qualitative peer reviews using the current version of the revised tool to analyze service quality based on multiple indicators, including the appropriateness of goals, objectives and services provided, comprehensiveness and continuity of case documentation, overall impact of services on the individual and/or family and evidence that services were consumer-driven, strengths based, culturally and linguistically competent and delivered in the participant's home/community in accordance with SOC principles and agency values. *(See Appendix D for the current tool)*. Initial reviews will involve case record documentation only with the goal of incorporating participant interviews into the process by the end of the year.

The Healthy Start Program conducts case record reviews using a process and tool prescribed by the Healthy Start Coalition. Supervisors participate in monthly peer reviews with another Healthy Start Provider where a random selection of each agencies records are reviewed by the other for compliance and quality using criteria determined by the coalition.

## **Quality Indicators**

Additional data related to the quality of service delivery processes is collected in order to monitor compliance with contractual requirements and identify potential barriers to service or areas where practices may be hindering full participation in or successful completion of service. This data is aggregated on an ongoing basis through EHR reports by the QICM and access is provided to program supervisors to promote timely identification of issues at the individual or program level. When agency wide concerns are identified, the QICM brings the data to the PQI committee for further analysis as to possible contributing factors.

Performance measures tracked in this manner include but are not limited to:

- Referral outcomes / % accepted
- Time from referral to intake/time on waitlist (Successful Families Only)
- Time from intake to assessment/support plan development
- Reasons for discharge/% successful
- Time between service provision and completion of required documentation
- % of participants completing parenting program
- Average caseload size

### Service Delivery Administrative Processes

The QICM regularly reviews service delivery procedures and documentation to determine where changes could be made to improve the efficiency or effectiveness of internal processes. Reviews may occur as a result of monitoring activities where trends are identified that indicate room for improvement or upon request from program staff.

If changes can be made while maintaining compliance with internal and external requirements, the QICM works with staff to determine the best way to meet their needs. If an improvement made for one program could benefit other programs in the agency, the QICM consults with the other teams and, if desired, extends the change to additional programs.

### Administrative Performance Measures

S4KF measures administrative performance in areas that have the potential to impact agency sustainability and growth including the ability to attract and retain qualified staff, maximize revenues, protect the rights of program participants and ensure the highest ethical standards in operations and service delivery. Recognizing that strong management practices lead to improved service delivery and ultimately to better client outcomes, S4KF has adopted and tracks the measures in the table below as indicators of effective operational practices.

Area of Measurement	Performance Indicator	Target/Goal	Time of Measurement	Benchmarked
<b>Human Resources</b>				
Staff Turnover	# of terminated staff	<15%	Annually	No
Staff Satisfaction	Satisfaction Survey Results	1 >= previous year 2 Above benchmark	Annually	Yes
Staff Satisfaction	# of Employee Grievances Filed	Zero	Quarterly	No
<b>Financial Performance</b>				
Funding Stability	Unrestricted revenue received	Increase of 5%	Annually	No
Funding Stability	# of grant proposals completed	5	Annually	No
Admin. Costs	Financial Statements	<= 10%	Annually	Yes
<b>Health &amp; Safety</b>				
Staff Injuries	# of reported accidents/injuries	Zero	Annually	No
<b>Participant Rights</b>				
Security of PHI	# of Data Security Incidents	Zero	Quarterly	No
Ethical Practice	# of participant complaints/ grievances related to violation of their rights	Zero	Quarterly	No

## QUALITY IMPROVEMENT METHODOLOGY

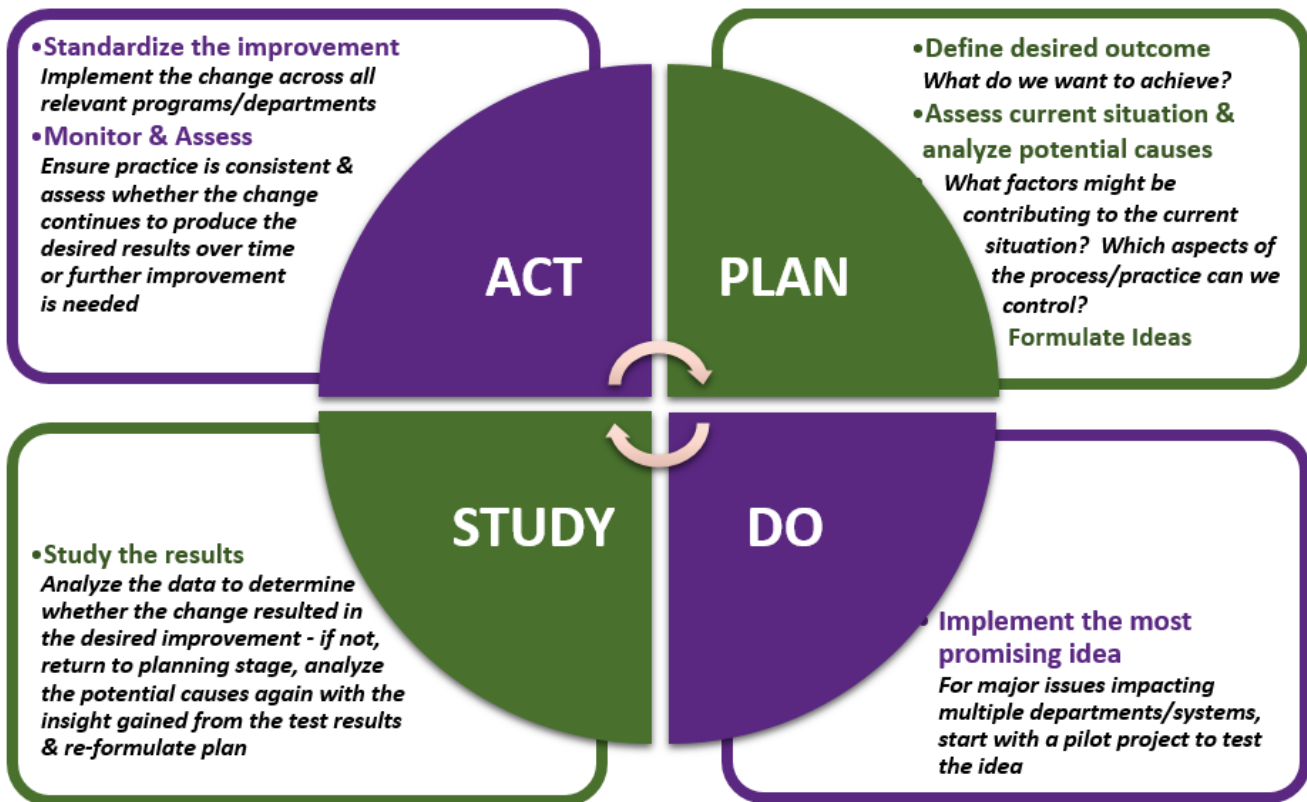
Data is initially reviewed to determine whether or not internally and externally defined performance standards are being met and the extent to which expected outcomes are being achieved. If performance and outcomes goals are not being met, the data is further analyzed at the individual provider, program and agency level to identify potential factors that may be contributing to the results.

When individual performance issues are identified, the QICM works with the Supervisor to determine the best course of action to remedy the situation. Where it is determined that the issue is related to knowledge, skills or abilities, an individual improvement plan will be developed with the staff to provide additional training, coaching or professional growth opportunities and progress will be monitored. In cases where staff attitude or behavior is determined to be the primary factor, the Supervisor will place the staff on a corrective action plan including specific steps to be taken to bring their work up to the expected standards.

If performance and outcome expectations are being met, the data is further analyzed to identify trends that may indicate potential problems or areas where changes could be made to improve the efficiency, effectiveness or quality of service delivery, increase participant or employee satisfaction or further the agency's strategic agenda.

### Change Model

When it is determined that change is needed, S4KF uses the "Plan, Do, Study, Act" model illustrated below to guide the development, implementation and evaluation of improvement initiatives.





## Plan

During the planning phase, the issue is clarified, potential causes are explored and ideas for solutions are generated. The most promising solution is selected, and a work plan is developed to identify action steps, responsibilities, timelines and indicators of success.

The planning phase may also require discussions or meetings with staff who will be involved, further review and analysis of data, or the creation/revision of documentation templates, data collection/monitoring processes or EHR processes in order to test the change.

## Do

During the implementation phase, progress on the work plan is monitored and reported to the appropriate program or committee. Depending on the nature and scope of the issue being addressed and the resources required, the potential solution may be fully implemented for testing, or a pilot project may be initiated to test the solution within a single program or team, or with a small sample of program participants before rolling it out across the agency.

## Study

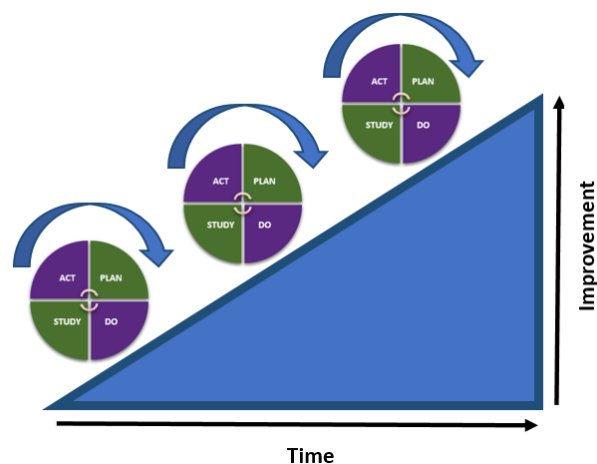
Once a pre-determined amount of time has passed, data will be collected, reviewed & analyzed to determine whether or not the solution was a success. Staff impacted by the change are consulted to provide feedback on any positive or negative aspects of the change.

## Act

If the desired outcome was achieved and the initial change was implemented as a pilot project, the solution is rolled out to all relevant programs and staff and becomes standard practice.

If the change did not result in the desired outcome or negative aspects outweighed the positive, the process begins again at the planning stage with the insight gained from the process used to re-evaluate the potential causes and proposed solutions and make necessary adjustments or test a new solution. Achieving the desired outcome may require going through several improvement cycles.

As illustrated below, quality improvement is a continual process. The agency strives to ensure that all programs and departments participate in PQI initiatives to improve agency performance, service quality or the efficiency or effectiveness of service delivery processes.



## PQI SYSTEM EVALUATION

At the end of each fiscal year, the PQI committee will conduct an evaluation of the effectiveness of the PQI system infrastructure, processes and procedures based on the following:

- Achievement of annual PQI goals and objectives
- Results of external monitoring/audits/reviews
- Results of participant and staff surveys
- PQI initiative outcomes

In addition, the committee will conduct a self-assessment of its own performance in terms of achieving committee objectives including:

- Engaging staff across the agency in PQI activities
- Communicating PQI information to internal & external stakeholders
- Developing, implementing and monitoring of improvement plans

The results are then used to inform the PQI goals and objectives for the upcoming year and work plans are created to implement improvements.

### PQI Goals & Objectives 2018-2019

Annual PQI goals and objectives are determined at two levels. The Strategic Plan includes agency-wide goals, objectives and strategies identified through the strategic planning process, the implementation of which may involve staff from multiple departments and programs. In addition, the PQI committee creates goals and objectives for quality improvement that may focus on its own performance, a single program, aspect of service delivery or performance measurement. The goals and objectives at both levels serve the ultimate purpose of helping the agency fulfill its mission and achieve long-term sustainability and growth.

#### Strategic Plan 2018-2022 Quality Goal, Objectives & Strategies:

##### **GOAL: Improve participant outcomes through consistent, high-quality service delivery**

###### **Objective 1: Obtain and implement a new Electronic Health Record System.**

*Strategy 1: Review new EHR systems with partner, CFBHN*

*Strategy 2: Hold focus group of staff/contractors to discuss strengths and weaknesses of current EHR.*

*Strategy 3: Identify group of staff to assist with implementation of new EHR.*

###### **Objective 2: Increase staff engagement in performance measurement & quality improvement activities**

*Strategy 1: Develop a dashboard available to all staff on key outcomes*

*Strategy 2: Include quality and outcomes on all staff evaluations.*

*Strategy 3: Identify additional reports from the EHR system to assist with monitoring of quality and compliance issues.*

#### **PQI Committee Objectives**

- 1. Improve follow-up and documentation of the full Plan-Do-Study-Act cycle for all PQI initiatives.**
- 2. Develop additional strategies for engaging staff throughout the agency in PQI activities.**
- 3. Develop a PQI training for an all staff meeting to increase understanding of the PQI program and roles and responsibilities of staff at all levels of the agency.**

## Success 4 Kids & Families, Inc. Programs

**Successful Kids** is a program serving children and youth ages 2-17 with emotional, behavioral or mental health problems and their families. Referrals are received from a wide variety of sources including individuals, schools, child welfare and community providers. S4KF provides case management services to the family with the goal of keeping children in their homes, schools, and communities.

**Successful Students** is a truancy intervention program serving youth ages 6-16 and their families. Referrals are received by the Truancy Court and Attendance Review Board. S4KF provides case management services to the family with the goal of achieving successful educational outcomes.

**Successful Youth** is a court diversion program serving young people involved in the juvenile justice system and their families. Referrals are received in person at court or from juvenile justice authorities. S4KF provides case management services to the family with the goal of keeping young people out of the system.

**Successful Parents (TANF)** is a program serving parents with mental illness and/or substance abuse. Referrals are received from a wide variety of sources including individuals, schools, child welfare and community providers. Case management services are provided to participants with the goal of achieving economic stability and keeping the children in the home.

**Successful Recovery** is a program that provides therapy to children and adults struggling with mental illness and/or substance abuse. Referrals are primarily received internally from S4KF case managers requesting therapy for a child or parent enrolled in one of the agency's case management programs.

**Successful Families** is a program serving families with children in 0 – 8<sup>th</sup> grade who reside in South Hillsborough county. Referrals are primarily received from two Children's Board Family Resource Centers however, referrals can be accepted from any source provided the family resides in the target area. Promotora support services, parenting classes and counseling are provided to the family with the goal of ensuring children have supported and supportive families.

**Healthy Transitions** is a program serving youth (ages 16-17) and young adults (ages 18-25) with serious mental health conditions, and in some cases co-occurring substance abuse disorders. Referrals are received primarily from the Crisis Center's 211 service however, referrals can be accepted from any source. The program offers wellness groups, peer support, educational & employment support and full wrap-around case management services with the goal of ensuring participants have the support they need to transition successfully to adulthood. Participants can enroll in any or all of the services offered depending on their individual needs and preferences.

**Healthy Start** is a program serving pregnant women and new mothers with children ages 0-3 in Hillsborough County. Referrals are received from the Health Department and screened by the S4KF intake department to determine the level of service needed. The program provides childbirth, parenting, and women's health education, breastfeeding support, nutritional counseling, smoking cessation support, case management and therapy with the goal of ensuring participants have the resources and support they need to have a healthy pregnancy and a healthy birth.

## APPENDIX B – Outputs Table

Program	Output	Target	Established by:
Successful Kids/ Students/ Youth	# of Clients Served	333	Funder
	Average Hours of Service per Client/month	7	Baseline Collection Only
	Average Hours of Service per Client by CM	N/A	Baseline Collection Only
	% of CM hours Face to Face with Client	N/A	Baseline Collection Only
Successful Parents	# of Clients Served	98	Funder
	Average Hours of Service per Client/month	7	Baseline Collection Only
	Average Hours of Service per Client by CM	N/A	Baseline Collection Only
	% of CM hours Face to Face with Client	N/A	Baseline Collection Only
Successful Families	# of Parents/Caregivers Served	80	Funder
	# of Youth Served	40	Funder
	# of Children Served	80	Funder
	# of Clients Completing Parenting Course	65	Funder
	# of Clients Enrolled in Therapy	70	Funder
	Average Hours of Service per Client/Month	N/A	Baseline Collection Only
	Average # of Therapy Sessions per Client	N/A	Baseline Collection Only
	Average Hours of Service per Client by Promotora	N/A	Baseline Collection Only
Healthy Transitions	# of Youth Served Overall	115	Funder
	# of Youth served in full wrap-around	40	Funder
	# of Youth Who Accessed Support Services	N/A	Baseline Collection Only
	# of Youth Who Attended BNB Groups	N/A	Baseline Collection Only
	# of Youth Enrolled in Therapy	N/A	Baseline Collection Only
	# of BNB Groups Provided	50	Internal
	Average # of Peer Support Hours Provided	N/A	Baseline Collection Only
	Average # of Education/Job Support Hours Provided	N/A	Baseline Collection Only
	Average Hours of Full Wrap Service per Client by TS	N/A	Baseline Collection Only
Successful Recovery	# of Clients Served Overall	10% increase over last year	Internal
	# of Medicaid & Non-Medicaid Clients Served	N/A	Baseline Collection Only
	Average # of Therapy Sessions Provided per Client	N/A	Baseline Collection Only
Healthy Start	# of ICC Services Provided per Month	52	Funder
	# of Prenatal Initial Contacts/Month	165	Funder
	# of Infant Initial Contacts/Month	328	Funder
	# of Encounters/Month, Level 2 Clients	1/95%	Funder
	# of Encounters/Month, Level 3 Clients	2/95%	Funder
	% of Infants Screened for Risk - Hospital	92%	Funder
	Average # of Home Visits per Day – Case Managers	2	Funder

## APPENDIX C – Outcomes Table

Outcome/Source	Target	Indicator/Tool	Tool Type	Schedule	Results Benchmarked
<b>SUCCESSFUL KIDS/STUDENTS/YOUTH</b>					
<b>Functional Status</b>					
Improved Functioning <i>(Funder)</i>	65% of program participants	Decrease in overall score/ CFARS	Standardized	Intake/ 6 months/ Discharge	Programs in Regional Network
Regular School Attendance <i>(Funder)</i>	86% of available school days attended (Average, all participants)	% of available school days attended/ MHO	Funder Data Collection	Intake/ 6 months/ Discharge	Programs in Regional Network
<b>Permanency of Life Situation</b>					
Stable Housing <i>(Funder)</i>	95% of program participants	In the custody of parents or guardians/ MHO	Funder Data Collection	Intake/ 6 months/ Discharge	Programs in Regional Network
<b>Health, Welfare &amp; Safety</b>					
Absence of Involvement with Child Welfare System <i>(Successful Youth Only)</i>	85% of program participants	No Open Child Welfare Case/ FSFN	FL Child Welfare Database	6 months post-discharge	No
<b>Quality of Life</b>					
Increase in Family Support Network <i>(Internal)</i>	85% of program participants	Increase in # of supports / Ecogram	Internal	Intake & Discharge	No
<b>SUCCESSFUL PARENTS</b>					
<b>Functional Status</b>					
Improved Functioning <i>(Internal)</i>	65% of program participants	Decrease in overall score/ FARS	Standardized	Intake/ 6 months/ Discharge	Internal Programs
<b>Achievement of Goals</b>					
Economic Self-Sufficiency-Employment <i>(Funder)</i>	24% of program participants	Employment Status/ MHO	Funder Data Collection	Intake/ Quarterly/ Discharge	Programs in Regional Network
Economic Self-Sufficiency-Increased # of Days Worked <i>(Funder)</i>	40 days worked annually (Average, all participants)	# of days worked/ MHO	Funder Data Collection	Intake/ Quarterly/ Discharge	Programs in Regional Network
<b>Permanency of Life Situation</b>					
Stable Housing <i>(Funder)</i>	90% of program participants	Competent, No charges/ MHO	Funder Data Collection	Intake/ Quarterly/ Discharge	Programs in Regional Network
<b>Quality of Life</b>					
Increase in Support Network <i>(Internal)</i>	85% of program participants	Increase in # of supports / Ecogram	Internal	Intake & Discharge	No

Outcome/Source	Target	Indicator/Tool	Tool Type	Schedule	Results Benchmarked
<b>SUCCESSFUL FAMILIES</b>					
<b>Quality of Life</b>					
Reduced Parental Stress <i>(Funder)</i>	70% of a min of 80 parents/ caregivers	Decrease from pre to posttest score/ Perceived Stress Scale	Standardized	Intake/ Discharge	No
Increased Social Supports <i>(Funder)</i>	85% of a min of 120 individuals	Increase from pre to posttest in # of supports/ Ecogram	Internal	Intake/ Quarterly/ Discharge	No
<b>Functional Status</b>					
Increased Parenting Skills <i>(Funder)</i>	80% of a min of 65 parents/caregivers participating in Nurturing Parents	Posttest score of 4 or more on all constructs/ AAPI-2	Standardized	Program Start/End	No
<b>Clinical Status</b>					
Improved Mental Wellbeing <i>(Funder)</i>	80% of a min of 70 individuals	Decrease of 10% from initial to final score/ CFARS/FARS	Standardized	Intake/ Quarterly/ Discharge	Internal Programs
<b>HEALTHY TRANSITIONS</b>					
<b>Quality of Life</b>					
Increased Positive Supports <i>(Funder)</i>					
<b>Functional Status</b>					
Decreased Substance Use <i>(Funder)</i>					
Decreased Use of Crisis Services <i>(Funder)</i>					
Increased Ability to Deal with Crisis <i>(Funder)</i>	75% of participants in program for min 6 months	Self-report/ SPARS/NOMS	Standardized	Intake/ 6 months/ Discharge	Nationally- Healthy Transitions Programs
<b>Permanency of Life Situation</b>					
Decrease in Days of Homelessness <i>(Funder)</i>					
<b>Health, Welfare &amp; Safety</b>					
Improved Overall Health Status <i>(Funder)</i>					
<b>Achievement of Goals</b>					
Increased Employment <i>(Funder)</i>	75% of participants in program for min 6 months <b>and</b> looking for work	Self-report/ SPARS/NOMS	Standardized	Intake/ 6 months/ Discharge	Nationally- Healthy Transitions Programs

Outcome/Source	Target	Indicator/Tool	Tool Type	Schedule	Results Benchmarked
<b>SUCCESSFUL RECOVERY</b>					
<b>Functional Status</b>					
Competitively Employed <i>(Funder)</i>	24% of SP participants enrolled in therapy	Self-report of employment status/ MHO	Standardized	Intake/ quarterly/ Discharge	No
<b>Achievement of Goals</b>					
Reduction in mental health symptoms and/or substance use <i>(Internal)</i>	80% of participants	10% decrease in score on mental health/ substance use scale/ FARS/CFARS	Standardized	At Intake & discharge	No
<b>HEALTHY START</b>					
<b>Clinical Status</b>					
Improved Mental Well Being <i>(Internal)</i>	75% of participants enrolled in therapy	Decrease in score/ Edinburgh	Standardized	At Intake & periodically	No

## APPENDIX D – S4KF Revised SOCPR

<b>DOMAIN 1: Child-Centered and Family-Focused:</b> The needs and strengths of the child and family dictate the types and mix of services provided.	
<b>DOMAIN RATING:</b> _____	
<b>1A. INDIVIDUALIZED</b>	
<b>Assessment</b>	
1. A <b>thorough assessment</b> was conducted <b>across life domains</b> .	1 2 3 4 5 6 7
2. The <b>needs</b> of the child and family have been <b>identified</b> and <b>prioritized</b> across a full range of life domains.	1 2 3 4 5 6 7
3. The <b>strengths</b> of the child and family have been identified.	1 2 3 4 5 6 7
<b>Support Planning</b>	
4. The support plan <b>goals</b> reflect <b>needs</b> of the child and family.	1 2 3 4 5 6 7
5. The support plan <b>goals</b> incorporate the <b>strengths</b> of the child and family.	1 2 3 4 5 6 7
<b>Types of Services/Supports</b>	
6. The <b>types</b> of services/supports provided to the child and family reflect their needs and strengths.	1 2 3 4 5 6 7
<b>1B. FULL PARTICIPATION</b>	
7. The child and family <b>actively participate</b> in the <b>service planning</b> process (initial plan & updates).	1 2 3 4 5 6 7
8. Service providers recognize that the family's participation in service planning and in the decision-making process is impacted by their knowledge/understanding of the expectations of the agencies/programs/providers.	1 2 3 4 5 6 7
<b>1C. CASE MANAGEMENT</b>	
9. Service plans and services are <b>responsive</b> to the emerging and changing needs of the child and family.	1 2 3 4 5 6 7

<b>DOMAIN 2: Community-Based:</b> Services are provided within or close to the child's home community, in the least restrictive setting possible, and are coordinated and delivered through linkages between public and private providers.	
<b>DOMAIN RATING:</b> _____	
<b>2A. ACCESS TO SERVICES</b>	
10. Services are:	
- scheduled at convenient times for the child and family.	1 2 3 4 5 6 7
- provided within or close to the home community.	1 2 3 4 5 6 7
- provided by an individual who speaks the primary language of the child/family.	1 2 3 4 5 6 7
11. Written documentation regarding services/service planning is in the primary language of the child/family.	1 2 3 4 5 6 7
<b>2B. MINIMAL RESTRICTIVENESS</b>	
12. Services are provided in the least restrictive and most appropriate environment.	1 2 3 4 5 6 7
<b>2C. INTEGRATION AND COORDINATION</b>	
13. There is a smooth and seamless process to link the child and family with additional services if necessary.	1 2 3 4 5 6 7



**DOMAIN 3: Culturally Competent:** Services are attuned to the cultural, racial, and ethnic background and identity of the child and family.

**DOMAIN RATING:** \_\_\_\_\_

<b>3A. AWARENESS</b>	
14. Service providers recognize that the family's culture, values, beliefs and lifestyle influence the family's decision-making process & that they must therefore be viewed within the context of their own cultural group, neighborhood and community.	1 2 3 4 5 6 7
<b>3B. SENSITIVITY AND RESPONSIVENESS</b>	
15. Services are responsive to the child and family's values, beliefs and lifestyle.	1 2 3 4 5 6 7

**Domain 4: Impact** The impact that services and supports have had on this child and family.

**DOMAIN RATING:** \_\_\_\_\_

SUMMATIVE QUESTION	CHILD	FAMILY
<b>4A. IMPROVEMENT</b>	AVERAGE RATING = _____	
16. The services/supports provided to the child and family have improved their situation.	1 2 3 4 5 6 7	1 2 3 4 5 6 7
<b>4B. APPROPRIATENESS</b>	AVERAGE RATING = _____	
17. The services/supports provided to the child and family have appropriately met their needs.	1 2 3 4 5 6 7	1 2 3 4 5 6 7

**NOTES**