



Helping Our Community One Family at a Time

**Quality Assurance/Quality Improvement
Report
2020-2021**

Wesley House Family Services Quality Assurance/Quality Improvement Report

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Mission, Vision, and Core Values

Wesley House Family Services Mission Statement

Wesley House Family Services promotes and enhances the safety, well-being, and development of children by educating, supporting, and meeting the needs of families.

Wesley House Family Services Vision Statement

To develop and encourage a more child caring community.

Wesley House Family Services Core Values

- Service
- Social Justice
- Dignity and Worth of Person
- Importance of Human Relationships
 - Integrity
 - Competence

Commitment to Quality

Wesley House Family Services (WHFS) is committed to maintaining an ongoing Quality Assurance/Quality Improvement (QA/QI) process. The Chief Executive Officer, the Board of Directors, and all staff are committed to providing services of the highest quality to clients in all agency programs.

WHFS approaches quality management as both quality assurance and quality improvement. “Quality Assurance” is the monitoring of the portion of the work we all do to high standards, implementing best practices every day that are reflected in the various contract compliance measurements for each department or program.

“Quality Improvement” references areas where we have self-identified a need for improvement; this can be an area of contractual performance where we are falling short of our target goals, or any other area of measured performance that we wish to improve.

The QA/QI process is based on the following assumptions:

1. All clients are provided with services appropriate to their individual and family needs.
2. The delivery of services is relevant, accessible, culturally sensitive, and responsive to clients, families, and the community.
3. Service administration and delivery are subject to ongoing assessment in order to evaluate and improve quality.
4. Client, stakeholder, community, staff, and Board members’ input are critical components in the monitoring and evaluation process.
5. Defining, gathering, analyzing, and measuring data and outcomes are an integral part of the QA/QI system.

The primary purpose of the WHFS QA/QI Report is to share information regarding our performance and areas for improvement with clients, staff, and community stakeholders.

Maintenance of Accreditation

Wesley House Family Services remains fully accredited through Council on Accreditation through June 30, 2023.

Child Placing Agency Licensure

Wesley House Family Services remains licensed through the Department of Children & Families as a Child Placing Agency through April 30, 2022.

Quality Assurance/Quality Improvement Committee

From July 1, 2020, through June 30, 2021, the agency's Quality Assurance (QA) Committee was comprised of the following program/department staff members:

- Aleida Jacobo (CEO)
- Christine Patterson (Child Care Site Director)
- Yolanda Nogueras (Director of Prevention Services)
- Klara Hale (Healthy Families Supervisor)
- Tiffany DaSilva (Community Based Care Director)
- Eric Fisher (Training Coordinator)
- Megan Burgess (Foster Parent Coordinator)
- Scott Shores (IT and Facilities Manager)
- Nicole Moynihan (Quality Assurance Liaison)
- Kenneth Williams (CBC Manager Upper Keys)
- Greg Wheeler (CFO)
- Angelica McCoy (Quality Assurance and Licensing Director)

Jane Reichardt, CBC Manager for the Lower Keys was a committee member from July 1, 2020, until April 21, 2021, when she separated from the Agency.

The QA/QI Committee met on the second Tuesday of each month throughout the fiscal year. During the COVID 19 pandemic, all meetings have been via the use of Microsoft Teams. Standing agenda items for the Committee include monthly program performance reports, review of critical incident trends, and review of Client and Employee Satisfaction Survey results. All WHFS staff members can request that the Committee add agenda items; this can be done by contacting the QA and Licensing Director or the employee's program/department representative.

Program and Department Performance

Wesley House Family Services is committed to monitoring performance and quality of services throughout the organization. Updates on the performance, progress towards achieving Quality Improvement goals and accomplishments for each department and program are provided below.

Finance Department

- The annual Financial Audit resulted in an unqualified “clean” opinion, the highest rating possible.
- We received GuideStar Platinum status putting our financial management at the top half-percent of non-profits nationally.
- The agency scored a perfect “100” on Charity Navigator for Finance and Accountability.
- Fundraising totaled more than \$250,000 for the fiscal year. All monetary donations are used for the support of the children and families we serve; none of these funds are used for agency overhead, salaries or staff compensation.
- Goals for the Finance Department have been added to the 2021-2022 QI Plan.

Human Resources Department

- Agency retained 90.91% of its Management staff through the 2020-2021 fiscal year.
- Agency retained 68.75% of its Non-Management staff through the 2020-2021 fiscal year.
- Overall staff retention rate for the 2020-2021 fiscal year was 72%.
- Agency’s average staff tenure is 80.56 months (or 6.7 years).
- Goals for the Human Resources Department have been added to the 2021-2022 QI Plan.

Information Technology/Facilities

- Microsoft Teams is in use agency-wide and has greatly facilitated the agency’s ability to continue to work remotely during the COVID 19 pandemic.
- Microsoft Teams and Zoom were utilized to facilitate the agency’s ongoing virtual PRIDE classes.
- Wesley House Family Services’ website is updated regularly and contains the agency Privacy Policy and Terms of Service for those who access the website.
- Wesley House Family Services QI Plans and QI Reports are posted on the website.
- All computers, laptops, and other communication devices continue to use encryption software to protect client information.
- Deployed a unified communications platform to support increased mobility of employees.
- Wesley House IT department uses industry leading remote management software to secure and manage all company devices.
- Goals for the IT/Facilities department will be added to the 2022-2023 QI plan.

Training Department

- Training Coordinator remains a Florida Certification Board recognized trainer.
- Five Pre-service training cycles were completed during the 2019-2020 fiscal year.
 - Of the eight participants in the pre-service training, 7 passed their exam on the first try (87.5%).
 - The average passing score on the exam is 89.5%.
- All Family Specialists working in the Strengthening Families Preventions Services program have completed a full round of pre-service training
- Healthy Families Monroe Family Support Workers have participated in selected sections of the pre-service training addressing identifying danger threats, understanding maltreatments, caregiver protective capacities, child needs, and safety planning.
- WHFS has begun offering pre-service training to other Southern Region Child Welfare agencies
 - Training is offered remotely via Zoom and/or Teams
 - Three staff members from other agencies participated in the pre-service training offered by WHFS on the Case Management track
 - An additional staff four members from other agencies seeking dual certification participated in the WHFS pre-service training but were not required to take the exam.
- WHFS offered six sessions of CPR/First Aid/AED training in house
 - 21 participants completed the training and received certification cards
- All Full Case Managers are trained in Commercial Sexual Exploitation of Children and meet the state requirement to take on cases where CSEC is indicated.
- Numerous “refresher” trainings were offered throughout the fiscal year on a variety of topics such as Car Seat installation, De-escalation training and Worker Safety Training.
- Goals for the Training Department will be added to the 2022-2023 QI Plan.

Inez Martin Child Development Center

- Inez Martin maintained its Gold Seal Status throughout the 2020-2021 fiscal year.
- An average of 50 children, ages 18 months to 5 years attended Inez Martin during the 2020-2021 fiscal year.
- 17 students completed the Voluntary Pre-Kindergarten (VPK) program during the 2020-2021 fiscal year.
- This fiscal year the VPK program introduced Waterford Learning to the VPK students. This program allows for fifteen minutes a day, five days a week of computer experience with educational programs allowing children to move at a pace that is comfortable for them. For children who are more advanced, the program offered challenging activities in language development to allow for them to continue progressing with reading activities.

- For approximately 8 months this year, the Backpack program was provided by the Star of the Sea Mission (our food caterer) from grant monies. Inez Martin will resume the program during the 21-22 fiscal year.
- All teachers at Inez Martin completed between 30 and 60 hours of training in early childhood education; topics included updated curriculum, behavior management, classroom arrangements and social emotional learning.

Inez Martin CDC Performance Indicators

FY: **20-21**

Key Quality/Performance Indicators	Goal	Results
<p>1. Key Quality/Performance Indicator- COVID-19 checklist compliance daily. Issues of concern immediately addressed with CEO.</p> <p>Program Goal: 100% compliance</p>	100%	100%
<p>2. Key Quality/Performance Indicator- CLASS (Classroom Assessment Scoring System) Assessment administered in the program will achieve overall room score equal or exceeding the score from previous year.</p> <p>Program Goal: Overall classroom score is 4% or higher for each room that is assessed.</p>	>4%	N/A* There will be no CLASS Assessments performed this FY due to COVID
<p>3. Key Quality/Performance Indicator- OEL assigns a rate for children entering kindergarten the August after completion of the VPK year.</p> <p>Program Goal: Readiness rate of 75% or higher</p>	=/>75%	N/A * No rate will be available this FY due to COVID.
<p>4. Key Quality/Performance Indicator- ALL VPK children will be screened during September and May with the required VPK monitoring tool.</p> <p>Program Goal: 100% of enrolled VPK children will be screened twice a year. Results are shared with the parent.</p>	100%	100%
<p>5. Key Quality/Performance Indicator- Compliance with Ages & Stages Developmental Screening Tool: Children are screened during their birthday month or within 45 days of enrollment. Results are share with the parent. Beginning June 2020: *Office of Early Learning has changed the screening date to be at the time of parent's redetermination for continued funding or within 30 days of new enrollment. Also, along with the ASQ Developmental Screener an ASQ-3 Social Emotional screening must be completed.</p> <p>Program Goal: 100% compliance</p>	100%	100%
<p>6. Key Quality/Performance Indicator- ALL Inez Martin Teaching Staff will complete a minimum of 30 hours of in-service training on Developmentally Appropriate Practices over the year.</p>	100%	100% of staff have completed

Program Goal: 100% compliance		their training for the year.
7. Key Quality/Performance Indicator- Reporting issues of concern to the FL Abuse Hotline. Program Goal: 100% compliance	100%	100%
8. Key Quality/Performance Indicator- Food is labeled and dated properly in the kitchen. ALL foods/milks/juices were labeled properly for the month. All dated foods were used within the required timeframe. Program Goal: 100% compliance	100%	100%

Inez Martin Quality Improvement Goal progress

- 100% of children enrolled at Inez Martin will receive developmental screenings within 45 days of enrollment and during their birth month while they are enrolled utilizing the Ages and Stages Developmental Screening tool, and Inez Martin staff (1 Site Director, 9 teachers). *This goal was met for the 2020-2021 fiscal year; see chart above.*
- The Inez Martin Voluntary Pre-Kindergarten (VPK) class will increase their school readiness rate score by 5% utilizing advanced features of Creative Curriculum, 2 VPK teachers, and on-line technology by the end of the fiscal year (June 2021). *This item was not scored by the Office of Early Learning due to the ongoing COVID 19 pandemic.*
- 100% of food for snacks and lunches provided to children will be properly labeled and dated in the kitchen to prevent food spoilage and ensure all food products are consumed within required time frames utilizing the food budget, Site Director, and Kitchen Aide. *This goal was met for the 2020-2021 fiscal year; see chart above.*

Healthy Families Monroe

- Served 94 families for a total of 150 children (Target and Non-Target children) during the 2020-20201 fiscal year.
- There were zero incidents of domestic violence or child abuse/neglect reported for the families receiving services through Healthy Families for the 2020-2021 fiscal year.
- Eleven families graduated from the program between July 2020 and June 2021
- The program has expanded to provide evidence-based services to Full Case Management Clients.
- The Key West Woman’s Club hosted a baby shower for 19 new and expecting mothers and families.

HEALTHY FAMILIES MONROE
Performance Measures (Four Quarters)
(Cumulative from 7/1/2020 thru 6/30/2021)

Outcome Measures	Percentage Achieved
Eighty-five (85) percent of target children will be up-to-date with immunizations at six months of age.	N/O = 17/17 = 100%
Eighty-five (85) percent of target children will be up-to-date with well-child checks at six months of age.	N/O = 17/17 = 100%
Eighty-five (85) percent of target children will be up-to-date with immunizations at 12 months of age.	N/O = 16/16 = 100%
Eighty-five (85) percent of target children will be up-to-date with well-child checks at 12 months of age.	N/O = 16/16 = 100%
Eighty-five (85) percent of target children will be up-to-date with immunizations at 24 months of age.	N/O = 7/7 = 100%
Eighty-five (85) percent of target children will be up-to-date with well-child checks at 24 months of age.	N/O = 7/7 = 100%
Eighty-five (85) percent of target children will be up-to-date with their three year well-child checks by age four.	N/O = 9/9 = 100%
Eighty-five (85) percent of target children will be up-to-date with their four year well-child checks by age five.	N/O = 15/15 = 100%
Eighty-five (85) percent of target children over 24 months old will have the most recent well-child checks according to the schedule.	N/O = 24/24 = 100%
Ninety (90) percent of target children enrolled six months or longer will be linked to a medical provider.	N/O = 31/31 = 100%
Ninety (90) percent of primary participants enrolled in the project six months or longer will be linked to a medical provider.	N/O = 44/44 = 100%
Eighty (80) percent of all assessments must occur either prenatally or within the first two weeks after the birth of the target child.	Indeterminate
Ninety (90) percent of all families are assessed within 30 days of enrollment.	N/O = 25/29 = 86%
Eighty (80) percent of mothers enrolled in the project will not have a subsequent pregnancy within two years of the target child's birth.	N/O = 74/76 = 97%
Ninety (90) percent of the families participating in the project will develop an initial Family Goal Plan with their FSW within 90 days of enrollment.	N/O = 26/26 = 100%
Ninety (90) percent of participants will have the postnatal Edinburgh administered after the target child's birth, according to HFF policy.	N/O = 22/22 = 100%
Ninety (90) percent of participants will have the Edinburgh Postnatal Depression Scale administered to them within the designated time period for any subsequent pregnancies.	N/O = 4/4 = 100%
Ninety (90) percent of participants will receive the CHEERS Check-In Tool according to schedule.	N/O = 20/30 = 67%
Ninety (90) percent of participants that enroll prenatally will have the Edinburgh Depression Scale administered to them at least once prenatally.	N/O = 19/21 = 90%
Ninety (90) percent of target children will receive age appropriate social-emotional screenings according to the schedule of the Ounce/HFF approved social-emotional screening instrument.	N/D = 54/54 = 100%
Seventy-five (75) percent of families enrolled into the program will have received their initial home visit within 30 days after assessment.	Indeterminate
Eighty (80) percent of program primary participants that close on Level 3, Level 4 or complete the program will have improved or maintained self-sufficiency while enrolled in the program.	N/O = 16/16 = 100%
Eighty (80) percent of families will have received at least seventy-five (75) percent of home visits as prescribed by the leveling system.	N/O = 71/85 = 84%
Sixty-five (65) percent of families that enrolled 12 to 24 months earlier will be retained for at least 12 months.	N/O = 15/32 = 47%
Eighty-five (85) percent of participants will have the baseline HFPI administered.	N/O = 17/18 = 94%
Eighty-five (85) percent of participants will have the subsequent HFPI administered to them according to the designated intervals for the tool.	N/O = 13/13 = 100%

Of the 26 Performance Measures for Health Families, there were three measures where the minimum requirements were not met:

- 90% of all families are assessed within 30 days of enrollment. Score was 86%.
- 90% of participants will receive the CHEERS assessment tool according to schedule. Score was 67%.
- 65% of families that enrolled 12 to 24 months earlier will be retained for at least 12 months. Score was 47%.

All three of these measures were impacted by the COVID-19 pandemic due to virtual visits being conducted to protect clients and staff.

Healthy Families Quality Improvement Goal Performance

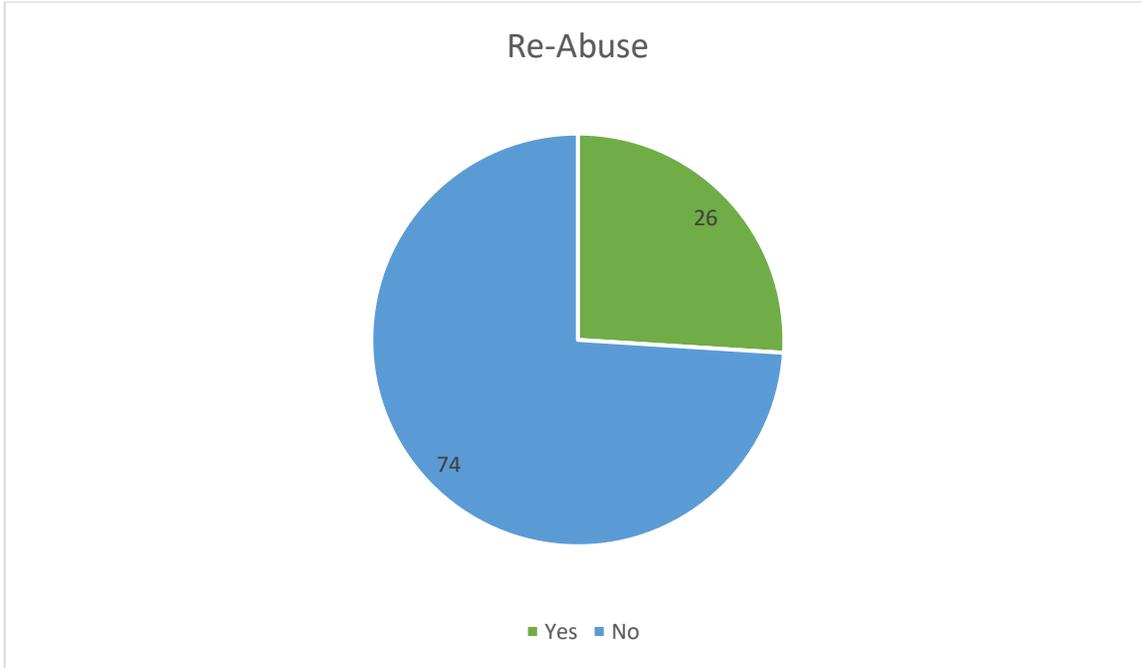
- 90% of participants will have the Edinburgh Postnatal Depression scale administered at least once prenatally utilizing the Edinburgh tool, 4 Family Support Workers, 1 Supervisor, 1 Program Manager, and the Healthy Families Florida online tracking system. *This goal was exceeded for the 2020-2021 fiscal year, see chart above; the program performed at 100% on this measure.*
- 85% of participants will have the Healthy Families Parenting Inventory (HFPI) administered within 6 weeks of enrollment into the program or the birth of the target child (whichever occurs earlier) utilizing the HFPI tool, Healthy Families Florida online tracking system, 4 Family Support Workers, 1 Supervisor, and 1 Program Manager. *This goal was exceeded for the 2020-2021 fiscal year, see chart above; the program performed at 100% on this measure.*

Strengthening Families Preventions Services

- Program is fully staffed with four Master's level therapists (Family Specialists), one Master's level Family Specialist Supervisor, a Bachelor's level case manager and a Bachelor's level Parenting Specialist.
- Evidenced based practices, such as Motivational Interviewing and Brief Strategic Family Therapy have been implemented. Two members of the team have also been recently trained in Triple P (Parenting Program). They will receive their accreditations at the end of September and will be implementing techniques from this evidenced-based program. The evidenced-based Healthy Families Florida program is also now available to Preventions and Dependency clients.
- Program provided services to 63 families and 129 children.
- WHFS Strengthening Families Prevention program is the host to a weekly meeting with the Department of Children and Families and the Domestic Abuse Shelter, in which we come together as community partners to serve the families and children in Monroe County. The collaboration as partners has significantly reduced the number of families that re-enter the child welfare system. These meetings are broken down into the Upper and Lower Keys. In addition, Preventions has also

incorporated a staff member from the Guidance Care Center to the weekly meetings.

- 74% of families served had no re-abuse allegations after case closure, see chart below. (Out of 63 families, 47 had no re-abuse allegations)



SFPS Program Outcomes

Metric	Description	Notes	Score
1	Case Escalation Staffings for Inadequate or Insufficient Safety Plans	Target 100%	100%
2	Closing Summaries Uploaded to FSN	Target 90%	100%
3	Families Receive Appropriate and Timely referrals	Target 90%	<90%
4	Family Service Plans include SMART goals	Target 25% or less requiring corrections	
5	Services will be provided in compliance with FFPSA (evidence-based service provision)	Target 90%	100%
6	Families will be assessed utilizing the North Carolina Family Assessment Scale (NCFAS) pre and post service provision	Target 90%	100%
7	Updated Family Service Plans will be uploaded to FSN within one week of case closure	Target 90%	100%

SFPS Quality Improvement Goal Performance

- 90% of families receiving services will have the North Carolina Family Assessment Scale (NCFAS) administered at the beginning and end of each family’s services, utilizing the NCAS, online entry system, and 1 Director of Preventions Services, 4 Family Specialists, and one Family Services Case Manager. *This goal was exceeded for the 2020-2021 fiscal year, with performance at 100%. This data was drawn manually via review of cases in FSFN.*
- 90% of cases submitted for closure will have a completed closing summary and updated service plan uploaded to the FSFN system within required time frames, utilizing closing summary and service plan templates, FSFN, and 1 Director of Preventions Services, 4 Family Specialists, and one Family Services Case Manager. *This goal was exceeded for the 2020-2021 fiscal year, with performance at 100%. This data was drawn manually via review of cases in FSFN; cases cannot be closed in the FSFN system without a closing summary and service plan.*
- 90% of cases will be linked to needed outside services such as therapeutic, educational, and housing services within 30 days of case inception and be documented in FSFN, utilizing community service providers, agency referral forms, FSFN, 1 Director of Preventions Services, 4 Family Specialists, and one Family Services Case Manager. *There is no data readily available for this measure, however evidence from review of cases in FSFN shows that the target was not met; families were referred for services, but linkage was not consistently found within the specified 30 days.*

Full Case Management

- Successfully closed 45 cases with a total of 71 children during the fiscal year.
- Met State requirements for face-to-face contacts with Biological Parents with a goal of reunification every month of the 2020-2021 fiscal year. Targets are face to face contact with 75% of mothers and 50% of fathers each month. See chart below.

Biological Parent Face to Face Contacts

Month	Percentage Mothers Seen	Percentage Fathers Seen
July 2020	78.26	55.56
August 2020	76.47	61.54
September 2020	76.47	58.33
October 2020	93.75	91.67
November 2020	80	86.67
December 2020	80.95	57.14
January 2021	95.65	75
February 2021	86.96	56.25
March 2021	88.46	60
April 2021	100	68.75
May 2021	84.21	68.75
June 2021	77.78	80

- WHFS showed consistent performance on State Identified Metrics of Concern measurements for the 2020-2021 fiscal year. See chart below showing WHFS’s performance on those measurements throughout the fiscal year.

Metric (Measure)	WH Performance Measures for System of Care	SM01 Abuse Per 100,000 Days in Out-of-Home Care	SM02 Abuse During In-Home Services	SM03 Abuse within 6 Months of Closure of Services	SM04 Children Entering Care and Achieving Permanency within 12 Months	SM05 Children in Care 12 to 23 Months Achieving Permanency within 12 Months	SM06 Children Who Do Not Re-Enter Care within 12 Months of Moving to a Permanent Home	SM07 Placement Moves per 1,000 Days in Out-of-Home Care*	SM08 Sibling Groups where All Siblings are Placed Together *	SM09 Children Under Supervision Seen Every 30 days	SM10 Children Receiving Medical Services	SM11 Children Receiving Dental Services	SM12 Young Adults Aging Out and Educational Achievement
Month	Goal	8.04	95%	95%	40.4%	43.8%	91.7%	4.12	65%	99.5%	95%	95%	80%
July_20		3.97	99.04%	100%	33.3%	70.5%	95.4%	2.93	77.7%	100%	98.1%	96.9%	85.7%
Aug_20	FY 20-21 Q1	3.96	100%	100%	37.2%	70.0%	100%	2.87	77.7%	100%	100%	100%	85.7%
Sept_20		4.05	100%	100%	34.1%	66.6%	100%	2.75	81.8%	100%	100%	100%	100%
**DCF Regional Score	FY 20-21 Q1	7.27	97.04%	98.83%	35.44%	59.55%	87.88%	3.74	60.09%	99.77%	97.27%	90.29%	86.30%
Oct_20		4.10	100%	100%	31.25%	58.82%	100%	2.94	90.00%	100%	100%	100%	100%
Nov_20	FY 20-21 Q2	4.17	100%	100%	35.90%	59.09%	100%	3.20	83.33%	100%	100%	100%	100%
Dec_20		0	96.1%	100.0%	37.8%	76.0%	100.0%	4.26	75.0%	100.0%	100.0%	100.0%	100.0%
**DCF Regional Score	FY 20-21 Q2	6.87	97.13%	98.96%	36.33%	59.90%	88.54%	3.44	58.02%	99.75%	98.37%	96.31%	84.62%
Jan_21		0.00	96.30%	100.00%	28.57%	90.48%	100.00%	5.16	60.00%	100.00%	96.67%	100.00%	100.00%
Feb_21	FY 20-21 Q3	0.00	96.25%	98.18%	27.27%	87.50%	95.45%	6.54	60.00%	100.00%	100.00%	100.00%	100.00%
Mar_21		4.41	96.34%	96.23%	33.33%	75.00%	94.44%	6.11	60.00%	100.00%	100.00%	97.78%	100.00%
**DCF Regional Score	FY 20-21 Q3	7.06	96.79%	98.35%	34.99%	48.77%	89.29%	3.28	60.09%	99.72%	97.45%	93.88%	89.04%
April_21		4.45	96.10%	96.23%	32.56%	82.35%	93.75%	6.53	77.78%	100.00%	100.00%	100.00%	100.00%
May_21	FY 20-21 Q4	4.42	95.89%	96.61%	36.84%	76.19%	93.75%	6.15	77.78%	100.00%	100.00%	97.78%	100.00%
June_21		4.47	95.89%	96.49%	34.21%	71.43%	94.12%	5.82	55.56%	100.00%	100.00%	100.00%	100.00%
**DCF Regional Score	FY 20-21 Q4												
Monthly Trends													

*Please note that small sample sizes for Wesley House Family Services may have an effect on the scoring for some items on the Scorecard.

Quality Improvement goals for Full Case Management

- 95% of all FCM cases will have Safety Plans completed, signed by all parties, and uploaded in FSFN at all times. Data is drawn from the FSFN reporting environment. *Data drawn from FSFN shows that WHFS met this goal 97% of the time for the fiscal year 2020-2021. Out of 1,539 possible safety plans, 43 were completed late (after 90 days) and 1,496 were completed on time. The range of scores was from 75% to 100%.*
- Full Case Managers are required to complete monthly face-to-face contacts with all parents whose cases have a goal of reunification. Minimum targets require that 75% of mothers and 50% of fathers are seen face-to-face each calendar month. Data is drawn from the FSFN reporting environment. *Data drawn from FSFN shows that WHFS met this goal every month during the 2020-2021 fiscal year. See chart above.*
- 100% of all FCM cases will have Family Functioning Assessments-Ongoing (FFA-O) completed in FSFN within 30 days of case transfer from the Department of Children & Families. Data is drawn

from the FSFN reporting environment. *WHFS did not meet this goal for the 2020-2021 fiscal year. Data drawn from FSFN shows that 61% of FFA-O's were completed within 30 days of case transfer.*

- 100% of all FCM cases will have Progress Updates completed in FSFN within 90 days of case transfer, at critical junctures, and at least every 90 days thereafter throughout the duration of services. Data is drawn from the FSFN reporting environment. *WHFS did not meet this goal for the 2020-2021 fiscal year. Data drawn from FSFN shows that 78% of Progress Updates were completed within 90 days of case transfer and 90 days thereafter (note- there is no existing mechanism for measuring Progress Updates completed at Critical Junctures).*

Adoptions

- Exceeded the target of 13 finalized adoptions during the 2020-2021 fiscal year by five; 18 adoptions were finalized during the fiscal year.
- Finalized adoptions included three sibling groups.

Foster Home Licensing

- WHFS continues licensing relative and non-relative caregivers as Level I (“Child Specific”) foster homes.
- 10 families were licensed as Level I caregivers between July 202 and June 2021, these families provided care for a total of 14 children.
- Facilitated two cycles of PRIDE classes for prospective foster and adoptive families during the 2020-2021 fiscal year, both cycles were conducted “virtually” using Microsoft Teams and/or Zoom due to social distancing requirements resulting from the COVID-19 pandemic.
- Seven families were licensed as Level II (“traditional”) foster homes during the 2020-2021 fiscal year, providing a capacity of eleven additional available foster home beds.

Performance Monitoring for the Foster Home Licensing program is conducted in the following areas:

Initial Foster Home Licensing

- Level I Homes:
 - Each applicant must complete a two-hour online training course prior to becoming licensed. *100% of Level I Licensure applicants completed the required training course.*
 - All household members and frequent visitors must be background screened as per State defined requirements. *100% of household members and frequent visitors to Level I licensed homes were background screened according to State requirements.*
 - A comprehensive Licensing Unified Home Study must be completed in FSFN for each Level I home. *100% of Level I licensed homes have a completed Unified Home Study in FSFN.*
 - 40% of all children placed with relative or non-relative caregivers will have their caregiver become licensed while providing care. *On June 30, 2021, 33.3% of relative and*

non-relative caregivers had become Level I licensed. This is a rolling measure and FSFN data was not available to monitor on a regular basis, all calculations were done manually. The target for this measure has been updated for 2021-2022 to reflect 65% of children in out of home care will be placed with relatives, all of whom will be offered the opportunity to become Level I licensed. FSFN data will be utilized for this measure.

- Level II Homes:
 - Each applicant must complete 24 hours of state approved foster parent training prior to becoming licensed; currently the PRIDE (Parent Resource for Information, Development and Education) curriculum is used. *100% of Level II foster parent applicants completed the State required PRIDE training.*
 - All household members and frequent visitors must be background screened as per state defined requirements. *100% of household members and frequent visitors to Level II licensed homes were background screened according to State requirements.*
 - A comprehensive Licensing Unified Home Study must be completed in FSFN for each Level II home. *100% of licensed Level II homes have a completed Unified Home Study in FSFN.*
 - All home study documentation, background screenings, and supporting documentation must be completed and submitted to the CBC Lead Agency within 60 days of the background screenings being conducted. *100% of Level II licensed homes had the packets submitted with background screenings within the required time frames.*

Re-Licensing of Foster Homes:

- Level I Homes
 - Each Level I Foster Parent must complete a minimum of one hour of additional training annually. *100% of Level I foster parents who sought relicensing completed the required additional training.*
 - All household members and frequent visitors must be background screened as per state defined requirements; these screenings must be conducted within 60 days prior to the license expiration. *100% of household members and frequent visitors to Level I licensed homes were background screened according to State requirements.*
 - A comprehensive Re-Licensing Unified Home Study must be completed in FSFN for each Level I home. *100% of Level I foster parents who sought relicensing have a comprehensive Unified Home Study completed in FSFN.*
 - Level I re-licensing files must be submitted to the CBC Lead Agency at least two weeks prior to the license expiration date. *100% of relicensing files were submitted within required time frames.*
- Level II Homes
 - Each Level II Foster Parent must complete a minimum of eight hours of additional training annually. *100% of Level II foster parents who sought re-licensure completed a minimum of 8 hours of additional training.*
 - All household members and frequent visitors must be background screened as per state defined requirements; these screenings must be conducted within 60 days prior to the license expiration. *100% of household members and frequent visitors to Level II licensed homes were background screened according to State requirements.*

- A comprehensive Re-Licensing Unified Home Study must be completed in FSFN for each Level II home. *100% of Level II foster homes have a comprehensive Unified Home Study completed in FSFN.*
- Level II re-licensing files must be submitted to the CBC Lead Agency at least two weeks prior to the license expiration date. *100 of relicensing files were submitted within required time frames.*

Foster Home Licensing Quality Improvement Goal Performance:

- 100% of licensed foster families, both Level 1 and Level 2, will have four quarterly home visits conducted by licensing staff this fiscal year utilizing the Foster Parent Coordinator and Kinship Navigator staff members and documentation in the Florida Safe Families Network (FSFN) system. Contacts will be documented in FSFN and will be audited manually as there is no available reporting function to capture this data. *100% of Licensed Foster Homes in Monroe County with children placed in the homes had quarterly visits conducted by Licensing staff. Due to the COVID-19 pandemic, homes where no children were placed had visits conducted virtually.*
- The Licensing Program will add at least 12 new foster home beds (25% increase) throughout the county this fiscal year utilizing the Foster Parent Coordinator, the Licensing Specialist, the PRIDE curriculum, and following the state licensing process. *The Licensing program was able to add 11 new foster home beds during the 2020-2021 fiscal year, falling short of the 12 bed goal by 8.4%.*

Other Quality Assurance/Quality Improvement Initiatives and Actions

As WHFS strives to provide quality services to the community, we continue to evaluate our programs and services to inform and implement best practices and improve client outcomes. Those efforts include the development and implementation of tools and practices to support staff in the delivery of services to children and families. Below is a listing of some of the tools and practices we have implemented or continued through the 2021-2022 fiscal year. Please note that this list is not all-inclusive and that we continue to refine our practices and tools.

- Ongoing implementation of “Safety Methodology Timelines” for Full Case Management cases. Upon receipt of each new intake, QA staff completes timelines for the case managers that inform as to due dates for specific documentation requirements, such as completion of Family Functioning Assessments, completion of Case Plans and completion of Progress Updates. Due dates for Quality Parenting Initiative (QPI) tasks have been added to the timelines.
- Ongoing implementation of “Preventions Case Timelines” for Strengthening Families Preventions Services cases. These timelines are similar to those provided to Full Case Management but are specific to the type of preventions case and the requirements

specific to those case types, Formal Safety Services, Family Services or Family Support Services.

- Ongoing monthly Strengthening Families Preventions case reviews conducted by QA Staff. These reviews look at the various documentation and timeliness requirements for the three categories of preventions cases and provide scores for each case reviewed.
- Ongoing monthly QA reviews of case management case notes, specifically home visits and biological parent for required content.
- Ongoing implementation of quarterly Client File Reviews for required content for Inez Martin, Strengthening Families Prevention Services and Full Case Management.
 - For the 2021-2022 fiscal year, Client File Reviews are also being conducted for Healthy Families Monroe.
 - Scores for the quarterly file reviews conducted in the 2020-2021 fiscal year are below:

Quarterly file reviews 2020-2021

Program	1st quarter	2nd quarter	3rd quarter	4th quarter
Inez Martin	100%	100%	96%	100%
FCM	87.17%	85%	87%	76%
SFPS	72.7%	85.42%	100%	82%

WHFS continues to adapt to changes in service requirements and changes within the community to improve outcomes for the children and families whom we serve. The QA/QI Plan for 2021-2022 addresses the actions that will be taken to continue to improve the quality of service provision through the next fiscal year.

Measuring Staff and Client Satisfaction

Staff Satisfaction

The annual Staff Satisfaction survey was conducted in January 2021 and was open for responses for two weeks. There were 58 respondents from all three work sites; 55% of respondents were from the Key West/Truman office, 31% from the Key Largo office and 14% from the Inez Martin Child Development Center. The survey contained a total of 22 questions and allowed an opportunity for comments at the end.

The trend amongst the comments on the survey conveyed concerns about the COVID 19 pandemic, concerns about the rapidity of change in policies and procedures for the Full Case Management Department, comments regarding rates of pay, along with general comments about enjoying their work and feeling supported by the agency.

Among the positive response trends to the survey questions, the following areas are noted:

- 98% of respondents feel that most of their interactions with coworkers are positive.
- 94% of respondents know what is expected of them at work.
- 93% of respondents feel they have the materials and equipment to do their jobs correctly.
- 91% of respondents feel they are aligned with the Organizational Mission.
- 89% of respondents feel their supervisor cares about their professional goals and development.
- 87% of respondents would recommend Wesley House Family Services as a good place to work.

Among the negative responses received on the survey, the following are noted:

- 15.5% of respondents feel that they are not fairly compensated.
- 20% of respondents felt that they either sometimes or never feel recognized or appreciated
- 34% of respondents felt that they either sometimes or never have a healthy work-life balance.
- 46% of respondents felt that they either sometimes or never felt informed about what is going on with the agency.

The agency will be working to address these concerns during the 2021-2022 fiscal year.

Client Satisfaction

The annual Client Satisfaction Survey was conducted in July of 2021 and was open for responses for two weeks. There were 45 respondents across eight programs; this is a lower participation rate than in the past. Response rates by program were as follows:

- Healthy Families 6.67%
- Adoptions 4.44%
- Voluntary Pre-Kindergarten 2.22%
- Nurturing Parenting Program 6.67%
- Family Services (SFPS) 37.78%
- Full Case Management 17.78%
- Inez Martin CDC 26.67%
- Foster Home Licensing 24.44%

Respondents were asked to rate the agency in seven basic areas; office location, hours of service, communication, satisfaction with staff, quality of services, ability to meet the client's needs and their overall experience. The table below shows the percentage for each measure where the responses were "Very Good" or "Good".

Measure	Percentage Responding "Very good" or "Good"
Office Location	97.7%
Hours of Service	97.7%
Communication	88.89%
Satisfaction with Staff	95.55%
Quality of Services	95.55%
Ability to Meet Client Needs	95.55%
Overall Experience with the Agency	97.77%

The agency will be focusing on improving communication with clients during the 2021-2022 fiscal year.