



Wesley House Family Services

Helping Our Community One Family at a Time

Quality Assurance/Quality Improvement Report

2021-2022

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. Our reaccreditation cycle has begun, and the self-study is being drafted. The site visit is tentatively scheduled for April 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, 2023.

Quality Assurance/Quality Improvement Committee

From July 1, 2021, through June 30, 2022, 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 (Licensing and Quality Assurance Director)

The QA/QI Committee met on the fourth Tuesday of every other month throughout the fiscal year. Due to the distance between offices and having some staff working all remotely, all meetings have been via the use of Microsoft Teams. Standing agenda items for the Committee include but are not limited monthly program performance reports, facilities concerns, and review of critical incident trends. All WHFS staff members can request that the Committee add agenda items; this can be done by contacting the Licensing and QA 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 \$500,000 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.

Finance Department Quality Improvement Goal Progress

- Bi-weekly (every other week) payroll will be completed timely and accurately 100% of the time. This will be accomplished utilizing the new online Paycom system, the CFO, one Controller/Budget Manager, two Financial Analysts and one Senior Accountant. Data will be drawn from the timeliness of the release of payroll bi-weekly. The Paycom system was introduced in June of 2020 and the system is new to both Finance and staff.
This goal was met; payroll was completed timely and accurately throughout the 2021-2022 fiscal year. This goal will remain in place for the 2022-2023 fiscal year.
- The Financial Department will produce financial statements for each program on a monthly basis. The goal is that 90% of these reports will be provided to each program director within the first 5 working days of each month. This will be accomplished utilizing the Financial Edge system the CFO, one Controller/Budget Manager, two Financial Analysts and one Senior Accountant and the agency’s internal reporting format and mechanisms. Data will be collected quarterly detailing when each program report was provided. *This goal was met. Monthly financial statements were prepared and distributed within five working days of the close of each month. Tracking is maintained by month and results for 2021-2022 were 100%. Program Directors received them, as well as department supervisors/managers, along with a descriptive narrative to assist them in making decisions. This goal will remain in place for the 2022-2023 fiscal year.*

Human Resources Department

- Agency retained 100% of its management staff through the 2021-2022 fiscal year.
- Agency retained 78.7% of its non-management staff through the 2021-2022 fiscal year.
- Overall staff retention rate for the 2020-2021 fiscal year was 81.4%.
- Agency’s average staff tenure is 71.8 months (or 5.9 years).

Human Resources Department Quality Improvement Goal Progress

- The Human Resources Manager will submit weekly reports to the CEO and CFO detailing open positions and progress towards filling open positions. The reports will be sent weekly on Fridays

and the goal is that 90% of reports will be sent on time. This measure will be accomplished utilizing the internal HR reporting format, the HR Manager and the Quality Assurance and Licensing Director. Data will be collected manually by the Quality Assurance and Licensing Director based upon receipt of the weekly reports and tracked via spreadsheet. This goal was not met. Twenty-four Open Position Reports were completed for the 2021-2022 fiscal year. This goal is being adjusted and included in the 2022-2023 fiscal year QA/QI plan.

- The Human Resources Manager will complete “Stay Interviews” with 80% of new hires on or before the 90th day after hire. This measure will be accomplished utilizing the internal “Stay Interview” questionnaire, the HR Manager, and an internal tracking process. The HR Manager will provide the Quality Assurance and Licensing Director with quarterly data. This goal was met. 82.4% (14 out of 17) “Stay” Interviews were conducted with new hires within the specified time frames. This goal will remain in place for the 2022-2023 fiscal year.

Information Technology/Facilities

- Microsoft Teams is in use agency-wide and has greatly facilitated the agency’s ability to work cooperatively across offices and with community partners.
- Microsoft Teams was utilized to facilitate the agency’s ongoing virtual CARE 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.
- Wesley House IT department uses industry leading remote management software to secure and manage all company devices.
- Microsoft 365 is utilized for business continuity to enable staff to work from anywhere there is an Internet connection.

Training Department

- Training Coordinator remains a Florida Certification Board recognized trainer.
- Eight staff successfully completed the Child Welfare Case Management exam with an average score of 86.5.
- Frontline Staff participated in over 2,600 hours of training last year. These trainings were delivered both virtually and in-person by Wesley House staff and specialists from other agencies.
- 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 2021-2022 fiscal year.
- An average of 50 children, ages 18 months to 5 years attended Inez Martin during the 2021-2022 fiscal year.

- 16 students completed the Voluntary Pre-Kindergarten (VPK) program during the 2021-2022 fiscal year.
- This fiscal year the VPK program has fully integrated Waterford Learning for 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.
- 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: 21-22

Key Quality/Performance Indicators	Goal	Results
<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%	88%
<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 was no CLASS Assessments performed this FY.
<p>3. Key Quality/Performance Indicator- ALL enrolled children’s files will be reviewed quarterly for medical compliance along with required contractual paperwork.</p>	100%	100%
<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% children screened in May 2022 with the required monitoring tool and the VPK Pilot.
<p>5. Key Quality/Performance Indicator- Compliance with Ages & Stages Developmental Screening Tool: Children are screened 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 for children funded by DEL.</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

		their training for the FY.
Program Goal: 100% compliance		
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 whose parents have agreed in writing to such screening will receive an initial developmental screening within 30 days of enrollment in the program. This will be accomplished utilizing the Ages and Stages Developmental Questionnaire (ASQ), one Site Director, and teaching staff. Data will be collected via review of children’s files at the Child Development Center. *This goal was met, see performance indicator #5 above. 100% of children with authorizations to conduct screenings in their file received the appropriate ASQ screening.*
- 100% of children’s files will be reviewed quarterly to ensure that all children have up to date immunization records and annual well child check-ups. This will be accomplished using one Site Director, one Quality Assurance and Licensing Director and one Quality Assurance Liaison. Data will be collected manually via file reviews. *This goal was met, see performance indicator #3 above. All enrolled children’s files were reviewed for immunization records and annual well child check-ups.*

Healthy Families Monroe

- During the FY 21/22 the HFM program served 82 families with 88 participants and 129 children (68 focus children and 61 other children)
- During the FY 21/22 95% families had no verified or substantiated findings of child maltreatment
- During the FY 21/22 the HFM program graduated 3 families
- During the FY 21/22 the Woman’s Club hosted a baby shower for 18 new and expecting families (11 in lower Keys and 7 in upper Keys)
- The program can serve families with open Department of Children & Families investigations and cases.

HEALTHY FAMILIES MONROE
Outcomes and Process Measures (Four Quarters)
(Cumulative from 7/1/2021 thru 6/30/2022)

Outcome Measures	Percentage Achieved
Eighty (80) percent of target children will be up-to-date with immunizations at 24 months of age.	N/D = 15/15 = 100%
Eighty-five (85) percent of target children will be up-to-date with well-child checks at 24 months of age.	N/D = 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/D = 14/14 = 100%
Ninety (90) percent of target children enrolled six months or longer will be linked to a medical provider.	N/D = 30/30 = 100%
Ninety (90) percent of primary participants enrolled in the project six months or longer will be linked to a medical provider.	N/D = 44/44 = 100%
Ninety (90) percent of all families are assessed within 30 days of enrollment.	N/D = 30/31 = 97%
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/D = 62/65 = 95%
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/D = 28/29 = 97%
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 = 48/49 = 98%
Eighty (80) percent of participants that enroll prenatally will have the Edinburgh Depression Scale administered to them at least once prenatally.	N/D = 24/24 = 100%
Eighty (80) percent of participants will have the postnatal Edinburgh administered after the target child's birth, according to HFF policy.	N/D = 27/27 = 100%
Eighty (80) percent of participants will have the Edinburgh Postnatal Depression Scale administered to them within the designated time period for any subsequent pregnancies.	N/D = 3/3 = 100%
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/D = 4/4 = 100%

Seventy-Five (75) percent of families will have received at least seventy-five (75) percent of home visits as prescribed by the leveling system.	N/D = 60/77 = 78%
Sixty-five (65) percent of families that enrolled 12 to 24 months earlier will be retained for at least 12 months.	Indeterminate
Eighty-five (85) percent of participants will have the baseline HFPI administered.	N/D = 19/23 = 83%
Eighty-five (85) percent of participants will have the subsequent HFPI administered to them according to the designated intervals for the tool.	N/D = 23/23 = 100%
Eighty-five (85) percent of participants who were low on one or more HFPI subscales will improve on at least one of the low subscales from baseline to six months.	N/D = 7/7 = 100%
Eighty (80) percent of families will be enrolled prenatally or within 3 months of birth.	N/D = 25/25 = 100%

Of the 19 Performance Measures for Health Families, there was one measure where the minimum requirements were not met:

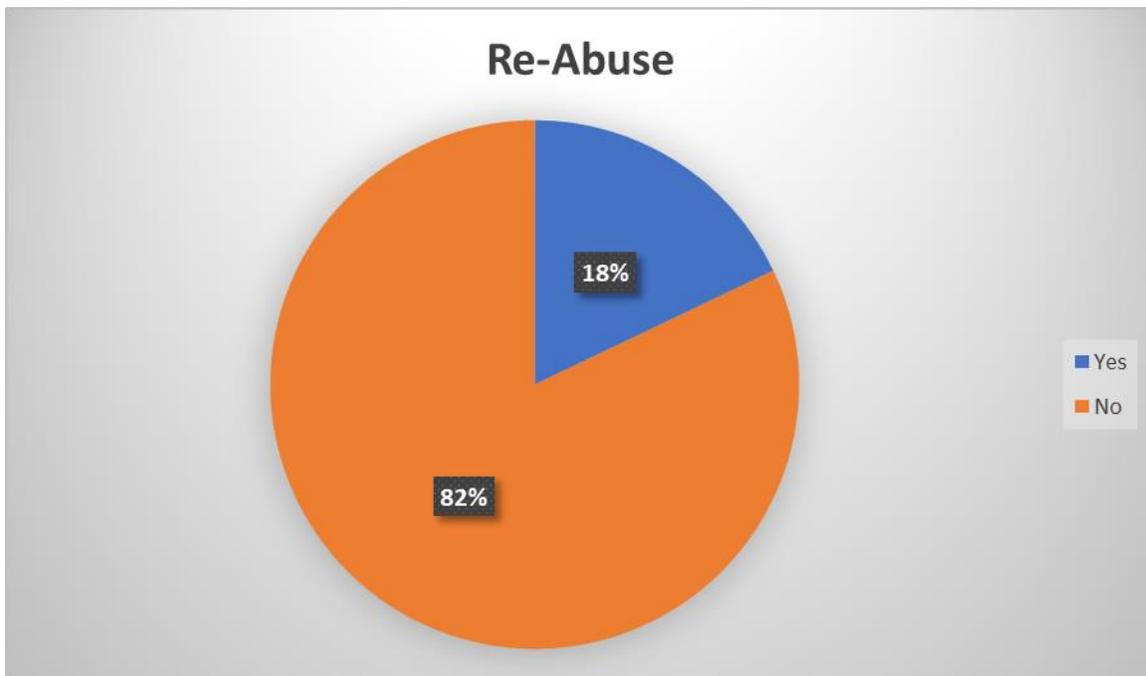
- 85% of participants will have the baseline HFPI administered. Score was 83%, missing the goal by 2%.

Healthy Families Quality Improvement Goal Performance

- 90% of all new families enrolling in the program will have an Intake Assessment completed within 30 days of enrollment. This will be accomplished utilizing the Healthy Families Intake Assessment tool, one Director of Prevention Services, one Healthy Families Supervisor and five Family Support Workers. Data will be collected via the Healthy Families Florida Performance Management System (PMS). *This goal was met. 97% of all new families had an Intake Assessment completed within 30 days of enrollment.*
- 100% of Healthy Families staff members will complete a minimum of eight hours of annual training related to provision of services to families involved in the dependency system. This will be accomplished utilizing one Director of Prevention Services, one Healthy Families Supervisor, five Family Support Workers, the Wesley House Training Coordinator, the Wesley House Administrative Assistant to the CEO and the agency’s internal training tracking mechanism. Data will be gathered from the internal tracking mechanism. *This goal was met; all Healthy Families staff completed a minimum of eight hours of training during the 2021-2022 fiscal year. The range was from 9.5 hours to 23.75 hours, and the average number of training hours per staff member was 20 hours.*

Strengthening Families Preventions Services

- Program is fully staffed with four Master’s level Family Specialists, one of whom is the Program Manager, a Bachelor’s level case manager and a Bachelor’s level Parenting Specialist.
- The evidenced-based Healthy Families Florida program is also now available to Preventions and Dependency clients.
- Program provided services to 72 families and 132 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.
- 82% of families served had no re-abuse allegations after case closure, see chart below. (Out of 72 families, 59 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 FSFN	Target 90%	90%
3	Families Receive Appropriate and Timely referrals	Target 90%	91%

4	Family Service Plans include SMART goals	Target 25% or less requiring corrections	0% (no Family Service Plans were sent back for correction)
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%	Pre service provision: 98%, post service provision: 47%
7	Updated Family Service Plans will be uploaded to FSFN within one week of case closure	Target 90%	100%

SFPS Quality Improvement Goal Performance

- 85% of parents receiving services will have a pre and post Adult-Adolescent Parenting Inventory (AAPI) completed at the initiation and termination of services. This will be accomplished utilizing the AAPI pre and posttests, one Director of Prevention Services, one Family Specialist Supervisor, one in home Nurturing parenting program specialist, one Family Service case manager and four Family Specialists. Data will be collected manually via review of AAPI tools completed and uploaded into FSFN. *This goal was partially met. 94% (46 out of 49) of parents had an Initial AAPI completed, but only 24% (9 out of 38) had the closing AAPI completed.*
- 80% of families receiving services will have the minimum number of face-to-face hours each week with their Family Specialist as specified by the service level type (Formal Safety Services, Family Support Services or Family Services). This will be accomplished utilizing one Director of Prevention Services, one Family Specialist Supervisor and four Family Specialists. Data will be collected manually via review of face-to-face contact notes entered into FSFN. *This goal was not met; during the fiscal year, 59% of families received the minimum number of face-to-face hours during service provision.*

Additional SFPS Monitoring

- 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. The frequency of these reviews is being changed to every 45 days to allow for completion of required documents prior to review. In the 2021-2022 fiscal year, the average scores are tracked monthly; see chart below.

July 2021	75%	January 2022	85%
August 2021	85%	February 2022	80%
September 2021	86%	March 2022	95%
October 2021	85%	April 2022	85%
November 2021	81%	May 2022	77%
December 2021	73%	June 2022	91%

Full Case Management

- Successfully closed 33 cases with a total of 52 children during the fiscal year.
- Partially 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 2021	100	85.71
August 2021	76.9	50
September 2021	81.82	60
October 2021	93.33	91.67
November 2021	85.71	100
December 2021	82.35	92.86
January 2022	80	81.82
February 2022	68.97	86.96
March 2022	65.38	100
April 2022	69	57
May 2022	78	94
June 2022	77.78	90.91%

- 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%	43.6%	91.7%	4.12	65%	99.5%	95%	95%	80%
July_21		4.60	95.83%	96.72%	34.21%	76.92%	92.86%	5.49	55.56%	100.00%	100.00%	100.00%	100.00%
Aug_21	FF 21-22 Q1	4.66	95.38%	96.61%	30.00%	84.62%	93.33%	3.88	60.00%	100.00%	100.00%	100.00%	100.00%
Sept_21		4.73	95.45%	96.83%	25.64%	58.33%	76.92%	4.03	66.67%	100.00%	100.00%	100.00%	100.00%
**DCF Regional Score	FF 21-22 Q1	6.82	97.23%	96.84%	36.42%	43.26%	87.98%	3.54	62.61%	99.69%	98.11%	94.35%	88.75%
Oct_21		4.77	95.31%	96.92%	30.30%	47.06%	78.57%	3.54	66.67%	100.00%	100.00%	100.00%	100.00%
Nov_21	FF 21-22 Q2	4.79	95.08%	96.92%	40.91%	60.00%	76.92%	3.80	80.00%	100.00%	96.43%	95.65%	100.00%
Dec_21		4.78	100.00%	96.88%	50.00%	58.82%	83.33%	4.58	70.00%	100.00%	100.00%	100.00%	100.00%
**DCF Regional Score	FF 21-22 Q2	6.33	96.68%	96.81%	35.74%	44.53%	86.96%	3.61	61.09%	99.69%	98.58%	96.14%	92.00%
Jan_22		4.85	100.00%	96.67%	58.97%	47.83%	75.00%	4.99	75.00%	100.00%	100.00%	100.00%	100.00%
Feb_22	FF 21-22 Q3	4.96	100.00%	98.15%	61.11%	48.00%	83.33%	5.04	75.00%	100.00%	100.00%	100.00%	100.00%
Mar_22		0.00	100.00%	100.00%	58.82%	57.14%	85.71%	4.13	83.33%	99.85%	100.00%	100.00%	100.00%
**DCF Regional Score	FF 21-22 Q3	5.79	96.53%	97.45%	33.20%	48.73%	87.10%	3.53	65.29%	99.70%	97.61%	96.56%	92.77%
April_22		0.00	100.00%	100.00%	59.38%	59.09%	85.71%	3.40	83.33%	100.00%	100.00%	100.00%	100.00%
May_22	FF 21-22 Q4	0.00	100.00%	100.00%	60.61%	60.00%	84.62%	2.99	91.67%	100.00%	100.00%	100.00%	100.00%
June_22		0.00	98.00%	100.00%	60.61%	61.90%	83.33%	3.09	90.91%	99.88%	100.00%	100.00%	100.00%
**DCF Regional Score	FF 20-21 Q4												

Full Case Management Quality Improvement Goal Performance

- 80% of 4-month Permanency Staffings for children in out of home care will be held timely (within 30 days before or after 4 months in out of home care) utilizing the Citrus Family Care Network permanency tracking spreadsheet, one Permanency and Legal Counselor, one Community Based Care (CBC) Director, one CBC Manager, two Full Case Management Supervisors and eight Full Case Managers. Completed staffings will be documented on the permanency tracking spreadsheet and in the Florida Safe Families Network (FSFN) as required. Reporting data will be drawn from the tracking spreadsheet. *This goal was met; 100% of 4-month permanency staffings were held on time.*
- 80% of all out of home children will have the Quality Parenting Initiative (QPI) Assessment tool completed within 14 days of placement, utilizing the QPI Assessment tool, one Foster Care Licensing Assistant, two Full Case Management Supervisors and eight Full Case Managers. The completed assessment tools will be uploaded to FSFN with a corresponding narrative note. *This goal was not met. 31% of new out of homes cases had the QPI Assessment tool completed within 14 days. To address this issue, the Safety Methodology timelines provided to Full Case Management from QA now include the due dates for QPI documentation, including the QPI assessment. This item will continue to be monitored.*

Additional FCM Monitoring

- Ongoing monthly QA reviews of case management case notes, specifically home visits and biological parent face to face contact notes for required content. Monthly average scores for each measure are shown in the tables below.

Home Visit Note Reviews

July 2021	89.6%	January 2022	94%
August 2021	92%	February 2022	88%
September 2021	88%	March 2022	96%
October 2021	81%	April 2022	83%
November 2021	92%	May 2022	95%
December 2021	95%	June 2022	94%

Biological Parent Note Reviews

July 2021	81%	January 2022	89%
August 2021	97%	February 2022	91%
September 2021	93%	March 2022	88%
October 2021	73%	April 2022	68%
November 2021	92%	May 2022	86%
December 2021	91%	June 2022	82%

Adoptions

- 15 adoptions will be finalized during the 2021-2022 fiscal year. This will be accomplished utilizing one Community Based Care Director, one Adoptions Specialist, and assistance from Case Managers or Licensing staff members as needed. The total number of finalized adoptions will be totaled up by the Adoptions Specialist at the end of the fiscal year. *This goal was met and exceeded. 21 adoptions were finalized during the 2021-2022 fiscal year.*

Foster Home Licensing

- WHFS continues licensing relative and non-relative caregivers as Level I (“Child Specific”) foster homes.
- 8 families were licensed as Level I caregivers between July 2021 and June 2022, these families provided care for a total of 9 children.
- Facilitated three cycles of CARE classes for prospective foster and adoptive families during the 2021-2022 fiscal year, one cycle was conducted “virtually” using Microsoft Teams due to social distancing requirements resulting from the COVID-19 pandemic, the latter two cycles were taught in person.
- Five families were licensed as Level II (“traditional”) foster homes during the 2021-2022 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 an online training course titled “Caring for Children” along with any other training required regionally or by the State prior to becoming licensed. 100% of Level I applicants who became licensed completed this required training.
 - All household members and frequent visitors must be background screened as per state defined requirements. 100% of household members and frequent visitors were background screened according to State requirement.
 - A comprehensive Licensing Unified Home Study must be completed in FSFN for each Level I home. 100% of Level I homes have the required Unified Home Study completed in FSFN.
 - All home study documentation, background screenings, and supporting documentation must be completed and submitted to the CBC Lead Agency within 60 calendar days of receipt of the referral for Licensing. 100% of required documentation for Level I licenses were submitted to the CBC Lead Agency within 60 days of receipt of referral except for those caregivers that required DCF staffings prior to proceeding with licensure.
- Level II Homes:
 - Each applicant must complete 24 hours of state approved foster parent training prior to becoming licensed; currently the CARE (Creating and Retaining Excellence) curriculum is used. 100% of Level II applicants completed the required training.
 - All household members and frequent visitors must be background screened as per state defined requirements. 100% of household members and frequent visitors were background screened according to State requirement.
 - A comprehensive Licensing Unified Home Study must be completed in FSFN for each Level II home. 100% of Level II homes have the required Unified Home Study completed 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 required documentation for Level II licensing was provided to the CBC Lead Agency within 60 days of the background screenings being conducted.
 - Exit interviews are required to be conducted within five days of any child leaving a licensed foster home in which they resided for 30 days or more. 100% of exit interviews were completed, but only 84.5% of Exit Interviews were completed on time during the 2021-2022 fiscal year. The quarterly compliance rates were:
 - 1st quarter- 91%
 - 2nd quarter- 67%
 - 3rd quarter- 80%
 - 4th quarter- 100%

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 Level 1 foster families will have monthly home visits conducted by licensing staff the 2021-2022 fiscal year utilizing the Foster Parent Coordinator and Kinship Navigator staff members and documentation in the Florida Safe Families Network (FSFN) system. Visits may occur virtually or in person in alignment with DCF guidance due to COVID 19. Contacts will be documented in FSFN and will be audited manually as there is no available reporting function to capture this data. 100% of Level I foster families that actively had children placed in the home had monthly visits conducted in person and documented in FSFN.
- 100% of licensed Level 2 foster families will have quarterly home visits conducted by licensing staff during the 2021-2022 fiscal year utilizing the Foster Parent Coordinator, Kinship Navigator and Licensing Specialist staff members and documentation in the FSFN system. Visits may occur virtually or in person in alignment with DCF guidance due to COVID 19. Contacts will be documented in FSFN and will be audited manually as there is no available reporting function to capture this data. 100% of Level II foster families that actively

had children placed in the home had quarterly in-person home visits; licensed families with no active placements had a combination of in-person and virtual quarterly visits.

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 implementation of quarterly Client File Reviews for required content for Inez Martin, Strengthening Families Prevention Services, Healthy Families Monroe, and Full Case Management.
 - Scores for the quarterly file reviews conducted in the 2021-2022 fiscal year are below:

Quarterly file reviews 2021-2022

Program	1st quarter	2nd quarter	3rd quarter	4th quarter
Inez Martin	100%	100%	96%	99%
FCM	91%	82%	88%	85%
SFPS	87%	96%	93%	100%
HFM	99%	100%	90%	95%

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 2022-2023 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 2022 and was open for responses for four weeks. There were 51 respondents from all three work sites; 49% of respondents were from the Key West/Truman office, 41% from the Key Largo office and 9% 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, comments regarding the cost of living in Monroe County and associated 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% are aligned with the organizational mission
- 92% respect the work of their peers
- 92% report that they know what is expected of them at work
- 92% report that they have the tools and equipment necessary to do their jobs
- 90.2% of respondents feel that most of their interactions with coworkers are positive
- 88% report that they know someone at work who encourages their development
- 88% report that their supervisor reviews their progress
- 84% report that their supervisor cares about their professional development
- 84% report that they are fairly compensated

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

- 13% of respondents feel that they are not fairly compensated.
- 34% feel that they either do not have a healthy work-life balance or only sometimes feel that they have a healthy work-life balance
- 18% feel that they are sometimes or not at all recognized and appreciated at work
- 28% feel that they either do not trust the Leadership Team (7.8%) or sometimes trust the Leadership Team (19.6%)
- 47% feel that they either do not feel informed about what is going on with the agency (9.8%) or only sometimes feel that they are informed about what is going on with the agency (37.25%)
- 22% feel that either their suggestions are not heard and valued by their supervisor (7.8%) or are sometimes heard and valued by their supervisor (15.7%).

Comparison of the results from the 2020-2021 fiscal year against the results of the 2021-2022 fiscal year show a downward trend on 11 survey items. When analyzed and compared with the comments, this downward trend appears to be largely around issues with the response to the COVID-19 pandemic and transparency. To address the downward trends, WHFS has begun holding quarterly, virtual “All Staff” meetings where information about the agency, performance, challenges, and strengths are shared agency wide, with staff being afforded the opportunity to ask questions and contribute their opinions during the meetings. WHFS has also continued its policy of allowing “work from home” days each week, in the positions where that is possible.

Client Satisfaction

The annual Client Satisfaction Survey was conducted in July of 2022 and was open for responses for four weeks. There were 66 respondents across eight programs (an increase of 21 responses over the 2020-2021 fiscal year); this is a higher participation rate than in the past. Response rates by program were as follows*:

- Healthy Families 32%
- Adoptions 4.2%
- Voluntary Pre-Kindergarten 4.2%
- Nurturing Parenting Program 4.2%
- Family Services (SFPS) 17%
- Full Case Management 17%
- Inez Martin CDC 38%
- Foster Home Licensing 19%

*Please note that the percentage total is higher than 100 because some respondents utilized and responded for more than one program.

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	99.9%
Hours of Service	96.9%
Communication	97.77%
Satisfaction with Staff	99.9%
Quality of Services	99.9%
Ability to Meet Client Needs	96.96%
Overall Experience with the Agency	98.48%

Review of comments and overall results show that some clients utilizing the Inez Martin Child Development Center would like to see expanded hours and that some clients would like to see more bi-lingual staff and better communication.

In the 2022-2023 fiscal year, WHFS will focus on improving communication with clients and on recruiting bi-lingual staff. Hours of operation for the Child Development Center will be evaluated based on current staffing levels and feasibility.