



## **Quality Assurance/Quality Improvement (QA/QI) Plan**

**Fiscal Year 2023-2024**

Wesley House Family Services (WHFS) QA/QI Plan is designed to monitor, assess, and evaluate services provided by the agency throughout Monroe County and to develop performance improvement goals for each program. WHFS recognizes QA/QI as an ongoing process involving staff at all levels, Board members and community stakeholders.

## Wesley House Family Services Quality Assurance/Quality Improvement Plan

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## **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

## QA/QI Philosophy Statement

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

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

- All clients are provided with services appropriate to their individual and family needs.
- The delivery of services is relevant, accessible, culturally sensitive, and responsive to clients, families, and the community.
- Service administration and delivery are subject to ongoing assessment to evaluate and improve quality.
- Client, stakeholder, community, staff, and Board members' input are critical components in the monitoring and evaluation process.
- 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 Plan is to ensure that a high quality of service is delivered consistent with the agency's mission, policy, and procedures.

It is the agency's belief that the delivery of quality services and outcomes for children and families is a shared responsibility with our stakeholders throughout the system of care. The QA/QI process will foster involvement of all levels of staff, stakeholders, community members, and service recipients in the evaluation, improvement and development of programs and services.

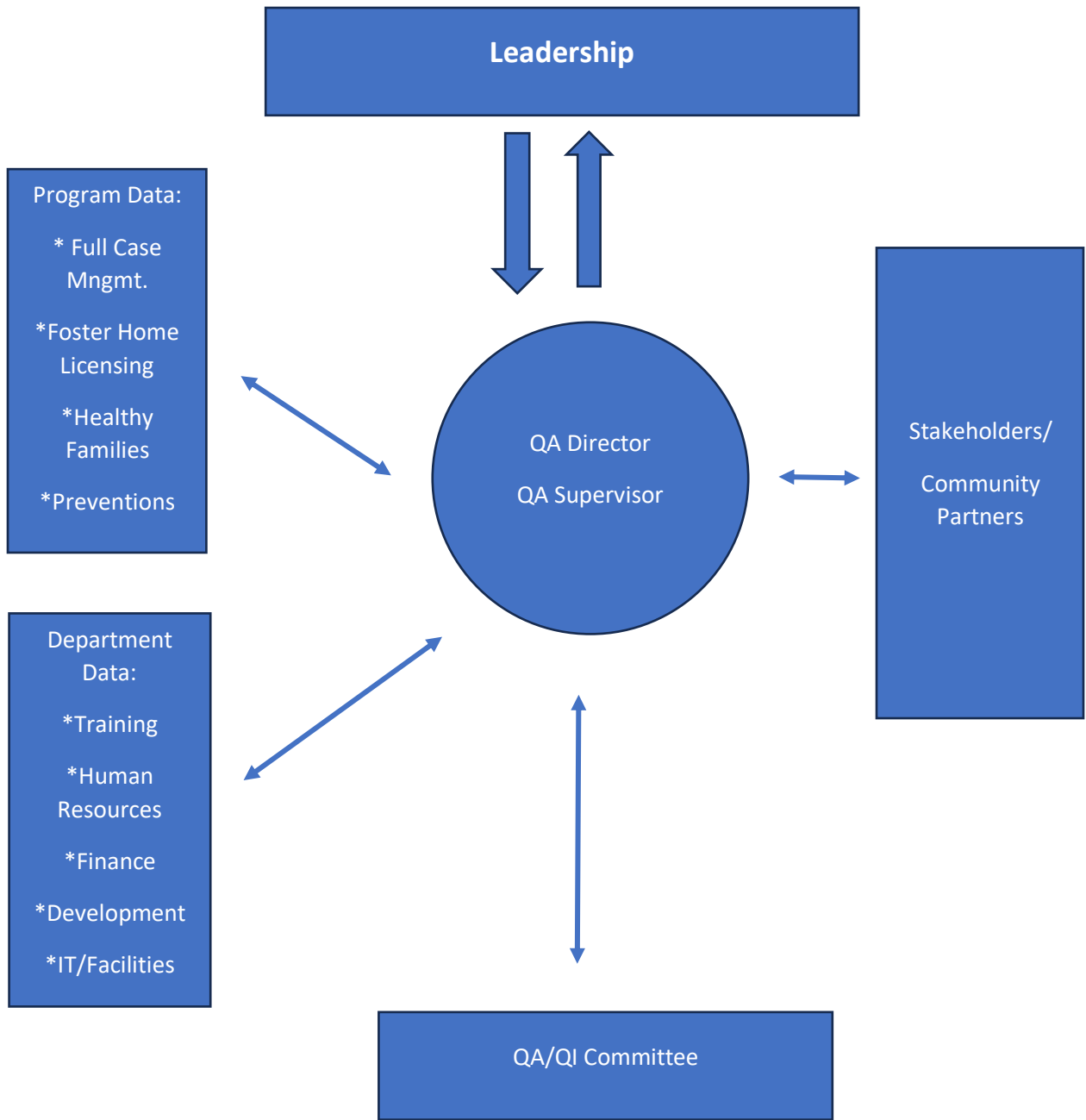
### A variety of tools and surveys are utilized to implement the QA/QI process. The use of the QA/QI system will:

- Ensure the effectiveness of services.
- Ensure accountability to clients, funding sources, referral sources, and the community.
- Identify levels of client satisfaction with services provided by the agency.
- Identify levels of employee satisfaction throughout the agency.
- Identify levels of Stakeholder satisfaction with the services provided by the agency.
- Ensure each of the agency's programs complies with all applicable contract requirements, and applicable local, state, and federal regulations.

## Community Stakeholders

Wesley House Family Services recognizes that our community stakeholders are an integral part of the agency's QA/QI processes. Our stakeholders include but are not limited to the following groups.

GROUP	MEMBERS
Community at large	Residents of Monroe County, FL, Residents of select Zip Codes in Miami-Dade County
Community Partners	Guardian ad Litem Program, Monroe County Schools, Florida Department of Juvenile Justice, Florida Department of Children & Families, Monroe County Sheriff's Office, Monroe County Courts (including Dependency and Drug Court), Florida Keys Children's Shelter, Florida Keys Foster/Adoptive Parent Association, Children's Legal Services, Women, Infants and Children (WIC,) Healthy Start, Domestic Abuse Shelter, Samuel's House, Star of the Sea (SOS), Miami-Dade Schools, Miami-Dade Courts, Miami-Dade Foster Parent Association, Family Unification Program (FUP), Anaga, CHI, Psych Solutions, Chrysalis
Funders	Florida Department of Children & Families, Citrus Family Care Network, Early Learning Coalition, Ounce of Prevention Fund of Florida, Healthy Families Florida, Private Donors, Miscellaneous Grant Foundations
Governing Body	Governing and Associate Members of the Board of Directors
Agency Leadership	Chief Executive Officer, Chief Operations Officer, Department/Program Directors: Child Care Site Director, Quality Assurance Director, Chief Financial Officer, Information Technology Manager
Supervisors	Supervisory staff for each department/program: Full Case Management, Strengthening Families Prevention Services, Healthy Families Monroe, Inez Martin, Human Resources, Finance, Training, Parenting Instruction, Quality Assurance Supervisor, Licensing Supervisor, Permanency and Legal Counselor, Service Coordinator Supervisor
Direct Service Staff	Full Case Managers, Family Specialists, Child Care Teachers, Family Assessment Workers, Family Support Workers/Healthy Families, Family Support Workers/Full Case Management, Licensing Specialist, Kinship Navigator, QA Specialist, QA & Training Administrative Assistant, Referral and Tracking Specialist, Independent Living/Education Coordinator
Foster Parents	Level 1 (licensed relative/non-relative caregivers) and Level 2 ("Standard") Foster Parents
Unlicensed Caregivers	Relative, Non-relative, and Fictive Kin caregivers caring for children in out of home care
Program Clients	All clients are Monroe County and Miami-Dade County (select zip codes) community members accessing one or more service or program.



## QA/QI Structure

Wesley House Family Services focuses resources on program delivery and outcomes and is committed to maintaining an ongoing Quality Assurance/Quality Improvement (QA/QI) process.

The QA/QI Committee was developed to better ensure that high quality services are delivered, and that the agency's mission, policy, and procedures are met or exceeded. The QA/QI Committee consists of representatives from all Wesley House Departments/Programs.

### QA Committee members include the following:

- Angelica McCoy, Quality Assurance Director, Chair
- Nicole Moynihan, QA Supervisor, Alternate Chair
- Aleida Jacobo, CEO
- Khalilah Dawes, COO
- Greg Wheeler, CFO
- Christine Patterson, Child Care Site Director
- Kenneth Williams, Community Base Cared Manager
- Jeffrey Mitchell, Strengthening Families Preventions Services Manager
- Andrea Wade, Support Services Supervisor
- Roshan Nelson, Healthy Families Monroe Supervisor
- Eric Fisher, Training Coordinator
- Megan Burgess, Licensing Supervisor
- Scott Shores, Information Technology Manager
- Becky Morley, Human Resources Manager
- Roxy Castro, Controller and Budget Manager

The QA/QI Committee is responsible for the development and approval of the annual QA/QI Plan, annual QA/QI report, monitoring, and evaluation of program performance reports, reviewing stakeholder, client, and employee satisfaction survey results, as well as review of critical incidents, and any other issue or topic requested by the CEO or Leadership Team.

The Committee identifies areas needing improvement and coordinates action plans to address identified needs, monitors compliance with corrective action plans, identifies emerging needs, and ensures communication with employees, clients, stakeholders, and the community. The QA/QI Committee also makes recommendations to the Leadership Team.

The QA/QI Committee meets quarterly. Agenda items include but are not limited to internal compliance and performance monitoring, stakeholder feedback, critical incident review, risk management, internal and external monitoring, and emerging needs.

The QA/QI Committee maintains an electronic folder through Microsoft Teams that contains agendas, and any associated reports and documentation. While “minutes” are not formally taken, the QA Director sends a synopsis from each meeting to “Office-All”, and copies of those emails are saved as PDF documents for future reference. The electronic folder is available for review by employees upon request. Stakeholders and community partners have access to review hard copies of these materials upon request. Copies of the annual QA/QI Plan and annual QA/QI Report will be available on the agency’s web site and in print version upon request.

Monthly internal QA/QI Meetings are held with the Full Case Management program manager, supervisors, Quality Assurance Supervisor, and Chief Operations Officer to provide ongoing monitoring and QA/QI oversight. These meetings are held the fourth Friday of each month (subject to change but held monthly) and agendas are created to guide discussion and follow-up.

Monthly internal QA/QI Meetings are held with the Strengthening Families Preservation Services (SFPS) program manager, supervisor, Quality Assurance Supervisor, and Chief Operations Officer to provide ongoing monitoring and QA/QI oversight. These meetings are held the fourth Thursday of each month (subject to change but held monthly) and agendas are created to guide discussion and follow-up.



## Performance and Outcome Management

WHFS recognizes the need for a comprehensive outcome measurement system across the agency’s programs and services to determine efficiency and effectiveness of services. Each program has defined goals and outcomes that align with contract requirements. Each program also has identified specific targets or goals for performance improvement. This section of the QA/QI plan will outline the required monitoring of performance and outcome for each program/department.

### Full Case Management (FCM)

The Full Case Management (FCM) program monitors outcomes as defined by the Florida Department of Children & Families (DCF) in the form of a statewide performance “Scorecard”. DCF is in the process of instituting a new version of the Scorecard, so both are represented below. It is possible that the monitoring will change during the current fiscal year. The chart below shows the individual items that are currently monitored statewide. Data for these measurements is drawn from the Florida Safe Families Network (FSFN) reporting environment and is reported monthly, quarterly, and annually. Results are shared with the Leadership Team, QA/QI Committee, and program staff. Results are posted on the Community Based Care Lead Agency website <https://www.citrusfcn.com/>

#### Current DCF Scorecard:

<b>Metric #</b>	<b>Description</b>	<b>Notes</b>
1	Rate of Abuse/Neglect per 100,00 days in out of home care	Threshold is 8.04
2	Percentage of Children Not Abused while receiving In Home Services	Threshold is 95%
3	Percentage of Children with No Maltreatment w/in 6 months of Termination of Supervision	Threshold is 95%
4	Percentage of Children exiting to a Permanent Home within 12 months	Threshold is 40.4%
5	Percentage of Children exiting to a Permanent Home between 12 and 23 months	Threshold is 43.6%
6	Children who do not Re-enter Care within 12 months of moving to a Permanent Home	Threshold is 91.7%
7	Average Number of Placement moves per 1000 days in Foster Care	Threshold is 4.12
8	Sibling Groups where all Siblings are Placed Together	Threshold is 65%
9	Children Under Supervision Seen Every 30 Days	Threshold is 99.5%
10	Percentage of Children in Foster Care who received Medical Services within the last 12 months	Threshold is 95%
11	Percentage of Children in Foster Care who received Dental Services within the last 7 months	Threshold is 95%
12	Percentage of Aged Out Young Adults Enrolled in Secondary Education	Threshold is 80%

Proposed/Pending DCF Scorecard:

<b>Metric #</b>	<b>Description</b>	<b>Notes</b>
1	Children Not Abused During In-Home Services	Threshold is 98%
2	Rate of Abuse During Out of Home Services per 100,000 bed days	Threshold is 9.07
3	Children with No Re-Occurrence of Verified Maltreatment within 12 Months of a Prior Verified Maltreatment	Threshold is 90.3%
4	Children Achieving Permanency and Not Re-entering Care Within 12 Months	Threshold is 94.4%
5	Children Achieving Permanency within 12 Months for Children in Out of Home Care Between 12 and 23 Months	Threshold is 44%
6	Children Achieving Permanency Within 12 Months of Entering Care	Threshold is 35.2%
7	Children Placed with Relatives or Non-relatives	Threshold is 60%
8	Placement Moves per 1,000 bed days	Threshold is 4.5
9	Children Placed with Siblings	Threshold is 65%
10	Children Seen Every 30 Days	Threshold is 99.5%

The FCM program monitors additional areas of performance that are measured by the CBC Lead Agency and the State. These additional areas of performance monitoring include but are not limited to the following:

- 95% of all in home 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.
- Full Case Managers are required to complete monthly face-to-face contacts with all parents whose parental rights remain intact. Minimum targets require that 80% of mothers and fathers are seen face-to-face each calendar month. Data is drawn from the FSFN reporting environment.

**Foster Home Licensing (LIC)**

The Foster Home Licensing program licenses and re-licenses two types of foster homes in Monroe County:

- Level I Foster Homes are homes that are licensed to care for specific children.
- Level II Foster Homes are homes that are licensed to care for any child in need of licensed foster home placement.

Performance Monitoring for the Foster Home Licensing program is conducted at three levels: initial review of file by WHFS Licensing staff, secondary review by Citrus Family Care Network Licensing staff and final review and approval by the Florida Department of Children & Families Licensing unit. Licenses are not issued unless all statutory and operating procedure requirements are met.

### Strengthening Families Prevention Services (SFPS)

The Strengthening Families Preventions Services (SFPS) program monitors outcomes as defined in the contract with the CBC Lead Agency. The data for these measurements is tracked manually as there is no currently available data repository from which to draw this information. The chart below shows the individual items that are monitored:

Measure #	Description	Notes
1	Provider will have case escalation staffings with FCN and DCF on families with inadequate or insufficient safety plans	Target is 100%
2	Closing Summaries will be uploaded to FSFN	Target is 90%
3	Families will be linked to referred services and complete intake and 2 sessions prior to case closure	Target is 90%
4	Family Service Plans contain SMART goals (Specific, Measurable, Achievable, Relevant and Time-bound)	Target is 25% or less requiring corrections
5	Services will be provided in compliance with FFPSA (evidence-based service provision) {Promising, Supported, Well-Supported MH/SA or In Home Parent Based Skill Programs}	Target is 90%
6	Families will be assessed utilizing the North Carolina Family Assessment Scale (NCFAS) pre and post service provision	Target is 90%
7	Closing Summaries and Updated Family Prevention Plans will be uploaded to FSFN within one week of case closure	Target is 90%
8	Families will receive referrals for services (MH, SA, DV, BIP, Anger Management, Parenting, other) appropriate to the family needs and situation.	Target is 90%
9	Families who have been referred for services will be linked to the referred services and complete Intake and two sessions prior to case closure, as verified by linked agency.	Target is 90%

### Healthy Families Monroe (HFM)

The Healthy Families Monroe (HFM) program monitors outcomes as defined in the Healthy Families Florida Contract. The data for these measurements is drawn from the Healthy Families Florida Performance Management System (HFF PMS). Performance data is monitored quarterly and annually. The chart below shows the individual items that are monitored.

Outcome Measures
Eight-five (85) percent of target children will be up-to-date with immunizations at six months of age.
Eighty-five (85) percent of target children will be up-to-date with well-child checks at six months of age.
Eighty (80) percent of target children will be up-to-date with immunizations at 12 months of age.
Eighty-five (85) percent of target children will be up-to-date with well-child checks at 12 months of age.
Eighty (80) percent of target children will be up-to-date with immunizations at 24 months of age.
Eighty-five (85) percent of target children will be up-to-date with well-child checks at 24 months of age.
Eighty-five (85) percent of target children will be up-to-date with their three year well-child checks by age four.
Eighty-five (85) percent of target children will be up-to-date with their four year well-child checks by age five.
Eighty-five (85) percent of target children over 24 months old will have the most recent well-child checks according to the schedule.
Ninety (90) percent of target children enrolled six months or longer will be linked to a medical provider.
Ninety (90) percent of primary participants enrolled in the project six months or longer will be linked to a medical provider.
Ninety (90) percent of all families are assessed within 30 days of enrollment.
Eighty (80) percent of mothers enrolled in the project will not have a subsequent pregnancy within two years of the target child's birth.
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.
Ninety percent (90) of families enrolled 274 days or longer will have updated their FGP within the past 6 months with no more than six months between their previous and updated FGPs.

Ninety (90) percent of target children will receive age-appropriate developmental screenings according to the schedule of the Ounce/HFF approved developmental screening instrument.

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.

Eighty (80) percent of participants will have the postnatal Edinburgh administered after the target child's birth, according to HFF policy.

Eighty (80) percent of participants will have the Edinburgh Postnatal Depression Scale administered to them within the designated time period for any subsequent pregnancies.

Ninety (90) percent of participants will receive the CHEERS Check-In Tool according to schedule.

Eighty (80) percent of participants that enroll prenatally will have the Edinburgh Depression Scale administered to them at least once prenatally.

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.

Seventy-Five (75) percent of families will have received at least seventy-five (75) percent of home visits as prescribed by the leveling system.

Eighty-five (85) percent of participants will have the baseline HFPI administered.

Eighty-five (85) percent of participants will have the subsequent HFPI administered to them according to the designated intervals for the tool.

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.

Ninety (90) percent of participants will receive the CHEERS Check-In Tool according to schedule.

Eighty (80) percent of families will be enrolled prenatally or within 3 months of birth.

### Inez Martin Child Development Center (CDC)

The Inez Martin Child Development Center monitors program outcomes in accordance with requirements from the Early Learning Coalition (ELC), Florida Department of Education and Florida Department of Children & Families Child Care Licensing. The primary areas of performance monitoring for the CDC are reflected in the chart below. Data is collected both manually and for Voluntary Pre-Kindergarten (VPK) through the Division of Early Learning online reporting system: <https://global-zone05.renaissance-go.com>

Key Quality/Performance Indicators	Goal
<p><b>1. Key Quality/Performance Indicator-</b> DEL assigns a rate for children entering kindergarten the August after completion of the VPK year. *Rate is announced mid-year.</p> <p><b>Program Goal: Readiness rate of 75% or higher</b></p>	=/>75%
<p><b>2. Key Quality/Performance Indicator-</b> 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><b>Program Goal: Overall classroom score is 4% or higher for each room that is assessed.</b></p>	>4%
<p><b>3. Key Quality/Performance Indicator-</b> ALL enrolled children’s files will be reviewed quarterly for medical compliance along with required contractual paperwork.</p>	100%
<p><b>4. Key Quality/Performance Indicator-</b> ALL VPK children will be screened three times annually during January, September, and May with the required VPK monitoring tool.</p> <p><b>Program Goal: 100% of enrolled VPK children will be screened three times per year.</b></p>	100%
<p><b>5. Key Quality/Performance Indicator-</b> Compliance with Ages &amp; Stages Developmental and Social Emotional Screening Tools: Children are screened during the parent’s redetermination month or within 30 days of new enrollment. Results are shared with the parents.</p> <p><b>Program Goal: 100% compliance</b></p>	100%
<p><b>6. Key Quality/Performance Indicator-</b> ALL Inez Martin Teaching Staff will complete a minimum of 30 hours of in-service training on Developmentally Appropriate Practices over the year.</p> <p><b>Program Goal: 100% compliance</b></p>	100%

<p><b>7. Key Quality/Performance Indicator-</b> Reporting issues of concern to the FL Abuse Hotline.</p> <p><b>Program Goal: 100% compliance</b></p>	<p>100%</p>
<p><b>8. Key Quality/Performance Indicator-</b> 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.</p> <p><b>Program Goal: 100% compliance</b></p>	<p>100%</p>

### **Internal Auditing and Monitoring**

In addition to the performance and outcome management activities listed above, the various programs within WHFS conduct internal audits and monitoring. These activities include but are not limited to the following:

- Client File Reviews. Once per quarter, QA/QI Staff conduct Client File Reviews to ensure that all required documentation (as specified per program) is contained within the client files. A minimum of 10% of all files for FCM, SFPS, and HFM and a minimum of 50% (annually) of the Child Development Center are selected at random and reviewed. HFM file reviews are also conducted quarterly by Healthy Families Florida. Program specific Client File Checklists were developed by QA/QI staff and the respective program managers or supervisors. These checklists are utilized during the file reviews. The results of the Client File Reviews are shared with Leadership, the QA/QI Committee, and the staff members of the specific departments.
- HFM Quarterly scorecard. On a quarterly basis, the HFM program manager compiles a report or “Scorecard” that captures program progress on the performance measures listed above. The data for this report is drawn from the Healthy Families Florida Performance Management System (PMS). Results of these reviews are shared with Leadership, the QA/QI Committee, and the staff members of Healthy Families Monroe.
- SFPS case reviews. These reviews are conducted every 60 days by QA/QI staff and are utilized to review timeliness of case actions, specific to the case type (Formal Safety Services, Family Services, and Family Support Services). The tool utilized was developed by the QA/QI staff, CBC Director, and the Prevention Services Manager. Results of these reviews are shared with Leadership, the QA/QI Committee, and the staff members of the SFPS program.
- FCM In-Home Safety Plan Reviews. These reviews are conducted monthly by QA/QI staff utilizing an agency-created review tool. A random sample of 50% of in-home safety plans are reviewed on a monthly basis. Results of these reviews are shared with Leadership, the QA/QI Committee, and program specific staff.
- FCM CARS (Clients Active, Receiving Services) report. This twice weekly report (Mondays and Fridays, adjusted for holidays) is drawn from data in the FSFN reporting environment by QA/QI

staff and provides the FCM department with information regarding ongoing performance in the areas of timeliness of home visits, timeliness of children's photographs, timeliness of case supervisory reviews, cases with no legal goal, and cases where birth certificates are not on file. These twice weekly reports are sent to the CEO, COO, Community Based Care Manager, and program supervisors in their entirety. The report is further broken down by the QA Specialist and case managers are sent information specific to their performance.



## **Program and Department Quality Improvement Goals**

Part of the agency's ongoing efforts to provide quality services leading to positive outcomes for clients includes developing and monitoring of quality improvement goals for each program or service. Each program area has identified one or more areas of focus for quality improvement.

### **Program Quality Improvement Goals**

#### Full Case Management Program (FCM)

The Full Case Management Program sets annual goals to support fulfillment of State and contractual requirements. The goal for the 2023-2024 fiscal year is:

- 85% of children receiving case management services will have their safety ensured and needs met by receiving quality home visits guided by the agency-created Home Visit Checklist in their current residence no less than every 25 days as measured on the twice per week CARS report throughout the 2023-2024 fiscal year. This will be accomplished utilizing the Full Case Managers to conduct home visits, Full Case Manager Supervisors and QA/QI staff to conduct home visit note reviews, and manual tracking of the qualitative scoring as there is currently no report that captures qualitative data.

#### Adoptions (FCM)

Adoptions is a part of the Full Case Management program at Wesley House, and annual goals for adoption finalizations are set each year. The goal for the 2023-2024 fiscal year is:

- 17 children currently in care and legally free for adoption will achieve permanency via finalized adoption by June 30, 2024. This will be accomplished utilizing one COO, one Service Coordinator Supervisor, 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.

#### Foster Home Licensing Program (LIC)

The Foster Home Licensing Program sets annual goals to support fulfillment of State and contractual requirements. The agency is setting separate goals for Level I and Level II foster parents. The goals for the 2023-2024 fiscal year are:

- Level I Homes: 60% of all relative and non-relative caregivers caring for children in out of home care will become Level I licensed throughout the fiscal year. This will be accomplished utilizing one Kinship Navigator, one Licensing Supervisor, the Unified Home Study in FSFN and all other required licensing documents as specified by DCF. Data will be tracked utilizing the Active Client Lists from FSFN.
- Level II Homes: WHFS will improve the array of foster homes available for children in need of placement by recruiting, training, and licensing at least one home in Monroe County this fiscal year that is willing to provide placement for teens. This will be accomplished utilizing one Licensing Supervisor, the COO and/or the QA Director, and the Development Coordinator, advertising of the need for foster homes, training applicants via the C.A.R.E. curriculum and the Unified Home Study in FSFN and all other required licensing documents as specified by DCF.

### Strengthening Families Prevention Services Program (SFPS)

The Strengthening Families Preventions Services Program sets annual goals to support fulfillment of State and contractual requirements. The goal for the 2023-2024 fiscal year is:

- 85% of families receiving Prevention services will have their safety ensured and needs met by receiving quality home visits guided by the agency-created Home Visit Checklist in their current residence on the schedule determined by service level (Formal Safety, Family Services or Family Support Services). This will be accomplished utilizing the Family Specialists, Program Manager, Program Supervisor, QA/QI Staff to review home visit notes, the agency-created home visit checklist and FSFN. Data will be collected manually as there is no current report that captures qualitative data.

### Healthy Families Monroe Prevention Program (HFM)

The Healthy Families Preventions Program sets annual goals to support fulfillment of contractual requirements with Healthy Families Florida and Healthy Families America. The goal for the 2023-2024 fiscal year remains in place from the 2022-2023 Plan, as the goal was not met:

- 75% of enrolled families will receive the maximum benefit from the Healthy Families Florida evidence-based home visiting program by receiving at least 75% their required number of home visits as determined by their Level from their assigned Family Support Specialist each month throughout the fiscal year. This will be measured quarterly by the Healthy Families Monroe Supervisor utilizing the Healthy Families performance management system reporting and manual verification of the data.

### Inez Martin Child Development Center (CDC)

The Inez Martin Child Development Center sets annual goals to support fulfillment of State and Early Learning Coalition requirements. Goals for the 2023-2024 fiscal year are:

- 100% of children, ages 4 years or over, will score 80% or higher on the Voluntary Pre-K Individual Assessment tool by June 30, 2024.

## Department Quality Improvement Goals:

### Quality Assurance/Quality Improvement (QA/QI)

The QA/QI Department sets goals to maintain or improve performance in support of the quality provision of services to clients across all WHFS programs. The goals for the 2023-2024 fiscal year are:

- QA/QI staff will accurately enter 90% of FSFN case assignments and provider assignments within 2 business days of receipt of the intake or action form requesting the assignment(s). This will be accomplished utilizing the FSFN system, QA/QI staff, the Intake email group, the dependency action email group, and the agency specific case action form.
- QA/QI staff will provide accurate and timely CARS and Biological Parent Contact Reports to the Full Case Management Staff on the established schedule; CARS twice weekly on Monday and Friday (adjusted for holidays) and Biological Parent Contact Reports weekly on Fridays (adjusted for holidays). 90% of the reports will be provided before close of business on the designated days. Both reports can also be provided upon request. This will be accomplished utilizing the FSFN reporting system, and QA/QI staff.

### Human Resources (HR)

The Human Resources Department sets annual goals to maintain or improve performance in support of the staff and programs at Wesley House Family Services. The goals for the 2023-2024 fiscal year are:

- The Human Resources Manager will submit monthly reports to the CEO and CFO detailing open positions and progress towards filling open positions. The goal is to reach a 90% punctuality rate for their submission. This measure will be accomplished utilizing the internal HR reporting format, the HR Manager, and the Quality Assurance Director. Data will be collected manually by the Quality Assurance Director based upon receipt of the monthly reports and tracked via spreadsheet.
- Review and update 80% of the existing agency position descriptions by December 31, 2023, ensuring that all position descriptions accurately reflect the responsibilities of each position and that the position titles match the responsibilities. Areas for review will include but not be limited to, job title, qualifications, working conditions, and various other HR-related requirements. The HR Manager will report on the progress in September and December to the Leadership Team. These reports shall encompass the number of job descriptions released to department heads, and the number of updated position descriptions received.

### Finance (FIN)

The Finance Department sets annual goals to maintain or improve the agency's financial health. The goals for the 2022-2023 fiscal year are:

- Ensure the accurate and timely completion of workers' compensation reporting to our insurance company with a deadline of the 15<sup>th</sup> of each month or, if the 15<sup>th</sup> falls over a weekend or holiday, the subsequent business day. The goal is to achieve an 80% timely submission rate. Progress towards this goal will be measured by the CFO on a monthly basis with reporting to the CEO and QA Director via email for tracking purposes.

- 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 five working days after the close of each month. This will be accomplished utilizing the Financial Edge system, the CFO, one Controller/Budget Manager, one part-time Financial Analyst and one Senior Accountant and the agency's internal reporting format and mechanisms. Results will be monitored by the Controller/Budget Manager who will report results to the QA director on a quarterly basis.

#### Development/Fundraising:

The Development Department sets annual goals in support of the agency's mission and programs. The goals for the 2023-2024 fiscal year are:

- Meeting our fundraising goal as proposed in the 2023/2024 budget.
- Redesigning the agency website.
- Implementing a Sustainer Donor Campaign (monthly giving).

#### Facilities/IT:

The Facilities/IT Department sets annual goals in support of the agency's staff and safe premises to ensure staff have the tools and environment necessary to complete the functions of their jobs. The goals for the 2023-2024 fiscal year are:

##### Facilities:

- Monthly maintenance checklists completed timely.
- Yearly certification of fire extinguishers in each facility.

##### IT:

- Upgrade agency iPhones
- Upgrade capable laptops to Windows 11
- Integrate laptops into Microsoft Autopilot
- Ensure Agency devices have up-to-date security patches.

#### Training (TS)

The Training Coordinator and QA Supervisor set annual goals to ensure ongoing, quality trainings are provided for staff. The training goals for the 2023-2024 fiscal year are:

- Maintain pre-service exam passing rate of 80%.
- Timely monthly training report to Finance and Citrus Family Care Network by the 10<sup>th</sup> of each month.

### **Additional Oversight and Monitoring**

In addition to the performance monitoring and auditing described above, each program or department at WHFS is subject to additional oversight from their respective contract holders. The oversight activities listed below are not intended to be all inclusive but to provide basic information about some of these activities that are not discussed above.

#### **Full Case Management (FCM)**

Additional oversight activities related to the FCM program include but are not limited to:

- Life of Case Reviews (LOC) and/or Quarterly Child and Family Service Reviews (CFSR). These reviews are conducted quarterly by the CBC Lead Agency utilizing the State-developed LOC review tool or the Federal CFSR standards and tools depending on which type of review is being conducted. Debriefings are held with the applicable staff and results are entered into FSFN. Quarterly aggregate data regarding performance on these reviews are provided statewide.
- Special Case Reviews. These reviews are conducted quarterly by the CBC Lead Agency utilizing the Special Case Review tool developed by the CBC Lead Agency, Citrus Family Care Network. Debriefings are held with the applicable staff and results are entered into FSFN. Quarterly aggregate data regarding performance on these reviews are provided regionally.
- Psychotropic Medication monitoring. On a monthly basis, the CBC Lead Agency conducts file audits to determine if all state documentation requirements are being met for children in out-of-home care who are prescribed such medication. Results are compiled on a spreadsheet and provided to the QI Supervisor and the QA Director who reviews for accuracy, follows up regarding any missing documentation, and shares the results with the FCM staff and Leadership.
- Continuous Quality Improvement (CQI) meetings are held with Citrus Family Care Network (CFCN, the lead agency) and the four Full Case Management agencies in the Southern Region on the third Tuesday of every month. The agenda is created and distributed by CFCN and includes discussion of ongoing QI monitoring activities.
- Quality Performance Meetings (QPM) are also held with CFCN and the four Full Case Management agencies in the Southern Region on the third Tuesday of every month. The agenda is created and distributed by CFCN and includes review and discussions of performance data.

#### **Foster Home Licensing (LIC)**

Additional oversight activities related to the Licensing program include but are not limited to:

- Each Licensing file (Level I and Level II for initial licensing and re-licensing) is reviewed by assigned Licensing staff at the CBC Lead Agency and feedback is provided to WHFS Licensing staff in an ongoing loop to ensure that all requirements are met consistently.
- A Monthly Licensing report is compiled by WHFS Licensing staff that outlines progress with foster parent pre-service training, licensing, and relicensing of foster homes and other licensing activities. This monthly report is shared with Leadership.
- A weekly Foster Home Availability Report is compiled by the Foster Care Licensing assistant and is shared with Leadership and On-call staff no later than each Friday afternoon.

- Quarterly licensing meetings are held with CFCN to review changes in legislation, performance trends and other topics as needed.
- Monthly meetings are held with the Department of Children & Families for both Level I and Level II homes; these meetings are held on the third Thursday of each month (Level II) and the fourth Thursday of each month (Level I).

### **Strengthening Families Preventions Services (SFPS)**

Additional oversight activities related to the SFPS program include but are not limited to:

- **Formal Safety Cases:** A 14-day staffing is held with the Citrus Family Care Network Intake Coordinator, and the Department of Children & Families Child Protective Investigator Supervisor (CPIS) and Child Protective Investigator (CPI). The Prevention Manager and the Family Specialist must attend the 14- day staffing. The purpose of the staffing is to review the current safety plan and to determine if a higher level of intervention is required. The CPI is responsible for providing supporting information for continuation and/or discontinuation of the safety plan. The 14-day staffing may be extended by DCF and/or Citrus Family Care Network.
- **Family Service cases:** A 30- day staffing is held with the Citrus Family Care Network Intake Coordinator, and Department of Children & Families, CPIS and CPI. The Prevention Manager and the Family Specialist must attend the 30- day staffing. The purpose of the staffing is to formally report the family’s engagement and progress in services and to determine if re-engagement by the CPI is needed. In the 30-day staffing, the CPI is responsible for providing the final safety determination based on investigative findings to include recommendations for continued service, and/or higher level of recommended services to include non-judicial or court ordered services.
- **Family Support Services:** A 30-day staffing is held with the Citrus Family Care Network Intake Coordinator, and Department of Children & Families, CPIS and CPI. The Prevention Manager and the Family Specialist must attend the 30-day staffing. The purpose of the staffing is to formally report the family’s engagement and progress in services and to determine if re-engagement by the CPI is needed.
- **Monthly Preventions meetings** are held with CFCN; the scheduling for these meetings varies and the agenda is created and distributed by CFCN.

### **Healthy Families Monroe (HFM)**

Additional oversight activities related to the HFM program include but are not limited to:

- Quarterly performance reviews conducted by Health Families Florida to gauge progress on enrollment and outcome measures.
- Development of Quality Improvement Plans to address any areas where performance is identified as not meeting targets; these plans are developed by Healthy Families Florida administration and the HFM Program Manager.

### **Inez Martin Child Development Center (CDC)**

Additional oversight activities related to the CDC program include but are not limited to:

- Inez Martin is monitored by the Early Learning Coalition (ELC) for contract compliance. Compliance is not just specific to school readiness and Voluntary Pre-Kindergarten. Monitoring is carried out by sub-contractors of the ELC. Results of the monitoring are emailed to the CDC Director and are displayed in the CDC office.
- The ELC contract reviews a section on child development and children receiving school readiness receive a pre/post assessment from Nova Southeastern to record their strengths/weaknesses. If concerns are recognized, then the family is referred to an outside agency for follow-up.
- Child Care Licensing from the Department of Children & Families also monitors the program four times a year. This monitoring is for children's record compliance, safety issues in the program, and group size among other general program safety requirements.

### **Finance (FIN)**

The Finance Department is audited by several outside entities throughout the fiscal year. These external audits also look at components of Human Resources, Information Technology, and data security:

- An audit is conducted annually in August by an independent CPA firm that reports to the Board of Directors. The results are reported typically in November.
- Additional audits are conducted each year by the agency's major funders:
  - Our Full Case Management (FCM) and Strengthening Families Preventions Services (SFPS) Programs are audited by the funding entity, Citrus Family Care Network (CFCN), typically around the end of the fiscal year each June 30<sup>th</sup> but often later in the fall. These audits are completed by an auditor retained by CFCN, which reports back to the funding entity and shares the results with us.
  - The Healthy Families Monroe (HFM) program has desk audits twice per year and an on-site audit once per year conducted by Healthy Families Florida. These results are shared with the agency by Healthy Families Florida.

### **Human Resources (HR)**

The Human Resources Department has employee file reviews conducted annually by the Department of Children & Families as part of the agency's annual Child Placing Agency licensing. Additional reviews are conducted by CFCN and Healthy Families Florida.

## **Measuring Client and Staff Satisfaction**

### **Client Satisfaction**

Clients of all programs and services offered by WHFS are offered the opportunity to provide feedback at least annually, utilizing an agency-designed Client Satisfaction Survey and/or Client Satisfaction Surveys required by contract for individual programs. Foster Parents are also asked to complete the agency Client Satisfaction Survey. The agency survey is open for a minimum of two weeks at the beginning of the fiscal year (July) and is available both electronically using Survey Monkey and as a paper version. Depending on response rates, the survey can be extended to be available for up to four weeks, as needed. It is available in three languages: English, Spanish, and Creole, as these languages are the most often spoken in our community. The survey protects client anonymity by not requiring clients to give their names. Results are aggregated and compared with the previous year's results to determine areas for ongoing improvement. Results are presented to staff as part of the QA/QI Annual Report and to the Board of Directors annually.

### **Stakeholder Satisfaction**

In July 2023, WHFS conducted its first annual Stakeholders Survey to gather feedback from funders and community partners. The scores from the survey are the baseline for this activity, and the survey will continue to be conducted annually each July in conjunction with the Client Satisfaction surveys. Results will be presented to the Leadership Team and the Board of Directors.

### **Employee Satisfaction**

Like the Client Satisfaction Surveys, employees are offered the opportunity to provide feedback at least annually via an agency designed Employee Satisfaction Survey. The Employee Satisfaction Survey is available for two weeks each January and is available in English. The survey protects employee anonymity by not requiring employees to give their names or identify the program within which they work. Results are aggregated and compared with the previous year's results to determine areas for ongoing improvement. Results are shared with the agency's Leadership Team and Human Resources. The agency CEO shares the results of these surveys with the Board of Directors.



### **Quality Assurance/Quality Improvement Reporting**

Wesley House Family Services has a robust QA/QI system that adjusts to meet the needs of the community and clients. This QA/QI Plan reflects the agency's commitment to quality monitoring and improvement. While individual programs have unique reporting requirements, the agency recognizes the need to provide aggregated performance information in an annual QA/QI report. These reports are compiled by the QA Director and are based on the information and goals in the annual QA/QI Plan but may incorporate additional information that contributes to an overall understanding of the agency's performance and goals. The Annual QA/QI Report will be completed by the beginning of each September to reflect the previous fiscal year's performance. The reports are available on the agency's website and are available in hard copy upon request.