



Foster care that keeps siblings together

An accredited, evidence-based program

Continuous Quality Improvement

Annual Report

July 2015-June 2016

Neighbor To Family's Mission

Revolutionize foster care by keeping siblings together while building healthier families and stronger communities.

Neighbor To Family's Vision

Building an award-winning National program recognized by our communities (and peers) as a family-oriented organization. Our professional teams will support and implement a comprehensive array of services to keep siblings together through programs with proven results and successful outcomes relating to children's safety, permanency, stability, and well-being.

Neighbor To Family Culture Statement

Neighbor To Family, Inc. is a national organization comprised of people that execute locally (i.e., in the community supporting children and families). The local programs are integrated nationwide through the implementation of best practices; and further supported by our lean, centralized administrative support function. This approach allows Neighbor To Family to be administratively consistent and efficient by freeing local staff to "do what it takes" to meet the needs of children and families.

Core Values

- Keeping siblings together for child well-being and family continuity
- Engaging and supporting their families
- Developing and maintaining highly trained, committed staff, including foster caregivers
- Maintaining stable placements leading to permanent families
- Minimizing potential risk to children in our care
- Maintaining fidelity to evidence based practice and accreditation standards

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Continuous Quality Improvement Plan: Goal and Overview

The goal of Neighbor To Family's (NTF) Continuous Quality Improvement (CQI) Plan is to promote quality in all aspects of the agency by continuously seeking input from stakeholders, carefully planning the path toward accomplishing the agency mission, monitoring quality at all levels, evaluating program effectiveness, and using feedback to make improvements. A variety of checks and balances, such as random home and office visits, are regularly employed to supplement best practices in foster care, adhere to Neighbor To Family policies and procedures, and comply with state or other contractual requirements. Of the utmost concern is the delivery of quality service by all who are associated with Neighbor To Family to assure program fidelity, child wellbeing, and family safety.

A number of quality-focused practices and activities are built into the ongoing process to ensure this goal. They involve all levels of staff as well as board members, persons served, volunteers/interns, and other members of the community. The CQI Committee serves as a common link between the various activities. An Annual CQI Report is completed by the Vice President of CQI and Training and made available to all stakeholders, summarizing all CQI activities and accomplishments for the prior year.

Assessment of the NTF CQI Process

A. Potential Barriers

An important part of successful implementation and maintenance of the NTF CQI plan is identifying and anticipating potential barriers. These may include such prohibitive factors as contract funding cuts, imposing of restrictions or regulations by states or contracting agencies that conflict with NTF's mission and core values, the inability of NTF to consistently manage geographically diverse programs, or a significant loss of trained staff. NTF program management, the Cabinet, and the Board of Directors regularly communicate any upcoming changes as soon as they become aware of them in order to address and resolve any such barriers.

B. Program Supports

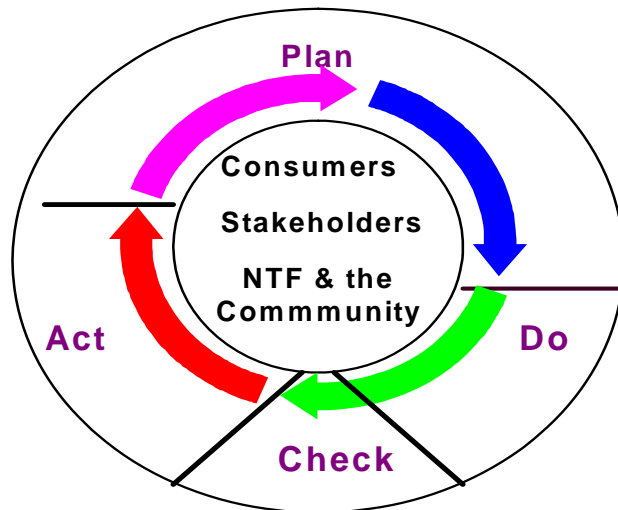
The NTF CQI plan is supported at all levels of the organization, from the Board of Directors through Foster Caregivers and all staff. NTF also receives substantial support from external sources such as the communities and families we serve, funding agencies, external stakeholders, and independent donors.

The NTF Philosophical Model for Quality Improvement

NTF has adapted and uses an internal Continuous Quality Improvement (CQI) philosophy that will span every aspect of program operations and will unite NTF, stakeholders, and consumers in a continuous upward spiral of quality planning, action, and evaluation. Through the CQI model, NTF will be able to use data to drive the follow-up and resolution process, yielding higher satisfaction for all partners. NTF will use the four-step process improvement model espoused by Shewhart to monitor and evaluate the quality of care, as reflected in following:

Shewhart Quality Improvement Model

- P – PLAN
- D – DO
- C – CHECK
- A – ACT



CQI Oversight and Activity Schedule and Oversight Responsibilities

Month Due	Activity	Person Responsible for Oversight	Status
August 15	CQI 1516 Plan Reviewed and Updated	CQI	Completed
September 15	CQI Plan Distributed to Management Team	CQI	Completed
October 15	CQI 1516 Plan Reviewed by Board	CEO	Completed
October 15	CQI 14/15 Annual Report	CQI	Completed December 2016
November 15	Training Needs Assessment Survey	CQI	Not distributed FY 15/16-will be built into employee satisfaction survey
January 16	Review of all policies. Note: Policies are amended as necessary, but reviewed no less than annually (COA)	VP for department COA Team Leaders	Rescheduled to June.
January 16	Board/Staff Retreat	CEO, VPP	Completed 1/15-16/2016
January 16	Agency Risk Review report to Board	CEO, FIN	Completed 1/15-16/2016
January 16	Community Stakeholder Satisfaction Survey	CQI, VPP, ED	Completed 3/2017
January 16	Semi-annual Suggestion Box Report	HR	No suggestions to report
February 16	Family Satisfaction Surveys	CQI, VPP, ED	Completed April 2016
March 16	Collection of all Auxiliary Aids Plans from Programs	CQI, VPP, ED	Completed June 2016
April 16	Child and Youth Satisfaction Survey	CQI, VPP, ED	Completed June 2016
May 16	Foster Caregiver Satisfaction Survey	CQI	Completed March 2016
June 16	Annual Short Term Planning	VPP and ED	Completed for all quarters
June 16	Employee Satisfaction and Benefits Survey	HR	Completed July 2016
July 16	Annual Report – Length of Stay for Discharged Children	CQI	Completed January 2017
Monthly	Safety Committee Meetings	SC, VPP, ED	Completed for all quarters
Quarterly	Corporate CQI Committee Meetings	CQI, VPP	11/12/2015, 2/11/2016, 5/12/2016, 8/11/2016.
Quarterly	Quarterly Program CQI Reports (include the following)	CQI, VPP, ED	Completed by all programs for all four quarters
	Performance and Outcome Measurements	CQI, VPP	11/3/15; 2/2/16; 4/21/16; 1/5/2017

	Case Record Reviews	VPP, local CQI	FL: Bartow ongoing 1 st qtr., ongoing 2 nd qtr., ongoing 3 rd qtr., weekly 4 th qtr.; Daytona ongoing 1 st qtr., ongoing 2 nd qtr., ongoing 3 rd qtr., none 4 th qtr. Focus on CAP; Jacksonville ongoing 1 st qtr., ongoing 2 nd qtr., ongoing 3 rd qtr., ongoing 4 th qtr.; Medicaid: 7/13/15, 10/14/15, 10/21/15, 10/22, 5/10/16, 5/17/16; GA: DeKalb 10/5 – 10/6/15, 1/12-14/16, 4/4-4/5/16, 7/15/16; Fulton 10/12/15, 1/6/16, 4/18-4/19/16, 7/7/16; Gwinnett 10/12/16, 1/19-1/22/16, 4/11-4/12/16, 7/13/16; Richmond none 1 st qtr, 1/26/16, 4/14/16, 7/15/16; MD: Baltimore monthly 1 st qtr, monthly 2 nd qtr, monthly 3 rd qtr., thru 4 th qtr.; SC: 9/16/15, 9/21/15, monthly 2 nd qtr.
	COA Self-Reports (to be submitted by NTF COA Coordinator)	VPP, ED	Submitted throughout year per COA requirements
Quarterly	Quarterly Incident, Accidents and Grievances Risk Reviews	CQI, VPP, HR	Completed for all four quarters 11/12/15; 2/11/16; 5/12/16; 11/10/16
Biannually	Local CQI Advisory Committee Meetings	VPP, ED	FL: Bartow 9/3/15, none 2 nd qtr, subcommittees thru 3 rd qtr. and 4 th qtr. Daytona 10/19/15, 1/27/16, 4/25/16, 7/22/16. Jacksonville 8/19/15, 2/17/16, 3/16/16, monthly thru 4 th qtr. Medicaid: N/A; GA: DeKalb 9/22/15, 2/17/16, Fulton 9/22/15, 2/17/16, Gwinnett 9/16/15, 2/17/16 Richmond 9/22/15, 2/17/16 MD: Baltimore 9/30/15; SC: 7/14/15, 8/11/15, 9/9/15, 10/23/15, 11/16/15
Annually	Internal Program Evaluations and Process Reviews	CQI, HR, VPP	None completed during FY 15/16 due to budget constraints
	Review of Emergency Safety Procedure Manual	SC, VPP, ED	Completed for all sites
	Maintenance of Accreditation Report	CQI	September 2016

Every 3 years	Strategic Long Term Planning	CEO and Board of Directors	New version approved 7/14/16.
Every 4 years	COA reaccreditation	CEO, Cabinet, and Board of Directors	Current accreditation expires 9/2017. Reaccreditation process started 3 rd quarter. On site visit 4/24/17.
As required by local contracts	External Reviews	VPP	<p>FL: Bartow 7/10/15, 9/28/15, none 3rd qtr., 6/23/16. Daytona none 1st qtr, 12/9/15, 2/24-2/25/16, none 4th qtr. Jacksonville monthly 7/6/16, 8/3/15, 9/14/15; multiple times Oct, Nov, and Dec 2015; multiple dates Jan, Feb, Mar 2016. Monthly in 4th qtr. Medicaid none 1st qtr., none 2nd qtr., none 3rd qtr., none 4th qtr. GA: DeKalb none 1st qtr, 10/19/15, 12/19/15, 5/25/16; Fulton none 1st qtr, 10/19/15, 10/22/15, none 3rd qtr., 6/22/16; Gwinnett. 9/16/15, , 9/28/15, 10/7/15, none 3rd qtr., 6/13/16; Richmond none 1st qtr., 11/6/15, 12/2/15, 1/19/16, none 4th qtr.; MD: Baltimore 9/23/15, 12/1/15, 12/5/15, 3/22/16, 5/29/16 SC: 8/19/15, 8/27/15, none 2nd qtr., none 3rd qtr., none 3rd qtr.</p>

Legend

CEO	Chief Executive Officer
CQI	Vice President of CQI and Training
HR	Vice President of Human Resources
VPP	Vice President of Programs
FIN	Vice President of Finance
ED	Executive Directors
SC	Safety Committee

A. Stakeholder Participation

Stakeholders including personnel, persons served, volunteers/interns, funders, and other community members with a vested interest in Neighbor To Family are encouraged to participate in the CQI process through a variety of means. These include:

1. CQI Committees

- i. **Corporate CQI Committee:** The Corporate CQI Committee meets at least quarterly each year to review CQI reports, Local CQI Advisory Committee summaries and activities, corrective action plans and the CQI plan. The VICE PRESIDENT of CQI and Training oversees the committee. Members of the CQI Committee may include:

- CEO or designee(s)
- Vice President of CQI and Training
- Vice Presidents of Programs or their designee(s)
- Vice President of Human Resources or their designee(s)
- Vice President of Finance or their designee(s)
- Regional Quality Improvement Staff
- Safety Committee representative

Feedback Mechanism: Vice President of CQI and Training provides summary report or minutes to CQI Committee, CEO, and Vice Presidents of Programs. Summary information is provided in the NTF annual report and distributed to the Vice Presidents and the Board of Directors.

Completion Information: *The Corporate CQI Committee Members for FY 15/16 were as follows:*

State	Program	Name	Position
FL	Corporate	James, Gaye	VP Continuous Quality Improvement (CQI) and Training
FL	Corporate	Moor, Mark	CFO/VP of Finance
FL	Corporate	Williams, Reginald	VP Human Resources
FL	Corporate	McMullin, Lori	Development Director
FL	Corporate	Gurley, Chris	MIS Director
FL	Corporate	Sabino, Shannen	Corporate Office Manager
FL	Corporate	Williams, Claudia	Director of Medicaid, FL Programs
FL	Daytona Beach	Gerow, Rachael Ruiz, Myraida	Executive Director Executive Director
FL	Jacksonville	Seeraj, Aida	Executive Director
FL	Bartow	Monteath, Heather	Executive Director
GA	GA Programs	Rodney, Gabrielle	Quality Assurance Manager
GA	GA Programs	Sims, Kiante	Quality Assurance Specialist
GA	GA Programs	Monique Hart	Quality Assurance Specialist
GA	GA Training	Williams, Cynthia	Training Manager
MD	Baltimore	McCarter, Donna	Executive Director
SC	Charleston	Zimmerman, McBee	Executive Director

Summary of Results: *The Corporate CQI Committee met a total of four times during FY 2015/2016. Among the topics discussed during the meetings were policy reviews; incident policy and form revisions; training compliance; satisfaction surveys; the suggestion program; internal and external program reviews; performance measures; improvement initiatives; and the COA reaccreditation process and preparation.*

Actions Taken Based on Results: *The CQI Committee added categories to the incident report to make it more specific and descriptive. The Vice President of CQI and Training also reiterated the importance of timely reporting to keep management, and in some instances legal and insurance companies informed. Human Resources completed enhancements to various key documents, including the transportation/safety policy, Employee Handbook, ADA tracking and the Foster Caregiver Employment Waiver. The department also transitioned to the use of Exponent HR to allow more effective timekeeping and reporting. HR staff*

also prepared for Department of Labor changes. COA Team Leaders were selected and initiated the re-accreditation process. The FY 16/17 CQI Plan was reviewed and input was provided by the committee. Auxiliary Aids Plans were reviewed and updated by each program in June. Development staff built relationships with Ed Block and Courage House Foundations and increased the use of social media to share the NTF story and brand. New training courses were introduced as a result of contractual and COA requirements. These included the addition of Human Trafficking, Suicide Prevention, LGBTQ Youth in out of Home Care, Civil Rights, Deaf and Hard of Hearing, and a Safe Sleep initiative as required by the state of Georgia.

- ii. **Local CQI Advisory Committees:** The Local CQI Advisory Committees meet at least twice per year to review CQI reports, corrective action plans, and the CQI Plan. The VPs of Programs for each area oversee the local committees. Members of the CQI Advisory Committees may include:

- Vice President of Programs
- Director of Operations
- Executive Directors
- Human Resource Managers
- Quality Improvement staff
- Case Managers
- Family Advocates
- Foster Caregivers
- Community volunteers
- Birth parents
- Therapists
- Adoptive parents, as appropriate

Feedback Mechanism: VP of Programs or designee maintains minutes and provides quarterly summary report to the Corporate CQI Committee.

State	Program	Name	Position
FL	Daytona	Ruiz, Myraida (Jul 2016) Gerow, Rachael	Executive Director Executive Director
FL	Daytona	Swanson, Karen	Administrative Assistant II
FL	Daytona	Medico, Courtney	Coordinator of Licensing and Lead Case Manager
FL	Daytona	Barringer, Robert	Lead Clinical Engagement Specialist
FL	Daytona	Muller, Martha	Clinical Director
FL	Daytona	Scott, Kaleelah	Lead Family Care Manager
FL	Daytona	Killins, Lamesha	FIRST Supervisor
FL	Daytona	Donhauser, Kelly	Professional Foster Caregiver
FL	Daytona	Laroche, Clay	DCF Community Relations Manager
FL	Jacksonville	Seeraj, Aida	Executive Director
FL	Jacksonville	Carrier, Ashley	Administrative Assistant
FL	Jacksonville	Bath, Tiffany	Case Manager
FL	Jacksonville	DiMichele, Rachel	Case Manager
FL	Jacksonville	Dustman, Victoria	Case Manager
FL	Jacksonville	James-Coleman, Jakesha	Case Manager
FL	Jacksonville	Kelley-Hansen, Marcela	Case Manager
FL	Jacksonville	Ross, Pamela	Case Manager
FL	Jacksonville	Sanders, Nora	Case Manager
FL	Jacksonville	Gardner, Felecia	Lead Family Advocate
FL	Jacksonville	Ross, Mary	Family Advocate
FL	Jacksonville	Schumacher, Lynn	Family Advocate
FL	Jacksonville	Bell, Harriet	Foster Caregiver
FL	Jacksonville	James, Angela	Foster Caregiver
FL	Jacksonville	James, Ricky	Foster Caregiver
FL	Jacksonville	Lisk, Ann	Foster Caregiver
FL	Jacksonville	Medrano, Carol	Foster Caregiver
FL	Jacksonville	Cruz, Gina	NPF (Nurturing Parent Facilitator)
FL	Jacksonville	Miller, Pat	NPF
FL	Jacksonville	Norris, Samuel	NPF
FL	Jacksonville	Nelson, Lindsey	NPF
FL	Jacksonville	Forrest-Lytle, Juliana	Therapist, Medicaid
FL	Bartow	Monteath, Heather	Executive Director
FL	Bartow	Carter, Maurica	FIRST Supervisor
FL	Bartow	Westrate, Stephanie	FIRST Supervisor
FL	Bartow	Geiger, Amy	Family Advocate
FL	Bartow	Rivera-Rodriguez, Sylvia	Family Care Manager
FL	Bartow	Reeves, Dellana	Family Care Manager
FL	Bartow	Carranza, Krisandra	CES Lead
FL	Bartow	Ortiz, Sharier	Intake Coordinator
GA	Georgia Programs	Brabham, Monique	Executive Director
GA	Georgia Programs	Rodney, Gabrielle	Quality Assurance Manager
GA	Georgia Programs	Sims, Kiante	Quality Assurance Specialist
GA	Georgia Programs	Hart, Monique	Quality Assurance Specialist

GA	Georgia Programs	Jones, Cameren	Family Advocate
GA	Georgia Programs	Juggins, Gimmel	HR Administrator
GA	Georgia Programs	Bryant, Wanda	Coordinator of Recruitment, Licensing and Training
GA	Georgia Programs	Murray, Trent	Accounting Specialist
MD	Baltimore	McCarter, Donna	Executive Director
MD	Baltimore	Roberts, James	Community Stakeholder
MD	Baltimore	Kebela, Eric	Temporary Case Manager
MD	Baltimore	Vinson, Kristina	Case Manager
MD	Baltimore	Johnson, Brittany	Therapist
MD	Baltimore	Agbor, Tracy	Case Manager
MD	Baltimore	Graham, Asia	Case Manager
MD	Baltimore	Bell, Judy	Community Stakeholder
MD	Baltimore	Franklin, Tiffany	Coordinator of Recruitment, Licensing and Training
SC	Charleston	Zimmerman, McBee	Executive Director
SC	Charleston	Jackson, Alyshia	Administrative Assistant II
SC	Charleston	Barber, Katlin	Clinical Supervisor
SC	Charleston	Wade, Alexis	Case Manager
SC	Charleston	Grimbal, Ashley	Case Manager
SC	Charleston	Greene, Felicia	Coordinator of Recruitment & Licensing

***Summary of Results:** The Daytona Beach program continued working through Safety Methodology procedures – a specially designed process mandated by the Department of Children and Families. The substance abuse FITT program (formerly known as START) closed June 30, 2016 as a result of insufficient funding. The Bartow, FL program expanded, adding a specialty unit designed to coordinate efforts between legal services and the lead agency, referrals for medical/physical needs that are issues for parents, and assistance with adoptions. Additionally, the program outgrew its original site and now occupies a larger space. The Jacksonville, FL program expanded its offering of evidence-based Nurturing Parenting services and prepared for the addition of a family preservation services program to be known as the Family Assessment Support Team (FAST). As a result of Jacksonville’s growth, this program also moved to a larger facility. CQI staff in Georgia programs implemented in-service training to keep personnel abreast of ongoing state-mandated changes. The Baltimore, MD program faced challenges resulting from the state’s implementation of more stringent standards for case manager qualifications. The Charleston, SC program utilized social media to increase foster caregiver recruitment efforts.*

2. **Safety Committee** meets monthly to discuss safety-related announcements, reports, new or pending issues, safety tips, assignments, training, and current events. The Chief of Staff oversees the committee, while the Administrative Assistant to the Vice President of Georgia programs serves as Committee Chair. Members of the committee may include:

- Chief of Staff
- Vice Presidents of Programs
- Executive Directors of Programs
- Committee Chair
- Site safety representatives

Site Safety Representatives are responsible for quarterly lockdown and fire drills, as well as inspections. On a monthly basis, they attend meetings, prepare and submit reports, conduct facility walkthroughs, and complete assignments such as preparing safety tips. On an ongoing basis, site safety representatives maintain up-to-date MSDS binders, first aid kits, emergency hotline mailboxes, Safety Matters bulletin boards, and Emergency Safety Procedure Manuals that have been customized for each site. Additionally, timely safety information is distributed to staff and foster caregivers through emails, postings, staff meetings, training(s), and through other events and presentations.

Completion Information: *The Safety Committee members for FY 15/16 were as follows:*

State	Program	Name	Position
FL	All	Milliken, Greg	Chief of Staff
GA	All GA	Samuel, LaToya	Committee Chair and Assistant to the VP of GA, and MD programs
FL	Corporate	Sabino, Shannen	Corporate Office Manager
FL	Daytona programs	Eads, Julee	Receptionist
FL	Jacksonville	Carrier, Ashley Gaulden, Sherrell	Administrative Assistant Administrative Assistant
FL	Bartow	Geiger, Amy Crum, Amanda Uribe, Leticia	Administrative Assistant Administrative Assistant Administrative Assistant
MD	Baltimore	Sivels, Phyllis	Administrative Assistant

SC	Charleston	Forrester, Alyshia	Administrative Assistant
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Summary of Results: *During this fiscal year, the committee completed a number of proactive activities to ensure the safety of NTF staff, foster caregivers and clients. These included, but were not limited to, distributing seasonal and general safety information on holiday safety; weather-related emergencies; bullying prevention; and food safety/product recalls. Health-related topics such as heart health, childhood cancer and obesity, breast cancer awareness, HIV Testing and World Malaria Days were also highlighted. Committee representatives reviewed violence reported in the press and local client threats. Active Shooter training, a collaborative effort with the training department, was finalized and assigned to all staff. The theme for 2016 was “Be SAFE – Smart Alert Focused Educated.” The Committee Chair implemented the practice of sending tips and recalls directly to all staff rather than funneling them through site safety reps as an efficiency measure. New members joined the committee, bringing fresh insight and ideas.*

- Suggestion Program** is available online via the NTF Employee Net. Employees can click on the “Suggestions” link, type in their suggestion and send. Suggestions are sent to the Human Resources Department. Human Resources will notify the submitting employee when the suggestion has been received. HR will provide a summary of all suggestions along with the CQI Committee’s determination. Staff will be informed of all implemented suggestions and the name and program/department of the individual that made the suggestion. Human Resources will compile suggestions received during each fiscal year and report that information to the CQI Committee, CEO and Vice Presidents. Summary information is also provided in the NTF annual report.

Completion Information: *No suggestions were received by the HR suggestion program during the fiscal year. The suggestions, as the system is set up, are channeled directly to the Vice President of Human Resources. They can be sent through the on-line link that appears on the intranet, via email or using the dedicated HR fax machine.*

Summary of Results: *The Human Resource department recognizes the need to encourage submission of suggestions. Staff will work on a marketing campaign as well as ask the MIS department to ensure the online system is fully functional.*

Actions Taken Based on Results: *The Human Resources department sent a reminder to staff January 2015 on the suggestion submittal and review process, naming cost savings, safety, procedures and trainings as potential subjects for suggestions. The 2015 Employee Satisfaction Survey comments indicated some concern that suggestions aren't anonymous and wouldn't be heard, while most respondents believed there was no need for suggestions. In 2016, 35 % of employee survey respondents stated they submitted suggestions, although it was not clear how they were submitted. Since the surveys are completed anonymously, no follow up on this issue was possible.*

4. **Employee Satisfaction and Benefits Survey** is distributed once a year to gather employees' perception of important topic areas such as supervision, quality of working conditions, quality of services and the value of benefits provided by NTF. The Director of Human Resources oversees this annual event and provides a summary report to the CQI Committee, CEO and Vice Presidents.

Completion Information: *The FY 15/16 survey was sent to all staff in June 2016 and closed July 2016. A 65.5% response rate was achieved.*

Summary of Results: *FY 15/16 survey results indicated 41.6% of employees had been with NTF less than two years and 83.3% expected to be working for NTF in two years. 93.1 % indicated that NTF is a good place to work. Improvements were shown in the areas of seeking input from staff, acting on staff input, and involving staff in decisions that affect them. When compared with the FY 14/15 survey, trust issues had improved in all categories. Communication was cited as a continued concern along with health care costs and employee recognition.*

Actions Taken Based on Results: *The final survey report was not released until after the conclusion of FY 15/16. Throughout the fiscal year, however, the Human Resources department made a number of significant improvements including updating of the Employee Guidebook to make it more comprehensive and current, addressing the requirement for foster caregivers to use their NTF rather than personal email addresses for all correspondence with NTF, converting the payroll system, updating policies, and preparing for the transition to the new labor wage laws per federal DOL changes. EmpNet and corporate memos will be used more frequently to communicate with staff, the agency will continue to review insurance offerings for the most cost-efficient and comprehensive healthcare coverage, and an employee recognition program will become a priority for FY 16/17.*

5. **Training Needs Assessment Survey** is conducted annually via survey to all employees and foster caregivers to assess and seek input on the quality of training topics delivered, as well as to plan for future training topics. The Vice President of CQI and Training oversees the process and provides a summary report to the CQI Committee, CEO and Vice Presidents. Results are available by request or can be accessed on the NTF website.

Completion Information: *The Training Needs Survey was not distributed in FY 15/16 because the decision was made to incorporate training-related questions into the annual employee satisfaction survey. This change will collect the information the training department needs while reducing the number of NTF surveys individuals receive during the year.*

Summary of Results: *Although an annual survey was not distributed, the training department continued to collect data on learners' satisfaction through other means. All learners provide feedback on training upon course completion. The class evaluations are submitted to the corporate office and reviewed by the Training Manager to ensure training content, supplemental materials, and instructors/delivery methodology are effective. All evaluation results are summarized in a report for that particular session.*

***Actions Taken Based on Results:** Training staff members actively investigated and recommended cost-effective training resources such as free webinars and newly developed courses in the learning management system's library. Additionally, the team developed live and online courses as current topics were identified as relevant for NTF learners.*

6. **Child and Family Satisfaction Surveys** are distributed annually to biological parents, adoptive parents, non-relative caregivers, and children aged nine and over. The survey seeks input on the following areas:
- Referral, intake, and assessment
 - Service delivery
 - Discharge
 - Communication with staff
 - Program services
 - Visitation policies
 - Degree of satisfaction with Foster Caregivers

The CQI Committee oversees the development and distribution of surveys. Child and Family Satisfaction Surveys are administered at each program site by Executive Directors and overseen by the VP of Programs. The Vice President of CQI and Training analyzes and distributes survey results to the CQI Committee, Executive Directors, Vice Presidents, Board of Directors, and CEO. Results are utilized by VP of Programs for program and service improvement.

Child and Youth Satisfaction Survey

A Child and Youth Satisfaction Survey was distributed May 4, 2016 to children in the sibling programs age nine and older.

***Completion Information:** Eighty-eight percent of children and youth over the age of nine completed the survey. The total number of age-eligible respondents was 84.*

Summary of Results: *The survey responses were positive. The most highly ranked areas were as follows:*

My foster caregiver helps me to be safe.	97.30%
I live with my sisters and/or brothers, or if not, I have contact with them.	93.24%
My foster caregiver listens to my concerns and helps me get the things I need.	90.54%
My Neighbor To Family team is helping me with what I say I need.	89.19%
My Neighbor To Family team talks to me about where I live and where I want to live.	87.84%

Actions Taken Based on Results: *Results of the survey were distributed to the CQI Committee; shared with team members of all programs; submitted to the Cabinet and Board of Directors; and posted on the NTF public website.*

Family Satisfaction Survey

A Family Satisfaction Survey was distributed March 14, 2016 with a closing date of April 8, 2016. Surveys were provided to NTF sibling programs to be completed by birth parents, relative caregivers, and non-relative caregivers.

Administrative Assistants in each program were tasked with managing the survey process. They were asked to solicit responses by the method deemed most appropriate for the client: by phone, during office visits, or by mail if necessary.

Completion Information: *A total of 101 potential respondents were identified by NTF program staff. Forty-seven surveys were completed, representing a 47% response rate. This is 7% higher than in 2015. Soliciting responses to this survey has always been problematic because clients do not always keep NTF informed of changes in contact information such as their current address or phone number.*

Summary of Results

Ninety-six percent of respondents believe their children are in a safe and nurturing home. Ninety-eight percent indicated they are treated with dignity and respect by NTF staff. Ninety-three percent responded that a staff member returns their phone calls within 24 hours. Ninety-one percent agreed 1) that the NTF team got to know them and their family for who they are not just what the case file says about them 2) that staff is available and 3) they have been provided with an emergency contact number to call.

***Actions Taken Based on Results:** Results of the survey were distributed to the CQI Committee; shared with team members of all programs; submitted to the Cabinet and Board of Directors; and posted on the NTF public website. This more successful distribution method will be used for future family surveys.*

7. **Community Stakeholder Satisfaction Surveys** are distributed once a year to referring agencies, schools attended by NTF children, organizations and individuals that collaborate with NTF, volunteers/interns, and funding sources. Input addresses accessibility and effectiveness of services, community relations, and long term direction of the organization. The CQI Committee oversees the development and distribution of surveys. The Community Stakeholder Satisfaction Surveys are administered at each program site by Executive Directors and overseen by the VP of Programs. The Vice President of CQI and Training analyzes and distributes survey results to the CQI Committee, Executive Directors, Vice Presidents, Board of Directors and CEO. Results are also available by request or can be accessed on the NTF website. The results are utilized by VP of Programs for program and service improvement. Improvement plans based on the findings are provided to the CQI Committees.

Completion Information:

Surveys were distributed February 11, 2016 with a deadline of March 1, 2016. As a result of a low response rate, the deadline was extended to March 11, 2016. The additional completion time increased the number of completed surveys to 45 out of 200 contacts supplied by NTF programs. This represented a 20% response rate, up one percent from 2015. The surveys were made accessible online through SurveyMonkey and the link to the survey was distributed through a series of emails and reminders. The greatest number of responses came from child protective services, followed by government agencies.

Summary of Results:

Response ratings of “Strongly Agree” and “Somewhat Agree” were as follows:

<i>NTF staff members are courteous and knowledgeable with in their interactions with me.</i>	<i>95%</i>
<i>I believe the services that children and families receive from NTF help them address their identified needs.</i>	<i>91%</i>
<i>NTF staff members are easily accessible and respond to my telephone calls, emails, and letters in a timely manner.</i>	<i>91%</i>
<i>NTF staff demonstrated overall knowledge of the children and families’ needs.</i>	<i>91%</i>
<i>NTF staff engaged the family and demonstrated respect for family members.</i>	<i>84%</i>
<i>NTF staff listened to my ideas and supported my area of expertise.</i>	<i>84%</i>

Actions Taken Based on Results:

Results of the survey were distributed to the CQI committee; shared with team members of all programs; submitted to the Cabinet and Board of Directors; and posted on the NTF public website.

8. **Foster Caregiver Satisfaction Surveys** are distributed once a year to seek input of foster caregivers on supervision and the quality of services provided by NTF. The VP of CQI and Training oversees the process and provides a summary report to the CQI Committee, Board of Directors, CEO and Vice Presidents. Results are also available by request or *can be accessed on the NTF website.*

Completion Information: *The Foster Caregiver Satisfaction Survey was distributed in February 2016 and completed surveys were returned in March 2016. One hundred and one out of 112 eligible individuals completed the survey, representing a 90% response rate.*

Summary of Results: *The most favorable ratings involved case management and related support topics. The lowest ratings focused on the relationship between foster caregivers and birth parents.*

<i>I can contact my case manager whenever I want to</i>	98%
<i>I am satisfied with how often my case manager makes home visits</i>	95%
<i>My case manager has confidence in me and my decisions and supports my decisions</i>	94%
<i>My case manager either knows, or knows how to find, answers to difficult child-related problems</i>	92%
<i>I receive cooperation and support from my case manager</i>	92%
<i>My case manager shows concern for me and my NTF kid(s)</i>	91%

Actions Taken Based on Results: *Results of the survey were distributed to the CQI Committee; shared with team members of all programs; submitted to the Cabinet and Board of Directors; and posted on the NTF public website.*

B. Planning

1. Strategic Long Term Planning

Beginning in 2004 the Board of Directors and CEO, in collaboration with personnel and community representatives, developed a Strategic Plan for a three-year period. This process continues as every year a long-term plan is reviewed and updated by the Board as needed.

Feedback Mechanism: The Plan is reviewed at least annually by the Board of Directors for continued appropriateness and alignment with NTF's goals. The Plan is available to all program staff and is reviewed at management meetings.

Completion Information: *The Strategic Long Term Plan for 2013 – 2015 was reviewed in January 2015. The new Strategic Long Term Plan was presented and discussed in January 2016. The 2016 – 2019 Plan was finalized and approved in April 2016.*

2. Annual Short Term Planning

Each site has identified short-term goals, and these goals are discussed regularly during supervision with the Vice President of Programs and are local extensions of the Strategic Long Term Plan. Each site develops annual short-term goals based on the feedback provided throughout the year from staff, internal reviews, external reviews, surveys, and other CQI reports.

The following guidelines are included in the operational planning:

- 1) Discuss and review NTF's mission statement:
 - Is service delivery compatible with NTF mission statement?
 - Reflects the unique elements of the individual site.
 - Describes the desired outcome.
- 2) Assess current site strengths and capabilities that:
 - Describe the strengths of the site.
 - Describe the core values of the site as they relate to the core values of NTF.
 - Describe the unique attributes of the site.
 - Describe the desired outcomes of the site.
- 3) Establish goals that:
 - Describe the implementation of the mission statement.
 - Are clearly defined, obtainable, and measurable.
 - Build on current site strengths that will lead to a higher level of performance.
 - Support the organization's long term goals.
 - Permit a flexible response to changing conditions and needs.
 - Respond to feedback from all CQI activities.
 - Address budgetary objectives for each site.
- 4) Establish objectives that will accomplish the desired goals:
 - Describe the specific steps to be taken to accomplish the goals.
- 5) Establish a timeline that will allow for the accomplishment of the goals and objectives.
- 6) Establish an evaluation tool that will measure goal and objective attainment.

Feedback Mechanism: Copies of the Annual Short Term Plans are created with participation from stakeholders and employees at each program site. They are made available to program site personnel and provided to the CEO and VP of CQI and Training. Summary information is provided in the NTF Annual CQI Report.

***Completion Information:** Annual Short Term Plans were developed by each program. The plans were developed by committees at each local program by reviewing CQI reports such as satisfaction surveys, incident reports, external reviews, financial reports, and local CQI committees. Community needs were also taken into consideration during development. A variety of staff members were involved in the process, including Vice Presidents of Programs, executive directors, case managers, supervisors, licensing staff, family advocates, CQI staff, therapists, and administrative staff. The CEO approved all finalized plans.*

***Summary of Results:** The Short Term Planning Committees reviewed and discussed NTF's mission statement and the ways in which their program's service delivery is compatible. They assessed their program's strengths and capabilities as they relate to NTF's core values. All programs developed goals, objectives, timelines, evaluation tools, and reporting frequencies. Some of the common goals included:*

- *Recruiting additional foster caregivers to increase the census*
- *Improving training compliance, particularly for foster caregivers*
- *Reducing time to achieve permanency*
- *Improving documentation for case records*
- *Identifying and pursuing local fundraising opportunities*
- *Building resources in community*
- *Increasing program stability, viability, and staff retention.*

C. Internal Quality Monitoring

1. Internal Program Evaluations

Internal Program Evaluations are conducted whenever fiscally possible to promote quality and effective services in all aspects of the agency. These evaluations are conducted by collecting and analyzing qualitative and quantitative data in order to carefully plan the path toward accomplishing the agency's mission, vision and core values. Select questions in the data collection tool tie back to NTF core values. During the Internal Program Evaluation, the Program Peer Review Team utilizes a variety of collected data which may include the following sources:

a. Quantitative Measures

- 1) Case Record Reviews
- 2) Human Resource Files
- 3) Foster Caregiver Licensing Files
- 4) Clinical Files
- 5) Training records
- 5) Results of Satisfaction Surveys
- 6) Analysis of Incident Reports
- 7) Performance and Outcome Measures
- 8) Donor Relations Tracking
- 9) IT Protocol
- 10) Local CQI Committee Meeting Minutes
- 11) Supervision Logs/forms
- 12) Individual training records
- 13) Mandatory monthly training compliance reports

b. Qualitative Measures:

- 1) Individual Foster Caregiver Interviews
- 2) Individual Staff Interviews
- 3) Individual Birth Parent Interviews
- 4) Foster Home Visits

Feedback Mechanism: The Program Peer Review Team conducts Entrance and Exit Conferences with the VP of Programs and appropriate program staff. Each question receives a numerical grade. A score of 80% must be achieved to pass. A Final Summary Report is provided to the CEO, VP of CQI and Training, VP of Programs, and Executive Director, and may include required Corrective Action or Performance Improvement Plans. The Chief of Staff oversees this process.

***Completion Information:** An internal review for FY 15/16 was postponed due to budget constraints.*

***Actions Taken Based on Results:** Management and staff at each program continued to conduct internal reviews of charts, files, case plans, reports, and other key documentation to ensure completion, accuracy, and compliance.*

2. Internal Processes Review

NTF examines the internal processes of the organization through the use of client surveys, analysis of intake statistics/outcomes, and personnel surveys.

To identify barriers and opportunities for serving people within the defined service population, processes including outreach, intake (no eject/reject policy) assessment, and service delivery are reviewed. Consumers are asked to complete surveys and/or participate in exit interviews, as appropriate, in order to seek their input on how NTF is doing or has done in these areas. This process is overseen by the Vice President of CQI and Training then reported to the CQI Committee, Vice Presidents, the CEO, and the Board of Directors.

Once a year, personnel are surveyed to seek their input on the strategic plan/organizational direction, training and supervision of personnel at NTF. Personnel surveys are reviewed by the Vice President of Human Resources and summary results are provided to the Executive Director and Vice President of Programs. This process is overseen by the Vice President of Human Resources and reported to the CQI Committee, Vice Presidents, the CEO, and the Board of Directors.

Feedback Mechanism: The results of the surveys and statistical analysis are reviewed by the CQI Committee for the development of corrective action plans if needed. The Vice President of Programs provides a report of the results and corrective action plans to the CQI Committee for review.

***Completion Information:** Designated management staff at each program completed CQI quarterly reports for the fiscal year. These were reviewed by the Vice President of CQI and Training and results were discussed during Corporate CQI Committee meetings. The reports included strengths and areas of improvement related to short term planning, internal quality monitoring, external reviews, case record reviews, outcome measurements, corrective action procedures, COA incident self-reports and required follow up.*

***Summary of Results:** All programs made increasing their census a priority and held various campaigns and activities to solicit additional foster caregivers. Fundraising events were also held throughout the year to secure additional funds. These were used for such purposes as providing fun family and child events such as holiday parties and picnics, as well as supplying clothing, toys, bedding, and other supplemental family needs.*

***Actions Taken Based on Results:** In spite of continued efforts to build the South Carolina program it was closed as a result of underfunding. Key documents such as program-specific Auxiliary Plans and the agency's Employee Guidebook were updated.*

D. Agency Risk Reviews

1. Monthly Program Risk Reviews

On a monthly basis, NTF conducts a risk management review that evaluates multiple areas. Agency risks are addressed during monthly group and individual supervision between the Executive Directors and Vice Presidents. Each Executive Director is required to submit a monthly report, which includes a summary of potential or actual risks experienced by the site. Information reviewed includes:

- a) Licensing inspections summary reports

- b) Behavior management practices
- c) Allegations/incidents of foster caregiver – child abuse
- d) Allegations/incidents of child – child abuse
- e) Abuse prevention strategies (i.e. screening, training, monitoring, etc.) for current programs and proposed programs
- f) Children/youth injuries
- g) Staff injuries and other safety/security issues
- h) Injury prevention strategies for current and proposed programs
- i) Insurance coverage
- j) Worker’s compensation claims
- k) Auto claims
- l) Lawsuits
- m) Negative publicity
- n)

Completion Information: Monthly reviews were held for each program throughout the year.

2. Quarterly Incident, Accident and Grievances Risk Reviews

On a quarterly basis, the CQI Committee conducts a risk management review that evaluates the following areas:

- a) The use of restrictive behavior management interventions.
- b) All cases where a person served was determined to be a danger- to himself, herself, or others.
- c) All incidents related to administering, dispensing, or prescribing medications.
- d) All known environmental risks.
- e) All other grievances, incidents, or accidents involving persons served or personnel.

Completion Information: Incident reports were submitted per company and contractual requirements. COA incident self-reports, when required, were submitted per COA policies and procedures.

Summary of Results: *Quarterly incident summary reports were prepared by the Vice President of CQI and Training. They were distributed to the CQI Committee, members of the Cabinet, and the Board of Directors. The CQI Committee discussed summary information at quarterly meetings.*

Actions Taken Based on Results: *During CQI Committee meetings, the Vice President of CQI and Training reiterated the importance of incident reporting for safety, risk management and liability purposes. Additionally, the timely submission of incident reports was emphasized. The 24-hour requirement for written reports was not being met in many instances in which they could have been. It was acknowledged that there are in some situations in which it was not possible, for example late notification by the state of allegations of child abuse and neglect.*

3. Annual Agency Risk Review

At least once each year, overall risks to the organization are reviewed by NTF CEO, Vice Presidents, and a selected member of the Board of Directors. If the organization conducts any type of research, the document and process will be included in the Agency Risk Reviews.

Feedback Mechanism: VP of Programs provides a report of the Program Risk Reviews to the CEO monthly. Executive Directors and VP of Programs review CQI Reports regularly to identify areas of needed improvement, set improvement activity priorities, and manage their operations and programs. Summary information is provided in NTF annual report.

Completion Information: *The monthly and quarterly program risk review information was compiled for study by the Board of Directors during the annual Board meeting.*

Summary of Results: *The CEO and Board of Directors reviewed and discussed this information at the annual meeting to determine if any corrective actions were required.*

Actions Taken Based on Results: The Board recommended the South Carolina program be discontinued.

E. External Reviews

External Reviews are conducted by the contract/funding agencies and/or community-based care lead agencies, substance abuse and mental health agencies, independent financial auditors, health departments, and accreditation agencies as determined by contracts and mandates.

Specific agencies that currently conduct external reviews are as follows:

1. State of Florida
2. Community Partnership for Children – Volusia/Flagler, and Putnam Counties, FL- Family Support Services of North Florida – Jacksonville, FL, Heartland for Children – Bartow, FL
3. State of Georgia
4. State of Maryland
5. State of South Carolina
6. Council on Accreditation
7. SB and Company

Feedback Mechanism: VPs of Programs are responsible for areas covered in the reviews, provide summaries of external review results and corrective action plans to the CEO and VP of CQI and Training. VP of Programs or their designee provides information to the CQI Committee. CEO provides information to the appropriate Board of Director member(s)/committee. Personnel affected by the corrective actions receive written guidelines and training as needed for implementation. Summary information is provided in the NTF annual report.

Completion Information: *All programs were reviewed externally during the 15/16 year according to contractual requirements. These were reported on the CQI quarterly reports and provided to the CQI Committee as well as the Cabinet, CEO, and the Board of Directors.*

Summary of Results: *There were a few corrective actions required in Georgia, (October 2015, March 2016, and June 2016 respectively.) These were quickly addressed and the auditing agency was satisfied with the results. In Florida, the Daytona sibling program required corrective action (February 2016). Deficient areas were corrected to the satisfaction of the lead agency.*

Actions Taken Based on Results: *The Daytona program was significantly restructured with the implementation of new tracking processes and transition to new leadership. Maryland improved background clearance recording and face-to-face-reference checks at the request of the state.*

F. Case Record Reviews

Case records are reviewed by a team of NTF employees designated by the appropriate Vice President of Programs on a quarterly basis. The reviews are conducted to monitor for accurate and complete documentation, appropriateness, and quality of services provided to clients.

Specific criteria for assessing quality issues may include:

- a) Services needed and provided or obtained
- b) Length of service
- c) Changes in status or level of service
- d) Need for continued service
- e) Compliance with mandated review indicators
- f) Timeframes

If general or significant deficiencies are found with record keeping, corrective action plans or performance improvement plans are developed by the appropriate Vice President of Programs and/or Executive Director.

Sampling Guidelines for Quarterly Case Record Reviews:

Annual Case Record Numbers.....	Sample Size
Less than 100.....	100% annually
100-199.....	48% annually
200-299.....	47% annually
300-399.....	45% annually
400-499.....	45% annually
500-999.....	40% annually

Example: A program site has 224 open records and 420 closed records. The program site reviews 47% of the open records (n = 105 records annually, 26 per quarter) and 45% of closed records (n = 189 records annually, 47 per quarter). A random sample of both open and closed cases should be reviewed.

Documents reviewed in the Case Record include:

- a) assessments
- b) service plans
- c) appropriate consents
- d) progress or case notes or summaries
- e) evidences of quarterly case supervision
- f) relevant signatures
- g) service outcomes
- h) aftercare plans

Feedback Mechanism: Vice President of Programs provides a quarterly summary report of the reviews and corrective action and/or performance improvement plans to the CQI Committee for review.

Completion Information: Case record reviews were completed at least quarterly as designated by the appropriate VP of Programs. Case review reports were generated and reviewed with Executive Directors and summary information was reported on each program’s quarterly CQI reports.

Summary of Results: *While the majority of case records were well organized and orderly, the majority of deficiencies were related to missing documentation of various medical records. There were some cases of missing reports and expired documents.*

Actions Taken Based on Results: *Programs continued to closely monitor case files, correcting deficiencies as noted, while ensuring compliance with NTF, state and COA requirements. This process was conducted in a variety of ways including weekly monitoring, repeated auditing of previously deficient charts, follow up in staff supervisions, and establishment of clearly defined action plans as required. One program created a document outlining steps and timelines. Internal reviews have been found to greatly improve results from external audits because the programs have a chance to correct issues before external audits occur. Ultimately, this process assists with maintaining the stability of program operations and successful child placements and reunifications.*

G. Performance and Outcome Measurement

Outcome measurement of program effectiveness and individual client progress is conducted on an ongoing basis. Each program has identified outcome goals and indicators. Whenever possible, standardized measurement tools are used. The agency programming staff have built a database utilized across all NTF programs. NTF currently uses a Microsoft Excel Spreadsheet to store data and track outcomes, as well as other formats such as Executive Director leadership calls, program reports, Quarterly CQI Reports, governing body reports, and the use of the statewide SACWIS system, if available. NTF tracks numerous outcomes on an ongoing basis, such as length of stay, placement changes, siblings placed together, and many others.

The primary Performance and Outcome Measures monitored for all programs are:

Quarterly Reports

- 1. Percentage of Siblings Placed Together:** This is calculated on a point in time on the last day of the quarter for existing children in NTF care. Siblings that are not in NTF care, meaning NTF has no authority or control over the placement of those children, are not calculated into this figure. The excluded siblings may be in Juvenile Justice Detention Centers or jail, adults, or siblings that have not been removed from their parent, etc.
- 2. Average Length of Stay (Active Children):** This is calculated on a point in time on the last day of the quarter for existing children in NTF care. Length of Stay is calculated beginning with the first day the child was placed in NTF care and a case was opened with NTF. This is calculated in months.
- 3. Average Number of Placements:** This is calculated on a point in time on the last day of the quarter for existing children in NTF care. All placements for the child that occurred since the child was enrolled with NTF, with the exception of respite care of less than two weeks, should be included in this calculation.
- 4. Number of Reunifications and With Whom:** This is the actual number of reunifications with birth mother, birth father, both birth parents, grandparents, relatives or non-relatives that occurred within the quarter, counted by child. “With Whom” should be specified as one of these six categories.
- 5. Number of Adoptions:** This is the actual number of adoptions that occurred within the quarter, counted by child.

Feedback Mechanism: The Vice President of CQI and Training prepares a Quarterly Performance Summary Report that is distributed and reviewed by the Board of Directors, CEO, VP of Programs and Executive Directors. Modifications to the measures are revised as necessary.

Completion Information:

Quarterly reports were compiled, analyzed and distributed to all Cabinet members, the CQI Committee, program Executive Directors, and the Board of Directors.

Summary of Results:

Performance measures were as follows:

	<i>1st Quarter All average</i>	<i>2nd Quarter All average</i>	<i>3rd Quarter All average</i>	<i>4th Quarter All average</i>
<i>1. Siblings placed together</i>	95%	94%	94%	97%
<i>2. Average number of placements</i>	1.14	1.06	1.06	1.27
<i>3. Total number of children reunified (ALL)</i>	62	58	40	47
<i>3.a) with birth mothers</i>	32	32	8	23
<i>3 b) with birth fathers</i>	8	7	7	8
<i>3. c) with both parents</i>	4	1	3	4
<i>3. d) with grandparents</i>	6	3	11	12
<i>3. e) with other relatives</i>	7	15	10	0
<i>3. f) with non-relatives</i>	5	0	1	0
<i>4. number of adoptions</i>	8	6	11	2
<i>5. length of stay in out of home care (Discharged Children)</i>	9.53	10.25	10.14	10.32

Actions Taken Based on Results:

Local CQI teams closely reviewed cases involving the longest foster care placements to determine if anything could be done to reduce the length of stay while ensuring stability in the children's placements. It is important to note that siblings cannot always be placed together, which affects the sibling metric. This occurs when siblings requiring a higher level of care are placed in therapeutic settings with the goal of reuniting them with their siblings when appropriate.

Annual Reports**1. Length of Stay for Discharged Children (LOS):**

- a) Of all children who were discharged from foster care to reunification during the fiscal year, and who had been in foster care for 8 days or longer, what was the median length of stay in months from the date of the latest removal from home until the date of discharge to reunification? (This includes the "trial home visit adjustment".)

Summary of Results

<i>Total Discharged to Reunification</i>	<i>Average Length of Stay</i>
215	8.48 months

- b) Of all children who were discharged from foster care to a finalized adoption during the fiscal year, what was the median length of stay in foster care in months from the date of the latest removal from home to the date of discharge to adoption?

Summary of Results:

<i>Total Discharged to Adoption</i>	<i>Average Length of Stay</i>
27	36.55 months

Completion Information:

The Vice President of CQI and Training prepared an annual report that was submitted to the CQI Committee, program Executive Directors, Cabinet members, and the Board of Directors.

H. Information Management

The Management Information System of Neighbor To Family resides on a networked computer system. Information contained in the computer system is protected by the use of passwords assigned to individual employees, limited access security within the system using firewalls, account access privileges, anti-spam filtering of email and anti-virus scanning of all data. Files and email are backed up to tape daily at an off-site location.

Client case records are maintained in locked filing cabinets with access limited to appropriate personnel and other personnel assigned to the cases. Personnel records are maintained at the corporate office in locked filing cabinets with access limited to HR personnel.

Information for daily operations of services includes, but is not limited to NTF policies and procedures, a personnel manual, training manuals, and program manuals. Manuals are maintained in each NTF location office and made available to each employee. PowerDMS, an online documentation system, is used as a repository for manuals, agency policies, procedures, and forms. It is the tool by which new documents are created and approved and is also the method by which existing documents are audited and updated.

MIS goals for FY 15/16 fiscal year included the following:

1. Replacement of Mitel Telephone Systems

Every Neighbor To Family location has installed within its office an individual telephone system. They are Mitel-manufactured VoIP systems that require maintenance contracts for continued service. The MIS plan includes replacing the old units with newer models. Mitel applies credit of current systems toward new systems, which gives NTF a pathway to upgrade our phone system capability in the future.

2. Increase Office Internet Bandwidth

NTF's bandwidth is far behind that of today's standards. The MIS plan is to install Multiprotocol Label Switching (MPLS), which allows for a wide area network to operate under complete privacy and security. While our current IPSec network is secure, it requires very substantial overhead costs.

3. Expand MIS Helpdesk

To provide faster support services for NTF employees and provide essential MIS staff more time to focus on more significant projects, the department will reach out to local colleges in Daytona Beach to secure interns from their Information Technology programs.

4. Move to the Cloud

The MIS Department will prepare to move the agency's mailboxes to the Cloud. The Office 365 platform allows non-profit organizations to have free email and other select applications under an E2 license. Several preliminary steps are required before full and final implementation, including virtualizing the email server, increasing the license count, and converting the domain to routable functionality. The department has identified issues with an existing security certificate that will be updated before the copying of mailboxes.

***Completion Information:** The Mitel telephone replacement project was placed on hold as NTF worked to strengthen financially. The department made bandwidth improvements and conducted preliminary activities for the move to the Cloud.*

***Summary of Results:** The Multiprotocol Label Switching project was proposed and reviewed; however, the cost could not be justified under existing business conditions. The selected intern candidate did not accept the position, instead deciding to focus on grades. Bandwidth was improved at some sites. The virtualization of email, with better back-ups, was completed.*

***Actions Taken Based on Results:** The department raised bandwidth in several offices including the corporate, Jacksonville, and Baltimore locations by taking advantage of better packages offered by current telecommunication providers. The Board of Directors approved the move to the Cloud at the January 2016 annual board meeting. Duplication of copyright material was addressed during a CQI Committee meeting and members were reminded of the importance of notifying MIS immediately of personnel terminations/separations to protect data and systems.*

Information for the planning of services is reported and distributed through the use of the Strategic Long Term Plan and Annual Short Term Plans. Copies are provided to each Board member and management personnel. Presentations of the Strategic Long Term Plan are provided at staff meetings and copies of the report are available for review by all personnel.

Annual Short Term Plans are developed by program personnel, and built based on the Long Term Plan. The Short Term Plans are reviewed and approved by management personnel. Copies of the Short Term Plans are made available at each program location.

Information used for managing services includes assessments of referrals and client case records. Assessment information is disseminated to those reviewing cases for placement/assignment through reporting forms, staff meetings, and consultations between intake personnel and program personnel. Client information is reported through the use of written notes and reports which are routed to personnel as necessary and submitted to management for approval and to the person responsible for maintaining client records. Forms needed by Foster Caregivers/direct care providers on a daily basis or in emergency situations (i.e. medication logs, medical consent forms, etc.) are maintained within their homes.

I. Corrective Action Procedures and Performance Improvement Plans

Information collected from CQI activities is used to develop corrective action plans and performance improvement plans as necessary. Best practice models are used in improving performance in those areas that are deficient.

These plans are designed to:

- Build on strengths
- Eliminate or reduce identified problems
- Determine possible causes when data reveals issues of concern
- Promulgate solutions and replicate good practice
- Implement and monitor the effectiveness of corrective actions and performance improvement plans, when indicated

When developing Corrective Action Plans and Performance Improvement Plans, those involved review and make suggestions for revisions of the following:

- Organization policies and/or procedures

- Personnel assignments
- Personnel training
- Contracts
- Services

Corrective Actions Plans and Performance Improvement Plans include the following information:

- Background information indicating a plan is needed
- Action to be taken
- Person responsible for overseeing action
- Data to be completed
- Date completed

Corrective Actions and Performance Improvement Plans are tracked through quarterly CQI reports and provided to the CQI Committee, CEO, and senior management. At the end of the determined completion date of a Corrective Action Plan, the VP of Programs and Executive Directors evaluate if an implemented change was an improvement, and then provide their findings in the quarterly CQI Report and monthly program risk reviews.

J. Staff Responsible for CQI: Qualifications and Training

Staff responsible for CQI is qualified by education and experience to:

- a. engage people throughout the organization
- b. systematically collect information and analyze data
- c. communicate results and recommendations to various key audiences

All new staff and foster caregivers are provided training on the NTF CQI Plan during HR orientation. The CQI Plan and reports are reviewed with staff regularly at staff meetings. Additionally, if a manager or direct service worker is identified to participate in specific CQI activities such as program evaluations and case record reviews, that individual is provided training on monitoring tools and procedures. This training is documented in his or her employee training file.

Designated CQI staff members are hired based on appropriate and applicable experience in CQI, as well as demonstration of high quality performance in related areas. CQI job descriptions

determine minimum education and experience levels. Employee performance evaluations with professional development plans and regular supervision meetings are utilized to support and further develop the skills of CQI staff.

***Summary of Results:** The CQI team led efforts as outlined in the annual CQI plan. Of great consideration throughout the year was compliance with contractual and COA requirements. The team members applied their considerable experience in documentation and implementation of best practices in child welfare toward this goal.*

***Actions Taken Based on Results:** The CQI team worked closely with other departments and committees to ensure both compliance and continuous improvement activities. New training, which included Suicide Prevention; LGBTQ; Deaf and Hard of Hearing; and Human Trafficking were all collaborative efforts of CQI members, Program Directors, and the training department. The team also worked with the finance department and Executive Directors regarding the requirement of professional foster caregivers remaining in compliance with training requirements to retain a higher daily pay rate. The human resource department, Vice President of Florida programs, CQI team, and the training department worked together to revise the Employment Waiver. The GA CQI staff created an annual focus group to obtain feedback on services. The team is known for holding staff and foster caregivers accountable for maintaining high standards. They continuously sought ways to encourage all programs to achieve excellent internal and external audit results. Ongoing CQI efforts included employing proactive methods for reducing risk, maintaining compliance with the agency's stringent training requirements, and identifying opportunities to improve agency processes and procedures.*