QUALITY MANAGEMENT PLAN
FY 2010-2011
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I. Introduction

A. Background and Introduction:

During the state fiscal years 2006-2007 and 2007-2008, Community Based Care of Seminole included the Department of Children and Families (hereafter referred to as the Department) three tiered quality assurance and improvement model as a component of the local quality management model. The first tier involved case file reviews by CBCS. CBCS utilized the Department approved quality assurance tool and conducted 90/10 sample size reviews on a quarterly basis. CBCS submitted semi-annual reports and an annual report to the Department at the conclusion of the second semi-annual data roll-up. During the tier 1 process it was the responsibility of CBCS to coordinate and monitor all quality assurance activities to include ensuring the quality management plan was followed, reporting data to the Department, and developing and monitoring the local program improvement plan. In tier 2, the Department’s quality assurance staff were responsible for validating tier 1 reviews and that the CBCS approved QA plan had been appropriately implemented. Tier 3, involved the Family Safety Program Office’s responsibility for defining process and performance requirements, collecting statewide data, and reporting progress on Florida’s Program Improvement Plan to the Federal government.

In 2007, Department Secretary Bob Butterworth reviewed the State Quality Management Model and developed a collaborative initiative with CBC representatives to develop a more comprehensive model. The end result was a quality assurance model that focused on three components: front line practice, joint assurance of quality assurance activities (collaboration between CBC and the Department), and oversight and accountability at all levels. The model was implemented in July 2008.

The Department changed the sampling methodology for fiscal year 2009-2010, eliminating the stratification of populations being sampled (cases selected from a population of cases that were based on the age of the children and the length of time the case had been open). Cases randomly selected in 2009-2010 were only stratified based only on in-home and out-of-home case type and controlled by ensuring that the sample selected was consistent with the percentages the lead agency had for the overall universe of cases.

Introduction:

CBCS assumed responsibility for the children and families of District 7 assigned to Seminole County, either through court jurisdiction or physical residence on October 4, 2004.
Mission:

It is the mission of CBC of Seminole that all families in Seminole County are able to safely care for their children by engaging, protecting, and inspiring every child, every day.

Vision:

It is the vision of CBC of Seminole to be the premier child welfare organization in the United States.

Philosophy and Purpose of the Quality Management Model

Philosophy:
Community Based Care of Seminole’s core value is a belief that all children have the inalienable right to grow up safe, healthy and fulfilled in families that love and nurture them. While the safety and well-being of children is at all times the foremost concern, we also believe that the family is the principal resource we must work with to meet the child’s needs. This value drives CBC of Seminole’s commitment to the continuous improvement in quality services and outcomes for children and families we serve. CBCS strives to promote excellence and continuous improvement through a broad based, organization wide philosophy that is endorsed by the CBCS Board of Directors, and is shared throughout the community: from the Community Alliance, CBCS, case management agencies, network providers, contract providers, and in the community at large.

Purpose:
The purpose of the CBCS Quality Management System is to strengthen practice, improve the timeliness, accessibility, quality and effectiveness of services and increase natural and enduring community supports for children and families. CBCS seeks to identify in-process and end-process measurements that align with these goals while also ensuring substantial conformity with federal requirements of the Adoptions and Safe Family Act (ASFA) and achievement of the contract performance measures set forth in the CBCS contract.

The CBCS Quality Management Plan is designed to measure progress toward the long term priorities and goals set forth in the CBCS three year strategic plan. The QM plan evaluates the organizational performance of CBCS while assessing the quality of service delivery of our network to ensure positive client outcomes. CBCS believes it is essential, not only to continually provide information to our stakeholders/community, but also solicit reciprocal input and feedback from the community. CBCS recognizes that an informed, integrated, and participatory community affords the best opportunity to maximize resources and produce the best outcomes for children and families.
CBCS and the contracted providers produce data that provides quantitative, qualitative and financial cost information, (as applicable) on the:

- Demographics of the population served
- Type and units of services provided
- Services needed and service availability
- Quality and effectiveness of services delivered
- Contract performance
- Level of care needed and provided (licensed care)
- Level of services provided (In Home Non-Judicial Services, In-Home Judicial Services, Out-of-Home Care, Post Placement Supervision, Post Termination of Parental Rights and Independent Living)
- Caseload size and staff vacancy rate
- Foster home and group care capacity
- Performance on quality assurance instrument reviews
- Program Performance and Compliance Indicators
- Complaints and Grievances
- Incident Reports
- Stakeholder Survey results

This information is shared with the community, network providers and case management agencies for the purposes of planning (program improvement, contracting, policy and procedural changes), identifying training needs and reallocating or enhancing funding sources. The process of gathering, sharing, evaluating, and acting upon information is continuous as the needs of the population of clients receiving child welfare prevention and intervention services changes over time and because the funding for services and the availability of services changes as well. Continual evaluation of performance and other data elements provide the basis for defining quality assurance activities that both support and encourage quality improvement activities.

**Quality Management Concepts and Definitions**

**Quality Assurance (QA)** is an “externally” driven system that validates internal practices and uses sound principles of evaluation to ensure that data is collected accurately, analyzed appropriately, reported, and acted upon. The QA function looks at the entire system. Products of the QA function include reports that validate data at the unit, provider agency and lead agency level; evaluates the impact of practice on in-process and end-process measurements; and provides recommendations for actions to be taken.

**Quality Improvement (QI)** is an “internally” driven process that is conducted and initiated by the staff actually providing or supervising the service. QI provides opportunities for all staff to use data and make improvements in their daily work environment. QI is an ongoing process that is dynamic and occurs as a result of action planning that is designed to result in program improvement.
Continuous Quality Improvement (CQI) is the progression toward desired improvements in process, products or outcomes through incremental steps, with periodic review and readjustment of objectives.

Quality Management (QM) is the systematic integrated review of Quality Assurance and Improvement activities.

B. PQI Structure

The CBCS Board of Directors and CBCS Senior Management believe it is imperative for leadership to promote a culture in the community that is committed to improving and expanding the quality of services available to children and families. We believe in strengthening community providers through ongoing collaboration. CBCS will continue to improve our community and lead agency outcomes by contracting with network providers that demonstrate high performance, and ongoing improvement towards program goals. The strategic plan developed by CBCS in collaboration with the CBCS Board of Directors, sets the strategic goals set the framework to create efficiencies in service delivery and movement toward desired outcomes.

CBCS PQI structure is multi-tiered to ensure information exchanged throughout the CBCS System of Care (from stakeholders, network providers, CBCS organization, and CBCS Board of Directors) is provided in an accurate and efficient manner. The focus is on performance reporting, problem/gap identification, solution driven activities, and outcome improvements.

CBCS Management team/CBCS Board of Directors

It is the role and responsibility of the CBCS Board of Directors and the CBCS Management Team to promote and sustain continuous quality improvement in order to maintain a successful organization. Making quality a priority changes the culture from one with a compliance focus to one which focuses on qualitative services, improved and sustained outcomes. CBCS internal PQI processes incorporate the critical functions of utilization management, network development/support, data management and reporting, program management, quality assurance, and finance.

CBCS Board:

The Board is responsible for reviewing the effectiveness of the implementation of the strategic plan. The CBCS CEO will present information to the Board regarding recommendations from the CBCS Management Team, on trends, risk, and community feedback. The CBCS Board has an essential role in ensuring that continuous quality improvement is occurring and the strategic plan goals are being achieved. The Board’s
established standing committee presents reports and recommendations to the Board for appropriate action. The Board may establish special committee/task forces as needs are identified, to research and present information and recommendation for Board action. CBCS standing Board Committees and responsibilities related to PQI are as follows:

Executive Committee: This committee meets as necessary to discuss issues, coordinates the Board involvement in assessing areas of overall risk that include but are not limited to: the ability to pursue strategic goals, compliance with legal requirements including licensing and mandatory reporting laws, fiscal accountability/governance, insurance and liability issues, and contracting practices.

Finance Committee:
The Finance Committee is responsible for ensuring financial accountability of CBCS. This committee oversees the budget development, and manages the Request For Procurement process for the third party audit.

Strategic Planning Committee:
This committee is responsible for developing with the CBCS senior management the strategic plan and managing the implementation of the plan.

Performance and Quality Improvement and Audit Committee:
The Performance and Quality Improvement Committee creates and refines an inclusive approach to measuring performance goals, client outcomes and indicators to ensure broad based support for useful performance and outcomes measurement. This committee is also responsible for ensuring internal control and actions are taken for improvement.

**CBCS Management Team Meeting:**
The CBCS Management Team meets on the fourth Monday of every month. The primary focus of the meeting is to report on the PQI action agenda. The structure of the meeting is as follow:

1) Identifies who needs to report
2) Identifies what needs to be reported (identifying the key events that are occurring, problems/issues), provides information on what the data or information means, quality assurance activities that are scheduled and who is monitoring
3) Identifies the key organizational responses
4) Seeks to answer if there are operational objectives or processes that need to change
5) Identifies how CBCS will monitor/track outcomes/changes
6) Establishes how information will be reported to the CBCS CEO/Board
7) Ensure the integration of the information with the strategic plan

The CBCS Management Team along with the CBCS CEO defines the course of actions to be taken, the timeframe to complete the identified actions, and establishes how the informational flow will be handled with the Board, CBCS, CBCS network providers, and
stakeholders. It is the responsibility of the CBCS Management Team to set forth action and to evaluate the effectiveness of the actions selected.

The CBCS CEO delegates responsibilities to the CBCS Management Team to conduct QA/QI activities for specific management functions. In order to ensure all quality assurance activities/outcomes are maintained in a central location, the CBCS Management Team will report the specific management function QA/QI activities to the CBCS QM Manager. It will be the responsibility of the CBCS QM Manager to ensure that feedback is translated into results that are understandable to CBCS, the Board, stakeholders and network providers specific to how they are performing and the comprehensive nature of CBCS QA/QI activities.

Overview of the Quality Management Model: External Monitoring

There are numerous opportunities to collect data and information and to examine utilization, contract compliance and case management performance throughout the CBCS System of Care. The CBCS QM Model takes advantage of these opportunities during routine events/processes that happen during the life of a case: at case assignment, case plan development, supervisor review, reunification staffings, Level of Care Reviews and Family Service Team Staffings. The CBCS QM Model allows for immediate feedback to be given to the case manager, requires coordination and cooperation among the parties and providers involved in a case, and results in a more individualized course of action which thereby imposes a greater likelihood that outcomes will be achieved more timely. The immediate feedback also allows for critical life, health, or safety factors that may affect a child to be addressed and corrected in a timely manner. By involving everyone from the case manager, supervisor, program director, and provider to CBCS leadership in the daily activities of QM it will ensure that all staff are engaged in the process of examining feedback and data and are making improvements. It will allow for the early detection of performance deficiencies as well as promoting promising practice.

CBCS has four staff specifically assigned to program oversight. The staff person with the lead role of administering the plan is titled the Quality Assurance Manager. The CBCS Quality Assurance Manager (QAM) has the primary responsibility for execution of the quality management plan submitted by CBCS and approved by the Department’s Central Region Quality Assurance Office. The QAM provides coordination and oversight of all QM required activities and ensure all appropriate information is relayed to the Departments QA staff on CBCS performance on baseline QA reviews. The QAM is also responsible for maintaining and updating the CBCS Program Improvement Plan and providing this information to the CBCS Director of Operations, CBCS Network Manager and CEO for reporting to the CBCS Board and stakeholders. The Quality Management Plan provides the framework to evaluate system performance and compliance with local CBCS processes/protocols and the System of Care, Florida Administrative Code, Florida Statutes, and the Adoption Safe Family Act.

The QAM is responsible for implementing the quality management plan and ensuring the following objectives are met:
- The QA plan is efficient operationally;
- The QA plan is continuous, and
- The QA plan is coordinated with case management’s agency level QA processes and instruments, and
- that the data gathered is reliable and can be extracted at appropriate intervals to guide adjustments in practice that will influence desired outcomes.

The Quality Assurance Manager is responsible for participating in any quality assurance activity as well as reviewing and analyzing all program initiatives for potential impact on quality assurance outcomes. The QAM makes recommendations for changes or modifications in practice and for updating/amending the QM plan when the Department or CBCS’s Operating Procedures, Florida Administrative Code or Florida Statutes change.

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<td>Critical Incident Tracking and Client Complaint Tracking</td>
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<td>Diversion and Prevention Services program reviews</td>
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The Core Components of the Quality Management System are summarized below.

**Utilization Management**
Utilization management is used to ensure that the service requested are being utilized is the most appropriate service available for the child and family. Utilization management ensures the availability of services throughout the fiscal year by tracking expenditures and the rate of resource depletion. Information gathered from utilization review (service use) provides a foundation for determining the amount and type of services needed for the next contract year. Services that are denied due to priority for funding or for insufficient provider capacity will also be monitored as they may indicate a need to enhance the capacity for those services.

The authority and responsibility to authorize a funded service rests with the CBCS leadership and CMA Program Directors. The authorization process varies depending on how the service need is identified.

All authorizations for service are tracked by the CBCS Director of Utilization to ensure funds are appropriately obligated and disbursed. All service approvals are tracked in ARGOS. Licensed out of home placements are tracked in ARGOS, ICWSIS (until it is turned off and SACWIS/FSFN 2B assumes this functionality for financial data collection & reporting) and FSFN. The CBCS Network Director matches contracted provider invoices to authorizations prior to submitting the invoice to CBCS Controller for payment. The Director of Administration and Chief Financial Officer verifies the ICWSIS (until it is turned off and SACWIS/FSFN 2B assumes this functionality and the batch will be from FSFN) batch runs and authorize accounting to pay the vendors.

Utilization management is integrated into every major CBCS process. Case Management staff utilizes an all in one funding request form to quickly access service authorization for the children and families on their case load. Out of county and placements that require funding above the standard CBCS board rate require approval from the CBCS Director of Utilization prior to authorization. At the ESI staffing, the CMA Program Director reviews the services and safety plan developed by the CPI. The dependency case management supervisor reviews the appropriateness and effectiveness of services being delivered during monthly case supervision with the dependency case managers. Case plan progress and permanency goals are reviewed regularly (a minimum of every 90 days) at the FST led by a CBCS Operation Consultant or CBCS Director of Operations. The appropriateness and effectiveness of services are also reviewed as part of the Multi-Disciplinary Team or Level of Care Staffing and during First Health’s monthly review of SIPP.

**Federal Funding Quality Management Activities**

**Procedures are current and accurate**

The Federal Funding, Account Analysis and Information Management Unit participate in the Department’s conference calls and the Department’s Region Meetings specific to federal funding and FSFN to ensure compliance with federal guidelines and requirements. As changes occur, the process and procedures utilized by the unit are reviewed for compliance and adjusted accordingly.
Data integrity and validation activities are completed daily, weekly and monthly by the CBCS Federal Funding, Account Analysis and Information Management Unit. FSFN and proprietary reports are used to evaluate eligibility data and identify potential errors in a case.

**Physical Case File and Electronic Case File Review:**

**Initial reviews: TANF & IVE Waiver**

When a child initially enters the CBCS system of care, the case status is evaluated to determine which federal funding guidelines will be used to determine case eligibility.

For children who enter the CBCS system of care with an In-Home Voluntary Services or In-Home Judicial Services case status the TANF guidelines apply and the following process occurs:

- The PI (Protective Investigator) or DCM (Dependency Case Manager) completes a TANF form within FSFN and submits the form to CBCS in the ESI packet.
- FSFN is reviewed for TANF accuracy / completeness.
- The TANF form is filed in the CBCS official case file for future reference.
- If the TANF form was not completed in FSFN or received at ESI, or the eligibility code was entered incorrectly into FSFN the error will be captured in FSFN Eligibility Reports. The reports are reviewed weekly by the Director of Administration and appropriate actions are taken to resolve the error.

For children who enter the CBCS system of care with a Foster Care (Licensed Out of Home Care placement) case status the IV-E Waiver and Child In Care Medicaid guidelines apply and the following process occurs:

- The CBCS Federal Funding, Account Analysis and Information Management Unit designee identifies the new case / child through FSFN and ARGOS reports.
- The Title IV-E Foster Care Initial Checklist is completed, the supporting documentation is obtained and a Medicaid Application is completed in FSFN.
- The Title IV-E Foster Care Initial Checklist packet and Medicaid Application is filed in the case file.
- The designated Federal Funding staff will make appropriate data entry into FSFN, ICWSIS (until it is replaced by SACWIS/FSFN 2B) and ARGOS.
- If the eligibility was not entered or the eligibility was entered incorrectly into FSFN the error will be captured in the FSFN Eligibility Reports. The reports are reviewed weekly by the Director of Administration and appropriate actions are taken to resolve the error.

**Annual Reviews: TANF**

When a child’s case has been open for 12 months a re-determination of their TANF eligibility should be completed.

For children who are active in the CBCS system of care with In-Home Non-Judicial Services or In-Home Judicial Services case status the TANF guidelines apply and the following process occurs:
• A case is identified as requiring a re-determination using the following reports: FSFN Eligibility Types Report and the TANF Eligibility Renewal Report.
• A TANF form is completed in FSFN by an Information & Eligibility Specialist.
• If the TANF form was not received, if the eligibility was not entered or if the eligibility was entered incorrectly into FSFN the error will be captured in the FSFN Eligibility Reports. The reports are reviewed weekly by the Director of Administration and appropriate actions are taken to resolve the error.

**Interim reviews**
As a child’s case progresses through the CBCS system of care there are many changes that occur including changes to a child’s placement and the case status.

• When a change occurs it is tracked through ARGOS and a Modified Placements Report is generated.
• The Modified Placements Report is reviewed daily. The changes on this report are entered into FSFN and ICWSIS (until it is replaced by SACWIS/FSFN 2B) and the eligibility in these data systems are reviewed and updated.
  o When applicable a CIC Eligibility and Communication Form is completed in FSFN by an Information & Eligibility Specialist and is submitted through FSFN to ESS CIC / Florida.
  o Once the Notice of Case Action is received back from ESS CIC, FSFN is reviewed for accuracy and the CIC Eligibility and Communication Form as well as the NOCA is filed in the Case file.
• If the eligibility code was not entered or if the eligibility code was entered incorrectly into FSFN the error will be captured in the FSFN Eligibility Reports or if the eligibility was not received from CIC over 30 days the information will be identified by the Information & Eligibility Specialist by using the eligibility tracking spreadsheet. The reports are reviewed monthly by the Director of Administration and appropriate actions are taken to resolve the error.

**Data Integrity and Management**
Data integrity is critical to the effective operation of a system from a contractual, financial, and resource management perspectives.

The data extracted from FSFN/ARGOS is used to alert the Region Office staff on the success or failure of CBCS to achieve contractually required outcome performance requirements. FSFN/ARGOS data also provide “the status” of the current situation to CBCS Management. FSFN/ARGOS provide a mechanism to quickly access information from the number of children in a particular living arrangement or legal status to stratification by length of time in care at the county level down to the case manager level. The use of data enables management to evaluate if a situation/problem is systemic or isolated to a unit or case manager. Corrective action plans and performance improvement plans are developed based on data that has been analyzed and are monitored by using data points.

Data should have integrity between systems. Information entered in FSFN should be consistent with information in ICWSIS & ARGOS. Information from ICWSIS should
match invoices received from vendors and utilization information tracked by the CBCS Director of Utilization. Reports from ARGOS (maintained by the Intake and Placement Agency) regarding the out-of-home care census population should be consistent with both the information in FSFN and the information in ICWSIS.

Data is managed by ensuring the consistency of information between systems and by limiting the persons inputting placement location and type, removal, and eligibility information to a few well trained staff. The Dependency Case Management Supervisor will be responsible for reviewing and verifying the accuracy of information in FSFN during their monthly review of the case management file.

Data validation continues to be a focus during many staffing processes. During the Out of Home Licensed Care Audits the CMA Program Director reviews FSFN data and the Intake and Placement Provider compares data from ARGOS. The CBCS Director of Operations and CMA Program Director ensure that discrepancies in data are immediately corrected through communication with the CBCS Director of Administration.

**Contract Performance Measures**

At transition CBCS identified and began tracking numerous data elements that have continued to be analyzed and reviewed to determine how the CBCS System of Care, as it is implemented, affects performance; the sensitivity of data points specific to a system change; and the residual affect of a change in one data point on other data points

The current contract performance indicators established by the Department include:

<table>
<thead>
<tr>
<th>Performance Measures FY 09-10</th>
<th>09-10 Targets</th>
<th>08/09 Performance</th>
</tr>
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<tbody>
<tr>
<td>No more than ____ of children served in out-of-home care shall experience maltreatment during services. (FS106)</td>
<td>.0032%</td>
<td>0.00% (final not in)</td>
</tr>
<tr>
<td>No more than ____% of children are removed within 12 months of prior reunification. Re-Entry Into Out of Home Care (FS302)</td>
<td>13%</td>
<td>11.88%</td>
</tr>
<tr>
<td>* The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 76.2%. Time to Reunify (FS301)</td>
<td>80%</td>
<td>74%</td>
</tr>
<tr>
<td>* The percentage of children with finalized adoptions whose adoptions were finalized within 24 months of the latest removal shall be at least ____%. Time to Adopt (FS303)</td>
<td>21%</td>
<td>20.8%</td>
</tr>
<tr>
<td>The Provider will complete adoptions. (FS304)</td>
<td>TBD</td>
<td>54</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>The percentage of children under supervision who are required to be seen each month who are seen each month shall be at least 100%.</td>
<td>100%</td>
<td>99.28%</td>
</tr>
<tr>
<td>The percentage of children under supervision who are required to be seen every 30 days shall be seen be at least ____%. <strong>Children Seen in Month (FS107)</strong></td>
<td>100%</td>
<td>Data not available</td>
</tr>
</tbody>
</table>

**FEDERAL MEASURES**

| The percentage of children in out of home care 24 months or longer on July 1 who achieved permanency prior to 18th birthday and by June 30 shall be at least ____%. | 41.62% | 54.06% (final not in) |
| The percentage of children in out-of-home care for at least eight days, but less than 12 months, who had two or fewer placement settings shall be at least ____%. | 84.1% | 89.49% (final not in) |

Most contract measurement can be extracted from FSFN through data reports. CBCS monitors the Department’s Dashboard and the ILF/FS to obtain information as available about performance measures. CBCS also uses a CHS proprietary system, ARGOS, which produces performance reports. CBCS agrees that the measurements are valid and important indicators of a child welfare system and that CBCS should strive to achieve a higher level of performance than its predecessor, the Department, but like the Department, CBCS requires a period of analyzing, evaluating and determining and implementing action steps that will result in positive changes to the system. Another fault of the measurements is the assumption that outcomes are solely dependent on the actions of CBCS. In a child welfare agency there are many outside influences that have some level of impact on process and that may ultimately influence an outcome. The influence may be positive or conversely negative. For the next several years the CBCS focus will be on partnering and championing changes necessary for system improvement.

The Department’s staff, the current dependency case management staff and providers acknowledge that other entities have significant influence on the achievement of performance goals. Several barriers identified that have a negative impact on the achievement of performance include: the parents (who may not be invested in change or may not be engaged in the process), CLS (may not file documents timely, may request continuances), the judiciary (docket may not allow for an abbreviated schedule for dependency hearings for example: it may take 3 weeks to get a hearing date scheduled for an Arraignment Hearing after CLS files a non-shelter Dependency Petition), and
relatives (that have agreed to adopting the child) may not feel any urgency about obtaining the required paperwork and completing the activities necessary to convert the relative placement home to an adoptive home because they do not have an urgency, as child is already in their home.

CBCS continues to determine processes that are impacted negatively by external factors and addresses the issue with those parties. It is CBCS belief that the parties involved are not aware of their influence on an outcome and are willing to make the necessary modifications or accept additional responsibilities in the system of care so that outcomes are achieved.

The CBCS monthly data report is provided monthly to internal and external stakeholders, the CBCS Board, the Seminole Community Alliance and Services Sub-Committee members. Information on results of quality assurance reviews is shared in the same manner. The information provided in the monthly report is frequently discussed, and ideas for improvement or additional service needs are prioritized. A System Collaboration/CBCS Program Director meeting is held the third Tuesday of every month and includes representation from CLS, CBCS, and the CMA Program Directors, to discuss the barriers to performance and develop strategies to address them.

**Program Improvement Plan**

CBCS works with circuit/region Department staff to ensure that the CBCS Program Improvement Plan is consistent with circuit/region and statewide priorities. Performance outcome measures set forth in the Program Improvement Plan are tracked and reported in the monthly CBCS/CMA Program Director meeting. The Program Improvement Plan is updated quarterly and after each base review is completed, findings of the base reviews are incorporated into the Program Improvement Plan to track improvement from quarter to quarter.

**Staff and Provider Training**

CBCS employs a single site specific staff to oversee the CBCS Training Plan, as well as to manage quarterly training committee meetings focused on identifying the training needs of case management staff. Invitations to attend training are extended to Seminole County Network or Stakeholder partners, including the SCSO Child Protective Services Staff Trainer.

**Pre-Service Training**

The DCF-mandated integrated pre-service curriculum is used. This training features approximately 8 days of training on the SACWIS system (FSFN) and provides a comprehensive basis for child protection work, including laws, types of maltreatments, removal and placement, interviewing families, assessment, case planning, special placements, and adoptions. The curriculum can be downloaded from [www.cwta.fmhi.usf.edu](http://www.cwta.fmhi.usf.edu)
There are two Casework Practice Sessions incorporated into Pre-Service Training. The first one is built into Removal and Placement. Utilizing cases that have been identified as being assigned following training to the trainee, court documents are reviewed in a small group setting. This process allows for the review of actual orders and petitions. The second session follows Case Planning and again actual cases are utilized to identify case plan compliance through a review of the documentation contained in the record.

To get an idea of the responsibilities that Dependency Case Managers assume on a daily basis, Community Based Care of Seminole requires new hires to complete shadowing activities during pre-service training. This is a structured component of pre-service that is fondly referred to as the Scavenger Hunt (see attachment).

Both Case Management Agencies have mentors who are assigned to trainees shortly after they are hired. The mentors provide the majority of the shadowing opportunities for trainees while in pre-service.

Following Pre-Service Training, there are three mandatory small group training sessions. The purpose of these is to aid in the transfer of learning from the classroom to the field. The first session focuses on the development of a field book and to reinforce specific timeframes for CBC Seminole. The second session focuses on time management skills and local resources. The final session covers the FBPA requirements.

In-Service Training
In-service training is offered on at least a weekly basis in the form of Lunch and Learn sessions on relevant topics. Providers are scheduled to present their programs, local policies and protocols are discussed. The Lunch and Learn menu has over eighty topics and is constantly being amended to address the needs of staff, either identified by direct line-staff, their supervisors/manager or CBCS Management. Lunch and Learns are an effective strategy of training delivery as it does not interfere with the “work day.” Both case management agencies are accredited and therefore have additional in-service training requirements. Some in-service training sessions are also offered that are longer in length, i.e. Motivational Interviewing and Legislative Updates, Family Team Conferencing and FCP.

Foster Parent/Adoptive Parent Training
CBCS contracts with three Child Placing Agencies (CPA) to provide foster care parent licensure, retention, and support. CBCS employs a single Foster Parent Trainer to provide the PRIDE training to prospective adoptive/foster parents. This curriculum is mandated by Chapters 65C-13 and 65C-16 of the Florida Administrative Code (F.A.C.), respectively. CBCS contracts with the CPA’s to provide the foster parent retention and support services; and requires the CPA to ensure that each licensed foster parent receive not less than twelve (12) hours of in-service training per year; as well as training in the recognition of indicators and reporting procedures for child abuse and neglect as well as behavior management.
Staff Development
Supervisors are responsible to do a developed plan as part of the performance assessment for employees after certification in protected services. These plans will be provided to the CBCS Trainer. The CBCS Training Manager and CBCS Quality Assurance Manager deliver enhanced training to mentor and supervisory staff.

The CBCS Training Manager, in addition to providing the core Child Welfare Training Curriculum also provides Lunch and Learn training topics several times a month to case managers, supervisors, program directors and the provider community. Often, community providers or the Department staffs are requested to supplement the training on specific topics of expertise (Child Welfare Services on Court Preparation and Permanency Options; HQ ICPC regarding Interstate Compact for Placement of Children).

Oversight of the ESI and FST Staffings
The CPI can access an ESI staffing at any juncture in their involvement with a family, when their assessment concludes that the risk to the child requires the ongoing supervision of a formal support system, or the involvement of the judiciary to protect the child. ESI staffings are scheduled by calling the I & P Unit. The I & P Unit determines the most appropriate unit assignment of a case based on characteristics of the case identified in a basic intake screening. All things being equal, cases will be assigned by the CMA Program Director on a unit rotational system (in consideration of the number of dependency case managers that are available to receive cases). The I & P Unit advises the PI of the staffing date and time and forwards by email notification to the CMA Program Director (CMAPD), and any open providers that are involved with a family or whose services we plan to engage (specifically the Women’s Intervention Specialist, Domestic Violence Advocate, Healthy Start Nurse, Children’s Medical Services, Child Protection Team Case Coordinator or Child Advocate, and Crisis Response Staff).

Inviting partners to the ESI that will be involved in a case creates an environment for information to be shared reciprocally, provides for better planning of services, identifies who the people are that will be working with the family and what role and responsibilities they will have. At the conclusion of the staffing the negotiated services and responsibilities are written on the ESI form and a process for continuing to share information determined. Generally, the DCM has case management responsibility and is the lead on filtering information, as appropriate, to the service providers involved with the family.

In the CBCS System of Care the Case Management Agency Program Director chairs the ESI. The primary reason for assigning this responsibility to the CMAPD is to provide utilization and quality oversight in the process. The CMAPD has a primary responsibility of ensuring that the service level requested is appropriate (are the risks and the current and future safety of child clearly identified and do they match the proposed service level), if a safety plan is in place is it appropriate, and if one is not in place is one needed? The CMAPD can authorize services needed that may result in timely decision making regarding the services a child needs, preventing removal or speeding reunification. The CMAPD can assist the PI with determining if expedited TPR should be considered and
assisting the DCMS with identifying cases where concurrent case planning should be utilized. The signature of the CMAPD on the ESI form qualifies as their approval of the appropriateness of the level of intervention, the safety plan and of the preliminary service plan.

“Family Service Teams” (FST) are individuals who meet regularly (at a minimum of every 90 days) for the purpose of coordinating services to the family, discussing case plan progress and evaluating the appropriateness of the identified permanency goal and placement setting if the child is in out-of-home care. The team includes the family, caregiver of child, case manager, dependency case management supervisor, service providers engaged with child or family, Guardian ad Litem, Child Legal Services, attorney for parents, CBCS Operations Consultant/Director of Operations and any other party the family identifies as a support to them. The FST’s are required to be convened in all cases where the child is in an out-of-home placement setting and continues to be convened until the child is returned home or an adoption finalization occurs.

Authorizations for services are recommended or approved at these staffings, decisions are made about placements (level of care), service delivery is coordinated, case plan progress and the continued appropriateness of the permanency goal and placement of child is reviewed.

Specifically, the team determines:

- The need for continued custody of the child;
- The need for continued placement of the child;
- The appropriateness of the child’s current placement;
- If reunification is the plan, the extent of progress made by the parents toward improving the conditions that caused the child to be removed;
- The barriers or safety issues that prevent reunification from being achieved;
- The services that have been provided to help the family achieve the goals identified in the case plan;
- The services that are still needed to help the family achieve the goals identified in the case plan;
- The extent of compliance with the case plan;
- The most appropriate permanent plan for the child and how to achieve the plan;
- The most appropriate alternative permanent plan for the child; and/or
- The expected date by which the permanent plan will be achieved.

Formats for the initial and subsequent FST’s are outlined below. Sometimes FST’s are called to address something specific in a case that potentially has a significant impact on the capacity to achieve the permanency goal or involves service delivery that must be coordinated to ensure child well-being or safety. Situations that might necessitate this might include: discussion of a higher level of care for child; a motion for reunification has been made and a coordinated response to the motion needs to be determined and a plan for child’s safety crafted if child is reunified against case management recommendation. Case managers will be required to provide information to the CBCS
operational staff chairing the staffing that all parties including parents, child if age appropriate and caregivers were invited to attend the staffing, if unable to attend the case manager will get a statement as to their perception of case progression, additional needs or concerns.

**Supervisor Review**

All mail (courier, US Postal etc) is sent through the CBCS Support Unit to be date stamped and sent out to the appropriate parties. Court orders, provider progress reports, psychological assessment, comprehensive behavior health assessments, etc will be sent to the case manager through the supervisor. The supervisor is required to review the information, initial the bottom right corner of the document and forward the document to the case manager with instruction within 24 hours. Case manager chronological/visit sheets will be reviewed no less often than monthly during case supervision meetings between the case manager and the supervisor. Supervisors are encouraged to review contacts daily with new staff and as the supervisor determines that a case manager has progressed, is making effective and appropriate decisions with a high level of frequency, this level of oversight of the case chronological can be reduced.

Frequent reviews between the case manager and supervisor provides the case manager an opportunity to initiate necessary actions to correct a situation before a larger problem results, it also provides the case manager with reassurance as they build increasing competence, and results in more sound decision making that impacts everything from child safety to achievement of permanency.

A formalized case review between the case manager and supervisor occurs each month. The review includes a discussion of each case, a review of the permanency goal and progress of the family, and a verification that the data entered in FSFN continues to be accurate. The supervisor enters the review in FSFN and uses the “Mentoring and Modeling Quality” guide. The entry will include the identification of the risk level, continued appropriateness of a safety plan if one exists, and specific instruction regarding the level of visits that are required to ensure safety and achieve the permanency goal established for the case as documented on the case plan. Prior to attendance at a Family Service Team staffing, court proceeding, case plan conference, and filing of the judicial review social study report the supervisor will review each case using the supervisory discussion information as a guide.

At a minimum these supervisory reviews will include a review of the following information:

- family assessment (ensuring it is updated as needed),
- the most recent Family Service Team staffing form,
- the family’s progress in meeting the current case plan goals,
- strengths/barriers in achieving the goal,
- the frequency and types of contact the case manager is having with the family to include engagement activities (including the child, both parents and the caregiver),
- CBHA recommendations
• Child wellbeing needs (physical, dental, and school needs)
• Assessments of risk and safety
• Ensure appropriate follow up to previous case directives occurred

During supervisor reviews the supervisor provides feedback and directions to case managers that result in cases moving toward permanency, to include reviewing past directives to ensure they have been completed. Supervisors are required to use the initial supervisory tool which addresses early family engagement/contact. The supervisor should provide suggestions to the case manager regarding case plan tasks to discuss with the family; as well as ensuring that the case manager completes in depth family assessments and that all participants had a voice in the family assessment. All supervisory reviews are entered in FSFN and quality of supervisor reviews will be monitored during quarterly file reviews.

At least once per month the supervisor holds a unit meeting. The meeting covers best practices, policy and operation updates, information on how well the unit is performing; the unit’s performance compared to other units, and how well CBCS is performing overall compared to the contract performance indicators. The CBCS operational staff assigned to the unit will attend the unit meeting quarterly to discuss current trends present in the unit after data has been analyzed from each quarterly review. This allows the CBCS operational staff to help target training issues for the unit and provide one-on-one technical assistance as needed. Incremental goals will be set around indicators that need improvement, committed to by staff through consensus building, and progress reviewed at each staff meeting. At every opportunity the supervisor will pair case managers that have different skill sets and encourage staff to continue to learn and grow professionally. The supervisor (or mentor) will set time each month to attend court hearings and complete home visits with probationary staff. Informally the supervisor will seek information from families and providers on staff performance. The DCMS is as much accountable for the development of their staff as they are for their daily supervision.

The CMA Program Director will randomly select three case records quarterly from each unit to review and will use the Case Management Supervisory tool as a guide to complete the review. The CMA PD will include information in their review as to the appropriateness of DCMS case directives given to the case manager. The CMA Program Director will assess the quality and appropriateness of the direction provided and review the data entered in FSFN to verify accuracy. If there are any concerns about the quality of the supervisor review the CMA Program Director will discuss the case with the supervisor within the constructs of child safety, well-being and permanency. The CMA Program Director will forward a copy of the documentation of the supervisor review to the QA Manager prior to the end of the quarterly reporting period to document compliance with this Quality Management Plan requirement.

The CMA Program Director is as much responsible for the development of the unit supervisor, as the unit supervisor is to the case manager. The development of both is critical to the overall improvement of the organization. CBCS will encourage the CMAPD’s to develop training plans for each supervisor under their authority. The
training plan will be negotiated with the supervisor. The CMA Program Director will ensure that the supervisor has time committed to completing the training plan, and will review the training plan at least semi-annually to assess the status of completion. Similarly, the supervisor will negotiate a training plan with each case manager under their authority. The CMA Program Director will maintain a copy of all training plans of staff on the units they are responsible for. Training plans must be updated annually, preferably at the time of the annual staff performance review. Copies of all training plans will be forwarded to the CBCS Training Manager who will review for overall themes and incorporate case management training priorities in the CBCS Training Plan.

**Collaborative QA model: Involving Regional Department QA staff and CBCS**

The CBCS QA/Instrument Review is identified as the CBCS base review in the QA model proposed by the Department. The tool used for this review is a Department approved tool that includes safety, permanency, and well-being components. The CBC base reviews will be conducted quarterly and will consist of 17 cases to be selected by the Department. These 17 cases will be reviewed by qualified CBCS staff. The objective of the base reviews is to gather data on quality of case work practices, to aggregate data that will help form improvement plans for CBCS. CBCS believes that high quality and effective services will increase positive outcome for families, specifically as it relates to safety, permanency, and well-being.

The second level of reviews will be a collaborative effort between the Department and CBCS to include a side-by-side review of 8 case files quarterly. Both CBCS and the Department will identify qualified staff to participate in the side-by-side reviews using the Department’s approved tool. Each case will have a CBCS reviewer and a Department reviewer assigned to complete the review. It is estimated that a case review will take approximately one day to complete. In addition the Department will identify a facilitator to provide oversight of the side-by-side reviews. The facilitator for the side-by-side reviews will be a Department representative, as determined by the Central Region’s Family Safety Program Office and QA Manager. The facilitator will observe the side-by-side review conducted by the review team(s) and will assist in providing clarification to the reviewers should there be any disagreement between the reviewers on the tool or responses to the tool. CBCS will include the finding of the side-by-side reviews in the annual report.

The third level of the QA model is a comprehensive in-depth review process based on the Child Family Service Reviews. The Department’s QA staff will evaluate quality of casework and practice by interviewing important participants in a case such as the parent, child, caregiver, case worker, and GAL. Information gathered during this review will be incorporated into day-to-day practice improvements.

The CBCS Child Welfare Quality Reviews will be continuous. The consistent application of this process will provide CBCS with interim measures of performance, and allow for changes to be made before annual aggregate data is sent to the Department Regional Quality Assurance staff. In addition to the data that the Department requires the CBCS to report on, additional information that the CBCS determines essential to review will be examined.
CBCS will conduct any specialized review requested by the Department to include Executive Management and region Discretionary reviews. However, due to personnel constraints should the participation be voluntary, CBCS will only be able to participate upon availability. If the specialized review is initiated by the Department, CBCS will request that the Department provide reasonable notice, and identify the scope and purpose of the review. CBCS will accommodate for the review by cooperating with venue, arranging for any CBCS case files to be transported to the site where the review will occur; and for their return. When the review involves CBCS case records, CBCS will provide at least one qualified QA reviewer to the review project. If the Department requests that CBCS conduct a specialized review and provide the results, the CBCS QA Manager will work with the Department’s Lead to review the required tool and review parameters. The CBCS QA Manager will then select a review team, qualifications will be based on the specifics of review. The CBCS QA Manager will provide oversight of the review and the coordination of the review results. When CBCS (Chief Executive Officer, Director of Operations or Network Director) identifies the need for a specialized review, the QA Manager will take the lead on setting up the review and conducting the review within the parameters agreed upon. Peer reviewers will be solicited to assist in specialized/targeted reviews, as generally these are determined necessary when there is a need to collect information quickly for purposes of taking necessary actions to address a significant discovered deficiency. If the case management agency program directors request a specialized review the CBCS QA Manager will review the request and determine if CBCS (corporate program staff) will conduct or participate in the review.

During any of the review processes if a reviewer identifies that there is a critical life, health, or safety threat to the child a communication form/request for action (RFA) will be immediately brought to the attention of the assigned case management program director to handle. This critical issue will be documented on a communication form for tracking purposes. The case management agency program director will provide the reviewer with documentation of completion or status of completion within 24 hours.

**Case Review Sample Selection**
The sample for the quarterly reviews is set by Department of Children and Families and includes 25 cases a quarter. The sample of cases are randomly selected within a population of in-home and out-of-home cases with the only control imposed within the sample is that the sample be representative of the distribution of cases within the in-home and out-of-home care populations.

**The QA Instrument**
The QA tool was developed by a QA workgroup as a collaborative effort between Community Based Care Lead Agencies and the Department. The tool will evaluate the following domains:

1. **Initial Response**: The purpose of the initial response is to gather information and evidence related to a report of abuse, neglect or abandonment; the initial
response reflects contact with children and families, an assessment of child risk and identification of services necessary to ensure child safety.

2. **Emergency Removal:** Emergency removal and placement of a child occurs when the child’s safety cannot be maintained in the home and all reasonable efforts to avoid removal have been pursued.

3. **Health Care Needs:** The needs of the child must be assessed in a timely manner. Needs (physical, behavioral health and developmental needs if indicated) must be addressed and results reported to the court.

4. **Case Plans:** The family assessment provides a basis for the case goal and the development of the case plan. The case plan outlines the tasks and planned services necessary to meet the case goal.

5. **Judicial Reviews:** State law requires that the court review each child’s case at least every six months from the date of removal. The purpose of Judicial reviews is to determine the status of the child, compliance with the case plan, review need for changes to the case plan or placement, and to maintain focus on safety of the child and permanent placement.

6. **In-Home Protective Supervision:** Casework services for in-home supervision reflects regular contact with the child(ren) and parent(s), provision of services to the family and ongoing communication with all service providers in an effort to ensure child safety and facilitate achievement of the case goal. The frequency of contact with the child(ren and parent(s) will be based on the level of risk and any safety issues identified.

7. **Out of Home Care:** Supports for out-of-home placements reflect regular contact with, and provision of services to, the child(ren), the caregiver and the parent(s), communication and coordination with providers and ongoing evaluation of the placement to ensure child safety, placement stability and facilitate achievement of the case goal. Continuity of care promotes the emotional health and well-being of children in relative/non-relative placements and foster care. Essential elements are: appropriate placement, placement stability, arranging and facilitating visitation between children, parents and separated siblings, and stability of assigned worker. The frequency of contact with the child(ren and parent(s) will be based on the level of risk and any safety issues identified.

8. **Adoption Services:** When efforts at reunification with the parents and efforts to locate a permanent, safe and stable placement with a relative or non-relative have failed and sufficient ground exist, the agency may pursue termination of parental rights in order to achieve permanency for the child through adoptive placement.
9. **Independent Living**: Youth who are age 13 or over are required to receive assessment and training in independent living skills as well as focused support services as they transition to adulthood while in state custody.

10. **FSFN Data Validation**: FSFN is Florida’s statewide-automated child welfare information system. It is designed to provide an automated format for reporting case management activities; assisting sound decision making through the utilization of case management tools; and real time data reporting to allow oversight, tracking and analysis of casework information.

11. **Federal Funding Requirements/Adoption Subsidy**: State child welfare services rely heavily on federal funding. In order to preserve this valuable source of funding, the Department of Children and Families and its contracted providers must comply with legal requirement set forth by the Federal Government. Federal funding sources for child welfare services include TANF, Title IV-A, Title IV-B and Title IV-E.

Each section is comprised of questions aligned to critical success factors identified by the Department and are consistent with ASFA and performance indicators that CBCS is contractually required to achieve.

**Review Schedule**:

**Base Reviews**: Completed Quarterly (to be completed within the first 60 days of the quarter).

**Side By side Reviews**: Quarterly: (July 12-16th, October 18-22nd, February 7-11th, May 16-20th)

**In-depth reviews**: completed quarterly by Department in partnership with CBCS staff (2 selected from side by side review population).

**Adoption Specialized reviews**: Adoption Audit Monthly, End-Process Review on all finalized adoptions; Annual Random Sample for Complete QA review on cases with an adoption goal.

**Care Program**: Review completed annually.

**Family Connections**: 90/10 sample stratified by home agency of Family Advocate completed 2x per year,( November, May).

**In-Home Non-Judicial Services**: 80/20 sample stratified by case management agency completed 3X per year (October, February, and June).

**Specialized Reviews**: As requested by the Department to occur 2x per year; and as need determined by CBCS.

**Independent Living Specialized review**: Semi- Annually (first six months will target under 18, second six months over 18)

**Psychotropic Reviews**: Case Management Supervisors will review the Active Medication list weekly to ensure the information pertaining to children on Psychotropic medication is entered correctly into FSFN and the appropriate Treatment plans and parental consent or court order was obtained. CBCS will use the roll up data from the base and side by side reviews to ensure that case managers are following the requirements of the Florida Administrative Code. If a case management agency or specific unit is determined not to
following the Administrative Code then that agency or unit will be put on a performance improvement plan until they demonstrate consistent improvement in performance.

**Specialized Supervisory Review:** Semi-annually. CBCS will conduct a specialized review semi-annually to review the quality of supervision occurring. The case management agencies will be put on a program improvement plan depending on the needs identified during the review. The Specialized Supervisory review will evaluate the quality of supervision and ensure that the qualitative supervision continues to occur at a minimum of quarterly.

**Council of Accreditation Site visit:** The week of November 14th

Information from CBCS QA Reviews (Tool Review, Stakeholder Review and Foster Parent Phone Survey) is shared with staff, CBCS Board of Directors, and providers. Discussion will include:

- what was done well,
- what needs to be improved,
- what is an appropriate target for next quarter,
- and; how can we get there.

Performance Measures will be identified to ensure that progress is being made on areas identified as needing improvement with progress reported back to the staff and providers that are involved.

During the past year the base review findings have been consistent with three primary areas needing improvement: comprehensive assessments not being completed, qualitative supervisor reviews that provided directions and ensured follow up were not being completed thoroughly and families were not being effectively engaged. The three areas needing improvement are included in the Program Improvement Plan for the fiscal year 2009-2010.

**Quality Assurance Review Report Format:** Within 20 days of the end of the fiscal year the Quality Assurance Manager will provide an end of the year comprehensive written report to the CBCS Director of Operations for review. The review report will include findings from the 4 quarter reviews. The CBCS CEO will approve the report and forward to the Department’s Contract Manager.

The report will identify sample methodology, period under review and performance in each domain of the review instrument, systemic issues for consideration, best practice suggestions, and opportunities for improvement. Additional information regarding results of surveys administered will be provided.

A full comprehensive QA report, “CBCS A Year in Review” will be completed by the QA Manager and will include each functional area. This report will provide a comprehensive view of where CBCS is at in Quality across the board and provide a basis for prioritizing QA activities for the next fiscal year.

**Contract Performance Review**
CBCS contracts are assessed annually for various risk factors to determine a level and frequency of monitoring. Depending on the risk factor analysis contracts are monitored annually, bi-annually or every three years. Contract monitoring will occur as set forth in the “CBCS subcontracting monitoring guidelines as approved by Department. The CBCS Network Director will develop an annual contract monitoring schedule for each provider contracted through Community Based Care of Seminole. The monitoring schedule will be established sixty (60) days prior to the beginning of the fiscal year, or within the first sixty (60) days of a contract start date. The review team will include the CBCS Network Director and Chief Finance and Informational Officer and may also include any additional CBCS staff or network provider staff that CBCS determines is necessary to execute an effective review. Both administrative and programmatic components will be reviewed during the scheduled review using the review tools provided in the operating procedure. The Chief Finance and Informational Officer have the primary responsibility of the administrative component and the CBCS Network Director have the primary responsibility of the programmatic component.

The comprehensive review may include but will not be limited to an onsite review of records, interviews and direct observations by the review team that involves:

- Client Satisfaction Surveys (administration and outcomes)
- Treatment and Activity Records (services authorized were delivered, clients were eligible for services)
- Interviews of the provider agency staff, board, clients and families/guardians
- Payroll Records (tax returns and payroll register for administration and program personnel)
- Organizational Charts
- Invoices and Supporting Documentation
- Verification of Required License
- Observations of contractual terms and conditions
- Audit Reports or detailed review of the provider’s accounting system
- Interim financial statements
- Compliance with previous year’s findings and recommendations found in the previous year’s administrative contract monitoring report
- Correction or clearance of all identified deficiencies identified in the previous year’s administrative contract monitoring report
- Current operating budget and expenditure report
- Records and minutes of board and finance committee meetings
- Roster of all provider employee (by position, title and department)
- Record of tax exempt status
- Evidence of compliance with sponsorship and publicity requirements and lobbying restrictions
- Consistency in rate application documented on contract, provider invoice, and payment
- Match requirements were met when applicable
- Compliance with federal requirements
- Subcontracts
- Compliance with record retention rules
Compliance with Civil Rights
Accreditation reports with findings and recommendations if applicable
Other annual monitoring and audits as deemed applicable with findings and recommendations

Formalized contract monitoring is an annual event, however provider evaluation is a perpetual process reviewed by CBCS through monthly utilization tracking (payment and units of services consumed), provider reports and program performance data reports and less formally in LOC, Placement Stabilization, and FST staffings. CBCS will review performance data monthly and share this information with the CBCS providers and the CBCS Stakeholder Group. Information gathered monthly will be used by the CBCS Network Director and or Utilization Management Specialist to produce a quarterly Provider Performance Report. The Provider Performance Report will detail performance on the outcome indicators that the provider has agreed to achieve in their contract with CBCS. If there are deficiencies a Performance Improvement Plan will be developed and progress on the plan will be tracked monthly and discussed with the provider. This will allow the provider an opportunity to demonstrate efforts at improvement.

At a minimum the contract manager will schedule quarterly provider meetings to provide a venue for announcements, updates, and discussion of provider successes and concerns. Unless otherwise scheduled individually by a provider an agenda will be structured to explore issues related to network performance and to identify and problem-solve any barriers to quality care or services. The ongoing opportunity to share strategies and address challenges will build a more cohesive provider network and lead to innovative new practices. In addition, the Board will also receive updates quarterly as to the performance of contracts that have been monitored.

**Licensing (Child Placing Agency)**
As of September 2009 CBCS has assumed primary licensing review and approval. All licensing packets of foster care homes and/or child specific placement homes submitted by area child placing agencies are submitted to the CBCS Licensing Manager for final approval. Upon final approval CBCS Licensing Manager submits an attestation that the packet is complete and complies with F.A.C. 65C-13 and 65C-15. The attestation is submitted along with the Licensing Standards Checklist for 24 Hour Family Care to the DCF Licensing Office. The DCF Licensing Office then issues the foster home or child specific license. DCF Licensing office conducts quarterly quality assurance reviews the first year of transition of licensing approval. After the first year, quality assurance reviews will be conducted every six (6) months. The Department’s Licensing Office will inform CBCS of any findings from the review specific to a Seminole foster home or performance by a specific child placing agency. CBCS shares this information with all CPA’s for improvement and continued quality performance.

Seminole County Sheriff’s Office/Child Protective Services Protective Investigators notify the Child Placing Agency, Licensing Authority (ACHA, DCF, APD), primary case manager of children involved in report, Intake and Placement Unit Supervisor, CBCS Director of Operations and CBCS Licensing Manager of all institutional reports received.
involving a facility (residential group care) or foster home located in Seminole County. The SCSO CPS Trainer schedules staffings on all institutional reports received. Institutional staffings are held each Monday at 10:30am at the CBCS Service Center. Intake and Placement sends the schedule to the CPA’s, CBCS Staff, Dependency Case Manager, Case Management Agency Program Director, GAL, ACHA, SAMH Program Office, and the Florida Coalition for Children. The CPA and CBCS Network Director who attend the staffings are responsible for ensuring follow-up to any licensing corrective actions that are determined necessary.

The Florida Abuse Hotline accepts foster care referrals for any call regarding a foster child that is received, when the nature of the call does not otherwise warrant an abuse/neglect report. When the “foster care referral” is received through the hotline the hotline notifies SCSO Child Protective Services. The SCSO CPS Child Protective Investigation Supervisor will review the “foster care referral” and make a decision to either respond to the referral or to close the referral with a notification to the CBCS Licensing Manager. When the “foster care referral” is received by the CBCS Licensing Manager the CBCS Licensing Manager assigns the follow up to the child placing agency, and may elect to respond with the child placing agency. All outcome information is sent to the CBCS Licensing Manager for review and appropriate action.

The CPA contract with CBCS requires that the CPA notify CBCS through incident reporting any foster home referral, abuse report, complaint on a foster home that is received or otherwise known. The CPA is also required to notify CBCS of any corrective action they implement with a foster home or any revocation request or license surrender they request or recommend to the Central Region Licensing Office.

Exit interviews with children that leave shelter/foster care are conducted in a manner consistent with CFOP 175-61. Children ages 5-18 are interviewed by their assigned Dependency Case Manager each time they leave the care of a licensed foster home or group home where they have been placed for thirty days, regardless of the reason for removal. A runaway recovery interview form is completed on all runaways. The movement of children from a foster home to another placement setting (to include other system exits) is tracked daily by the Intake and Placement Unit; and extracted weekly from ARGOS (Modified Placements) and is forwarded to the Guardian ad Litem Program. The information is also formatted into a monthly report of placement activity and specifically identifies if the movement requires an exit interview to be conducted. The completed exit interview forms are reviewed by the Dependency Case Management Supervisor and forwarded to the CBCS Licensing Manager through the (CMA PD). The CMA PD reconciles the monthly report against the exit interview forms they have forwarded to the CBCS Licensing Manager to ensure that all required interviews have occurred. The CBCS Licensing Manager reviews the information (files a copy in the CBCS foster home file by foster home provider) and forwards a copy to the Child Placing Agency who provides the regulatory function. The CBCS Licensing Manager, Director of Operations and Network Director discuss any concerns identified regarding a foster home with the CPA and any pattern of concerns regarding the homes licensed by CPA’s
are discussed in the Performance Management Team meeting that the Network Director has monthly with the Child Placing Agencies.

The DCM is required to complete a “Notice of Concern” regarding the care of the child, condition of the home, or any circumstance/situation that they have been advised of or have personally observed as it relates to the foster parent(s). The “Notice of Concern” is to be electronically forwarded to the CBCS Licensing Manager who reviews the concern, and takes appropriate action if warranted based on the concern identified, and then forwards the “Notice of Concern” to the CPA. Completion of the “Notice of Concern” does not resolve, nor does it delay, the DCM’s responsibility to report suspected child abuse, neglect or abandonment to the Florida Abuse Hotline. CBCS may schedule a placement stabilization staffing through the I&P unit as a vehicle for immediately gathering information regarding a concern that has been brought to the attention of CBCS. Children should be in safe, nurturing environments where they will thrive while in an out-of-home care setting. If a child is “uncomfortable” in a foster home or where the foster parent is otherwise unable to meet the needs of the child, a more suitable home or placement setting will be arranged. The needs of the child are paramount in consideration as to the placement setting.

The Intake and Placement Unit, contracted by CBCS, is responsible for ensuring that the placement of children does not exceed the licensed capacity of the foster home. The capacity of the home will be established by the CPA requesting the foster home license and determined by the capability of the foster parent to provide care for the recommended number of children based on an evaluation of: their history as a foster home, the supports they have available, the physical environment of the home and adherence to sleeping requirements specific to the age and sex of the child. Exceptions to licensed capacity will be considered for placement of additional children in situations where: another sibling of child is placed in the home, to accommodate a large sibling group, or in situations where the child has previously been placed in the home has flourished and has re-entered care. The Intake and Placement Unit must request and receive the approval of the CBCS Chief Executive Officer (via the CBCS Licensing Manager) and the Child Placing Agency licensing staff that provides the regulatory function for the home before authorizing the placement of a child that will result in the home being over licensed capacity. All homes that are over licensed capacity will be reviewed monthly for the duration of the time that the home is over capacity and require an evaluation as to the added supports that will be needed to ensure the stability of the placement.

Each Child Placing Agency is required contractually to submit an annual retention plan to the Network Director. The Network Director reviews the annual plan and provides feedback as necessary. The needs of CBCS (re: preferences and types of homes) are addressed in the monthly meeting with the CPA.

Quality Management Team and Peer Reviewer Qualifications

The Quality Assurance Manager (full-time quality management role) has the primary operational responsibility for the Quality Management Plan. At a minimum the QA
Manager/Operation Consultant will have five to seven years of recent experience working in family safety program areas of protective services, foster care or adoption. Supervisory experience, child protection certification, quality assurance experience and graduate degrees in social work are preferred qualifications. The Quality Assurance Manager is certified as a Florida Department of Children and Families Quality Assurance Reviewer.

Qualification of peer reviewers will be determined by the QAM in consideration of the type of review being conducted. In order to participate in base review and side by side reviews the reviewer must attend one of the Department’s approved quality assurance trainings. For all other specialized reviews, the experience and qualification of the peer reviewers will be established by the CBCS QAM in consideration of the purpose and parameter of the review. All reviewers will be trained on all instruments used in the review and all final review products will be reviewed by the QAM or Operations Consultant, this will control for data integrity and a higher inter rater reliability.

**CBCS Performance and Management Team Meeting**

Every month, the CBCS Leadership Team and CMA Program Directors will review the operational and financial performance of the system of care, (Monthly Data Report). This review will also look at the performance of the CBCS contracted providers. The purpose of this review is to identify operational, financial or provider performance that needs to be adjusted to meet system outcomes.

**Quality Teams:** A team of four core operations staff and the CBCS Trainer will convene at a minimum quarterly. The primary purpose of the Quality Team is twofold. First, the Quality Teams will be the ongoing vehicle for identifying and addressing barriers to quality at the operations level. At each quarterly meeting, time will be set aside for service center discussion of service center issues that need attention – which could range from issues around provider wait lists to issues related to internal communications or potentially serious risk management concerns. The goal is to problem solve, make recommendations for change, and forward those recommendations to appropriate CBCS staff for action.

The Quality Team may be asked to review performance indicators that need attention, or further evaluation. When this request is made, the information (indicator, baseline performance data and interim target) will be presented to the team by the CBCS Trainer (with input from the CBCS Performance and Management Team). The CBCS Trainer and Operations Consultants will provide a consulting role to the Team. The Quality Team will have the responsibility of conducting a further analysis, identifying potential root causes and testing their hypothesis. Once the team has identified two of the most significant barriers to achievement of the goal they will develop a course of action. The actions will identify how the barriers can be resolved and outline action steps and persons responsible. Sometimes it will be more appropriate to pilot a new process before fully implementing. The Quality Team will have the responsibility of presenting their action
plan to the two CMA Program Directors and getting approval to implement (the CMA Program Directors may present this during the monthly CMA/CBCS Performance Management Team Meeting. The Quality Team will elect a person to track the process and performance and may present their findings and resulting improved outcomes at the CBCS Performance and Management Team Meeting.

Secondly, the Quality Teams will serve as a vehicle for the ongoing review of information related to incidents, accidents, grievances, outcomes and performance measures and safety and risk management issues to identify areas of weakness and strength and to recommend improvements when deficits are noted. For example, information from the data might indicate an upward trend in the number of clients that are complaining about unreturned phone calls. The team would review the data to determine if the complaint was specific to a counselor or unit or dispersed throughout the service center. Depending on their findings the Team would develop an action plan to address the problem. Part of their strategy might be to further analyze the problem and include technology recommendations. After implementation of a strategy data would continue to be evaluated to determine what cause the action had on the indicator.

The Quality Team lead will submit a quarterly report to the CMA Program Directors and the CBCS Director of Operations which details their meeting minutes and activities that have occurred since the last meeting.

C. Stakeholders

Stakeholder involvement in the quality assurance initiatives is truly one of the only ways to ensure the quality assurance process moves from compliance based monitoring to evaluating the quality of services to the children and families we serve. CBCS relies on information gather from surveying both our internal and external stakeholders. After this information is gathered and analyzed the information is then presented to CBCS, the board and stakeholders to evaluate if a change in policy needs to occur or if a new type of service delivery needs to be explored. CBCS has representation at the Community Alliance meeting, and allows stakeholders to join in the training committees and quality team committees. CBCS also will arrange specialized meetings to address any stakeholder concerns/trends and involve the stakeholder in developing a solution whenever possible.

CBCS Stakeholder includes but is not limited to the following:

- The children and families served by CBCS
- CBCS Network/Contracted providers
- CBCS personnel
- CBCS Board of Directors
- Youth Advisory Board
- The Judiciary
- Guardian Ad Litem Program
- Seminole County Sheriff’s Office Child Protective Services
- Kidshouse/Child Protection Team
• Community Alliance/Seminole Children’s Cabinet
• The Florida Department of Children and Families
• Foster and Adoptive Parents

**Stakeholder Interviews:** The current review instrument for stakeholder interviews is comprised of ten items. Each of the items is designed to elicit the interviewee’s opinions on statements regarding the service delivery system. Stakeholder surveys will be conducted annually and the results will be incorporated into the annual reports. The results and feedback received from the stakeholder surveys will be made available to the CBCS Board of Directors and stakeholder groups annually.

**Foster Parent Surveys:** The review instrument for licensed caregiver/foster parent surveys is comprised of ten questions. The questions are designed to measure foster parent’s opinions concerning the effectiveness and responsiveness of the service system in working with them and their foster children. Foster parent’s surveys will be conducted annually and the results will be included in the annual reports and made available to the CBCS Board of Directors and stakeholder groups annually.

**Satisfaction Surveys**

Satisfaction with service provision is routinely assessed by CBCS and its providers. Satisfaction with provider service is part of the providers own QA/QI plan, is a requirement of their contract with CBCS, and is also assessed during the quarterly QA review process. In addition, CBCS and or CHS/HSA will also conduct an annual satisfaction survey that will include use of five survey instruments targeted specifically to:

- Parents/Children (sampled from a universe of all open children and their parents as of a given date)
- Adoptive Parents (sampled from a universe of all adoptions finalized within the year, or since CBCS service transition date)
- Foster Parents (sampled from a universe of all open foster parent providers in Seminole County that have Seminole children in their homes as of a specific date)
- Providers: (sampled from a universe of all providers registered as a network provider of CBCS)
- Stakeholders: (sampled from a universe of Guardians ad Litem, Judges, Department of Children and Families and Regional Quality Assurance Team)

The instruments will be designed to solicit information from the identified groups surrounding their satisfaction with CBCS (and the case management services provided by the CMA). CBCS will identify a statistically valid sample size from the universe identified above. For the children and parents sample the cases will be open cases and include a range of clients who were recently staffed for ESI services, to those pending closure from services but, still open on an as of date, (tentatively identified as August 31). This selection method will provide information regarding a client’s satisfaction with services at all phases of service delivery from case initiation to case closure.
Information from all client satisfaction surveys (conducted by CBCS, CMA’s, or contracted providers) will be maintained and data will be produced and added to the Program Improvement Plan as needed. All satisfaction survey will be forwarded to the QAM for tracking purposes and feedback of surveys will be summarized in the annual reports. The CBCS Management Team will use reports generated from the data base in their review of the overall quality in meeting the needs of children and other stakeholders. This information is reported in the Annual Report and the QA “a Year in Review” report.

II. Measures and Outcomes

CBCS has established measures based our strategic plan’s long term and short term goals. CBCS outcomes are determined by data presented in contracted performance measures, CBCS strategic/programmatic measures, as well aggregated data from stakeholder surveys. CBCS conducted a comprehensive analysis of measures listed above in developing and assessing the strategic plan.

A. Long Term Strategic Goals and Objectives

History: During the time period of January 2007 through March 2007, a series of meetings were held between CBCS and case management partners. Discussions at these meetings were centered on the culture of the dependency system, vision for improvement, and various items that needed to be addressed so that the dependency culture could change. CBCS believes that in order to see change happen a commitment to systemic changes needs to occur at all levels, and should be driven by the board and senior management both within CBCS and the CMA’s. A plan of action was developed in which the CBCS Board of Directors embraced the initial strategic priority for the agency. A subsequent Board retreat was held on May 12, 2010 in which the Board assessed the previous plan and developed a more comprehensive strategic plan with goals that could be measured and data could be provided to determine successfulness in achieving the goals set forth in the plan.

CBCS has developed objectives to monitor the strategic plan and has determined how CBCS can measure improvement. The CBCS Board of Directors meets monthly. CBCS provides the Board of Directors a quarterly report on the performance for the designated objectives. The Board also receives a monthly data report (Appendix A), quarterly reports of contract performance, and the performance of contacts monitored by CBCS, as well as financial and audit reports. The CBCS Management team reports of the measures quarterly at the Management team monthly meeting in which the CEO in turn reports to the Board. Please refer to the CBCS Strategic plan (Appendix B) for goals, objectives, and measurements to assess success.

B. Management/Operational Performance

The management of CBCS, the Board of Directors and the Finance Committee of review the financial statements, financial projections and the Monthly Data Report to identify the
trends of operations and the client population and the impact these trends have on the financial health of the organization. The major operational indicators that identify the fiscal and operational health of the organization are: 1) Out of Home Daily Costs 2) Length of Time to Permanency 3) Number of Children in Care Over 12 Months. Each of the previously listed items have a significant impact of the variable costs of the organization (Out of Home Care, Diagnostic & Evaluation and Client Assistance) and can also provide information to management regarding performance specific to the plan in operationally. If not, adjustments can be made to the provider network to increase/decrease resources allocated to programs, solicit additional providers to meet special needs of the population or reduce fixed price contracts to allow more funding availability for the variable costs.

CBCS strives to maintain a knowledgeable, stable, and satisfied workforce. Each CBCS Management Director has the responsibility to review workload and functions in their program areas and prioritize workload or reassign workloads as needed. In many of the CBCS department co-workers are cross trained or have operational manuals to ensure continuity of service in the absence of an employee. CBCS maintains an employee suggestion box on the employee G drive for comments, concerns, and suggestions for change. The stability of the workforce is also reviewed on a monthly basis by the management of CBCS and the Board of Directors. This is monitored through a year to date percentage of case carrying staff turnover. These items are listed on the monthly data report that is presented to the Board of Directors which includes executive management of community stakeholders and providers.

C. Program results/ Service Delivery requirements

CBCS uses a variety of reporting mechanisms to ensure successful programmatic results. CBCS program results focus on the safety, permanency, and well being of the children and families we serve. In order to have positive outcomes for the children and families we serve CBCS focus on the accessibility, timeliness and continuity of service while maintaining the focus on the child’s safety at all times.

Client and Grievance Procedures

CBCS desires to create an environment that encourages any person, client, community partner or stakeholder to communicate freely with CBCS. The communication may take the form of an inquiry (information or clarification is needed about a service, provider contract, eligibility, or case manager assignment etc), concern (caller is providing information about a potential issue that does not directly relate to a particular staff person or provider) or a complaint (dissatisfaction with the service provision, case management staff or provider, or child welfare system). CBCS will advise all clients and providers (Client Handbook/Information Guide and Provider Handbook/Information guide) of the process for filing a complaint. The handbook will be provided at the initial contact with the family for all clients receiving on-going case management services, and will be provided to the provider during contract negotiation.
Resolution Process (related to client services)

Steps to follow:

**Step 1:** First try to resolve the issue with the individual involved (Case Manager or Supervisor). Sometimes problems can be easily resolved at the source.

**Step 2:** If your issue is still not resolved, contact the Case Management Agency Program Director (person who has direct authority over the case management agency supervisor).

**Step 3:** If your issue is still not resolved, call the CBCS Office at 407-333-8256 and identify the nature of your call as: service complaint. Brief screening information will be requested and then forwarded to the CBCS Director of Operations for handling. The CBCS Director of Operations will return your call as soon as possible (no later than the end of the next business day) to obtain additional information and to address issues that can be readily resolved.

**Step 4:** The CBCS Director of Operations or other designated staff will research the situation, interview or contact persons involved, review case file as applicable, and research policy and procedures for purposes of preparing an informed response to the complaint.

**Step 5:** You will receive a telephone call followed by a written response (where appropriate) to the issue within 30 days. The information discussed will provide you with information about what steps were taken and details of the solution.

**Step 6:** If you are not satisfied with the resolution of your complaint this must be addressed with the CBCS Director of Operations. After discussion, if you are still unsatisfied, you may request an internal review by the CBCS Chief Operations Officer.

**CBCS Client Grievance Procedures:**

The CBCS Corporate Receptionist will maintain a tracking system for resolution of all client calls that are received that are designated by the caller as a service complaint. All calls received will be given a tracking number at intake. If the complaint lodged is against a contract provider (other than the CMA) the complaint will be forwarded to the CBCS Network Director for resolution. If the complaint is against CMA staff, the complaint will be forwarded to the CBCS Director of Operations for resolution. The resolution of complaints will be recorded and the nature of the complaint and resolution presented at the monthly CBCS /CMA PD Meeting. CBCS will conduct quarterly analysis of client complaints/grievances to review for trends or themes, and as needed develop appropriate actions to address.

CBCS has implemented many performance measures and other review processes to ensure the safety of the children receiving services by CBCS. The evaluation of safety includes by is not limited to the following:

- Analysis of re-abuse during services when an increase is reported
- Case reviews focusing on children remaining in their home or placement safely
- High Risk Protocol
- Increased supervision from quarterly to monthly to address the safety, permanency and well being of the child
- Multi Disciplinary Team that meet monthly on high risk cases in the CBCS service area including community children. MDT participation includes
representation from key stakeholder such as: Kids House, State Attorney’s Office, Law Enforcement, Guardian Ad Litem, and Children’s Legal Services.

CBCS believes that continuity of care is essential in achieving objectives set forth in the strategic plan. CBCS reviews all exit interviews completed when a child moves from a licensed placement. Exit interviews evaluate if the needs of the child were met. Exit interviews are recorded on a tracking log and trends/themes are reported at the CBCS Performance and Management Team Meeting and the Network/Provider Quarterly Meeting. Institutional Staffings are attended by a CBCS representative and are scheduled when any Seminole County placement provider contracted by CBCS has had an abuse report or foster care referral generated. At the Institutional Staffing concerns are addressed and action plans are developed and monitored by CBCS as needed. CBCS also facilitates Placement Stabilization Staffings. Placement stability correlates directly with the continuity of care children receive, if CBCS can not maintain children in a stable placement then services can not be implemented effectively. CBCS attends the staffings to insure that immediate decisions/service connections are authorized to stabilize the placement. CBCS will be developing a reporting mechanism to help identify placement trends, strengths, and gap analysis to increase placement stability.

CBCS currently assigns the Director of Utilization the responsibility of funding approval, troubleshooting service barriers, and ensuring quality provider progress notes are reviewed. Currently the CBCS Utilization Department monitors the timeliness of the Comprehensive Behavioral Health Assessment of children and reviews them for quality of information and recommendations to include a summary of Child and Adolescent Needs and Strengths Assessment Tool. The CBCS Utilization Department approves the funding requests, and when the provider submits the bill for payment the provider attaches the progress note/evaluations which are then reviewed for quality. This above information is recorded in the CBCS Argos System.

Some barriers to service continuity are: the timeliness of service implementation, provider turnover, coordination between multiple providers, and the providers understanding regarding the service needs of the family. CBCS will continue to explore and develop monitoring reports to address performance and deficiencies.

III. PQI Operational Procedures

A. Data Collection and Aggregation

CBCS uses a wide range of automated reports and data collection methods to identify systemic and programmatic trends, strengths, areas in need of improvement. Examples of CBCS data collection are listed below:

- Performance Measures
- CBCS Argos reports (include outcome, practice, and compliance reports)
- Case Record Reviews
- Risk Management Data
- Client Survey and Outcome Data
• **Operations and Management Information and Data**

CBCS collects data daily and has automated reports that are sent or otherwise provided to the CBCS Board, CBCS staff, and CBCS contracted network providers and include the following types of reports (Appendix C, report matrix and monthly data report):

- **Performance reports** - The focus of these reports is to address performance as it relates to the outcomes set forth in CBCS contract with the Florida Department of Children and Families. These reports are located on the DCF dashboard and are also reported monthly to the Board, CBCS, and the network (example of reports: child’s length of stay, adoption finalizations, re-abuse during services, and percent of children reunified within 12 months of removal).

- **Compliance reports** - These reports are sent as a tickler to the network providers in order to ensure compliance with program requirements. These reports are usually automated daily or weekly reports (examples of reports: exit interviews, new psychotropic medications entered, AFCAR errors, children needing to be seen, supervisory reviews).

- **Contract/Strategic Plan** - These reports were developed by CBCS to monitor progress with goals set forth in the strategic plan, monitor practice implementation, and contract performance. These reports are provided monthly to the CBCS Board, CBCS Staff, and CBCS network. (examples of these reports: number of caseworkers assigned to a case, percentage of cases mediated, supervisor attendance at shelter hearing, provider capacity)

- **Surveys** - CBCS distributes numerous surveys throughout the fiscal year (examples include: foster/adoptive parent, client, stakeholder, employee), this information is reviewed and outcomes are reported in Quality assurance reports.

**B. Data Review and Analysis**

The CBCS Management Teams each have a responsibility to review and analyze all data information provided to them as it relates to program specifics. CBCS distributes weekly and monthly reports and identifies the source from which the information was collected.

CBCS functional areas conduct individualized quality assurance activities and report outcomes to the CBCS QA Manager. This information is then complied into one report to compile a comprehensive analysis of all information. CBCS takes a comprehensive approach in reviewing all data reports to identify trends or issues and to identify the needed changes. CBCS implements a “Plan Do Study Act” to test implemented changes prior to implementing a policy change or practice change. CBCS also uses the data to report on if the trend is a systemic, programmatic, or unit/employee specific issue.
C. Communicating results:

CBCS has various forums for communication results. The first is automated reports that are distributed to CBCS, the CBCS Board, and network providers. Data results and program improvement strategies are also discussed at CBCS Management Team Meetings and CBCS Performance and Management Team Meeting, and Network Meeting.

CBCS distributes and posts the annual Quality Assurance “A Year in Review” Report that evaluates progress of CBCS over the year. A Year End Meeting is conducted in which the network providers are invited to attend.

Exit interviews are conducted on all specialized case record reviews and a report is distributed within 15 days of completion with performance outcomes and recommendations. Base reviews and Side by side reviews are debriefed with the case management agency upon completion. The results are posted on the CBCS “g” drive for CBCS network access.

D. Using Data for Implementing change

CBCS uses data to help identify issues, implement actions, and evaluate if the actions taken have been successful. CBCS works with Circuit/Region Department staff, CBCS Board, and the CBCS Network to ensure that the CBCS Program Improvement Plan is consistent with circuit/region, statewide priorities, strategic plan and contract measures. Performance outcome measures set forth in the Program Improvement Plan are tracked and reported in the monthly CBCS/CMA Program Director Meeting. The Program Improvement Plan is updated quarterly after each base review or CBCS Quality Review is completed. Findings from the base reviews are incorporated into the Program Improvement Plan to track improvement from quarter to quarter. Each CBCS functional area submits reports to the CBCS QA Manager regarding their findings from quality assurance activities, and progress on the program/contract improvement plan quarterly.

E. Assessment of Effectiveness of PQI Process

CBCS prepares a comprehensive year end report which evaluates the progress CBCS has made in meeting the outcomes set for in the strategic plan and performance on contract measures. At least quarterly CBCS reviews all PQI activities and the Program Improvement Plan to ensure progress is being made. CBCS is in the process of seeking COA accreditation will help to ensure a comprehensive PQI plan.