Introduction

The Kids First of Florida (KFF) Continuous Quality Improvement (CQI) approach to quality and risk management utilizes data to identify areas of needed improvement/risk in order to implement improvement plans in support of achieving performance targets, program goals, client satisfaction, and positive client outcomes through a broad-based, organization-wide process inclusive of staff and stakeholders.

Quality Management Process:

The continuous quality improvement process builds on the components of:

a) Quality Control – narrow focus; the actual measurement and assessment of output to determine whether specifications are being met.

b) Quality Assurance – broader focus; any activity that impacts the maintenance of quality at the desired level. Refers to entire system of policies, procedures, and guidelines the project has established to achieve and maintain quality; extends from the design of services and processes through to the quality assessment of system outputs.

c) Continuous Quality Improvement – broadest focus; integrative management concept directed at continuous improvement in the quality of services by involving all levels and functions of the organization. Goal is to build in quality from the beginning by making quality everyone’s concern and responsibility.

KFF focuses on quality control, quality assurance, and continuous quality improvement in a comprehensive and continual systems evaluation process.

PDCA Cycle:

KFF utilizes the Plan, Do, Check, Act (PDCA) approach to Quality Improvement activities. The “Plan” phase involves the beginning and early stages, where KFF looks at the end product and visualizes the results they desire. The “Do” phase involves implementing the plan on a small scale or trial basis. The “Check” phase is the opportunity to review actual results in comparison to the original vision. “Act” is the decision point for full scale implementation, should results meet expectations. (Quality Improvement and Evaluation in Child and Family Services-Managing into the Next Century, CWLA Press, Washington, DC, 1996.)

The Plan, Do, Check, Act approach has led to improved outcomes. QIC type activities (pareto charts, graphs, data analysis at the case/unit/agency levels, etc.) are utilized to address performance and identify information, via “drill down” quality assessment activities. The action plans implemented to improve performance. With all participating in the process, positive change is made.

KFF QI activities will include the following 7 steps:
1. Reason for Improvement (Display Problem)
2. Current Situation (Stratify Problem)
3. Analysis (Identify and Verify Root Cause)
4. Countermeasures (Identify and Implement Countermeasures)
Underlying Assumptions of the Process:

- Essential to the implementation and success of the QI process is the participation of all KFF management, staff and other stakeholders.
- All QI activities are equal in importance.
- Each manager, staff member, and other stakeholder has an equal responsibility in the quality improvement process.
- Successes are shared and celebrated among management and staff members and other stakeholders.

Members of KFF management and staff and other stakeholders meet as necessary to address emerging issues. These meetings are used to set goals and develop plans to improve the quality of services. Minutes of the meetings are shared with other KFF management and operations staff and the QA Supervisor, in a continuous loop to facilitate communication and plan follow up activities.

QI meetings can be scheduled along with, or in place of, a regularly scheduled staff/unit meeting. Meetings are scheduled at a time when all stakeholders have the opportunity to participate. Each meeting may consist of several members with varying roles within the agency who provide alternative perspectives on an issue. Each meeting may be attended by a member of the QA Unit to provide support and guidance to the meeting participants. Meeting participants are encouraged to identify relevant issues, and may also be asked to address an issue identified through QA Case Reviews, Incident Reports, Client Grievances or Satisfaction Surveys. Allowing meeting participants to address issues ensures ownership of the action plan developed and the efforts required to achieve the desired outcome.

Structure of QI Meetings:

- Each quality improvement meeting is intended to have the participation of both KFF management and staff members, as well as other stakeholders.
- There are both administrative and service teams. Service team members are those that provide direct client services.
- The administrative teams support the service teams as their customers are the service staff.
- A member of the QA Unit may attend QI meetings to act as a facilitator and provide data to both the administrative and service teams.

QI teams have decision-making authority. Meetings result in:

1. The identification of needs, goals and available resources.
2. Discovery and utilization of strengths throughout the program.
3. Development of action plans to implement identified improvements.
4. Identification of unresolved issues to present to the next level.

**Agenda for QI Team Meetings:**

An agenda for QI meetings may include, but is not limited to:

- Review and celebration of successes
- Review of incident reports—client, staff involved reports as well as service complaints
- Participant and other stakeholder satisfaction and input data
- Case review findings
- Program improvement data will be discussed and barriers to achieving outcomes addressed. Each team will be responsible for identifying ways to overcome barriers to achieving goals and develop clear action steps and timeframes for addressing the deficiency.
- QI projects/updates and new proposals
- Action planning

Minutes from meetings and action plans are shared with other KFF management and staff members. Through the early identification of weak areas, KFF can more efficiently and effectively develop corrective steps to increase compliance.

**Key Elements of the Quality Improvement Process**

The following areas are highlighted as key components of the quality improvement process.

1. **Grievances** - A grievance reporting process was developed to ensure individuals are informed of their right to file a written grievance and provided the appropriate grievance form when requested. Individuals have a formal avenue to express their concerns and complaints. Grievances are received, in writing, utilizing the Client Grievance form. The grievance process is outlined on the form.

2. **Satisfaction Surveys** – Clients and community stakeholders, foster parents, courts, Guardians ad Litem (GAL), providers, etc., are provided a formal satisfaction survey annually to communicate their satisfaction or concerns related to their experience with KFF. The survey findings are summarized and reported to the CEO. Information is also shared with the Board of Directors.

Satisfaction surveys are currently mailed on an annual basis. Responses are then compiled and a written report is furnished to the Senior Management team and CEO. The information gathered is evaluated and utilized by KFF Management in the strategic planning process to ensure KFF is sensitive to the needs of the service community while providing quality services to our clients.

3. **Incident Reporting** - An incident reporting process was developed to ensure that all significant events that occur outside of established business practices or cause or could
cause harm to a client, staff member or facility, are reviewed. Incident reports are tracked and trended and reported to executive management, agency staff and DCF. The process regarding the receipt and review of Incident Reports is detailed in KFF Policy and Procedure 100.005, Incident Reporting.

4. Exit Interviews—Results of the interviews of children exiting a licensed substitute care family or shelter home after a minimum of 30 days of residence will be tracked as a means to evaluate the quality of substitute care services provided by licensed providers of KFF.

**Continuous Quality Improvement Focus**

KFF’s Continuous Quality Improvement approach to quality and risk management can best be conceptualized by focusing on the following two areas of the process:

a) Coordination and Process

b) Results

**Focus on Coordination and Process**

**Unit Supervisory Discussions:**

1. At least once every 90 days, 100% of an individual Family Services Counselor’s (FSC) assigned children will be staffed in supervision by the Family Services Supervisor (FSS) to ensure child safety, well-being, and permanency are being addressed for every child.

2. The FSS shall use the Supervisory Discussion Guide to lead the supervisory case reviews with the Family Services Counselor. The FSS may utilize the questions on the tool most relevant to the case and discussion at the time. All of the questions do not have to be answered, however, the FSS must keep in mind the tool is to be used to:

   a. Guide discussion of the case;

   b. Ensure the elements of safety, permanency and well-being are being addressed via proper case management procedures;

   c. Assist the supervisor in being a mentor to the FSC by allowing them to provide proper guidance and support to the FSC; and,

   d. Assist in ensuring the minimum requirements for case supervision are properly addressed.

   By utilizing the tool to guide discussions and assist with ensuring a-d above are completed, the nature and purpose of the supervisory review is focused on supporting the FSC who can then support the children and families served. Providing adequate support and supervision to the FSC will enhance the counselors’ abilities and lead to enhanced services to children and families.

3. The FSS shall complete all supervisory reviews and a chronological note shall be entered into the Florida Safe Families Network (FSFN).

4. At a minimum, the following information will be documented quarterly in FSFN
chronological notes for each child assigned:

- Date of Supervision and Individuals Present
- Status of Follow-up Tasks from Last Review
- Placement Type
- Medical, Dental, Mental Health and Educational Needs
- Psychotropic Medications Prescribed
- Case Plan Goal, Tasks, and Progress
- Barriers to Permanency
- Identified Safety Concerns
- Follow-up Tasks, Person Responsible and Date Due

The FSS may cut and paste the information into the FSFN note or type the information in the FSFN note. The FSS must note in FSFN that a “supervisory review” was conducted.

5. A supervisory review is required on all cases open 60 days or more in any given quarter. Subsequent supervisory reviews are required at least once every 90 days.

6. On a quarterly basis, Kids First of Florida (KFF) will randomly select 17 Supervisory Review notes and conduct a qualitative review. The data gathered will include the following:
   - Reviews were completed at least once every 90 days
   - Supervisor considered all aspects of the child’s safety, well-being and permanency
   - Supervisor ensured follow through on guidance and direction or documented the reasons the guidance and direction were no longer necessary.

7. FSS’s not meeting the qualitative review elements stated above will be required to submit action plans for performance improvement.

8. KFF will include the performance data in the Quality Management Report.

9. KFF will, as requested, provide performance data to DCF and the Board of Directors.

**Base, Side-by-Side and In-Depth Reviews:**

**Sampling:**

Each year, the Department of Children and Families (DCF) reviews its sampling methodology for both the Base and Side-by-Side Review. KFF will implement the sampling methodology consistent with the approved guidelines.

**Quality Assurance Reviews to be Conducted:**

- **CBC Base Reviews:**
Each quarter, KFF Quality Assurance (QA) Staff will be responsible for conducting a Base Review of 17 of 25 randomly selected open case records. The reviews will be completed utilizing the approved CBC Case Management Review Tool. All KFF QA staff, who conducts Base Reviews, must complete the DCF and KFF approved statewide or region training prior to participating in a review.

- **CBC Side-by-Side Reviews:**

  Each quarter, the remaining 8 of the 25 randomly selected case records for the Base Review will be reviewed jointly by Regional and KFF QA staff. Each team will be comprised of one KFF QA Reviewer and one Regional QA Reviewer. Each team will be responsible for reviewing four assigned cases over a period of four days. The team members will discuss the review standards and the information contained in the case record, and reach consensus on whether the standard is met, not met or not applicable, based on the interpretive guidelines. The agreed upon finding is documented in the automated review tool.

  The region will identify a monitor who will act as a liaison, mediator, and overseer of the Side-by-Side Review. The monitor is responsible for resolving conflicts or disagreements that may arise between the reviewers, and making the final determination when consensus cannot be reached.

- **CBC In-Depth Reviews:**

  Regional QA staff is responsible for conducting an in-depth review of two of the eight cases selected for the Side-by-Side Review, based on the child and family being available for interviews, and the case being representative of the population served in general. Additional interviews may be scheduled with the caregivers, community professionals involved with the family, and community stakeholders involved in the system of care.

  All 25 Base, Side-by-Side and In-Depth Reviews will be completed by the end of the quarter in which the cases are identified and assigned for review. Data obtained from the Base and Side-by-Side Reviews will be maintained on the DCF Web System Portal. The data will document the degree of compliance with each standard. Quarterly compliance reports will include both summary and detailed data, and be provided to the KFF Senior Management Team. Each FSS is responsible for addressing deficiencies and items that warrant improvement. KFF will work closely with DCF Regional QA staff to ensure a complete understanding of the case file review process.

**Psychotropic Medications for Children in Out-of-Home Care:**

1. KFF will ensure that all children in out-of-home care that are prescribed psychotropic medication are identified utilizing the following KFF policy and procedure:
   - 100.042: Psychotropic Medication for Children in Out-of-Home Care.

2. On a quarterly basis, Kids First of Florida (KFF) will randomly select 17 children who are
prescribed psychotropic medication and reside in out-of-home care to ensure the following are contained in the case file:
  o Informed consent or court order was obtained for the use of each psychotropic medication deemed necessary by a physician to address the child’s mental/behavioral health needs.
  o All data fields in the Florida Safe Families Network related to psychotropic medications appropriately and accurately documented the child’s prescribed medications.

**Florida Safe Families Network:**

KFF’s Family Services Counselor Supervisors continually assess FSFN data accuracy and completeness of data by regular review of case specific information and review of FSFN reports. FSFN reports, including but not limited to, Children Active Receiving In-Home or Out-of-Home Services; AFCARS Foster Care Errors; Fingerprints, Birth Verification, and Photographs; and Removal Placement Exceptions Listings are reviewed by the supervisors regularly. Review and correction (if necessary) of FSFN data, has been incorporated into the supervisory review process.

KFF has a FSFN Coordinator who provides FSFN training and support to KFF staff. The FSFN Coordinator continually assesses FSFN data accuracy and completeness of data through review of reports and case specific information. To ensure accuracy of placement information, the FSFN Coordinator enters all placement changes. To further ensure accuracy and completeness of data, the FSFN Coordinator distributes various FSFN reports to the Family Services Counselors and supervisors, including reports that contain information on psychotropic medications prescribed to children in out-of-home care and each placement of children in care. Family Services Counselors and supervisors review the reports and if the information is not accurate, they inform the FSFN Coordinator and the information is corrected. The FSFN Coordinator also builds all providers in the FSFN system to ensure accuracy.

**Executive Management and Region Discretionary Reviews:**

**Special Quality Assurance Reviews:**

Region and KFF QA staff may be assigned responsibility for conducting a special QA review that may be based on concerns related to decision-making and/or service provision. The need for a Special QA Review may be identified by Region or Circuit Administration or KFF Management. When necessary, KFF and DCF will work cooperatively to complete these reviews.

Client complaints may surface at the local level, both internally at KFF or DCF. Regardless of where the complaint is received, KFF works to resolve the complaint by reviewing the information in the complaint, gathering factual information regarding the circumstances of the case and situation and reviewing the situation to determine if appropriate action was taken to resolve the issues. At times, case summaries are required to provide a “full picture” of the case beginning with the service initiation date through the
current date, including the events related to the issues in the complaint. From this summary, a formal written response is provided to the complainant. When possible and appropriate, many complaints are resolved with telephone calls, email correspondence, and letters rather than detailed summaries. This process has led to a number of teaching and learning experiences focused on improving the quality of casework and services to children and families.

KFF responds to other Discretionary Reviews in a manner similar to that of the complaint review process. When a request for information is received, the Chief Executive Officer (CEO) processes the request to determine who the best respondent would be within KFF. In most instances, an FSS reviews the case to gather factual information regarding the circumstances of the case, and provides a summary of the information in the format requested. There are times however, when this may not be the most appropriate approach and KFF conducts a QA review of the case or cases and reports on the findings. With either approach, the lessons learned lead to improved case management skills and improved quality of care.

**Local Schedule:**

**Base Reviews:**
- July – September (17 reviews completed on business days throughout the quarter)
- October – December (17 reviews completed on business days throughout the quarter)
- January – March (17 reviews completed on business days throughout the quarter)
- April – June (17 reviews completed on business days throughout the quarter)

**Side-by-Side Reviews:**
- July – September (Scheduled to occur the week of August 9th)
- October – December (Scheduled to occur the week of October 25th)
- January – March (Scheduled to occur the week of January 12th)
- April – June (Scheduled to occur the week of May 30th)

**Licensing and Placement Meeting:**
Purpose: Review placement resources and exit interviews.
Frequency: 2nd Tuesday of Each Month
Participants: Licensing Supervisor, Licensing Counselors, and Placement Coordinator

**Incident Report Review:**
Purpose: Review incident reports
Frequency: Monthly
Participants: QA Supervisor

**DCF Contract Manager Quarterly Monitoring:**
Purpose: Monitor DCF contract performance
Frequency: Quarterly
Participants: DCF Contract Manager
QA Unit Review Meeting:
Purpose: Review unit performance on quality assurance reviews and monitor internal corrective action
Frequency: Quarterly
Participants: CPO, FSS’s, and QA Supervisor or Coordinator

Subcontract Monitoring:
Purpose: Review performance of sub-contractors
Frequency: Yearly
Participants: Subcontract staff, QA Supervisor, and Contract Coordinator

Community Based Care Meetings:
Purpose: Focus on KFF’s performance on contract requirements
Frequency: Every other month
Participants: KFF and DCF staff

Clay Action Coalition Meetings:
Purpose: Information sharing
Frequency: Monthly
Participants: Partner agencies

Mercy Network Meetings:
Purpose: To coordinate/discuss community resources
Frequency: Monthly
Participants: KFF and the faith based community

School Social Workers/CBHC/KFF/CPI Meetings:
Purpose: Joint training and agency updates
Frequency: Yearly
Participants: School Social Workers, Clay Behavioral Health Center, KFF, and DCF Child Protection Investigators (CPI)

Dependency Court Improvement Program:
Purpose: Discuss ways to improve and strengthen the dependency court process
Frequency: Quarterly meetings
Participants: Judge, Magistrate, attorney’s, Children’s Legal Services, DCF CPI’s, and Guardian Ad Litems

Community Alliance:
Purpose: Oversight of CBC agencies and providers, and advocacy on issues relevant to children and families in Northeast Florida.
Frequency: Monthly
Participants: Members of the community, local schools, county government, courts and law enforcement

KFF Board Meeting:
Purpose: Provide governance and oversight of KFF
Frequency: Monthly
Participants: Professional and non-professional volunteers representative of Clay County

**Focus on Results**

**Performance Measures:**

KFF collects and reports data on performance indicators and outcome measures on a monthly, quarterly, and annual basis. The elements and minimum frequency are outlined below and subject to change:

1. The percentage of children served in out-of-home care who are not maltreated by their out-of-home caregiver shall be at least 99.68 percent (quarterly).
   a. Data collected via:
      1. DCF Dashboard

2. The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 75.2% (quarterly).
   a. Data collected via:
      1. DCF Dashboard

3. No more than 9.9% of children are removed within 12 months of a prior reunification (quarterly).
   a. Data collected via:
      1. DCF Dashboard

4. The percentage of children with finalized adoptions whose adoptions were finalized within 24 months of the latest removal shall be at least TBD (quarterly).
   a. Data collected via:
      1. DCF Dashboard

5. The percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30 shall be at least 34/65% (quarterly).
   a. Data collected via:
      1. DCF Dashboard

6. The percentage of children with no more than 2 placements within 12 months of removal shall be at least 86% (quarterly).
   a. Data collected via:
1. DCF Dashboard

7. At least TBD adoptions shall be finalized during state fiscal year 2010-11 (Monthly)
   a. Data collected via:
      1. DCF Dashboard
      2. FSFN Report(s)

8. Reduce the number of children in out-of-home care by 50% by 2012.
   a. Data collected via:
      1. DCF Dashboard

9. 100% of children under supervision who are required to be seen each month shall be seen each month.
   a. Data collected via:
      1. DCF Dashboard
      2. FSFN Report(s)

10. The average number of children who are missing per 1,000 children in in-home and out-of-home care shall be no more than 10.
    a. Data collected via:
       1. DCF Dashboard

**Quality and Risk Elements:**

1. Supervisory Reviews (quarterly)
   a. Data collected via:
      i. FSFN chronological notes and reports
      ii. Tracked by FSFN Coordinator

2. Complaints (quarterly)
   a. Data collected via:
      i. Grievance forms
      ii. Tracked by KFF QA Supervisor

3. Exit Interviews (monthly)
   a. Data collected via:
      i. Exit interview forms
      ii. Tracked by Administrative Staff

4. Incident Reports (monthly)
   a. Data collected via:
i. DCF Incident Reporting forms  
ii. Tracked by QA Staff

5. Family Assessments (quarterly)  
a. Data collected via:  
   i. Family Assessment Form and FSFN Reports  
   ii. Tracked by FSFN Coordinator

6. Initial Family Team Conferences (quarterly)  
a. Data collected via:  
   i. FTC Case Plan  
   ii. Tracked by Family Team Conference Coordinator

7. Status of KFF Foster Homes (monthly)  
a. Data collected via:  
   i. Foster Home Licensing Report  
   ii. Tracked by Licensing and Placement Staff

8. Birth Verification Compliance (monthly)  
a. Data collected via:  
   i. FSFN report(s)  
   ii. Tracked by Administrative Staff

9. Photograph Compliance (monthly)  
a. Data collected via:  
   i. FSFN report(s)  
   ii. Tracked by Administrative Staff

10. Finger Prints Compliance (monthly)  
a. Data collected via:  
   i. FSFN report(s)  
   ii. Tracked by Administrative Staff

KFF utilizes the data collected to identify and address areas in need of improvement at the case level. By looking at issues at the case level, improvements may be made in the way individual children and families are served and over time for the system of care as a whole. Case level reviews have resulted in the identification of problems, and the development of action steps to address both case specific and systemic issues.

On a monthly basis, KFF monitors its performance on DCF performance measures and other qualitative indicators such as Family Team Conferencing, exit interviews completed, and photos/fingerprints/birth certificates obtained. Additionally, KFF staff meets to discuss compliance with performance measures, and performance improvement steps are reviewed.
The following areas were addressed in QI activities during the last fiscal year:

1. To increase the number of finalized adoptions utilizing the Adoption Exchange, expediting adoptive home studies and utilizing specific staff for permanency recruitment efforts.
   - Improvement Monitored Utilizing:
     FSFN Report(s)
     DCF Dashboard

2. To reduce the number of children in out-of-home care through the joint development of case plans, monthly face-to-face contact with parents when the goal is reunification, timely judicial reviews and timely permanency staffings and hearings.
   Improvement Monitored Utilizing:
   - Improvement Monitored Utilizing:
     FSFN Report(s)
     DCF Dashboard

3. To increase the number of qualified placement resources through the identification of community resources, promotion of the MAPP trainings with a focus on adolescent youth and the provision of support services to placement resources.
   - Improvement Monitored Utilizing:
     ICWSIS
     Tracked by Licensing and Placement utilizing an Excel spreadsheet

4. To improve the placement stability of youth in foster care by addressing the number of runaway episodes through monthly face to face contact with each child in OOHC, developing working agreements with local law enforcement regarding the filing of missing persons/runaway reports, ensure the timely submission of Missing Child Reporting Forms and seeking alternative living arrangements for youth who are considered to be high run risks.
   - Improvement Monitored Utilizing:
     FSFN Report(s)
     Missing Child Reporting Forms
     Incident Reports
     Tracked by Licensing and Placement utilizing an Excel spreadsheet

5. To increase the number of exit interviews submitted within 5 days of placement change according to policy.
   - Improvement Monitored Utilizing:
FSFN Report(s) Tracked by KFF QA Manager utilizing an Excel spreadsheet
Tracked by Administrative Specialist Utilizing an Excel spreadsheet
QA Reviews

Results of Quality Improvement Activities are reported to the KFF Senior Management Team and the Board.

The following areas will be targeted with QI activities during the next fiscal year:

1. Improve the placement stability of youth in foster care by addressing the number of runaway episodes through monthly face to face contact with each child in OOHC, developing working agreements with local law enforcement regarding the filing of missing persons/runaway reports, ensuring the timely submission of Missing Child Reporting Forms, and seeking alternative living arrangements for youth considered high run risks.

   • Improvement Monitored Utilizing:
     - FSFN Report(s)
     - Missing Child Reporting Forms
     - Incident Reports
     - Tracked by Licensing and Placement utilizing an Excel spreadsheet

2. Increase the number of exit interviews submitted within 5 days of placement change according to policy.

   • Improvement Monitored Utilizing:
     - FSFN Report(s)
     - Tracked by Administrative Specialist Utilizing an Excel spreadsheet
     - QA Reviews

3. Ensure required documentation will be in the IL files according to policy.

   • Improvement Monitored Utilizing:
     - FSFN Report(s)
     - Tracked by Independent Living Coordinator Utilizing an Excel spreadsheet
     - QA Reviews

**Subcontract Monitoring:**

Subcontractor compliance, service delivery outcomes, and quality and timeliness of services are continually monitored utilizing reports submitted by the subcontract provider.

At least annually, the QA Supervisor assists in reviewing each KFF subcontractor, in cooperation with the Contract/QA Coordinator. The review may consist of an on-site visit or
desk review. The quality and adequacy of services delivered by each provider is reviewed using one or a combination of three methods: record review, interview, and observation. The monitoring tools utilized assess compliance with federal, state and other requirements associated with the service purchased.

When possible, and to reduce duplication effort, monitoring results may be drawn from other monitoring conducted throughout the year from other sources.

KFF transmits the results of the on-site subcontract monitoring, its findings and recommendations, and any other relevant information by preparing and submitting a written report to the provider.

CFSR Federal Audit Quality Improvement Plan:

KFF has begun implementation of improvement plans based on the findings of the Federal CFSR conducted in January 2008. Because the CBC Case Management Review Tool was designed to closely mirror the CFSR requirements, KFF expects to utilize the results from the Base and Side-by-Side Reviews to gauge progress and current performance regarding the CFSR Federal Quality Improvement Plan Items. This, in conjunction with the case level analysis of performance measure compliance, will provide an overall picture of case practice and assist in identifying needed improvements.

How KFF Will Evaluate and React as New Information Becomes Available:

KFF is an agency focused on making changes and doing what is in the best interest of the children and families we serve. KFF’s quality control, quality assurance and continuous quality improvement system allows KFF to recognize and react to emerging trends at various levels within the agency and within the system of care. KFF works closely with DCF to review performance and ensure the safety, permanency and well-being of children is prioritized. As trends are identified, action plans are put in place. As stated previously, KFF reviews performance at the case level (through performance and case file reviews – Base and Side-by-Side Reviews). By looking at issues at the case level, problems are identified and action steps implemented to address both case specific and systemic issues. Improvements occur for the individual children and families served, and over time for the system of care as a whole. This approach allows for an ongoing analysis of established trends and quality improvement activities and/or provides an opportunity to update existing action plans. In addition, this approach allows for the establishment of new action plans to address emerging trends identified through the various QA activities.

Critical Life, Health, or Safety Threat to a Child:

If a critical life, health, or safety threat to a child is identified during any QA or other review activity, it is immediately addressed by KFF. When a QA reviewer determines there is a threat to the child’s life, health or safety a Request for Action Form is completed and documents the unresolved concerns and case specific and demographic information. The completed form is routed to the KFF CPO. The CPO reviews the document to note the issues of concern and
immediately forwards the document to the FSS and FSC responsible for the case. The FSS and FSC immediately begin working toward resolution of the issue of concern. When the issue is resolved, information is submitted to the QA Supervisor who is responsible for documenting the actions taken to resolve the issue. If there is a need to react immediately to ensure the child is safe, KFF and/or the QA reviewer completing the form ensures the appropriate immediate action is taken, i.e., calling law enforcement, calling 911, calling the FSC to ensure the situation is addressed immediately, etc. KFF will then either approve the actions taken or re-submit the form to the FSS and FSC for additional information or follow-up. This process continues until the issue is satisfactorily resolved.

Strategic Planning:

KFF and its Board of Directors have adopted the contract and other key measures identified in KFF’s contract with DCF as their strategic objectives. DCF strategic objectives are reported utilizing the DCF Dashboard. The Dashboard is reviewed by the KFF Senior Management Team and provided to the Board of Directors. KFF has also incorporated the goals of the CFSR Federal Audit Quality Improvement Plan into its strategic planning process. In addition, KFF considers it important to obtain diversity in its funding source. This diversification has been added as goal in the agencies strategic planning.

Accreditation:

KFF began the process for Accreditation on April 13th 2009 with the Council for Accreditation (COA). KFF is committed to quality service delivery. The agency wishes to validate the quality of services through the pursuit of accreditation. COA, which accredits child welfare agencies, evaluates the entire organization and all services provided by the agency. The process involves reviewing numerous generic and service standards and developing policy to address each area. Staff involvement in the self-study process and the QA/QI process will help prepare them for the on-site review and subsequent accreditation activities. All staff will be involved in the self-study process, provide input and compile needed information. Board and Senior Management Team members will provide guidance and approve policy development.

KFF’s Study will be submitted to COA on July 27th 2010. The COA site visit with KFF will begin on September 27, 2010. The Preliminary Commission Report will be received by KFF on October 25, 2010. KFF will receive formal notification of the outcome of the accreditation process in March 2011.

Risk Identification and Management

Risk Identification and management is one of the key components of KFF’s Continuous Quality Improvement process. The system for the identification of risk includes a review of documents and reports during quarterly quality improvement reviews and/or meetings. The review may include an examination of the following activities:

- Incident Reporting
- Customer/Client Satisfaction Data
- Grievances
• Other Third Party Reports
• DCF Data/Reports
• Criteria-Based Outcome Studies and Presentations
• Quality Improvement Reports and Minutes
• Legal Complaints and Suits
• On-Call Reports and Scheduling
• Outside Requests for Client Records
• Exit Interviews
• Placement Stability
• Runaway Trends/Improvement and Follow-Up
• Emergency Preparedness Planning

When a risk is identified, during the normal operation of business, the Chief Executive Officer will make the final determination as to whether or not the identified risk should be brought before the Board of Directors.

Annually, in cooperation with the Board of Directors, Senior Management will conduct an internal assessment of overall risk. The assessment will include a review of the following:

• compliance with legal requirements, including licensing and mandatory reporting laws, fiscal accountability, and governance;
• insurance and liability;
• health and safety, including use of facilities;
• contracting practices and compliance;
• staff training regarding areas of risk;
• volunteer roles and oversight;
• research involving program participants and other clients’ rights issues; security of information, including client confidentiality;
• financial risk;
• fundraising;
• conflict of interest;
• employment practices; and
• interagency collaborations.

Risk Management:

The Risk Manager is responsible for the implementation and coordination of risk management activities. In order to carry out these activities, the Risk Manager will have access to staff and all necessary agency data. The designated Risk Manager for KFF is the Chief Programs Officer (CPO) for risk management activities related to programs, the Chief Financial Officer (CFO) for risk management activities related to finance, the Human Resources Manager for risk management activities related to human resources, the Information Technology Manager for risk management activities related to Information Technology and the Chief Executive Officer (CEO) for risk management activities related to administration. The Quality Assurance Unit will assist the Risk Managers with risk management activities.
Responsibilities of the Risk Managers:

Risk Managers or designees will be responsible for the following functions within the risk management process:

a. Review and follow-up of incident reports, if indicated.
b. Coordinate quality improvement and risk management activities.
c. Communicate with the insurance carrier by notifying the carrier of serious incidents, potential claims and litigated claims. Perform follow-up on incidents and potential claims as requested by the carrier.
d. Serve as a resource person to KFF staff on risk management issues/questions.
e. Provide reports for the Chief Executive Officer (CEO) and Board of Directors.
f. Coordinate, plan and implement educational programs designed to minimize the risk of harm to clients, staff and facilities.

Immunity:

No staff member or individual reporting, providing information opinion, or counsel shall be liable in a suit for damages based upon such reporting, provided that the individual acted in good faith and with a reasonable belief that said actions were warranted in connection with, or in furtherance of the functions of the risk management program.

Confidentiality:

Documents and records that are a part of the risk management process, and contain client identifying information, shall be maintained in a manner consistent with KFF’s Notice of Privacy Practices.

Quality Management:

The following areas, outlined in the quality management process, are also highlighted as key components of the risk management process.

a. Client/Customer Satisfaction
   A client/customer satisfaction reporting process has been developed in which clients, community stakeholders, foster parents, courts, Guardians ad Litem (GAL), service providers, etc., have a formal vehicle to express their concerns and complaints. The survey findings are summarized and reported to the Risk Managers.

b. Incident Reporting
   An incident reporting process has been developed in which all significant events that are outside of normal business practices or have caused, or could cause harm to other or the facility are reviewed and investigated (if applicable). Incident reports are tracked and trended and reported to the Risk Managers.

c. Client Outcomes
Client outcomes are reviewed and monitored through the QI process. Data analysis from Florida Safe Families Network management reports and other data tracked by KFF are shared with the Risk Managers.

d. Exit Interviews
Results of interviews with children exiting a licensed substitute care family or shelter home after a minimum of 30 days are reviewed by the applicable Risk Manager.

**Employee Practices:**

Comprehensive risk management requires the review of the following human resources practices. They include:

- Job Descriptions
- New Employee Orientation
- Worker’s Compensation
- Civil Rights Compliance Requirements
- American’s with Disability Act
- Protected Health Information (HIPPA)
- Employee Safety
- Family and Medical Leave Act
- Sexual Harassment
- Equal Employment and Affirmative Action
- Employee Satisfaction
- Employee Theft
- Wrongful Termination
- Disaster Planning

**Client Records:**

Policies and procedures related to the maintenance of client records have been developed. Client records are the property of KFF while conducting official business as the Lead Agency providing child welfare services in Clay County. Records will be kept in accordance with state, federal and Council on Accreditation requirements. Access to records will be limited to authorized staff and external monitors. Release of Information procedures will meet all state and federal requirements and will be monitored through the quality improvement process.

**Client Rights:**

In order to comply with federal and state law regarding access to services regardless of race religion, gender, ethnicity, age or disability, procedures has been developed to address the following:

- Client Rights and Responsibilities
- Grievance Process
- Client Confidentiality/Privacy Practices