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I. Introduction

A. Background and Introduction:

Community Based Care of Central Florida (CBCCF) holds two lead agency contracts with the Department, the original contract (2004, renegotiated in 2014) which involves Seminole County and a second which expanded coverage to include Orange and Osceola County (April 2011, extended in 2015). The Department assigns a separate contract manager to provide oversight of each contract; and the Department’s Office of Child Welfare/Performance Improvement Unit assigns requirements for each contract accordingly utilizing a sample size based on the number of primary children served by the CBC in either in-home (judicial or non-judicial) or out-of-home care. The sample size is based on a 90/10 confidence level and margin of acceptable error and is statistically valid.

The general quality assurance review framework required by the Department for each CBC for FY 2015-2016 consists of an established number of targeted Rapid Safety Feedback reviews (case file reviews utilizing a Department standardized review tool, focused on the safety practice area within a defined sample population); an established number of Child and Family Service Reviews (without interviews) and a number with interviews (in-depth reviews, involving interviews with all significant case participants and evaluated utilizing a Department approved review tool). Rapid Safety Feedback reviews are entered into the Department’s Web Portal and CFSR reviews are entered in the Child and Family Services review portal.

The Department has received approval by the Administration for Children and Families (ACF) as an “option state”, which allows the Department to submit results of case reviews completed by Department and subcontracted CBC Lead Agencies qualified QA staff, alleviating the requirement for the onsite review of case files by Federal reviewers. The Department is currently finalizing the requirements and is in the final preparation stage for a April-October 2016 review. Sample size for CBCCF is 8 cases (6 Orange/Osceola and 2 Seminole). Prior to completing each case review the assigned reviewer is required to sign a conflict of interest statement, attesting that there is no conflict of interest. CBC QA staff do not lead permanency staffings and have not worked for a case management agency in the county they are currently assigned. The chart below outlines the current requirements and CBCCF assignment to meet the requirements. (Note CBC exceeds the Department’s requirements for the number of required Rapid Safety Feedback Reviews conducted in Orange/Osceola County, 10 required/18 will be completed).

<table>
<thead>
<tr>
<th>County/Agency</th>
<th>Rapid Safety Feedback Reviews</th>
<th>Child &amp; Family Service Review</th>
<th>Child &amp; Family Service Review (with interviews)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminole-CHS</td>
<td>8 each quarter</td>
<td>6 each quarter</td>
<td>2 each quarter</td>
<td>64</td>
</tr>
<tr>
<td>Orange-Devereux</td>
<td>5 each quarter (2 quarters@ 6)</td>
<td>4 each quarter</td>
<td>Q1, Q4</td>
<td>40</td>
</tr>
<tr>
<td>Orange-OHU</td>
<td>5 each quarter (1 quarter @ 6)</td>
<td>4 each quarter</td>
<td>Q2</td>
<td>38</td>
</tr>
<tr>
<td>Orange-CHS</td>
<td>5 each quarter (1 quarter @ 6)</td>
<td>4 each quarter</td>
<td>Q3</td>
<td>38</td>
</tr>
<tr>
<td>Osceola-GCJFCS</td>
<td>8 each quarter</td>
<td>6 each quarter</td>
<td>1 each quarter</td>
<td>60</td>
</tr>
</tbody>
</table>
Community Based Care of Central Florida submits and updated Quality Management Plan each Fiscal Year to the Department which includes a description of the required reviews, discretionary reviews, and systemic factor reviews planned or needed.

**Mission:**

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

**Vision:**

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

**Philosophy and Purpose of the Quality Management Model**

**Philosophy:**

Community Based Care of Central Florida’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 CBCCF’s commitment to the continuous improvement in quality services and outcomes for children and families we serve. CBCCF strives to promote excellence and continuous improvement through a broad based, organization wide philosophy that is endorsed by the CBCCF Board of Directors, and is shared throughout the community: from the Community Alliances, CBCCF, case management agencies, network providers, contract providers, and in the communities at large.

**Purpose:**

The purpose of the CBCCF 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. CBCCF seeks to identify in-process drivers and end-process measurements that align with these goals while also ensuring substantial conformity with federal requirements of the Adoption and Safe Family Act (ASFA) and achievement of the contract performance measures set forth in the CBCCF contracts.

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

CBCCF and the contracted providers produce data that provides quantitative, qualitative and financial cost information, (as applicable) on the:
- Demographics of the population served
- 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 (Diversion/Family Support, In Home Non-Judicial Services, In-Home Judicial Services, Out-of-Home Care, Post Placement Supervision, Post Termination of Parental Rights, Independent Living, Extended Foster Care and Post Adoption)
- Caseload size, turnover and vacancies
- Foster home and group care capacity, placement stability and utilization patterns
- Performance on quality assurance instrument reviews
- Program Performance and Compliance Indicators
- Complaints and Grievances
- Incident Reports
- Exit Interviews (licensed care)
- Stakeholder Survey results (internal and external)

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)** 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 of care. Products of the QA function include reports that validate data at the unit, provider agency, county 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 CBCCF Board of Directors and CBCCF Management Team believe it is imperative for leadership to promote a culture in the communities we serve that is committed to improving and expanding the quality of services provided and available to children and families. We believe in strengthening community providers through ongoing collaboration. CBCCF 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 CBCCF in collaboration with the CBCCF Board of Directors, sets the strategic goals and framework to create efficiencies in service delivery and movement toward desired outcomes.

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

Overview of the Quality Management Model: Internal Monitoring

CBCCF Management team/CBCCF Board of Directors

It is the role and responsibility of the CBCCF Board of Directors and the CBCCF 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. CBCCF internal PQI processes incorporate the critical functions of utilization management, network development/support, data management and reporting, program management, quality assurance, and finance. Integrated Health internal PQI processes incorporate medical and mental health alerts and system controls to monitor child well-being and promote optimum health and maximum benefit of available resources.

CBCCF Board: Note: on July 1st, 2013 CBCCF changed its organizational structure creating a parent company: CBC of Central Florida-Holdings, Inc. and four separate company organizations: Community Based Care of Central Florida, Inc; CBC- Foundation (created in 2016), CBC-Integrated Health, and Community Initiatives. Each of the companies was created based on their connection/relevance to the advancement of the core mission of Community Based Care of Central Florida, Inc. (Foster Care).
The CBCCF Board is responsible for reviewing the effectiveness of the implementation of the strategic plan across each of the three counties (separately and collectively). The CBCCF CEO or COO (in the CEO’s absence presents information to the Board regarding recommendations from the CBCCF Management Team, on trends, risk, systemic factors/barriers and community feedback. The CBCCF 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 committees present 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.

2015-2016 Board Membership (CBCCF, Inc.):

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeff Cannon, Chair</td>
<td>Orange Avenue Consulting</td>
</tr>
<tr>
<td>Shawn Smith, Past Chair</td>
<td>Wells Fargo, Insurance</td>
</tr>
<tr>
<td>Penny Jones</td>
<td>Florida Hospital</td>
</tr>
<tr>
<td>Michael Neswold</td>
<td>Titan Electric</td>
</tr>
<tr>
<td>Greg Barnett</td>
<td>Retired, Seminole County Sheriff</td>
</tr>
<tr>
<td>William Belt</td>
<td>Former Foster Youth &amp; Student</td>
</tr>
<tr>
<td>Barbara Moss, Ex Officio</td>
<td>One Hope United</td>
</tr>
<tr>
<td>Tara Hormell, Ex Officio</td>
<td>Children’s Home Society of Florida, Inc.</td>
</tr>
</tbody>
</table>

Local Advisory Board: Each county has a county level board/body which includes community representatives from the county they represent. At least (1) representative from the Local Advisory Board in each county hold membership on the CBCCF fiduciary board and bring a voice to the Board to ensure that the county specific issues are represented and addressed.

Provider Board: All CBCCF service providers, subcontractors and network partners are invited to participate in the Provider Board which generally meets quarterly (more frequently when indicated). The meeting agenda is structured to explore issues related to network performance and to identify and develop solutions to overcome any barriers or mitigate any concerns pertaining to the quality care or services. The ongoing opportunity to share strategies and address challenges builds a cohesive provider network and leads to innovative new practices.

CBCCF standing Board Committees and responsibilities related to PQI are as follows:

- Executive Committee (members: Shawn Smith, Jeff Cannon, and Penny Jones): 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. This board also serves as the board development committee.

- Finance and Audit Committee (members: Penny Jones, Greg Barnett, and Mike Neswold): The Finance Committee is responsible for ensuring financial accountability of CBCCF. This committee oversees the budget development, and manages the Request for Procurement process for the third party audit.

- Performance and Quality Improvement and Risk Oversight Committee (members: Mike Newold, Tara Hornell, and Barbara Moss): This committee is responsible for developing with the CBCCF senior management the strategic plan, managing the implementation of the plan and creating and refining 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.

**CBCCF Management Team Meeting:**
The CBCCF Management Team meets weekly, the meetings focus on performance and agency risk, special initiatives and upcoming events/reviews/meetings/legislation. 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 key organizational responses
4) Seeks to answer if there are operational objectives or processes that need to change
5) Identifies how CBCCF will monitor/track outcomes/changes
6) Establishes how information will be reported to the CBCCF CEO/Board/Department
7) Ensures the integration of the information with the strategic plan

The CBCCF Management Team along with the CBCCF CEO or COO 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, CBCCF staff, CBCCF network providers, and stakeholders. It is the responsibility of the CBCCF Management Team to set forth action and to evaluate the effectiveness of the actions selected.

The CBCCF CEO delegates responsibilities to the CBCCF 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 CBCCF Management Team reports the specific management function QA/QI activities to the CBCCF Quality and Training Director and CBCCF Accreditation Manager. It is the responsibility of the CBCCF Quality and Training Director to ensure that feedback is translated into results that are understandable to CBCCF,
the Board, stakeholders and network providers specific to how they are performing and the comprehensive nature of CBCCF QA/QI activities.

There are numerous opportunities to collect data and information and to examine utilization, contract compliance and case management performance throughout the CBCCF System of Care. The CBCCF QM Model takes advantage of these opportunities during routine events/processes that happen during the life of a case: at Case Transfer Staffings; High Risk staffings; assignment and approval of diversion services; participation in Level of Care Reviews; Family Service Team Meetings; Placement Support Staffings; service authorizations; Licensed Out-of-Home Care Audit; Adoption (Progress) Audits; and Separated Sibling and Adoptive Applicant Review Staffings. The CBCCF 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 CBCCF staff and managers in the daily activities of QM it ensures that all staff are engaged in the process of examining feedback and data and are making improvements. It allows for the early detection of performance deficiencies as well as promotes promising practice.

CBCCF has program operational staff in each county specifically assigned to program oversight, and quality management staff specifically assigned to coordinate/conduct quality management functions.* The staff person with the lead role of administering the plan is titled the Quality and Training Director. The CBCCF Quality/Training Director (QTD) has the primary responsibility for execution of the quality management plan submitted by CBCCF and accepted by the Department’s Central Region Quality Assurance Office. The QTD provides coordination and oversight of all QM required activities and ensures all appropriate information is relayed to the Department’s Performance Improvement staff on CBCCF performance on RSF and CFSR reviews. The QTD also responsible for maintaining and updating the CBCCF Program Improvement Plan and providing this information to the CEO, Chief Operational Officer, CBCCF Network Support Director, and County Directors for reporting to the CBCCF Board/Local Advisory Boards and stakeholders. The Quality Management Plan provides the framework to evaluate system performance and compliance with local CBCCF processes/protocols, the System of Care, Florida Administrative Code, Florida Statutes, and the Adoption Safe Family Act.

<table>
<thead>
<tr>
<th>CBCCF Quality Assurance Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Service Center:</td>
</tr>
<tr>
<td>Seminole County:</td>
</tr>
<tr>
<td>Orange County:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Osceola County:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
The QTD is responsible for implementing the Quality Management Plan and ensuring the following objectives are met:

- The QM plan is efficient operationally;
- The QM plan is continuous, and
- The QM 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/Training Director is responsible for coordinating quality assurance activities as well as reviewing and analyzing all program initiatives for potential impact on quality assurance outcomes. The QTD makes recommendations for changes or modifications in practice and for updating/amending the QM plan when the Department or CBCCF’s Operating Procedures, Florida Administrative Code or Florida Statutes change.

**Description of Specific QM Activities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Method</th>
<th>Frequency</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oversight of key processes</td>
<td>Acceptance and assignment of diversion cases; Attend CTS and chair FST/LOC staffings Licensed Care Audits, ARC, Separated Sibling, Adoption Audit</td>
<td>ESI: 2x weekly FST: weekly Shelter Audit: monthly Adoption Audit: monthly</td>
<td>CMA Program Director; CBCCF County Director/County Program Operations Staff (Permanency Specialist, Adoption/IL).</td>
</tr>
<tr>
<td>Key document and chronological review</td>
<td>Daily review of incoming reports, court orders and client/provider contact notes</td>
<td>Daily</td>
<td>Case Management Agency Supervisor</td>
</tr>
<tr>
<td>Placement Support Staffings</td>
<td>Staffing of all children in which a 30-day notice has been executed or when the CPA identifies that the placement is at risk of disrupting</td>
<td>ASAP</td>
<td>I&amp;P Unit arranges and leads staffing, CBCCF Licensing Staff, GAL, CBCCF UM, CBCCF Program Staff, CMA DCM/DCMS, CPA or CPA therapist as appropriate</td>
</tr>
<tr>
<td>Supervisor Reviews</td>
<td>Case file review and one on one staff conferences Supervisors use the “Mentoring and Modeling Quality” a Discussion Guide for Case Management as a guide</td>
<td>Monthly on-going supervision and full in depth supervision prior to any FST, case plan conference or court hearing</td>
<td>Case Management Agency Supervisor</td>
</tr>
<tr>
<td>Supervisor Unit Meetings</td>
<td>Discussion of unit best practices, review of OP and performance are discussed with unit staff</td>
<td>Monthly</td>
<td>Case Management Agency Supervisor</td>
</tr>
<tr>
<td>Program Director review of Supervisor Reviews</td>
<td>Three cases from each unit supervisor are randomly selected and reviewed to ensure that the supervisor is providing accurate and quality supervision</td>
<td>Quarterly</td>
<td>Case Management Agency Program Director</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Frequency</td>
<td>Responsible Parties</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Child and Family Service Reviews</td>
<td>Includes 4-6 CFSR reviews for each CMA</td>
<td>Quarterly</td>
<td>CBCCF QTD and CBCCF QAMs; CMA QA staff will be advised and may participate as a co-reviewer as they are able to do so.</td>
</tr>
<tr>
<td>In-depth Child &amp; Family Service Reviews</td>
<td>Includes 2 CFSR's completed quarterly per lead agency contract. Seminole: 2; Orange/Orange 2 (1 per county).</td>
<td>Continuous/reported to the Department quarterly, tool standardized.</td>
<td>CBCCF QTD and CBCCF QAMs; CMA QA staff will be advised and may participate as a co-reviewer as they are able to do so. CBCCF also invites stakeholders to participate as a co-reviewer.</td>
</tr>
<tr>
<td>Rapid Safety Feedback Reviews</td>
<td>Includes 5-8 cases per case management agency each quarter.</td>
<td>Quarterly/reported to the Department through web portal.</td>
<td>CBCCF QAM's with a second party review conducted by the QTD.</td>
</tr>
<tr>
<td>Discretionary and/or Special Reviews:</td>
<td>Requests for discretionary reviews can be made by Executive Management, DCF Administration, staff, or stakeholders. Prior to conducting the review, QM staff will determine the purpose of the review in conjunction with the requestor. These reviews may be child specific and or specific to a focus area.</td>
<td>Results are shared with leadership and the requesting party.</td>
<td>QM Department or other approved staff when requested.</td>
</tr>
<tr>
<td>Contract Monitoring</td>
<td>Fiscal, administrative and programmatic components are reviewed using standardized review procedures and tools. The comprehensive review includes, but is not limited to, an onsite review of records, interviews and direct observations by the review team.</td>
<td>Frequency determined by CBCCF Network Support Director in accordance with risk (value of the contract, previous findings or corrective actions, nature of services, and changes to key executive staff).</td>
<td>CBCCF Network Support Director coordinates the administrative and programmatic components of the monitoring; when possible they are further coordinated with the data collected by the Director of Administration, QTD, and Director of Utilization Management.</td>
</tr>
<tr>
<td>Data Tracking and Reporting</td>
<td>FSFN, FIRST Team data reports, provider reports, aggregate information from staffings</td>
<td>Daily, Weekly, Monthly, Quarterly</td>
<td>CBCCF staff, FIRST Team</td>
</tr>
<tr>
<td>Critical Case Reviews</td>
<td>Incident reports are monitored by the QAM in each County, cases are identified for review when children have been seriously injured, while the case is open to services.</td>
<td>As needed.</td>
<td>CBC QAM will coordinate with the Department and CMA in conducting the review.</td>
</tr>
<tr>
<td>CBCCF Performance Management Team Reports</td>
<td>Maintenance of data indicators and information on programmatic, financial and utilization measurements</td>
<td>Quarterly</td>
<td>CBCCF CEO, CBCCF CCO, CBCCF VP of Operations CBCCF QTD, CBCCF NSD, CBCCF UM, CBCCF DOA, CBCCF CFO, CBCCF County Executive Directors</td>
</tr>
</tbody>
</table>
The Core Components of the Quality Management System are summarized below.

**Utilization Management**

Utilization management is designed to ensure that the service requested 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 and availability. 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 CBCCF Utilization Management staff and CMA Program Directors. The authorization process varies depending on the actual service need identified. Generally, CBCCF UM authorizes mental health services not covered by Medicaid (child and parent services) within established funding and eligibility guidelines; case management agencies are allocated a budget for other service needs and those services are authorized by the case management agency program director.

All authorizations for service are monitored by the CBCCF Director of Utilization Management to ensure funds are appropriately obligated and disbursed. All service approvals are tracked in
ARGOS/FSFN. Licensed out of home placements are tracked in ARGOS and FSFN. The CBCCF Network Support Director matches contracted provider invoices to authorizations prior to submitting the invoice to the CBCCF Controller for payment.

Utilization management is integrated into every major CBCCF process. Case management staff utilizes an all-in-one automated funding request process 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 CBCCF board rate require approval from the CBCCF Utilization Manager prior to authorization. At the CTS staffing, the CMA Program Director reviews the service needs and safety plan developed by the CPI. The dependency case management supervisor reviews the timeliness, 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 CBCCF Operations Management staff or CBCCF County Executive Director. 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.

**Physical Health Care Coordination:** CBCCF employs two Nurse Care Coordinators. The Nurse Care Coordinator ensures successful enrollment in the Child Welfare Specialty Plan; ensures that the initial Health Risk Assessment is completed, refers children in need of physical or behavioral health care management, health coaching or care coordination to Sunshine Health and assists with ongoing management of health care needs as well as participating in Sunshine Health discharge planning. In addition, the Nurse Care Coordinator is available to participate in MDT’s and Youth Transition Team Meetings (and coordination of services listed in the YTM plan).

**Behavioral and Mental Health Services & Oversight:** A Clinical Coordinator is assigned to each case management agency in each of the service centers (Clinical Coordinators in Seminole and Osceola Counties are CBCCF staff, and in Orange County they are CMA staff). They are responsible for the oversight of sexual safety planning for children under supervision, ensuring compliance with psychotropic medication policy and procedures and for ensuring that there is appropriate documentation of all 100-806 expenditures for children who meet the criteria for 100-806 as outlined by the Department. Clinical Coordinators are also responsible for working closely with Protective Investigators and any other provider staff to both assist in identifying and at times interviewing children who might be Human Trafficking victims. The interviews may be done individually or in collaboration with dependency case managers, protective investigators or others adequately trained in identifying potential victims of human trafficking. Clinical Coordinators are also responsible for completing safe house assessments when needed but at a minimum every 180 days. Clinical Coordinators also attend Multidisciplinary teams scheduled to discuss service and treatment needs of these children and Clinical Coordinators will attend any and all staffings for these children in their county. Clinical Coordinators are available for ongoing consultation for any children with sexual safety plans, on psychotropic medication or involved in human trafficking in any way.
Federal Funding Quality Management Activities

Procedures are current and accurate
The CBCCF Director of Administration participates 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 are reviewed for compliance and adjusted accordingly.

Data integrity and validation activities are completed daily, weekly and monthly by the Data Unit. FSFN and proprietary reports are used to evaluate eligibility data and identify potential errors in data entry (exception reports).

Physical Case File and Electronic Case File Review:
Initial reviews: TANF & IVE Waiver
When a child initially enters the CBCCF 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 CBCCF system of care with an In-Home Non-Judicial Service case 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 CBCCF in the CTS packet.
- FSFN is reviewed for TANF accuracy/completeness.
- The TANF form is filed in the CBCCF official case file for future reference.
- If the TANF form was not completed in FSFN or received at CTS, 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 CBCCF 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 Data Center designee (Information and Eligibility Specialist / IES) 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 Data Center staff will make appropriate data entry into FSFN 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 or Information and Eligibility Manager 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 CBCCF 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 CBCCF 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 the eligibility in these data systems are reviewed and updated.
  - 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.
  - 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 errors.

Data Integrity and Management
Data integrity is critical to the effective operation of a system from 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 CBCCF to achieve contractually required outcome performance requirements. FSFN/ARGOS data also provide “the status” of the current situation to CBCCF 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 CBCCF lead agency level, 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 an agency,
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 ARGOS. Information from FSFN should match invoices received from vendors and utilization information tracked by the CBCCF 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 information in FSFN and the case management file.

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 CBCCF County Director and CMA Program Director ensure that discrepancies in data are immediately corrected through communication with the CBCCF Data Specialist.

**Contract Performance Measures**
At the time of the initial transition (2004) CBCCF identified and began tracking numerous data elements that have continued to be analyzed and reviewed to determine how the CBCCF 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 15-16</th>
<th>CBCCF</th>
<th>Current performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of children served in out-of-home care who are not maltreated by their out-of-home caregiver shall be at least ____ percent.</td>
<td></td>
<td>&gt;= 99.68%</td>
</tr>
<tr>
<td>Percentage of children in out-of-home care twenty-four (24) months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30, 2016.</td>
<td></td>
<td>&gt;= 29.1%</td>
</tr>
<tr>
<td>Number of children with finalized adoptions between July 1, 2015 and June 30, 2016.</td>
<td>213</td>
<td></td>
</tr>
<tr>
<td>Percentage of children in out-of-home care eight days to 12 months with two or fewer placements.</td>
<td>86.0%</td>
<td></td>
</tr>
<tr>
<td>Placement moves per 1,000 day in care*.</td>
<td>4.12</td>
<td></td>
</tr>
<tr>
<td>Percentage of children under supervision who are required to be seen a minimum of once every thirty (30) days, who were seen a minimum of once every thirty (30) days.</td>
<td>&gt;/= 99.5%</td>
<td></td>
</tr>
<tr>
<td>Percentage of children in out-of-home care that received a medical service in the last 12 months.</td>
<td>&gt;/= 95.0%</td>
<td></td>
</tr>
<tr>
<td>Percentage of children in out-of-home care who received dental services within the last 7 months.</td>
<td>&gt;/= 85.0%</td>
<td></td>
</tr>
<tr>
<td>Percentage of children ages 5-17 in out-of-home care currently enrolled in school.</td>
<td>&gt;/= 95.0%</td>
<td></td>
</tr>
<tr>
<td>Percentage of young adults in foster care at age 18 who have earned a high school diploma or GED or are enrolled in a secondary education program.</td>
<td>&gt;/=80.0%</td>
<td></td>
</tr>
<tr>
<td>Percentage of young adults in Extended Foster Care who have monthly contact with their case managers.</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>Percentage of young adults who have exited Extended Foster Care who have earned a high school diploma or GED.</td>
<td>TBD</td>
<td></td>
</tr>
</tbody>
</table>

Most contract measurements can be extracted from FSFN through data reports. CBCCF monitors FSFN Child Welfare Reports posted on BOE to obtain information as available about performance measures. CBC also downloads data from FSFN and adjusts to capture county, and unit level performance. The data is sent out monthly to CBCCF Management Team. CBCCF also uses a proprietary system, ARGOS, which produces performance reports. CBCCF agrees that the contract measurements are valid and important indicators of a child welfare system and that CBCCF should strive to achieve a higher level of performance each year. In a child welfare agency there are many outside (systemic) influences that have some level of impact on process and that ultimately influence an outcome. The influence may be positive or conversely negative. Our 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, but are not limited to: 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 or to get trial time for a TPR trial), 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.

CBCCF continues to determine processes that are impacted negatively by external factors and addresses the issue with those parties. It is CBCCF’s 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 CBCCF monthly data report is provided monthly to internal and external stakeholders, the CBCCF Board, the Community Alliances and Services Sub-Committee members. Information on results of quality assurance reviews is shared in a similar manner. The information provided in the monthly report is frequently discussed, and ideas for improvement or additional service needs are prioritized. A System Collaboration/CBCCF County and Case Management Agency Program Director meeting is held every month and representatives from CLS, CMA Program Directors, and CBCCF Operations and QA staff, are invited to discuss barriers to performance and develop strategies to address them.

**Program Improvement Plan**

CBCCF works with circuit/region Department staff to ensure that the CBCCF 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 CBCCF/CMA Program Director meeting. The Program Improvement Plan is updated quarterly and findings from any reviews conducted are incorporated into the Program Improvement Plan to track improvement from quarter to quarter.

**Staff and Provider Training**

CBCCF assigns a specific staff (CBCCF Training Manager) to oversee the CBCCF System of Care Training Plan, as well as to manage training committee meetings focused on identifying the training needs of case management staff/system of care. Invitations to attend training are extended to each counties Network or Stakeholder partners, including the SCSO Child Protective Services Staff Trainer and the Department’s vendor for training of Child Protective Investigators.

**Pre-Service Training**

The DCF-mandated integrated pre-service curriculum is currently used. This training features several 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 The Center for the Advancement of Child Welfare.

To obtain perspective on the responsibilities that Dependency Case Managers assume on a daily basis, Community Based Care of Central Florida requires new hires to complete shadowing activities during pre-service training. This is a structured component of pre-service that is referred to as Practicum Days.

Following Pre-Service Training, there are small group training sessions delivered by the CBCCF County System of Care Trainers. The purpose of these is to aid in the transfer of learning from the classroom to the field. Examples of sessions include: the development of a field book and to reinforce specific timeframes for CBCCF, time management skills and local resources.

In-Service Training
In-service training is offered on a frequent 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 CBCCF Management. Lunch and Learns are an effective strategy of training delivery as it does not interfere with the “work day.” All of our subcontracted 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, and Family Team Conferencing.

Supervisor Training & Program Specific Training
CBCCF Trainers and the Department spent the most of 2013-2015 conducting training across the system of care specific to the change in practice model to Structured Safety Decision Making Methodology which required most child welfare staff to attend 8 full days of training; this was followed by training on safety planning and then subsequently by booster trainings in safety planning/monitoring, family assessment, case planning and applying conditions of return. In addition, in July 2013 two key pieces of legislation was passed that impacted services to Independent Living Services.

Foster Parent/Adoptive Parent Training
CBCCF contracts with Child Placing Agencies (CPA) to provide foster care parent licensure homestudies, retention, and support. CBCCF employs Foster Parent Trainers (assigned to each county) to deliver the PRIDE training to prospective adoptive/foster parents. This curriculum is mandated by Chapter 65C-13 the Florida Administrative Code (F.A.C.). CBCCF 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 receives 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 for developing a training/development plan as part of the performance assessment for employees after the employee’s achievement of the FCB Child
Welfare credential. The credential must be achieved within a year from the date of completing pre-service training or 15 months of hire date. The CBCCF Trainers and/or CBCCF Quality Assurance staff deliver enhanced training as indicated through quality assurance reviews, contract monitoring reviews or training committee meetings.

The CBCCF Trainers, in addition to providing the core Child Welfare Training Curriculum also provide 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’s staff are requested to supplement the training on specific topics of expertise (i.e.: Child Welfare Services on Court Preparation and Permanency Options).

**Oversight of the CTS Staffings and FST Meetings**

The CPI can access a CTS staffing at any juncture in their involvement with a family, when their assessment concludes that the safety to the child requires the ongoing supervision of a formal support system, or the involvement of the judiciary to protect the child. CTS 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 rotational system. 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 CTS 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. Parents are invited and frequently attend the CTS staffing. At the conclusion of the CTS staffing the negotiated services and responsibilities (CPI/DCM) are written on the CTS 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 CBCCF System of Care the Case Management Agency Program Director chairs the CTS. 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 pending safety of child clearly identified and do they match the proposed service level), is the safety plan in place appropriate, and is there a need for sexual safety plan? 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 CTS form qualifies as their approval of the appropriateness of the level of intervention and the safety 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, CBCCF Permanency Specialist/Program Staff or County Director; 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, an adoption finalization occurs, or the child reaches the age of majority, whichever occurs first. Youth Transition Team Meetings may substitute for the FST when the child has a permanency goal other than reunification and is age 16.5+. Authorizations for service 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 out-of-home care 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;
- Evaluating for conditions of return;
- Efforts made by the case manager to engage the parents, or diligent efforts to locate if contact has not been established or maintained;
- 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;
- Child well-being (medical, dental, mental health, education, psychotropic medication);
- Efforts to locate relative caregivers or permanent connections for youth;
- Parent and child visitation (quantity and quality);
- The extent of achievement toward meeting the case plan objectives (focused on the change in behavior);
- 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.

Sometimes FST’s are convened 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 are required to provide information to the CBCCF 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 delivered to case management through the Case Management Agency Administrative support staff to be date stamped and routed to the appropriate parties. Court orders, provider progress reports, psychological assessment, comprehensive behavior health assessments, etc are 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 are reviewed at least 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 and consultation 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:

- Safety plan effectiveness/monitoring
- Family functioning assessment/progress update (ensuring it is updated as needed),
- The most recent Family Service Team meeting form,
- The family’s progress in meeting the current case plan objectives,
- Strengths/barriers in achieving the goal,
- Valid (not expired case plan) with correct permanency 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),
• sibling and parent visitation
• identification of relatives or other connections for the child
• CBHA recommendations
• Child wellbeing needs (physical, dental, mental health and school needs)
• Psychotropic Medication utilization and procedural compliance
• Evaluation of conditions for return
• Assessments of risk
• Legal status of the case
• Independent Living Services/caregiver form
• 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 functioning assessment and case planning process. All supervisory reviews are entered in FSFN and quality of supervisor reviews are 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 similar units, and how well the unit is performing overall compared to the contract performance indicators. CBCCF program operations/quality management staff are available to attend unit meetings at the request of the unit supervisor/program director and can assist with leading a discussion regarding the current trends presently observed in the unit. This allows the CBCCF 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 (lead case manager or mentor) will set time each month to attend court hearings and complete home visits with staff that are provisionally certified by the Florida Certification Board. 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 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. CBCCF will encourage the CMAPD’s to develop training plans for each supervisor under their authority. The training plan should 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.

**FCFSR and RSF QA Model**

CBCCF staff were previously trained on the Quality Practice Service Review Tool. Since that training, new tools and guidelines have been developed; CBCCF QM staff are scheduled to attend an updated training scheduled for October 2015 and a FCFSR specific training February 9-11, 2016. The practice guidelines developed by the Department are descriptive and provide detailed instruction on ratings. The CBCCF Quality and Training Director attends quarterly state level QA meetings and reinforces information from the meeting during monthly CBCCF QA Team Meetings. All completed QA reviews have a second party review conducted by the CBCCF QTD, this assists in building inter rater reliability with the local team and at the state level. Training for the CFSR instrument will be held in the near future.

RSF reviews are conducted by the CBCCF Quality Assurance Manager assigned to the county. The RSF Review consists of a file documentation review. The CFSR Review includes a file review, as well and in a few CFSR cases interviews with key case participants is required (minimally: case participants, caregivers, service providers, and other essential persons involved with the case, such as the Guardian Ad Litem and Children’s Legal Services Attorney). Results from reviews are entered into the DCF web-portal/or CFSR portal, and debriefed within 5 business days with the case manager/supervisor (minimally, any case with immediate safety concerns are immediately debriefed). A quarterly summary report for each case management organization in reference to the results of the reviews conducted is completed. At least once annually the CBCCF County Quality Assurance Manager presents information on there CBCCF Quality Management process to an “all staff” audience of the case management organization.

**Case Sample**

Rapid Safety Feedback Reviews: The Department posts a sample universe (report located at: Public Folders/OCWDRU Reports/ QA) from which CBCCF after filtering by criteria defined by the Department further narrows the selection, identifying cases per case management agency in each county, with a sample that includes in-home (voluntary, judicial or post placement supervision) cases. Cases are filtered according to young age of child, maltreatments for children 1+ to include and/or substance abuse and domestic violence (see sampling guidelines as defined in “Windows Into Practice”, page 34-35). Child and Family Services Reviews: in-home cases are identified through the same report as RSF cases but without applying filters.
Out-of-home cases are randomly selected (by case management organization eligible cases) from the AFCARS report sent to each CBC on a quarterly basis.

<table>
<thead>
<tr>
<th></th>
<th><strong>Rapid Safety Feedback</strong></th>
<th><strong>Florida Child and Family Service Reviews (FCFSR)</strong></th>
<th><strong>Federal Child and Family Services Review</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PUR</strong></td>
<td>3 months prior to date of review</td>
<td>9 months preceding the review period to the date of the review</td>
<td>Rolling review, adjusting forward 1 month per each month of the review period. 1 yr prior to sample to date of review (i.e. case selected 4/1/16 and reviewed 4/15 will have a PUR of 4/1/15-4/15/16.</td>
</tr>
<tr>
<td><strong>Sample</strong></td>
<td>Report: Children receiving in-home services daily QA listing</td>
<td>Pulled by OCW prior to the beginning of every quarter using the most recent AFCARS extract or OCW Children receiving in-home services 60/40 (OHC/INHC) for at least 3 months+</td>
<td>Selected by OCW using the AFCARS extract from 4/1-9/30/15, 60/40 (OHC/INHC); or OCW Children receiving in-home services listing</td>
</tr>
<tr>
<td><strong>Case Stratification</strong></td>
<td>Case currently open to closed @ time of review</td>
<td>Open or closed @ time of review</td>
<td>Open or closed @ time of review</td>
</tr>
</tbody>
</table>

**In-Home Services Cases**

- In-home case open at least 45 consecutive days during the PUR; OHC open during sample period in OHC for at least 30 days during selection period and open to services for at least 6 months as of sample date.
- Open to INHS for at least 1 day; and service recipient for at least 30 days as of the sample date.
- Under primary care and responsibility of CBC

- At least one prior report on the victim child or other victim child under the age of 5

**Apply filters in following order:**

1. All children under age 12 months
2. Children under age 4, where caregiver has been a/p for family violence and substance misuse
<table>
<thead>
<tr>
<th>Discard Criteria/ Rapid Safety Feedback Reviews:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discard any sibling of a child included in the current sample OR in a case reviewed in any of the prior quarters</td>
</tr>
<tr>
<td>2. If the child is in a case open only for continued adoption subsidy payments</td>
</tr>
<tr>
<td>3. If the child was placed for the entire PUR in a locked juvenile facility or commitment program</td>
</tr>
<tr>
<td>4. Case open less than 30 days at the time of the review</td>
</tr>
<tr>
<td>5. ICPC, other state jurisdiction</td>
</tr>
<tr>
<td>6. Case closed prior to the review date</td>
</tr>
</tbody>
</table>

Discard Criteria (FCFSR): any case eliminated must be documented on the Case Elimination Worksheet: [https://training.cfsrportal.org/resources/3105](https://training.cfsrportal.org/resources/3105)

<table>
<thead>
<tr>
<th>In-home Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In-home services case open for fewer than 45 consecutive days during the PUR</td>
</tr>
<tr>
<td>2. In-home services case in which any child in the family was in foster care for more than 24 hours during the PUR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-home Care Cases:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. An out-of-home care case in which the child is in OHC for fewer than 24 hours during the PUR.</td>
</tr>
<tr>
<td>2. An out-of-home care case that was discharged or closed according to agency policy before the sample period.</td>
</tr>
<tr>
<td>3. A case open for subsidized adoption payment only and not open to other services.</td>
</tr>
<tr>
<td>4. A case in which the target child reached the age of 18 before the period under review.</td>
</tr>
<tr>
<td>5. A case in which the selected child is or was in the care and responsibility of another state, and the state being reviewed is providing supervision through an Interstate Compact on the Placement of Children agreement.</td>
</tr>
</tbody>
</table>
6. A case appearing multiple times in the sample, such as a case that involves a sibling in OHC in separate cases or an in-home services case that was opened more than one time during the sampling period.

7. An out-of-home care case in which the child's adoption or guardianship was finalized before the period under review and the child is no longer under the care of the state child welfare agency.

8. A case in which the child was placed for the entire period under review in a locked juvenile facility or other placement that does not meet the federal definition.

The Child and Family Service Review sample includes 40% sample of in-home and 60% sample of out-of-home care cases. The CFSR on-line tools are built on case work processes that impact the three major child welfare constructs: Safety, Permanency and Well-Being.

CBCCF conducts any additional specialized review requested by the Department to include Executive Management and Region discretionary reviews. If the specialized review is initiated by the Department, CBCCF requests that the Department provide reasonable notice, and identify the scope and purpose of the review. CBCCF will accommodate for the review by cooperating with venue, arranging for any CBCCF case files to be transported to the site where the review will occur; and for their return. When the review involves CBCCF case records, CBCCF will assign qualified QA reviewers to the review project. If the Department requests that CBCCF conduct a specialized review and provide the results, the CBCCF Q/T Director will work with the Department’s lead to review the required tool and review parameters. The CBCCF Q/T Director will then select a review team, qualifications will be based on the specifics of review. The CBCCF Q/T Director will provide oversight of the review and the coordination of the review results. When CBCCF (Chief Executive Officer, Network Support Director or County Executive Director) identifies the need for a specialized review, the Q/T Director will take the lead on organizing 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 CBCCF Q/T Director will review the request and determine if CBCCF 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 Agency Program Director to handle. This critical issue will be documented on a communication form for tracking purposes and recorded in FSFN. The case management agency program director will provide the reviewer with documentation of completion or status of completion within 24 hours.

The **Rapid Safety Feedback tool** evaluates the case file documentation specific to:
- Services to prevent removal
- Initial and ongoing assessments
- Safety planning
- Monitoring the safety plan
- Background checks and home assessments
- Caseworker Visits with Child
The **Florida Child and Family Services Review** evaluates seventeen (17) items related to safety, wellbeing and permanency.

**Safety**
- Agency response to child abuse reports initiated and f:f with child within timeframes required by the state
- Concerted efforts to provide services to prevent entry into foster care/re-entry
- Concerted efforts to assess and address the risk and safety concerns

**Permanency**
- Stability of foster care placement
- Appropriate permanency goal established timely
- Concerted efforts to achieve permanency goal
- Concerted efforts to place siblings together
- Sufficient frequency and quality of visitation between child with siblings and parents

**Well-being**
- Preservation of connections to child’s community, neighborhood, faith, school, friends and Tribe (if applicable)
- Efforts to place child with relatives when appropriate
- Efforts (other than visitation) to promote, support and maintain the child in foster care’s relationships to parents or caregivers removed from

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**FCFSR Review Schedule** (for Federal Review)

**FCFSR In-Depth Reviews:** CBCCF is proposing conducting reviews the first full week of each month (Tu, Wed) during the federal CFSR review period.

<table>
<thead>
<tr>
<th>Month</th>
<th>In-Depth Reviews</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2016</td>
<td>Orange</td>
<td>April 5 &amp; 6</td>
</tr>
<tr>
<td>May 2016</td>
<td>Osceola</td>
<td>May 3 &amp; 4</td>
</tr>
<tr>
<td>June 2016</td>
<td>Orange &amp; Seminole</td>
<td>June 7 &amp; 8</td>
</tr>
<tr>
<td>July 2016</td>
<td>Orange</td>
<td>July 5 &amp; 6</td>
</tr>
<tr>
<td>August 2016</td>
<td>Osceola</td>
<td>Aug 2 &amp; 3</td>
</tr>
<tr>
<td>September 2016</td>
<td>Orange &amp; Seminole</td>
<td>Sept 6 &amp; 7</td>
</tr>
</tbody>
</table>
In-depth reviews: (Orange/Osceola & Seminole) completed quarterly by the CBCCF QA Unit in partnership with CMA QA/Management Staff, CBCCF Network Support and Stakeholders (Guardian Ad Litem Program).

Adoption Program reviews: (Orange/Osceola & Seminole) Adoption Audit Monthly

Diversion/Family Support Program: As determined by the CBCCF Diversion Managers

In-Home Non-Judicial Services: (Orange/Osceola & Seminole): 5 cases randomly selected from each case management agency semi-annually when time permits

Specialized Reviews: (Orange/Osceola & Seminole) as requested by the Department to occur 2x per year; and as need determined by CBCCF.

Psychotropic Reviews: (Orange/Osceola & Seminole): CBCCF Clinical Coordinators will review the FSFN Psychotropic Medication Report (located in the FSFN OCWDRU medical/mental folder) weekly which details any incomplete medication tab information. The Clinical Coordinator will assist the case management staff in completing the medication tab correctly. The CBCCF Clinical Coordinator will review the medication tabs monthly for each child in OHC that is prescribed medication, and ensure the information is correct based on court orders and the medical report. Tracking will be maintained that identifies that the coordinator has monitored the following in accordance with the Corrective Action Plan: review of children under age 11 on two or more psychotropic medications; completeness of medical report; compliance with consent requirements; verification that medication logs were obtained from caregiver, and validation of medical tabs in FSFN.

System Review of the Quality of Integration of Key Processes: As indicated through RSF FCFSR processes.

Specialized Supervisory Review: The CMA PD will complete a QA review of (3) supervision per supervisor/per quarter. The CBCCF QAM will validate and provide feedback as relevant.

Council of Accreditation Site Visit: As determined.

Information from CBCCF QA Reviews (FCFSR, RSF and Specialized Reviews, Stakeholder Interviews and Foster Parents) are shared with staff, CBCCF Board of Directors, and providers. Discussion includes:

- what was done well,
- what needs to be improved,
- establishing 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 staff and providers that are involved.

Quality Assurance Review Report Format: By August 15th of each year the CBCCF QTD will prepare a comprehensive QA review report for Orange, Osceola and Seminole Counties. The review report will include findings from the RSF and FSFSR reviews. The CBCCF CEO will approve the report and forward to the Department’s Contract Managers.
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.

**Network Support Department Monitoring**

CBCCF has formal subcontracted providers who are assessed annually for various risk factors to determine the risk level and establish a basis for the frequency of monitoring. Depending on the risk factor analysis, contracts are monitored annually, bi-annually or every three years. Contract monitoring occurs as set forth in the “CBCCF subcontracting monitoring guidelines” as approved by Department. The CBCCF Network Support Director develops an annual contract monitoring schedule for each provider contracted through CBCCF. The monitoring schedule is 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 includes the CBCCF Network Support Director and Chief Finance Officer or designee, and may include any additional CBCCF staff or network provider staff that CBCCF determines is necessary to execute an effective review. Both administrative and programmatic components are reviewed during the scheduled review using the review tools provided in the operating procedure.

The comprehensive review includes, but is not 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(s)
- 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 employees (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 state agencies or funders’ annual monitorings 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 CBCCF 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. CBCCF will review performance data monthly and share this information with the CBCCF providers and the CBCCF Stakeholder Groups. 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 CBCCF holds bi-monthly (every other month) provider board meetings to provide a venue for announcements, updates, and discussion of provider successes and concerns. Unless otherwise scheduled individually by a provider, agendas are 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 builds a more cohesive provider network and lead to innovative new practices. In addition, the CBCCF Board will also receive updates quarterly as to the performance of contracts that have been monitored.

### Network Support Unit Monitoring Schedule (2014-2015)

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Contract Term</th>
<th>Service Name</th>
<th>Monitoring Date</th>
<th>Type of Monitoring</th>
<th>Report Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gulf Coast</td>
<td>7/1/14 - 6/30/17</td>
<td>Case Mgmt, Adoption &amp; Diversion Osc</td>
<td>2/10/2015, 2/11/2015</td>
<td>On-Site</td>
<td>Formal</td>
</tr>
<tr>
<td>CHS Orange</td>
<td>7/1/14 - 6/30/17</td>
<td>Case Mgmt, Adoption &amp; Diversion Org</td>
<td>3/3/2015</td>
<td>On-Site</td>
<td>Formal</td>
</tr>
<tr>
<td>One Hope United</td>
<td>7/1/14 - 6/30/17</td>
<td>Case Mgmt, Adoption &amp; Diversion Org</td>
<td>1/21/2015</td>
<td>On-Site</td>
<td>Formal</td>
</tr>
<tr>
<td>Devereux</td>
<td>7/1/14 - 6/30/17</td>
<td>Case Mgmt, Adoption &amp; Diversion Org</td>
<td>10/21/2014</td>
<td>On-Site</td>
<td>Formal</td>
</tr>
<tr>
<td>CHS Sem</td>
<td>7/1/14 - 6/30/17</td>
<td>Case Mgmt, Adoption &amp; Diversion Sem</td>
<td>3/6/2015</td>
<td>On-Site</td>
<td>Formal</td>
</tr>
<tr>
<td>IMPOWER</td>
<td>7/1/14 - 6/30/17</td>
<td>Intake &amp; Placement</td>
<td>3/24/2015</td>
<td>On-Site</td>
<td>Formal</td>
</tr>
<tr>
<td>CHS</td>
<td>7/1/14 - 6/30/17</td>
<td>Child Placing Sem/Org/Osc</td>
<td>3/6/2015</td>
<td>On-Site</td>
<td>Formal</td>
</tr>
<tr>
<td>Organization</td>
<td>Start Date - End Date</td>
<td>Service or Project</td>
<td>Date of Site Visit</td>
<td>Type of Site Visit</td>
<td>Form of Visit</td>
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<tr>
<td>Devereux</td>
<td>7/1/14 - 6/30/17</td>
<td>Child Placing &amp; Post Adoption Support Sem/Org/Osc</td>
<td>10/21/2014</td>
<td>On-Site</td>
<td>Formal</td>
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<tr>
<td>Orange County CHS</td>
<td>7/1/14 - 6/30/15</td>
<td>Diversion Org</td>
<td>11/20/2014</td>
<td>On-Site</td>
<td>Formal</td>
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<tr>
<td>Devereux</td>
<td>7/1/14 - 6/30/17</td>
<td>Prevention Sem CARES</td>
<td>3/5/2015</td>
<td>On-Site</td>
<td>Formal</td>
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<tr>
<td>Orlando Health - CAC &amp; Healthy Families</td>
<td>7/1/14 - 6/30/15</td>
<td>Visitation Org</td>
<td>10/21/2014</td>
<td>On-Site</td>
<td>Formal</td>
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<tr>
<td>Community Initiatives</td>
<td>7/1/14 - 6/30/15</td>
<td>Prevention</td>
<td>4/16/2015</td>
<td>On-Site</td>
<td>Formal</td>
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<tr>
<td>Kids House of Seminole</td>
<td>7/1/14 - 6/30/15</td>
<td>Pathways to Home</td>
<td>9/23/2014</td>
<td>On-Site</td>
<td>Formal</td>
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<td>CHS</td>
<td>7/1/14 - 6/30/17</td>
<td>Visitation Osc</td>
<td>3/5/2015</td>
<td>On-Site</td>
<td>Formal</td>
</tr>
<tr>
<td>IMPOWER</td>
<td>7/1/14 - 6/30/15</td>
<td>Child Placing Sem/Org/Osc</td>
<td>3/24/2015</td>
<td>On-Site</td>
<td>Formal</td>
</tr>
<tr>
<td>One Hope United</td>
<td>7/1/14 - 6/30/15</td>
<td>Child Placing Sem/Org/Osc</td>
<td>1/21/2015</td>
<td>On-Site</td>
<td>Formal</td>
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<tr>
<td>YFA</td>
<td>7/1/14 - 6/30/15</td>
<td>Child Placing Sem/Org/Osc</td>
<td>2/4/2015</td>
<td>On-Site</td>
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<td>Community Initiatives</td>
<td>7/1/14 - 6/30/15</td>
<td>CAC Osceola</td>
<td>1/31/2015</td>
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<td>Safehouse of Seminole</td>
<td>7/1/14 - 6/30/15</td>
<td>Visitation Sem</td>
<td>2/25/2015</td>
<td>On-Site</td>
<td>Formal</td>
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<tr>
<td>Bethany Christian Services of Florida</td>
<td>7/1/14 - 6/30/15</td>
<td>Respite Care Sem/Org/Osc</td>
<td>12/18/2014</td>
<td>On-Site</td>
<td>Formal</td>
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<td>Harbor House</td>
<td>7/1/14 - 6/30/15</td>
<td>Advocacy - DV Org</td>
<td>11/19/2014</td>
<td>On-Site</td>
<td>Formal</td>
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<td>Help Now</td>
<td>7/1/14 - 6/30/15</td>
<td>Advocacy - DV Osc</td>
<td>12/2/2014</td>
<td>On-Site</td>
<td>Formal</td>
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<td>Kids House of Seminole</td>
<td>8/15/14 - 6/30/15</td>
<td>Advocacy - Medical Neglect Seminole</td>
<td>2/24/2015</td>
<td>On-Site</td>
<td>Formal</td>
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<td>FUMCH</td>
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<td>1/21/2015</td>
<td>Desk Review</td>
<td>Informal</td>
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<td>Grace Landing</td>
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<td>3/2/2015</td>
<td>Desk Review</td>
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<td>Attain</td>
<td>7/1/14 - 6/30/15</td>
<td>RGC DD</td>
<td>10/16/2014</td>
<td>On-Site</td>
<td>Formal</td>
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<td>Created Families</td>
<td>7/1/14 - 6/30/15</td>
<td>RGC</td>
<td>11/24/2014</td>
<td>On-Site</td>
<td>Formal</td>
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<tr>
<td>Devereux-TFC</td>
<td>7/1/14 - 6/30/15</td>
<td>Therapeutic Foster Care</td>
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<td>Boys Town</td>
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<td>RGC</td>
<td>12/9/2014</td>
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<td>Sanford Safe Haven</td>
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<td>BETA Center</td>
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<tr>
<td>Devereux- RGC</td>
<td>7/1/14 - 6/30/15</td>
<td>RGC</td>
<td>10/21/2014</td>
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<td>Formal</td>
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<td>Hely Cate Place</td>
<td>7/1/14 - 6/30/15</td>
<td>RGC</td>
<td>11/19/2014</td>
<td>On-Site</td>
<td>Formal</td>
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<td>Friends of Children and Families</td>
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<td>1/21/2015</td>
<td>On-Site</td>
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<td>Bridging Lives</td>
<td>7/1/14 - 6/30/15</td>
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<td>2/27/2015</td>
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<td>Formal</td>
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<td>YAP</td>
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<td>Images of Glory</td>
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<td>Milestone</td>
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<td>3/2/2015</td>
<td>On-Site</td>
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<td>Florida Mentor</td>
<td>7/1/14 - 6/30/15</td>
<td>Therapeutic Foster Care</td>
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<td>The Key Haven</td>
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<tr>
<td>Aspire Health Partners</td>
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<td>Residential Group Care</td>
<td>10/10/2014</td>
<td>On-Site</td>
<td>Formal</td>
</tr>
</tbody>
</table>
In addition, CBCCF has informal contracted providers including, but not limited to: mental health therapy, mentoring, tutoring, respite, substance abuse treatment, behavioral analyst and other wraparound services. In July 2015, CBCCF launched our Preferred Provider application process to re-recruit and credential our informal service providers to ensure all approved providers are committed to providing the highest level of quality services to our children and families.

Selected providers will practice our CBCCF culture of CREST (Communication, Respect, Empowerment, Support and Trust) while working with families, Case Managers and other professionals in our child welfare system. Providers will be committed to the following System of Care values:

1. The value of **family-driven and youth-guided care** means services provided are based on the strengths and needs of the youth and families that are served. A strengths-based model of assessment such as the CANS-C is a key component of a family driven and youth guided model. Agencies should be able to demonstrate how families and youth are considered the leaders and drivers of both the family team and the plan of care.

2. The value of **cultural and linguistic competency** means that services provided are sensitive to each family’s culture and agencies strive to eliminate racial, ethnic, geographic, cultural and socioeconomic disparities and disproportionalities by tailoring services to reflect the cultural and linguistic needs of the families to be served. Partner agencies should participate in assessment and development of policies and procedures to ensure competency. This may include, but is not limited to: training standards for employees, incorporation of policies into service delivery, self-assessment of cultural and linguistic competence, and/or use of certified translation specialists and interpreters based on best practices.

3. The value of **community based services** means that services should be available within the family/youth’s community, as defined by the family and youth and be accessible and culturally and linguistically competent. An agency should be able to demonstrate flexibility around location of services being offered and demonstrate efforts to collaborate, enhance partnerships with services systems and resources in the community.

**Licensing (Child Placing Agency)**

As of September 2009, CBCCF (Seminole) assumed primary licensing review and approval. This authorization was extended in 2012 for Orange/Osceola. All initial and re-licensure licensing packets for foster care homes and/or child specific placement homes submitted by area child placing agencies are submitted to the CBCCF Licensing Manager for final approval. Upon final approval the CBCCF Licensing Manager submits an attestation packet consisting of:

- Licensing Application
- CBCCF Cover Letter
• Notarized Attestation
• CPA request to License
• Standard Licensing Checklist

This attest 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 DCF Licensing Office. The DCF Licensing Office then issues the foster home or child specific license.

The DCF Licensing Office conducted semi-annual quality assurance reviews. The Department’s Licensing Office Inform CBCCF of any findings from the review specific to a CBCCF foster home or performance by a specific child placing agency. CBCCF shares this information with all CPA’s for improvement and continued quality performance.

The Child Protective Investigator notifies the Child Placing Agency, Licensing Authority (ACHA, DCF, APD), primary case manager of children involved in report, Intake and Placement Unit Supervisor, CBCCF County Director and CBCCF Licensing Manager of all institutional reports received involving a facility (residential group care) or foster home located in Orange, Osceola or Seminole County. In Seminole County the SCSO CPS Trainer schedules staffings on all institutional reports received and the Institutional staffings are held each Monday at 10:30am at the CBCCF Service Center. Intake and Placement sends the schedule to the CPA’s, CBCCF Staff, Dependency Case Manager, Case Management Agency Program Director, GAL, ACHA, SAMH Program Office, and the Florida Coalition for Children. In Orange/Osceola the CPI Supervisor assigned to the Institutional Unit schedules the staffings which are held every other week. The DCF Supervisor sends the notification to CBCCF and other parties, and CBCCF makes additional notifications to the Case Management Agency staff. The CPA and CBCCF Licensing Manager who attend the staffings are responsible for ensuring follow-up to any licensing corrective actions that are determined necessary.

When the Florida Abuse Hotline receives information regarding a child placed in a foster home, that does not meet the criteria for an abuse report, they will document this information as a “foster care referral”. The Hotline will send this information to the Child Protective Investigation Unit Supervisor assigned to the Institutional Unit. The supervisor will review the referral and forward to the Intake and Placement Unit, CBCCF Licensing Director and designee for tracking. Intake and Placement will forward the referral to the Child Placing Agency assigned to support the foster home. The Child Placing Agency licensing staff will respond to the home within the designated time period and take appropriate action based on their findings. The outcome will be relayed in writing to the CBCCF Licensing Director designee, who reviews the information and documents the information in FSFN. Once entered the CBCCF Licensing Director approves the note and closes the referral as complete.

The CPA contract with CBCCF requires that the CPA notify CBCCF 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 CBCCF 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 CBCCF Licensing Manager through the (CMA PD). The CMA PD reconciles the monthly report against the exit interview forms they have forwarded to the CBCCF Licensing Manager to ensure that all required interviews have occurred. The CBCCF Licensing Manager reviews the information (scans a copy of the exit interview into ARGOS) and forwards a copy to the Child Placing Agency who provides the regulatory function. The CBCCF Licensing Manager, County Executive Director 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 Licensing Director has 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 CBCCF Licensing Manager in the county of residence of the foster home. The Licensing Manager will review the concern, and take appropriate action if warranted based on the concern identified, and then forward 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. CBCCF may schedule a placement support staffing through the I&P unit as a vehicle for immediately gathering information regarding a concern that has been brought to the attention of CBCCF. 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 CBCCF to Impower, Inc., are responsible for ensuring that the placement of children does not exceed the licensed capacity of the foster home. The capacity of the home is 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 CBCCF 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 CBCCF Licensing Director. The CBCCF Licensing Director reviews the annual plan and provides feedback as necessary. The needs of CBCCF (re: preferences and types of homes) are addressed in the monthly meeting with the CPA.

**Quarterly CBCCF County Risk Management Meeting**

This quarterly meeting provides the opportunity to communicate/share/analyze information at the county level across functional areas. The areas of focus identified by CBCCF are areas that are correlated the closest to CBCCF’s client related risk, and to determine if the information is linked to a practice, particular staff person/agency/county, or functional area; isolated or trending; and if it is connected or interrelated to other risk indicators. The County Director/Licensing Director is then responsible for reporting this information at the CBCCF Management Meeting and County Level Staff Meeting quarterly. The QAM (chair) will provide minute meetings and a quarterly analysis report to the COA Accreditation Manager and the Quality and Training Director who will analyze similarities and differences in County analyses and report comprehensive information in the CBCCF Management Meeting. It is recommended that the meeting occur as a “committee” meeting, and when possible prior to the CBCCF County Staff Meeting.

**Current Focus Areas:**

**Placement Disruptions:** The QAM will track placement disruptions (completing the QA tool specific to children that are disrupting placements) to determine and isolate the factors and trends in the data/information. CBCCF has implemented numerous strategies (QPI, PRIDE, Training – The Effects of Multiple Placements, Placement Stabilization Staffings) for the purpose of reducing disruptions that also disrupt a child’s relationships (connections to friends/family/therapeutic support) and educational setting. A critical analysis of the information should provide a foundation for identifying further system improvements that can be implemented. Placement stabilization has historically been an area in need of improvement, with the Department placed on a statewide program improvement plan. A contract performance requirement measures the percentage of children in out-of-home care that experience no more than two placement settings within 12 months. (CBCCF QTD will report in CBCCF Management Meeting).

**Failed Reunifications:** The QAM will track failed reunifications (children that are reunified with their parent and are returned to OHC in less than 6 months from the reunification date. A specific QA tool will be developed by the Q&TD, which can be utilized to evaluate the factors that may have impacted the stability of the family. Orange and Osceola County Directors and QAMS have identified this as an area in need of improvement. Evaluating this will identify the factors that are impacting performance in this area, and lead to targeted strategies for improvement. The Department includes “the percentage of children reunified who re-enter care within 6 months shall not exceed ___%” as a contract performance measurement. (CBCCF QTD will report in the CBCCF Management Meeting).
Exit Interviews: The County Licensing Manager (LM) will present information reported by children (ages 5-18) exiting a licensed placement after a length of stay that equals or exceeds 30 days. The focus is on the quality of care the child reports. An evaluation of trends to a particular home or CPA will be presented. (CBCCF Licensing Director will report in the CBCCF Management Meeting).

Institutional Staffings
The County Licensing Manager will attend institutional staffings. Information/outcomes will be tracked and analyzed for pattern/trends as to quality of care issues. The analyses will be discussed and information provided to the CBCCF Licensing Director and copied to the CBCCF COA Accreditation Manager and Quality and Training Director. The CBCCF Licensing Director will provide both comprehensive and county level information at the CBCCF Management Meeting.

Client Complaints
The County Director, or designee, will track and process client complaints to ensure an effective and appropriate resolution. The information derived from the complaint investigation will be analyzed for trends and patterns. The County Director, or designee, will provide a copy of the data and analysis to the COA Accreditation Manager and present the information to the CBCCF Management Team.

Incident Reports
Critical incidents, as defined by the Department are entered in IRAS by the QAM. The County QAM will track and report information and trends. A copy of the data and analysis will be provided to the CBCCF COA Accreditation Manager and Quality and Training Director. The CBCCF Quality and Training Director will report county and comprehensive information in the CBCCF Management Team Meeting.

High Risk Staffing QA Reports
At the request of the CBCCF Quality and Training Director the County QAM will conduct a comprehensive quality assurance review. Reviews that meet the high risk staffing review include any child that received a serious injury (resulting in an abuse report) while open to diversion or dependency case management services. This County QAM will screen Incident Reports to determine the cases that fall into this category and consult with the CBCCF Quality and Training Director. During the County Risk Management Meeting the County QAM will provide information on the findings of the report, and discuss trends identified. The QAM will provide the analyses to the County Quality Training Director who will present both the County and comprehensive analyses during the CBCCF Management Team Meeting.

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Quality Management Team and Peer Reviewer Qualifications

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

CBCCF employs a staff person, Quality - Accreditation Manager, who is assigned primary responsibility of managing the agency’s COA compliance requirements and ensuring that COA Accreditation is achieved and standards are maintained continuously. This position is also responsible for regulating & updating agency policies & documenting any necessary agency changes. The Quality Accreditation Manager reports to the Quality/Training Director.

County Quality Assurance Managers (CQAM): CBCCF assigns two Quality Assurance Managers to CBCCF Orange County Operations, and one County Quality Assurance Manager in both Seminole and Osceola Counties. The CQAM has the primary responsibility of implementing the QM Plan and ensuring the agency objectives are met in their county of assignment. The CQAM is required to have a minimum of 3 years of relevant work experience in child welfare; and preferably have worked as a child welfare supervisor, possess a graduate degree in the social services field, and certification as a Child Welfare Professional and as a Quality Assurance Reviewer.

Qualification of peer reviewers will be determined by the CQAM in consideration of the type of review being conducted. In order to participate in base reviews the reviewer must attend one of the Department’s approved quality assurance trainings; only CBCCF CQAM and Q/T Director may lead an in-depth QSR. For all other specialized reviews, the experience and qualification of the peer reviewers will be established by the CBCCF CQAM 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 CQAM or Q/T Director, this will control for data integrity and produce a higher inter rater reliability.

CBCCF Performance and Management Team Meeting

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

B. Quality Teams: The CBCCFL County System of Care Trainer/or Training Manager/or County Quality Assurance Manager will convene at a minimum bi-monthly Quality Team meetings. Participants identified for participation will generally be from the frontlines of case management chosen primarily for their willingness to help problem-solve and their familiarity
with the issue being explored. The primary purpose of the Quality Team is twofold. First, the Quality Teams are the ongoing vehicle for identifying and addressing barriers to quality of practice at the operations level. At each meeting, time will be set aside for county discussion of county level issues that need attention - which could range from issues around provider wait lists to issues related to internal communication or potentially serious risk management concerns. The goal is to problem solve, make recommendations for change, and forward those recommendations to appropriate CBCCFL 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 CBCCFL System of Care Trainer/ or Training Manager (with input from the CBCCFL Performance and Management Team). The CBCCFL County System of Care Trainers, County Quality Assurance Managers, and County Operations Support Staff 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 CMA Program Directors and getting approval to implement (the CMA Program Directors may request that the Quality Team representatives present this during the monthly CMA/CBCCFL 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 CBCCFL Performance and Management Team Meeting.

Secondly, the Quality Teams will serve as a vehicle for the ongoing review of information related to incident reports, accidents, outcomes/performance measures and safety and risk management issues to identify areas needing improvement and areas of strength. The Quality Team is tasked with identifying recommendations for 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 the data would continue to be evaluated to determine what impact the action had on the indicator.

The Quality Team lead will submit a report to the CQAM which details their meeting minutes and activities that have occurred since the last meeting.

C. Stakeholders

Stakeholder investment in quality assurance initiatives is the most effective way of ensuring that the quality assurance process moves from being one focused on compliance based activities to one that impacts positively the quality of services provided to the children and
families we serve. CBCCF relies on information gathered from surveying both internal and external stakeholders to determine how well the system of care is functioning. After this information is gathered and analyzed the information is then presented to CBCCF, the Board and stakeholders to evaluate if a change in policy or practice needs to occur or if a new type of service delivery may need to be developed. CBCCF representatives attend the Community Alliance and Children Cabinet meetings, this allows the community to establish priorities regarding the needs of the children at large and creates opportunities to collaborate on strategies or in resource acquisition and or pooling. CBCCF arranges specialized meetings to address any stakeholder concerns/trends and involves the stakeholder in developing a solution whenever possible.

CBCCF Stakeholders include but are not limited to the following:

- The children and families served by CBCCF
- CBCCF Network/Contracted providers
- CBCCF personnel
- CBCCF Board of Directors
- CBCCF County & Provider Advisory Boards
- Youth Advisory Board
- The Judiciary
- Guardian Ad Litem Program
- Seminole County Sheriff’s Office Child Protective Services
- Kids House/Child Protection Team
- Community Alliance/Seminole Children’s Cabinet
- The Florida Department of Children and Families
- Foster and Adoptive Parents
- Relative Caregivers

**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 are conducted annually and the results are incorporated into the annual reports. The results and feedback received from the stakeholder surveys are made available to the CBCCF Board of Directors and stakeholder groups at least 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 are conducted annually and the results are included in the annual reports and made available to the CBCCF Board of Directors and stakeholder groups annually.

**Satisfaction Surveys**

Satisfaction with service provision is routinely assessed by CBCCF and its providers. Satisfaction with provider service is part of the providers own QA/QI plan, is a requirement of their contract with CBCCF, and is also assessed during the quarterly QA review process. In
addition, CBCCF and or the case management agency’s conduct an annual satisfaction survey that includes the 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)
- Foster Parents (sampled from a universe of all open foster parent providers in Seminole, Orange or Osceola County that have CBCCF assigned children in their care on a given date).
- Stakeholders: (sampled from a universe of Guardians ad Litem, Judges, Department of Children and Families and Regional Quality Assurance Team/Contract Management)

The instruments are designed to solicit information from the identified groups surrounding their satisfaction with CBCCF (and the case management services provided by the CMA). CBCCF will identify a statistically valid sample size from the universe identified above. For the children and parent samples the cases would be required to be open cases and include a range of clients who were recently staffed for CTS services, to those pending closure from services but still open on an “as of date”. This selection method provides information regarding a client’s satisfaction with services through all phases of service delivery from case initiation to case closure.

Information from all client satisfaction surveys (conducted by CBCCF, CMA’s, or contracted providers) are maintained and data is produced and action items are added to the Program Improvement Plan as needed. All satisfaction surveys are forwarded to the CQAM in each county for tracking purposes and reviewing the feedback provided in surveys; as well as summarized in the annual reports. The CBCCF Management Team 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

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

A. Long Term Strategic Goals and Objectives

The CBCCF Board of Directors meets monthly. CBCCF provides the Board of Directors a quarterly report on the performance for the designated objectives. The Board also receives a monthly data report, quarterly reports of contract performance, and the performance of contracts monitored by CBCCF, as well as financial and audit reports. The CBCCF Management Team reports on the measures quarterly at the Management Team monthly meeting in which the CEO in turn reports to the Board. Please refer to the CBCCF Strategic plan for goals, objectives, and measurements.
B. Management/Operational Performance

CBCCF Management Team, CBCCF Board of Directors and the Finance Committee review the financial statements, financial projections and the Monthly Data Report to identify the operation trends, the client population and the impact the 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 Care Daily Costs 2) Length of Time to Permanency and 3) Number of Children in Care over 12 Months. Each of the aforementioned indicators has a significant impact on the variable costs of the organization (Out of Home Care, Diagnostic & Evaluation Services and Client Assistance Funds) and provides information to management regarding performance specific to the plan operationally. Adjustments can then 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.

CBCCF strives to maintain a knowledgeable, stable, and satisfied workforce. Each CBCCF Director has the responsibility of reviewing workload and functions in their functional area and prioritizing workload or reassigning workloads as needed. In many of the CBCCF functional areas co-workers are cross trained or have operational manuals to ensure continuity of service in the absence of an employee. The stability of the workforce is reviewed on a monthly basis by the management of CBCCF 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

CBCCF uses a variety of reporting mechanisms to ensure successful programmatic results. CBCCF 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 CBCCF focuses on the accessibility, timeliness and continuity of service while maintaining the focus on the child’s safety at all times.

Client and Grievance Procedures

CBCCF desires to create an environment that encourages any person, client, community partner or stakeholder to communicate freely with CBCCF. 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). CBCCF will advise all clients and providers (Client Handbook/Information Guide and Provider Handbook/Information guide) of the process for filing a complaint. The handbook is provided at the initial contact with the family for all clients receiving on-going case management services, and is 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 CBCCFLS 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 County Director for handling. The CBCCFL County Director 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 CBCCFL County Director 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 CBCCFL County Director. After discussion, if you are still unsatisfied, you may request an internal review by the CBCCFL Chief Executive Officer.

CBCCF Client Grievance Procedures:

The CBCCF Corporate and Administrative Assistants to the County Executive Directors maintain a tracking system of all client calls that are received that are designated by the caller as a service complaint. All calls received are 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 CBCCF Network Support Director for resolution. If the complaint is regarding a CMA staff, the complaint will be forwarded to the CBCCF County Executive Director for resolution. The resolution of complaints will be recorded and the nature of the complaint and resolution presented at the monthly CBCCF/CMA PD Meeting as relevant. CBCCF will conduct a quarterly analysis of client complaints/grievances to review for trends or themes, and develop appropriate actions to address when indicated.

CBCCF has implemented many performance measures and other review processes to ensure the safety of children receiving services by CBCCF. The evaluation of safety includes but 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 Teams meet monthly on high risk cases in the CBCCF service area and include 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.

The continuity of care is essential in achieving objectives set forth in the strategic plan. The CBCCF County Licensing Manager 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 CBCCF Performance and Management Team Meeting, Risk Management Meeting and the Network/Provider Quarterly Meeting. Institutional Staffings are attended by a CBCCF representative and are scheduled when any placement provider contracted by CBCCF who 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 CBCCF as needed. CBCCF also facilitates Placement Support Staffings. Placement stability correlates directly with the continuity of care children receive, if CBCCF can not maintain children in a stable placement then services can not be implemented effectively. CBCCF attends the staffings to insure that immediate decisions/service connections are authorized to stabilize the placement. CBCCF is developing a reporting mechanism to help identify placement trends, strengths, and gap analysis to increase placement stability.

CBCCF assigns the Director of Utilization the responsibility of authorizing funding, troubleshooting service barriers, and ensuring quality provider progress notes are reviewed. The CBCCF Utilization Department monitors the timeliness of the Comprehensive Behavioral Health Assessment of children, reviewing for quality of information and validity of recommendations to include a summary of Child and Adolescent Needs and Strengths Assessment Tool. The CBCCF Utilization Department approves funding requests, and when the provider submits the bill for payment the provider attaches the progress note/evaluations which may be evaluated by the Utilization Department if either the CMA or other CBCCF staff are concerned about the quality of work submitted by the professional. Service authorization is recorded in the CBCCF Argos Data System.

Barriers to service continuity include: the timeliness of service implementation, provider turnover, coordination between multiple providers, and the providers understanding regarding the service needs of the family. CBCCF continues to explore and develop monitoring tools and reports to address performance and deficiencies.

**Customer Service Initiative:**

CBCCF initiated a customer service initiative in February 2015 that is designed to raise awareness and educate all staff about the importance of good customer service. The initiative is managed by a customer service team which includes members from all levels of the organization, foster parents and providers. The initial phase includes eight principles rolled out over time and additional phases will continue to reinforce previous material and add new material. In addition to the educational component, the customer service initiative also includes mechanisms for measuring adherence to the principles, recognition of good customer service throughout the company and a feedback system designed for all internal and external stakeholders. This information is reviewed by senior management to identify opportunities for systemic improvement. One method of accessing the feedback system is through the CBCCF website which has a button for providing feedback either anonymously or by leaving contact information if a response is requested.
III. PQI Operational Procedures

A. Data Collection and Aggregation

CBCCF 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 CBCCF data collection are listed below:

- Performance Measures
- CBCCF 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
- Department of Children and Families “CBC Scorecard”

Data is collected daily and automated reports are sent or otherwise provided to the CBCCF Board, CBCCF staff, and CBCCF contracted network provide. Reports include the following types:

- Performance reports- The focus of these reports is to address performance as it relates to the outcomes set forth in CBCCF contract with the Florida Department of Children and Families. These reports are located in FSFN reporting environment and posted to the Center for Child Welfare Excellence; they are also reported monthly to the Board, CBCCF, and the network (example of reports: child’s length of stay, adoption finalizations, re-abuse during service provision, and the 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 automated daily or weekly (examples of reports: exit interviews, new psychotropic medications entered, AFGAR errors, children needing to be seen, children exiting OHLC and requiring an exit interview).
- Contract/Strategic Plan: These reports were developed by CBCCF to monitor progress with goals set forth in the strategic plan, to monitor practice implementation, and contract performance. The reports are provided monthly to the CBCCF Board, CBCCF Staff, and CBCCF network. (Example of these reports: number of caseworkers assigned to a case, etc)
- Surveys- CBCCF 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 CBCCF County Operational/Management Teams are responsible for reviewing and analyzing all data information available to them as it relates to program specifics. CBCCF distributes weekly and monthly reports and identifies the source and report parameters.
Each CBCCF functional area conducts individualized quality assurance activities and reporting outcomes to the CBCCF Quality/Accreditation Manager. This information is then compiled for purposes of completing a comprehensive analysis of all information. CBCCF takes a comprehensive approach in reviewing all data reports to identify trends or issues and to identify the needed changes. CBCCF implements a “Plan Do Study Act” practice model to test implemented changes prior to implementing a policy change or practice change. CBCCF uses data to document if the trend is a systemic, programmatic, or unit/employee specific issue.

C. Communicating results:

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

CBCCF distributes and posts the annual Quality Assurance “A Year in Review” Report that evaluates progress of CBCCF over the year.

Exit interviews are conducted for all QA reviews conducted, with a report distributed within 15 days of completion that addresses the performance outcomes and provides recommendations. Quality Practice Reviews and Child and Family Services Reviews are debriefed with the case management agency upon completion. The results are posted on the CBCCF “G” drive for CBCCF management access.

D. Implementing Change Through the Use of Data

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

E. Assessment of Effectiveness of PQI Process

CBCCF prepares a comprehensive year end report which evaluates the progress CBCCF has made in meeting the outcomes in the strategic plan and on meeting performance outcomes established in the CBCCF/DCF contract. Quarterly CBCCF reviews all PQI activities and the Program Improvement Plan to ensure progress is being made.