Overview

Clay and Baker Kids Net, Inc. (CBKN) employs the concepts of Total Quality Management (TQM) in evaluating and improving the system in a shared decision-making model. TQM is the systematic achievement of customer and stakeholder satisfaction through the coordinated efforts of all employees and departments within an organization. In the TQM model, crises and reactive thinking are replaced by ongoing, data-driven evaluation and planning at the case and system levels.

CBKN's Quality Assurance/Quality Improvement (QA/QI) Process is defined by the agency’s vision of delivering the highest quality services to the children and families of Clay County. The process is designed to ensure services are provided to children and families consistent with the Department of Children and Families (DCF) contract and service delivery model, and in compliance with state and federal law, administrative rule, and DCF operating procedures. Essential to the implementation and success of the QA/QI Process is the participation of all CBKN management and staff.

Members of CBKN management and staff meet as necessary to address emerging issues. The expectation is that these meetings are used to set goals and plans to improve quality of services. Minutes of the meetings are shared with other CBKN management and staff and the QA Supervisor in a continuous loop to facilitate communication and plan follow up activities.

Overall, the QA/QI processes involve staff across all levels throughout CBKN and subcontracted providers. Staff continuously gather and analyze data and make improvements to services and processes when compliance is not met or when safety/security issues arise. Data related to compliance issues and improvements are provided in written reports to the Senior Management Team and Board of Directors. Additionally, CBKN promotes the philosophy that everyone is a member of the QA/QI Team, including stakeholders, families, children, caregivers, foster parents, and CBKN and subcontract provider staff at all levels. CBKN works collaboratively with community stakeholders to define the indicators of success; review and enhance the quality management data collection and reporting system/process; and periodically review performance and institute changes at the system and case levels, ensuring continual improvement.

Objectives of the QA Program:

- To integrate the organizational functioning of governance, management, service, and support activities to insure desired outcomes of each service.

- To incorporate outcome measures into the decision-making, planning and development of each service;
To integrate feedback from all levels of the organization into the decision-making, planning and development of each service.

To integrate a quality-centered/team-focused management system to the service delivery system.

To coordinate organizational QA activities with circuit/regional QA activities.

Through this approach, it is believed the following quality improvement objectives will be accomplished:

- Evaluation of the effectiveness of services in relation to their stated purpose and the effects on the lives of the people served.

- Evaluation and demonstration of efficiency in the provision of services.

- Providing agency management and the Board of Directors with objective data to assess department and service performance in relation to established criteria and measures of acceptability.

- Identification of changes in the consumer population and direction as to needed service development.

- Assurance of appropriate utilization of material, physical plan, and human resources.

- Provision of usable, understandable data that facilitate the planning and integration of services and identify areas for corrective action.

- Focus on planning for areas identified for performance improvement.

- Efforts to measure and promote consumer satisfaction.

CBKN tracks and reports to DCF and the CBKN Senior Management Team, Board of Directors and Family Care Supervisors client outcome data consistent with the federal Child and Family Services Review (CFSR) standards, and other state mandates, including the specific performance measures outlined in the contract with DCF. CBKN also examines satisfaction data from children and families, providers, the courts, DCF and other community stakeholders to identify and remedy areas of weakness or concern. In addition, CBKN identifies and
assesses overall system performance through data analysis relative to access to and the quality, efficiency and effectiveness of services.

The responsibility for CBKN’s QA/QI efforts resides with the CBKN Chief Operations Officer (COO). The COO supervises staff dedicated to QA/QI activities. The QA staff includes the QA Supervisor and the QA/Contract Coordinator. The QA Supervisor position requires at a minimum, a Bachelor’s Degree in counseling, social work, or related field from an accredited college or university, with a Master’s Degree in Social Work preferred. The QA Supervisor must also have three years of related experience in child welfare, with child welfare certification preferred, but not required. The QA/Contract Coordinator position requires at a minimum, a Bachelor’s Degree in counseling, social work or a related field from an accredited college or university, with a Master’s Degree in Social Work preferred. The Quality Assurance/Contract Coordinator must also have two years of related experience/training/education in child welfare, with child welfare certification preferred, but not required.

1. Focus on Coordination

- **Unit Supervisory Discussions.** Describe how the lead agency will use the supervisory discussion guide. Also, describe whether the documentation of the discussions will be made available to the circuit/region and if so, how [to be determined in collaboration with circuit/region]:

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

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

   a. Guide discussion of the case;
   b. Ensure the elements of safety, permanency and well-being are being addressed via proper case management procedures;
   c. Assist the supervisor in being a mentor to the FSC by allowing them to provide proper guidance and support to the FSC; and,
   d. Assist in ensuring the minimum requirements for case supervision are properly addressed, including the following:
      - Permanency goal
      - Progress and Barriers to permanency
      - Tasks and who is responsible
Follow-up on tasks

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

3. The FSS shall complete all supervisory reviews and enter all chronological notes into the Florida Safe Families Network (FSFN) by the 10th day of the next month. For example, if a case is reviewed in January, it will be entered into FSFN no later than February 10th.

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

- Date of Supervision and Individuals Present
- Permanency Goal
- Progress and Barriers to Permanency
- Tasks and Person Responsible
- Follow-up on Tasks

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

5. A quarterly supervisory review is required on all cases open 60 days or more in any given quarter.

6. On a monthly basis, CBKN will randomly select a five Supervisory Review notes per FSS and conduct a qualitative review. The data gathered will include:
   a. Percent of compliance by the supervisor with quality of the reviews of the data related notes including discussions of:
      i. Permanency goal
      ii. Progress and barriers to permanency
      iii. Tasks and who is responsible
      iv. Follow-up on tasks

7. On a quarterly basis, CBKN will gather data regarding supervisory reviews. The data gathered will include:
   a. # and % of supervisory reviews completed by the FSS
   b. % compliance by the FSS with quality reviews of data related notes including
discussions of (5 randomly selected notes per FSS):
  • Permanency goal
  • Progress and barriers to permanency
  • Tasks and who is responsible
  • Follow-up on tasks

8. FSSs not meeting the qualitative review elements, i.e., focusing on presenting concerns, identifying progress and barriers to permanency, identifying needed follow-up and tracking to completion, will be required to submit action plans for performance improvement.

9. CBKN will include the performance data in the Quality and Risk Management Report.

10. CBKN will, as requested, provide performance data to DCF, the Board of Directors.

- **CBC QA and Side-by-Side Reviews.** Describe how the lead agency (and as appropriate, subcontractors and region staff) will prepare for and conduct the base, side-by-side and in-depth reviews. This includes defining the various roles of the reviewers and facilitator for the review and how reviewers and facilitators will be selected. Note: the sampling and conducting of in-depth reviews is the responsibility of the region, but these three activities should be coordinated.

**Sampling:**

CBKN will use the state approved CBC Case Management Review Tool and Interpretive Guidelines to conduct Base and Side-by-Side Reviews. The review tool is comprised of 66 standards assigned to Safety, Permanency and Well-Being, and when summarized will provide data specific to these outcomes.

Quarterly, cases for review will be randomly identified by DCF. A list of the selected client cases will be provided to CBKN on or before the 15th of the month proceeding each quarter.

Each quarterly sample will address one of the following sample populations: children ages 10 and younger as of the sample date; children ages 11 and older as of the sample date; children ages 5 and younger at the time of admission; and children ages 6 and older at the time of admission. The period under review will begin 12 months prior to the review date.

CBKN will be responsible for ensuring the selected sample is consistent with the sampling methodology, and includes one of the four sampling populations.

  - In-home cases will be eliminated if:
    • Open for less than 60 consecutive days during the sampling period;
    • Appeared more than once in the sample; or,
• Reviewed in the previous quarter.

Out-of-home care cases will be eliminated from the sample if:
• Open only for continued subsidized adoption payment;
• Focus child is or was in the care and under the responsibility of another state;
• Appeared more than once in the sample;
• Focus child’s adoption was finalized before the period under review;
• Focus child was placed for the entire period under review in a locked juvenile facility or commitment program; or,
• Reviewed in the previous quarter.

When a case is eliminated, the QA Supervisor will randomly select a replacement case from the over sample and ensure the case meets the specified sampling quadrant before including it in the sample. If a case is eliminated from the sample, the QA Supervisor will approve and document the reason for the elimination when finalizing the master list of cases.

Quality Assurance Reviews to be conducted:

• **CBC Base Reviews:**

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

• **CBC Side-by-Side Reviews:**

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

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

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

1. All 25 Base, Side-by-Side and In-Depth Reviews will be completed by the end of the quarter in which the cases are identified and assigned for review.

2. CBKN will compile and analyze the data obtained from the Base Review and submit via the approved electronic format to the Northeast Region Quality Manager. The data will document the degree of compliance with each standard, and be summarized at the unit level and overall regarding the agency’s system of care.

3. Quarterly compliance reports will include both summary and detailed data, and be provided to CBKN.

4. Each FSS is responsible for addressing deficiencies and items that warrant improvement.

5. CBKN will work closely with DCF Regional QA staff to ensure a complete understanding of the case file review process.

• **Executive Management and Region Discretionary Reviews.** Describe how the lead agency will work with the region to respond to special review requests.

• **Special Quality Assurance Reviews:**

Region QA staff may be assigned responsibility for conducting a Special QA review that may be based on concerns related to decision-making and/or service provision and focused on an individual case or cases assigned to a specific worker or unit. The need for a Special QA Review may be identified by Region or Circuit Administration. CBKN will work in cooperation with DCF to complete these reviews.

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

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

• **Local Review Schedule.** Provide a schedule for the upcoming fiscal year (2008/09) that shows when standard QA activities will occur (for example, the quarterly base reviews and side-by-side reviews). Include other events that affect quality tasks or represent local milestones or opportunities for coordinating quality processes (for example, quarterly regional/circuit performance meetings, CBC board of director performance reports, circuit Child Protective Investigation quality assurance reviews that will need region staff time, etc.).

• **Base Reviews:**
  - July – September 2008 (17 on random days throughout the quarter)
  - October – December 2008 (17 on random days throughout the quarter)
  - January – March 2009 (17 on random days throughout the quarter)
  - April – June 2008 (17 on random days throughout the quarter)

• **Side-by-Side Reviews:**
  - July – September 2008 (Scheduled to occur the week of July 21\textsuperscript{st} 2008)
  - October – December 2008 (Scheduled to occur the week of October 20\textsuperscript{th} 2008)
  - January – March 2009 (Scheduled to occur the week of January 26\textsuperscript{th} 2009)
  - April – June 2009 (Scheduled to occur the week of April 27\textsuperscript{th} 2009)

• **Licensing and Placement Meeting:**
Quality Assurance Plan - Following Statewide Quality Assurance Planning Criteria For Fiscal Year 2008/2009

Purpose: Review placement resources and exit interviews.
Frequency: 2nd Tuesday of Each Month
Participants: Licensing Supervisor, Licensing Counselors, Placement Coordinator, COO, Shelter Manager, and QA Supervisor

- **Incident Report Meeting:**

  Purpose: Review incident reports.
  Frequency: Monthly
  Participants: COO, QA Supervisor, and Incident Report Administrative Specialist

- **DCF Contract Manager Conference Call:**

  Purpose: Review DCF Contract Performance.
  Frequency: Every other week
  Participants: COO, DCF Contract Manager, QA Supervisor, and Contract Coordinator

- **DCF Contract Manager Quarterly Monitoring Entrance and Exit Conference:**

  Purpose: Monitor DCF Contract Performance.
  Frequency: Quarterly
  Participants: COO, DCF Contract Manager, QA Supervisor, and Contract Coordinator

- **QA Unit Review Meeting:**

  Purpose: Review Unit Performance on Quality Assurance Review and Monitor Internal Corrective Action Plans.
  Frequency: Quarterly
  Participants: CPO, FSSs, and QA Supervisor

- **Subcontract Monitoring Entrance and Exit Conference:**

  Purpose: Review Performance of Sub-Contractors.
  Frequency: Yearly
  Participants: COO, Subcontract Staff, QA Supervisor, and Contract Coordinator

- **Kids Council Meeting:**

  Purpose: Focus on issues surrounding youth in Clay County, share information and training opportunities, and support events and activities for children.
  Frequency: Monthly
Participants: Members of government and non-profit organizations

- **Mercy Network:**
  
  Purpose: Focus on issues surrounding low income and homeless families in Clay County, share information and training opportunities, and sponsor events benefiting low-income families.
  
  Frequency: Monthly
  
  Participants: Members of Faith Based agencies, Clay County Government, and nonprofit organizations

- **Partnership Meeting with DCF:**
  
  Purpose: Focus on CBKN’s performance on contract requirements.
  
  Frequency: Every other month
  
  Participants: CBKN and DCF staff

- **Community Alliance:**

  Purpose: Oversight of CBC Agency and Providers, and advocacy on issues relevant to children and families in Northeast Florida.

  Frequency: Monthly
  
  Participants: Members of the community, local schools, county government, courts and law enforcement

  - **CBKN Board Meeting:**

    Purpose: Provide governance and oversight of CBKN, Inc.

    Frequency: Monthly

    Participants: Professional and non-professional volunteers representative of the Clay County communities

- **Clay Action Coalition (CAC) Meeting:**

  Purpose: Focus on issues that enhance the health and well-being of Clay County families.

  Frequency: Monthly

  Participants: Members from Clay County government agencies, and nonprofit organizations.

2. **Focus on Results**
Quality Improvement Standards and Process. The CBC QA plan should address the following.

1. Describe how the CBC will track and report on its performance on contract measures. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.

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

**Performance Measures:**

1. Percent of all children served by CBKN (both In-Home and Out-of-Home) Not Abused or Neglected During Services (FS101) (quarterly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

2. Percent of all children served by CBKN in Out-of-Home Care experiencing no maltreatment (FS106) (quarterly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

3. Percent of children removed within 12 months of a prior reunification (FS302) (quarterly)
   a. Data collected via:
      i. DCF Dashboard

4. Percent of children reunified within 12 months of latest removal (FS301) (quarterly)
   a. Data collected via:
      i. DCF Dashboard

5. Number of children in Out-of-Home Care 12 months or more (M0388) (monthly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)
6. Percentage of children with no more than 2 placements with 12 months of removal (FS306) (quarterly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

7. Percent of children required to be seen are seen monthly (FS107) (monthly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

8. Percent of children with finalized adoptions within 24 months of latest removal (FS303) (quarterly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

9. Number of adoption goal met (MO5084) (Monthly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

Quality and Risk Elements:

1. Supervisory Reviews (quarterly)
   a. Data collected via:
      i. FSFN chronological notes
      ii. Random selection of five notes per supervisor for quality review

2. Complaints (quarterly)
   a. Data collected via:
      i. Client Grievance Form
      ii. Tracked by CBKN QA Supervisor utilizing an Excel spreadsheet

3. Exit Interviews (monthly)
   a. Data collected via:
      i. Exit Interview Forms
ii. Tracked by Administrative Staff and QA Supervisor utilizing an Excel spreadsheet

4. Incident Reports (monthly)
a. Data collected via:
   i. DCF Incident Reporting Form
   ii. Tracked by Administrative Staff and QA Supervisor utilizing an Excel spreadsheet

5. Family Assessments (quarterly)
a. Data collected via:
   i. CBKN Quarterly Assessment Form
   ii. FSFN chronological notes

6. Initial Family Team Conferences (quarterly)
a. Data collected via:
   i. Tracked by Family Team Conference utilizing an Excel spreadsheet

7. Foster Home Licensing Report (monthly)
a. Data collected via:
   i. Tracked by Licensing and Placement staff utilizing an Excel spreadsheet

8. Birth Verification Compliance (monthly)
a. Data collected via:
   i. FSFN report(s)

9. Photograph Compliance (monthly)
a. Data collected via:
   i. FSFN report(s)

10. Finger Prints Compliance (monthly)
a. Data collected via:
    i. FSFN report(s)

CBKN utilizes the data collected regarding the performance measures to identify and address areas in need of improvement at the case level. By looking at issues at the case level, improvements may be made in the way individual children and families are served and over time for the system of care as a whole. Case level reviews have resulted in the identification of problems, and the development of action steps to address both case specific and systemic
issues. For example, during the previous fiscal year, monthly Quality Improvement meetings were held and all adoption cases were reviewed. Reviewing adoption cases allowed CBKN to evaluate individual adoption cases and develop action plans to ensure children in those cases achieved permanency. As a result, the number of finalized adoption increased per month. This directly impacted the performance measure FS303: Percent of children with finalized adoptions within 24 months of latest removal. As a result of the increased number of finalized adoptions, Quality Improvement meetings are now held quarterly instead of monthly.

On a monthly basis, CBKN monitors its performance on the DCF performance measures and other qualitative indicators such as Family Team Conferencing, exit interviews completed, and photos/fingerprints/birth certificates obtained. Additionally, on a monthly basis, CBKN staff meet to discuss compliance with performance measures, and performance improvement steps are reviewed. For example, monthly Quality Improvement meetings are held to review exit interviews from licensed placements. Reviewing exit interviews allows CBKN to identify quality of care issues and implement corrective action when needed. Identifying and addressing quality of care issues contributes to the reduction of the number of children with multiple placements. This directly impacts performance measure FS306: The Percentage of children with no more than 2 placements within 12 months of removal.

2. Describe how the CBC will track and report on the strategic objectives set by its Board. Describe what data sources will be used and how the performance will be communicated to management and the Board.

CBKN and its Board of Directors have adopted the strategic objectives identified in CBKN’s contract with DCF. DCF strategic objectives are reported utilizing the DCF Dashboard. The Dashboard is reviewed by the CBKN Senior Management Team and provided to the Board of Directors.

3. Describe how the CBC will track and report on the performance of their contract providers. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.

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

At least annually, the QA Supervisor assists in reviewing each CBKN subcontractor, in cooperation with the Contract/QA Coordinator, to determine provider compliance with the terms and conditions of the subcontract.

CBKN uses CFO 75-2 and CFO 75-8 to guide the subcontract monitoring. The quality and adequacy of services delivered by each provider is reviewed using three methods: records
review, interview, and observation. The monitoring tools utilized assess compliance with federal, state and other requirements associated with the service purchased.

CBKN utilizes the DCF Sample Size Calculator to determine the amount of client files required for review. When there are adequate personnel available to assist, all personnel files are reviewed. If the sample size is too great to review 100%, the Sample Size Calculator is used to identify a smaller sample. All financial documentation, within the monitoring review time frame is monitored.

An entrance conference is conducted with the provider’s official representatives, and when possible includes the CEO, Financial Officer, Clinical Director, and one or more board members. At the entrance conference, the provider is informed of the purpose, scope, and schedule of the site subcontract monitoring visit.

Prior to the exit interview, the subcontract team meets to exchange information about the provider’s strengths and weaknesses and develop the preliminary results or conclusions based on the information received. An exit interview is then conducted with the provider’s primary point of contact in order to report on the preliminary findings of the subcontract monitoring, and findings are often discussed during the exit interview. The subcontract monitoring team may use this meeting to ask questions or request explanations of the preliminary findings. The exit interview allows the provider the opportunity to explain or provide documentation to resolve minor or easily correctable errors.

CBKN transmits the results of the subcontract monitoring, its findings and recommendations, and any other relevant information by preparing and submitting a written report. Written feedback to the agencies will reflect compliance with contract requirements and service delivery outcomes, quality and timeliness of the work product, and compliance with statute and administrative code. The review findings are shared with the subcontract service provider, CBKN Senior Management Team, CBKN Board of Directors, and DCF through a written report. The final written report is forwarded to the provider within thirty (30) working days of completing the exit interview.

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4. Describe how the CBC will track and report on ongoing improvement initiatives that will still be occurring during the upcoming fiscal year. What need or performance gap is each one intended to fill, especially with respect to items 1-3 above? What evidence exists to show the initiatives will produce the desired change? For example, is there a Quality Improvement and Control (QIC) story or other systematic QI model in use that describes the initiative and tracks progress? Describe how the CBC will report the status of ongoing improvement initiatives to management, the Board, and interested stakeholders.
CBKN has a Continuous Quality Improvement Plan. The following areas are highlighted as key components of the plan.

1. Client Grievance - A client grievance reporting process was developed to ensure clients are informed of their right to file a written grievance and provided the appropriate grievance form when requested. Clients and their family members actively involved in the services case have a formal avenue to express their concerns and complaints regarding the services they receive through CBKN. The CBKN QA Supervisor serves as an advocate for the client, and is responsible for reporting on the review of the complained and suggested follow up to CBKN management and staff. Feedback on the grievance is communicated to the client, and their family members, if applicable, in a timely fashion. Client grievances are received in writing utilizing the Client Grievance Form. The form is received and logged by the QA Supervisor, and then forwarded to the FSS who provides a written response to the grievance. If the issue is not resolved to the grievant’s satisfaction, it is then forwarded to the appropriate Senior Management Team member for additional review. If the grievant continues to feel the issue is unresolved, a meeting is scheduled with the CEO.

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

Satisfaction surveys are currently mailed on an annual basis to parents, relative caregivers and foster homes involved in active cases. CBKN is in the process of reviewing this procedure and considering a monthly method of contact that will allow more timely identification of emerging issues. Stakeholder surveys have been completed through the DCF but will be completed by CBKN in the future. Information will be gathered throughout the year through agency meetings and the monitoring of our subcontracts. Written surveys are completed via mail and provided to subcontracted providers, as well as, other community agencies involved with our families. Responses are then compiled and a written report is furnished to the Senior Management team and CEO. The information gathered is evaluated and utilized by CBKN Management in the strategic planning process to ensure CBKN is sensitive to the needs of the service community while providing quality services to our clients. The information is also shared with the Community Alliance.

3. Incident Reporting - An incident reporting process was developed within the agency’s Continuous Quality Improvement process and agency Operating Procedure. The process ensures the review and investigation of all significant events that occur outside of established business practices or cause or could cause harm to a client, staff
member or facility. Incident reports are tracked and trended and reported to executive management, agency staff and the DCF. The process regarding the receipt and review of Incident Reports is detailed in CBKN Policy and Procedure 100.005, Incident Reporting.

CBKN will continue to use the Plan, Do, Check, Act approach for Quality Improvement activities. Action planning is often conceptualized in the “PDCA Cycle,” Plan, Do, Check, and Act. “Plan” involves the beginning and early stages, where you look at the end product and visualize the results you want. “Do” involves implementing the plan on a small scale or trial basis. “Check” is the opportunity to review actual results in comparison to the original vision. “Act” is the decision point for full scale implementation, should results meet expectations. (Quality Improvement and Evaluation in Child and Family Services-Managing into the Next Century, CWLA Press, Washington, DC, 1996.)

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

QI activities will include the following 7 steps:

1. Reason for Improvement (Display Problem)
2. Current Situation (Stratify Problem)
3. Analysis (Identify and Verify Root Cause)
4. Countermeasures (Identify and Implement Countermeasures)
5. Results
6. Standardization
7. Future Plans (Lessons Learned)

Essential to the implementation and success of the QI process is the participation of all CBKN management and staff.

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

**Underlying Assumptions**

- Every staff person will be part of the quality improvement process.
• The QI process involves management and staff meeting to focus on quality improvement activities.

• All QI activities are equal in importance.

• Each management and staff member has an equal responsibility in the quality improvement process.

• Successes are shared and celebrated among management and staff members.

Structure

• Each quality improvement meeting is intended to have the participation of both management and staff members.

• There are both administrative and service teams. Service team members are those that provide direct client services.

• The administrative teams support the service teams as their customers are the service staff.

• A member of the QA Unit may attend QI meetings to act as a facilitator and provide data to both the administrative and service teams.

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

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

1. The identification of needs, goals and available resources.
2. Discovery and utilization of strengths throughout the program.

3. Development of action plans to implement identified improvements.

4. Identification of unresolved issues to present to the next level.

Agenda for QI Team Meetings

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

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

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

The following areas were addressed in QI activities during the last fiscal year (these areas will continue to be targeted in the upcoming fiscal year as well):

1. To increase the number of finalized adoptions utilizing the Adoption Exchange, expediting adoptive home studies and utilizing specific staff for permanency recruitment efforts.
   - Improvement Monitored Utilizing:
     FSFN Report(s)
     DCF Dashboard
2. To reduce the number of children in out-of-home care through the joint development of case plans, monthly face-to-face contact with parents when the goal is reunification, timely judicial reviews and timely permanency staffings and hearings. Improvement Monitored Utilizing:
   • FSFN Report(s)
   • DCF Dashboard

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

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

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

Results of Quality Improvement Activities are reported to the CBKN Senior Management Team and the Board Monthly.
5. Describe what new performance improvement initiatives the CBC is going to undertake in the upcoming year. Describe the performance issue the initiative is meant to address, how it was selected, and how it will be managed (e.g., QIC approach?).

<table>
<thead>
<tr>
<th>Area of Improvement</th>
<th>Improvement Monitored Utilizing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve placement stability</td>
<td>FSFN Report(s)</td>
</tr>
<tr>
<td></td>
<td>Missing Child Reporting Forms</td>
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<tr>
<td></td>
<td>Incident Reports</td>
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<td></td>
<td>Tracked by Licensing and Placement utilizing an Excel spreadsheet</td>
</tr>
<tr>
<td>Increase the number of exit interviews submitted within 5 days of placement change</td>
<td>FSFN Report(s)</td>
</tr>
<tr>
<td>Ensure required documentation will be in the IL files</td>
<td>FSFN Report(s)</td>
</tr>
<tr>
<td>Decrease the amount of time children reside in the shelter home</td>
<td>FSFN Report(s)</td>
</tr>
</tbody>
</table>

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

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

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

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

3. Ensure required documentation will be in the IL files according to policy.
   - Improvement Monitored Utilizing:
     - FSFN Report(s)
     - Tracked by Independent Living Coordinator Utilizing an Excel spreadsheet
     - QA Reviews

4. Decrease the amount of time children reside in the shelter home.
   - Improvement Monitored Utilizing:
     - FSFN Report(s)
CFSR Federal Audit Quality Improvement Plan
CBKN is prepared to immediately begin implementation of improvement plans based on the findings of the Federal CFSR conducted in January 2008. Because the CBC Case Management Review Tool was designed to closely mirror the CFSR requirements, CBKN expects to utilize the results from the Base and Side-by-Side Reviews to gauge progress and current performance regarding the CFSR Federal Quality Improvement Plan Items. This, in conjunction with the case level analysis of performance measure compliance, will provide an overall picture of case practice and assist in identifying needed improvements.

The results of the QI activities will be reported monthly to the CBKN Senior Management Team and Board.

| 6. Describe how the CBC will evaluate and react as new information becomes available. For example, analyze what is revealed about practice standards during quality assurance reviews, or by performance measure trend data, or by performance on federal outcome measures. Will the information be used to either modify ongoing improvement initiatives or start new ones? For example, if quality assurance review information provides indications of issues in a particular site or for a particular function, how will a QI initiative be defined and managed? |
|---|---|

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

| 7. If a critical life, health, or safety threat to a child is identified during any quality assurance or other review activity, how will the CBC assure that the situation is immediately addressed and corrected? |
|---|---|

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

8. If the lead agency has completed or is working on tasks related to national accreditation, please include a brief description.

Although CBKN has no projected begin date for Accreditation, CBKN is in the process of preparing for accreditation through the Council on Accreditation (COA), and during the past year updated its Policies and Procedures manual.

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