QUALITY MANAGEMENT PLAN
FY 2008-2009
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CBCS Leader Board Attachment 2
Background:
For the state FY06/07 and FY 07/08, Community Based Care of Seminole had included the Department of Children and Families (Department) three tiered quality assurance/improvement model as one of the components of the CBCS local quality management plan. The first tier involved case file reviews by CBCS. CBCS used a QA tool that was approved by the Department and conducted 90/10 sample size reviews quarterly. CBCS submitted semi-annual reports and an annual report to the Department at the conclusion of the semi-annual data roll-up. During the tier 1 process it was the responsibility of CBCS to coordinate and monitor all QA Activities to include ensuring the QA plan was followed, reporting data to the Department, and developing/monitoring the Local Program Improvement Plan. In tier 2, the Department provided oversight by DCF QA staff to validate the tier 1 reviews and had oversight as to whether the CBCS approved QA plan was appropriately implemented. Tier 3, involved the Family Safety office’s responsibility for defining process and performance requirements, collecting statewide data, and reporting progress on Florida’s Program Improvement Plan to the Federal government.

In 2007, Secretary Bob Butterworth reviewed the current state QA model and developed an initiative with the collaborative efforts from CBC representatives to develop a more comprehensive model based on accountability in all aspects of child welfare. The model focuses on three components: front line practice, joint assurance of QA activities (collaboration between CBC and DCF), and oversight and accountability at all levels. Implementation of the new DCF QA model is to begin July 2008.

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

Mission
CBCS’s mission is that all families in Seminole County are able to safely care for their children by engaging, protecting, and inspiring every child, every day. This mission is driven by one of our core values, our belief that all children have the inalienable right to grow up safe, healthy and fulfilled in families that love and nurture them.

Vision
CBCS’s vision is to be the premier Child Welfare Organization in the United States. This vision is shared with stakeholders in the community and is based upon the following guiding principles that were developed by a community alliance sub-committee made up of agencies or individuals who provide comprehensive services to children and families in need due to abuse/neglect. The focus of these principles is to unite resources, hold parties accountable to specific standards of care, and evaluate performance and
distribution of resources based upon specific measurable outcomes, which will ultimately ensure the safety, permanency, and well-being of our children in Seminole County.

- Community Based Services- to prioritize the identification, development and maintenance of community based service that will minimize placing children outside their community
- Individually Tailored Services- To ensure that each child will be provided the best service appropriate for his/her specific need
- Continuum of Care: To offer a seamless, cohesive, timely and comprehensive delivery of service that will encourage healthy childhood growth, nurturing and development
- Accountability- To promote an objective evaluation of service delivery to ensure the most effective and efficient utilization of resources
- Resource Management- To maximize resources and creatively meet funding needs
- Community Development- To embrace and educate the entire community in the process of providing the safest possible environment for our families in need of services
- Culture of respect, empowerment, support and trust- To create a learning environment that will develop and maintain high quality and stable workforce.

Quality Management Concepts and Definitions

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

**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.

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

The CBCS assumption is that the commitment to the continuous improvement in quality services and outcomes for children and families of Seminole County is shared throughout the community: from the CBCS Board of Directors, Community Alliance, CBCS, case management agencies, network providers, contract providers, and in the community at large. CBCS will continually provide information and request and solicit reciprocal input and feedback from the community. CBCS recognizes that an informed, integrated, and participatory community affords the best opportunity to maximize resources and produce the best outcomes for children and families.

CBCS and the contracted providers will produce data that provides quantitative, qualitative and financial cost information, (as applicable) on the:

- Demographics of the population served
- Type and units of services provided
- Services needed and service availability
- Quality and effectiveness of services delivered
- Contract performance
- Level of care needed and provided (licensed care)
- Level of services provided (VPS, In-Home PS, Out-of-Home Care, PPS, Post TPR, and IL)
- Caseload size and vacancy rate
- Foster home and group care capacity
- Performance on QA instrument reviews and CFSR reviews
- Program Performance and Compliance Indicators
- Complaints and Grievances
- Incident Reports

This information will be shared as appropriate 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 will be continuous because 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 will provide the basis for defining quality assurance activities that both supports and encourages quality improvement activities.

Section III: Overview of the Quality Management Model

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

CBCS has four staff specifically assigned to program oversight. CBCS has identified one of the program staff to have the primary/lead role in managing the QA/QI Plan and insuring the integrity of the plan. The program staff person with this lead role is called the Quality Assurance Manager. The CBCS Quality Assurance Manager (QAM) has the primary responsibility for execution of the quality management plan submitted by CBCS and approved by the DCF Central Region office. The QAM will coordinate and provide oversight of all QA required activities and ensure all appropriate information is relayed to the Region’s QA staff on CBCS performance. The QAM is also responsible for maintaining and updating the CBCS Program Improvement Plan and providing this information to the CBCS Chief Executive Officer for reporting to CBCS board members and stakeholders. The Quality Management Plan will provide the framework by which CBCS can evaluate system performance and compliance with local CBCS processes/protocols and system of care, Florida Administrative Code, Florida Statutes, and the Adoption Safe Family Act.

The QAM is responsible for implementing the quality management plan and ensuring the following objectives are met:

- The plan is efficient operationally;
- The plan is continuous, and
- coordinated with case management’s agency level QA processes and instruments, and
- that the data gathered is reliable and can be extracted at intervals to guide adjustments in practice that will influence desired outcomes

The Quality Assurance Manager will be responsible for participating in any quality assurance activity (including Quality Team oversight and review of incident reports and complaints) as well as reviewing and analyzing all program initiatives for potential impact on quality assurance outcomes. The QAM will make recommendations for changes or modifications in practice and for updating/amending the QA plan when DCF operating procedures, Florida Administrative Code or Florida Statutes change.
<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>Lead ESI and FST staffings Licensed Care Audits, ARC, Separated Sibling, Adoption Audit</td>
<td>ESI: M, W FST: Th, Fr LCA: Bi-weekly, Adoption: monthly</td>
<td>CMA Program Director, CBCS Director of Operations/Operation Consultants</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>DCMS</td>
</tr>
<tr>
<td>Placement Stabilization 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 arrange and lead staffing. GAL, CBCS, 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 will 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>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>DCMS</td>
</tr>
<tr>
<td>Program Director review of Supervisor Reviews</td>
<td>Five 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>CMA PD</td>
</tr>
<tr>
<td>Comprehensive Instrument Reviews/ Case File Reviews/Collaborative side by side reviews</td>
<td>Includes 17 CBC base Reviews (File reviews) and 8 Collaborative Side-by-side reviews with DCF Regional QA staff</td>
<td>Continuous/reported to DCF quarterly</td>
<td>CBCS QA Specialist/Regional QA staff</td>
</tr>
<tr>
<td>Contract Monitoring</td>
<td>File review, client satisfaction survey, interview of staff</td>
<td>Frequency determined by CBCS Network Director in accordance with risk.</td>
<td>CBCS Network Director coordinates the administrative and programmatic components of the monitoring; when possible they are further coordinated with the data collected by the QAM and Utilization Manager</td>
</tr>
<tr>
<td>Data Tracking and Reporting</td>
<td>FSFN FIRST team data reports, provider reports, aggregate information from staffing</td>
<td>Daily, Weekly, Monthly, Quarterly</td>
<td>CBCS staff, FIRST Team</td>
</tr>
<tr>
<td>Collaborative In-Depth Reviews</td>
<td>Two cases selected from the side by side collaborative reviews</td>
<td>Quarterly</td>
<td>DCF QA Regional staff/ CBC QA Specialist</td>
</tr>
<tr>
<td>CBCS Performance Management Team Meetings</td>
<td>Maintenance of data indicators and information on programmatic, financial and utilization measurements</td>
<td>Weekly at staff meeting</td>
<td>CBCS ED leads</td>
</tr>
<tr>
<td>Quality Team Meetings</td>
<td>Best Practices and Areas in need of Improvement are discussed with operation staff for purposes of determining QI actions</td>
<td>Monthly</td>
<td>CMA Lead/CBCS Trainer/oversight from CBCS QA manager</td>
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</tr>
<tr>
<td>Provider Meeting</td>
<td>Information on utilization and performance is reviewed with contracted providers</td>
<td>Quarterly</td>
<td>CBCS Network Director</td>
</tr>
<tr>
<td>Distribution of information to stakeholder and CBCS Board</td>
<td>Information on CBCS performance is shared</td>
<td>Ongoing</td>
<td>CBCS ED distributes</td>
</tr>
<tr>
<td>Critical Incident Tracking and Client Complaint Tracking</td>
<td>Aggregate information will be analyzed and reported as relevant</td>
<td>Semi-annual</td>
<td>QAM will have QT analyze and formulate recommendations</td>
</tr>
<tr>
<td>Diversion and prevention services program reviews</td>
<td>Case file reviews and interviews</td>
<td>As determined by the CBCS Director of Operations: Planned: quarterly for Family Connections/ Semi-Annual for CARE</td>
<td>CBCS QA manager will have oversight of reviews that will include cooperation from the stakeholders involved in these preventative programs</td>
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The Core Components of the Quality Management System are summarized below.

**Utilization Management**

Utilization management is the process used to ensure that the service requested or being utilized is the most appropriate service available for the child and family. Utilization management also ensures the availability of services throughout the fiscal year by tracking expenditures and the rate of resource depletion. Information gathered from utilization review (service use) provides a foundation for determining the amount and type of services needed for the next contract year. Services that are denied due to priority for funding or for insufficient provider capacity will also be tracked 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 leadership of CBCS and the two case management agency Program Directors. The authorization process will vary depending on how the service need is identified.

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

Utilization management has been integrated into every major CBCS process. Out of county and placements that require funding above the standard CBCS board rate require approval from the CBCS Director of Utilization prior to authorization (or who in her absence?). At ESI staffing, the CMA Program Director reviews the services and safety plan arranged/developed by the PI. The dependency case management
supervisor reviews the appropriateness and effectiveness of services being delivered during monthly case reviews with the dependency case managers. Case plan progress and permanency goal are reviewed regularly (a minimum of every 90 days) at the FST led by a CBCS Operation Consultant or CBCS Director of Operations. The appropriateness and effectiveness of services are also reviewed as part of the Level of Care Staffing and during First Health’s monthly review of SIPP.

**Federal Funding Quality Management Activities**

Procedures are current and accurate

The Federal Funding, Account Analysis and Information Management Unit participate in DCF conference calls and DCF Region Meetings specific to federal funding and FSFN to ensure compliance with federal guidelines and requirements. As changes occur the process and procedures utilized by the unit are reviewed for compliance and adjusted accordingly.

Data integrity and validation activities are completed daily, weekly and monthly by the CBCS Federal Funding, Account Analysis and Information Management Unit. FSFN and proprietary reports are used to evaluate eligibility data and identify potential errors in a case.

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

**Initial reviews: TANF & IVE Waiver**

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

For children who enter the CBCS system of care with a Voluntary or Protective Supervision case status the TANF guidelines apply and the following process occurs:

- The PI (Protective Investigator) or DCM (Dependency Case manager) completes a TANF form and submits the form to the CBCS Federal Funding, Account Analysis and Information Management Unit.
- The form is reviewed for accuracy / completeness and the eligibility code is entered into FSFN.
- The form is filed into the CBCS case file for future reference.
- If the TANF form was not received, the eligibility code was not entered or the eligibility code was entered incorrectly into FSFN the error will be captured in the FSFN Eligibility Exception Report or the FSFN Eligibility Not Determined Report. The reports are reviewed weekly by the Director of Administration and appropriate actions are taken to resolve the error.

For children who enter the CBCS system of care with a Foster care (Licensed Out of home care placement) case status the IVE Waiver and CIC Medicaid guidelines apply and the following process occurs:

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

**Annual Reviews: TANF**
When a child has been in care for 12 months a re-determination of their TANF eligibility should be completed.

For children who are active in the CBCS system of care with Voluntary or Protective Supervision 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 request is sent to the DCM requesting a new TANF form be completed.**
- Once the TANF form is received it is reviewed for accuracy / completeness and the identified eligibility code is entered into FSFN.
- If the TANF form was not received, 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 Types Report and the TANF Eligibility Renewal Report. The reports are reviewed weekly by the Director of Administration and appropriate actions are taken to resolve the error.

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

- When a change occurs it is tracked through ARGOS and a Modified Placements Report is generated.
- The Modified Placements Report is reviewed daily. The changes on this report are entered into FSFN and ICWSIS (until it is replaced by SACWIS/FSFN 2B) and the eligibility in these data systems are reviewed and updated.
  - When applicable a CIC Eligibility and Communication Form is completed and submitted to ESS CIC.
  - 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 Exception Report or the eligibility was not received from CIC the information can be identified ARGOS by using the eligibility dashboard. The reports are reviewed weekly by the Director of Administration and appropriate actions are taken to resolve the error.

**Data Integrity and Management**
It is impossible to effectively utilize data for planning purposes and performance evaluation if the reliability of that data is questionable, either because of faulty input or because it is not maintained timely. Data integrity is critical to the effective operation of a system from contractual, financial, and resource management perspectives.

Community Based Care of Seminole- 11 - Quality Management Plan
The data extracted from FSFN/ARGOS will be used to alert the Region Office staff on the success or failure of CBCS to achieve outcome performance requirements that are contractually required. FSFN/ARGOS data will also provide “the status” of the current situation to CBCS management. FSFN/ARGOS provides a mechanism to quickly access information from the number of children in a particular living arrangement or legal status to stratification by length of time in care at the county level down to the counselor level. The use of data allows management the capacity to evaluate if a situation/problem is systemic or isolated to a unit or case manager. Corrective action plans and performance improvement plans are developed based on data that has been analyzed and are monitored by using data points.

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

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

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

**Contract Performance Measures**

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

The current contract performance indicators that were established by the Department include:
### Performance Measures

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>Contract Goal for 2007-2008</th>
<th>CBCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The percentage of children not abused or neglected during services will be at least 95%</td>
<td>95%</td>
<td>As of 9/30/07: 98.90%</td>
</tr>
<tr>
<td>2. No more than 1% of the children served in out-of-home care shall experience maltreatment.</td>
<td>1%</td>
<td>As of 3/31/07: 0.22%</td>
</tr>
<tr>
<td>3. No more than 9% of children are removed within 12 months of a prior reunification</td>
<td>9%</td>
<td>As of 12/31/07: 10.61%</td>
</tr>
<tr>
<td>4. The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 76.2%.</td>
<td>76.2%</td>
<td>As of 12/31/07: 92.98%</td>
</tr>
<tr>
<td>5. The percentage of children with finalized adoptions whose adoptions were finalized within 24 months of the latest removal shall be at least 32%.</td>
<td>32%</td>
<td>As of 12/31/07: 78.26%</td>
</tr>
<tr>
<td>6. At least 35 adoptions shall be finalized during the state fiscal year.</td>
<td>35</td>
<td>As of 2/29/08: 41</td>
</tr>
<tr>
<td>8. 100% of children under supervision who are required to be seen each month shall be seen each month.</td>
<td>100.0%</td>
<td>As of 2/29/08: 99.35%</td>
</tr>
</tbody>
</table>

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

Both the DCF staff and the current dependency case management staff and providers indicate that other parties have significant influence over the achievement of performance goals. A few of the barriers identified that have a negative influence on the achievement of performance include: the parents (who may not be invested in change or may not be engaged in the process), CWLS (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 CWLS files a non-shelter Dependency Petition), and relatives (that have agreed to adopting the child) may not feel any urgency about obtaining the required paperwork and completing the activities necessary to convert the relative placement home to an adoptive home because they do not have an urgency, as child is already in their home.
CBCS continues to determine the processes that are impacted negatively by external factors and are addressing the issue with those parties. It continues to be the CBCS belief that the parties involved are not aware of their influence on an outcome and will be willing to make the necessary modifications or accept additional responsibilities in the system.

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

**Program Improvement Plan**

CBCS will work with circuit/region DCF staff to ensure that the CBCS Program Improvement Plan is consistent with circuit/region and statewide priorities. Performance outcome measures set forth in the Program Improvement Plan will be tracked and reported in the monthly CBCS/CMA Program Director meeting.

**Staff and Provider Training**

CBCS contracts with CHS Learning Institute for a single site specific staff to oversee the CBCS Training Plan, as well as to lead quarterly training committee meetings focused on identifying the training needs of case management staff. Invitations to attend training are extended to Seminole partners and the SCSO Child Protective Services Staff.

**Pre-Service Training**

The training curriculum for pre-service is mandated through the Training Academy. Enhancements have been incorporated into the required training that includes the system of care and community resources at every possible opportunity. All DCM and DCMS staff must demonstrate a minimum level of competency by passing the post test or a waiver test if they transfer to Seminole County following a break in service of even a single day.

**In-Service Training**

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

CBCS contracts with four Child Placing Agencies (CPA) to provide foster care recruitment, retention, and support. Contractually, the CPA’s are required to have staff trained and certified to provide G.P.S./M.A.P.P. Curriculum (Group Preparation and Selection/Model Approach to Partnership in Parenting) training to prospective adoptive/foster parents. This curriculum is mandated by Chapters 65C-13 and 65C-16 of the Florida Administrative Code (F.A.C.), respectively. Detailed in the subsection of the retention and support services, service task section in the contract, the CPA is required to ensure that each licensed foster parent receive not less than twelve (12) hours of in-service training per year; as well as training in the recognition of indicators and reporting procedures for child abuse and neglect as well as behavior management.

Staff Development

The CBCS trainer and unit supervisor develop a training plan for all new dependency case managers and supervisors. The CBCS trainer and CBCS Quality Assurance Manager are currently in the process of delivering a training module that will provide advanced training to mentor and supervisory staff. The training will present information from a broader perspective.

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

Oversight of the ESI and FST Staffings

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

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

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

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

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

Specifically, the team determines:

- The need for continued custody of the child;
- The need for continued placement of the child;
- The appropriateness of the child’s current placement;
- If reunification is the plan, the extent of progress made by the parents toward improving the conditions that caused the child to be removed;
- The barriers or safety issues that prevent reunification from being achieved;
- The services that have been provided to help the family achieve the goals identified in the case plan;
- The services that are still needed to help the family achieve the goals identified in the case plan;
- The extent of compliance with the case plan;
- The most appropriate permanent plan for the child and how to achieve the plan;
- The most appropriate alternative permanent plan for the child; and/or
- The expected date by which the permanent plan will be achieved.
Formats for the initial and subsequent FST’s are outlined below. Sometimes FST’s are called to address something specific in a case that potentially has a significant impact on the capacity to achieve the permanency goal or involves service delivery that must be coordinated to ensure child well-being or safety. Situations that might necessitate this might include: discussion of a higher level of care for child; a motion for reunification has been made and a coordinated response to the motion needs to be determined and a plan for child’s safety crafted if child is reunified against case management recommendation. Case managers will be required to provide proof to the CBCS operational staff 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.
FST Format (Subsequent FSTs)

I. Discussion and signing of **confidentiality** agreement.

II. Stated **purpose** of FST, agreement to speak honestly and with courtesy to other participants
   
   Introduction of Team, by agency affiliation and **role** in current case.

III. Discussion regarding **permanency goal** established in case; state whether case plan has concurrent goal, if so provide information on what this means in terms of ASFA timeframes and how services will be provided. Explain what the consequences are if there is not progress on the case plan.

IV. **Case synopsis** by case manager: as to current family situation, legal status, placement of child (reference of foster parent only by role), services currently in place, family’s progress on case plan (what they have started and completed and what remains). Identify if there are any new obstacles or situations that must be considered in working with family or their capacity to complete case plan. Case manager must also state what they done to assist family and must identify the level of contact they have had with the parents and child.

V. **Team Response**: Team is asked to provide information regarding the family’s current involvement with their agency, the services they are currently providing, the family’s cooperation and response to the service and any additional services they can provide or would recommend for the family.

VI. **Family Response**: Family is asked to provide correction, clarification or any additional information they believe should be considered in the ongoing provision of services to their family.

VII. **Discussion of Case Plan**: Does the plan in place continue to be appropriate; are there changes that should be made?

VIII. **Consideration for reunification**: What has to happen for children to be returned and their safety ensured? What is the earliest time that this should be considered?

IX. **Placement**: Is the current placement setting for the child(ren) appropriate to meet child’s needs. Caregiver is solicited to provide any available information in this area. Information on child-well being and visitation is presented by caregiver.

X. **Communication**: Case Manager has lead, and all information should be sent through Case Manager and forwarded out to other partners. Partners identify what information they will need to provide coordinated, efficient and effective services to the family.

XI. **Closing**: Schedule next FST and give participants a list of items agreed to by the participants. Discuss that the parties can call the case manager to request an earlier FST, but the FST may not be a full team staffing (determined by the nature of the services that are being provided to the family).
**Supervisor Review**

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

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

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

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

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

During supervisor reviews the supervisor will provide feedback and directives to case managers that will 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 family assessment. All supervisory reviews are entered in FSFN and quality of supervisor reviews will be monitored during quarterly file reviews.

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

The CMA Program Director will randomly select 5 case records quarterly from each unit to review and will use the Case Management Supervisory tool as a guide to complete the review. The CMA PD will include information in their review as to the appropriateness of DCMS case directives given to the case manager. The CMA Program Director will assess the quality and appropriateness of the direction provided and review the data entered in FSFN to verify accuracy. If there are any concerns about the quality of the supervisor review the CMA Program Director will discuss the case with the supervisor within the constructs of child safety, well-being and permanency. The CMA Program Director will forward the names of the reviewed case records to the QA manager prior to the end of the Quarterly reporting period to document compliance with this Quality Management Plan requirement.

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

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

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

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

The CBCS Child Welfare Quality Reviews will be continuous. The consistent application of this process will provide CBCS with interim measures of performance, and allow for changes to be made before aggregate data is sent to the DCF Headquarters Quality Assurance Team. In addition to the data that DCF requires the CBCS to report on, additional information that the CBCS determines essential to review will be examined.

CBCS will conduct any specialized review requested by the Department of Children and Families. However, due to personnel constraints should the participation be voluntary, CBCS will only be able to participate upon availability. If the specialized review is initiated by the Department, CBCS will request that the Department provide reasonable notice, and identify the scope and purpose of the review. CBCS will accommodate for the review by cooperating with venue, arranging for any CBCS case files to be transported to the site where the review will occur; and for their return. When the review involves CBCS case records, CBCS will provide at least one qualified QA reviewer to the review project. If the Department requests that CBCS conduct a specialized review and provide the results, the CBCS QA Manager will work with the Department lead to review the required tool and review parameters. The CBCS QA Manager will then
identify a review team, qualifications based on specifics of review, and provide oversight of the review and the coordination of the review results. When CBCS (Executive Director, Director of Operations or QA Manager) identifies the need for a specialized review, the QA Manager will take the lead on setting up the review and conducting the review within the parameters agreed upon. Peer reviewers will be solicited to assist in specialized/targeted reviews, as generally these are determined necessary when there is a need to collect information quickly for purposes of taking necessary actions to address a significant discovered deficiency. If the case management agency program directors request a specialized review the CBCS QA Manager will review the request and determine if CBCS (corporate staff) will conduct or participate in the review.

During any of the review processes if a reviewer identifies that there is a critical life, health, or safety threat to the child a communication form will be immediately brought to the attention of the assigned case management Program Director to handle. This critical issue will be documented on a communication form for tracking purposes. The CMA PD will provide the reviewer with documentation of completion or status of completion within 24 hours.

**Quality Management Team and Peer Reviewer Qualifications**

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

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

**Case Review Sample Selection**

The sample for the reviews is determined by Department of Children and Families and includes 25 cases a quarter and is based on the Chapin Hall model. The sample will be distributed between the four quarters by two quarters of “admission case” and two quarters of “legacy case”. The sample with then be stratified by age, therefore two quarter will be children ages between 0-13 yrs and another will be 14 -18.
The QA Instrument
The QA tool is currently being developed by a QA workgroup as a collaborative effort between Community Based Care Lead Agencies and DCF. The tool will most likely evaluate the following domains.

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

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

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

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

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

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

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

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

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

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

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

**Review Schedule:**

*Base Reviews*: Completed Quarterly  
*Side By Side Reviews*: August 4-8, 2008; October 13-17, 2008; February 2-6, 2009; and April 13-17, 2009  
*In-depth reviews*: completed quarterly and in collaboration with DCF  
*Adoption/Independent Living Specialized reviews*: Completed semi-annually  
*Care Program*: Completed Semi-Annually  
*Family Connections*: Quarterly until released from Program Improvement Plan  
*Voluntary Services*: Completed semi-annually  
*Specialized Reviews*: As needed

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

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

Information from CBCS QA Reviews (Tool Review, Stakeholder Review and Foster Parent Phone Survey) will be shared with staff, CBCS Board of Directors, and providers. Discussion will include:
what was done well,
what needs to be improved,
what is an appropriate target for next quarter,
and; how can we get there.

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

**Quality Assurance Review Report Format:** Within 20 days of the end of period under review the Quality Assurance Manager will hold an exit interview with case management program staff and provide preliminary findings. Within 30 days of the end of the period under review a formal report will be submitted to the case management agency leadership, CBCS President, CBCS Network Director and DCF Contract Manager, and CBCS Board of Directors. The report will identify sample methodology, period under review and performance in each domain of the review instrument, systemic issues for consideration, best practice suggestions, and opportunities for improvement. Additional information regarding results of surveys administered will be provided. All findings from the Quality Assurance reviews will be documented in the Statewide Web based QA reporting system.

**Satisfaction Surveys**

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

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

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

**Contract Performance Review**

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

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

- Client Satisfaction Surveys (administration and outcomes)
- Treatment and Activity Records (services authorized were delivered, clients were eligible for services)
- Interviews of the provider agency staff, board, clients and families/guardians
- Payroll Records (tax returns and payroll register for administration and program personnel)
- Organizational Charts
- Invoices and Supporting Documentation
- Verification of Required License
- Observations of contractual terms and conditions
- Audit Reports or detailed review of the provider’s accounting system
- Interim financial statements
- Compliance with previous year’s findings and recommendations found in the previous year’s administrative contract monitoring report
- Correction or clearance of all identified deficiencies identified in the previous year’s administrative contract monitoring report
- Current operating budget and expenditure report
- Records and minutes of board and finance committee meetings
- Roster of all provider employee (by position, title and department)
- Record of tax exempt status
- Evidence of compliance with sponsorship and publicity requirements and lobbying restrictions

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Community Based Care of Seminole- 26 - Quality Management Plan
Consistency in rate application documented on contract, provider invoice, and payment
- Match requirements were met when applicable
- Compliance with federal requirements
- Subcontracts
- Compliance with record retention rules
- Compliance with Civil Rights
- Accreditation reports with findings and recommendations if applicable
- Other annual monitoring and audits as deemed applicable with findings and recommendations

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

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

**Licensing (Child Placing Agency)**
The Department of Children and Families has developed a licensing review plan which details their semi-annual review of 25% of a Child Placing Agencies files to include: 100% of newly licensed homes, homes under corrective action or with an open abuse investigation. The remainder of the reviewed homes will be randomly selected from the universe of licensed homes. The DCF Licensing Office will inform CBCS of any findings from the review specific to a Seminole foster home or of any finding that impacts the overall functioning of the Child Placing Agency’s capacity to perform or provide quality oversight to their operation. In addition, the requirement for the CPA to advise CBCS of the outcomes of their quality review is incorporated into their contract with CBCS.

In addition, the Department of Children and Families (Central Zone) has detailed in the Central Zone Licensing Office “Service Level Agreement” the requirement of the Protective Investigative Agency (the Department or Seminole County Sheriff’s Office) to notice CBCS of any institutional staffing involving a foster home licensed by a Seminole County Child Placing Agency (CPA). The Protective Investigative Agency is required to provide a written record of the outcome of the staffing to CBCS within two (2) days of...
the staffing. The CPA and CBCS Operations Consultant or Network Director will attend the staffings and ensure follow-up to any licensing corrective actions that are determined necessary.

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

Exit interviews with children that leave shelter/foster care will be conducted in a manner consistent with CFOP 175-61. Children ages 5-18 will be 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, and will also be 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 exit interview forms will be reviewed by the Dependency Case Management Supervisor and forwarded to the CBCS QA Manager through the (CMA PD). The CMA PD will be required to reconcile the monthly report against the exit interview forms they have forwarded to the CBCS Operations Consultant to ensure that all required interviews have occurred. The CBCS QA manager will review the information (file a copy in the CBCS foster home file by foster home provider) and forward a copy to the Child Placing Agency who provides the regulatory function. The CBCS Director of Operations and Network Director will discuss any concern regarding a foster home with the CPA and any pattern of concerns regarding the homes licensed by CPA’s will be discussed in the Performance Management Team meeting that the Network Director has monthly with the Child Placing Agencies.

The DCM will be 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” will be electronically forwarded to the CBCS Network Director who will review the concern, and take appropriate action if warranted by the concern identified, and forward the “Notice of Concern” to the CPA. Completion of the “Notice of Concern” does not resolve, nor should it delay, the DCM’s responsibility to report suspected child abuse, neglect or abandonment to the Florida Abuse Hotline. CBCS may schedule a placement stabilization staffing through the I&P unit as a vehicle for immediately gathering information regarding a concern that has been brought to the attention of CBCS. Children should be in safe, nurturing environments where they will thrive while in an out-of-home care setting. If a child is “uncomfortable” in a foster home or where the foster parent is otherwise unable to meet the needs of the child, a more suitable home or placement setting will be arranged. The needs of the child are paramount in consideration as to the placement setting.

The Intake and Placement Unit contracted by CBCS will be responsible for ensuring that the placement of children does not exceed the licensed capacity of the foster home.
The capacity of the home will be established by the CPA requesting the foster home license and determined by the capability of the foster parent to provide care for the recommended number of children based on an evaluation of: their history as a foster home, the supports they have available, the physical environment of the home and adherence to sleeping requirements specific to the age and sex of the child. Exceptions to licensed capacity will be considered for placement of additional children in situations where: another sibling of child is placed in the home, to accommodate a large sibling group, or in situations where the child has previously been placed in the home has flourished and has re-entered care. The Intake and Placement Unit must request and receive the approval of the CBCS President or designee 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 recruitment and retention plan to the Network Director. The Network Director reviews the annual plan and provides feedback as necessary. The needs of CBCS (re: preferences and types of homes) are addressed in the monthly meeting with the CPA.

**Incident Reporting**

CBCS and its case management and provider agencies will comply with the DCF Operating Procedure (215-6), Incident Reporting and Client Risk Prevention. This operating procedure establishes guidelines and procedures for identifying and reporting information related to client risk prevention and incidents. All incidents which meet the criterion for a child abuse/neglect/abandonment report continue to require that a report be immediately generated based on reason to suspect that abuse/neglect has occurred by a person responsible for the child’s care; and an incident report filed with CBCS does not substitute or otherwise negate this responsibility. Nor does it replace the responsibility of reporting applicable incidents to the local advocacy committee as required by law.

Incidents that rise to the level of “critical” require that the reporting person immediately verbally notify the CBCS President (or designee) and the DCF District Administrator (or designee) and within 24 hours send written notification.

Reportable critical incidents include any of the following:

**Definitions of Reportable Incidents**

**Altercation:** A physical confrontation occurring between a child or parent and employee of two or more children at the time services are being rendered, or when a client is in the physical custody of CBCS or contract provider, which results in one or more clients or employees receiving medical treatment by a licensed health care professional.

**Client Death (for any reason):** A child whose life terminates due to or allegedly due to an accident, act of abuse, neglect or other incident occurring while in the presence of a CBCS employee, in a CBCS operated or contracted program or service center, while in the physical custody of CBCS, or when required pursuant to CFOP 175-17, Child Death Review.
Client Injury or Illness: A medical condition of a client requiring medical treatment by a licensed health care professional sustained or allegedly sustained due to an accident, act of abuse, neglect or other incident occurring while in the presence of a CBCS employee, or in a CBCS or contracted facility.

Elopement: The unauthorized absence beyond eight hours, or other time frames as defined by a specific program operating procedure or manual, of a child who is in the physical custody of CBCS.

Escape: The unauthorized absence as defined by statute, CBCS polices and procedures of a client committed to, or securely detained in, a Department of Children and Families mental health or developmental services forensic facility covered by Chapters 393, 394, or 916, F.S.

Other Incident: any unusual occurrence or circumstance initiated by something other than natural causes or out of the ordinary such as a tornado, kidnapping riot or hostage situation, which jeopardizes the health, safety and welfare of clients who are in the physical custody of CBCS.

Sexual Battery: An allegation of sexual battery by a client on a client, employee on a client, or client on an employee as evidenced by medical evidence or law enforcement involvement.

Suicide Attempt: An act which clearly reflects the physical attempt by a client to cause his or her own death while in the physical custody of CBCS or a CBCS contracted or certified provider, which results in bodily injury requiring medical treatment by a licensed health care professional. This also pertains to suicidal ideation when resulting in an admission to a hospital or crisis stabilization unit.

Disease Epidemic: Any disease that fits the definition of "outbreak" likely to result in a high level of public interest.

Criminal Activity: Employees or clients. With regard to employees, criminal activity is reportable when it occurs while on CBCS or subcontract property while the employee is on the business of the project, which results in an arrest.

Abuse/Neglect/Abandonment/Threat of Harm: Allegations of abuse, neglect, threat of harm or abandonment that justifies and requires a report to the Florida Abuse Hotline.

Theft/Vandalism/Damage: The intent is to report damage that is significant and non-accidental.

Foster Home/Facility Complaint: A foster parent referral or licensing complaint that requires an assessment and investigation by the appropriate agency, although the incident may not require a report to the Florida Abuse Hotline.

All Potential Media Involvement will be reported to CBCS and then reported to the Department of Children and Families in accordance with contractual requirements.
Information that is reported through incident reports and client complaints will be tracked by provider, number, type and outcome. The information will be analyzed and shared during CBCS Performance and Management Team Meetings. Both incident reports and client complaints provide insight into agencies internal operations that might otherwise be overlooked.

**Client and Grievance Procedures**

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

**CBCS Client Grievance Procedures**

<table>
<thead>
<tr>
<th>Resolution Process (related to client services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steps to follow:</td>
</tr>
<tr>
<td><strong>Step 1:</strong> First try to resolve the issue with the individual involved (Case Manager or Supervisor). Sometimes problems can be easily resolved at the source.</td>
</tr>
<tr>
<td><strong>Step 2:</strong> 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).</td>
</tr>
<tr>
<td><strong>Step 3:</strong> If your issue is still not resolved, call the CBCS Office at 407-333-8256 and identify the nature of your call as: service complaint. Brief screening information will be requested and then forwarded to the CBCS Program Director for handling. The CBCS Director of Operations will return your call as soon as possible (no later than the end of the next business day) to obtain additional information and to address issues that can be readily resolved.</td>
</tr>
<tr>
<td><strong>Step 4:</strong> The CBCS Director of Operations or other designated staff will research the situation, interview or contact persons involved, review case file as applicable, and research policy and procedures for purposes of preparing an informed response to the complaint.</td>
</tr>
<tr>
<td><strong>Step 5:</strong> 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.</td>
</tr>
<tr>
<td><strong>Step 6:</strong> If you are not satisfied with the resolution of your complaint this must be addressed with the CBCS Director of Operations. After discussion, if you are still unsatisfied, you may request an internal review by the CBCS President.</td>
</tr>
</tbody>
</table>

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

**CBCS Performance and Management Team Meeting**

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

**Quality Teams:** A team of four core operations staff and the CBCS Trainer and CBCS Quality Assurance Manager will convene monthly. The primary purpose of the Quality Team is twofold. First, the Quality Teams will be the ongoing vehicle for identifying and addressing barriers to quality at the operations level. At each monthly meeting, time will be set aside for service center discussion of Service Center issues that need attention – which could be issues regarding the download of the photograph into IMS not working, provider wait lists, to issues related to internal communications or potentially serious risk management concerns. The goal is to problem solve, make recommendations for change, and forward those recommendations to appropriate CBCS staff for action.

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

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

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

**Strategic Objectives**

Overview: During the time period of January 2007 through March 2007, a series of meetings were held between CBCS and case management partners. Discussions at...
these meetings were centered on the culture of the dependency system, vision for improvement, and various items that needed to be addressed so that the dependency culture can change. CBCS believes that in order to see change happen a commitment to systemic changes needs to occur at all levels, and should be driven by the board and senior management both with in CBCS and the CMA’s. A plan of action was developed in which the CBCS Board of Directors has embraced as the strategic priority for the agency. As part of the strategic plan the Board approved the goals of CBCS. The strategic plan continues goals in which CBCS would like to achieve with in 10 years. List of goals:

- Staff retention=95%
- 100% of Children in care reside in Seminole County
- All Participants’ identify with CBCS and maintain a strong identification with their own agency
- Less than 50 children in paid out of home care
- Length of stay < 6 month
- Positive and Productive interactions with the CLS, GAL, and Court
- Case managers spending most of their time of Child Safety
- 100% of the children in the system of safe
- Will raise 50% of Budget through fund raising
- Families in Seminole county are able to safely Care for their children.

CBCS has developed objective to monitor the strategic plan and has determined how CBCS can measure improvement. The CBCS Board of Directors meets monthly. CBCS provides the Board of Directors a quarterly report on the performance for the designated objectives. The Board also receives a monthly data report (Appendix A), quarterly reports of contract performance, and the performance of contacts monitored by CBCS, as well as financial and audit reports. Please refer to the table below for objectives and data measurements:

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measured By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children are Safe</td>
<td>Abuse and Re-abuse rates</td>
</tr>
<tr>
<td>Length of Stay is reduced</td>
<td>Mean and Median Length of stay in system</td>
</tr>
<tr>
<td>Foster Care Placement are reduced</td>
<td>Number of children in out of home care, # children in paid placement</td>
</tr>
<tr>
<td>Child Well-Being is improved</td>
<td>Child Well-being factors on QA review and qualitative reports of Child Well-being</td>
</tr>
<tr>
<td>Tragic events are prevented</td>
<td>Child death and abuse rates in Seminole County</td>
</tr>
<tr>
<td>Children have permanent, stable families</td>
<td>Number of adoptions and reunifications in Seminole County</td>
</tr>
<tr>
<td>Families are Able to Safely Care for their children</td>
<td>Abuse hotline reports/abuse rate in Seminole County, # of referral for service and types, Family connection QA data</td>
</tr>
<tr>
<td>Dependency Productions</td>
<td>Case management surveys, case management turnover, Stakeholder surveys (SCSO, GAL, Court, etc,)</td>
</tr>
</tbody>
</table>

CBCS representatives have recently attended the Council for Accreditation Intensive training in April of 2008. CBCS is using the tools provided by COA to begin the process of preparing for the certification process. CBCS is reviewing procedures, financial documents, QA plans, Human resource plan, etc, to ensure they will meet the requirements of COA. Upon completion of this initial preparation stage CBCS will be submitting and application to COA.
Improvement Initiatives

CBCS had the privilege to participate in the Federal Child Family Service Reviews in January 2008. CBCS representatives were able to attend the nightly debriefings and the exit interviews. As a result of this participation CBCS has developed improvement initiatives as to the areas of improvement that became evident during the CFSR process. Improvement Initiatives are monitored by CBCS QA Manager/ CBCS Director of Operations. Below are the two most noted areas needing improvement.

- Create a working model to address allegations of domestic violence and service delivery level. CBCS is currently working in collaboration with Safe House (domestic violence partner) to develop additional risk and safety tools. CBCS will be implementing these safety and risk assessments and monitoring the results of these tools that will continue to drive performance improvement, and maintain children safely in their home.

- Front End Service Effectiveness- CBCS has conducted specialized reviews on front end preventative programs such as Family Connections, Care, and Voluntary Service. Results of these reviews noted that many times the referral was not sent to the most appropriate prevention program. CBCS is currently developing procedures/service tracks to ensure that cases are receiving the appropriate services. CBCS will continue to monitor front end services through quality assurance files reviews of the programs, stakeholder interviews, and performance measures that have been set for some of the programs. Results of these reviews are provided to the stakeholders and board of directors within 30 days of completion of the QA review process.

- CBCS has also developed an improvement plan based on the CFSR process. CBCS continues to report progress on the workgroups that have been developed during monthly reports and will provide a quarterly report to stakeholders and the CBCS Board of Directors.

Program improvement will be measured by reviewing changes in performance based on reports available to CBCS through FSFN, ARGOS, file reviews and during specialized reviews. Each CBCS program improvement initiative is designed to impact timeliness and outcome performance indicators, and are tied to repeat maltreatment, timeliness to reunification and recidivism.

Performance Initiatives

CBCS plans to concentrate on engagement of parents and children as the most important performance initiative. CBCS in collaboration with Department of Children and Families is currently participating in a Breakthrough Collaboration Series initiative led by Casey Families and American Humane which focuses on Safety and Risk Assessments and involving parents and children in this process. The collaboration is a two year study, and data will be reported monthly. CBCS has involvement from youth and birth parents in this process. As part of this collaboration CBCS will be developing new tools and testing them to evaluate effectiveness.

CBCS has initiated meeting with parents after shelter hearings in an attempt to engage parents at an early stage, based on the crisis intervention model. Crisis intervention is a proven and effective, front-line intervention for persons of all types experiencing a
critical incident, especially the extreme stressors that may result in having your children removed from your care. One key aspect to the model is the initial contact during the crisis stage—this is when case managers will have the opportunity to build a relationship with the families in order to help them assess the crisis and develop a family focused solution. During a state of crisis, individuals and families are usually quite receptive to intervention. The anxiety produced by the crisis coupled with the realization that past coping and problem solving strategies are not working, leads to motivation to learn new strategies. If help is not available during this critical period of openness to change, the individual and family may become totally immobilized or resort to destructive or maladaptive behaviors. (Crisis Intervention in Child Abuse and Neglect Manual, National Center on Child Abuse and Neglect (NCCAN)). CBCS believes that if engagement of the parent occurs during this crisis stage we may be able to get the parent initiated in services immediately and thereby reducing the out of home care time. CBCS will be developing tools to monitor performance improvement in engagement of parents.

CBCS will monitor family satisfaction surveys. Data received from survey will be included in the program improvement plan. CBCS will continue to develop program improvement initiatives and monitor the program improvement plan quarterly.

CBCS/Seminole County has prevention programs that provide services to maintain children safety in their home. CBCS believes that children should remain in their home as long as the safety/risk of the children is addressed. CBCS monitors the prevention programs, issuing program improvement plans as needed to ensure in home services are effective in preventing children from entering care. Review of the CARE program, and Voluntary Protective Services cases will be completed semi-annually and will consist of a 90/10 sample. Reviews of the Family Connection program will be conducted quarterly until such time as the program is no longer on a program improvement plan, then reviews will be semi-annual. Currently 100% of Family Connections cases are reviewed. Findings are provided to stakeholders within 30 days of the reviews completion.

CBCS will continually update the Program Improvement Plan quarterly and upon receipt of evidence based data will make adjustments to the plan. The PIP will be continuously reviewed and determinations will be made to either adjust a current process/protocol or develop new ones as needed. The CBCS staff will monitor the data and new information as it becomes available to ensure that necessary changes/improvements are made.
## CBCS Monthly Data Report

### DATA DESCRIPTION

<table>
<thead>
<tr>
<th>Availability</th>
<th>Data Source</th>
<th>Monthly FSFN</th>
<th>Quarterly FSFN</th>
<th>Quarterly FSFN</th>
<th>Quarterly FSFN</th>
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<tr>
<td></td>
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<td>Protective Investigations</td>
<td>Maltreatment</td>
<td>ABUSE DURING SERVICES</td>
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<td></td>
<td></td>
<td>Reports</td>
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<tr>
<td></td>
<td></td>
<td>Shelters</td>
<td>Some Indicators of Abuse</td>
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<td>N/A</td>
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<td></td>
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<td>Cases Opened (referred)</td>
<td>No Indicators of Abuse</td>
<td>N/A</td>
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<tr>
<td></td>
<td></td>
<td>Cases Closed</td>
<td>No Finding</td>
<td>N/A</td>
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<td></td>
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### Safety

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<td>Reports</td>
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<td>312</td>
<td>239</td>
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<td>Shelters</td>
<td>21</td>
<td>32</td>
<td>16</td>
<td>33</td>
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<tr>
<td>Cases Opened (referred)</td>
<td>16</td>
<td>27</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>Cases Closed</td>
<td>27</td>
<td>22</td>
<td>25</td>
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### Maltreatment

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<th></th>
<th>N/A</th>
<th>N/A</th>
<th>Quarter 10/01/2005 - 12/31/2005</th>
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<tr>
<td>Verified Indicators of Abuse</td>
<td>19.29%</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Some Indicators of Abuse</td>
<td>36.68%</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>No Indicators of Abuse</td>
<td>27.72%</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>No Finding</td>
<td>16.03%</td>
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<tr>
<td>NA</td>
<td>0.27%</td>
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### ABUSE DURING SERVICES

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<tr>
<th></th>
<th>N/A</th>
<th>N/A</th>
<th>Quarter 10/01/2005 - 12/31/2005</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total Children Served</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>No Abuse/Neglect/Threat During Services</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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(Data extracted from FSFN repository and ARGOS)
<table>
<thead>
<tr>
<th>Weekly</th>
<th>FSFN</th>
<th>Permanency</th>
<th>% No Abuse/Neglect/Threat During Services (At least 97% of the children served will not be abused or neglected during the provision of services.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly</th>
<th>FSFN</th>
<th>Children Served by Placements</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Not Placed (Voluntary)</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Placed (Court Ordered)</td>
<td>219</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post Placement</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total In Home Care</td>
<td>270</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Out of Home Care (shall not exceed 260 at end of FY)</td>
<td>357</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Young Adult Services</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>646</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly</th>
<th>FSFN</th>
<th>Children in OHC</th>
<th># of Children in OHC Under 12 Months</th>
<th>165</th>
<th>239</th>
<th>226</th>
<th>245</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td># of Children in OHC Over 12 Months</td>
<td>40</td>
<td>117</td>
<td>115</td>
<td>107</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of children in Out of Home Care</td>
<td>205</td>
<td>356</td>
<td>341</td>
<td>352</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Median LOS in Months</td>
<td>6.0</td>
<td>8.0</td>
<td>9.0</td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% in Out of Home Care More Than 12 Months</td>
<td>19.51%</td>
<td>32.87%</td>
<td>33.72%</td>
<td>30.40%</td>
<td></td>
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<table>
<thead>
<tr>
<th>Custom Query against FSFN CACD Report Listing</th>
<th>Field Code Changed</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Weekly</th>
<th>Argos</th>
<th>Children Placed In Seminole County (At least 75% of the children placed in licensed care will be placed in Seminole County)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CBCS Children in licensed OHC</td>
<td>146</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number placed in Seminole licensed OHC</td>
<td>82</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of children placed in Seminole licensed OHC</td>
<td>56.16%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Argos</th>
<th>Out of County Placements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Field Code Changed</td>
<td></td>
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</tbody>
</table>

Community Based Care of Seminole- 37 - Quality Management Plan
<table>
<thead>
<tr>
<th></th>
<th>Quarterly</th>
<th>FSFN</th>
<th>Children Exiting OHC Within 12 Months</th>
<th>N/A</th>
<th>N/A</th>
<th>Quarter 10/01/2005 - 12/31/2005</th>
<th>N/A</th>
<th>Field Code Changed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Children Removed in Period</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Children exiting within 12 months</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>% exit within 12 months (contract performance standard is 60%)</td>
<td>66.67</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quarterly</td>
<td>FSFN</td>
<td>Children Returning to OHC with 12 Months of Reunification</td>
<td>N/A</td>
<td>N/A</td>
<td>Quarter 10/01/2005 - 12/31/2005</td>
<td>N/A</td>
<td>Field Code Changed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number removed during period</td>
<td>59</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number removed &lt; 12 months of reunification</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>% removed &lt; 12 months of reunification</td>
<td>11.86</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>FSFN</td>
<td>Children Seen in Current Residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>% Seen in Current Residence</td>
<td>96.4%</td>
<td>95.4%</td>
<td>95.8%</td>
<td>96.0%</td>
<td>Field Code Changed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total Percent Seen</td>
<td>98.8%</td>
<td>98.1%</td>
<td>98.2%</td>
<td>97.9%</td>
<td>Field Code Changed</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>FSFN</td>
<td>Client Eligibility(DCF is asking for Title IV-E to be 65% and TANF to be 80%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Title IV-E Eligible Reimbursable/NonReimbursable

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FSFN</th>
<th>All Possible Title IV-E</th>
<th>162</th>
<th>154</th>
<th>148</th>
<th>183</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Title IV-E Eligible Reimbursable</td>
<td>63</td>
<td>65</td>
<td>59</td>
<td>63</td>
</tr>
<tr>
<td>% Title IV-E Eligible</td>
<td></td>
<td></td>
<td>38.89%</td>
<td>42.21%</td>
<td>39.86%</td>
<td>34.43%</td>
</tr>
</tbody>
</table>

### TANF Eligible

<table>
<thead>
<tr>
<th>Quarter</th>
<th>TANF</th>
<th>All Possible TANF</th>
<th>459</th>
<th>479</th>
<th>471</th>
<th>441</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>TANF Eligible</td>
<td>272</td>
<td>279</td>
<td>232</td>
<td>267</td>
</tr>
<tr>
<td>% TANF Eligible</td>
<td></td>
<td></td>
<td>59.26%</td>
<td>58.25%</td>
<td>49.26%</td>
<td>60.54%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Quarterly FSFN</th>
<th>Number of Children Adopted - Quarterly</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number Adopted Within 24 Months - Quarterly</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>% Adopted Within 24 Months - Quarterly</td>
<td>16.67%</td>
</tr>
<tr>
<td></td>
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<td>Quarterly FSFN</td>
<td>Number of Children Adopted - FY to Date</td>
<td>7</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Number Adopted Within 24 Months - FY to Date</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>% Adopted Within 24 Months - Fiscal Year to Date</td>
<td>14.29%</td>
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</tbody>
</table>

### ADOPTION FINALIZATIONS (21 finalized adoptions by June 30, 2005)

<table>
<thead>
<tr>
<th>Weekly</th>
<th>FSFN</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>3</th>
<th>1</th>
<th>2</th>
<th>4</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>FY To Date</td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td>9</td>
<td>8</td>
<td>6</td>
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</tbody>
</table>

### Capacity FH (Trad'l, TFC and Medical Beds/Homes only).

**Weekly ICWSIS**

<table>
<thead>
<tr>
<th>Active Licensed FH in Seminole County -</th>
<th># of FH</th>
<th>Capacity</th>
<th># of FH</th>
<th>Capacity</th>
<th># of FH</th>
<th>Capacity</th>
<th># of FH</th>
<th>Capacity</th>
<th># of FH</th>
<th>Capacity</th>
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</thead>
<tbody>
<tr>
<td>CHILD PLACING AGENCY FH</td>
<td>113</td>
<td>243</td>
<td>111</td>
<td>244</td>
<td>112</td>
<td>246</td>
<td>113</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMERGENCY SHELTER/FH DUAL LICENSE</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C&amp;F FOSTER HOME</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THERAPEUTIC FOSTER OR GROUP HOME</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>