Background

ChildNet is one of the few Community Based Care Lead Agencies in Florida that does not sub-contract out Case Management Services. ChildNet performs case management; however, contracts out for the provision of foster homes, group care, shelters, Family Reunification and Strengthening, Placement Preservation, and other ancillary services.

Chapter 2006-30, Laws of Florida, created a three-year “third party, non-governmental monitoring” pilot project for two Community Based Care lead agencies (ChildNet in Broward County and Our Kids in Miami-Dade and Monroe counties) with a statutory implementation date of July 1, 2006. The Community Based Care pilot project transferred the Department of Children and Families’ oversight of the lead agencies to outsourced providers. The pilot project also included developing new provider performance measures that better evaluate achievement of outcomes for children served in Florida’s privatized child welfare case management system.

The pilot project ended on June 30, 2009. Beginning with contract year July 1, 2009 – June 30, 2010, ChildNet will join the state in the DCF Quality Management Program. ChildNet has been preparing for the transfer since July 2008 by ensuring each ChildNet Quality Advisor obtained DCF certification as a quality assurance reviewer as required by the State’s Quality Management Plan. In addition to the Quality Advisors being certified, select Directors and Supervisors were also trained and certified over the course of the year.

The ChildNet Director of Continuous Quality Improvement and the Regional Quality Assurance Manager for the Department of Children and Families started working on the transition prior to the end of the contract. A joint meeting was held with DCF Regional Quality Assurance and the Quality Assurance Director from the other Lead Agency in the Region to develop a schedule for the reviews. In addition, there may be opportunities for staff to participate in each agency’s reviews to facilitate the sharing of potential best practices.

The ChildNet Director of Continuous Quality Improvement has also had communication with the Central Office Quality Assurance staff regarding the transition from the pilot project to the DCF Model.

1. Focus on Coordination and Process

- **Unit Supervisory Discussions:** The supervision of cases at ChildNet currently consists of two approaches. The first approach is a supervisory conference between the Supervisor and Child Advocate on a quarterly basis to review each case. ChildNet has trained each supervisor on the Department’s “Mentoring and Modeling: A discussion for Case Management Supervisors” protocol, Attachment 1. A tool was developed based on the guidelines; however, as DCF does not recommend using a tool the tool was not implemented. ChildNet may choose to implement the tool in the
future after revised to include guidance regarding psychotropic medications. The guidelines organize the qualitative discussion around the family being served and their specific, individualized service needs and progress toward stabilization and self sufficiency.

- ChildNet recently implemented a Supervisor Work Group to review the supervisory review process at ChildNet. This section will be updated as the work group makes progress on redefining supervisory reviews at ChildNet.

- Each case (100%) is required to be reviewed by the unit supervisor at least quarterly. A qualitative discussion is required and is assessed using the following criteria:
  - Reviews completed quarterly.
  - Supervisor considered all aspects of the child’s safety, well-being, and permanency.
  - Supervisor ensured follow through on guidance and direction or documented the reasons the guidance and direction were no longer necessary.
  - A discussion of any psychotropic medications will be added (Pending the revision of the standards)

- The Directors use the “Child Active” report on the state’s automated child welfare information system, the Florida Safe Families network (FSFN), to verify and track the completion of the quarterly supervisory reviews. The report is generated monthly by each Director or designee, and reviewed by the Director during monthly supervision sessions and documented on the Supervisory consultation form. The supervisors are instructed that the note entered into FSFN should clearly describe what direction the Child Advocate should be pursuing with the case and note any and all tasks for the Child Advocate with due dates for each with particular attention paid to any psychotropic medications. In addition, the condition of the file should be documented in the FSFN note.

- The Vice President of Client Services reviews the completion of the quarterly supervisory reviews during monthly supervision with the Directors.

- The completion and quality of these reviews is additionally monitored as part of the quarterly reviews completed in collaboration with DCF. This is done using the monitoring instrument developed by DCF based on the Quality of Practice Standards for Case Management during both the base and side-by-side reviews.

- Furthermore, in addition to the quarterly reviews using the Department’s Mentoring and Modeling guidelines, if the unit supervisors review cases more frequently on an
informal basis, the Supervisory Consult feature in FSFN is used to differentiate the review types.

- The second approach is to review child specific activities in a case utilizing the monthly Visitation Report form which is completed by the Child Advocate during the face-to-face visit with the child and caregiver. The form is completed on a tablet lap-top computer and electronically signed by the caregiver and the child, as age appropriate, at the time of the visits (using the stylus provided with the computer) and is submitted electronically to the Child Advocate’s Supervisor for review. The form is very specific in reporting safety, stability, well being, medications, visitations and progress with case plan activities (for the child and caregiver for out-of-home cases, and the child and parent for in-home cases). The form was developed to provide both the Child Advocate and the Supervisor a monthly picture of the status of the case as well as a determination of the safety and needs of each child in the case. A copy of a blank Visitation Form is attached to this plan (Attachment 2). A Visitation Report form is completed on each child in the case monthly so the monthly review process can be more detailed than the quarterly.

  - ChildNet has developed a report that gathers all of the safety information from the Visitation Form. This report is available to Child Advocates, Supervisors, and Administration through (Client Services) CS Reports. The report allows the data to be analyzed per service center, unit, and worker. The report provides a listing of each child for whom the Visitation Form notes as having bruises or marks, or a report of abuse or neglect in the last month. In addition the report shows the most recent picture of the child from the visitation form and the comment entered by Child Advocate regarding their observations.

  - ChildNet developed a daily email listing all of the children with visits due in the next ten days for each Child Advocate. The supervisors and directors are also copied. In addition a dashboard was developed that very succinctly demonstrates which Child Advocates have visits due or past due. This is an excellent tool for the Child Advocates, Supervisors, directors, and executives.

  - The ChildNet CQI staff sends out a listing of children not seen in 40 days on each Tuesday for the units to report on the progress to ensure the children are seen. DCF requires this report biweekly.

- **Psychotropic Medication**
  - ChildNet participated in the development of a Circuit-wide improvement plan that addresses the manner in which the Broward County Child Welfare stakeholders work in partnership to coordinate and ensure safety, permanency, and well being through improved communication and adherence to Florida Statute, Administrative Code, and Policy and Procedure.
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- ChildNet coordinated and held training on Psychotropic Medications for all direct case management staff and foster parents. The training was provided by a psychiatrist associated with a local community mental health agency and the Guardian ad Litem program and the Office of the Attorney General were invited to attend.
- The ChildNet policy and procedures related to Psychotropic Medication were reviewed with specific attention paid to Informed consent and the safe and effective use of the medications.
- A form was developed in collaboration with DCF and the Office of the Attorney General to document the expressed and informed consent of the parents.
- The Director’s monthly supervisory consult form was improved to include a discussion on supervisory reviews and psychotropic medications.
- The Vice President of Client Services will continue to review the compliance of the supervisors with the supervisory reviews at the monthly conferences with the Site Directors.
- A central ChildNet e-mail address was created for Child Advocates to send all of the Physician Reports for pre-consent reviews for children under age six (6). The Service Coordination division of ChildNet developed a tracking system to for all pre-consent reviews submitted for children under age six (6).
- A separate central ChildNet e-mail address was created to receive any concerns regarding children on psychotropic medications. (From any party interested in the case) The Service Coordination division of ChildNet will address and track any concern submitted.
- The Thirty-Day Action Plan form has been updated to include a review of the psychotropic medications of each child at thirty (30) days from admission into the ChildNet System of care.
- The visitation form will be reviewed to determine if stronger language regarding psychotropic medications is needed along with any other possible changes.
- ChildNet will continue to coordinate Multidisciplinary and other staffings for children including those on psychotropic medications. These include but are not limited to:
  - Legal Sufficiency staffings
  - Thirty Day Action Plans
  - Permanency Staffings at four (4), eight (8), and eleven (11) months from entry,
  - Family Service Planning Team (FSPT) staffings.
  - Alert Review Staffings
- Extra Quality Assurance Reviews will include the standards related to psychotropic medications, the Physician’s Report, and Expressed and Informed consent.

**CBC QA and Side-by-Side Reviews:** Three types of case record reviews are utilized as part of the DCF Quality Management Program. A total of 25 cases are reviewed each quarter based on a specific random selection criterion. The number of cases to be reviewed was determined by the department during the development of the
statewide Quality Management process which was based on the Chapin Hall pilot project process (attachment 3). DCF created an electronic review instrument and data aggregation system to measure the compliance with the standards developed (attachment 4). ChildNet is able to pull down the sample from DCF as soon as it is posted on the DCF Portal and will follow the statewide sample selection methodology once finalized by DCF.

- Prior to the reviews, ChildNet staff will research each case in FSFN for the child welfare history. Copies of the prior reports will be made available to the reviewers in order for the reviewer to be familiar with the history of the case. The information provided will also include the placement history, FSFN Relationship page, and the contact information for the Child Advocate.

- The first type of review completed is the Base review. The case records of seventeen children will be reviewed by the ChildNet Quality Advisors utilizing the case review instrument developed by DCF. The team reviews the files, one each, in the same room to enhance inter-rater reliability. The Quality Advisors and several staff from Client Services have been trained on the review tool by DCF. The Quality Advisors will record their responses using the DCF automated review system and “de-brief” the case with the Director of Continuous Quality Improvement, or designated team lead to assess the data for consistency and accuracy.

- From the seventeen (17) Base Review cases, the Director of Continuous Quality Improvement will select two (2) cases for completion of case specific interviews (In-Depth Review). The interviews will be documented in the DCF software application, Check box.

- The second type of review is the Side-by-side reviews (S-B-S). These reviews are conducted jointly by DCF Regional and ChildNet Quality Improvement staff. The number of side-by-side reviews completed each quarter is eight. Teams of two reviewers, consisting of DCF Regional Quality Assurance staff and ChildNet Quality Advisors are used in order to strengthen inter-rater reliability.
  - The eight (8) cases for the Side-by-Side reviews are randomly selected by DCF Regional Quality Assurance Staff from the population of twenty-five (25) children selected for review.
  - From the eight (8) cases, two (2) are designated for “In-Depth” reviews which means that, in addition to the file review, case specific interviews are conducted with children, parents, foster parents, Child Advocates, and other professionals involved with the child and family. Specific issues related to the child and family’s case experiences as well as systemic factors are addressed.
The third review component is the systemic factor interviews with the local child welfare stakeholders. In Circuit Seventeen, these interviews will be held once each fiscal year. The seven (7) systemic factors include:

- Statewide information system (FSFN)
- Case review system.
- Quality Assurance system.
- Staff and provider training.
- Service Array and resource development.
- ChildNet’s responsiveness to the community.
- Foster and adoptive home licensing, approval, and recruitment.

Results of the case reviews will be compiled and entered into the DCF data base (Checkbox).

An annual written report will be generated for all reviews and the Systemic Factor interviews unless more frequent reports are requested by local administration.

If Performance Improvement is needed, a plan is developed by CQI and Client Services and submitted to the department as required.

ChildNet will conduct additional reviews using the DCF Quarterly Quality Assurance Review instrument and/or special tools created by ChildNet as resources are available.

ChildNet and DCF are beginning the contract year completing a review of all children on psychotropic medications, rather than the first quarterly reviews.

ChildNet developed a tracking mechanism for the pre-consents required for children under age six in order to achieve and maintain compliance with policy and procedure.

Executive Management and Region Discretionary Reviews: ChildNet will work in collaboration with local, Region and Headquarters requests for discretionary reviews.
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The Chief Operating Officer (COO) is the point of contact for additional reviews who will delegate to the appropriate party and track for the completion of the project. The COO will report back to the Region as appropriate.

- **Local Review Schedule:** The DCF Regional Quality Director facilitated a meeting with both Lead Agencies in the Region to construct schedule for the Quarterly Reviews for contract year 2009/2010:

<table>
<thead>
<tr>
<th>Type</th>
<th>October 2009</th>
<th>January 2010</th>
<th>April 2010</th>
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<tbody>
<tr>
<td>Base</td>
<td>Oct 19 – 23</td>
<td>Jan 18 – 22</td>
<td>Apr 19 – 23</td>
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Please refer to Attachment I in the Southeast Regional plan for the full schedule.

**Additional ChildNet Quality Assurance Activities**

- The Quality Advisors will resume making periodic telephone calls to all parents and caregivers of new cases coming into the ChildNet system of care. The parents were previously called three times through the first year (at 45 days, 190 days, and 330 days from case initiation) and caregivers are called twice (at 120 days and 270 days from case initiation) to obtain key information and satisfaction levels. This process may change as a result of a system of care redesign in progress. Any concerns were immediately addressed with the unit supervisor. ChildNet was in the process of developing reports from the data base and will resume when the calls begin again. Copies of the timeline and survey questions are attached to this plan (Attachment 5).

- The CQI Team participates in other reviews as directed by ChildNet Senior Management. An example of this is beginning June, 2008, the CQI team began conducting unannounced visits to all of ChildNet’s contracted group home and emergency teen respite facilities. A copy of the review instrument is attached to this plan (Attachment 6). The Quality Advisors conduct a brief walk-through of the property and interview any children available and willing to be interviewed. Photographs are taken of each room in the home. The photographs, completed instruments and a synopsis of the visit are posted on a common compute drive. The findings from the unannounced residential group home visits are included in the contract monitoring report for the year. For the current contract year, the unannounced visits will be completed six times per year per program, rather than monthly and will be conducted by staff from CQI, Contract Management, and Licensing.

- In addition to unannounced visits to group homes, ChildNet is developing a process to make home visits to foster parents as well, in conjunction with Contracted Services and
the foster home management providers. The preliminary process is for the Contract Specialist to conduct visits to foster homes with the Foster Home Management Providers. The Quality Advisors will coordinate visits with Child Advocates to minimize the disruption to the foster parent, and visit two (2) homes per month each for a total of ten (10) foster homes per month.

- In addition, the CQI team completes the following statistical reports
  - SafePlace Activities Report (SafePlace is the intake and placement division of ChildNet)
  - A comparison of ChildNet to the other Lead Agencies across the state on contract measures
  - A monthly comparison of service units on the contract performance measures. (Attachment 7)

- Finally the Finance and Management of Information Systems (MIS) Departments developed an Internal Dashboard to display performance several performance measures and case work practices. The dashboard includes data to assist supervisors and Child Advocates manage their case loads, tracking when home visits are due, the medications received by children, as well as any safety alerts assigned. The dashboard also has geo-mapping capacity that will display a Child Advocate’s caseload on a zip code map of Broward County to help plan visits and manage travel. This enables everyone in the agency to be a part of Quality Assurance, particularly Child Advocates and Child Advocate Supervisors.

2. Focus on Results:

- **Quality Improvement Standards and Process:**

  1. The overarching model of CQI used by ChildNet is the very basic “Plan Do Check Act” with additional steps for defining issues, analyzing data, and completing reports included. From the beginning, the ChildNet System of Care was designed to incorporate Continuous Quality Improvement activities in day-to-day practices. The Quality Advisors participate in state-wide as well as internal workgroups to develop new process. Next steps for the current contract year, is to have the Quality Advisors work with the units to review their performance and help ensure that the staff understand the data available and how to use it to improve practice.

  2. ChildNet created an internal workgroup to restructure the first 50 days of receiving a case due to the coordination needed to complete the Family Assessment in FSFN while children also receive the Comprehensive Behavioral Health Assessment, and potentially two other assessments completed by contract providers. The first assessment is a clinical screening when children are
first removed, and each Family Strengthening and Reunification Program uses the North Carolina Family Assessment.

The First 50 Days and beyond process includes the Child Advocates working with four contracted providers to improve family engagement and participation in case plan development. ChildNet identified a need for improvement in this area based on the findings of several prior quality assurance reviews. We will be able track the impact made with this new protocol quarterly with data available from FSFN, specifically length of stay and children re-entering out of home care within 12 months of a prior removal, once the program has been in place a sufficient length of time to produce such data. In addition, bi-monthly meetings are held with the four Family Strengthening and Reunification providers to determine how well the programs are functioning and if any changes are needed.

3. ChildNet monitors its performance on contract measures on a frequency based on available summary and listing data from FSFN or the Florida Center for Advancement of Child Welfare website. All performance measures are reviewed regularly through the internal dashboard.

4. Local initiatives include:

- ChildNet hosts meeting where ChildNet, the Broward Sheriff’s Office and the Office of Attorney General report to DCF and other community partners on current performance measures. (Attachment 8).

- ChildNet developed an internal dashboard using FSFN data and uses it to compare performance data with the other CBC and statewide data. Each measure can be compared with the state as a whole, and with six (6) other larger metropolitan areas.

- The three groups of ChildNet Executives, Directors, and Supervisors working toward Six Sigma Yellow Belt Certification. One group is working on the development of an agency strategic Plan, another is working on the redesign of Client Services, and the third group is working on improving timely reunifications for children in out of home care. At the completion of the Yellow Belt Certification, those selected will continue to work toward Green Belt Certification.

- ChildNet along with two (2) other counties in Florida is participating in a project with the Casey Foundation that examines the cases of children who have been in licensed in out of home care longer than two (2) years. The Casey Foundation has begun holding focus groups with staff and attorneys regarding the target population. The participants in the project
have selected the evidence based program, Family Finders, to work toward achieving permanency for these youth. The project continues in the planning stages.

- In order to improve performance with some of the more difficult cases, ChildNet developed a specialized unit for “Children with Extraordinary Needs” in collaboration with a local provider, Henderson Mental Health Center’s Placement Partnership Program. The unit provides intensive case management in order to achieve timely permanency for children with extraordinary needs (children with severe behavioral issues who may also be involved with Juvenile Justice). Each child is staffed monthly to determine progress and what can be improved.

5. The ChildNet Board of Directors has created a sub-committee, the Program Quality Committee that meets at least quarterly, but usually monthly. The purpose of the committee is to review all policy and procedures before they are presented to the full board for approval. In addition, the committee reviews data reports and monitoring reports in order to improve process.

6. ChildNet has a Contract Monitoring Manual which is updated yearly and a copy is provided to the local DCF service contract manager and attached to this plan. All processes related to the monitoring of subcontracts are defined in the manual. ChildNet does not sub-contract for case management services. All case management is performed in-house. (Attachment 9).

In addition to ChildNet’s monitoring of sub-contracted service providers, Abels and Associates as part of the legislative pilot completes yearly reviews of ChildNet’s contract monitoring process and provides their finding in a written report to ChildNet and DCF. The monitoring results are provided to the appropriate ChildNet personnel in the form of a report draft excerpt for their review. Any underlying quantitative test data is provided to ChildNet upon request to assist in their evaluation of the Monitor’s report draft excerpt. Any mutually agreed upon revisions to the draft results in the creation of the final report. The final report is incorporated into a monthly Monitoring Report which is distributed to members of the DCF and others. The Monitors meet monthly with DCF, wherein the Monthly Report is discussed. Underlying quantitative test data is given to DCF upon request.

The data sources used includes the Contract Monitoring reports, interview relevant personnel, Safety Concern Forms, as well as the instructions sent by the Quality Advisor to test for compliance. Performance is communicated to the ChildNet management via drafts and final reports as discussed above. All members of ChildNet’s Board of Directors receive the Monthly Monitoring Report.
7. ChildNet’s ongoing improvement initiatives, performance, gaps, etc. are provided to ChildNet management staff through the quarterly data presentation (describe in detail above and provided as an example in Attachment 8), report from case reviews and CBC performance matrix comparisons. This information is made available to local DCF, ChildNet Board and the Children and Family Leadership Association (CFLA).

8. Information from case reviews, internal or external, is reviewed by ChildNet senior staff and actions taken as required to improve services to children and/or meet contract measures. Prior year reports from the Child Welfare Policy and Practice Group and the Chapin Hall reports have indicated that one of the overarching improvement areas for ChildNet is the need to improve initial and ongoing family engagement. ChildNet contracted with three local service providers to provide early engagement and reunification services for families where the children are removed. These contracts started July 1, 2008 and the first year data is just beginning to become available. The first contract monitoring will occur this contract year.

As information and/or data is received, analyzed for trends etc, decisions are made to improve or change process(es) at the agency, service center or unit level. As new information becomes available, it will be reported in the same fashion as all of the other data that is already presented as explained in detail above. The performance deficiencies or gaps in service provision will be handled the same way as with the implementation of the Family Strengthening and Reunification contracts.

ChildNet will participate in the Family Centered Practice Series that will be available through contract with DCF. More information will become available at a later date.

9. Safety is paramount to the children served by ChildNet. ChildNet has a very detailed Incident Report form which is used to report any issue related to safety, risk of harm, physical and mental issues, hospitalization, etc. The policy that accompanies the form includes three levels of notification.

Level 3 is a mandated verbal and written notification: 1) of any death of a child, 2) an escalation of a lower level reported concern that places a child’s life in jeopardy i.e. critical illness, suicide attempt, or an injury which could result in death or permanent disability or 3) a safety concern that does not place a child’s life in jeopardy; however, the situation does require the immediate notification of ChildNet and DCF Administration.

Level 2 Incident Reports require the completion of the Incident Report Form and submission to Safety@ChildNet.us. Level 2 concerns include items such as an
illness that requires inpatient hospitalization, an injury requiring professional medical care, an altercation requiring professional medical attention, any safety or contract/licensing concern that required a report be made to the Florida Abuse Hotline, Mental Health issues requiring the Baker Act commitment, Sexual acting out that requires a report be made to the Florida Abuse Hotline, physical restraints that result in injury requiring professional medical care are a report to the Florida Abuse Hotline, an accident in a vehicle that requires professional medical care, law violation involving law enforcement, and substance exposures that require law enforcement intervention or professional medical care.

Level 1 concerns do not require that the Incident Report form be completed, but does require contact with the Child Advocate. Examples of a Level 1 concern include: Illness requires a non-routine visit to a physician, injury that does not require professional medical care, an altercation that does not require professional medical attention, licensing or contract concern that does not require a report to the Florida Abuse Hotline, Mental Health issues that do not require Baker Act commitment, Questionable sexual activity not requiring a report to the Florida Abuse Hotline, physical restraints not resulting in injury or a report to the Florida Abuse Hotline, moving vehicle accidents that do not result in injuries requiring professional medical care, theft or vandalism that does not require involvement with law enforcement, and substance exposure that does not require law enforcement intervention or professional medical care. A more complete description can be found in the ChildNet Policy and Procedure Incident Report Identification & Response (Risk Prevention) (Attachment 11).

DCF and OAG receive an electronic copy of the initial Incident Report form as well as a copy of the finalized form. This policy, form and process have been in place at ChildNet for the past 4 years. The Level 2 and 3 Incident Reports are received by a centralized email address and distributed to the Client Services and the Contracts and Licensing Departments. Client Services staff review the forms for completion, track for revisions and review the form again before finalization. Abels and Associates reviews the process annually and completes a written report on the compliance of the parties involved, which is reviewed with ChildNet Administration and the department similar to other reports by Abel and Associates and stated above.

During quality assurance reviews, quarterly as well as special reviews, the CQI monitors for instances where an Incident Reports were not completed per policy and procedure. This information is shared with client services during the review or as part of the findings, as appropriate.

10. COA accreditation is planned and a formal decision and timeframe as of the date of this plan, is being drafted and the application is scheduled to be submitted this
contract year. ChildNet has participated in external COA training and an external person familiar with the COA process has been involved in the discussion on how to proceed. A team from ChildNet attended the National conference in New York August 7-10, 2009.

11. ChildNet has the resources available and dedicated to Continuous Quality Improvement to meet current minimum QA requirements of the department. There are very limited resources for any additional expectations or activities established by the Region.

12. Chapin Hall Findings:

- **Fully completed Home studies are completed prior to placement of a child in an unlicensed setting.** A work group was developed to address deficiencies in the home study process as identified by Chapin Hall. Part of the issues is that BSO is allowed per Florida Statute to make emergency placements. ChildNet is required within thirty (30) days to complete all background screenings per Statute and Florida Administrative code. Chapin Hall did not allow for children to be placed without all background screenings being completed. ChildNet developed a process whereby each home study is reviewed and re-done as necessary by the assigned services worker.

- **Develop a consumer voice within ChildNet as it considers how to work more effectively with families.** As part of the Six Sigma projects, several focus groups will be held as well as surveys conducted with stakeholders to address service provision and any needed changes to the ChildNet system of care. The process has a strong “voice of the customer” component. The stakeholder focus groups will also assist with the themes of better communication with providers and improving engagement with caregivers such as foster parents and relatives.

- **A careful review and follow-up of all relevant factors affecting safety and risk.** As part of ChildNet’s Quality Improvement Plan, ChildNet has identified additions to the visitation form used by the Case workers to document their home visits with children to include more safety and risk factors. Several factors are included already. The form needs to be redesigned and that is a project for this contract year. The form was developed in Microsoft Info-path and cannot easily be changed without incurring additional expense.