Focus on Coordination and Process

Unit Supervisory Discussions:

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

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

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

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

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

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

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

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

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

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

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

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

10. KFF will, as requested, provide performance data to DCF and the Board of Directors.
Base, Side-by-Side and In-Depth Reviews:

Sampling:

The Department of Children and Families (DCF) is currently revising the sampling methodology for both the Base and Side-by-Side Reviews. Once finalized, the sampling methodology will be implemented consistent with the approved guidelines.

Quality Assurance Reviews to be Conducted:

- **CBC Base Reviews:**

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

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

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

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

- **CBC In-Depth Reviews:**

  Regional QA staff are responsible for conducting an in-depth review of two of the eight cases selected for the Side-by-Side Review, based on the child and family being available for interviews, and the case being representative of the population served in general. Additional interviews may be scheduled with the caregivers, community professionals involved with the family, and community stakeholders involved in the system of care.
1. All 25 Base, Side-by-Side and In-Depth Reviews will be completed by the end of the quarter in which the cases are identified and assigned for review.

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

3. Quarterly compliance reports will include both summary and detailed data, and be provided to the KFF Senior Management Team.

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

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

Psychotropic Medications for Children in Foster Care:

KFF will ensure that all children in out-of-home care that are prescribed psychotropic medication are identified utilizing the following procedures:

1. KFF will maintain a tracking system of a current list of children on psychotropic medication to ensure data in FSFN, related to psychotropic medication, remains accurate and is updated as needed.

2. During monthly home visits, the FSC will verify that the name and dosage of medications currently prescribed are correct and document that information on a Home Visit form. The information obtained by the FSC will be checked against the information contained in FSFN. Inaccurate information will be corrected by the FSC or FSS.

3. FSS’s will review home visit forms monthly to verify the child's current psychotropic medication and dosage. FSC’s will inform their Supervisor of all changes in medications (i.e. type, dosage, etc.). The FSS will then advise the Administrative Assistant maintaining the medication tracking system of any changes and ensure the information is updated in FSFN.

4. FSS’s will verify medications and doses are correct and up to date during supervisory reviews and document this activity in FSFN.

5. Children prescribed psychotropic medication when entering care will be identified by the DCF CPI. Parental authorization for the continued use of psychotropic medication will be obtained by the DCF CPI and this information will be added to the ESI checklist. Children, identified at ESI, as being prescribed psychotropic
medication, will be added to the tracking log by the Program Director. The Program Director will ensure information on psychotropic medication obtained at ESI is accurately reflected in FSFN.

6. The Court Liaison will provide the Administrative Assistant maintaining the psychotropic medication tracking sheet a copy of all court order regarding the administration of psychotropic medications.

7. On a quarterly basis, Kids First of Florida (KFF) will randomly select five children who are prescribed psychotropic medication and reside in out-of-home care to ensure the following are contained in the case file:
   - expressed and informed consent or a current court order for all medications the child is prescribed
   - a valid Psychotropic Medication Treatment Plan and a Treatment Plan Review (if the child is under six years of age)

Executive Management and Region Discretionary Reviews:

- Special Quality Assurance Reviews:

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

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

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

Local Review Schedule:

- **Base Reviews:**
  - July – September 2009 (Base Reviews Cancelled)
  - October – December 2009 (17 on business days throughout the quarter)
  - January – March 2010 (17 on business days throughout the quarter)
  - April – June 2010 (17 on business days throughout the quarter)

- **Side-by-Side Reviews:**
  - July – September 2008 (Side-by-Side Reviews Cancelled)
  - October – December 2008 (Scheduled to occur the week of October 12th 2009)
  - January – March 2009 (Scheduled to occur the week of February 15th 2009)
  - April – June 2009 (Scheduled to occur the week of April 26th 2009)

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

- **Incident Report Meeting:**
  Purpose: Review incident reports.
  Frequency: Monthly
  Participants: QA Supervisor, QA Coordinator and Incident Report Administrative Specialist

- **DCF Contract Manager Quarterly Monitoring:**
  Purpose: Monitor DCF Contract Performance.
  Frequency: Quarterly
  Participants: DCF Contract Manager

- **QA Unit Review Meeting:**
  Purpose: Review Unit Performance on Quality Assurance Review and Monitor Internal Corrective Action Plans.
  Frequency: Quarterly
  Participants: CPO, FSSs, and QA Supervisor
• **Subcontract Monitoring:**

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

• **Partnership Meeting with DCF:**

  Purpose: Focus on KFF’s performance on contract requirements.  
  Frequency: Every other month  
  Participants: KFF and DCF staff

• **Community Alliance:**

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

• **KFF Board Meeting:**

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

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**Focus on Results**

Quality Improvement Standards and Process

**Performance Measures:**

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

1. The percentage of children served in out-of-home care who are not maltreated by their out-of-home caregiver shall be at least 99.23 percent (quarterly)
   a. Data collected via:
      1. DCF Dashboard
2. The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 76.2% (quarterly)
   a. Data collected via:
      1. DCF Dashboard

3. No more than 9% of children are removed within 12 months of a prior reunification (quarterly)
   a. Data collected via:
      1. DCF Dashboard

4. The percentage of children with finalized adoptions whose adoptions were finalized within 24 months of the latest removal shall be at least 32% (quarterly)
   a. Data collected via:
      1. DCF Dashboard

5. The percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30 shall be at least 31% (quarterly)
   a. Data collected via:
      1. DCF Dashboard

6. The percentage of children with no more than 2 placements within 12 months of removal shall be at least 87% (quarterly)
   a. Data collected via:
      1. DCF Dashboard

7. Number of adoption goal met (Monthly)
   a. Data collected via:
      1. DCF Dashboard
      2. FSFN Report(s)

8. Reduce the number of children in out-of-home care by 50% by 2012.
   1. DCF Dashboard

9. 100% of children under supervision who are required to be seen each month shall be seen each month
   1. DCF Dashboard
   2. FSFN Report(s)
10. The average number of children who are missing per 1,000 children in in-home and out-of-home care shall be no more than 10

   1. DCF Dashboard

Quality and Risk Elements:

1. Supervisory Reviews (quarterly)
   a. Data collected via:
      i. FSFN chronological notes
      ii. FSFN Report(s)

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

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

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

5. Family Assessments (quarterly)
   a. Data collected via:
      i. KFF Quarterly Assessment Form
      ii. FSFN Report(s)

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

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

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

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

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

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

On a monthly basis, KFF monitors its performance on the DCF performance measures and other qualitative indicators such as Family Team Conferencing, exit interviews completed, and photos/fingerprints/birth certificates obtained. Additionally, on a monthly basis, KFF staff meet to discuss compliance with performance measures, and performance improvement steps are reviewed.

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

**Subcontract Monitoring:**

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

At least annually, the QA Supervisor assists in reviewing each KFF subcontractor, in cooperation with the Contract/QA Coordinator, to determine provider compliance with the terms and conditions of the subcontract. The quality and adequacy of services delivered by each provider is reviewed using three methods: records review, interview, and observation.
The monitoring tools utilized assess compliance with federal, state and other requirements associated with the service purchased.

KFF utilizes the DCF Sample Size Calculator to determine the amount of client files required for review. When there are adequate personnel available to assist, all personnel files are reviewed. If the sample size is too great to review 100%, the Sample Size Calculator is used to identify a smaller sample.

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

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

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

Quality Improvement Process:

KFF has a Continuous Quality Improvement Plan. The following areas are highlighted as key components of the plan.

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

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

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

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

KFF will continue to use the Plan, Do, Check, Act approach for Quality Improvement activities. Action planning is often conceptualized in the “PDCA Cycle,” Plan, Do, Check, and Act. “Plan” involves the beginning and early stages, where you look at the end product and visualize the results you want. “Do” involves implementing the plan on a small scale or trial basis. “Check” is the opportunity to review actual results in comparison to the original vision. “Act” is the decision point for full scale implementation, should results meet expectations. (Quality Improvement and Evaluation in Child and Family Services-Managing into the Next Century, CWLA Press, Washington, DC, 1996.)
The Plan, Do, Check, Act approach has led to improved outcomes. QIC type activities (pareto charts, graphs, data analysis at the case/unit/agency levels) are utilized to address performance, identify information via “drill down” quality assessment activities, and the action plans implemented to improve performance. With all participating in the process, positive change is made.

QI activities will include the following 7 steps:

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

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

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

**Underlying Assumptions**

- Every staff person will be part of the quality improvement process.
- The QI process involves management and staff meeting to focus on quality improvement activities.
- All QI activities are equal in importance.
- Each management and staff member has an equal responsibility in the quality improvement process
- Successes are shared and celebrated among management and staff members.

**Structure**

- Each quality improvement meeting is intended to have the participation of both management and staff members.
• There are both administrative and service teams. Service team members are those that provide direct client services.

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

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

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

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

1. The identification of needs, goals and available resources.

2. Discovery and utilization of strengths throughout the program.

3. Development of action plans to implement identified improvements.

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

Agenda for QI Team Meetings

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

• Review and celebration of successes

• Review of incident reports—client, staff involved reports as well as service complaints

• Participant and other stakeholder satisfaction and input data

• Case review findings

• Program improvement data will be discussed and barriers to achieving outcomes addressed. Each team will be responsible for identifying ways to overcome barriers to
achieving goals and develop clear action steps and timeframes for addressing the deficiency.

- QI projects/updates and new proposals
- Action planning

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

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

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

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

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

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

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

5. To increase the number of exit interviews submitted within 5 days of placement change according to policy.

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

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

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

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

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

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

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

**CFSR Federal Audit Quality Improvement Plan:**

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

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

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

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

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

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

Accreditation:

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