Child Welfare Quality Management Plan

Big Bend Community Based Care, Inc.

One of Big Bend Community Based Care’s core values is the belief that all children have the right to grow up safe, healthy and fulfilled in families that love and nurture them. One of the commitments that we make to demonstrate this core value is that we employ an analytic and systemic approach to planning and performance management.
1. AGENCY OVERVIEW.................................................................................................................................................. 4
   A. Mission ................................................................................................................................................................. 4
   B. Network Management Agency ......................................................................................................................... 4
   C. Role as a Network Manager ............................................................................................................................ 5
   D. Philosophy of Quality Management .................................................................................................................. 5
   E. Continuous Quality Improvement (CQI) ................................................................................................................ 6
   F. Quality Management Planning ......................................................................................................................... 6
2. CHILD WELFARE SYSTEM OF CARE .................................................................................................................... 7
   A. Service Partners ................................................................................................................................................. 7
   B. Service Population Demographics ................................................................................................................... 7
3. NETWORK QM STAFFING ...................................................................................................................................... 7
   A. Quality Management Director .......................................................................................................................... 7
   B. Quality Management Unit Staff ........................................................................................................................ 8
   C. Data Unit Staff .................................................................................................................................................... 8
   D. Network Subcontractor Quality Staff ............................................................................................................. 9
   E. Quality Improvement Committee ....................................................................................................................... 9
      1. Composition and Committee Schedule ............................................................................................................. 9
      2. Quality Improvement Committee Functions ................................................................................................... 9
4. FY 14/15 QUALITY ASSURANCE ACTIVITIES ..................................................................................................... 10
   A. Network Management Agency Level ................................................................................................................ 10
      1. Internal Quality Assurance .......................................................................................................................... 10
      2. External Quality Assurance .......................................................................................................................... 11
   B. Subcontractor Quality Assurance ..................................................................................................................... 11
      1. Windows into practice Quality assurance reviews .......................................................................................... 11
      2. Practice Reviews of Sub-Contracted Services .............................................................................................. 12
      3. Critical Life, Health, or Safety Threats .......................................................................................................... 13
      4. Stakeholder Input ............................................................................................................................................ 13
      5. Complaints and Grievances .......................................................................................................................... 14
4. DATA AND PERFORMANCE REPORTING ........................................................................................................... 14
   A. Management Data ............................................................................................................................................ 14
1. Network ........................................................................................................................................... 14

2. Subcontractors .................................................................................................................................... 15

B. Performance Data ............................................................................................................................... 15

5. CONTINUOUS QUALITY IMPROVEMENT ....................................................................................... 16

A. Green Belt Data Analysis Projects ..................................................................................................... 16

B. Implementation and Monitoring of Corrective Action Plans (CAPs) .................................................. 16

C. Integration of topics found in need of improvement into training ...................................................... 16

D. Integrating actions to address identified service and practice needs into agency strategic planning ........................................................................................................................................ 16

6. ACCREDITATION STATUS .................................................................................................................. 17

Table of Figures

Figure 1. BBCBC Service Area .................................................................................................................. 4

Figure 2. QM Staff & CQI Committee ...................................................................................................... 10
1. AGENCY OVERVIEW

A. MISSION

The Mission of Big Bend Community Based Care (BBCBC) is to provide the highest quality child welfare, substance abuse and mental health services for children and families through a network of accredited service providers within their own communities.

B. NETWORK MANAGEMENT AGENCY

BBCBC is an accredited network management organization that was initially formed in 2002 to develop community based child welfare services and supports for six counties within Florida’s Second Judicial Circuit. The agency assumed responsibility for child welfare services in Judicial Circuit 14’s six counties in 2005, at the request of the Florida Department of Children and Families (DCF). In 2012, BBCBC was awarded the state contract to act as the Managing Entity for Substance Abuse and Mental Health (SAMH) services for the Northwest Region, which encompasses the 18 counties that make up Judicial Circuits 1, 2, 14 and Madison and Taylor Counties from Judicial Circuit 3.

As a network-managing agency, BBCBC’s primary role is to establish and maintain an integrated network of providers with the goal of ensuring optimal access to and the provision of quality services. The agency’s approach is collaborative and inclusive of DCF, subcontracted service agencies, formal and informal providers, key community stakeholders and, the individuals, families and communities served.

Through this collaboration, BBCBC strives to develop and manage a System of Care that demonstrates quality programmatic and financial outcomes through partnerships, transparency, and efficiency. The System of Care is based on a service delivery approach designed to create a broad, integrated process for meeting our service population’s needs. Each partner brings diversity, advocacy, program expertise, experience and community standing to the System of Care.

*Figure 1. BBCBC Service Area*
C. ROLE AS A NETWORK MANAGER

As a Network Management Agency, Big Bend’s role within the social services system is distinct from that of a service provider. BBCBC provides system-wide operational leadership and professional development, assures quality, compliance and fiscal accountability, and performs administrative functions that link innumerable services throughout our System of Care. These unique functions require a management approach that is specific to the agency’s role and function.

D. PHILOSOPHY OF QUALITY MANAGEMENT

Employing an analytic and systemic approach to planning and performance management is one of BBCBC’s Core Values. The primary purpose of this Plan is to define how the agency will strengthen practice by improving the timeliness, accessibility, quality and effectiveness of Network services.

This Plan is based on the agency’s belief that:

- Improving services is a continuous process.
- Training, assessment and quality improvement activities are ongoing processes focused on strategies that encourage best practice, compliance and accountability for the people we serve.
- Providing cost-effective, quality services and promoting positive outcomes for those we serve are the responsibilities of all staff, providers and licensed caregivers.
- Reliable and objective data are essential to improving services.
- Assuring quality services requires the input and feedback from stakeholders.
- Good outcomes are achieved through consistent monitoring, evaluation and the sharing of best practices.
- There is never an excuse for poor quality service.
- Mistakes should be used as tools for learning.
E. CONTINUOUS QUALITY IMPROVEMENT (CQI)

BBCBC’s Quality Management System is designed on Deming’s Plan–Do–Check–Act model of Continuous Quality Improvement (CQI).

**Plan** The process of defining and planning a System of Care – its programs, processes, evaluation and remediation – in a manner best suited to meet the needs of the clients to be served. *(Agency Strategic, Operational, Quality Management and Risk Prevention plans)*

**Do** The process of implementing the planned System of Care throughout the service network. *(The provision of services through subcontracted providers and partners)*

**Check** The process of systematically monitoring services, collecting data, obtaining feedback; analyzing findings and identifying trends, strengths and opportunities for improvement. *(The system-wide review and analysis of service indicators and outcomes)*

**Act** The process of implementing performance improvement activities to overcome barriers to quality services and remedy deficiencies. This also involves follow-up to assess the effectiveness of the performance improvement activities implemented. If found to be ineffective, or if more improvement is needed or desired, the cycle continues to the Plan phase again and the process repeats. *(Implementing changes to address deficits)*

F. QUALITY MANAGEMENT PLANNING

While the BBCBC’s quality management philosophy and systemic approach are the same for both its Child Welfare and Substance Abuse and Mental Health components, the Quality Management Plans for each of the programs are published separately. This separation allows for the delineation of activities specific to each program’s services, populations and contractual requirements.

This document, the *FY 14/15 Child Welfare Quality Management Plan* addresses quality assurance, continuous quality improvement and quality control activities specific to child welfare services.
2. CHILD WELFARE SYSTEM OF CARE

A. SERVICE PARTNERS

BBCBC’s child welfare contractual partners are non-profit agencies who have long histories of serving families, and reside within the communities they serve. They include Children’s Home Society, DISC Village, Inc., Anchorage Children’s Home, Boys Town of North Florida, Florida Baptist Children’s Home, Habilitative Services, Life Management Center, Capital City Youth Services, as well as numerous individual professionals. BBCBC also engages community advocates, faith based and grassroots organizations and local service providers such as the Brehon Institute, Florida State University, Florida A & M University, Tallahassee Community College, Chipola College, Tri-County Community Council, One Church One Child, and The Ounce of Prevention Fund of Florida.

B. SERVICE POPULATION DEMOGRAPHICS

The two largest population centers in BBCBC’s child welfare service area are found in Tallahassee (Leon County) and in Panama City (Bay County). Approximately 140,000 children reside in Circuits 2 & 14. Children represent about 20% of the total population in each of the 12 counties. The percentage of persons living in poverty ranges from a low of 14% in Bay County to a high of 26% in Holmes. (For comparison purposes, Florida has a statewide poverty rate of 17%.)

The population of the two Circuits are significantly different from a racial/ethnic perspective. In Circuit 2, 52% of the children are white; 39% are black; 9% are other races. In Circuit 14, 75% of the children are white; 15% are black; 9% are of other races. In addition, Tallahassee is noted for being a “government” town, while Panama City is known for tourism. The remaining 10 counties are primarily rural and have significantly fewer local service providers and resources than Tallahassee and Panama City.

Managing child welfare services across 12 diverse counties demands that community differences be recognized and addressed in a manner best suited to the local population. Services, training and quality management strategies are thus customized to meet communities’ individual needs, while maintaining quality and performance expectations that are consistent across the service area.

3. NETWORK QM STAFFING

A. QUALITY MANAGEMENT DIRECTOR

The responsibility for BBCBC’s child welfare-related QM efforts ultimately resides with the Quality Management Director (QMD). The QMD is responsible for planning, implementing and reporting agency performance, quality assurance, quality improvement, programmatic subcontractor monitoring, and accreditation-related activities.
B. QUALITY MANAGEMENT UNIT STAFF

BBCBC’s QM Unit is consists of five full-time employees supervised by the QMD dedicated to quality assurance, control, reporting, and improvement activities. The four Quality Assurance Specialists (QAS) all have significant experience in child welfare, including case management and supervision, foster home management, investigations, and adoptions. All QAS are certified in Green Belt data analysis and those with case management backgrounds (rather than investigations) are certified as Child Welfare Professionals by the Florida Certification Board. The Quality Assurance Analyst (QAA) has experience in managing data systems, analysis, and presentation.

QUALITY MANAGEMENT UNIT FUNCTIONS

1. Collecting and monitoring data regarding critical incidents, quality of service, child safety, permanency and well-being outcomes, stakeholder input and complaints, service utilization, and system performance measures;

2. Assuring the provision of quality services through ongoing monitoring activities including onsite review of subcontractor services, quality service and performance standards reviews, and monitoring data integrity and reporting timeliness;

3. Improving service provision by 1) identifying gaps in services, special service and training needs and 2) by developing, implementing and monitoring performance improvement plans and projects to assure accountability; and

4. Reporting and communicating outcome data and performance trends to Big Bend’s Board of Directors, Executive Leadership and Management Teams, Network subcontractors, providers and partners, including the Department of Children and Families and stakeholders throughout the community.

C. DATA UNIT STAFF

In addition to QM staff, BBCBC has a three-person Data Unit within the agency’s Operations hierarchy. Data Unit Staff report to the Circuit 2 Operations Manager and work collaboratively with QM Staff. The Unit focuses on data integrity and management reporting issues with the Network’s subcontracted frontline staff.

DATA UNIT FUNCTIONS

1. Generating weekly and daily reports to identify casework status issues, upcoming time-sensitive casework activities and data integrity concerns

2. Notifying Supervisors and Case Managers of issues identified

3. Assisting frontline staff in correcting data errors and discrepancies

4. Providing training and support for frontline staff on new FSFN functionality
5. Troubleshooting FSFN functionality issues
6. Assuring data system security

D. NETWORK SUBCONTRACTOR QUALITY STAFF

Network subcontractor agencies also have staff assigned to QA/CQI activities for their programs. Some are positions specifically dedicated to QA/CQI, while others have responsibility for QA/CQI activities as part of operational leadership roles. These staff implement subcontractors’ internal quality assurance plans, review and analyze performance and practice data, complete their agency’s internal quality assurance/peer review assessments, and develop and implement quality assurance activities.

E. QUALITY IMPROVEMENT COMMITTEE

1. COMPOSITION AND COMMITTEE SCHEDULE

The Quality Improvement Committee (QIC) is comprised of the BBCBC QMD, QM Staff, Data Unit Staff, Operations Staff, and Network Subcontractors Quality Staff.

The QIC meets formally at least quarterly, and informally as issues present. The venue is rotated among BBCBC’s service centers to accommodate participation and travel budgets.

2. QUALITY IMPROVEMENT COMMITTEE FUNCTIONS

Key functions of Quality Improvement Committee include:

a. Reviewing and analyzing performance, compliance and quality indicators within the context of current systemic and programmatic conditions
b. Identifying key Network CQI opportunities
c. Collaborating in the development of CQI activities to address identified needs
d. Implementing Network CQI activities within members’ respective agencies
e. Sharing results of CQI activities with the Committee to facilitate best practices throughout the Network
4. FY 14/15 QUALITY ASSURANCE ACTIVITIES

The quality assurance activities included in this plan incorporate input from the agency’s Board of Directors, the Quality Improvement Committee, partner agencies, services providers, prevention colleagues, and staff. They also include the activities described in DCF’s *Windows into Practice: Guidelines for Quality Assurance Reviews, FY 14/15*.

A. NETWORK MANAGEMENT AGENCY LEVEL

1. INTERNAL QUALITY ASSURANCE

   Review of Operating Policies – Big Bend’s (internal and external) operating policies are reviewed and updated on an ongoing basis to assure compliance with changes in Federal and State requirements, updates to best practices and in response to identified needs for quality improvement.

   Financial Monitoring and Audits - Big Bend’s fiscal/financial processes undergo annual monitoring by an independent, certified public accounting agency. Any findings are
addressed by the unit with primary responsibility for the identified activity. Corrective actions are approved by the appropriate supervisor and leadership. Copies of the monitoring reports and any corrective actions are provided to the Board of Directors and DCF.

2. EXTERNAL QUALITY ASSURANCE

External monitoring of BBCBC includes:

a. Annual Contract Review (DCF Contract Oversight Unit)
b. Annual Child Placing Agency Re-Licensure (DCF Licensing)
c. Inspector General Reviews (DCF)
d. Auditor General Reviews (State of Florida)
e. Federal Reviews (IV-E, Adoptions, etc.)
f. Council on Accreditation Review (COA)

B. SUBCONTRACTOR QUALITY ASSURANCE

1. WINDOWS INTO PRACTICE QUALITY ASSURANCE REVIEWS

BBCBC will conduct on-going targeted reviews of cases to determine the quality of child welfare practice related to safety, permanency, and child and family well-being during FY 14/15 in response to Windows into Practice requirements. The targeted review process will focus limited resources on reviews for targeted sub-populations of children based on recognized potential for negative outcomes among each sub-population.

a. Rapid Safety Feedback Reviews – BBCBC will complete 12 Rapid Safety Feedback reviews per quarter focusing on open, in-home services cases for children ages 0-4.
b. Targeted Permanency Feedback Reviews – BBCBC will complete 12 Targeted Permanency Feedback reviews per quarter focusing on children ages 13-17 who are in out-of-home care.
c. Targeted Well-Being Feedback Reviews – BBCBC will complete 12 Targeted Well-Being Feedback reviews per quarter focusing on children ages 5-12 who are in out-of-home care.
d. Child & Family Services Reviews (CFSRs) – In addition, BBCBC will complete two Child & Family Safety Reviews (CFSRs) each quarter. The full CFSR includes a case record review and interviews for children served under Federal Title IV-B and IV-E plans.
e. Special/Discretionary Reviews – BBCBC will also complete discretionary reviews as requested by Management Team Members and Executive Leadership. These reviews are completed as needs are identified, due to practice-related complaints or concerns and in any transition of services from one contracted provider to another.

2. PRACTICE REVIEWS OF SUB-CONTRACTED SERVICES

a. Review Schedule and Sampling

BBCBC’s QM Staff will complete quality of practice and programmatic compliance reviews for all agency subcontractors scheduled for contract monitoring during FY 14/15. The review schedule was developed in cooperation with the agency’s Contracts Administration Unit and quality reviews will be completed in conjunction with subcontractor administrative monitoring and quarterly Windows into Practice reviews.

The sample size for these reviews is approximately 10% of the sub-contractor’s service population (minimum of 10 cases), but may be adjusted based upon Annual Risk Assessment results, performance data, or other identified concerns. Each subcontractor sample is randomly selected and stratified by relevant service categories to assure a diverse mix of records for review. Individual records are randomly selected for review within each stratum (if applicable).

b. Subcontractor Review Components

1. Administration and Management

Contract monitoring of administrative and management functions are completed by the agency’s Contracts Administration Staff and include on-site visits to assure contractual compliance and reviews of required reports, performance and utilization data.

2. Practice Performance

Quality, programmatic and compliance reviews of subcontracted services will again be completed by QAS utilizing review tools that integrate items from Windows into Practice, Florida Statute and Administrative Code, specific contractual requirements, and the CFSR that are specific to the service type being reviewed.

Exit meetings are held with subcontractor staff to provide preliminary findings and gather additional information. Data will be analyzed by provider and in aggregate to assess quality of practice, compliance with state and contractual requirements, and performance on contract measures.

Final monitoring reports are provided to each subcontractor to document review findings including both summary and detailed data. Subcontractor monitoring reports are also provided to BBCBC’s Chief Executive Officer (CEO), Chief Operations Officer (COO), Chief Financial Officer (CFO), Circuit Operations Manager (COM), and QMD.
When indicated, subcontractors will be required to submit a Performance Improvement Plan (PIP) to the Contract Administrator to address specific findings. PIPs must document how the subcontractor will address deficiencies and items that warrant quality improvement activities. PIPs and resulting status updates will be used for ongoing monitoring and quality assurance.

Subcontractors required to complete Performance Improvement Plans may be revisited by Big Bend to verify evidence of implementation and effectiveness of corrective actions.

3. CRITICAL LIFE, HEALTH, OR SAFETY THREATS

For any critical life, health, or safety threat identified during the course of QM review, Big Bend Quality Assurance Specialists (QAS) are responsible for

a. Addressing any safety concerns with the Dependency Case Manager and the Dependency Case Manager Supervisor immediately upon discovery
b. Facilitating and/or providing assistance in assuring child safety
c. Informing the appropriate BBCBC Operations Manager
d. Informing the Quality Management Director
e. Assuring appropriate action and follow-up are initiated to assure safety
f. Documenting the child safety concern and follow-up actions as a formal Request for Action (RFA) in FSFN
g. Confirming that documentation of the identified child safety concern, RFA, follow-up actions and the resolution of the concern are documented in FSFN and in the case file
h. Maintaining a copy of the RFA, documentation of completed follow-up actions and the resolution of the concern with the original review documentation

4. STAKEHOLDER INPUT

BBCBC continue to use several strategies to gather input from stakeholders. Input will be gathered via the following avenues:

a. BBCBC staff survey – implemented by the agency’s Human Resources subcontractor
b. Subcontractor staff survey/staff retention reports – to be submitted to BBCBC bi-annually
c. Subcontractor client satisfaction survey reports – also to be submitted to BBCBC bi-annually
d. Annual service needs and strategic planning meeting, activities and proposals
e. Solicitation of input from community members and organizations, the court system representatives, and DCF partners
Additionally, Stakeholder input will continue gathered on an ongoing basis via monthly and quarterly management and programmatic meetings, Community Alliance and Partnership meetings; during and as a result of community activities and training from staff, the Court system, foster parents, DCF/CPI staff and leadership, community members, and other provider and service organizations.

BBCBC’s Board of Directors, Executive Leadership and Management Team are responsible for reviewing and incorporating stakeholder input in the development of short and long term planning, and policy, training, service development and contracting.

New initiatives, services and activities are developed in cooperation with these stakeholders to address concerns and update practice within our System of Care. Specific initiatives are assigned to the COO, Operations Managers, Directors and/or QM staff for implementation and follow-up.

5. COMPLAINTS AND GRIEVANCES

All service-related complaints or grievances, whether submitted directly from the complainant or through the DCF Tracker System, are addressed by Circuit Operations Managers in accordance with BBCBC OP 1502 – Client Grievances and Complaints. Formal complaints addressed through the DCF Tracker System are tracked for satisfactory completion and necessary follow-up actions.

Quality assurance reviews requested due to a case or staff specific complaint will be completed in accordance with BBCBC OP 811 – Special Quality Assurance Reviews. Special Quality Assurance Reviews will be conducted for all formal grievances according to this policy.

4. DATA AND PERFORMANCE REPORTING

Big Bend collaborates with the Department’s Headquarters and Region staff, the Florida Coalition for Children, Florida’s other CBCs and our subcontractors to collect, analyze and disseminate performance and quality data on an ongoing basis. This collaboration in reporting and analyzing data is a key part of CQI planning for the Network.

Lead Agency and subcontract-level data is submitted to all appropriate State oversight units and is widely disseminated throughout the Network. Recipients include Network Lead Agency Management Team, Quality Management Team, Training Team, subcontractor Executive Leadership, Program Managers, Supervisors and Case Managers, as well as Department staff.

A. MANAGEMENT DATA

1. NETWORK

Data related to lead agency functioning is reviewed at least quarterly (as appropriate for the measure) by Executive Leadership. Examples of Lead Agency Management Data reviewed by
the CEO, COO, and CFO include budget forecasts, out-of-home care costs, staff turnover and retention, Agency-level monitoring reports from State agencies and status on any Performance Improvement Plan, if applicable. Corrective or follow-up actions are assigned to staff as needed.

2. SUBCONTRACTORS

Management data to support subcontractor performance is analyzed weekly and monthly to support planning and the correction of problem areas. The most comprehensive service-related management report is called the Status Report (SR). The SR is a management report that is analyzed, disseminated, and used to make changes in practice. It is disseminated weekly to the COO, Operations Managers, and the QM Team, as well as to sub-contract Program Managers, Supervisors, and Case managers to assist with managing service tasks. Examples of data points include Client Counts, Face-to-Face Visits, 60-Day Supervisor Review status, Upcoming Judicial Reviews, Well-Being Measures, and Missing Children Status, Foster Care and Adoptions AFCARS, and TANF status.

The SR provides sub-contracted service providers with the ability to identify and prioritize the ‘task due next’ and specifies for the case manager the number of days until the task is due.

B. PERFORMANCE DATA

Agency-level performance reports are disseminated throughout the Network for review and follow-up action. Performance data is reviewed at monthly Directors’ Meetings, quarterly and bi-monthly Network Management Meetings and Quality Improvement Committee meetings. Subcontractors review performance data at the agency and unit level with both Supervisors and Case Managers to design corrective actions with frontline staff input.

Examples of data and reports routinely addressed at the Network, subcontractor and unit levels include the CBC and CMO Scorecards, Community Report Cards (including system utilization and performance data), monthly & quarterly Performance Reports, Windows into Practice review results, and Quality & Contract review reports.

Performance reports and data are shared with BBCBC’s Management Team, subcontracted providers, partner agencies and stakeholders electronically, via the agency website and at Management, CQI Committee, and Board of Directors meetings.
5. CONTINUOUS QUALITY IMPROVEMENT

BBCBC’s Continuous Quality Improvement activities for FY 14/15 will include:

A. GREEN BELT DATA ANALYSIS PROJECTS

Green Belt/Six Sigma projects projected for FY 14/15 include:
1. Children Reaching Permanency within 12 Months of Entry
2. Children Re-Entering within 12 Months of Reaching Permanency
3. Case Management Supervision Improvement

B. IMPLEMENTATION AND MONITORING OF CORRECTIVE ACTION PLANS (CAPS)

BBCBC will be implementing and tracking agency-level CAP items as approved by DCF in response to February 2013 Contract Oversight Unit (COU) monitoring.

BBCBC will also be tracking and monitoring subcontractor-level CAPs developed in response to agency and COU monitoring findings. Quarterly updates will be provided to DCF to show progress and improvement in CAP items such as psychotropic medication management, relative and non-relative home studies, safety planning, etc.

C. INTEGRATION OF TOPICS FOUND IN NEED OF IMPROVEMENT INTO TRAINING

Topics identified through quality assurance activities that require improvement will be analyzed to determine the need for additional Network staff training. Should additional training be indicated, it will be developed as In-Service or small group instruction and incorporated into Pre-Service as appropriate for the topic.

D. INTEGRATING ACTIONS TO ADDRESS IDENTIFIED SERVICE AND PRACTICE NEEDS INTO AGENCY STRATEGIC PLANNING

Whether long- or short-term, the strategic planning process at BBCBC includes a situational analysis that includes both a needs assessment and ongoing quality assurance and improvement data. The needs assessment for short-term plans may be abbreviated or more informal than that used for the long-term plan. However, a focus on demographic information, changes in the service population, trends in program performance, survey data and analysis of strengths and weaknesses in relation to these variables are the basis for the assessment. Quality assurance mechanisms for initiatives developed as part of the agency strategic plan are integrated into the planning process to assure that quality performance can be assessed.
6. ACCREDITATION STATUS

BBCBC was originally accredited as a Network Management Agency by the Council on Accreditation (COA) in 2009. The agency was re-accredited in December 2013 effective through December 2016.