Child Protection Division
Quality Management Plan
Fiscal Year 2012-2013

Serving Escambia, Santa Rosa, Okaloosa, and Walton Counties through contract with the Florida Department of Children & Families.

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FFN of LAKEVIEW CENTER, INC.
QUALITY MANAGEMENT PLAN

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SECTION I

Quality Program Overview

1-1 History of the Quality Program

Lakeview Center, Inc. (LCI) has recognized the value of the pursuit of high quality standards since its inception in 1954. The continuous growth and expansion of Center services throughout the decades demonstrates the successful commitment to these high standards.

In December 2001, LCI became a contracted lead agency to provide child protective services for abused/neglected children along with the State of Florida, Department of Children and Families (DCF) in Circuit One: Escambia, Santa Rosa, Okaloosa and Walton Counties. FamiliesFirst Network (FFN) is the Child Protection Division of Lakeview Center.

LCI is an affiliate of Baptist Health Care (BHC) through a signed affiliation agreement (1996) which allows for organizational support while remaining a separate corporation. Lakeview Center is managed by a volunteer board of directors which retains ultimate responsibility.

FFN represents a partnership with the DCF, in coordination with network partners, to provide an array of foster care and related services for children and families involved with the dependency system. The network includes DCF, Lakeview Center as the lead agency, sub-contracted service providers, foster parents, the Circuit One Community Alliance; agency stakeholders such as the judiciary and guardian ad litem programs, and the community, working together to implement the legislative mandate for community based care.

Services include case management for in home supervision and out of home placements cases, including adoptions; foster home recruitment, training, recommendation for foster home licensure, re-licensure, and support; adoption support; independent living services for youths in foster care; dependency court resource facilitation; sub-contract management; and other related services to abused and neglected children and their families. Other specialized needs, (such as substance abuse, mental health, domestic
violence, etc.) are addressed through network sub-contracts, community linkages, and memorandums of agreement.

In 1977, Lakeview Center became one of the first behavioral health care providers in the nation to pursue and attain accreditation in the Behavioral Health Care program from the Joint Commission on the Accreditation of Healthcare Organizations. After the merger of Lakeview Center with Southeastern Vocational Services in the mid-1980s, the Commission of the Accreditation of Rehabilitation Facilities (CARF) awarded specialized accreditation to the vocational services component of the Center. In 2004, LCI pursued organization-wide accreditation through CARF, as their standards were found to be more closely aligned with the services Lakeview provides. CARF standards include promoting quality, value and optimal outcomes through provision of services which enhance the lives of persons served. Lakeview engaged in a rigorous peer review process and received a three-year accreditation outcome, the highest level of accreditation that can be awarded to an organization. This three-year accreditation outcome was renewed in a second survey in December 2006 and in a third survey in December 2009. The next survey is scheduled for December 2012.

A Quality Assurance department was established within Lakeview Center in the late 1980’s. The duties of the QA department included chart reviews, tracking of compliance data, and ensuring the maintenance of standards for continued accreditation and licensure.

Recognizing that an effective quality program must incorporate the elements of quality improvement as well as quality assurance, Lakeview Center began the transition to incorporate the concepts of quality improvement into the quality program in January 1991. Extensive training for Lakeview Leadership and the development of a comprehensive system of quality improvement committees and task forces heralded the implementation of a Total Quality Management (TQM) philosophy. All full- and part-time Lakeview Center staff were trained on the principles of TQM and Continuous Quality Improvement (CQI). The training curriculum has been modified since that time, but the message of Lakeview’s commitment to high quality standards remains the same.

The Quality Program at Lakeview Center continues to evolve as the operating environment and changing business needs require different levels of support and centralization. In the spring of 2006, Lakeview Center initiated a shift from centralized to decentralized quality management. The resources and committee structures previously associated with a centralized staff are dispersed in a manner that allows quality to live at the program level. With this move, Lakeview leadership has taken responsibility for the execution of quality initiatives within their programs. The LCI Director of Quality and Performance Improvement maintains responsibility for the
pursuit of organizational performance excellence and accreditation, in addition to the provision of guidance to programs toward the achievement of departmental and organizational goals. The result has been a collaborative effort among all Lakeview staff to achieve service and operational excellence across the variety of programs maintained at Lakeview Center. The FFN Management Team in conjunction with the FFN Performance Improvement Council maintain responsibility for the pursuit of performance excellence at the child protection division level.

1-2 Introduction

A. Purpose

The purpose of the FFN quality plan is to:

- Strengthen practice, improve accessibility, quality and effectiveness of services, ensure safety, permanency and well-being while increasing natural and enduring community supports for children and families served by the agency.
- Provide for the objective and systematic monitoring and evaluation of the quality of care and services rendered to ensure that policies, procedures, laws, state and federal rules, and accepted standards of practice are maintained throughout the service continuum;
- Assess performance and promote best practice events and change practice where areas of concern are identified through the monitoring and evaluation or feedback processes; and
- Pursue opportunities to continuously improve care and service provision through the incorporation of continuous quality improvement principles.
- Facilitate the pursuit of organizational performance excellence

B. Goal and Approach

The goal of FamiliesFirst Network is to continuously improve the quality of care and services for our customers. This goal is achieved through:

- The development of a Strategic Plan to identify priorities for improvement to further the achievement of Lakeview’s vision to be the best community based care (child protection) program in the nation.
- The analysis of data to identify trends, patterns, and opportunities to improve care and services
- The development and implementation of action plans to correct deficiencies and improve processes
• The assessment of the effectiveness of action plans and the documentation of realized improvement
• The communication of relevant information throughout the system through staff meetings, committees, and Lakeview's Board of Directors

C. Scope

The scope of this plan is FamiliesFirst Network, the Child Protection Division of Lakeview Center, Inc. FFN consists of the following programs: Administration, Family Services, Adoptions, Foster Home Development, and Independent Living. The plan recognizes and includes LCI's Corporate Plan for Quality while specifically detailing FFN's Quality Management System. The FFN Quality Management System includes accountability for key components as required by LCI, CARF, DCF contract, and needs specific to the child protection division. These key components are:

• Customer Satisfaction
• Deployment of CARF and performance excellence criteria
• Development and monitoring of division specific performance measures and outcomes as defined by the Department of Children and Families
• Division education on the Performance Accountability Report (PAR) measurements and action plans
• Employee knowledge and skills training
• Implementation of best practices

Quality and Performance Improvement will focus on identifying trends and best practices, and will provide internal oversight, consultation, and coordination for the following areas:

• Customer and Employee Satisfaction
• Performance Excellence
• CARF accreditation
• Performance Accountability Measurements
• Best Practice Identification

D. Authority

The Lakeview Center Board of Directors, pursuant to their by-laws, requires and supports establishment and maintenance of the LCI Quality program. The Board has delegated overall responsibility for the Quality program to the President/Chief Executive Officer of Lakeview Center. Information regarding corporate and
division-specific quality initiatives is reviewed by the Management Advisory Council (MAC), comprised of the President/CEO, and the Vice Presidents of Finance, Corporate Development, Vocational Services, Child Protective Services, and Behavioral Health. At a divisional level, the FFN Management Team meets weekly and discusses performance on an ongoing basis. The FFN Management Team is comprised of the Vice President of Child Protective Services and Directors of Resource Development, Policy & Quality, Family Services, and Community Relations.

1-3 Organization of the Quality Plan

The following chart provides a view of the LCI Corporate Quality Plan:

Lakeview Quality Plan

The LCI Mission is "Helping People Overcome Life's Challenges". The LCI Quality Plan is based on a Plan, Do, Check, Act system of Continuous Quality Improvement. The "Plan" will always be to meet the LCI mission. The "Do" is how LCI operates. LCI will
review the effectiveness of operational efforts and revise as necessary to ensure LCI provides the service level committed to in our mission statement. LCI will "Check" through monitoring the various tools in place as a result of the "Do". These tools include internal feedback, audit reviews, and metrics driving performance. The "Action" includes use of feedback from outside stakeholders to advance the plan. Results are the foundation of our next improvement cycle. This insures quality of service is met as well our operating standards.

FFN has responsibility for the division level implementation of a quality management system consistent with the corporate Quality Plan. The FFN Quality Assurance Team is called the Performance Improvement Council and is structured as indicated in the chart below:

**FFN Management Team**

**Members:** Vice President and FFN Directors  
**Purpose:** Approve resources and policy changes needed to implement plans of the council to ensure quality service.

**Council members:** QI rep, QA rep, Family Services Liaison, Team Managers, Client Relations  
**Purpose:** Review system data to identify areas where improvement is needed and to prioritize efforts. Responsible for monitoring actions to ensure quality services meet or exceed Federal measures, CARF standards, CFSR requirements, and QA and QI action plans.  
**Reporting:** Monthly progress and recommendations for policy and procedural changes would be presented to the FFN Performance Improvement Council.

**Quality Circle Members:** Should include Unit Managers and QA rep, but may vary to include others.  
**Purpose:** Review of Service Center data to identify areas for improvement, prioritize local actions, implement action plans, and review progress to ensure consistent compliance with all policy and procedures.  
**Reporting:** Monthly progress with implementation including successes and barriers to achievement should be presented to the FFN Performance Improvement Council.
FFN developed the above division specific quality design to address the items most important to child protection practices. The collaboration of all FFN programs in the quality design provides the Quality Management structure necessary to:

- Facilitate continuous improvement in the provision of care and services
- Develop a customer focused, user-friendly approach in the provision of services
- Ensure compliance with policies, procedures, laws, state and federal rules, and accepted standards of practice
- Improve processes and systems relative to both internal and external customers

This design incorporates quality assurance, continuous quality improvement, and Risk Management principles. The FFN Management Team provides oversight in the process by reviewing recommendations of the Performance Improvement Council and providing feedback.

1-4 Data Collection

Data is collected in the most efficient manner possible to identify trends and patterns, and to monitor specific measures of quality and satisfaction established within the current strategic plan which includes performance measurements established by LCI, DCF, and CARF. Automated systems for data collection are utilized where possible to allow for data correlation and graphic representation of patterns and trends. Through the strategic planning process, measures of quality and satisfaction are established and monitored on a routine basis through the Performance Accountability Report (PAR). FFN relies primarily on aggregate data and listing reports located in FSFN and the DCF Web Portal to gauge performance on contract measures.

1-5 Data Analysis

Reports from available sources are reviewed daily, monthly or quarterly based on the necessity for tracking performance on each measure. Where available, data reviewed includes trended figures/rates, benchmark comparisons with other agencies or districts and recognized standards. The Performance Improvement Manager and Family Services Liaison are primarily responsible for performance measure tracking.

The FFN Quality Management Specialist Lead will track trends and analyze quality
assurance review data. This information will also be provided to the FFN Management Team, Performance Improvement Manager, Team Managers and Team Supervisors. An Annual Report will be completed and submitted to the aforementioned and to DCF within the required timeframe.

1-6 Performance Improvement Action Plans

When results of quality management activities reflect a process or outcome that is not within desirable range, actions will be taken to identify improvement opportunities. A Performance Improvement Action Plan will be developed in a team approach with staff members identified as key players in effecting and sustaining change relative to the performance concern. Performance Improvement Action Plans developed to drive division-wide change are approved by the FFN Management Team. The Performance Improvement Action Plan will include, at a minimum, the following information: Identified issue, proposed plan for corrective action, responsible parties for the corrective action, and the time frame for completion. This is applicable for both internal and external monitoring initiatives.

1-7 Decision Making

Decision making is based on the review of data and the thorough investigation of undesirable events, trends, or patterns. Individuals, teams, and/or the Performance Improvement Council assigned to address areas of concern are provided with the resources needed to collect and analyze available data and make informed decisions. Decision making at FFN is delegated to the extent practical to the individual, team, or council responsible for a particular improvement or monitoring initiative. Within LCI, policies are written by Corporate. Procedures are written at the Division level. Major changes to FFN procedures require the approval of the FFN Management Team, the Department of Children and Families, and potentially the LCI Management Advisory Council and the Lakeview Center Board of Directors.

1-8 Confidentiality of Information

Verbal and written communications and documents obtained through or resulting from the various quality processes (i.e., peer review, quality assurance reviews, incident reporting, critical event review, etc.) reflecting upon individual clients or staff are processed and maintained as "privileged" materials, protected by state law. Individuals are not identified in final reports used for dissemination or corrective action purposes. When identification is required, client numbers or employee titles are used.
1-9 Quality Program Evaluation

The accomplishments of the Strategic Plan Goals (the priorities for improvement) are reviewed regularly through the Performance Accountability Report. Each FFN program reviews the effectiveness of their monitoring and evaluation process as well as their efforts toward the continuous improvement of service delivery. Additionally, the objectives, scope, and organization of the FFN quality plan are reviewed for effectiveness and efficiency and to promote continuous learning across the organization.

Reporting of data is made available on the Lakeview Center, Inc., Performance and Accountability Report (PAR). This information is communicated at monthly Board meetings, Quarterly Community Alliance meetings, DCF/FFN Steering Committee meetings, DCF Circuit Review meetings, and Lakeview Business Plan meetings. Additionally, the Lakeview Center Inc. Annual Report is sent to all staff, stakeholders, board members, and community members.

1-10 Training

All new employees of attend an orientation class in which the organization’s commitment to continuous improvement is discussed. FFN staff at all levels are required to complete annual or bi-annual corporate training as identified by LCI which includes topics such as Dealing with Difficult People, Corporate Compliance, Confidentiality, Blood Borne Pathogens, Drug Free Work Place, and the Family Medical Leave Act. These training modules are completed and tracked in an electronic system known as Learning Management System (LMS). Additional training is required based on position. Family Services Counselors and Unit Managers are required to be trained and certified according to the Florida certification board criteria.

The FFN Training Department provides ongoing training opportunities for staff at all levels. A bi-monthly calendar of training is provided to all FFN staff on a monthly basis. Abundant training opportunities to earn CEU's are offered to certified staff or staff seeking certification.

FFN continues to devote a segment on supervisory discussion into the Supervising for Excellence training. FFN makes this training available to supervisors within the GAL Program or providers.
A new training position has been created and filled within FFN to focus on coaching and providing technical support to supervisors.

The FFN Training Department has formed a Training and Staff Development Work Group. This group will look at ways to:

- Support trainees in the new certification process through a team approach (FFN Trainer, University of West Florida Trainer, and Quality Management Specialist)
- Identify Training Needs
- Measure Transfer of Learning

During FY12-13, concurrent planning training and implementation will occur. Procedure planning has been occurring over the last year, and the procedure is nearing finalization. Training and deployment are on track for an early 2013 rollout.

1-11 Sentinel Events

The occurrence of an event that either results in the death or serious injury of a person served, termed a “Sentinel Event,” requires a thorough and credible root cause analysis. These events are reported to and tracked by FFN Administration and ultimately to LCI Risk Management and DCF through incident reporting systems.

A. Definition:

A sentinel event is defined as:

1. An unanticipated death or major permanent loss of function, not related to the natural course of the client’s illness or underlying condition, occurring on the grounds of a Lakeview Center or subcontractor facility,
2. Suicide of a client in a 24-hour care setting,
3. Sexual Assault occurring on the grounds of a Lakeview Center or subcontractor facility, or
4. An incident occurring on the grounds of a Lakeview Center or subcontractor facility, which could have led to one of the above.

B. Process for Reporting of Sentinel Events

Any occurrence of a sentinel event within FFN requires immediate notification of the Unit Manager, Team Manager, the program Vice President, and the Lakeview Center Risk Manager as soon as the situation is under control, but no later than 24 hours of the
discovery of the event. A formal report will be filed on an Incident Reporting Form.

C. Investigations of Sentinel Events (Root Cause Analysis)

The Policy Development Manager within FFN Administration serves as the FFN Death Review Coordinator and is responsible for an in-depth review and analysis of any child death occurring on an open case. This review and analysis is followed by a Sentinel Event Debrief within the LCI and FFN Risk Management structure. The following are invited to the Sentinel Event debrief scheduled by the Death Review Coordinator: Vice President of Child Protective Services; FFN Directors of Family Services, Policy & Quality, and Community Relations; LCI Director of Risk Management; FFN Lead Quality Management Specialist; an LCI Risk Management Specialist; all staff directly involved with the event through direct service or supervision, legal counsel, and others as needed.

The Sentinel Event debrief committee will identify contributing factors which will be prioritized for improvement and assigned to the appropriate team or individual to address. Improvement initiatives will be designed to reduce the risk of future occurrences of the event. The committee will designate a responsible person or oversight body that will monitor to ensure all new or updated procedures are in place and that any recommended action taken has the desired impact on client care and safety.

All other sentinel events including serious injury, sexual assault, or incidents occurring which could have resulted in the death, serious injury, or sexual assault of a child served are addressed through data collection and incident reporting review. The Director of Community Relations provides a report of all incidents with an analysis that feeds into the LCI and DCF systems. The FFN Management Team reviews risk management areas monthly and determines next steps when indicated.
SECTION II

Quality Management Operational Plan

2-1 Introduction

FFN provides child protection services to the residents of Escambia, Santa Rosa, Okaloosa, and Walton Counties in the State of Florida.

The LCI Corporate Quality Department serves as an evaluation and resource body for the Quality Program of Lakeview Center. Within FFN, the Policy and Quality Unit and the Performance Improvement Manager serve as the evaluation and resource entities for the division.

2-2 Setting Priorities for Improvement

At the corporate level, Lakeview Center sets as its mission, “Helping people overcome life’s challenges.” To that end, the Center has adopted five pillars of excellence by which all activities may be evaluated: Best People, Best Service, High Quality, Financial, and Growth. Annually, the Management Advisory Council reviews and develops a Strategic Plan structured around the Pillars of Excellence to clearly define the priorities for the upcoming year. These priorities for improvement will be chosen based on their ability to favorably impact the corporate goals, to address identified problem areas, or to further develop a system of best practices.

The Strategic Plan identifies annual goals, metrics for determining success, responsible parties, and time frames for status review. Throughout the year, opportunities for improvement may present themselves through regular monitoring, through other research and review activities, through input from stakeholders, or other quality improvement activities. Depending on the impact, severity, and cost of these improvement opportunities, they may be added immediately to the list of priorities.

As an LCI Division, FFN participates in the development of the corporate Strategic Plan and develops an Annual Plan which include actions that support the Strategic Plan. Additionally, FFN is involved in ongoing divisional performance improvement efforts on an ongoing basis.
2-3 Review Methods and Tools

A. Quality Assurance

To ensure services are provided in a safe and effective manner, quality assurance monitoring will occur on a regular and on-going basis through the use of the mechanisms described in this section. Quality assurance monitoring is process oriented and measures compliance with standards and guidelines designed to promote high quality services. The process measures will provide an indication of whether or not practice is within the guidelines expected to accomplish best outcomes. The aspects of practice monitored will drive quality achievements and compliance with state, federal and accreditation standards.

The staff of the FFN Policy & Quality Unit are primarily responsible for conducting quality assurance reviews. These staff members are in Specialist or Manager level positions and have received specialized training and by DCF to conduct reviews.

Standard monitoring tools are used throughout the division to monitor quality and compliance. Standardized monitoring tools provide valid and reliable measures that cover policy and program requirements and take into account changes to state statutes, federal regulations, and accreditation standards.

1. Quality and Compliance Reviews Mandated by DCF Contract

The following reviews are completed quarterly in the DCF Web Portal using standardized electronic tools developed by DCF:

   a. Twenty-three base reviews are completed using the DCF Quality of Practice Standards (QPS) tool. These reviews are primarily case record reviews.

   b. Two reviews are completed using the Quality Services Review (QSR) tool. These reviews are a combination of file review and interviews with case participants and providers.

   c. Ten special area of practice reviews are completed as directed by DCF using the QPS tool. These reviews are primarily case record reviews.
For FY12-13, QPS and QSR reviews will be completed by service area according to the following review schedule:

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escambia</td>
<td>Quarter 1</td>
</tr>
<tr>
<td>Santa Rosa</td>
<td>Quarter 2</td>
</tr>
<tr>
<td>South Okaloosa</td>
<td>Quarter 3</td>
</tr>
<tr>
<td>North Okaloosa &amp; Walton</td>
<td>Quarter 4</td>
</tr>
</tbody>
</table>

The purpose of this review schedule is to allow for the review of a larger sampling of cases per service area during one quarter per year rather than reviewing a smaller sample of cases from each service area on a quarterly basis throughout the year. This review plan is designed for a the service area review to be followed by three quarters of quality improvement efforts.

Following reviews, the results will be shared with Unit Managers and Family Services Counselors during a feedback meeting. At the conclusion of each quarter, the data will be provided to the FFN Management Team, Performance Improvement Manager, Team Managers, Unit Managers, and the DCF Contract Manager. A Service Area Next Steps Meeting will be held to analyze results and to develop a Performance Improvement Action Plan using a team approach. During the Service Area Next Steps Meeting, systemic concerns will be identified to address with stakeholder's. Steps will then be taken to engage stakeholder's in system improvement efforts.

FFN Programs included in the above listed reviews include Family Services, Adoptions, and Independent Living.

2. External Monitoring

FFN is subject to monitoring by various external parties. FFN will continue to comply and cooperate with the monitoring requirements as they are identified.

These reviews will include:

- A validation of the findings of FFN internal monitoring activities by DCF (State) or ACF (Federal)
- Contract monitoring
- Independent audits
• Foster Home and Child Placing Agency Licensure
• Accreditation

External monitoring is a valuable tool for Lakeview Center and FFN. Reviewers are seen as consultants in that they often bring knowledge of national trends and practices that would improve services. Adverse findings from monitoring visits or validation processes will be addressed through same Performance Improvement Action Plan process.

3. Sub-Contract Oversight

Case management for out of home placements and in home supervision, including adoption; foster home recruitment and licensing; federal funding; and independent living services for youth are provided by FFN and are not sub-contracted to external partners. FamiliesFirst Network sub-contracts for prevention/diversion, adoption support, foster home development, residential group care and other related system of care service providers.

The tracking of the performance of these sub-contracted providers is conducted two primary ways. First, the providers submit monthly and or quarterly reports outlining their performance on designated measures as well as overall service information statistics. Second, periodic monitoring of the contracts are conducted by a contract monitoring team based on annual risk assessments except for residential care contracts which are monitored on an on-going basis due to the nature of their service.

The contract monitoring encompasses administrative and programmatic expectations to be met by Lakeview’s network. Providers are monitored based on DCF's Community Based Care Lead Agency subcontracting guidelines, Lakeview Center Inc. standard contract, performance contract, and all attachments, Florida Statues (F.S.), Florida Administrative Code (F.A.C), Federal regulations and Department of Children and Families policy, if applicable.

All new network providers who have executed contracts with Lakeview Center Inc. are monitored within the first twelve months of initiating services.

The quality and adequacy of services delivered by each contract provider is monitored through review of records, interviews of clients and staff, and observations during site visits. The provider is also required to complete an annual self evaluation.
The contract monitoring team maintains all providers’ performance reports and validates the information reported by the provider.

Information regarding contract providers is communicated through monthly Board meetings, Community Alliance Meetings, FamiliesFirst Review meetings and Lakeview Business Plan meetings. All executed subcontracts, subcontracting monitoring reports, and corrective action plans are provided to the Department of Children and Families contract manager.

4. Foster Home Development

Foster Home Licenses are issued by the Department of Children and Families through an attestation process. Initial licensing packets are forwarded by FFN Foster Home Development to DCF. Each packet is reviewed by DCF to ensure all licensing requirements are met before the license is issued. On a quarterly basis, DCF audits re-licensing packets. DCF provides an annual score as to how FFN has performed in providing required information in licensing packets. FFN has historically scored 95% or above in these audits.

5. Revenue Maximization

Revenue Maximization audits primarily consist of TANF, Master Trust, and Adoption Subsidy audits. The DCF Contract Oversight Unit (COU) completes an annual review. Every two years, the Social Security Administration completes a Master Trust Review.

The Revenue Maximization Unit reviews a DCF monthly report regarding TANF eligibility and tracks each child on the report weekly until a TANF eligibility decision is made.

The Revenue Maximization Unit determines Title IV-E eligibility on every child in an out of home placement although this is no longer required due to the IV-E waiver. In addition, a Policy and Quality staff member reviews 100% of all children potentially IV-E eligible for Adoption Subsidy. These processes have proven efficient and effective.

On an informal basis, the Revenue Maximization Unit conducts spot checks of TANF, Master Trust and Adoption Subsidy to ensure FFN is in compliance with required standards.
6. Peer Review

Peer Review is utilized within FFN as an adjunct to Quality Assurance. On a quarterly basis, a random sample will be pulled by Team Manager and Unit Manager. Staff in the positions of Team Manager, Unit Manager, and Family Services Counselor will participate in Peer Review on a quarterly basis throughout the fiscal year using standardized tools. Some of questions will be similar in all 3 tools (TM, UM, FSC) which will help with consistency and provide a mechanism for improving inter-rater reliability. Data will be rolled up and presented at Unit Manager meetings. The data will be analyzed to look at trends and to develop action plans as needed.

B. Quality Improvement

Consistent with LCI, the Strategic Plan provides the framework for FFN's Quality Improvement activities by establishing priorities for improvement. These priorities are based on the Pillars of Excellence at Lakeview Center and will be in addition to mandated requirements monitored through the Quality Assurance program. On an ongoing basis, opportunities for improving the quality of care and services are identified and may be addressed regardless of their position on the Strategic Plan. Regular activities that may be employed in the Quality Improvement process follow:

1. Outcomes

In addition to contract required outcomes reporting, FFN may initiate and follow-through on performance measures and outcome studies designed to identify best practices and to bring consistency in service provision throughout the organization.

Results of outcome reporting and studies will be presented to the appropriate program or team leader within FFN for follow-up.

2. Site Visits

Site Visit teams, comprised employees across Lakeview’s divisions, have been established to conduct on-going “mock” monitoring of service units for the evaluation of quality, particularly as related to CARF. Standardized assessment tools are used at program sites to ensure a fair and consistent review process. The goal of the Site Visit Teams will be to identify opportunities for improving the environment, continuity of care, on-going assessment and planning, and customer satisfaction. The review data will be
rolled up, analyzed and reviewed for trends, and used to develop action plans to drive improvement.

3. Customer Satisfaction

Satisfaction surveys will be conducted with a representative sample of all customers of FFN. Targeted audiences will include clients and their families, staff of Lakeview Center, caregivers, and community stakeholders. Results of the surveys will be reviewed and action will be taken to improve low scoring items and to conduct necessary service recovery. Over time, the survey results will be aggregated and trended for the evaluation of performance and system of care effectiveness.

There are several vehicles for customers and staff to suggest areas for improving customer care, the efficiency of the division, and safety of the environment. These vehicles include: Bright Ideas program for staff, client satisfaction surveys, staff satisfaction surveys, interdepartmental satisfaction surveys, and direct feedback to division or organizational leadership.

C. Risk Management

Consistent with Lakeview Center, FFN collects critical incidents, complaints, and grievances data to monitor and improve the system of care. Critical incidents, complaints, and grievances are reported to the Risk Management program of Lakeview Center. Each critical incident, complaint, or grievance will be reviewed and reported to external agencies according to requirements. The Director of Community Relations provides a report of all incidents with an analysis that feeds into the LCI and DCF systems. The FFN Management Team reviews risk management areas monthly and determines next steps when indicated.

Information from the review will be used to provide recommendations for:

- Modifications to the environment to promote safety and facilitate services
- Modifications to the service planning process to improve the outcome of care;
- Education and training for clients and their families and/or organization staff;
- Service policy/procedure modification;
- Staffing needs by levels of care; and
• Prevention education and referral activities.

Critical incident, complaint, and grievance will be reviewed by the LCI Safety and Risk Management Committees, as appropriate. The review will emphasize opportunities to reduce adverse events.