**Introduction**

Kids First of Florida (KFF) utilizes a Continuous Quality Improvement model to identify, describe, and analyze areas of strengths and problems, and then test, implement, learn from and revise solutions. Integral to this approach is an atmosphere that is proactive and supports continuous learning. Data collected from Quality Assurance (QA) activities is utilized to develop improvement plans in support of achieving performance targets, program goals, client satisfaction, and positive client outcomes through a broad-based, community-wide process, inclusive of KFF staff and stakeholders.

**Quality and Risk Management Process:**

The KFF quality and risk management process builds on the components of:

a) Quality Control – narrow focus; the actual measurement and assessment of output to determine whether specifications are being met.

b) Quality Assurance – broader focus; any activity that impacts the maintenance of quality at the desired level. Refers to entire system of policies, procedures, and guidelines the project has established to achieve and maintain quality; extends from the design of services and processes through to the quality assessment of system outputs.

c) Continuous Quality Improvement – broadest focus; integrative management concept directed at continuous improvement in the quality of services by involving all levels and functions of the organization. Goal is to build in quality from the beginning by making quality everyone’s concern and responsibility.

KFF focuses on quality control, quality assurance, and continuous quality improvement in a comprehensive and continual systems evaluation process.

**Quality Improvement Steps:**

When an area in need of improvement is identified, KFF Quality Improvement (QI) activities are implemented and 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)

**Underlying Assumptions:**

- Essential to the implementation and success of the CQI process is the participation of all KFF management, staff and other stakeholders, including the community.
- All QI activities are equal in importance.
- Each manager, staff member, and other stakeholder has an equal responsibility in the quality improvement process.
Successes are shared and celebrated among management and staff members and other stakeholders.

KFF’s QA Department consists of a QA Manager and Coordinator. In addition to KFF QA staff coordinating and completing reviews, collecting and analyzing data and coordinating quality improvement activities, members of KFF management and staff (including QA staff) and other stakeholders 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 Manager, in a continuous loop to facilitate communication and plan follow up activities.

QI meetings can be scheduled along with, or in place of, a regularly scheduled staff/unit meeting. Meetings are scheduled at a time when all stakeholders 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 Department 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 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 and barriers to achieving outcomes addressed
- QI projects/updates and new proposals
- Action planning

Through the early identification of areas in need of improvement, KFF can more efficiently and effectively develop corrective steps to increase compliance.

**Quality Improvement Focus:**

KFF’s CQI approach to quality and risk management can best be conceptualized by focusing on the following two areas of the process:
a) Coordination and Process  
b) Results

Focus on Coordination and Process

Unit Supervisory Reviews:

1. At least once every 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. Providing adequate support and supervision to the FSC will enhance the counselors’ abilities and lead to enhanced services to children and families.

2. The FSS shall complete all supervisory reviews and a chronological note shall be entered into the Florida Safe Families Network (FSFN).

3. At a minimum, the following information will be documented in FSFN chronological notes for each child assigned:
   - Date of Supervision and Individuals Present
   - Status of Follow-up Tasks from Last Review
   - Placement Type
   - Medical, Dental, Mental Health and Educational Needs
   - Psychotropic Medications Prescribed
   - Case Plan Goal, Tasks, and Progress
   - Barriers to Permanency
   - Identified Safety Concerns
   - Follow-up Tasks, Person Responsible and Date Due

   The FSS may cut and paste the information into the FSFN note or type the information in the FSFN note. The FSS must note in FSFN that a “supervisory review” was conducted.

4. A supervisory review is required on all cases open 60 days or more in any given quarter. Subsequent supervisory reviews are required at least once every 90 days.

5. On a quarterly basis, KFF will randomly select 10 Supervisory Review notes and conduct a qualitative review. The data gathered will include the following:
   - Reviews were completed at least once every 90 days
   - FSS’s considered all aspects of the child’s safety, well-being and permanency
   - FSS’s ensured follow through on guidance and direction or documented the reasons the guidance and direction were no longer necessary.

6. FSS’s not meeting the qualitative review elements stated above will be required to submit action plans for performance improvement.

7. KFF will, as requested, provide performance data to DCF and the Board of Directors.
Quality Assurance Reviews:

Case reviews provide an understanding of what is "behind" the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes.

KFF 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. In addition, two full Child and Family Services Reviews will be conducted each quarter. The full Child and Family Services Review (CFSR) includes reading case files of children served under the title IV-B and IV-E plans and interviewing parties involved in the cases.

The targeted review process allows KFF’s to focus reviews on a targeted population of children who are most impacted by negative outcomes before they occur in safety, permanency, and wellbeing outcome areas:

1. Rapid Safety Feedback focuses on open in-home services cases for children ages 0-4.
2. Targeted Permanency Feedback focuses on children ages 13-17 who are in out-of-home care.
3. Targeted Well-being Feedback focuses on children ages 5-12 who are in out-of-home care.

Sampling Methodology:

Both children in-home and out of home children will be included in the samples. Samples will be large enough to make statistical inferences about the population served (figure 1).

<table>
<thead>
<tr>
<th>Kids First of Florida Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Children as of 5/31/14</strong></td>
</tr>
<tr>
<td>In Home Services</td>
</tr>
<tr>
<td>108</td>
</tr>
</tbody>
</table>

108 186 294 15 2 17 68 55
The samples will be stratified to include a proportion of cases that reflect different age groups, permanency goals, and other considerations, as appropriate. Selected cases for review, for each sample, will be uploaded into the DCF QA portal by case name. Additional cases may be chosen as workload permits. The QA Manager will ensure the list of cases selected for the in-depth CFSR is unduplicated and make another random selection if the same case is identified for both review processes. Cases selected for review will be selected based on meeting the identified criteria established for the targeted review.

**Rapid Safety Feedback Reviews:**

Target Population: Children 0-4 years of age receiving in-home services

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate:

- Item 1: Services to Family to Protect Child
- Item 2: Initial and on-going Assessments
- Item 3: Safety Planning
- Item 4: Monitoring Parental Behavior Change
- Item 5: Background Checks and Home Assessment

Well-being Outcome 1: Families have enhanced capacity to provide for their children’s needs:

- Item 16: Caseworker Visits With Child
- Item 17: Caseworker Visits With Parents

Florida Specific:

- Item 21: Safe Case Closure
- Item 22: Supervisory Case Consultation

For Trend Reporting:

- Item 23: Was a case consultation completed?
- Item 24: Was a Request for Action completed in FSFN for an immediate safety concern?
- Item 25: Was the case a safety methodology case?

**Case Stratification for Safety Feedback Reviews:**

The sample will be selected by the QA Manager using the business objects report titled Children Receiving In-Home Services Daily QA Listing and the following parameters:

1. The report is set to default to parent or caregiver under age 27 but the QA Manager has discretion to increase or decrease the age.
2. At least one prior report was received on the victim child or other victim child under the age of 5 (0 to 4 years and 364 days); and
3. In order to obtain the minimum number of cases to be reviewed, the sample criteria may need to be further stratified as follows:
   a. 1st: All children under 12 months of age regardless of the maltreatment.
b. 2nd: Children under age 4 where the caretaker has been an alleged perpetrator for family violence threatens harm and substance misuse.

c. 3rd: Children under age 4 where the caretaker has been an alleged perpetrator for family violence threatens harm or substance misuse.

4. The sample will be selected from cases that have been open at least 30 days.

5. If KFF is unable to meet the sample size, the values in the report described below will be expanded to "all" and the age of the child should be expanded beginning with age 4.

Targeted Permanency Feedback Reviews:

Target Population: Children 13-17 years of age who entered out-of-home care at the age of 13 and above and who have been in out-of-home care for six months.

Permanency Outcome 1: Children have permanency and stability in their living situations.
   - Item 6: Stability of Out-of-Home Care Placement
   - Item 7: Permanency Goal for Child
   - Item 8: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

Permanency Outcome 2: The continuity of the family relationships and connections is preserved for the children.
   - Item 9: Placement with Siblings
   - Item 10: Visiting with Parents and Siblings in Out-of-home Care
   - Item 11: Preserving Connections
   - Item 12: Relative Placement
   - Item 13: Relationship of Child in Care with Parents

Well-Being Outcome 1: Families have enhances capacity to provide for their children’s needs.
   - Item 14: Needs and Services of Child, Parents, and Foster Parents
   - Item 15: Child and Family Involvement in Case Planning
   - Item 16: Caseworker Visits With Child
   - Item 17: Caseworker Visits With Parents.

Florida Specific:
   - Item 21: Safe Case Closure
   - Item 22: Supervisory Case Consultation

For Trend Reporting:
   - Item 23: Was a case consultation completed?
   - Item 24: Was a Request for Action completed in FSFN for an immediate safety concern?
   - Item 25: Was the case a safety methodology case?
Case Stratification for Targeted Permanency Feedback Reviews:

The sample will be selected by the QA Manager using the business objects report titled Age at Removal Listing for Children Currently in Out-of-Home Care and the following parameters:

1. Cases will be selected based on an entry cohort of children ages 13-17 who entered out-of-home care at the age of 13 and above and who have been in out-of-home care for at least six months (the business objects report contains input controls for Age at Removal and LOS and the default setting for these are 13-17 and 6 months of more, respectively).

Targeted Well-being Feedback Reviews:

Target Population: Children, 5-12 years of age, who are residing in out-of-home care.

Well-Being Outcome 1: Families have enhances capacity to provide for their children’s needs.
   Item 16: Caseworker Visits With Child
   Item 17: Caseworker Visits With Parents

Well-being Outcome 2: Children receive appropriate service to meet their educational needs.
   Item 18: Educational Needs of the Child

Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.
   Item 19: Physical Health of the Child
   Item 20: Mental/Behavioral Health of the Child

Florida Specific:
   Item 21: Safe Case Closure
   Item 22: Supervisory Case Consultation

For Trend Reporting:
   Item 23: Was a case consultation completed?
   Item 24: Was a Request for Action completed in FSFN for an immediate safety concern?
   Item 25: Was the case a safety methodology case?

Case Stratification

The sample will be selected by the QA Manager using the business objects report titled Age at Removal Listing for Children Currently in Out-of-Home Care and the following parameters:

2. Cases will be selected from all children ages 5-12 in out-of-home care (the business objects report input controls for Child Age at Removal and Length of Stay should be set to 0-12 and 0-216, respectively).
CFSR Reviews with Stakeholder Interviews:

This review process is a case file review and includes interviews with participants or community stakeholders. The CFSR in-depth review tool is a web-based tool that will be available via the Children’s Bureau in 2015. In the interim, CBCs will use the modified CFSR tool in the web portal.

Prior to the review of a selected case, the QA reviewer will research FSFN to learn about the prior child welfare history in order to effectively assess current practice. Once a review is completed, and inputted into the QA web-based tool, the findings will be “staffed” or “de-briefed” with the QA Manager who must concurrently assess the data for consistency and accuracy, providing quality control and inter-rater reliability.

Case Stratification

The sample will be selected by the QA Manager using the business objects report titled Children Active Receiving In-Home or Out-of-Home Services and the following parameters:

1. One open in-home and one open out-of-home case will be selected.

Case Consultation:

After each case review is completed, the reviewer will schedule a case consultation to discuss review findings. The consultation will include the FSC and FSS. Others may be invited, at the QA Manager’s discretion. Case consultations will be conducted as soon as possible upon completing the review.

QA Manager’s Responsibility for Final Review:

The QA Manager will complete a final review of all case reviews.

Reporting:

After all cases have been reviewed, the QA Manager will analyze the data collected overall and identify trends, effective practices, and areas of concern, synthesizing the information to demonstrate and discuss KFF practices and performance. This will provide management with timely and important information in which to react, especially when areas of concern have been identified or there is a downward trend in a particular area that could be remedied with immediate interventions.

Executive Management and Region Discretionary Reviews:

Special Quality Assurance Reviews:

Region and KFF 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. The need for a Special QA Review may be identified by Region or Circuit Administration or KFF
Management. When necessary, KFF and DCF will work cooperatively 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 Executive Officer (CEO) 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 provides 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.

Collaboration with DCF Quality Assurance:

KFF QA staff will participate in quarterly meetings and trainings (contingent on availability of funding) with DCF Quality Management staff to collaborate on federal and state quality assurance initiatives.

Psychotropic Medications for Children in Out-of-Home Care:

The KFF QA Department is responsible for monitoring and assisting in ensuring that the KFF Psychotropic Medication for Children in Out-of-Care policy and procedure is being followed for all children in out-of-home care.

Florida Safe Families Network:

Through FSFN and Mindshare Data Mining and Analytics, KFF’s FSS continually assess FSFN data accuracy and completeness of data by regular review of case specific information and reports. Mindshare and reports, including but not limited to, Children Active Receiving In-Home or Out-of-Home Services; AFCARS Foster Care Errors; Fingerprints, Birth Verification, and Photographs; and Removal Placement Exceptions Listings are reviewed by the supervisors regularly. Review and correction (if necessary) of FSFN data, has been incorporated into the supervisory review process.

To ensure accuracy of placement information, the Placement Coordinator enters all placement
Local Schedule:

Quality Assurance Reviews:
- July – September: 15 Rapid Safety, Targeted Permanency, or Targeted Wellbeing Feedback Reviews (may include a combination or reviews, based on the needs of the agency/sample size) and 2 CFSR In-Depth Reviews
- October – December: 15 Rapid Safety, Targeted Permanency, or Targeted Wellbeing Feedback Reviews (may include a combination or reviews, based on the needs of the agency/sample size) and 2 CFSR In-Depth Reviews
- January – March: 15 Rapid Safety, Targeted Permanency, or Targeted Wellbeing Feedback Reviews (may include a combination or reviews, based on the needs of the agency/sample size) and 2 CFSR In-Depth Reviews
- April – June: 15 Rapid Safety, Targeted Permanency, or Targeted Wellbeing Feedback Reviews (may include a combination or reviews, based on the needs of the agency/sample size) and 2 CFSR In-Depth Reviews

Incident Report Review:
Purpose: Review incident reports
Frequency: Quarterly
Participants: QA Staff

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 reviews and monitor internal corrective action
Frequency: Quarterly
Participants: CPO, FSCS’s, and QA Supervisor or Coordinator

Subcontract Monitoring:
Purpose: Review performance of sub-contractors
Frequency: Based on Risk Assessment
Participants: Subcontract staff and Contract Manager

Community Based Care Meetings:
Purpose: Focus on KFF’s contractual performance
Frequency: Every other month
Participants: KFF and DCF staff

Clay Action Coalition Meetings:
Purpose: Information sharing
Frequency: Monthly
Participants: Partner agencies

Mercy Network Meetings:
Purpose: To coordinate/discuss community resources
Frequency: Monthly
Participants: KFF and the faith based community

School Social Workers/CBHC/KFF/CPI Meetings:
Purpose: Joint training and agency updates
Frequency: Yearly
Participants: School Social Workers, Clay Behavioral Health Center, KFF, and DCF Child Protection Investigators (CPI)

Dependency Court Improvement Program:
Purpose: Discuss ways to improve and strengthen the dependency court process
Frequency: Quarterly meetings
Participants: Judge, Magistrate, attorney’s, Children’s Legal Services, DCF CPI’s, and Guardian Ad Litems

Community Alliance:
Purpose: Oversight of CBC agencies and providers, and advocacy on issues relevant to children and families in Northeast Florida.
Frequency: Every two months
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 who are representative of Clay County

**Focus on Results**

**Performance Measures:**

KFF collects and reports data on performance indicators and outcome measures on a monthly, quarterly, and annual basis.

**Community-Based Care (CBC) Lead Agency Scorecard (Monthly):**

The following areas will be monitored utilizing the CBC Lead Agency Scorecard:

1. No verified maltreatment during in-home services.
2. No verified maltreatment within 6 months of termination of in-home and out-of-home services.
3. Children in care 8 days to 12 months with no more than two Placements.
4. Children achieving permanency within 12 months of entering care.
5. Children achieving permanency after 12 or more months in care.
6. Children not re-entering out-of-home care within 12 months of achieving permanency.
7. Children in Licensed out-of-home care, age 12 and under in DCF-licensed family foster homes.
8. Former foster youth ages 19-22 with a diploma or General Equivalency Diploma.

**Quality and Risk Elements:**

1. **Supervisory Reviews (quarterly)**
   a. Data collected via:
      i. FSFN chronological notes and reports
      ii. Tracked by FSFN and Mindshare

2. **Complaints (quarterly)**
   a. Data collected via:
      i. Grievance forms
      ii. Tracked by KFF QA Manager

3. **Exit Interviews (monthly)**
   a. Data collected via:
      i. Exit interview forms
      ii. Tracked by Administrative Staff, Reviewed by QA Staff

4. **Incident Reports (monthly)**
   a. Data collected via:
      i. DCF Incident Reporting forms
      ii. Tracked by QA Staff

5. **Family Assessments (quarterly)**
   a. Data collected via:
      i. Family Assessment Form and FSFN Reports
      ii. Tracked by FSFN and Mindshare

6. **Initial Family Team Conferences (quarterly)**
   a. Data collected via:
      i. FTC Case Plan
      ii. Tracked by Family Team Conference Coordinator and Program Director

7. **Status of KFF Foster Homes (monthly)**
   a. Data collected via:
8. Birth Verification Compliance (monthly)
   a. Data collected via:
      i. FSFN report(s)
      ii. Tracked by Mindshare

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

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

**Quality Improvement (QI) Activities:**

On a monthly basis, KFF monitors its performance on DCF performance measures and other qualitative indicators such as CBC Lead Agency Scorecard, Family Team Conferencing, exit interviews completed, and photos/fingerprints/birth certificates obtained. Additionally, KFF staff meets to discuss compliance with performance measures, and performance improvement steps are reviewed. Results of Quality Improvement Activities are reported to the KFF Senior Management Team and the Board of Directors.

KFF utilizes data collected 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.

The following areas were addressed in QI activities during the last FY:

1. Teaming with all of the people who provide support and services to the child and family.
2. Ongoing assessment of the mother and father’s needs for case planning purposes.
3. Encouraging the mother and father to be an active participant in shaping decisions pertaining to the child's needs and activities.
4. Supporting and engaging the mother and father in services.
5. Actively involving all case participants in the case planning process.
6. Closely monitor children prescribed a psychotropic medication.
7. Facilitating service planning and informing team members of progress, concerns, and issues in a timely manner.
8. Supervisors ensuring follow through on guidance and direction or documenting the reasons the guidance and direction are no longer necessary.
9. Increasing two-way communication with service providers.
10. Increasing unannounced visits in the home.
11. Meeting with the children alone during visits.
12. Increasing the number of children reunified within 12 months of entry into out-of-home care.
13. Decreasing the number of verified maltreatment within 6 months of termination of services.

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

KFF Quality and Risk Management Plan for FY 2014/2015:
1. Involve and engage parents and other case participants in the case planning process and services
2. Assure there is follow-up on directives given during supervisory reviews
3. Increase two-way communication with service providers
4. Increase unannounced visits in the home.
5. Meet with children alone during all monthly visits
6. Safety Plan Training
7. Quality Assurance Tool Training
8. Methods to use when working with domestic violence training
9. Train on completing home studies and background checks
10. Develop a tracking system for Family Team Conferences
11. Maintain a tracking system of required parent visits
12. Improve monitoring of children in out-of-home care who are prescribed psychotropic medication
13. Convene permanency quality improvement team meetings

Subcontract Monitoring:

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

The KFF Contract Manager monitors each KFF subcontractor. The frequency of monitoring is based on a Risk Assessment and other agencies monitoring the provider. The review may consist of an on-site visit or desk review. The quality and adequacy of services delivered by each provider is reviewed using one or a combination of three methods: record review, interview, and observation. The monitoring tools utilized assess compliance with federal, state and other requirements associated with the service purchased.

When possible, and to reduce duplication effort, monitoring results may be drawn from other monitoring conducted throughout the year from other sources.
KFF transmits the results of the on-site subcontract monitoring, its findings and recommendations, and any other relevant information by preparing and submitting a written report to the provider.

Federal Child and Family Services Reviews:

These reviews are led by the Administration of Children and Families, Children’s Bureau. KFF QA staff will participate, as needed, in these reviews.

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). 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 FSC, FSS, Program Director and CPO. 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 Manager 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.

Strategic Planning:

KFF and its Board of Directors have adopted the key measures identified in KFF’s contract with DCF as their strategic objectives. 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. In addition, KFF considers it important to obtain diversity in its funding source. This diversification has been added as goal in the agencies strategic planning.

Accreditation:

KFF became accredited with the Council for Accreditation (COA) on October 8, 2010 and reaccredited on August 1, 2014. COA, which accredits child welfare agencies, evaluated the entire organization and all services provided by the agency.

Risk Identification and Management

Risk Identification and management is one of the key components of KFF’s Continuous Quality Improvement process. The system for the identification of risk includes a review of documents and reports during quarterly quality improvement reviews and/or meetings. The review may include an examination of the following activities:

- Incident Reporting
- Customer/Client Satisfaction Data
- Grievances
- Other Third Party Reports
- DCF Data/Reports
- Criteria-Based Outcome Studies and Presentations
- Quality Improvement Reports and Minutes
- Legal Complaints and Suits
- On-Call Reports and Scheduling
- Outside Requests for Client Records
- Exit Interviews
- Placement Stability
- Runaway Trends/Improvement and Follow-Up
- Emergency Preparedness Planning

When a risk is identified, during the normal operation of business, the CEO will make the final determination as to whether or not the identified risk should be brought before the Board of Directors.

Annually, in cooperation with the Board of Directors, Management will conduct an internal assessment of overall risk. The assessment will include a review of the following:

- compliance with legal requirements, including licensing and mandatory reporting laws, fiscal accountability, and governance;
- insurance and liability;
- health and safety, including use of facilities;
- contracting practices and compliance;
- staff training regarding areas of risk;
- volunteer roles and oversight;
- research involving program participants and other clients’ rights issues; security of information, including client confidentiality;
• financial risk;
• fundraising;
• conflict of interest;
• employment practices; and
• interagency collaborations.

Risk Management:

The Risk Manager is responsible for the implementation and coordination of risk management activities. In order to carry out these activities, the Risk Manager will have access to staff and all necessary agency data. The designated Risk Manager for KFF is the Chief Programs Officer (CPO) for risk management activities related to programs, the Chief Financial Officer (CFO) for risk management activities related to finance, the Human Resources Manager for risk management activities related to human resources, the Information Technology Manager for risk management activities related to Information Technology and the CEO for risk management activities related to administration. The Quality Assurance Unit will assist the Risk Managers with risk management activities.

Responsibilities of the Risk Managers:

Risk Managers or designees will be responsible for the following functions within the risk management process:

a. Review and follow-up of incident reports, if indicated.
b. Coordinate quality improvement and risk management activities.
c. Communicate with the insurance carrier by notifying the carrier of serious incidents, potential claims and litigated claims. Perform follow-up on incidents and potential claims as requested by the carrier.
d. Serve as a resource person to KFF staff on risk management issues/questions.
e. Provide reports for the CEO and Board of Directors.
f. Coordinate, plan and implement educational programs designed to minimize the risk of harm to clients, staff and facilities.

Immunity:

No staff member or individual reporting, providing information opinion, or counsel shall be liable in a suit for damages based upon such reporting, provided that the individual acted in good faith and with a reasonable belief that said actions were warranted in connection with, or in furtherance of the functions of the risk management program.

Confidentiality:

Documents and records that are a part of the risk management process, and contain client identifying information, shall be maintained in a manner consistent with KFF’s Notice of Privacy Practices.
Quality Management:

The following areas, outlined in the quality management process, are also highlighted as key components of the risk management process.

a. Client/Customer Satisfaction
   A client/customer satisfaction reporting process has been developed in which clients, community stakeholders, foster parents, courts, Guardians ad Litem (GAL), service providers, etc., have a formal vehicle to express their concerns and complaints. The survey findings are summarized and reported to the Risk Managers.

b. Incident Reporting
   An incident reporting process has been developed in which all significant events that are outside of normal business practices or have caused, or could cause harm to other or the facility are reviewed and investigated (if applicable). Incident reports are tracked and trended and reported to the Risk Managers.

c. Client Outcomes
   Client outcomes are reviewed and monitored through the QI process. Data analysis from Florida Safe Families Network management reports and other data tracked by KFF are shared with the Risk Managers.

d. Exit Interviews
   Results of interviews with children exiting a licensed substitute care family or shelter home after a minimum of 30 days are reviewed by the applicable Risk Manager.

Employee Practices:

Comprehensive risk management requires the review of the following human resources practices. They include:

- Job Descriptions
- New Employee Orientation
- Worker’s Compensation
- Civil Rights Compliance Requirements
- American’s with Disability Act
- Protected Health Information (HIPPA)
- Employee Safety
- Family and Medical Leave Act
- Sexual Harassment
- Equal Employment and Affirmative Action
- Employee Satisfaction
- Employee Theft
- Wrongful Termination
- Disaster Planning
Client Records:

Policies and procedures related to the maintenance of client records have been developed. Client records are the property of KFF while conducting official business as the Lead Agency providing child welfare services in Clay County. Records will be kept in accordance with state, federal and Council on Accreditation requirements. Access to records will be limited to authorized staff and external monitors. Release of Information procedures will meet all state and federal requirements and will be monitored through the quality improvement process.

Client Rights:

In order to comply with federal and state law regarding access to services regardless of race religion, gender, ethnicity, age or disability, procedures has been developed to address the following:

- Client Rights and Responsibilities
- Grievance Process
- Client Confidentiality/Privacy Practices