

FY  
17/18

# Child Welfare Performance & 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.

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## 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, adults and their families within their communities through a managed network of accredited providers.

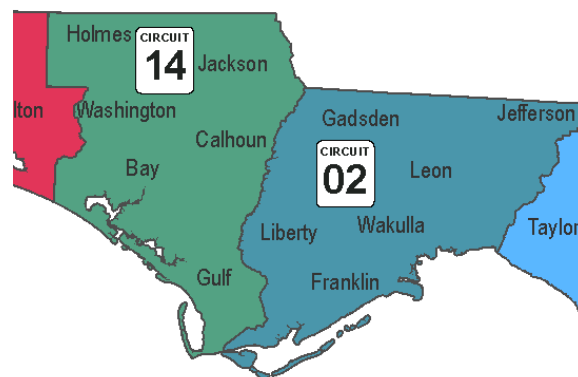
### B. NETWORK MANAGEMENT AGENCY

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 Child Welfare Service Area



### C. ROLE AS A NETWORK MANAGER

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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 PERFORMANCE & QUALITY MANAGEMENT

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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)

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

<i>Plan</i>	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. <i>(Agency Strategic, Operational, Quality Management and Risk Prevention plans)</i>
<i>Do</i>	The process of implementing the planned System of Care throughout the service network. <i>(The provision of services through subcontracted providers and partners)</i>
<i>Check</i>	The process of systematically monitoring services, collecting data, obtaining feedback, analyzing findings and identifying trends, strengths and opportunities for improvement. <i>(The system-wide review and analysis of service indicators and outcomes)</i>
<i>Act</i>	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. PERFORMANCE & QUALITY MANAGEMENT PLANNING

BBCBC's Performance & Quality Management Plan (QM Plan) addresses the organizational performance of our Lead Agency and the service delivery and client outcomes of our Network. Based on the agency's Strategic Plan, the QM Plan outlines our collection, analysis, and use of data related to client outcomes, service quality, statutory compliance, and fiscal accountability. Its primary purpose is to define how BBCBC will work to strengthen practice by improving the timeliness, accessibility, quality, and effectiveness of services that increase natural and enduring community supports for children and families.

While the BBCBC's performance and quality management philosophy and systemic approach are the same for both its Child Welfare and Substance Abuse and Mental Health components, the 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 17/18 Child Welfare Performance & Quality Management Plan* addresses quality assurance, continuous quality improvement and quality control activities specific to child welfare services.

## 2. CHILD WELFARE SYSTEM OF CARE

### G. 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.

### H. 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 is 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. KEY AGENCY STAFF INVOLVED IN PQI & STAFFING STRUCTURE

Performance and Continuous Quality Improvement are considered responsibilities of all BBCBC staff. Key staffs and their roles include:

#### A. PERFORMANCE, QUALITY AND ACCREDITATION MANAGER

The responsibility for BBCBC's Quality Management (QM) and Child Welfare (CW) PQI efforts resides with the Performance, Quality and Accreditation Manager (PQA). The PQA Manager is a Master's level professional with 28 years' experience in child welfare, public health and education program development and evaluation, strategic planning, qualitative and quantitative analysis and quality assurance. The incumbent PQA Manager is a certified:

- o Florida Sterling Examiner (Florida's State level *Baldrige Performance Excellence Program*)
- o Six Sigma Black Belt (data analysis)
- o Quality Assurance Reviewer and Quality Assurance Reviewer for the Florida DCF's State Continuous Quality Improvement program
- o Certified Reviewer, Site Leader and Tier I Quality Assurance Reviewer for Florida's *Federal Child and Family Services Review (CFSR)* program

The PQA Manager supervises a staff of three professional and Master's level CW Quality Assurance Specialists (QAS) dedicated to performance, quality assurance and quality improvement activities. (One CW Data Specialist (CWDS) position has recently been shifted to the agency's CW Data Unit (please see below)). BBCBC's CW QASs have more than 100 years of professional experience in child welfare services, including case management, supervision and training; foster home licensing, foster parent training, Independent Living, investigations, and adoptions. All QASs are certified:

- o Child Welfare Professionals (The Florida Certification Board)
- o Six Sigma Green Belts (data analysis)
- o Quality Assurance Reviewers for the Florida DCF's State Continuous Quality Improvement program
- o Reviewers for *Florida's Federal Child and Family Services Review (CFSR)* program

#### B. ME OPERATIONS MANAGER

The responsibility for BBCBC's SAMH-related PQI efforts resides with the ME Operations Manager (ME OM). The ME OM is a Master's level professional with over 19 years of experience in child welfare, data management, budgeting, and behavioral health services and is Six Sigma/Black Belt certified. The ME OM supervises a staff of thirteen professionals, including BBCBC's:

- o ME QAS - a Master's Level professional with over 15 years of experience in SAMH, public health, training, consultation, strategic planning, and qualitative and quantitative research and data analysis and is Six Sigma/Black Belt certified.
- o SAMH Data Administrator - a Master's level professional with over 17 years of experience in social work, behavioral health, and child welfare services and is Six Sigma/Black Belt certified.
- o ME Contract Manager – a Master's level professional with over 25 years of experience in program and contract management.



### C. BBCBC OPERATIONS MANAGERS, ME NETWORK COORDINATORS AND SPECIALISTS STAFF

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Operations Managers and ME Network Coordinators play a key role in PQI activities working directly with the agency's Provider Network to improve service quality and performance with front-line staff addressing any concerns or complaints from stakeholders.

### D. DATA UNITS

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BBCBC's Data Units are established within the agency's Operations hierarchy to address CW and ME data. The units focus on data integrity, management, and reporting related to performance and management practices. Data unit staffs have extensive experience in CW and ME (behavioral health) services, data systems and data analysis, including Six Sigma certifications up to and including Black Belt certification.

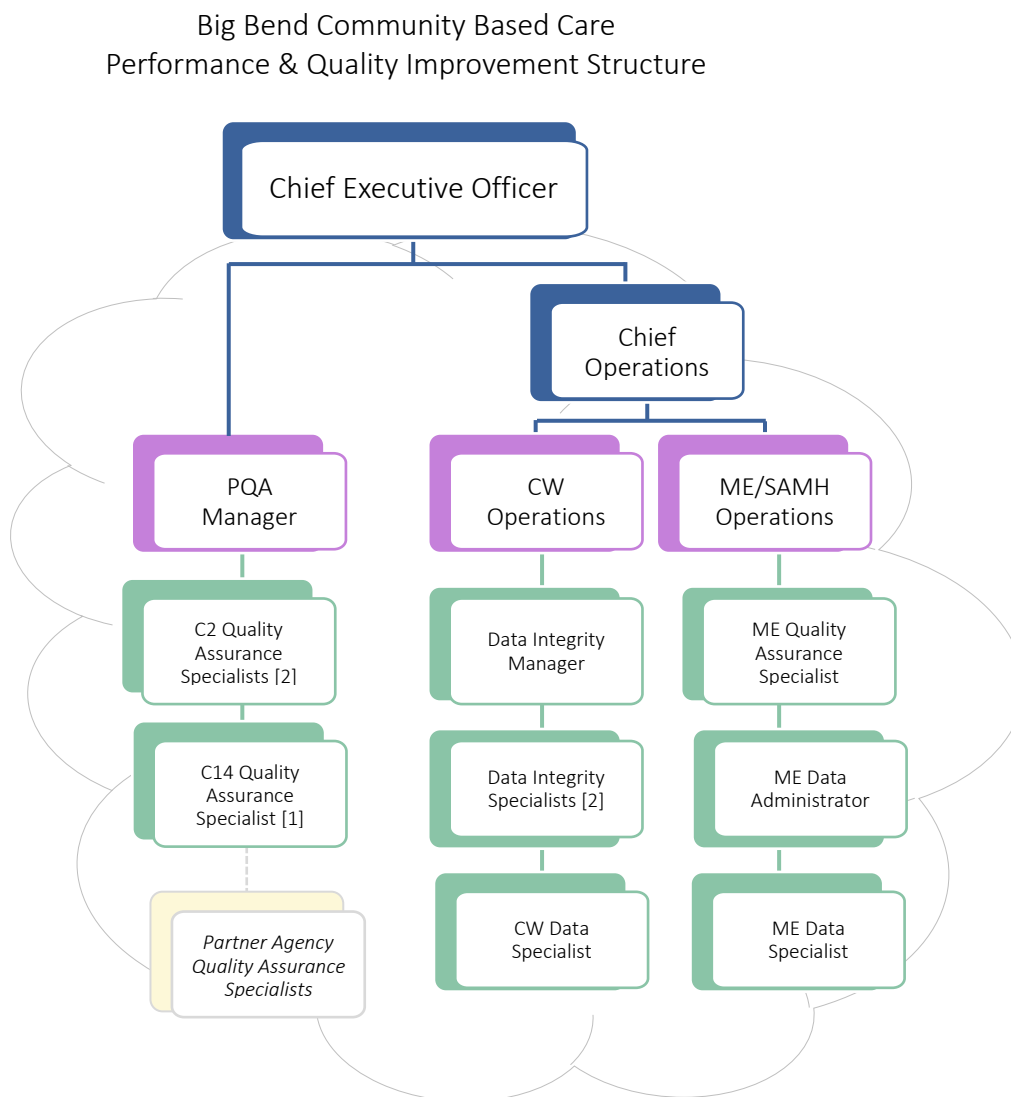
### E. NETWORK PARTNER AGENCY QUALITY STAFF

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Network partner agency 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 implements partner agencies' 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.

See Figure 2 on the next page for staffing structure.

Figure 2. Key Agency Staff Involved In PQI Activities



#### Legend

CW	Child Welfare – Judicial Circuits 2 & 14
PQA	Performance, Quality & Accreditation
C2	Judicial Circuit 2 – Franklin, Gadsden, Jefferson, Leon, Liberty & Wakulla Counties
C14	Judicial Circuit 14 – Bay, Calhoun, Gulf, Holmes, Jackson & Washington Counties
ME/SAMH	Managing Entity for Substance Abuse & Mental Health - Judicial Circuits 1, 2, 14 and Madison & Taylor Counties (Circuit 3)

## 4. PERFORMANCE MANAGMENT

Management activities included in this plan address key indicators related to system utilization and performance, practice management, process indicators and outcome indicators. BBCBC collaborates with the Department's Headquarters and Region staff, the Florida Coalition for Children, Florida's other CBCs and our partner agencies to collect, analyze and disseminate data on an ongoing basis. This collaboration in reporting and analyzing data is a key part of strategic and Corrective Action Planning for the Network.

Lead Agency and subcontract-level data is submitted to all appropriate State oversight units as required, are disseminated throughout the Network and posted to the agency website. BBCBC's Community Report Card and Performance Reports are key tools used to share performance information with our communities and stakeholders.

#### A. UTILIZATION INDICATORS

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System of Care utilization and any associated risk-related data is reviewed monthly by BBCBC's CEO, COO, CFO and Directors and includes such topics as budget forecasts, system in-home, out-of-home and intervention services utilization data and costs.

Each Community Report Card includes the following utilization data for the most recent three months:

1. The number of abuse reports received by DCF
2. The number of children sheltered by DCF
3. The number of children receiving In-Home services
4. The number of children receiving Out-of-Home services
5. The number of children in foster homes
6. The number of children available for adoption
7. The total number of Dependent children receiving services
8. The number of children served through prevention, intervention, diversion or substance abuse programs
9. The total number of children receiving services

#### B. PRACTICE MANAGEMENT INDICATORS

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Practice management indicators are also reviewed monthly by BBCBC's CEO, COO, CFO and Directors. Indicators included on the Community Report Card include:

1. The number of foster homes within BBCBC's System of Care
2. The number of adoptions finalized
3. The number of children missing
4. The number of child deaths due to abuse or neglect
5. The percentage of Supervisory Reviews completed every 60 days
6. The turnover percentage for case manager positions
7. The turnover percentage for case manager supervisor positions
8. The percentage of Home Visits completed every 30-days
9. The primary caseload ratio for active Network case managers
10. The full caseload ratio (primary and out-of-county supervision) for active case managers
11. The rate children in care longer than 12 months (per 1,000 children in the community).

#### C. OUTCOME INDICATORS

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Nine of the State's twelve Community Based Care Scorecard measures have been incorporated as FY 17/18 Child Welfare contract performance measures. These measures are based upon Federal performance indicators and state priorities related to Florida's community-based approach to child welfare services. Contract/Scorecard Measure results are published quarterly on the Department's [\*Child Welfare Performance Dashboard\*](#) website. Results are depicted for each measure as **Green** for scores that meet or exceed the set target, **Red** for scores that fall below a set minimum level, or **Yellow** for performance scores that fall between the **Green** and **Red** parameter. Contract and scorecard measures for FY 17/18 are identified in Figure 3.

Figure 3. Contract and Scorecard Measures for FY 17/18

CONTRACT	SCORECARD	MEASURE	CFSR	GOAL DIRECTION	TARGET
1	1	Rate of abuse per 100,000 days in foster care (Federal Measure)	Safety	↓	8.04
	2	Percent of children who are not neglected or abused during in-home services	Safety	↑	95%
	3	Percent of children who are not neglected or abused after receiving services	Safety	↑	95%
3	4	Percent of children under supervision who are seen every 30 days	Safety	↑	99.5%
2		Number of children with finalized adoptions between July 1, 2015 and June 30, 2016.	Permanency	↑	125
4	5	Percent of children exiting foster care to a permanent home within 12 months of entering care (Federal Measure)	Permanency	↑	40.4%
	6	Percent of children achieving permanency in 12 months for children in foster care 12 to 23 months (Federal Measure)	Permanency	↑	43.6%
5	7	Percent of children who do not reenter foster care within 12 months of moving to a permanent home (Federal Measure)	Permanency	↑	91.7%
6	8	Children's placement moves per 1,000 days in foster care (Federal Measure)	Well-Being	↓	4.12
7	9	Percent of children in out-of-home care who have received medical services in the last 12 months	Well-Being	↑	95.0%
8	10	Percent of children in out-of-home care who have received dental services in the last 7 months	Well-Being	↑	95.0%
9	11	Percent of young adults in foster care at age 18 who have completed or are enrolled in secondary education, vocational training, and/or adult education	Well-Being	↑	80.0%
	12	Percent of sibling groups where all siblings are placed together	Well-Being	↑	65.0%

BBCBC addresses performance on these measures at the Network, Circuit and partner agency level. In turn, partner agencies address the measures at the unit and case manager levels. Performance outcome reports and data are shared with BBCBC's Management Team, subcontracted providers, partner agencies and stakeholders electronically, via the agency website and at a variety of meetings and CQI activities.

## 5. QUALITY ASSURANCE

BBCBC's quality assurance (QA) activities are developed to meet agency-specific needs and in accordance with the Council on Accreditation's (COA) Standards for Network Administrators and the Florida Sterling Council's Standards of Excellence. They are designed to incorporate requirements included in BBCBC's DCF contract for child welfare services, including those delineated in the Department's most recent *Windows into Practice: Guidelines for Quality Assurance Reviews*. BBCBC's QA activities are structured, yet fluid, to allow ongoing input from stakeholders to be incorporated.

### A. NETWORK MANAGEMENT AGENCY QUALITY ASSURANCE

#### 1. INTERNAL QUALITY ASSURANCE

Review of Operating Policies – BBCBC's (internal and external) operating policies are reviewed and updated on an ongoing basis to adapt to changes in Federal and State requirements, updates to best practices and in response to identified needs for quality improvement. During FY 17/18, BBCBC will complete a two-year agency initiative begun in FY 16/17 to review, revise and update all agency Operating Policies for Board of Directors approval.

Financial Monitoring and Audits - Agency 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 and quality assessments of BBCBC's network administration and services include:

- 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)
- g. Sterling Award of Excellence Review

## B. PARTNER AGENCY QUALITY ASSURANCE

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### 1. WINDOWS INTO PRACTICE REVIEWS

BBCBC conducts ongoing quality reviews of child welfare practice related to safety, permanency, and child well-being as required by the Department's *Windows into Practice* guidance for the fiscal year. Sampling, review guidance, approvals, consultations and reporting occur as defined there. FY 17/18 reviews will include:

- a. Rapid Safety Feedback Reviews: for open, in-home services cases for children ages 0-4 years
- b. Florida CQI Child and Family Service Reviews (FL CQI/CFSR): case record reviews
- c. Federal Child & Family Services Reviews (CFSR): case record reviews and stakeholder interviews
- d. Special/Discretionary Reviews: completed as requested by the Department, BBCBC's Executive Leadership and Management Team. BBCBC special/discretionary 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. PARTNER AGENCY MONITORING AND QUALITY ASSURANCE REVIEWS

Quality Assurance for subcontracted Partner Agencies consists of two components, Contract Monitoring and Quality Assurance.

- a. Contract Monitoring: Administration, Management and Financial Reviews

BBCBC monitors partner agencies' administrative, management and financial indicators based upon an annual risk assessment as defined by BBCBC Operating Policy 713, *Monitoring of Subcontracted Services*.

Contract monitoring of administrative, management and financial functions are completed by the agency's Contracts Administration and Fiscal Staff and include on-site visits to assure

contractual compliance and reviews of administrative processes, human resources requirements and financial practices.

Final monitoring reports for Administration, Management and Financial Reviews are provided to each partner agency and to BBCBC's Executive Leadership, PQA Manager, and Circuit Operations Managers.

b. Quality Assurance: Program/Services Reviews

Quality Assurance reviews for programs/services are completed annually for BBCBC's four primary subcontracted Partner Agencies providing case management services in conjunction with the agency's *Windows into Practice* reviews. Quality Assurance reviews for other program/service functions, i.e. adoptions, residential group care, visitation, shelter care, family intervention services, and foster home management are scheduled based upon BBCBC's annual risk assessment. All program/service quality assurance reviews focus on Florida practice standards related to federal CFSR indicators and the specific requirements relevant to the service.

1. Schedule – Partner agency Quality Assurance reviews are scheduled concurrent to *Windows into Practice* reviews. They are scheduled in conjunction with BBCBC's Contract Monitoring reviews when feasible. The proposed schedule for FY 17/18 is presented in Figure 4, but will be adjusted if necessary.

Figure 4. Review Schedule for FY 17/18

Quarter	Review Type	Partner	# Reviewed	Review Detail	Review Begin Date	Review End Date
Q1	FED-CFSR	DISC	1	Case Management	7/31/17	8/4/17
Q1	FED-CFSR	CHSW	1	Case Management	8/14/17	8/18/17
Q1	FL-CQI	Anchorage	13	Case Management	9/18/17	9/29/17
Q1	QA	Anchorage	13	Case Management	9/18/17	9/29/17
Q1	QA	Anchorage	10%	RGC - Hidle House	9/18/17	9/29/17
Q1	RSF	All	10	Rapid Safety Feedback	Ongoing	Ongoing
Q2	FL-CQI In-Depth	CHSW	1	Case Management	10/9/17	10/13/17
Q2	FED-CFSR	CHSE	1	Case Management	10/16/17	10/20/17
Q2	FL-CQI	CHSE	13	Case Management	11/6/17	11/17/17
Q2	QA	CHSE	13	Case Management	11/6/17	11/17/17
Q2	QA	CHSE	10%	Adoptions	11/6/17	11/17/17
Q2	QA	CHSE	10%	FHM	11/6/17	11/17/17
Q2	QA	CHSE	10%	Shelter - St. Mark's	11/6/17	11/17/17
Q2	IL	All	10%	EFC,PESS,SIL,RTI	12/11/17	12/22/17
Q2	RSF	All	10	Rapid Safety Feedback	Ongoing	Ongoing
Q3	QA	ATP	10%	RGC	1/10/18	1/10/18
Q3	QA	Boys Town	10%	Intervention	1/17/18	1/18/18
Q3	QA	Boys Town	10%	RGC	1/17/18	1/18/18
Q3	FED-CFSR	TBD by DCF	1	Case Management	1/22/18	1/26/18
Q3	FL-CQI	CHSW	13	Case Management	1/29/18	2/1/18
Q3	QA	CHSW	13	Case Management	1/29/18	2/1/18
Q3	FED-CFSR	TBD by DCF	1	Case Management	2/19/18	2/23/18
Q3	QA	HAB	10%	Intervention	2/27/18	2/27/18
Q3	QA	Inspire	10%	RGC	3/1/18	3/1/18

Quarter	Review Type	Partner	# Reviewed	Review Detail	Review Begin Date	Review End Date
Q3	RSF	All	10	Rapid Safety Feedback	Ongoing	Ongoing
Q4	QA	LMC	10%	Adoptions	3/12/18	3/23/18
Q4	QA	LMC	10%	Intervention	3/12/18	3/23/18
Q4	QA	LMC	10%	FHM	3/12/18	3/23/18
Q4	QA	LMC	10%	Visitation	3/12/18	3/23/18
Q4	FED-CFSR	TBD by DCF	1	Case Management	4/16/18	4/20/18
Q4	FL-CQI	DISC	13	Case Management	4/30/18	5/8/18
Q4	QA	DISC	13	Case Management	4/30/18	5/8/18
Q4	QA	DISC	10%	Intervention	4/30/18	5/8/18
Q4	IL	All	10%	EFC,PESS,SIL,RTI	5/17/18	5/25/18
Q4	FL-CQI In-Depth		1	Case Management	6/4/18	6/8/18
Q4	RSF	All	10	Rapid Safety Feedback	Ongoing	Ongoing

2. Samples – Sample size and parameters for Rapid Safety Feedback, Florida CQI/CFSR and Federal CFSR Reviews are determined by DCF and delineated in the *Windows into Practice* guidance document. The targeted sample size for programmatic reviews is approximately 10% of the sub-contractor’s service population or a minimum of 10 cases. Programmatic sample sizes may be adjusted based upon the Annual Risk Assessment results, performance data, or other identified concerns. Each partner agency 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).
3. Review Tools – Programmatic reviews are completed by the QM Team using quality and compliance tools designed to address components specific to the service type under review. Review components and tools are identified in Figure 5.

Figure 5. Programmatic Performance Review Components and Tools

Service Type	Component / Focus Area	Review Instrument
Child Welfare and Adoptions Case Management Contracts*	Child Safety, Permanency & Well-Being	Florida CFSR Tool
	Case Management Practice Responsibilities related to:	BBCBC Review Tool
	Child Welfare Practice Model, Home Studies	
	Client Trust & Psychotropic Medication Management	
	Exit Interviews, Missing Children and Preparing 17-Year-Olds for Independence	
Foster Home Management	Foster home licensing requirements	BBCBC Review Tool
Intervention services	Intervention/Family Support Services requirements & standards	BBCBC Review Tool
Residential Group Care	Residential Care and Normalcy standards	BBCBC Review Tool
Supervised Visitation	Supervised visitation and therapeutic visitation standards	BBCBC Review Tool

\* QA Case Management reviews include individual samples and tools for each focus area

4. Feedback – Exit meetings are held with partner agency staff to provide preliminary findings and gather additional information.
5. Reporting – Data are analyzed by provider and in aggregate to assess quality of practice and adherence to expected standards. Summary reports for Quality Assurance Reviews are provided to each partner agency and to BBCBC’s Executive Leadership, Contracts Unit, and Circuit Operations Managers.

6. Continuous Quality Improvement – When indicated, partner agencies are required to submit a Corrective Action or Performance Improvement Plan (CAP or PIP) to address specific findings. These plans must document how the partner agency will address deficiencies and items that warrant quality improvement activities. CAPs and resulting status updates are a key component of BBCBC’s CQI activities. *[Any corrective action items identified by external (state level) monitoring reviews are incorporated into partner agencies CAPs and monitored as defined by the CAP.]* Partner agencies required to complete Corrective Action Plans may be revisited by Big Bend to verify evidence of implementation and effectiveness of corrective actions.

### 3. PROGRAM-SPECIFIC REVIEWS

Program reviews that are required by contract, required in response to external monitoring reviews and/or are specified within agency Corrective Action Plans include:

- a. Federal Funding Reviews [IV-E Foster Care, IV-E Adoptions and TANF Adoption Subsidy Reviews] [Please see Addendum 1.](#)
- b. Independent Living (IL) Program Reviews: Please see [Addendum 2.](#)

## C. CRITICAL LIFE, HEALTH, OR SAFETY THREATS

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### 1. THREATS IDENTIFIED DURING WINDOWS INTO PRACTICE AND PARTNER AGENCY QUALITY ASSURANCE REVIEWS

For any critical life, health, or safety threat identified during the course of any review, Big Bend staff is responsible for:

- a. Addressing any safety concerns with the assigned case manager and 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

### 2. THREATS IDENTIFIED DURING PROGRAM-SPECIFIC QUALITY ASSURANCE REVIEWS

If a safety concern is identified during a Program-Specific Federal Funding or IL Review, BBCBC’s QAS will assist the reviewer in completing items (e.) through (h.) above.



#### D. STAKEHOLDER INPUT

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BBCBC gathers input from stakeholders using a variety of methods. Input will be gathered via the following avenues:

- a. BBCBC staff survey – implemented by the agency’s Human Resources partner agency
- b. Partner agency staff survey/staff retention reports – submitted to BBCBC monthly
- c. Partner agency client satisfaction survey reports – submitted to BBCBC biannually
- 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 is 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, 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 their staffs for implementation and follow-up.

#### E. COMPLAINTS AND GRIEVANCES

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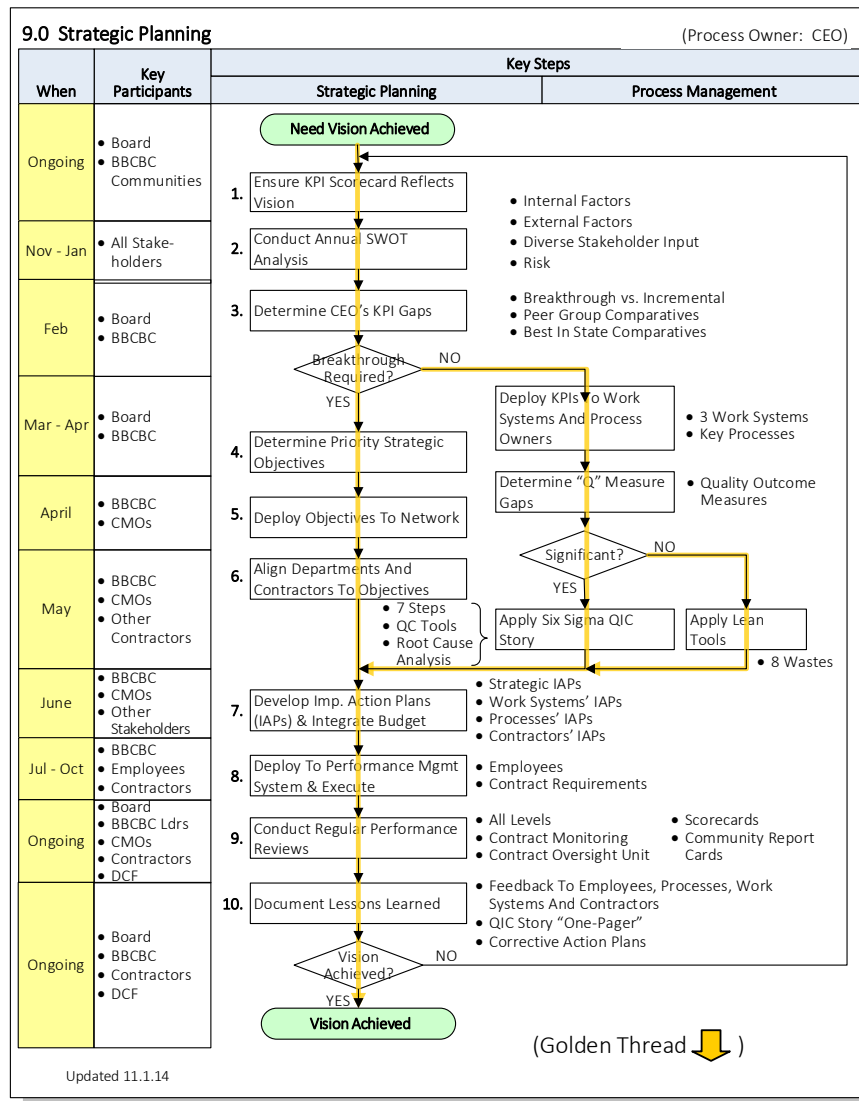
All service-related complaints or grievances, whether submitted directly from the complainant or through the DCF Tracker System, are addressed by Circuit Operations Managers in accordance with *BBCBC OP 1502 – Client Grievances and Complaints*. Formal complaints addressed through the DCF Tracker System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

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

### 6. CONTINUOUS QUALITY IMPROVEMENT

Continuous Quality Improvement (CQI) initiatives at Big Bend Community Based Care are based upon the agency’s Long-Term Strategic Goals and Objectives and their associated Annual Strategic Priorities. For explanation of BBCBC’s Strategic Planning process, see Figure 6.

Figure 6. Big Bend Community Based Care, Strategic Planning Process



#### A. ANNUAL STRATEGIC PRIORITIES – FY 17/18

Annual Priorities identified and aligned to the agency's Long-Term Strategic Plan Goals and Objectives are listed in Figure 7. These priorities (and their associated Action Plans, Success Indicators and Targets (performance targets) form the framework for continuous quality improvement and achieving ongoing performance excellence. In their alignment to agency Goals and Objectives, the Annual Priorities demonstrate BBCBC's Child Welfare and Behavioral Health Integration initiatives, as well as the imbedded nature of CQI throughout the agency's plans, processes and operational & management components, i.e., Strategic Planning, Training, Supply Chain Management, Finance & Accounting, etc.

Figure 7. FY 17/18 Annual Priorities

Goal	Objective	Annual Priority/Action Plan
1.0 Implement & manage a fully integrated System of Care approach to the provision of child welfare & behavioral health services	1.2 Leverage parallel systems & coordinate local service delivery	1 Assure BBCBC's formal guidance documents are updated & reflect a fully integrated System of Care
		2 Align Behavioral Health & Child Welfare Cost Allocation Plans
		3 Perpetuate Treatment Model for Child Welfare
		4 Implement Care Coordination Model
2.0 Earn the trust & respect of our communities by upholding high standards of administrative, operational & financial excellence	2.1 Provide operational leadership, support & coordination	5 Perpetuate Sterling Journey with Network Providers
		6 Complete COA re-accreditation process
		7 Establish Crisis Preparedness & Response System
	2.2 Administer services efficiently & effectively	8 Establish Automated Invoicing for Behavioral Health Services
		* Align Behavioral Health & Child Welfare Cost Allocation Plans
	2.3 Demonstrate sound financial stewardship	9 Maintain Balanced Budget without Reducing Services
3.0 Assure high-quality service for children, adults & their families throughout the variety of services provided by BBCBC	3.1 Provide effective, high-quality services	10 Secure Real Property in /Washington County
		11 Stabilize Child Welfare workforce
		* Assure BBCBC's formal guidance documents are updated & reflect a fully integrated System of Care
	3.2 Serve children, adults & families in their home communities	14 Prioritize Resources to Retain/Attract Resource Families
		15 Reduce the Number/Rate of Children in Out-of-Home Care
	3.3 Employ an analytic & systemic quality management approach for planning & performance management	16 Reduce # of Children Placed Out of County
4.0 Develop & sustain exceptional professionals to serve in all areas of service provided by BBCBC	4.3 Recruit & sustain exceptional employees (CMOs)	17 Promote Lean Six Sigma Training & Projects
	4.3 Recruit & sustain exceptional employees (BBCBC)	* Stabilize Child Welfare workforce
		19 Develop Integrated BBCBC Staff Onboarding and Training Structure Increase Workforce Engagement

## B. CHILD & FAMILY SERVICES REVIEW (CFSR) PERFORMANCE IMPROVEMENT PLAN (PIP)

### 1. CFSR PIP DEVELOPMENT & IMPLEMENTATION

BBCBC will collaborate with the Department's Northwest Region (NWR) staff to develop, implement and monitor the progress of performance improvement activities designed to address areas identified as needing improvement by the FFY 2016 Florida CFSR. BBCBC's portion of the NWR Plan will address performance improvement activities targeted to strengthen practice related to:

- Safety – particularly ongoing safety assessment and appropriate response
- Permanency – focusing on placement stability, reunification upon families' success upon meeting the conditions for return and timely Termination of Parental Rights and adoption for those unable to be reunified
- Well-Being – with a targeted focus on needs and services for parents in collaboration with BBCBC's Managing Entity Behavioral Health providers, improving engagement with parents, and ensuring appropriate and timely medical, dental and behavioral health care for children

## 2. BBCBC Monitoring of CFSR Systemic Factors Improvement

BBCBC implements a comprehensive system of continuous quality improvement that addresses and incorporates ongoing performance improvement activities and monitoring progress, aligning priority Opportunities for Improvement to the agency's Long-Term Strategic Goals and Objectives. Annual Priorities are addressed via Action Plans assigned to agency Directors for development and implementation. Progress is monitored by Executive Leadership at each BBCBC Monthly Directors' Meeting and is reported to the Board of Directors at each formal Board Meeting. CFSR Systemic Factors being formally addressed for FY 17/18 are included on the next page:

Figure 8: BBCBC Monitoring of CFSR Systemic Factors

Systemic Factor	Item	CFSR Systemic Requirement	BBCBC Monitoring Activities
Statewide Information System	19	<b>Statewide Information System:</b> Ensuring that the agency maintains accurate, up-to-date information (data) regarding the status, demographic characteristics, placement/ location, permanency goals and medical & dental care for every child who is in foster/out-of-home care	BBCBC produces a weekly data management report [ <i>Case Status Report</i> ] to monitor work processes and data entry/integrity and as a means of assisting front-line staff manage daily activities. Data elements included: <ol style="list-style-type: none"> <li>1. Court Documents Due within 30 Days and Past Due</li> <li>2. BBCBC Missing Children</li> <li>3. Children Not Seen 25 - 30 Days</li> <li>4. Physical Exams Due</li> <li>5. Dental Exams Due</li> <li>6. Transition Plans Due</li> <li>7. Mother F/F Contacts Past Due</li> <li>8. Father F/F Contacts Past Due</li> <li>9. Children in OOHC between 9-11 months</li> <li>10. Children Not Seen 31 Days or More</li> <li>11. Supervisory Reviews Not Completed 61 Days or More</li> <li>12. IL Supervisory Reviews Not Completed 91 Days or More</li> <li>13. Missing Medical/Mental Health Records</li> <li>14. Missing Yearly Physicals Exams</li> <li>15. Past due Dental Exams</li> <li>16. Missing Immunizations</li> <li>17. Missing Education Records</li> <li>18. Foster Care AFCARS</li> <li>19. Adoption AFCARS</li> <li>20. Placement Errors</li> <li>21. Identification Records</li> <li>22. Children in OOHC 12 Months or More</li> </ol>
Case Review System	20	<b>Written Case Plan:</b> Ensuring that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions	The data for Items 20-24 is collected for 10 cases per quarter utilizing the FL-CQI version of the Federal CFSR tool and the agency's programmatic Quality Assurance review tools.  Data is aggregated quarterly and shared with service providers in addition to BBCBC's Management Team and Training staff for analysis and incorporation, as appropriate, into:  <ol style="list-style-type: none"> <li>1. Applicable Annual Strategic Priority Action Plans</li> <li>2. Pre-Service and Inservice training curricula</li> <li>3. Partner/subcontractor agency performance improvement plans</li> </ol>
	21	<b>Periodic Reviews:</b> Ensuring that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review	
	22	<b>Permanency Hearings:</b> Ensuring that a permanency hearing occurs no later than 12 months from the date of foster care entry and at least every 12 months	
	23	<b>Termination of Parental Rights:</b> Ensuring that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions	
	24	<b>Notice of Hearings and Reviews to Caregivers:</b> Ensuring that foster parents, pre-adoptive parents, and relative caregivers are notified of any review or hearing held with respect to the child	

Systemic Factor	Item	CFSR Systemic Requirement	BBCBC Monitoring Activities
Quality Assurance System	25	<b>Quality Assurance System:</b> Ensuring that the quality assurance system functions optimally throughout the agency service area, including: <ol style="list-style-type: none"> <li>1. Maintains standards for evaluating the quality of services in a manner that assures inter-rater reliability</li> <li>2. Provides relevant, timely reports, and</li> <li>3. Evaluates implemented program improvement measures</li> </ol>	BBCBC's Quality Management System is monitored at least quarterly by the Quality Management Director and addressed with Executive Leadership when necessary. For FY 17/18, ensuring optimal quality management functioning includes Action Plans entitled: <ol style="list-style-type: none"> <li>1. Assure Local/State Inter-Rater Reliability in <i>Rapid Safety Feedback</i> Quality Assurance Reviews</li> <li>2. Revitalize Approach to Collaborative Partner Engagement and Performance Management</li> </ol> These action plans are aligned to the following agency Long Term Strategic Goal(s) and Objective(s). Goal 3.0 Assure high-quality service for children, adults & their families... Objective 3.3 Employ an analytic & systemic quality management approach for planning & performance management
Staff and Provider Training	26	<b>Initial Staff Training:</b> Ensuring that initial child welfare services training that teaches the knowledge and skills necessary for service excellence is provided to all case management staff	BBCBC's Training Program was reviewed and began a redesign during the 4 <sup>th</sup> quarter of FY 16/17. Training Program responsibility has been assigned to BBCBC's new System of Care Director. For FY 17/18, ensuring that initial and ongoing training address needed knowledge and skills is included as BBCBC's Annual Strategic Priority (9); Action Plan entitled <i>Develop the Workforce</i> . These action plans are aligned to the following agency Long Term Strategic Goal(s) and Objective(s). Goal 3.0 Assure high-quality service for children, adults & their families... Objective 3.1.9 <i>[Provide effective, high-quality service ~ Develop the Workforce]</i> Goal 4.0 Develop & sustain exceptional professionals to serve in all areas of service... Objective 4.1.9 Institute high quality, innovative child welfare training and support professional certification for child welfare case managers and supervisors Objective 4.2.9 Support and maintain high standards for training, certification and licensure for staff in all areas of service provided by BBCBC Annual Strategic Priority Action Plans progress is reviewed/ reported on at each agency <i>Monthly Directors' Meeting</i> .
	27	<b>Ongoing Staff Training:</b> Ensuring that ongoing training is provided for staff that addresses the knowledge and skills necessary for child welfare service excellence	
Agency Responsiveness to the Community	32	<b>Coordination of CFSP Services with Other Federal Programs:</b> Ensuring that services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population	Coordination of CFSP Services with Federal and State Substance Abuse and Mental Health Services is addressed by three of BBCBC's Annual Strategic Priorities for FY 17/18 and are aligned to the following agency Long Term Strategic Goal(s) and Objective(s). Goal 1.0 Implement & manage a fully integrated System of Care approach to the provision of child welfare & behavioral health services Objective 1.2.2 Leverage parallel systems & coordinate local service delivery - Perpetuate Treatment Model for Child Welfare Objective 1.2. Leverage parallel systems & coordinate local service delivery - Implement Care Coordination Model Annual Strategic Priority Action Plans progress is reviewed/ reported on at each agency <i>Monthly Directors' Meeting</i> .

### 3. PROGRAM IMPROVEMENT & MONITORING OF NATIONAL DATA INDICATORS & CFSR CASE REVIEW ITEMS

- a. National Data Indicators – National Data Indicators are incorporated within BBCBC’s Child Welfare Services and Substance Abuse and Mental Health contracts with the Department and are cascaded to the appropriate subcontracted service providers. Performance is formally monitored quarterly. Measures are informally monitored on an ongoing basis (monthly, weekly or daily dependent upon the measure’s parameters) and addressed with service providers to identify Opportunities for Improvement and address them promptly. BBCBC’s Quality Management, Operations Staff and Data Teams’ co-location with service providers facilitates ongoing assessment of and performance improvement related to quality and performance outcomes.
- b. CFSR Case Review Items – CFSR Case Review data is central to BBCBC’s CFSR PIP planning, implementation and monitoring. For FY 17/18, results of agency and state case reviews are reviewed, analyzed and incorporated into improvement activities via several venues, including:
  - o Monthly BBCBC/Northwest Region DCF Collaboration Meetings
  - o Quarterly BBCBC/Northwest Region CFSR PIP Workgroup Meetings
  - o Management Meetings with child welfare service providers (at least quarterly)
  - o Service Provider Exit Meetings upon completion of each quarter’s CFSR/FL-CQI reviews

#### C. ONGOING/ROUTINE CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

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Routine CQI activities utilized in the course of daily business include:

- o Utilization management activities
- o *Black Belt/Green Belt/Six Sigma* data analysis processes
- o Governor’s Sterling Award Recipient responsibilities
- o Assessments of and updates to Network Operating Policies and Procedures
- o Discretionary quality, programmatic and administrative reviews
- o Customer, Partner Agency, Stakeholder and Employee Feedback
- o Status reviews of performance improvement/corrective action activities (developed in response to internal or external monitoring)
- o Performance reporting, review, analysis and follow-up cycles
- o Tracking and monitoring of partner agency-level performance improvement/corrective action items
- o Integration of areas identified for improvement into training activities
- o Integration of emerging areas of need into strategic and operational planning

## 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 2017. Annual *Maintenance of Accreditation (MOA)* reporting is completed during the third quarter of the Fiscal Year and submitted to COA for approval. BBCBC is preparing for its second re-accreditation during the first half of fiscal year 17/18 with a re-accreditation site visit scheduled for December 2017.

*Update:* BBCBC received notification of reaccreditation from COA on December 13, 2017. Big Bend Community Based Care was expedited through the Pre-Commission Review Report (PCR) process as the agency received *Outstanding Performance* (full implementation) or *Good Performance* (substantial implementation) ratings for all the fundamental practice standards.

## ADDENDUM 1: FEDERAL FUNDING ELIGIBILITY MONITORING

### A. PURPOSE

This component of the Quality Management Plan addresses BBCBC's commitment to maximizing the use of federally funded programs in the provision of services for children and families. It provides the agency's plan to assure quality practice in the determination and documentation of client eligibility for federally funded programs and services through ongoing monitoring, training and technical assistance.

### B. QUALITY ASSURANCE

BBCBC monitors IV-E Foster Care, IV-E Adoption Assistance, and TANF Adoption Subsidy eligibility on an ongoing basis. Utilizing reporting capability developed by BBCBC, the files of record (FSFN/SACWIS electronic case file), are monitored monthly for inappropriate and incomplete eligibility documentation for all children in out-of-home care. Supporting documentation reviews will be completed at least annually for a purposive sample of children receiving services within BBCBC's Network. Corrective Action activities may be required of Network providers to address systemic deficiencies.

### C. TRAINING

Training regarding Federal Funding requirements is completed by BBCBC's Eligibility/Vouchering staff during Department offered sessions, via online/web-based curricular presentations and at formal conference and training events.

Training for case management providers is addressed formally in pre-service training and is updated via in-service and/or unit-level training sessions when policies, procedures or FSFN documentation practices are changed or updated.

### D. TECHNICAL ASSISTANCE

Technical assistance for case management providers regarding eligibility criteria and determination is provided on a daily basis by BBCBC's Eligibility/Vouchering Specialists and regarding FSFN documentation requirements by BBCBC's Data Integrity Manager and Data Systems Specialists.

## ADDENDUM 2: INDEPENDENT LIVING PROGRAM REVIEWS

### A. PURPOSE

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This component of Quality Management Plan addresses BBCBC's commitment to providing quality Independent Living services for teens and young adults. It provides the agency's plan to assure quality practice in the determination and documentation of client eligibility for Independent Living programs and the provision of services through ongoing monitoring, training and technical assistance.

### B. QUALITY ASSURANCE

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BBCBC reviews Independent Living programs and services on an annual basis. File reviews will be completed, aggregated and reported at least bi-annually for a purposive sample of teens and young adults receiving services within BBCBC's Network. Review tools will be derived from Contract Oversight Unit (DCF) monitoring tools as aligned to BBCBC policies and practices. Corrective Action activities may be required of Network providers to address systemic deficiencies.

### C. TRAINING

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Training regarding Independent Living program requirements is completed by BBCBC's Well-Being Specialists during Department offered sessions, via online/web-based curricular presentations and at formal conference and training events.

Training for case management providers is addressed formally in pre-service training and is updated via in-service and/or unit-level training sessions when policies, procedures or FSFN documentation practices are changed or updated.

### D. TECHNICAL ASSISTANCE

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Technical assistance for case management providers regarding Independent Living programs, services and eligibility is provided on a daily basis by BBCBC's Well-Being Specialists and regarding FSFN documentation requirements by BBCBC's Data Integrity Manager and Data Systems Specialists.