



QUALITY MANAGEMENT PLAN FY 2017-2018

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I. Background and Introduction

Section A. CBCCF Lead Agency Overview

Community Based Care of Central Florida (CBCCF) is the lead agency for foster care and adoption related services in Orange, Osceola and Seminole Counties. Orange and Osceola Counties comprise Judicial Circuit 9 and, Seminole is one of two counties (the other is Brevard), that comprise Judicial Circuit 18. CBCCF is one of five (5) lead agencies that comprise the Central Region of the Department of Children and Families. CBCCF has held the lead agency contract since 2004 in Seminole County and since 2011 in Orange and Osceola Counties. The contracts were administered separately by the Department of Children and Families (Department) until October 2016, when they were administratively combined. The protective investigation function is conducted by the Seminole Sheriff's Office in Seminole County and by the Department of Children and Families in Orange and Osceola Counties. Children's Legal Services (CLS) represents the state in dependency proceedings in both judicial circuits. In Orange County the Guardian Ad Litem Program (GAL) is administrated by Legal Aid Society of the Orange County Florida Bar Association, with pro bono attorneys representing the best interest of the child; in Osceola and Seminole Counties lay volunteers assist professional staff in the advocacy role.

CBCCF operates a county level operations management model with an agency administrative function. CBCCF's service locations include four county service centers (Seminole, Osceola, East Orange and West Orange) and a centrally located Administrative Support Center (ASC). Case management is subcontracted to community partners in all three counties: Seminole: Children's Home Society; Orange: Children's Home Society, Devereux, and One Hope United; and in Osceola: Gulf Coast Jewish Family and Community Services. Each case management agency (CMA) is also contracted to provide diversion staff, to include staff that are co-located at each CPI service center and assist with referrals to services or resources; and staff to provide care coordination for family support cases or to provide an oversight role when care coordination is referred to another program, in accordance with CBCCF Operating Procedures for Family Support Services. Each CMA has staff assigned to provide secondary case management support for older foster care youth required at age 16.5 with primary assignment for youth age 18+; and for children with an adoption goal (secondary from goal change through finalization).

The Department assigns a contract manager to provide oversight of the lead agency contract; and the Department's Office of Child Welfare Performance and Quality Management assigns requirements for (1) Seminole County and (2) Orange/Osceola Counties separately, according to a sample size based on the number of primary children served by each area in either in-home (judicial or non-judicial) or out-of-home care. The sample size is based on an annual 90/10 confidence level and margin of acceptable error and is statistically valid at the state level.

The general quality assurance review framework required by the Department for each CBC lead agency for FY 2017-2018 consists of an established number of targeted Rapid Safety Feedback (RSF) reviews (case file reviews utilizing a Department standardized review tool, focused on safety practice areas within a defined and prioritized in-home sample population); an established number of Child and

Family Service Reviews (without interviews) and a number with interviews (in-depth reviews, involving interviews with all significant case participants) and ratings are applied utilizing the Child and Family Service Review standards and tools. Rapid Safety Feedback reviews are entered into an approved web based program “Qualtrics” and CFSR reviews are entered in the Child and Family Services (Online Management System utilizing the On-Site Review Instrument) located in the federal portal.

The Department received approval by the Children’s Bureau (CB) as an “option state,” for the Round 3 state reviews, which allowed the Department to submit results of case reviews completed by Department and subcontracted CBC Lead Agencies qualified quality assurance staff, alleviating the requirement for the **onsite** review of case files by federal reviewers. CFSR’s are designed to assist states in identifying strengths and areas in need of improvement in their child welfare practices and programs, and to implement systemic changes that would improve child and family outcomes. The Department/CBC’s completed the Round 3 case reviews (April 2016 – September 2016) that included results of 80 case reviews conducted throughout the state, with collated findings for each case review on the 18 items, which impact results in the seven practice areas that are categorized as either safety, permanency or well-being outcomes. Systemic factors were rated based on the statewide assessment submitted prior to Round 3, results of practice indicators, and interviews conducted with stakeholders across the state in focus groups which included representation from the regions. The results of Round 3 found that all seven practice areas, and four of the systemic factors presented as areas in need of improvement (note: the CB requires states to achieve a 95% substantial conformity for each outcome measure, and every state that has completed Round 3 has been placed on a program improvement plan). Following the review, Florida was required to enter into a program improvement plan (PIP) sanctioned by the CB. The PIP requires that for the next 2-3 years that Florida will have to continue to submit findings from case file reviews as evidence of progress, the sampling which must mirror the method and case types of the cases that were reviewed for Round 3. CBCCF has designated a primary Quality Assurance Manager (QAM) that will be the lead on all CFSR PIP cases assigned to CBCCF, minimally this number is six cases every six months. Likewise, the Department has designated a primary co-reviewer to participate alongside the CBC QAM.

The chart below outlines the requirements for CBCCF, and the corresponding CMA case assignment planned to meet the requirements. CBC exceeds the Department’s requirements for the number of required reviews conducted in Orange/Osceola County in order to have a sufficient representative sample for each CMA. Data from reviews are captured at CMA, county, and agency level.

County/Agency	Rapid Safety Feedback Reviews	CFSR PIP Monitored-with case interviews	Child & Family Service Review (with interviews)- In-depth	Child & Family Service Review- CQI	Total
Seminole-CHS	8 each quarter	Oct: 1; April: 1	Q1: 2, Q2: 1; Q3: 1; Q4: 2	5 each quarter	60
Orange-Devereux	5 each quarter	Aug: 2, Oct: 1, Nov: 1; Dec: 1; Feb 2, April: 1, May: 1, June: 1	0	Q1: Dev 3, CHS 3, OHU 3 Q2: Dev 3, CHS 3, OHU 3 Q3: Dev 3, CHS 3, OHU 3 Q4: Dev 3, CHS 3, OHU 3	35
Orange-OHU	5 each quarter		0		35
Orange-CHS	5 each quarter		0		35
Osceola-GCJFCS	6 each quarter		0	7	53
Totals:	116 (112 required)	12	6	84 (70 required)	218

Community Based Care of Central Florida submits an updated Quality Management Plan each Fiscal Year (due August 31) to the Department which includes a description of the required reviews, discretionary reviews, and systemic factor reviews planned or needed.

1. Mission

It is the mission of CBCCF to empower families to safely care for their children by engaging, protecting, and inspiring every child every day.

2. Vision

Community Based Care of Central Florida, the national leader in progressive child welfare systems, forges community partnerships and innovations that promote healthy, safe, and self sufficient families.

3. Philosophy and Purpose of the Quality Management Model

Philosophy

Community Based Care of Central Florida's core value is a belief that all children have the inalienable right to grow up in a safe, healthy and fulfilled with families that love and nurture them. While the safety and well-being of children is at all times the foremost concern, we also believe that the family is the principal resource we must work with to meet the child's needs. This value drives CBCCF's commitment to the continuous improvement in quality services and outcomes for children and families we serve. CBCCF strives to promote excellence and continuous improvement through a broad based, organization wide philosophy that is endorsed by the CBCCF Board of Directors, and is shared throughout the community: from the Community Alliances, case management agencies, network providers, contract providers, and in the communities at large.

Purpose

The purpose of the CBCCF Quality Management System is to strengthen practice, improve the timeliness, accessibility, quality and effectiveness of services and increase natural and enduring community supports for children and families. CBCCF seeks to identify in-process drivers and end-process measurements that align with these goals while also ensuring substantial conformity with federal requirements of the Adoption and Safe Family Act (ASFA) and achievement of the contract performance measures set forth in the CBCCF contracts.

The CBCCF Quality Management Plan is designed to measure progress toward the long term priorities and goals set forth in the CBCCF strategic plan. The QM plan evaluates the organizational performance of CBCCF while assessing the quality of service delivery of our network to ensure positive client outcomes. CBCCF believes it is essential, not only to continually provide information to our stakeholders/community, but also solicit reciprocal input and feedback from the community. CBCCF recognizes that an informed, integrated, and participatory community affords the best opportunity to maximize resources and produce the best outcomes for children and families.

CBCCF produces data that provides quantitative, qualitative and financial cost information, (as applicable) on the:

- Demographics of the population served
- Services needed and service availability
- Quality and effectiveness of services delivered
- Contract performance
- Level of care needed and provided (licensed care)
- Level of services provided (Diversion/Family Support, In Home Non-Judicial Services, In-Home Judicial Services, Out-of-Home Care, Post Placement Supervision, Post Termination of Parental Rights, Independent Living, Extended Foster Care and Post Adoption)
- Caseload size, turnover, vacancies, and staff professionalism (Child Welfare Certified)
- Foster home and group care capacity, placement stability and utilization patterns
- Performance on quality assurance instrument reviews
- Program Performance and Compliance Indicators
- Complaints and Grievances
- Incident Reports
- Exit Interviews (licensed care)
- Stakeholder Survey results (internal and external)

This information is often shared with the community, network providers and case management agencies for the purposes of planning (program improvement, contracting, policy and procedural changes), identifying training needs and reallocating resources or enhancing funding sources. The process of gathering, sharing, evaluating, and acting upon information is continuous as the needs of the population of clients receiving child welfare prevention and intervention services changes over time, and because the funding for services and the availability of services changes as well. Continual evaluation of performance and other data elements provide the basis for defining quality assurance activities that both support and encourage quality improvement activities.

Community Based Care of Central Florida Strategic Plan Goals

Goal 1: Ensure sufficient funding to serve at risk children and families.

- Progress: The CBC Adequacy Formula was completed. We were successful in our efforts to increase resources to support CBCCF as evidenced by the Risk Pool Funding and Back of the Bill funding. The financial alignment plan has performed ahead of plan.
- Next Steps: Advocate for implementation of the CBC Adequacy Formula.

Goal 2: To ensure the Organization has an integrated technological infrastructure to support all users in the system of care.

- Progress: An RFP for electronic records has been developed. CBCCF's client information system, Argos is migrated to our domain. Data governance plan is being developed. Technology growth planning commenced. Primary focus has been planning of Oracle.
- Next Steps: Implementation of growth plan and data governance plan based on Interlocks.

Goal 3: Create a culture of ongoing feedback and analysis to develop strategic improvements throughout the organization.

- Progress: Stakeholders have developed an efficiency list with nine areas of focus. Eight of the nine items identified have been completed.

Goal 4: To maximize utilization both internally and externally for the benefit of children and families.

- Progress: Completed the reorganization of service referrals to Network Support Department as well as the implementation of the Preferred Provider designation. This has allowed for the improved utilization of other system resources and funding as evidenced by the cost alignment plan.
- Next Steps: Expansion of preferred provider network and implementation of Universal Referral procedures, as well as implementation of Child Welfare/ Substance Abuse and Mental Health data sharing agreements.

Goal 5: To continuously build a robust System of Care that meets the complex needs of the children and families we serve.

- Progress: Proficiency Training Model that ensures improved fidelity of practice through the Unit Supervisor level was implemented and is near completion. Safety Management protocols and services were implemented and Cost Allocation Plan by DCF.
- Next Steps: Continued proficiency training and service array development.

Goal 6: To ensure transparent and impactful communications both within the organization and throughout the community.

- Progress: Level 10 meeting format has been implemented throughout the organization. As part of the Level 10 format, top 5 headlines are shared with staff weekly in addition to minutes. Webinar town halls have been implemented to allow for wider communication.
- Next Steps: Working with CBC Foundation with Branding/Communication Plan

Goal 7: To ensure continuous quality workforce recruitment and retention by supporting the development of committed child welfare professionals.

- Progress: CBCCF Leadership Academy has been implemented. Quality Parenting Initiative Training series has been implemented for Dependency Case Management Supervisory staff.
- Next Steps: Continued training for staff based on system needs.

4. Quality Management Concepts and Definitions

Quality Assurance (QA) an “externally” driven system that validates internal practices and uses sound principles of evaluation to ensure that data is collected accurately, analyzed appropriately, reported, and acted upon. The QA function looks at the entire system of care. Products of the QA function include reports that validate data at the unit, provider agency, county and lead agency level; evaluates the impact of practice on in-process and end-process measurements; and provides recommendations for actions to be taken.

Quality Improvement (QI) is an “internally” driven process that is conducted and initiated by the staff actually providing or supervising the service. QI provides opportunities for all staff to use data and make improvements in their daily work environment. QI is an ongoing process that is dynamic and occurs as a result of action planning that is designed to result in program improvement.

Continuous Quality Improvement (CQI) is the progression toward desired improvements in process, products or outcomes through incremental steps, with periodic review and readjustment of objectives.

Quality Management (QM) is the systematic integrated review of Quality Assurance and Improvement activities.

II. PQI Structure

The CBCCF Board of Directors and CBCCF Management Team believe it is imperative for leadership to promote a culture, in the communities we serve, that is committed to improving and expanding the quality of services provided and available to children and families. We believe in strengthening community providers through ongoing collaboration. CBCCF will continue to improve our community and lead agency outcomes by contracting with network providers that demonstrate high performance, and ongoing improvement towards program goals. The strategic plan developed by CBCCF in collaboration with the CBCCF Board of Directors, sets the strategic goals and framework to create efficiencies in service delivery and movement toward desired outcomes.

CBCCF PQI structure is multi-tiered to ensure information exchanged throughout the CBCCF System of Care (from stakeholders, network providers, CBCCF organization, and CBCCF Board of Directors) is provided in an accurate and efficient manner. The focus is on performance reporting, problem/gap identification, solution driven activities, and system and outcome improvements.

Section A. Overview of the Quality Management Model: CBCCF Management and Board

CBCCF Management team/CBCCF Board of Directors

It is the role and responsibility of the CBCCF Board of Directors and the CBCCF Management Team to promote and sustain continuous quality improvement in order to maintain a successful organization. Making quality a priority changes the culture from one with a compliance focus to one which focuses on qualitative services, and improved and sustained outcomes. CBCCF internal PQI processes incorporate the critical functions of utilization management, network development/support, data management and reporting, program management, quality assurance, and finance. Integrated Health internal PQI processes incorporate medical and mental health alerts and system controls to monitor child well-being and promote optimum health and maximum benefit of available resources.

1. **CBCCF Board of Directors** Note: on July 1st, 2013 CBCCF changed its organizational structure creating a parent company: CBC of Central Florida-Holdings, Inc. and five separate company organizations: Community Based Care of Central Florida, Inc; CBC- Foundation (created in 2016); CBC- Integrated Health, LLC; Community Initiatives, Inc. and CBC-Innovations & Technologies, LLC. Each of the companies was created based on their connection/relevance to the advancement of the core mission of Community Based Care of Central Florida, Inc. (Foster Care).

The CBCCF Board is responsible for reviewing the effectiveness of the implementation of the strategic plan across each of the three counties (separately and collectively). The CBCCF CEO or COO (in the CEO's absence) presents information to the Board regarding recommendations from the CBCCF Management Team, on trends, risk, systemic factors/barriers and community feedback. The CBCCF Board has an essential role in ensuring that continuous quality improvement is occurring and the strategic plan goals are being achieved. The Board's established standing committees present reports and recommendations to the Board for appropriate action. The Board may establish special committee/task forces as needs are identified, to research and present information and recommendation for Board action.

2017-2018 Board Membership (CBCCF, Inc.):

Board Member	Affiliation
Greg Barnett, Chair	Retired, Seminole County Sheriff's Office (Captain)
Shawn Smith	Wells Fargo, Insurance
Michael Neswold	Titan Electric
Lien Nguyen-Davis	Tupperware Brands
Shannon Clark	Florida Citrus Sports Foundation
Mark Jackson	JCJ Insurance Agency
Peter Amico	RTI International
Tara Hormell, Ex Officio	Children's Home Society of Florida, Inc.
Greg Zbylut, Ex Officio	Boystown

Local/County Advisory Board: Each county has a county level board/body which includes community representatives from the county they represent. At least (1) representative from the Local Advisory Board in each county holds membership on the CBCCF fiduciary board and brings a voice to the Board to ensure that the county specific issues are represented and addressed. *(Note: the Local/County Advisory Boards are suspended currently while the Boards are being restructured).*

CBCCF standing Board Committees and responsibilities related to PQI are as follows:

- Executive Committee (members: Greg Barnett, Shawn Smith, Owen Wentworth and Mike Neswold): This committee meets as necessary to discuss issues, coordinates the Board involvement in assessing areas of overall risk that include but are not limited to: the ability to pursue strategic goals, compliance with legal requirements including licensing and mandatory reporting laws, fiscal accountability/governance, insurance and liability issues, and contracting practices. This board also serves as the board development committee.
- Finance and Audit Committee (members: Owen Wentworth, Jason Smith, Sid Miller, Peter Amico and Lien Davis): The Finance Committee is responsible for ensuring financial accountability of CBCCF. This committee oversees the budget development, manages the Request for Procurement process for the third party audit and reviews the annual budget set forth.
- Performance and Quality Improvement and Risk Oversight Committee (members: Shawn Smith, Mike Neswold and the two ex-officio Provider Advisory Board members Terri Balliet and Greg Zbylut): This committee is responsible for oversight of the management and implementation of the plan, reviews performance measures and goals, client outcomes and provides support.

Provider Advisory Board: All CBCCF service providers, subcontractors and network partners are invited to participate in the Provider Board which meets bi-monthly. The meeting agenda is structured to explore issues related to network performance and to identify and develop solutions to overcome any barriers or mitigate any concerns pertaining to the quality care or services. The ongoing opportunity to share strategies and address challenges builds a cohesive provider network and leads to innovative new practices. The Provider Advisory Board is chaired by a service provider.

2. CBCCF Management Team Meeting

The CBCCF Management Team meets weekly, the meetings focus on reporting out of under performing areas (scorecard); progress on strategic plan (rocks); and staff changes, any significant occurrence, special initiatives or upcoming events/reviews/meetings/legislation (headlines). Any under performing areas where additional detailed discussion is needed is moved to the Identify, Discuss and Solve (IDS) part of the meeting, where management team members vote on priorities for discussion. In addition, follow up occurs on anything relegated to the task/to do list. Additional requirements for the meetings:

- 1) Everyone contributes information that meets the Scorecard, Rocks, Headlines definitions
- 2) Focus is on the most important priorities
- 3) Identifies if there are operational objectives or processes that need to change and seeks action around those areas through successful resolution
- 4) Ensures the integration of information on the strategic plan and monitors progress
- 5) Management Team is held accountable for what they have committed to

The CBCCF Management Team along with the CBCCF CEO or COO defines the course of actions to be taken, the timeframe to complete the identified actions, and establishes how the informational flow will be handled with the Board, CBCCF staff, CBCCF network providers, and stakeholders. It is the responsibility of the CBCCF Management Team to set forth action and to evaluate the effectiveness of the actions selected.

The CBCCF CEO delegates responsibilities to the CBCCF Management Team to conduct QA/QI activities for specific management functions. In order to ensure all quality assurance activities/outcomes are maintained in a central location, the CBCCF Management Team reports the specific management function QA/QI activities to the Chief Operations Officer, CBCCF Quality and Training Director and CBCCF Accreditation Manager. It is the joint responsibility of the CBCCF COO and Quality and Training Director to ensure that feedback is translated into results that are understandable to CBCCF, the Board, stakeholders and network providers specific to how they are performing and the comprehensive nature of CBCCF QA/QI activities.

Section B. Overview of the Quality Management Model: Internal and External Monitoring

There are numerous opportunities to collect data and information and to examine utilization, contract compliance and case management performance throughout the CBCCF System of Care. The CBCCF QM Model takes advantage of these opportunities during routine events/processes that happen during the life of a case: at Case Transfer Staffings; High Risk staffings; assignment and approval of diversion services; participation in Level of Care Reviews; Family Service Team Meetings; Placement Support Staffings; service authorizations; Licensed Out-of-Home Care Audit; Adoption (Progress) Audits;

Separated Sibling Staffings, Adoptive Applicant Review Staffings, and Youth Transition Team Meetings. The CBCCF QM Model allows for immediate feedback to be given to the case manager/supervisor, requires coordination and cooperation among the parties and providers involved in a case, and results in a more individualized course of action which thereby imposes a greater likelihood that outcomes will be achieved more timely. The immediate feedback also allows for critical life, health, or safety factors that may affect a child to be addressed and corrected in a timely manner. By involving everyone from the case manager, supervisor, program director, and provider to CBCCF staff and managers in the daily activities of QM it ensures that all staff is engaged in the process of examining feedback and case data and are making improvements. It allows for the early detection of performance deficiencies as well as promotes promising practice.

CBCCF has program operational staff in each county specifically assigned to program oversight, and quality management staff specifically assigned to coordinate quality management functions. The staff person with the lead role of administering the plan is titled the Quality and Training Director. The CBCCF Quality/Training Director (QTD) has the primary responsibility for execution of the quality management plan submitted by CBCCF and accepted by the Department's Central Region Quality Assurance Office. The QTD provides coordination and oversight of all QM required activities and ensures all appropriate information is relayed to the Department's Office of Child Welfare Performance & Quality Management staff on ratings from RSF and CFSR reviews. The QTD is also responsible for maintaining and updating the CBCCF Quality Management Plan & reporting progress on the Contract Oversight Unit Corrective Action Plan and providing this information to the CBCCF Chief Executive Officer (CEO), Chief Operational Officer (COO), Network Support Director, Vice President of Operations and County Executive Directors for reporting to the CBCCF Board/ Provider Advisory Boards and stakeholders. The Quality Management Plan provides the framework to evaluate system performance and compliance with local CBCCF processes/protocols, the System of Care, Florida Administrative Code, Florida Statutes, and the Adoption Safe Family Act.

CBCCF Quality Assurance Staff	
Administrative Service Center:	Diane Greene, QTD
Seminole County:	Shelly Rose, QAM
Orange County:	Johanna Moronta, QAM Sheryl Charles-White, QAM Nikki Riggsbee, ICPC/OCS Manager (all 3 counties)
Osceola County:	Miguelina Jorge, QAM Amanda Rudy: Accreditation & Risk Manager (all 3 counties)

The QTD is responsible for implementing the Quality Management Plan and ensuring the following objectives are met:

- The QM plan is efficient operationally;
- The QM plan is continuous, and
- The QM plan is coordinated with case management's agency level QA processes and instruments, and

- that the data gathered is reliable and can be extracted at appropriate intervals to guide adjustments in practice that will influence desired outcomes

The Quality/Training Director is responsible for coordinating quality assurance activities as well as reviewing and analyzing all program initiatives for potential impact on quality assurance outcomes. The QTD makes recommendations for changes or modifications in practice and for updating/amending the QM plan when the Department or CBCCF's Operating Procedures, Florida Administrative Code or Florida Statutes change.

1. Description of Specific QM Activities

Activity	Method	Frequency	Responsible Party
Oversight of key processes	Acceptance and assignment of (safe but high risk/very high risk) diversion cases; Attend CTS and chair FST/LOC staffings Licensed Care Audits, AARC, Separated Sibling, Youth Transition Team, Adoption Audit	CTS: 2x weekly FST: weekly Shelter Audit: monthly or Quarterly; Adoption Audit: monthly; YTMsas needed.	CMA Program Director; CBCCF County Executive Director/County Program Operations Staff (Permanency Specialist, Adoption/YS).
Key document and chronological review	Daily review of incoming reports, court orders and client/provider contact notes	Daily	Case Management Agency Supervisor
Placement Support Staffings	Staffing of all children in which a 30-day notice has been executed or when the CPA identifies that the placement is at risk of disrupting	ASAP	I&P Unit arranges and CBCCF Licensing staff lead s staffing, GAL, CBCCF UM, CBCCF Program Staff, CMA DCM/DCMS, CPA or CPA therapist as appropriate attend
Supervisor Consultations/Reviews	Case file review and one on one staff conferences Supervisors follow guidelines in operating procedures that outline requirement for supervisory consults at key points during case work activities	Consults in accordance with SDMM practice guidelines; a minimum of quarterly supervision documented in person & comprehensive	Case Management Agency Supervisor
Supervisor Unit Meetings	Discussion of unit best practices, review of OP and performance are discussed with unit staff	Monthly	Case Management Agency Supervisor
Program Director review of Supervisor Reviews	CMA PD signs off on child welfare certification packets for staff/reviews quality of casework/supervision	Ongoing	Case Management Agency Program Director
Child and Family Service Reviews (without interviews)	Includes 4-6 CFSR reviews for each CMA	Quarterly	CBCCF QTD and CBCCF QAMs
In-depth Child & Family Service Reviews	Includes 2 CFSR's completed quarterly per lead agency contract. Seminole: 2; Orange/Osceola 2 (1 per county).	Continuous/report to the Department quarterly, tool standardized.	CBCCF QTD and CBCCF QAMs; CMA QA staff will be advised and may participate as a co-reviewer as they are able to do so. CBCCF also invites stakeholders to participate as a co-reviewer when interest is expressed
Rapid Safety Feedback Reviews	Includes 5- 8 cases per case management agency each quarter.	Quarterly reported to the Department through Qualtrix.	CBCCF QAM's with a second party review conducted by the QTD.
Discretionary and/or Special Reviews:	Requests for discretionary reviews can be made by Executive Management, DCF Administration, staff, or stakeholders. Prior to conducting the review, QM staff will determine the purpose of the purpose and scope of the review.	Results are shared with leadership and the requesting party.	QM Department or other approved staff when requested.
Contract Monitoring	Fiscal, administrative and programmatic components are	Frequency determined by CBCCF Network Support	CBCCF Network Support Department coordinates the administrative and

	reviewed using standardized review procedures and tools. The comprehensive review includes, but is not limited to, an onsite review of records, interviews and direct observations by the review team.	Department in accordance with risk (value of the contract, previous findings or corrective actions, nature of services, and changes to key executive staff).	programmatic components of the monitoring; when possible they are further coordinated with the data collected by the Director of Administration, QTD, and Director of Utilization Management.
Data Tracking and Reporting	FSFN, CBCCF data reports, provider reports, aggregate information from staffings	Daily, Weekly, Monthly, Quarterly	CBCCF staff
Critical Case Reviews	Incident reports are monitored by the QAM in each County; cases are identified for review by the QTD when children have been seriously injured, while the case is open to services.	As needed	CBC QAM will coordinate with the Department and CMA in conducting the review.
CBCCF Performance Management Team Reports	Maintenance of data indicators and information on programmatic, financial and utilization measurements	Monthly	CBCCF CEO, CBCCF COO, CBCCF VP of Operations CBCCF QTD, CBCCF NSD, CBCCF UM, CBCCF DOA, CBCCF CFO, CBCCF County Executive Directors
Quality Team Meetings	Best Practices and Areas in need of Improvement are discussed with operation staff for purposes of determining QI actions	Bi-Monthly (as needed)	CMA Lead/CBCCF QAM or CBCCF Trainer
Provider Advisory Board	Information sharing, bridges communication between contracted providers, vetting of system of care ideas and changes.	Every two months	CBCCF CEO, COO, VPO, NSD, and county ED's
Residential Provider Board	Provide training presentations, information sharing on DCF/CBCCF requirements, feedback on Case Management services to their children	Every two months	CBCCF Network Support Department, VPO, and county ED's
Distribution of information to stakeholder and CBCCF Board	Information on CBCCF performance is shared	Ongoing: distribution is posted on Boardpaq monthly; emails are sent out as needed, but as frequently as weekly	CBCCF CEO & Executive Support Manager collects and distributes information to board; CBCCF county Executive Directors distribute to stakeholders.
Critical Incident Tracking and Client Complaint Tracking	Aggregate information will be analyzed and reported as relevant	Quarterly	CBCCF QTD , QAM's, CBCCF county Executive Directors
Diversion and Prevention Services program reviews	Case file reviews and interviews	As determined by the CBCCF DPDM or QTD, individualized by county	CBCCF Diversion Program Development Manager, QTD and peer review participant by CBCCF Diversion Manager
County Risk Management Meeting	Analyze, discuss key risk indicators with functional area staff	Quarterly (minimally)	CBCCF QAM, UM, Licensing and Program Management Staff/County Director
Federal Funding Eligibility Review	Eligibility File, FSFN case and payment review	Quarterly	Information and Eligibility Managers, Client Payment Manager and Director of Administration
Record Room Peer Review	Record room maintenance and file set up	Quarterly	Record Room Specialist, Information and Eligibility Manager and Director of Administration

The Core Components of the Quality Management System are summarized below.

2.Utilization Management Utilization management is designed to ensure that the service requested is the most appropriate service available for the child and family. Utilization management ensures the availability of services throughout the fiscal year by tracking expenditures and the rate of resource depletion and availability. Information gathered from utilization review (service use) provides a foundation for determining the amount and type of services needed for the next contract year. Services that are denied due to priority for funding or for insufficient provider capacity will also be monitored as they may indicate a need to enhance the capacity for those services.

The authority and responsibility to authorize a funded service rests with the CBCCF Utilization Management staff and CMA Program Directors. The authorization process varies depending on the actual service need identified. Generally, CBCCF UM authorizes mental health services not covered by Medicaid (child and parent services) within established funding and eligibility guidelines; case management agencies are allocated a budget for other service needs and those services are authorized by the case management agency program director.

All authorizations for service are monitored by either the CBCCF Network Support Director or CBCCF Director of Utilization Management to ensure funds are appropriately obligated and disbursed. All service approvals are tracked in ARGOS/FSFN. Licensed out of home placements are tracked in ARGOS and FSFN. The CBCCF Network Support Director matches contracted provider invoices to authorizations prior to submitting the invoice to the CBCCF Controller for payment.

Utilization management is integrated into every major CBCCF process. Case management staff utilizes an all in one automated funding request process to quickly access service authorization for the children and families on their case load. Out of county and placements that require funding above the standard CBCCF board rate require approval from the CBCCF Utilization Manager prior to authorization. At the CTS staffing, the CMA Program Director reviews the service needs and safety plan developed by the CPI. The Dependency Case Management Supervisor reviews the timeliness, appropriateness and effectiveness of services being delivered during monthly case supervision with the Dependency Case Managers. Case plan progress and permanency goals are reviewed regularly (a minimum of every 90 days) at the FST led by a CBCCF Operations Management staff. The appropriateness and effectiveness of services are also reviewed as part of the Multi-Disciplinary Team or Level of Care Staffing and during First Health's monthly review of SIPP.

3. **Physical Health Care Coordination:** CBCCF employs two Nurse Care Coordinators (NCC). The Nurse Care Coordinators ensure that the initial Health Risk Assessment is completed and refer children in need of health care management, health coaching or care coordination to the Sunshine Health Care Management Department as needed. The NCCs also assist with ongoing coordination of health care needs as well as participating in Sunshine Health discharge planning. In addition, the NCC is available to participate in MDT's and Youth Transition Team Meetings (and coordination of medical services listed in the YTM plan).

4. **Behavioral and Mental Health Services & Oversight:** A Clinical Coordinator is assigned to each service center. They are responsible for the oversight of sexual safety/behavioral management planning (aka Child Placement Agreements, CPA's) for children under supervision and ensuring compliance with psychotropic medication policy. Clinical Coordinators are available for ongoing consultation for any children with sexual safety plans/behavioral management plans, on psychotropic medication or involved in human trafficking in any way.

Clinical Coordinators are responsible for working closely with Child Protective Investigators and any other provider staff to both assist in identifying, and at times, interviewing children who might be Human Trafficking victims. The interviews may be done individually or in collaboration with Dependency Case Managers, Child Protective Investigators or others adequately trained in identifying potential victims of human trafficking. Clinical Coordinators complete safe house assessments when needed but at a minimum every 180 days, and attend Multidisciplinary teams scheduled to discuss

service and treatment needs of these children as well as attending any and all staffings for these children in their county.

On a regular basis the CBCCF Clinical Supervisor meets with the Clinical Coordinators to review monthly performance reports tracked by county/CMA.

General CPA & Psychotropic Meds Status		
Total number of children on Child Placement Agreements		
Sexual Abuse victims on CPAs (battery, molestation, exploitation)		
Human Trafficking Victims on CPAs		
Problematic Sexual Behaviors on CPAs		
Severe Self-Harm on CPAs		
Juvenile Sexual Behaviors on CPA		
Behaviors that are a significant threat to others (animal cruelty, destructive to property, fire setting, physically assaultive, other) on CPA		
Severe Self Harm on CPA		
Number of children on medications		
Number of medications prescribed		
Number of children under 11 on 2 or more medications		
Child Placement Agreements Measures	Number Completed	Number required
For an emergency placement, a verbal agreement was completed and documented in FSFN within 2 business days.		
For a planned placement, a Child Placement Agreements was completed and signed by the caregiver at the time of placement.		
FSFN Monthly Home Visit by DCM documents the review of the CPA (review 20% of all children on plans)		
Signed Child Placement Agreements are uploaded into FSFN.		
Psychotropic Medication Measures		
Medication Inventory Forms Completed at time of placement		
Medication Tabs Completed Fully (review 20% of children on medication)		
FSFN notes by DCM documenting monthly review of medications at home visit (review 20% of children on medication)		
Medication Logs collected monthly by Case Manager.		
Number of Monthly Medication Logs uploaded into FSFN (review 20%).		
Pre-Consent Completed for children 10 or under on 2 or more meds prior to starting medication or with in 4 days of an emergency administration		

5. Federal Funding Quality Management Activities

Procedures are current and accurate

The CBCCF Director of Administration and/or Information and Eligibility Team participates in the Department's conference calls and the Department's Region Meetings specific to federal funding and FSFN to ensure compliance with federal guidelines and requirements. As changes occur, the process and procedures utilized are reviewed for compliance and adjusted accordingly. At a minimum, procedures are reviewed by the team annually.

Quality Assurance (QA) activities are conducted at various intervals of a case and throughout the year generally categorized in daily, weekly, monthly or quarterly activities described below:

- Daily, Information & Eligibility Manager (IEM) reviews are completed on all eligibility determinations and case setups prior to approval.
- Monthly, children receiving dependency services for 12 months require a case data and eligibility review.
- Monthly, penetration rates of Title IV-E Foster, Title IV-E Adoption and Adoption TANF eligibility funding categories and Medicaid eligibility are reviewed to identify negative trends.
- Monthly, IEM will conduct supervision meetings to emphasize ongoing policies and procedures.
- Quarterly, federal funding and eligibility reviews are completed for each funding category: Foster Title IV-E, Adoption Title IV-E and Temporary Assistance for Needy Families (TANF). These reviews are completed per the guidelines outlined in the annual *CBC Federal Funding Eligibility Monitoring Plan*.
- Quarterly, policy and procedures are reviewed and updates are made as necessary to *Information & Eligibility Handbook*.
- Quarterly, training occurs with staff to deliver updates that may have occurred.

Eligibility Activities Completed Correctly

Daily eligibility activities are completed by an Information and Eligibility Specialist (IES). All eligibility activities are approved by the Information and Eligibility Manager (IEM). Weekly and Monthly reports are reviewed by both IES and IEMs to complete data validation activities. FSFN and proprietary reports are used to evaluate eligibility data and identify potential errors in data entry (exception reports). Quarterly, IEMs complete eligibility file reviews and provide the IES team with results and feedback.

Eligibility, approval and validation activities:

Initial reviews: TANF & IVE

When a child initially enters the CBCCF system of care, the case status is evaluated to determine which federal funding guidelines will be used to determine case eligibility.

For children who enter the CBCCF system of care with an In-Home Non-Judicial Service case or In-Home Judicial Services case status the TANF guidelines apply and the following process occurs:

- The CPI (Child Protective Investigator) completes a TANF form within FSFN investigation and submits the form to CBCCF in the CTS packet.
- FSFN is reviewed by IES for TANF accuracy/completeness.
- The TANF form is located within FSFN and filed in the CBCCF official case file for future reference.
- If the TANF form was not completed in FSFN or received at CTS, or the eligibility was determined incorrectly in FSFN the error will be captured upon supervisor approval by the IEM or during a review of FSFN Eligibility Reports. The reports are reviewed monthly by IES and appropriate actions are taken to resolve errors.

For children who enter the CBCCF system of care with a Foster Care (Licensed Out of Home Care placement) case status the IV-E Waiver and Child in Care Medicaid guidelines apply and the following process occurs:

- The IES identifies the new case / child through FSFN and ARGOS reports.
- The Title IV-E Foster Care Initial Checklist is completed, the supporting documentation is obtained and a Medicaid Application is completed in FSFN.
- The IES make appropriate data entry into FSFN.
- If the eligibility was not entered or the eligibility was entered incorrectly into FSFN the error will be captured upon supervisor approval by the IEM or upon review of the FSFN Eligibility Reports. The reports are reviewed monthly by the IEM and appropriate actions are taken to resolve the error.
- The Title IV-E Foster Care Initial Checklist packet and Medicaid Application is filed in the case file.

Annual Reviews: TANF

When a child's case has been open for 12 months a re-determination of their TANF eligibility should be completed.

For children who are active in the CBCCF system of care with In-Home Non-Judicial Services or In-Home Judicial Services case status the TANF guidelines apply and the following process occurs:

- A case is identified as requiring a re-determination using the following reports: FSFN Children Active Receiving In-Home or Out-of-Home Services Daily Listing by Agency.
- A TANF form is completed in FSFN by IES and approved by the IEM.
- If the TANF form was not received, if the eligibility was not entered or if the eligibility was entered incorrectly into FSFN the error will be captured upon manager approval or upon review of the FSFN Eligibility Reports. The reports are reviewed monthly by the IEM and appropriate actions are taken to resolve the error.

Interim reviews

As a child's case progresses through the CBCCF system of care there are many changes that occur including changes to a child's placement and the case status.

- When a change occurs to a child's placement it is tracked through ARGOS and a Modified Placements Report is generated.
- The Modified Placements Report is reviewed daily. The changes on this report are entered into FSFN and the eligibility in these data systems are reviewed and updated.

- When applicable eligibility activity is completed in FSFN by IES and is submitted through FSFN to Florida.
- If the eligibility code was not entered or if the eligibility code was entered incorrectly into FSFN the error will be captured upon supervisor approval or upon the IEM monthly review of the FSFN Reports.

Information and Eligibility Managers (IEM) Annual File Review Overview

CBCCF IEMs conduct Annual Federal Funding File Reviews quarterly. Each CBCCF service center location is visited a minimum of one time each year to conduct the IEM Annual Federal Funding Review Tool. Each service center is reviewed for IV-E Foster Care, IV-E Adoption Assistance, and TANF Adoption Subsidy.

Sample size for each Federal funding source is a minimum of 10%. All reviews are documented by the IEMs completing the review in a FSFN chronological note. FSFN Note Category Type: Federal Funding Reviews; FSFN Note Type: CBC IVE Foster Care; CBC IVE Maintenance Adoption Subsidy; CBC Other (TANF).

Upon completion of the review, the IEM team compiles findings in a Federal Funding File Review quarterly summary report within 30 days following the completion of the review. The quarterly summary report includes findings and recommendations for improvement.

Quarterly the IEM team provides findings and recommendations to IES and Records Management Specialists (RMS). Applicable guidance related to Federal Funding and training needs identified through the findings are provided to the team at this time.

Annually CBCCF submits a Federal Funding Annual Eligibility Report for the previous federal fiscal year to the CBCCF DCF Contract Managers.

Records Room Peer Review Guidelines

CBCCF RMS will conduct record room and case file reviews quarterly. Each CBCCF service center location is visited a minimum of one time each year to conduct the Records Room Peer Review. The RMS peer reviewer utilizes the Records Room Peer Review Binder Tool and Records Room Maintenance Review Tools. Random samples of all case file types are reviewed. The RMS completing the review randomly chooses cases utilizing the FSFN Children Active Receiving In-Home or Out-of-Home Services Daily Listing by Agency report. Upon completion of the peer review, the report with the identified sample and the peer review tools are submitted to the service center IEM. The IEM reviews the peer review findings, and shares results with the service center RMS. RMS is required to rectify identified issues. The peer review sheet is initialed and dated upon correction of the error. The tools are kept in a 3 ring binder at each service center location and findings are discussed at the next all staff records meeting.

6. Data Integrity and Management Data integrity is critical to the effective operation of a system from contractual, financial, and resource management perspectives.

The data extracted from FSFN/ARGOS is used to alert CBCCF and CMA managers on the success or failure of achieving contractually required outcome performance requirements. FSFN/ARGOS data also provide “the status” of the current situation to CBCCF Management. FSFN/ARGOS provide a mechanism to quickly access information from the number of children in a particular living

arrangement or legal status to stratification by length of time in care at the CBCCF lead agency level, county level down to the case manager level. The use of data enables management to evaluate if a situation/problem is systemic or isolated to an agency, unit or case manager. Corrective action plans and performance improvement plans are developed based on data that has been analyzed and are monitored by using data points.

Data should have integrity between systems. Information entered in FSFN should be consistent with information in ARGOS. Information from FSFN should match invoices received from vendors and utilization information tracked by the CBCCF Director of Utilization. Reports from ARGOS (maintained by the Intake and Placement Agency) regarding the out-of-home care census population should be consistent with information in FSFN and the case management file.

Information & Eligibility Specialist (IES) validates and distributes client and case information. The information validated and distributed is tracked on Daily, Weekly Monthly Report Checklist. Reports are distributed and used as tools to communicate case information as it is captured in FSFN, Argos or other data systems.

Data is managed by ensuring the consistency of information between systems and by limiting the persons managing the data for placement location and type, removal, and eligibility information to a few well trained staff. The Dependency Case Management Supervisors are responsible for reviewing and verifying the accuracy of information in FSFN during their review of the units' caseload.

Data validation continues to be a focus during many staffing processes. During the Out of Home Licensed Care Audits the CMA Program Director reviews FSFN data and the Intake and Placement Provider compares data from ARGOS. The CBCCF County Director and CMA Program Director ensure that discrepancies in data are immediately corrected through communication with the CBCCF Information and Eligibility Specialists.

7. Contract Performance Measures At the time of the initial transition (2004) CBCCF identified and began tracking numerous data elements that have continued to be analyzed and reviewed to determine how the CBCCF System of Care, as it is implemented, affects performance; the sensitivity of data points specific to a system change; and the residual affect of a change in one data point on other data points.

The current contract performance indicators established by the Department include:

Performance Measures FY 17-18	CBCCF	Performance FY 16-17
(SCM1) Rate of abuse or neglect per day while in foster care.	=/< 8.50	9.66
Number of children with finalized adoptions between July 1, 2016 and June 30, 2017.	=/> 203	Achieved 16/17 goal
(SCM2) Percent of children who are not abused/neglected during in-home services	=/> 95%	97.0%

(SCM3) Percent of children who are not neglected or abused after receiving services	=/>95%	95.9%
(SCM4) Percentage of children under supervision who are required to be seen a minimum of once every thirty (30) days, who were seen a minimum of once every thirty (30) days.	>/= 99.5%	99.8%
(SCM5) Children exiting foster care to a permanent home within twelve (12) months of moving to a permanent home.	>/= 40.5%	36.9%
(SCM6) Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months	=/> 43.6%	57.8%
(SCM7) Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home.	>/= 91.7%	90.3%
(SCM8) Children's' placement moves per 1,000 days in foster care.	4.12 or less	3.93%
(SCM9) Percent of children in out-of-home care who have received medical services in the last twelve (12) months.	>/= 95%	96.6%
(SCM10) Percent of children in out-of-home care who received dental services within the last seven (7) months.	>/= 95%	94.4%
(SCM11) Percent of young adults exiting foster care at age 18 who have completed/are enrolled in secondary education, vocational education, or adult education	>/=80.0%	81.3%
(SCM12) Percent of sibling groups where all siblings are placed together	=/>65%	63.0%

Contract measurements can be extracted from FSFN through data reports. CBCCF monitors FSFN Child Welfare Reports posted on BOE to obtain information as available about performance measures. CBC also downloads data from FSFN and adjusts to capture county, case management agency and unit level performance. The data is sent out monthly to CBCCF Management Team. CBCCF also uses a proprietary system, ARGOS, which produces performance reports. CBCCF agrees that the contract measurements are valid and important indicators of a child welfare system and that CBCCF should strive to achieve a higher level of performance each year. In a child welfare agency there are many outside (systemic) influences that have some level of impact on process and that ultimately influence an outcome. The influence may be positive or conversely negative. Our focus is on partnering and championing changes necessary for system improvement.

The Department's staff, the current dependency case management staff and providers acknowledge that other entities have significant influence on the achievement of performance goals. Several barriers identified that have a negative impact on the achievement of performance include, but are not limited to: the parents (who may not be invested in change or may not be engaged in the process), CLS (may not file documents timely, may request continuances), the judiciary (docket may not allow for an abbreviated schedule for dependency hearings for example: it may take 3 weeks to get a hearing date scheduled for an Arraignment Hearing after Children's Legal Services (CLS) files a non-shelter

Dependency Petition or to get trial time for a TPR trial), and relatives (that have agreed to adopting the child) may not feel any urgency about obtaining the required paperwork and completing the activities necessary to convert the relative placement home to an adoptive home because they do not have an urgency, as child is already in their home.

CBCCF continues to determine processes that are impacted negatively by external factors and addresses the issue with those parties. It is CBCCF's belief that the parties involved are not aware of their influence on an outcome, may have other workload barriers or conflicting priorities, but when possible they are willing to make the necessary modifications or accept additional responsibilities in the system of care so that outcomes are achieved. In the past fiscal year, CLS Managers have been instrumental in implementing an electronic filing of court paperwork between CMA and CLS, partnered in training around Conditions for Return and in updating the diligent search operating procedure, etc.

The CBCCF monthly data report is provided monthly to internal and external stakeholders, the CBCCF Board, the Community Alliances and Services Sub-Committee members. Information on results of quality assurance reviews are shared in a similar manner. The information provided in the monthly report is frequently discussed, and ideas for improvement or additional service needs are prioritized. A System Collaboration/CBCCF County and Case Management Agency Program Director meeting is held every month and representatives may include CLS, CMA Program Directors, and CBCCF Operations and QA staff, who are invited to discuss barriers to performance and develop strategies to address them.

8. Program Improvement Plan CBCCF works with circuit/region Department staff to ensure that the CBCCF Program Improvement Plan is consistent with circuit/region and statewide priorities. Performance outcome measures set forth in the Program Improvement Plan are tracked and reported in the monthly CBCCF/CMA Program Director meeting. The Program Improvement Plan is updated quarterly and findings from any reviews conducted are incorporated into the Program Improvement Plan to track improvement from quarter to quarter.

9. Staff and Provider Training CBCCF assigns a specific staff (CBCCF Training Manager) to oversee the CBCCF System of Care Training Plan, as well as to manage training committee meetings focused on identifying the training needs of case management staff/system of care. Invitations to attend training are extended to each counties Network or Stakeholder partners, including the SCSO Child Protective Services Staff Trainer and the Department of Children and Families. Training events are also published on the CBCCF website events calendar.

Pre-Service Training

The DCF-mandated CORE and Case Management track pre-service curriculum is delivered by a dedicated CBCCF Pre-Service Classroom Trainer. This training features several days of training on the SACWIS system (FSFN) and provides a comprehensive basis for child protection work, including laws, types of maltreatments, removal and placement, interviewing families, assessment, case planning, special placements, and adoptions. The curriculum is downloaded from Florida's Center for Child Welfare (operated within the University of South Florida's College of Behavioral and Community Sciences and funded by the Department).

To obtain perspective on the responsibilities that Dependency Case Managers assume on a daily basis, Community Based Care of Central Florida requires new hires to complete shadowing activities

during pre-service training. There are working agreements that are developed in order to try and ensure that a variety of shadowing opportunities related to interviewing skills are provided. There is another structured component of pre-service that is referred to as Practicum Days where field trips are trainer-led to variety of services and providers.

Immediately following Pre-Service Training, there are small group training sessions delivered by the CBCCF County System of Care Trainers. The purpose of these is to aid in the transfer of learning from the classroom to the field. During these sessions, trainees develop a field book and receive reinforcement of specific timeframes and policies of CBCCF as they relate to their newly assigned cases. The main purpose is to promote best practice, having trainees thoroughly review cases prior to making contact with their newly assigned cases and the case transfer form is used as a guide.

In-Service Training

In-service training is provided on a regular basis with training needs identified by direct line-staff, their supervisors/managers or CBCCF Management. In-service trainings frequently involve the use of Subject Matter Experts (SMEs). Lunch 'n Learns or Brown Bag sessions have proven to be a valuable strategy of training delivery as they do not interfere with the "work day." All of the subcontracted case management agencies are accredited and therefore have additional in-service training requirements. Training is regularly delivered on topics such as legislative updates, safety planning, assessment and case planning, meeting the special needs of children, and case management processes.

Supervisor Training & Program Specific Training

CBCCF Trainers and the Department spent the most of 2013-2015 conducting training across the system of care specific to the change in practice model to Structured Safety Decision Making Methodology (SDMM) which required most child welfare staff to attend 8 full days of training; this was followed by training on safety planning and then subsequently by booster trainings in safety planning/monitoring, family assessment, case planning and applying conditions of return. As SDMM practice has become the norm, the need to develop proficiency of CBCCF staff, as well as the supervisors and managers of the Case Management Agencies became apparent. A proficiency project was piloted in collaboration with DCF's Regional Program Office and then was launched by CBCCF. The first group of participants was from the Quality and Training team followed by CBCCF County Executive Directors and their operations staff before rolling out to CMA leadership. Since January 2016, 58 individuals from both the CMAs and CBCCF have completed the process. In June 2017 the last formal cohort with 13 participants started the process. When this cohort is done, new hires in identified roles will have the process included in their training plan with an expectation of completion within six months of hire date.

In an effort to develop supervisors in a trainer role, Learning Circles have been held on a monthly basis as part of the CMA supervisor's unit meetings. Topics addressed have focused on safety planning, parent engagement and barriers to parent engagement and psychotropic medication management. This application of information to real casework tends to lead to a greater understanding of a concept for participants than traditional classroom training.

Foster Parent/Adoptive Parent Training

CBCCF employs Foster Parent Trainers (assigned to each county) to deliver the PRIDE training to prospective adoptive/foster parents. Foster Parent Preparation Pre-service Training is mandated by Chapter 65C-13 of the Florida Administrative Code (F.A.C.). CBCCF contracts with the CPA's to complete the foster parent, licensing process and continue with retention and support services; and requires the CPA to ensure that each licensed foster parent receives not less than eight (8) hours of in-service training per year; as well as training in the recognition of indicators and reporting procedures for child abuse and neglect, behavior management and trauma informed care.

CBCCF continues to participate in **Quality Parenting Initiative (QPI)**. QPI focuses on the improvement of communication and relationship building between the foster parent and case management entities. The primary focus is the recognition of the foster parent as part of the professional team. Additionally, engagement of the biological parent(s) creates a trifecta approach to permanency. Policies and procedures regarding normalcy, babysitting and travel have been developed and finalized and training continues across the system of care to endorse and promote the practice of prudent parenting allowing the foster parent enhanced discretion in decision making regarding these matters.

Staff Development

Supervisors are responsible for developing a training/development plan as part of the performance assessment for employees after the employee's achievement of the FCB Child Welfare credential. The credential must be achieved within a year from the date of completing pre-service training. Maintenance of the Child Welfare credential is dependent upon ongoing training. The CBCCF System of Care Trainers and/or CBCCF Quality Assurance staff delivers enhanced training as indicated through quality assurance reviews, contract monitoring reviews and training committee meetings.

Additionally, the CBCCF System of Care Trainers, provide training sessions several times a month to case managers, supervisors, program directors and the provider community on a variety of topics. Often other subject matter experts are called up to co-train; for example, Children's Legal Services partners in providing training on Court Preparation or Permanency Options.

10. Oversight of the CTS Staffings and FST Meetings the CPI can access a CTS staffing at any juncture in their involvement with a family, when their assessment concludes that the safety to the child requires the ongoing supervision of a formal support system, or the involvement of the judiciary to protect the child. CTS staffings are scheduled by calling the Intake & Placement Unit (I&P). The I & P Unit determines the most appropriate unit assignment of a case based on characteristics of the case identified in a basic intake screening. All things being equal, cases will be assigned by the CMA Program Director on a rotational system. The I & P Unit advises the PI of the staffing date and time and forwards by email notification to the CMA Program Director (CMA PD), and any open providers that are involved with a family or whose services we plan to engage (specifically the Family Intervention Specialist, Domestic Violence Advocate, Nurse Care Coordinator, Child Protection Team Case Coordinator or Child Advocate, and Safety Management Service staff).

Inviting partners to the CTS that will be involved in a case creates an environment for information to be shared reciprocally, provides for better planning of services, identifies who the people are that will be working with the family and what role and responsibilities they will have. Parents are invited and frequently attend the CTS staffing. At the conclusion of the CTS staffing the negotiated services and responsibilities (CPI/DCM) are written on the CTS form and a process for continuing to share

information determined. Generally, the DCM has case management responsibility and is the lead on filtering information, as appropriate, to the service providers involved with the family.

In the CBCCF System of Care the Case Management Agency Program Director chairs the CTS. The primary reason for assigning this responsibility to the CMAPD is to provide utilization and quality oversight in the process. The CMAPD has a primary responsibility of ensuring that the service level requested is appropriate (is the current and pending safety of child clearly identified and does it match the proposed service level), is the safety plan in place appropriate, and is there a need for care precaution or behavior management plan? The CMAPD can authorize services needed that may result in timely decision making regarding the services a child needs, preventing removal or timely reunification when conditions for return are met. The CMAPD can assist the CPI with determining if expedited TPR should be considered and assisting the DCMS with identifying cases where concurrent case planning should be utilized. The signature of the CMAPD on the CTS form qualifies as their approval of the appropriateness of the level of intervention and the safety plan.

“Family Service Teams” (FST) are individuals who meet regularly (at a minimum of every 90 days) for the purpose of coordinating services to the family, discussing case plan progress and evaluating the appropriateness of the identified permanency goal and placement setting if the child is in out-of-home care. The team includes the family, caregiver of child, case manager, dependency case management supervisor, service providers engaged with child or family, Guardian ad Litem, Child Legal Services, attorney for parents, CBCCF Permanency Specialist/Program Staff or county Executive Director; and any other party the family identifies as a support. The FST’s are required to be convened in all cases where the child is in an out-of-home placement setting and continues to be convened until the child is returned home, an adoption finalization occurs, or the child reaches the age of majority, whichever occurs first. Youth Transition Team Meetings may substitute for the FST when the child has a permanency goal other than reunification and is age 16.5+.

Authorizations for service are recommended or approved at these staffings, decisions are made about placements (level of care), service delivery is coordinated, case plan progress and the continued appropriateness of the permanency goal and placement of child is reviewed.

Specifically, the team determines:

- The need for continued custody of the child;
- The need for continued out-of-home care placement of the child;
- The appropriateness of the child’s current placement;
- If reunification is the plan, the extent of progress made by the parents toward improving the conditions that caused the child to be removed;
- Evaluating for conditions of return;
- Efforts made by the case manager to engage the parents, or diligent efforts to locate if contact has not been established or maintained
- The barriers or safety issues that prevent reunification from being achieved;
- The services that have been provided to help the family achieve the goals identified in the case plan;
- The services that are still needed to help the family achieve the goals identified in the case plan;
- Child well-being (medical, dental, mental health, education, psychotropic medication)

- Efforts to locate relative caregivers or permanent connections for youth
- Parent and child visitation (quantity and quality)
- The extent of achievement toward meeting the case plan objectives (focused on the change in behavior);
- The most appropriate permanent plan for the child and how to achieve the plan;
- The most appropriate alternative permanent plan for the child; and/or
- The expected date by which the permanent plan will be achieved.

Sometimes FST's are convened to address something specific in a case that potentially has a significant impact on the capacity to achieve the permanency goal or involves service delivery that must be coordinated to ensure child well-being or safety. Situations that might necessitate this might include: discussion of a higher level of care for child; a motion for reunification has been made and a coordinated response to the motion needs to be determined and a plan for child's safety crafted if child is reunified against case management recommendation. Case managers are required to provide information to the CBCCF operational staff chairing the staffing that all parties including parents, child if age appropriate and caregivers were invited to attend the staffing, if unable to attend the case manager will get a statement as to their perception of case progression, additional needs or concerns.

11. Supervisor Review All mail (courier, US Postal etc.) is delivered to case management through the Case Management Agency Administrative support staff to be date stamped and routed to the appropriate parties. Court orders, provider progress reports, psychological assessments, comprehensive behavior health assessments, etc. are sent to the case manager through the supervisor. The supervisor is required to review the information, initial the bottom right corner of the document and forward the document to the case manager with instruction within 24 hours. Case manager chronological/visit sheets are reviewed at least monthly during case consultation meetings between the case manager and the supervisor. Supervisors are encouraged to review contacts daily with new staff and as the supervisor determines that a case manager has progressed, is making effective and appropriate decisions with a high level of frequency, this level of oversight of the case chronological can be reduced.

Frequent reviews and consultation between the case manager and supervisor provides the case manager an opportunity to initiate necessary actions to correct a situation before a larger problem results, it also provides the case manager with reassurance as they build increasing competence, and results in more sound decision making that impacts everything from child safety to achievement of permanency.

A formalized, qualitative case review between the case manager and supervisor occurs at least every 90 days. The review includes a discussion of each case, a review of the permanency goal and progress of the family, and a verification that the data entered in FSFN continues to be accurate. The supervisor enters the review in FSFN and uses the case-type specific Supervisor Review Checklist to ensure the entry includes the continued appropriateness of the safety plan and specific instruction regarding the level of visits that are required to ensure safety and achieve the permanency goal established for the case as documented on the case plan. In addition to the quarterly supervisor reviews, supervisory consults are completed between the case manager and supervisor on a regular basis. The consults provide Safety Decision Making Methodology (SDMM) document-specific guidance and approval, in order to strengthen the case manager's assessment of the family's needs and behavior change. A

consult is completed upon supervisory approval of the Family Functioning Assessment-Ongoing, Progress Updates, Case Plan, Safety Plan, and Other Parent Home Assessment (OPHA). Consults are also completed after the case is received from the CPI and prior to the case manager's first home visit, prior to attendance at a Family Service Team staffing, and prior to court proceedings. The supervisor will use the Supervisory Consults Guide for reference, and each consult is entered into FSN.

At a minimum the supervisory reviews and/or consults will include a review of the following information:

- Safety plan effectiveness/monitoring
- family functioning assessment/progress update (ensuring it is updated as needed),
- the most recent Family Service Team meeting form,
- the family's progress in meeting the current case plan objectives,
- strengths/barriers in achieving the goal,
- valid (not expired case plan) with correct permanency goal
- the frequency and types of contact the case manager is having with the family to include engagement activities (including the child, both parents and the caregiver),
- sibling and parent visitation
- identification of relatives or other connections for the child
- CBHA recommendations
- Child wellbeing needs (physical, dental, mental health and school needs)
- Psychotropic Medication utilization and procedural compliance
- Evaluation of conditions for return
- Assessments of risk
- Legal status of the case
- Independent Living Services/caregiver form
- Ensure appropriate follow up to previous case directives occurred

During supervisor reviews the supervisor provides feedback and directions to case managers that result in cases moving toward permanency, to include reviewing past directives to ensure they have been completed. Supervisors are required to use the Supervisor Review Checklist tool which addresses early and ongoing family engagement/contact. The supervisor should provide suggestions to the case manager regarding case plan outcomes and services to discuss with the family; as well as ensuring that the case manager completes in depth family assessments and that all participants had a voice in the family functioning assessment and case planning process. All supervisory reviews are entered in FSN and quality of supervision is monitored during quarterly file reviews by the QAM.

At least once per month the supervisor holds a unit meeting. The meeting covers best practices, policy and operation updates, information on how well the unit is performing; the unit's performance compared to other similar units, and how well the unit is performing overall compared to the contract performance indicators. CBCCF program operations/quality management staff or trainers are available to attend unit meetings at the request of the unit supervisor/program director and can assist with leading a discussion regarding the current trends presently observed in the unit. This allows the CBCCF operational staff to help target training issues for the unit and provide one-on-one technical assistance as needed. Incremental goals will be set around indicators that need improvement, committed to by staff through consensus building, and progress reviewed at each staff meeting. At every opportunity

the supervisor will pair case managers that have different skill sets and encourage staff to continue to learn and grow professionally. The supervisor (lead case manager or mentor) will set time each month to attend court hearings and complete home visits with staff that are provisionally certified by the Florida Certification Board. Informally the supervisor will seek information from families and providers on staff performance. The DCMS is as much accountable for the development of their staff as they are for their daily supervision.

The CMA Program Director will randomly select three case records quarterly from each unit* to review and will use the Case Management Supervisory tool as a guide to complete the review. The CMA PD will include information in their review as to the appropriateness of DCMS case directives given to the case manager. The CMA Program Director will assess the quality and appropriateness of the direction provided and review the data entered in FSFN to verify accuracy. If there are any concerns about the quality of the supervisor review the CMA Program Director will discuss the case with the supervisor within the constructs of child safety, safety planning/monitoring, case planning, well-being and permanency. *The CMA Program Director may substitute the Field Based Child Welfare Certification Packet review for these reviews and outlined in the CBCCF Training Policy.

The CMA Program Director is as much responsible for the development of the unit supervisor, as the unit supervisor is to the case manager. The development of both is critical to the overall improvement of the organization. CBCCF will encourage the CMAPD's to develop training plans for each supervisor under their authority. The training plan should be negotiated with the supervisor. The CMA Program Director will ensure that the supervisor has time committed to completing the training plan, and will review the training plan at least semi-annually to assess the status of completion. Similarly, the supervisor will negotiate a training plan with each case manager under their authority. The CMA Program Director will maintain a copy of all training plans of staff on the units for which they are responsible. Training plans must be updated annually, preferably at the time of the annual staff performance review.

12. FCFSR and RSF QA Model CBCCF QM staff attended FCFSR specific training in February 2016 and in April 2017. The practice guidelines developed by the Children's Bureau are descriptive and provide detailed instruction on ratings; this is further enhanced by the frequently asked questions continuously added to by the Department. The CBCCF Quality and Training Director attend quarterly state level QA meetings and reinforce information from the meeting during monthly CBCCF QA Team Meetings. All completed QA reviews have a second party review conducted by the CBCCF QTD, this assists in building inter rater reliability with the local team and at the state level.

RSF reviews are conducted by the CBCCF Quality Assurance Manager assigned to the county. The RSF Review consists of a file documentation review. The CFSR Review includes a file review, as well and in a few CFSR cases interviews with key case participants is required (minimally: case participants, caregivers, service providers, and other essential persons involved with the case, such as the Guardian Ad Litem and Children's Legal Services Attorney). Results from reviews are entered into Qualtrics (managed by the Department) or the Federal OMS portal, and debriefed within 5 business days with the case manager/supervisor (minimally, any case with immediate safety concerns are immediately debriefed). A semi-annual summary report for each case management organization in reference to the results of the reviews conducted is completed. At least once annually the CBCCF County Quality

Assurance Manager presents information on the CBCCF Quality Management process to an “all staff” audience of the case management organization.

Case Sample

Rapid Safety Feedback Reviews: The Department posts a sample universe (report located at: Public Folders/OCWDRU Reports/ QA) from which CBCCF after filtering by criteria defined by the Department further narrows the selection, identifying cases per case management agency in each county, with a sample that includes in-home (voluntary, judicial or post placement supervision) cases. Cases are filtered according to young age of child, maltreatments for children 1+ to include and/or substance abuse and domestic violence (see sampling guidelines as defined in “Windows into Practice”). Cases open to services that have a new abuse report are prioritized for review. **Child and Family Services Reviews:** in-home cases are identified through the same report as RSF cases but without applying filters. Out-of-home cases are randomly selected (by case management organization eligible cases) from the AFCARS report located in the Department’s Web Portal Imaging Lite Folder.

	Rapid Safety Feedback	Florida Child and Family Service Reviews (FCFSR)	Federal Child and Family Services Review
PUR	Current status-most recent six months	The beginning of the quarter, a year back; i.e. a case reviewed 8/15/17 would have a PUR 7/1/16-8/15/17.	The beginning of the quarter, a year back; i.e. a case reviewed 8/15/17 would have a PUR 7/1/16-8/15/17.
Sample	Report: Children receiving in-home services daily QA listing	OCW provides case listing report that meet sampling frame from an AFCAR extract (OHC) prior to the beginning of every new AFCAR reporting period using the most recent AFCARS extract or OCW Children receiving in-home services 60/40 (OHC/INHC)	Selected by OCW and sent to the QTD at least one month prior to scheduled review date
Case Stratification	Case currently open	Open or closed @ time of review	Open or closed @ time of review
	In-Home Services Case	In-home case open at least 45 consecutive days during the PUR; OHC open during sample period in OHC for at least 24 hours during the PUR	In-home cases open at least 45 consecutive days during sampling period with no child in the family unit placed in OHC for longer than 24 hours during any portion of the PUR
	Open to CBCCF for at least 30 days		
	Apply filters in following order:		
	1. Child under age 4, maltreatment of substance ab/DV with a new abuse report		
	2. All children under age 12 months		

	3. Children under age 4, where caregiver has been a/p for family violence and substance misuse		
	4. Children under age 4, where caregiver has been a/p for family violence or substance misuse		
Discretionary:	Sample can be set to parent or caregiver under age 27 or expanded.		
Review Tool	Rapid Safety Feedback/Case Management Services	CFSR Onsite Review Instrument	CFSR Onsite Review Instrument
Documented:	Qualtrix Portal	CQI Federal Online Management System (OMS) @ https://www.cfsrportal.org/oms	Federal Online Management System (OMS) @ https://www.cfsrportal.org/oms

Discard Criteria/Rapid Safety Feedback Reviews:

1. Discard any sibling of a child included in the current sample
2. If the child is in a case open only for continued adoption subsidy payments
3. If the child was placed for the entire PUR in a locked juvenile facility or commitment program
4. Case open less than 30 days at the time of the review
5. ICPC, other state jurisdiction
6. Case closed prior to the review date

Discard Criteria (FCFSR): any case eliminated must be documented on the Case Elimination Worksheet:
<https://training.cfsrportal.org/resources/3105>

In-home Cases

1. In-home services case open for fewer than 45 consecutive days during the PUR
2. In-home services case in which any child in the family was in foster care for more than 24 hours during the PUR

Out-of-home Care Cases:

1. An out-of-home care case in which the child is in OHC for fewer than 24 hours during the PUR.
2. An out-of-home care case that was discharged or closed according to agency policy before the sample period.
3. A case open for subsidized adoption payment only and not open to other services.
4. A case in which the target child reached the age of 18 before the period under review.
5. A case in which the selected child is or was in the care and responsibility of another state, and the state being reviewed is providing supervision through an Interstate Compact on the Placement of Children agreement.

6. A case appearing multiple times in the sample, such as a case that involves a sibling in OHC in separate cases or an in-home services case that was opened more than one time during the sampling period.
7. An out-of-home care case in which the child's adoption or guardianship was finalized before the period under review and the child is no longer under the care of the state child welfare agency
8. A case in which the child was placed for the entire period under review in a locked juvenile facility or other placement that does meet the federal definition.

The Child and Family Service Review sample includes 40% sample of in-home and 60% sample of out-of-home care cases. The CFSR on-line tools are built on case work processes that impact the three major child welfare constructs: Safety, Permanency and Well-Being.

CBCCF conducts any additional specialized review requested by the Department to include Executive Management and Region discretionary reviews. If the specialized review is initiated by the Department, the Department provides reasonable notice, and identifies the scope and purpose of the review. CBCCF accommodates for the review by cooperating with venue, arranging for any CBCCF case files to be transported to the site where the review will occur, and for their return. When the review involves CBCCF case records, CBCCF assigns qualified QA reviewers to the review project. If the Department requests that CBCCF conduct a specialized review and provide the results, the CBCCF Q/T Director will work with the Department's lead to review the required tool and review parameters. The CBCCF Q/T Director will then select a review team; qualifications will be based on the specifics of review. The CBCCF Q/T Director will provide oversight of the review and the coordination of the review results. When CBCCF (Chief Executive Officer, Chief Operations Officer, Vice President of Program Operations, Network Support Director or county Executive Director) identifies the need for a specialized review, the Q/T Director will take the lead on organizing the review and conducting the review within the parameters agreed upon. Peer reviewers will be solicited to assist in specialized/targeted reviews, as generally these are determined necessary when there is a need to collect information quickly for purposes of taking necessary actions to address a significant discovered deficiency. If the Case Management Agency Program Directors request a specialized review the CBCCF Q/T Director will review the request and determine if CBCCF will conduct or participate in the review. During any of the review processes if a reviewer identifies that there is a critical life, health, or safety threat to the child a communication form/request for action (RFA) will be immediately brought to the attention of the assigned Case Management Agency Program Director to handle. This critical issue will be documented on a communication form for tracking purposes and recorded in FSFN. The Case Management Agency Program Director will provide the reviewer with documentation of completion or status of completion within 24 hours.

The ***Rapid Safety Feedback tool*** evaluates the case file documentation specific to:

- Timeliness and sufficiency of family functioning assessments: danger threats, child vulnerability and caregiver protective capacities
- Frequency and sufficiency of case manager visits with children and parents/ legal custodian
- Background checks & home assessments
- Safety plan sufficiency and monitoring of safety plan
- Quality of supervision/consultation & follow up on directives

The **Florida Child and Family Services Review** evaluates seventeen (18) items related to safety, wellbeing and permanency.

Safety

Agency response to child abuse reports initiated and f:f with child within timeframes required by the state

Concerted efforts to provide services to prevent entry into foster care/re-entry

Concerted efforts to assess and address the risk and safety concerns

Permanency

Stability of foster care placement

Appropriate permanency goal established timely

Concerted efforts to achieve permanency goal

Concerted efforts to place siblings together

Sufficient frequency and quality of visitation between child with siblings and parents

Preservation of connections to child's community, neighborhood, faith, school, friends and Tribe (if applicable)

Efforts to place child with relatives when appropriate

Efforts (other than visitation) to promote, support and maintain the child in foster care's relationships to parents or caregivers removed from

Well-being

Assessment of needs and provision of services to children, parents, caregivers to achieve case goals and address reason for involvement

Involvement of parents and child in case planning process, ongoing

Frequency and quality of case managers visits with child

Frequency and quality of case managers visits with parents

Efforts to assess children's educational needs and address identified needs

Addressing physical health and dental needs of children

Addressing mental/behavioral health needs of children

FCFSR Program Improvement Plan Review Schedule

FCFSR PIP Reviews: CBCCF coordinated with Brevard Family Partnership and the Department's QA staff to identify dates for the CBCCF PIP monitored case reviews:

	In-Depth Reviews	Schedule
August 2017	2 cases: Circuit 9	Aug 8-10; Aug 22-24
October 2017	Seminole, Circuit 9	Oct 10-12; Oct 24-26
November 2017	Circuit 9	Nov 14-16
December 2017	Circuit 9	Dec 5-7
February 2018	2 cases: Circuit 9	Feb 13-15; Feb 27-Mar 1
April 2018	Seminole, Circuit 9	Apr 10-12; Apr 24-26
May 2018	Circuit 9	May 8-10
June 2018	Circuit 9	June 5-7

In-depth reviews: (Orange/Osceola & Seminole) completed quarterly by the CBCCF QA Department

Adoption Program reviews: (Orange/Osceola & Seminole) Adoption Audit Monthly

Diversion/Family Support Program: As determined by the CBCCF Diversion Development Manager and QTD

Specialized Reviews (Orange/Osceola & Seminole): Are as requested by the Department or as need determined by CBCCF Management. In FY 16/17 reviews included: Family Finding/Diligent Search and CTS observations; Family Support and Safety Management Services; and children disrupting from relative care/non-relative care within the first months of placement.

Psychotropic Reviews (Orange/Osceola & Seminole): CBCCF Clinical Coordinators review the FSFN Psychotropic Medication Report weekly which details any incomplete medication tab information. The Clinical Coordinator assists the case management staff in completing the medication tab correctly. The CBCCF Clinical Coordinator reviews the medication tabs monthly for each child in OHC that is prescribed medication, and ensures the information is correct based on court orders and the medical report. Tracking is maintained that identifies that the coordinator has monitored the following: review of children under age 11 on two or more psychotropic medications; completeness of medical report; compliance with consent requirements; verification that medication logs were obtained from caregiver, and validation of medical tabs in FSFN.

System Review of the Quality of Integration of Key Processes: As indicated through RSF and FCFSR process.

Specialized Supervisory Review: The CMA PD will complete a QA review of (3) documented supervisions per supervisor/per quarter; review of Field Based Certification Packets may substitute (the CBCCF Training Manager ensures reviews occur at the time packets are submitted for processing to FCB).

Council of Accreditation Site Visit: CBCCF is accredited through February 28, 2019. The reaccreditation application is due on 9/1/2017. The Council will schedule a phone consult within 30 days and work with CBCCF to identify dates in 2018 for the site visit to occur. A self study is due 60-90 days prior to the site visit.

Information from CBCCF QA Reviews (FCFSR, RSF and Specialized Reviews, Stakeholder Interviews and Foster Parents) is shared with staff, CBCCF Board of Directors, and providers. Discussion includes:

- what was done well,
- what needs to be improved,
- establishing an appropriate target for next quarter,
- and; information on how this can be achieved

Performance Measures will be identified to ensure that progress is being made on areas identified as needing improvement with progress reported back to staff and providers that are involved.

Quality Assurance Review Report Format: By August 15th of each year the CBCCF QTD prepares a comprehensive QA review report for Orange, Osceola and Seminole Counties. The review report includes findings from the RSF and FSFSR & PIP reviews. The CBCCF Chief Legal Officer approves the report and report is forwarded to the Department's Contract Manager who routes the report to the Office of Child Welfare's Manager of Quality Improvement.

The Department has updated the format/content for the Annual CBC Lead Agency CQI Report for FY 2017/18. The format includes providing information on: organizational capacity to perform QA/CQI; outcome measurements and performance metrics on safety, wellbeing, and permanency outcomes; systematic process employed to review practice trends and performance for purpose of performance improvement; findings over time; gap between findings and benchmark and intervention findings or plan.

14. Network Department Monitoring CBCCF has formal subcontracted providers who are assessed annually for various risk factors to determine the risk level and establish a basis for the frequency of monitoring. Depending on the risk factor analysis, contracts are monitored annually, bi-annually or every three years. The CBCCF Network Support Director develops an annual contract monitoring schedule for each provider contracted through CBCCF. The monitoring schedule is established sixty (60) days prior to the beginning of the fiscal year, or within the first sixty (60) days of a contract start date. The review team includes the CBCCF Network Support Director and Chief Finance Officer or designee, and may include any additional CBCCF staff or network provider staff that CBCCF determines is necessary to execute an effective review. Both administrative and programmatic components are reviewed during the scheduled review using the review tools provided in the operating procedure.

The comprehensive review includes, but is not limited to, an onsite review of records, interviews and direct observations by the review team that involves:

- Client Satisfaction Surveys (administration and outcomes)
- Treatment and Activity Records (services authorized were delivered, clients were eligible for services)
- Interviews of the provider agency staff, board, clients and families/guardians
- Payroll Records (tax returns and payroll register for administration and program personnel)
- Organizational Charts
- Invoices and Supporting Documentation
- Verification of Required License(s)
- Observations of contractual terms and conditions
- Audit Reports or detailed review of the provider's accounting system
- Interim financial statements
- Compliance with previous year's findings and recommendations found in the previous year's administrative contract monitoring report
- Correction or clearance of all identified deficiencies identified in the previous year's administrative contract monitoring report
- Current operating budget and expenditure report
- Records and minutes of board and finance committee meetings
- Roster of all provider employees (by position, title and department)
- Record of tax exempt status
- Evidence of compliance with sponsorship and publicity requirements and lobbying restrictions
- Consistency in rate application documented on contract, provider invoice, and payment
- Match requirements were met when applicable
- Compliance with federal requirements
- Compliance with record retention rules
- Compliance with Civil Rights
- Accreditation reports with findings and recommendations if applicable

- Other state agencies or funders' annual monitoring's and audits as deemed applicable with findings and recommendations

Formalized contract monitoring is an annual event, however provider evaluation is a perpetual process reviewed by CBCCF through monthly utilization tracking (payment and units of services consumed), provider reports and program performance data reports and less formally in LOC, Placement Stabilization, and FST staffings. CBCCF reviews performance data monthly and share this information with the CBCCF providers and the CBCCF Stakeholder Groups. If there are deficiencies a Performance Improvement Plan is developed and progress on the plan is tracked monthly and discussed with the provider. This allows the provider an opportunity to demonstrate efforts at improvement.

CBCCF holds bi-monthly (every other month) Provider Advisory Board meetings to provide a venue for announcements, updates, and discussion of provider successes and concerns. Unless otherwise scheduled individually by a provider, agendas are structured to explore issues related to network performance and to identify and problem-solve any barriers to quality care or services. The ongoing opportunity to share strategies and address challenges builds a more cohesive provider network and lead to innovative new practices. The CBCCF Board receives updates quarterly as to the performance of contracts that have been monitored.

CBCCF has informal contracted providers including, but not limited to: mental health therapy, mentoring, tutoring, respite, substance abuse treatment, behavioral analyst and other wraparound services. CBCCF completes a Preferred Provider Network application process, as needed, to recruit and credential our informal service providers to ensure all approved providers are committed to providing the highest level of quality services to our children and families. Each Preferred Provider Network (PPN) provider is assigned a Network Resources Manager to ensure proper oversight and monitoring.

Selected network preferred providers practice our CBCCF culture of CREST (Communication, Respect, Empowerment, Support and Trust) while working with families, Case Managers and other professionals in our child welfare system. Providers must be committed to the following System of Care values:

1. The value of **family-driven and youth-guided care** means services provided are based on the strengths and needs of the youth and families that are served. A strengths-based model of assessment such as the CANS-C is a key component of a family driven and youth guided model. Agencies should be able to demonstrate how families and youth are considered the leaders and drivers of both the family team and the plan of care.
2. The value of **cultural and linguistic competency** means that services provided are sensitive to each family's culture and agencies strive to eliminate racial, ethnic, geographic, cultural and socioeconomic disparities and disproportionalities by tailoring services to reflect the cultural and linguistic needs of the families to be served. Partner agencies should participate in assessment and development of policies and procedures to ensure competency. This may include, but is not limited to: training standards for employees, incorporation of policies into service delivery, self-assessment of cultural and linguistic competence, and/or use of certified translation specialists and interpreters based on best practices.

3. The value of **community based services** means that services should be available within the family/youth's community, as defined by the family and youth. An agency should be able to demonstrate flexibility around location of services being offered and demonstrate efforts to collaborate, enhance partnerships with services systems and resources in the community.

15. Licensing: (Child Placing Agency)

As of September 2009, CBCCF (Seminole) assumed primary licensing review and approval. This authorization was extended in 2012 for Orange/Osceola. All initial and re-licensure licensing packets for foster care homes and/or child specific placement homes submitted by area child placing agencies are submitted to the CBCCF Licensing Manager for final approval. Upon final approval the CBCCF Licensing Manager submits an attestation packet consisting of:

- Licensing Application
- CBCCF Cover Letter
- Notarized Attestation
- CPA request to License
- Standard Licensing Checklist

This attests that the packet is complete and complies with F.A.C. 65C-13 and 65C-15. The attestation is submitted along with the Licensing Standards Checklist for 24 Hour Family Care to DCF Licensing Office. The DCF Licensing Office then issues the foster home or child specific license.

The DCF Licensing Office conducts annual quality assurance reviews. The Department's Licensing Office informs CBCCF of any findings from the review specific to a CBCCF foster home or performance by a specific child placing agency. CBCCF shares this information with all CPA's for improvement and continued quality performance.

The Child Protective Investigator notifies the Child Placing Agency, Licensing Authority (ACHA, DCF, APD), primary case manager of children involved in report, Intake and Placement Unit Supervisor, CBCCF County Director and CBCCF Licensing Manager of all institutional reports received involving a facility (residential group care) or foster home located in Orange or Osceola County. The CPI Supervisor assigned to the Institutional Unit schedules the staffings which are held every other week. The DCF Supervisor sends the notification to CBCCF and other parties, and CBCCF makes additional notifications to the Case Management Agency staff. The CPA and CBCCF Licensing Manager who attend the staffings are responsible for ensuring follow-up to any licensing corrective actions that are determined necessary.

When the Florida Abuse Hotline receives information regarding a child placed in a foster home that does not meet the criteria for an abuse report, they will document this information as a "foster care referral." The Hotline will send this information to the Child Protective Investigation Unit Supervisor assigned to the Institutional Unit. The supervisor will review the referral and forward to the Intake and Placement Unit, CBCCF Licensing Director and designee for tracking. Intake and Placement will forward the referral to the Child Placing Agency assigned to support the foster home. The Child Placing Agency licensing staff will respond to the home within the designated time period and take appropriate action based on their findings. The outcome is relayed in writing to the CBCCF Licensing Director designee, who reviews the information and documents the information in FSFN. Once entered, the CBCCF Licensing Director approves the note and closes the referral as complete.

The CPA contract with CBCCF requires that the CPA notify CBCCF through incident reporting any foster home referral, abuse report, complaint on a foster home that is received or otherwise known. The CPA is also required to notify CBCCF prior to any corrective action they implement with a foster home or any revocation request or license surrender they request or recommend to the Central Region Licensing Office.

Exit interviews with children that leave shelter/foster care are conducted in a manner consistent with F.A.C. 65C-28.017. Children ages 5-18 are interviewed by their assigned Dependency Case Manager each time they leave the care of a licensed foster home or group home where they have been placed for thirty days, regardless of the reason for removal. A runaway recovery interview form is completed on all runaways. The movement of children from a foster home to another placement setting (to include other system exits) is tracked daily by the Intake and Placement Unit; and extracted weekly from ARGOS (Modified Placements) and is forwarded to the Guardian ad Litem Program. The information is also formatted into a daily auto-report as information is entered into FSFN/ARGOS regarding the child's exit from a qualified placement. The auto email is sent to CMA and the CBC Licensing Manager to ensure completion. The completed exit interview forms are reviewed by the Dependency Case Management Supervisor and forwarded to the CBCCF Licensing Manager through the (CMA PD). The CMA PD reconciles the monthly report against the exit interview forms they have forwarded to the CBCCF Licensing Manager to ensure that all required interviews have occurred. The CBCCF Licensing Manager reviews the information (scans a copy of the exit interview into ARGOS) and forwards a copy to the Child Placing Agency who provides the regulatory function. The CBCCF Licensing Manager, CBCCF Director of Licensing and the Operations Review Specialist with the DCF Licensing Office discuss any concerns and/or any pattern of concerns regarding homes licensed by the CPA and are discussed in a Quality Staffing for further follow up and resolution.

The DCM sends an email or verbalizes any concerns they have regarding the care of the child, condition of the home, or any circumstance/situation that they have been advised of or have personally observed as it relates to the foster parent(s) to the CBCCF Licensing Manager. The Licensing Manager will review the concern, and take appropriate action if warranted based on the concern identified, and then share information with the CPA of the home. Communication to the Licensing Manager does not resolve, nor does it delay, the DCM's responsibility to report suspected child abuse, neglect or abandonment to the Florida Abuse Hotline. CBCCF may schedule a placement support staffing through the I&P unit as a vehicle for immediately gathering information regarding a concern that has been brought to the attention of CBCCF. Children should be in safe, nurturing environments where they will thrive while in an out-of-home care setting. If a child is "uncomfortable" in a foster home or where the foster parent is otherwise unable to meet the needs of the child, a more suitable home or placement setting will be arranged. The needs of the child are paramount in consideration as to the placement setting.

The Child Placing Agency assigned to the foster home is responsible for ensuring that the placement of children does not exceed the licensed capacity of the foster home. The capacity of the home is established by the CPA requesting the foster home license and determined by the capability of the foster parent to provide care for the recommended number of children based on an evaluation of: their history as a foster home, the supports they have available, the physical environment of the home and adherence to sleeping requirements specific to the age and sex of the child. Exceptions to licensed

capacity are allowed by F.A.C. 65C-13 .032 and will be considered for placement of additional children in situations where: another sibling of child is placed in the home, to accommodate a large sibling group, or in situations where the child has previously been placed in the home has flourished and has re-entered care. The Child Placing Agency will contact the CBCCF Licensing Manager for approval of an overcapacity exception and then forward said approval to the Intake & Placement Unit. Intake & Placement will then authorize the placement in ARGOS and confirm the placement with the designated party who will be transporting and finalizing the placement of the child. All homes that are over licensed capacity will be reviewed monthly the first thirty (30) days of the overcap and then subsequently every ninety (90) days for the duration of the of the time that the home is over capacity and require an evaluation as to the added supports that will be needed to ensure the stability of the placement.

Each Child Placing Agency is required contractually to submit an annual retention plan to the CBCCF Network Support Manager. The Network Support Manager or the Licensing Manager reviews the annual plan and provides feedback as necessary. The needs of CBCCF (re: preferences and types of homes) are addressed in regular meetings with the CPA.

16. Quarterly CBCCF County Risk Management Meeting This quarterly meeting provides the opportunity to communicate/share/analyze information at the county level across functional areas. The areas of focus identified by CBCCF are areas that are correlated the closest to CBCCF's client related risk, and to determine if the information is linked to a practice, particular staff person/agency/county, or functional area; isolated or trending; and if it is connected or interrelated to other risk indicators. The County Director/ Licensing Director are then responsible for reporting this information at the CBCCF Management Meeting and County Level Staff Meeting quarterly. The QAM (chair) provide minute meetings and a quarterly analysis report to the COA Accreditation Manager and the Quality and Training Director who will analyze similarities and differences in County analyses and report comprehensive information in the CBCCF Management Meeting. It is recommended that the meeting occur as a "committee" meeting, and when possible prior to the CBCCF County Staff Meeting.

Current Focus Areas:

Placement Disruptions: The QAM tracks placement disruptions (completing the QA tool specific to children that are disrupting placements) to determine and isolate the factors and trends in the data/information. CBCCF has implemented numerous strategies (QPI, PRIDE, Training – The Effects of Multiple Placements, Placement Support Staffings) for the purpose of reducing disruptions that also disrupt a child's relationships (connections to friends/family/therapeutic support) and educational setting. A critical analysis of the information should provide a foundation for identifying further system improvements that can be implemented. Placement stabilization has historically been an area in need of improvement, with the Department placed on a statewide program improvement plan. A contract performance requirement measures the percentage of children in out-of-home care that experience no more than two placement settings within 12 months. (CBCCF QTD will report in CBCCF Management Meeting).

Failed Reunifications: The QAM tracks failed reunifications (children that are reunified with their parent and are returned to OHC in less than 6 months from the reunification date. A specific QA tool was developed by the Q&TD, which can be utilized to evaluate the factors that may have impacted the stability of the family. Evaluating this will identify the factors that are impacting performance in this area, and lead to targeted strategies for improvement.

Exit Interviews: The County Licensing Manager (LM) will present information reported by children (ages 5-18) exiting a licensed placement after a length of stay that equals or exceeds 30 days. The focus is on the quality of care the child reports. An evaluation of trends to a particular home or CPA will be presented. (CBCCF Licensing Director will report in the CBCCF Management Meeting).

Institutional Staffings: The County Licensing Manager attends institutional staffings. Information/outcomes is tracked and analyzed for pattern/trends as to quality of care issues. The analyses are discussed and information provided to the CBCCF Licensing Director and copied to the CBCCF COA Accreditation Manager and Quality and Training Director. The CBCCF Licensing Director will provide both comprehensive and county level information at the CBCCF Management Meeting.

Client Complaints: The County Executive Director, or designee, tracks and processes client complaints to ensure an effective and appropriate resolution. The information derived from the complaint investigation is analyzed for trends and patterns. The County Director, or designee, will provide a copy of the data and analysis to the COA Accreditation Manager and present the information to the CBCCF Management Team.

Incident Reports: Critical incidents, as defined by the Department are entered in IRAS by the QAM. The County QAM will track and report information and trends. A copy of the data and analysis is provided to the CBCCF COA Accreditation Manager and Quality and Training Director. The CBCCF Quality and Training Director will report county and comprehensive information in the CBCCF Management Team Meeting.

High Risk Staffing QA Reports: At the request of the CBCCF Quality and Training Director the County QAM will conduct a comprehensive quality assurance review. Reviews that meet the high risk staffing review include any child that received a serious injury (resulting in an abuse report) while open to diversion or dependency case management services. This County QAM will screen Incident Reports to determine the cases that fall into this category and consult with the CBCCF Quality and Training Director. During the County Risk Management Meeting the County QAM provides information on the findings of the report, and discusses trends identified. The QAM provides the analyses to the CBCCF Quality & Training Director who presents both the County and comprehensive analyses during the CBCCF Management Team Meeting.

Focus Area	Report in County Staff Meeting	Responsible for Analysis	Report in Management Team Meeting
Placement Disruptions	QAM	QAM	QTD
Failed Reunifications	QAM	QAM	QTD
Exit Interviews	County LM	County LM	LD
Institutional Staffings	County LM	County LM	LD
Client Complaints	County ED	County ED	County ED
Incident Reports	QAM	QAM	QTD
High Risk Staffing Reports	QAM	QAM	QTD

Quality Management Team and Peer Reviewer Qualifications

The Quality/Training Director has the primary operational responsibility for the Quality Management Plan. At a minimum the Quality/Training Director will have five to seven years of recent experience working in the management of family safety program areas of protective investigations/ services, foster care or adoption. Supervisory experience, child protection certification, quality assurance experience and graduate degrees in social work are preferred qualifications. The Quality/Training Director is certified as a Florida Department of Children and Families Quality Assurance Reviewer.

CBCCF employs a staff person, Quality - Accreditation Manager, who is assigned primary responsibility of managing the agency's COA compliance requirements and ensuring that COA Accreditation is achieved and standards are maintained continuously. This position is also responsible for regulating &

updating agency policies & documenting any necessary agency changes. The Quality Accreditation Manager reports to the Quality/Training Director.

County Quality Assurance Managers (QAM): CBCCF assigns two Quality Assurance Managers to CBCCF Orange County Operations, and one county Quality Assurance Manager in both Seminole and Osceola Counties. The QAM has the primary responsibility of implementing the QM Plan and ensuring the agency objectives are met in their county of assignment. The QAM is required to have a minimum of 3 years of relevant work experience in child welfare; and preferably have worked as a child welfare supervisor, possess a graduate degree in the social services field, and certification as a Child Welfare Professional and as a Quality Assurance Reviewer.

Qualification of peer reviewers will be determined by the QAM in consideration of the type of review being conducted. In order to participate in CFSR/RSF reviews the reviewer must attend one of the Department's approved quality assurance reviewer trainings and online CFSR training on the Federal OMS. Only CBCCF QAM's and Q/TD may conduct/lead RSF/CFSR reviews. For all other specialized reviews, the experience and qualification of the peer reviewers are established by the CBCCF Q/TD in consideration of the purpose and parameter of the review. All reviewers are trained on all instruments used in the review and all final review products are reviewed by the Q/T Director, this will control for data integrity and produce a higher inter rater reliability.

16. CBCCF Performance and Management Team Meeting On a weekly basis each of the CBCCF & CMA County Leadership Teams meet to review the operational and financial performance of the system of care ("Healthy System Review"). The purpose of this review is to identify operational, financial or provider performance that needs to be adjusted to meet system outcomes. On a monthly basis the CBCCF County Executive Directors lead an "all staff" county level meeting during which information is shared with staff on performance outcomes and areas in need of attention, changes to policies and procedures, and suggestions for improvement are obtained from staff. On a quarterly basis CBCCF Senior Leadership staff lead CBCCF county level all CBCCF/CMA meetings to communicate system-wide information (generally strategic plans/actions that are occurring or on the horizon).

17. Quality Teams The CBCCF county System of Care Trainer/or Training Manager/or county Quality Assurance Manager will convene a bi-monthly Quality Team meetings. Participants identified for participation will generally be from the frontline of case management chosen primarily for their willingness to help problem-solve and their familiarity with the issue being explored. The primary purpose of the Quality Team is twofold. First, the Quality Teams are the ongoing vehicle for identifying and addressing barriers to quality of practice at the operations level. At each meeting, time is set aside for county discussion of county level issues that need attention – which could range from issues around provider wait lists to issues related to internal communication or potentially serious risk management concerns. The goal is to problem solve, make recommendations for change, and forward those recommendations to appropriate CBCCF staff for action.

The Quality Team may be asked to review performance indicators that need attention, or further evaluation. When this request is made, the information (indicator, baseline performance data and interim target) will be presented to the team by the CBCCF System of Care Trainer/ or Training Manager (with input from the CBCCF Performance and Management Team). The CBCCF county System of Care Trainers, county Quality Assurance Managers, and county Operations Support Staff provide a

consulting role to the Team. The Quality Team has the responsibility of conducting a further analysis, identifying potential root causes and testing their hypothesis. Once the team has identified two of the most significant barriers to achievement of the goal they will develop a course of action. The actions will identify how the barriers can be resolved and outline action steps and persons responsible. Sometimes it will be more appropriate to pilot a new process before fully implementing. The Quality Team has the responsibility of presenting their action plan to the CMA Program Directors and getting approval to implement (the CMA Program Directors may request that the Quality Team representatives present this during the monthly CMA/CBCCF Performance Management Team Meeting). The Quality Team will elect a person to track the process and performance and may present their findings and resulting improved outcomes at the CBCCF Performance and Management Team Meeting.

Secondly, the Quality Teams serve as a vehicle for the ongoing review of information related to incident reports, accidents, outcomes/performance measures and safety and risk management issues to identify areas needing improvement and areas of strength. The Quality Team is tasked with identifying recommendations for improvements when deficits are noted. For example, information from the data might indicate an upward trend in the number of clients that are complaining about unreturned phone calls. The team would review the data to determine if the complaint was specific to a counselor or unit or dispersed throughout the service center. Depending on their findings the Team would develop an action plan to address the problem. Part of their strategy might be to further analyze the problem and include technology recommendations. After implementation of a strategy the data would continue to be evaluated to determine what impact the action had on the indicator.

The Quality Team lead submits a report to the QAM which details their meeting minutes and activities that have occurred since the last meeting.

18. Stakeholders/Satisfaction Surveys

Stakeholder investment in quality assurance initiatives is the most effective way of ensuring that the quality assurance process moves from being one focused on compliance based activities to one that impacts positively the quality of services provided to the children and families we serve. CBCCF relies on information gathered from gathering feedback (ongoing) and the surveying of both internal and external stakeholders to determine how well the system of care is functioning. After this information is gathered and analyzed the information is then presented to CBCCF staff, the Board and stakeholders to evaluate if a change in policy or practice needs to occur, or if a new type of service delivery may need to be developed. CBCCF representatives attend the Community Alliance and Children's Cabinet meetings; this allows the community to establish priorities regarding the needs of the children at large and creates opportunities to collaborate on strategies or in resource acquisition and or pooling. CBCCF arranges specialized meetings to address any stakeholder concerns/trends and involves the stakeholder in developing a solution whenever possible.

CBCCF Stakeholders include but are not limited to the following:

- The children and families served by CBCCF
- CBCCF Network/Contracted providers
- CBCCF personnel
- CBCCF Board of Directors

- CBCCF County & Provider Advisory Boards
- Youth Advisory Board
- The Judiciary
- Guardian Ad Litem Program
- Seminole County Sheriff's Office Child Protective Services
- Child Protection Teams/Child Advocacy Centers
- Community Alliance/Seminole Children's Cabinet
- The Florida Department of Children and Families
- Foster and Adoptive Parents
- Relative Caregivers

Stakeholder Interviews: The current review instrument for stakeholder interviews is comprised of approximately ten items. Each of the items is designed to elicit the interviewee's opinions on statements regarding the service delivery system. Stakeholder surveys are conducted annually and the results may be incorporated into the annual reports, when appropriate. The results and feedback received from the stakeholder surveys are made available to the CBCCF Board and stakeholder groups (as appropriate) at least annually.

Foster Parent Surveys: The review instrument for licensed caregiver/foster parent surveys is comprised of 10-13 questions. The questions are designed to measure foster parent's opinions concerning the effectiveness and responsiveness of the service system in working with them and their foster children. Foster parent's surveys are conducted annually and the results may be included in the annual reports and made available to the CBCCF Board of Directors and stakeholder groups annually.

Satisfaction with service provision is routinely assessed by CBCCF and its providers. Satisfaction with provider service is part of the providers own QA/QI plan, is a requirement of their contract with CBCCF, and is also assessed during the quarterly QA review process. In addition, CBCCF and/or the case management agency's conduct an annual satisfaction survey that includes the use of five survey instruments targeted specifically to:

- Parents/Children
- Adoptive Parents
- Foster Parents
- Stakeholders (GAL, CLS, Providers)

The instruments are designed to solicit information from the identified groups surrounding their satisfaction with CBCCF (and the case management services provided by the CMA). CBCCF will identify a statistically valid sample size from the universe identified above. For the children and parents sample the cases would be required to be open cases and include a range of clients who were recently staffed for CTS services, to those pending closure from services but still open on an "as of date." This selection method provides information regarding a client's satisfaction with services through all phases of service delivery from case initiation to case closure.

Information from all client satisfaction surveys (conducted by CBCCF, CMA's, or contracted providers) are maintained and data is produced and action items are added to the Program Improvement Plan as needed. All satisfaction surveys are forwarded to the QAM in each county for tracking purposes and

reviewing the feedback provided in surveys; as well as summarized in the annual reports as relevant. The CBCCF Management Team use information from satisfaction surveys in their review of the overall quality in meeting the needs of children and other stakeholders. This information may be reported in the Annual Report.

III. Measures and Outcomes

CBCCF established measures are based on the agency's long term and short term goals. CBCCF desired outcomes are determined by data presented in contracted performance measures, CBCCF strategic/programmatic measures, and aggregated data from stakeholder surveys. CBCCF conducted a comprehensive analysis of measures listed above in developing and assessing the strategic plan.

1. Long Term Strategic Goals and Objectives the CBCCF Board of Directors meets monthly. CBCCF provides the Board of Directors reports on agency performance for the designated objectives. The Board receives: a monthly data report, quarterly reports of contract performance, and the performance of contracts monitored by CBCCF, as well as financial and audit reports. The CBCCF Management Team reports on the measures ongoing, at the county level Management Teams monthly meeting, and the CEO in turn reports to the Board. Please refer to the CBCCF Strategic plan for goals, objectives, and measurements.

2. Management/Operational Performance CBCCF Management Team, CBCCF Board of Directors and the Finance Committee review the financial statements, financial projections and the Monthly Data Report to identify the operation trends, the client population and the impact the trends have on the financial health of the organization. The major operational indicators that identify the fiscal and operational health of the organization are: 1) Out of Home Care Daily Costs 2) Length of Time to Permanency and 3) Number of Children in Care over 12 Months. Each of the aforementioned indicators has a significant impact on the variable costs of the organization (Out of Home Care, Diagnostic & Evaluation Services and Client Assistance Funds) and provides information to management regarding performance specific to the plan operationally. Adjustments can then be made to the provider network to increase/decrease resources allocated to programs, solicit additional providers to meet special needs of the population or reduce fixed price contracts to allow more funding availability for the variable costs.

CBCCF strives to maintain a knowledgeable, stable, and satisfied workforce. Each CBCCF Director has the responsibility of reviewing workload and functions in their functional area and prioritizing workload or reassigning workloads as needed. In many of the CBCCF functional areas co-workers are cross trained or have operational manuals to ensure continuity of service in the absence of an employee. The stability of the case management workforce is reviewed on a weekly basis by the management of CBCCF and monthly by the Board of Directors. This is monitored through a year to date percentage of case carrying staff turnover. These items are listed on the monthly data report that is presented to the Board of Directors.

3. Program Results/ Service Delivery requirements

CBCCF uses a variety of reporting mechanisms to ensure successful programmatic results. CBCCF program results focus on the safety, permanency, and well being of the children and families we serve. In order to have positive outcomes for the children and families we serve CBCCF focuses on the accessibility, timeliness and continuity of service while maintaining the focus on the child's safety at all times.

4. Customer Service Initiative

In 2015 CBCCF launched a Customer Service Initiative to drive continuous improvement for all interactions throughout the system of care. This is an ongoing, open-ended initiative that was launched internally within CBCCF in 2015, within major providers in 2016 and has continued to extend further since that time. The initiative is driven by a customer service team led by the CBC Strategic Development Director and includes staff from CBCCF and service providers plus other stakeholders including foster parents.

Key components of the initiative are:

- **Materials**
- **Feedback**
- **Recognition**

Materials: Throughout each year service principles are periodically distributed to all participants. Each principle includes information on a particular customer service topic such as teamwork, feedback, responsiveness and others.

Feedback: The CBCCF Website has a feedback link where anybody internal or external to the organization can leave a comment, raise an issue, compliment a team member or ask anything they wish. This link can be used anonymously or contact information can be given. If contact information is provided, the person is contacted within one business day. Each time the link is used a customer service ticket is generated. These tickets are used to track the individual issue and also are analyzed by senior management to identify trends that may need to be addressed.

Recognition: CBCCF has implemented a recognition system across all of its offices and service centers that gather information about people who have provided good customer service and are recognized by senior management at each monthly building meeting.

5. Client and Grievance Procedures CBCCF desires to create an environment that encourages any person, client, community partner or stakeholder to communicate freely with CBCCF. The communication may take the form of an inquiry (information or clarification is needed about a service, provider contract, eligibility, or case manager assignment etc.), concern (caller is providing information about a potential issue that does not directly relate to a particular staff person or provider) or a complaint (dissatisfaction with the service provision, case management staff or provider, or child welfare system). CBCCF advises all clients and providers (Client Handbook/Information Guide and Provider Handbook/Information Guide) of the process for filing a complaint. The handbook is provided at the initial contact with the family for all clients receiving on-going case management services, and is provided to the provider during contract negotiation.

Resolution Process (related to client services)

Steps to follow:

Step 1: First try to resolve the issue with the individual involved (Case Manager or Supervisor). Sometimes problems can be easily resolved at the source.

Step 2: If your issue is still not resolved, contact the Case Management Agency Program Director (person who has direct authority over the case management agency supervisor).

Step 3: If your issue is still not resolved, you may either give feedback on the CBCCF website (www.protectandinspire.org) located on the 5th tab of the blue banner on the home page, or call the CBCCF Office at 321-441-2060 and identify the nature of your call as: service complaint. Brief screening information will be requested and then forwarded to the county Executive Director for handling. The CBCCF county Executive Director will return your call as soon as possible (no later than the end of the next business day) to obtain additional information and to address issues that can be readily resolved.

Step 4: The CBCCF County Director or other designated staff will research the situation, interview or contact persons involved, review case file as applicable, and research policy and procedures for purposes of preparing an informed response to the complaint.

Step 5: You will receive a telephone call followed by a written response (where appropriate) to the issue within 30 days. The information discussed will provide you with information about what steps were taken and details of the solution.

Step 6: If you are not satisfied with the resolution of your complaint this must be addressed with the CBCCF county Director. After discussion, if you are still unsatisfied, you may request an internal review by the CBCCF Chief Executive Officer.

CBCCF Client Grievance Procedures:

The CBCCF Corporate and Administrative Assistants to the county Executive Directors maintain a tracking system of all client calls that are received that are designated by the caller as a service complaint. All calls received are given a tracking number at intake. If the complaint lodged is against a contract provider (other than the CMA) the complaint will be forwarded to the CBCCF Network Support Director for resolution. If the complaint is regarding a CMA staff, the complaint will be forwarded to the CBCCF county Executive Director for resolution. The resolution of complaints will be recorded and the nature of the complaint and resolution presented at the monthly CBCCF /CMA PD Meeting as relevant. CBCCF will conduct a quarterly analysis (and present during risk management meetings) of client complaints/grievances to review for trends or theme.

CBCCF has implemented many performance measures and other review processes to ensure the safety of children receiving services by CBCCF. The evaluation of safety includes but is not limited to the following:

- Analysis of re-abuse during services when an increase is reported
- Case reviews focusing on children remaining in their home or placement safely
- High Risk Protocol
- Increased supervision from quarterly to monthly to address the safety, permanency and well being of the child
- Multi Disciplinary Teams meet monthly on high risk cases in the CBCCF service area and include community children. MDT participation includes representation from key stakeholder such as: Kids House, State Attorney's Office, Law Enforcement, Guardian Ad Litem, and Children's Legal Services.

The continuity of care is essential in achieving objectives set forth in the strategic plan. The CBCCF county Licensing Manager reviews all exit interviews completed when a child moves from a licensed placement. Exit interviews evaluate if the needs of the child were met. Exit interviews are recorded on a tracking log and trends/themes are reported at the CBCCF Performance and Management Team Meeting, Risk Management Meeting and the Network/Provider Meeting. Institutional Staffings are attended by a CBCCF representative and are scheduled when any placement provider contracted by CBCCF who has had an abuse report or foster care referral generated. At the Institutional Staffing

concerns are addressed and action plans are developed and monitored by CBCCF as needed. CBCCF also facilitates Placement Support Staffings. Placement stability correlates directly with the continuity of care children receive, if CBCCF can not maintain children in a stable placement then services can not be implemented effectively. CBCCF attends the staffings to insure that immediate decisions/service connections are authorized to stabilize the placement. CBCCF has utilization reports available in ARGOS which provide information on placement trends, strengths, and from which a gap analysis is conducted.

CBCCF assigns the Director of Network Support and Director of Utilization Management the responsibility of authorizing funding, troubleshooting service barriers, and ensuring quality provider progress notes are reviewed. The CBCCF Utilization Managers monitor the timeliness of the Comprehensive Behavioral Health Assessment of children, reviewing for quality of information and validity of recommendations to include a summary of Child and Adolescent Needs and Strengths Assessment Tool. The CBCCF Utilization Department approves funding requests, and when the provider submits the bill for payment the provider attaches the progress note/evaluations which may be evaluated by the Utilization Department if either the CMA or other CBCCF staff are concerned about the quality of work submitted by the professional; service authorization is recorded in the CBCCF Argos Data System.

Barriers to service continuity include: the timeliness of service implementation, provider turnover, coordination between multiple providers, and the providers understanding regarding the service needs of the family. CBCCF continues to explore and develop monitoring tools and reports to address performance and deficiencies.

IV. PQI Operational Procedures

1. Data Collection and Aggregation

CBCCF uses a wide range of automated reports and data collection methods to identify systemic and programmatic trends, strengths, areas in need of improvement. Examples of CBCCF data collection are listed below:

- Performance Measures
- CBCCF Argos reports (include outcome, practice, and compliance reports)
- Case Record Reviews
- Risk Management Data
- Client Survey and Outcome Data
- Operations and Management Information and Data
- Department of Children and Families “CBC Scorecard”

Data is collected daily and automated reports are sent or otherwise provided to the CBCCF Board, CBCCF staff, and CBCCF contracted network provide. Reports include the following types:

- Performance reports- The focus of these reports is to address performance as it relates to the outcomes set forth in CBCCF contract with the Florida Department of Children and Families. These reports are located in FSFN reporting environment and posted to the Florida Center for Child Welfare; they are also reported monthly to the Board, CBCCF, and the

network (example of reports: child's length of stay, adoption finalizations, re-abuse during service provision, and the percent of children reunified within 12 months of removal).

- Compliance reports: These reports are sent as a tickler to the network providers in order to ensure compliance with program requirements. These reports are automated daily or weekly (examples of reports: new psychotropic medications entered, AFCAR errors, children needing to be seen, and children exiting OHLC and requiring an exit interview).
- Contract/Strategic Plan: These reports were developed by CBCCF to monitor progress with goals set forth in the strategic plan, to monitor practice implementation, and contract performance. The reports are provided monthly to the CBCCF Board, CBCCF Staff, and CBCCF network. (Example of these reports: number of caseworkers assigned to a case, etc.)
- Surveys- CBCCF distributes numerous surveys throughout the fiscal year (examples include: foster /adoptive parent, client, stakeholder, employee), this information is reviewed and outcomes are reported in a manner established by the CEO.

2. Data Review and Analysis

The CBCCF county Operational/Management Teams are responsible for reviewing and analyzing all data information available to them as it relates to program specifics. CBCCF distributes weekly and monthly reports and identifies the source and report parameters.

Each CBCCF functional area conducts individualized quality assurance activities and reporting outcomes to the CBCCF COO, and where relevant the CBCCF QTD and CBCCF COA

Accreditation/QAM. This information is then compiled for purposes of completing a comprehensive analysis of all information. CBCCF takes a comprehensive approach in reviewing all data reports to identify trends or issues and to identify the needed changes. CBCCF implements a "Plan Do Study Act" practice model to test implemented changes prior to implementing a policy change or practice change. CBCCF uses data to document if the trend is a systemic, programmatic, or unit/employee specific issue.

3. Communicating results

CBCCF has various forums for communicating QA results. The first is automated reports that are distributed to CBCCF, the CBCCF Board, and network providers. Data results and program improvement strategies are also discussed at CBCCF Management Team Meetings and CBCCF Performance and Management Team Meeting, Provider Advisory Board Meeting, and weekly Healthy System Meetings with the CMA.

CBCCF distributes (Department posts) the annual Quality Assurance "Annual QA" Report that evaluates progress of CBCCF over the year.

Exit interviews are conducted for all QA reviews conducted, with a report distributed within 30 days of completion that addresses the performance outcomes and provides recommendations. Rapid Safety Feedback Reviews and Child and Family Services Reviews are debriefed with the case management agency upon completion.

4. Implementing Change Through the Use of Data

Data is used to help identify issues, implement actions, and evaluate if the actions taken have been successful. CBCCF works with Circuit/Region Department staff, CBCCF Board, and the CBCCF Network to ensure that the CBCCF Program Improvement Plan is consistent with circuit/region, statewide priorities, the agency strategic plan and contract measures. Performance outcome measures set forth in the Program Improvement Plan are tracked and reported in the monthly CBCCF/CMA Program Director Meeting. The Program Improvement Plan is updated quarterly after each set of quarterly case reviews are completed. Findings from the RSF/CFSR/CFSR PIP reviews are incorporated into the Program Improvement Plan to track improvement from quarter to quarter. Each CBCCF functional area submits reports to the COO/CBCCF QTD and/or Quality Accreditation Manager regarding their findings from quality assurance activities, and progress on the program/contract improvement plan.

5. Assessment of Effectiveness of PQI Process

CBC prepares an annual QM report which evaluates the progress that CBCCF has made on various program improvement plans/corrective action plans and on meeting contract performance outcomes established in the DCF contract.

6. Additional QA Activities Planned for FY 2017-2018

Based on the QA findings and contract performance and agency data, CBCCF has planned the following activities: *Note: that many of these same activities are inclusive of items also identified on the Central Region CFSR Program Improvement Plan.

- A. Update Diligent Search Operating Procedure and conduct training with case management agency supervisors and designated Point of Contacts. (Quarter 1)
- B. Fully implement Proficiency 2 (A Demonstration) to ensure that staff are utilizing tools and training that occurred in FY 2016-2017.
- C. Participate in Rapid Permanency Review pilot with Casey Family Foundation and the Region (Quarter 2) and implement any opportunities for improvement that are identified.
- D. Conduct training with CTS and Family Team Facilitators on concurrent planning, permanency planning goals (concerted efforts), and Family Team Conferencing.
- E. Finalize assessment training to support higher quality assessments.
- F. Implement peer review quality assurance process for Family Support Program(quarterly beginning in Q2), Safety Management Services (quarterly beginning in Q3), Adoption Program (annual) and Youth Services Program (annual).
- G. Conduct Quality Parenting Initiative reboot training for case management staff; and follow up with foster parent/relative caregiver surveys to determine impact. (Quarter 1 & 2
- H. Continue to evaluate case management efficiencies through established work group to identify opportunities to stream line work.
- I. Re-establish Permanency Round Tables in Seminole and Orange County.
- J. Expand Kinship support program to Seminole and Osceola County.
- K. Research fatherhood initiative programs.
- L. Continue learning circles with case management agencies to support safety practice framework.