A. Goal of the Performance and Quality Improvement (PQI) Program
The overall goal of the Performance and Quality Improvement Program at the Children's Home Network is to empower staff at all levels to assume an active role in improving program outcomes and overall organizational performance. Through PQI, we are striving to work together to continuously improve organizational performance in order to fulfill our mission of providing the best possible treatment and support services to children and their families. The objectives underlying our PQI activities are as follows:

1. To provide a mechanism to monitor and evaluate the effectiveness and appropriateness of client services provided;
2. To ensure that mechanisms exist which monitor and evaluate staff performance and activity;
3. To provide a process to identify and resolve problems affecting client progress, service delivery, efficiency and appropriateness;
4. To ensure that the Administration and Board of Directors of the Children's Home Network have adequate information to support quality services and/or identify additional resources as necessary.

B. Responsibility for Coordinating and Conducting PQI activities
Responsibility for coordinating and conducting performance quality improvement activities lies with a cross-functional, cross-site quality improvement committee (Management Team PQI committee). This PQI committee is lead by a team consisting of: The President/CEO, Chief Financial Officer, Chief Financial Officer, Chief of Prevention & Intervention Services, Chief of Out of Home Care, Chief of Development, Director of Operations (PQI Coordinator), Residential Director, Chief of Human Resources, Director of Community Counseling, and Administrative Services Manager. Other Administrative staff may attend. The PQI committee meets quarterly to review data presented by the Program Managers, to assist programs teams and ensure development of quality improvement action plans based on the data, and to review progress on current PQI initiatives.

C. Performance Quality Improvement/Quality Assurance Teams
To promote the ongoing involvement of all personnel in the quality improvement process, the Children's Home Network utilizes a team approach to quality improvement. There are three levels of quality improvement teams.

1. Level I- Management Team PQI Committee
   This is the cross-functional, cross-site PQI Committee which is vested with overall responsibility for quality improvement activities. This level reviews summary data from every site and program and has a broad overview of quality improvement activities at the Children's Home Network. Data from external reviews including reviews completed by consultants, audits, Accreditation reviews, licensing and others are also presented to this committee for consideration and integration into the quality improvement process. This committee reports findings to the the Board of Directors. This committee may periodically request special studies which are of a multi-program concern.
2. **Level II-Program Teams**
   Level II teams review detailed, program specific data in defined quality improvement functional areas.
   
a. There are several of these teams, one for each program area such as foster care, residential treatment, etc. Each PQI team is program specific and consists of members with different positions within the program area. The teams are facilitated by the Program Supervisor/Manager/Director. Each PQI program team meets at least quarterly to review performance measurement data and make suggestions for program improvements based upon that data and their own program knowledge. The team quarterly submits their respective verified data to the PQI Coordinator by the respective due date. This information will be aggregated by the Administrative Services Manager who is responsible for aggregating the data and generating the quarterly report for the Management Team PQI Committee to review. Each PQI Program team then presents their data and strategies quarterly.
   
b. **Incidents, Accidents & Grievance Review**
   Use of physical restraint, cases where a person served was determined to be a danger to him/herself or others, and issues related to administration of medications are all considered incidents and are therefore reviewed. The Children's Home Network does not use seclusion or mechanical restraints as a behavior management tool. Environmental risks are reviewed on a quarterly basis with the assistance of the Director of Operations. Client grievances are reviewed for trends and policy adherence. Findings and recommendations are reported to the Management Team PQI Committee. Approved recommendations are communicated to staff through their program director.
   
c. **Consumer/Stakeholder Input**
   
i. **Persons Served**
   Satisfaction surveys are completed on a regular basis for the following programs:

<table>
<thead>
<tr>
<th>Program</th>
<th>Frequency</th>
<th>Program</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kids Village</td>
<td>Quarterly</td>
<td>Foster Care Program (Foster Parents &amp; Children)</td>
<td>Twice a year</td>
</tr>
<tr>
<td>SEEDS</td>
<td>Quarterly and at completion</td>
<td>Healthy Families</td>
<td>September</td>
</tr>
<tr>
<td>Pinellas Support Team</td>
<td>At completion</td>
<td>Kinship Services Network (Pinellas)</td>
<td>At completion</td>
</tr>
<tr>
<td>Kinship (Hillsborough) (Pasco)</td>
<td>At completion</td>
<td>Kinship Services (Seminole,Orange,Osceola)</td>
<td>At completion</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Quarterly and at completion</td>
<td>Voluntarily via ANTS system</td>
<td></td>
</tr>
<tr>
<td>Family Resource Centers (FRC) South County, Town n County, &amp; Brandon</td>
<td>Quarterly</td>
<td>Maternity Program</td>
<td></td>
</tr>
</tbody>
</table>

   Each program team is responsible for the tabulation and reporting of this data in Quarterly Quality Improvement Reports and reported to the Management Team PQI Committee.

   ii. **Foster Parents**
   Foster parents are asked to complete satisfaction surveys at least twice a year. Results are tabulated by Foster Care Services and reported to the Management Team PQI Committee.
d. Case Review Oversight
There is a case review group for each program area (foster care, residential etc.). Independent case review is conducted by each program on a quarterly basis. A random, statistically valid sample of open and closed cases is selected for review, including cases from high-volume and high-risk activities or services. Team members may change each quarter to ensure the independence of team members with regard to the cases selected for review. For detailed information on the record review process, see Internal Case Record Review Policy and Procedure.

e. Utilization Review
Program Teams review and report quarterly utilization focusing on outreach, intake assessment, appropriateness, effectiveness, service delivery, identification of service barriers and staffing patterns to include training, supervision, new hires and separations.

The agency outlines the objectives of utilization review to ensure optimal quality child and family care in the most effective manner through appropriate allocation of the agency treatment resources. This plan is updated regularly and all activities are coordinated through and documented. The plan includes the following processes:
- Guidelines for Utilization Management
- The Authorization / Payment Process
- Assessment
- Denial of Services
- Resolving Differences
- Treatment Planning and Progress Reviews
- Concurrent Utilization / Clinical Reviews
- Retrospective Utilization Review
- Staffing
- Review of UM / UR Processes

f. Benchmarks and Best Practice Standards
Program Teams ensure that goals and outcomes are aligned with applicable internal/external standards and benchmarks. These include, but are not limited to:
- Contract and licensing body standards- ECA, DCF, JWB, Hillsborough County, United Way
- Accreditation Standards- Council on Accreditation (COA)
- Federal, state, and local laws and regulations
- Child Welfare Industry Standards- CWLA, United Way, NASW, SHRM, FMHI

3. Level III—Program and Site Specific Advisory Groups
For each of our major programs, the Children’s Home Network continues to develop program and/or site specific advisory groups in order to obtain consumer/stakeholder input on our services. Foster parents voluntarily participate in community advisory groups. Program-based advisory groups such as the residential program advisory group are made up of program participants and management personnel. The program participants will change on a yearly basis. In order to ensure open, honest communication, program staff do not participate in the program advisory groups. Program advisory
groups are envisioned for each major program serving children old enough to provide meaningful input.

D. Authority of PQI Teams/Reporting and Feedback

The Board of Directors provides oversight ensuring that the Children's Home Network provides the highest quality of care; thus the Board of Directors will hold the Management Team to the highest levels of accountability with regard to all Performance and Quality Improvement performance measures. This authority is delegated to all of the Children's Home Network staff with the Management Team PQI Committee as the coordinating body for all PQI activities. The Board is kept informed of all PQI activities via their Executive Committee, who in turn are kept informed by the Performance Monitoring Committee. The President/CEO or designee attends each monthly meeting of the Executive Committee to provide and receive input on PQI activities and decisions.

The mission of every quality improvement team/group is to review data and make recommendations for organizational improvement based upon that data. Program PQI Teams review the most detailed data and make recommendations to programs. The Management Team PQI Committee reviews the summary data and recommendations of Program Sub-Committee PQI Teams; input from program directors; Council on Accreditation standards; licensing requirements; information technology requirements; regulatory and contractual requirements; child welfare and other industry best practice standards. Areas found to have challenges in meeting performance measures during PQI committee review will require the submission of an Action Plan, and monthly submission of progress reports by the responsible Manager or Director. The Director of Operations will provide oversight and technical assistance as needed.

The Program Teams may make and implement a decision and has this authority in the following cases:

- Decisions which will enhance the validity of the data;
- Decisions which will improve the effectiveness or efficiency of a process;
- Decisions which involve a minor procedural change; and
- Makes a recommendation to the Management Team PQI Committee.

Any decision which has a major procedural impact, fiscal impact, or any policy change must be referred to the Management Team PQI Committee.

Once a decision is reached by the Management Team PQI Committee, it is communicated to the Program Managers, who then communicate the decision to all staff. The PQI Coordinator will ensure that all approved revisions replace or enhance existing agency policies and procedures. All members of the Management Team PQI Committee attend each quarterly meeting of the Board’s Mission Assurance Committee to provide and receive input on PQI activities, outcomes, and decisions.

E. Stakeholder Participation

Stakeholder participation is encouraged and valued in all phases of the quality improvement process.

1. STAFF

All new employees receive an overview of the agency’s PQI process in orientation training. Staff from all levels within the Children's Home Network are included in PQI teams.
2. NON STAFF  
   a. **The Board of Directors**— The Board of Directors is actively involved in quality improvement activities through their Mission Assurance Committee. At each quarterly meeting of the Board’s Mission Assurance Committee, the President/CEO or their designee gives a report on PQI activities. Each member of the Management Team PQI Committee also reports on their respective areas/programs. The Board’s Mission Assurance Committee provides input, and then reports to the full Board of Directors.
   b. **Foster Parents**—Input from foster parents is obtained through surveys and foster parent advisory groups.
   c. **Others**—Input from other non-staff stakeholders such as payors, donors, and children and families served, is obtained through surveys, donor dialogues and advisory groups.

F. Quality Improvement Planning Process

1. Long Term Planning
   a. Every four years, the Children's Home Network Management Team and the Board of Directors conduct an organization-wide, long-term strategic plan update that:
      i. Clarifies/confirms our mission, values and mandates;
      ii. Examines the goals and objectives that flow from our mission and mandated responsibilities;
      iii. Assesses our strengths and weaknesses, opportunities, and threats (SWOT Analysis);
      iv. Assesses human resource needs; and
      v. Identifies and formulates strategies to meet long-term goals.
   
   b. The strategic plan update includes a needs assessment that evaluates community needs and examines:
      i. Services offered by other providers in the communities we serve.
      ii. Gaps in the array of services needed by the organization’s defined service populations.
      iii. Access issues.
      iv. The need to redirect, eliminate, and/or expand services in response to changing demographics and the needs and wishes of the communities we serve.

2. Short Term Planning
   a. Each year, the President/CEO or designee ensures that every program updates/develops a short term plan that:
      i. Supports the organization’s long-term goals.
      ii. Responds to feedback from all quality improvement activities.
      iii. Permits a flexible response to changing conditions and needs.
   
   b. The short-term plan includes:
      i. Short term goals and objectives for the program, including budgetary objectives.
      ii. Methods of assessing progress toward goals and objectives.
      iii. Specific tasks to be carried out in support of these goals and objectives, with timelines.
      iv. Personnel designated to carry out identified tasks.

3. Risk Management
On an annual basis, the Children's Home Network reviews and updates its risk management policies and procedures. Overall risk to the organization is assessed and patterns are analyzed including a review of research (if any) involving program participants, and a review of compliance with legal requirements including licensing and mandatory reporting laws. On a semi-annual basis, the Director of Operations conducts a Risk Management Assessment of Compliance with Legal Requirements, Insurance and Liability, Health and Safety, Human Resources Practices, Contracting Practices, Conflicts of Interest, and Financial Risks. This report is reviewed by the Senior Leadership, Mission Assurance Committee, and then forwarded for review by the Board of Directors twice yearly.

G. Monitoring Results and Corrective Action
Results are monitored by the Program Managers at each quarterly committee meeting. All PQI meetings follow the same agenda:

1. Update on action plan/recommendations from last meeting.
2. Review quality improvement data:
   a. Incidents, Accidents and Grievance
   b. Consumer/Stakeholder Survey
   c. Program Advisory Teams (if applicable)
   d. Case Review
   e. Utilization Review
   f. Special Projects
3. Discuss story behind quality improvement data. How does it compare with our goals? Are there any trends which indicate strengths or weaknesses? What are the causes of those trends?
4. Discuss methods/develop program improvements to help build on strengths, achieve goals or remediate any negative trends.
5. Develop an action plan for making changes including a timeline and responsible parties.
   a. The Children's Home, Inc. utilizes the Plan-Do-Check-Act cycle as the model for performance quality improvement (PQI). Evaluation results are used to target and identify quality improvement initiatives at all levels of the organization. Once needs have been identified, quality improvement teams are developed to address the need. The following are the steps taken once the team has been developed:
      i. **Plan**—Create a workable and realistic plan to address identified need. Quality Improvement Plans consist of the following:
         - Statement of Need,
         - Action Steps,
         - Delineation of Responsibility,
         - Target Dates,
         - Follow Up/Completion Status.
      ii. **Do**—Deploy steps of the plan.
      iii. **Check**—Follow up to ensure plan was deployed properly and outcomes are desirable. Management and follow up on quality improvement initiatives and corrective action plans are the responsibility of the program manager/supervisor with the assistance of designated administrative staff (example: Training Team). The Children's Home, Network Management Team PQI Committee will also review outcome measures on a quarterly basis and offer insight and recommendations for improvement.
iv. **Act**—Plan is fully implemented and cycle begins again. At this time, the issue or need will continued to be measured and reviewed to ensure that the needs were met by the plan and action of the quality improvement team.

The above-mentioned process allows the organization to consistently establish plans to assist components that do not perform according to expectations when performance issues are identified.

6. Finalize any PQI Committee recommendations to submit to Management Team PQI Committee.

Minutes are taken at each PQI Committee meeting, which provides a written record of discussion and recommendations. Copies of the minutes are disseminated to all participants, program supervisor, and the PQI Coordinator. It is the responsibility of the Program PQI Committee’s to develop corrective action plans and ensure that they are carried out once approved by management.

**H. Feedback Mechanisms**

Findings from the quality improvement process are communicated on at least an annual basis to all staff and other stakeholders, including persons and families served, and the Board of Directors. It is the joint responsibility of the PQI Coordinator and/or designee to generate all necessary reports. Reports are generated using clear and consistent formats including breakdowns by site and program. Charts and graphical representations are used whenever possible to provide a visual complement to the text.

To ensure that the data presented is as useful as possible to all service providers, each site receives both written and oral presentations of the quality improvement data. Questions about the data are encouraged during the oral presentations, and any data which is unclear is discussed during the next PQI team meeting. This is an opportunity for everyone to provide input into the PQI process, whether or not they participate in a PQI team. Staff are also updated on quality improvement activities on a quarterly basis by their program directors.

**I. Cultural Competence and Quality Improvement**

The Children's Home, Inc. is strongly committed to providing the highest level of culturally competent service. In support of this commitment, The Children's Home Network is committed to supporting all objectives in the EEO/Affirmative Action Plan with regards to cultural diversity, including assisting in the annual plan update which includes a demographic profile of consumers, staff and the community as follows:

In January of each year, the Program PQI Teams create a demographic profile of children served the previous year. The profile includes information on the ethnicity, age, gender, religion, and primary language of the client population. The information is broken down by site and program and compared with similar demographic data for each program’s defined service community. If the analysis of the client population and the defined service community reveals any underserved populations, an outreach plan is created to reach the underserved population.

Staff profiles are also created in January of each year for each site and program. Staff characteristics such as gender, ethnicity, primary language and age are compared with the characteristics of the clients they serve. The Management PQI Team reviews this information with the Human Resources
Department, highlighting any areas where discrepancies exist. It is the responsibility of the Human Resources Department to try to recruit the most qualified staff to serve children and families in a culturally competent manner.

On an annual basis, for each program, outcomes are broken out by ethnic group and compared to the outcomes of the program as a whole. This data is discussed in the PQI Committee meetings.

On an on-going basis, the quality of service with regard to cultural competence is measured through consumer satisfaction surveys. Each survey contains at least one question which measures how consumers feel about the cultural competence of the services received. The Management PQI Committee is responsible for ensuring that this information is considered during each annual review of the Cultural Competence Plan.

J. Information Management
The Children's Home Network maintains a database of client demographic and program information. The Children's Home Network has an information management system called MyEvolv that is capable of supporting operations, planning and evaluation, and quality improvement processes. Policies and procedures governing the management of information are contained in a written document. The system is designed to ensure confidentiality, reliability, timeliness and rapid access.

K. Outcomes Measurement
The Children's Home Network measures client and program level outcomes on an on-going basis for every program according to the goals of the program. Each outcome measured falls into one of the following categories:

- change in clinical and/or functional status,
- permanency of living situation,
- client satisfaction, or
- health, welfare and safety.

Goals, performance measures and measurement tools are reviewed every year during the contract renewal process. The first review is done by each Program’s PQI Teams. Any changes recommended by the Program PQI Teams are reviewed by Program Managers and Management Team PQI Committee. All approved changes are incorporated in the updated Quality Improvement Plan.

Using identified measurement tools, outcome data for each client is completed at the site level. At least once a year, client level outcomes are aggregated to determine program level effectiveness. This aggregate, program-level data, along with interpretations and analysis, is compiled and distributed to all program supervisors and the executive management team and available to all staff via the Public Folders in Outlook. Performance Measurement data is also available to persons and families served and other stakeholders through an annual report.