



Quality Assurance & Improvement Plan

June 2003

Table of Contents

Section 1: Background and Introduction. 4-7

- UFF Mission
- UFF Vision
- QA/QI Concepts and Definitions
- Purpose of the QA/QI Program
- Basic Assumptions
- National Standards
- The QI Model
- A Basis for Long-term Planning

Section II: Building The Infrastructure to Support QA/QI. 8-15

- The UFF Senior Management Team
- The Quality and Administrative Service Department
- The ASO
- Quality Teams
- The QA/QI Committee
- Community Leaders and other Stakeholders
- Feedback Mechanisms and Reporting
- Reporting to DCF
- Quality Management Flow Chart

Section III: Core Components of the QA/QI System. 16-32

- Case Record Reviews
- Record Reviews Process
- Consumer and Stakeholder Surveys
- Monitoring Child and Family Outcomes & Performance Indicators
- Complaints and Grievances
- Site Reviews of Network Providers
- Critical Incidences, Accidents, and other Risk Management & Safety Reviews

- Appendix A: Administrative Services Organization (ASO)
- Appendix B: ASFA, CFSR & Alliance Outcomes
- Appendix D UFF Complaint Procedures and Acknowledgement
- Appendix E: Complaint Tracking Form
- Appendix F: Questionnaires and Satisfaction Surveys
- Appendix G: Case File Review Protocol (Level 2)—To be developed prior to service Contract
- Appendix H: Case File review Protocol (Level 3)- To be developed prior to service Contract
- Appendix G: Case File Review Protocol (Level 4) To be developed prior to service Contract
- Appendix H: Provider Site Visit Audit checklist- To be developed prior to service Contract
- Appendix I: Critical Incident Reporting and Tracking Forms
- Appendix J: Incident Report Form

Section I: Background and Introduction

UFF Mission Statement

United For Families, Inc. (UFF) was formed specifically for the purpose of developing community-based services and supports for children and families served by the District 15 child protection and foster care system. A core value of UFF is the belief that all children have the right to grow up safe, healthy and fulfilled in families that love and nurture them. UFF's mission is *to develop and manage a comprehensive, community-based, coordinated system of care for abused, neglected, and abandoned children and their families.*

UFF Vision

UFF, the Department of Children and Families (DCF) and all the stakeholders in District 15 share a vision of how the child welfare system will be improved for children and families. UFF is committed to the following vision:

- . The safety of children at all times will be a foremost concern, and permanency resolution in accordance with a child's sense of time will be the system's standard;
- . Services will be provided by comprehensive, community-based networks of providers who are equipped to manage and deliver all needed services and supports to meet the needs of child abuse and neglect victims and at-risk children and their families;
- . Resources will be efficiently and effectively managed to achieve better outcomes for children, with the ultimate goal being child safety and permanency within a twelve-month timeframe;
- . Financial support will be available from diverse federal, state, and local sources and flexibly managed at the local level to meet child and family needs; and,
- . The system will be able to collect and use data to accurately forecast what services and supports are needed, at what level of intensity and duration, and at what cost to achieve desired outcomes for each child and family in need.

QA/QI Concepts and Definitions

The concept of Continuous Quality Improvement (CQI) calls for perpetual organizational reexamination, not only of "problem" areas but even those areas that are running smoothly. It presumes that times change, customer needs change, organizational resources change – and these changes require adaptation to stay on a quality path and perhaps even reach higher

levels of achievement. *Internal* activities intended to improve child service delivery by studying systems and processes and making them more efficient are generally referred to as Quality Improvement or “QI”. *External* evaluation, feedback, and correction is categorized under the heading Quality Assurance or “QA”. QI and QA do, and should, overlap and complement each other. Importantly, both QI and QA assist in taking the pulse of an organization and provide information for short and longer term planning.

Purpose of the QA/QI Program

UFF is committed to providing innovative approaches and services to meet the needs of the children and families in Okeechobee and on the Treasure Coast. The quality management process (both QA and QI activities) is designed to provide crucial information to UFF organizational leadership, UFF network providers, the Community Alliance, the Department of Children and families and other key stakeholders. The approach is an inclusive one that engages UFF staff, contract providers, and children and families we serve and community stakeholders. QA/QI activities involve collecting, reviewing, analyzing, and using data from key areas of operations to ensure compliance with standards, contracts, and best practices in order to continually improve what we do.

The purpose of the comprehensive quality management (QA/QI) system is to promote quality care, consistent with community and national accreditation standards and to provide a mechanism for evaluating and continuously improving the D-15 system of care.

NOTE: At this time, UFF is in the process of negotiating the details of the lead agency service contract with DCF representatives. This initial QA/QI Plan must be, therefore, written in that context. What that means is that we are in a transition period and the scope and array of activities described may change under the final terms of the UFF services contract.

Basic Assumptions Underlying UFF’s QA/QI Process

Quality assurance and improvement activities are designed to ensure that these four benchmarks are achieved through a shared philosophy of service that responds to contract requirements as well as best practices. At the heart of our QM process are the beliefs that:

- Good outcomes are achieved through consistent monitoring, evaluation, and sharing of best practices

- Quality problems can be resolved and service continually improved through systematic monitoring, evaluation, feedback, and training
- Accessible, current data is vital to organizational decision-making
- Quality Improvement should be a part of each employee's day-to-day work
- There can never be an excuse for poor quality service.
- Improving services is a continuous process
- We must continually seek feedback from children and families, employees, community organizations, providers, and funding agencies in order to ensure quality services.
- We must regularly reach out to stakeholders to share information, identify problems, propose and implement solutions, and evaluate results.
- Mistakes should be used for learning.

A Quality Approach Consistent with National Standards

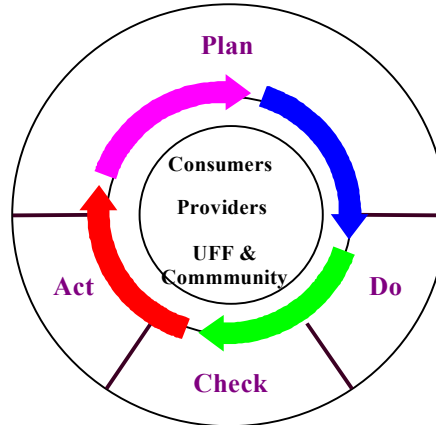
UFF will initiate the accreditation process by the Council on Accreditation within terms of service contract. In accordance with COA standards, the UFF QA/QI plan describes processes and activities required by COA including: stakeholder participation, long-term planning, short-term planning, internal quality monitoring, case record review, outcomes measurement, customer satisfaction, feedback mechanisms, information management, and corrective actions. The CQI efforts are planned and implemented to support the organization's and system's vision, mission, and core values. It also embraces best practice efforts and state-of-the-art designs in the field of quality improvement; the approach calls for involving consumers and stakeholders in program planning, case planning and case review, as well as convening teams to provide assistance and support in the activation of improvement initiatives.

The QI Model

UFF will adapt and use an internal Continuous Quality Improvement (CQI) philosophy that will span every aspect of program operations and will unite UFF, network providers, and families in a continuous upward spiral of quality planning, action, and evaluation. Through the CQI model, UFF will be able to use data to drive the follow-up and resolution process, yielding higher satisfaction for all partners. UFF will use the four-step process improvement model espoused by Shewhart to monitor and evaluate the quality of care, as reflected in following:

Shewhart QI Model

- **P** – PLAN
- **D** – DO
- **C** – CHECK
- **A** – ACT



QA/QI as a Basis for Long and Short Term Planning

As an overarching basis for all of its QA and QI activities UFF will develop a long term or *strategic* plan. You have to know where you want to go before you can get there. The UFF strategic plan, developed with the UFF board of directors and with input from the community will project three years into the future and will be reviewed and updated annually. The QA/QI Division will provide the leadership within UFF to develop this strategic plan as well as shorter term, one-year goals. Every organizational unit will be involved. The strategic plan will be reviewed and approved by the UFF board no later than twelve months following the services contract.

The interim short term (one year) plans will be developed as building blocks toward achieving the longer term goals. Progress toward achieving the annual goals will be monitored quarterly at UFF organization-wide Performance Review sessions. This will provide information not only on progress but whether each short term goal is appropriate or needs adjustment. This feedback will refine and make the process more useful. Since UFF is a newly established agency, its' strategic plan will reflect its' evolution from a core administrative "start-up" team to a fully functional lead agency.

The QA and QI activities will be undertaken to both facilitate the accomplishment of, and to monitor the progress toward, achieving UFF's Mission, Vision, Strategic Plan, Short Term goals, and Performance Standards. These programs are outlined in more detail in the following section.

Section II: Building The Infrastructure to Support QA/QI

UFF will have only limited staff capacity for QA/QI so it will rely upon many partners to collaborate in the development, implementation, and evaluation of its QA/QI activities. In building an infrastructure capable of managing a comprehensive QA/QI system, UFF has defined unique roles and responsibilities for the UFF Senior Management team, UFF Quality & Administrative Services Department, the ASO, the QA/QI Committee, Quality Teams at the Service Centers, and the community leaders and stakeholders. Each of these are briefly described:

UFF Senior Management Team

In order for the Quality Assurance & Improvement Program to work, initial and ongoing support of senior management is essential. The Executive Director and division directors of UFF are key in setting the tone and encouraging staff, provider, and community participation. The Senior Management Team of UFF will play an integral role in the review and analysis of the qualitative and quantitative data that is collected. At a minimum, the Management Team will participate in monthly reviews of reported data and will work with the Quality and Administrative Services Department to highlight and standardize the successes and develop action plans to address deficiencies. The Senior Management Team of UFF consists of the Executive Director and management staff responsible for Provider Network and Community Relations, Quality and Administrative Services, and Child and Family Services.

The UFF Quality & Administrative Services Department

The UFF Director of Quality and Administrative Services (QAS), who reports to the UFF Executive Director, will manage and facilitate each element of the QA/QI process. We will utilize a data system that will have the capability of: conducting quantitative and qualitative analysis of service provision and performance outcome measures. This data will be used to monitor and evaluate the management of the system of care, identify opportunities for improving the quality of service, establish initiatives to accomplish agreed upon improvements and monitor resolution of problem areas.

QA/QI staff will be designated for different quality monitoring activities in four principal areas:

1. *Monitoring and reporting on progress relative to child and family outcomes*

The QAS department within UFF will have built-in mechanisms for improving the efficiency and effectiveness of the services to get better outcomes for children and families. This department will define and use measurable indicators and outcomes to assess the quality of services and continually adjust approaches as the knowledge base grows. Data will be analyzed to support organization-wide planning and correction of problem areas. The final outcomes and indicators to be tracked will be developed and specified in the services contract. However, in general UFF will track and report child outcome data in the domains that are consistent with federal and state mandates, including the final Department of Health and Human Services (HHS) measures mandated for every state (See Section III for a further description of child and family outcomes).

2. *Monitoring System Performance (outputs)*

In addition to the core set of child outcome measures, UFF will examine the degree to which agencies were able to improve performance relative to access, effectiveness and efficiency of services and child and family satisfaction. (See Section III for a further description of performance indicators)

3. *Preparing for Accreditation and Instituting CQI Training*

UFF QA/QI staff are responsible for working with COA to begin the accreditation process. The first step is a self assessment to see what areas UFF will have to improve or adapt to meet COA standards. UFF will formally apply for accreditation based on funding available and the timeframes required under the services contract.

Since many providers may not be accredited, it will also be the responsibility of the QA/QI staff to develop and conduct training on the CQI process and standards of best practice, including those related to COA. We have already begun to put together CQI materials that will be used during the UFF Orientation of all new employees and for case management agency staff. Later, the CMA designated Quality specialists will train quality team participants on specific techniques pertinent to the challenge they are working on.

4. *Monitoring Case Management Agencies and Network Providers*

UFF subcontracted service providers will be expected to have their own QA/QI process in place and will participate fully in the UFF Quality Assurance and Quality Improvement process. The

UFF application and review process prior to initial contracting ensures that all providers have a sound approach to QA and QI. UFF will be happy to provide technical assistance to any provider in need of help in implementing a QA/QI process. A written description of their individual program will be submitted for review prior to UFF contract initiation. When their contract is monitored, evidence of their CQI program will be sought and its effectiveness evaluated.

Every contract with formal network providers and case management agencies will have its outputs and outcomes clearly established. Applicable ASFA indicators will be included, as well as any required, relevant DCF indicators that are included in the UFF service contract. The provider must agree to provide data that UFF (and DCF) needs in order to not only determine whether the terms of the contract have been met, but to include that provider's data in our system-wide analysis.

UFF described its approach to Quality Assurance and Improvement program relative to network providers in the Provider Network Development & Management Plan (a June 2003 deliverable). UFF will monitor the contracted providers in the network through a number of mechanisms. The activities referenced below will require a cooperative effort involving UFF's Quality Assurance and Improvement staff and Provider Network Management staff, as well as the provider agencies. Combined efforts will ensure that quality and compliance levels are not only monitored but continually improved. The following overview of provider oversight and quality assurance and improvement activities is not intended to be an exhaustive description; UFF reserves the right to enhance or change procedures as needed to ensure high quality services.

QA/QI activities related to the provider network fall under 7 broad headings (fully described in the Network Management Plan):

1. Quarterly Analysis of Outcome and Performance Data
2. Annual On-site Reviews
3. Annual Case File Reviews
4. Performance Improvement Plans
5. Corrective Action Plans
6. Customer Satisfaction Surveys
7. Complaint monitoring and investigation

The Administrative Service Organization (ASO)

The foundation of UFF's Quality Assurance and Quality Improvement process will be our child data system. This system will give us monthly status reports on each child, family, caseload, and program or service. This system will also generate quarterly and annual reports so that we can effectively identify trends and systemic issues for analysis.

The Quality and Administrative Services Department will have Record/Data Automation Clerks located at each of the case management service centers working collaboratively and cooperatively with the Administrative Services Organization (ASO) to support and maintain a comprehensive data system. Collaboratively, they will perform data integrity functions, conduct extensive data reporting activities and will serve as an internal and external reviewer of various data elements. *See Appendix A, Page 33 for a more detailed description of the ASO.*

Quality Teams at Each Service Center

UFF subcontracted Case Management Agencies (CMAs) will be involved in the UFF Quality Assurance and Quality Improvement process. The contracts with the CMAs will specify their responsibilities for convening and managing quality teams at each of the UFF service centers. The designated CMA staff members responsible for Quality Teams will work closely with the Director of Quality and Administrative Services at UFF to plan the activities and share the results of their internal quality assurance and quality improvement process

Information reviewed at monthly Quality Team meetings include but are not limited to:

- Peer review of records for compliance with standards
- Incidents, accidents, and consumer grievances
- Consumer satisfaction information
- Outcome and performance information
- Safety and risk management issues

In reviewing the information related to the above areas, the following process will be used:

- a) Assess the situation. The staff will review the information to identify what is running smoothly and what is not.

- b) Plan a system of response or corrective action. The teams will suggest a response to any identified problem areas, with an eye toward lessons learned from the experience.
- c) Inform Director of QAS. Following the meetings, the lead team member will ensure that information is shared with Director of QAS.
- d) Develop the Communication Strategy. The Director of QAS will identify the parties that should be informed of the situation and the plan for corrective or improved action.
- e) Make final adjustments. The Director of QAS will make any final adjustments to the plan based on any new information provided by discussions with the UFF senior management team or other relevant parties.
- f) Implement. Implement the plan as built by shared decision-making, keeping all informed. Implement and document all areas of the plan, as this documentation may be helpful or necessary at some future date.
- g) Debrief. After total implementation, update documentation with any final notations. If there are any final lessons to be learned from the experience write them down, as they will be helpful in future similar exercises.

The designated CMA staff at each service center will be responsible for creating written summaries of the team meetings that include description of the issues reviewed, findings, and actions taken. Minutes will be submitted to the UFF Director of QAS and reviewed at monthly UFF senior management QA/QI meetings and at the UFF Quality Assurance and Improvement Committee meetings. While UFF may delegate certain responsibilities for the Quality Teams to the CMAs, the Director of Quality and Administrative Services maintains primary responsibility for organizing, supporting, and monitoring of all QA/QI functions. Appropriate lessons will be translated into recommended policies and procedures, that will be shared with the Quality Assurance and Improvement Committee and the UFF Board of Directors. When approved, all agencies, stakeholders, and other interested parties will be informed.

The Quality Assurance & Improvement Committee

UFF has convened a Quality Assurance and Improvement Committee, comprised of internal and external stakeholders, to develop and evaluate the overall effectiveness of the Quality Assurance and Improvement program. Chaired by the UFF Director of Quality and Administrative Services, representatives include members from subcontracted agencies, the Alliance, and administrative staff from the Department of Children and Families. The goal is to

oversee the overall QA/QI activities to drive system improvement and to jointly frame communication to the community at large. The QA/QI Committee will be convened on a quarterly basis, or more frequently as needed. Prior to each meeting, the Director of QAS and UFF management team will examine system performance and client data and the activities of the Quality Teams at each Service Center and prepare summaries of issues identified and actions proposed or implemented.

Community Leaders and Other Stakeholders

The QA/QI process is agency and system-wide and involves staff and stakeholder groups across UFF organizational units and across the community. All phases of the CQI process emphasize participation, communication, and cooperation. The participation of stakeholders is fundamental to a well-designed and implemented CQI process. Stakeholders include:

- Children and families served;
- Staff members
- Board members
- Providers
- Leadership Council
- Community Alliance
- DCF

The QA/QI activities and protocols described in this plan have been established with input from DCF, the Alliance, the Leadership Council, UFF Board, and providers in the network. With non-UFF personnel, UFF will continue to use focus groups and/or task-oriented work groups to engage stakeholders in the ongoing CQI process. UFF may use surveys, public hearings, planning groups, etc. to gain broad, meaningful and ongoing stakeholder involvement.

Feedback Mechanisms and Reporting Requirements

Consistent with COA standards, the QAS department is responsible for ensuring that clear, accurate, and timely information regarding all aspects of the CQI process are provided to its service recipients, Board, staff, and community stakeholders. On a regular basis, UFF will convene public stakeholder forums (similar to the Leadership Council) to share information and solicit feedback on current operations. UFF will present as requested findings to the

Community Alliances. At least annually, UFF will provide a report of findings of key QA/QI activities.

Reporting to DCF

The Quality and Administrative Services Department will provide, at minimum, quarterly reports QA/QI to the Department of Children and Families that will summarize:

- Findings and any action needed or taken
- Complaints received
- Satisfaction survey results
- Case File review results

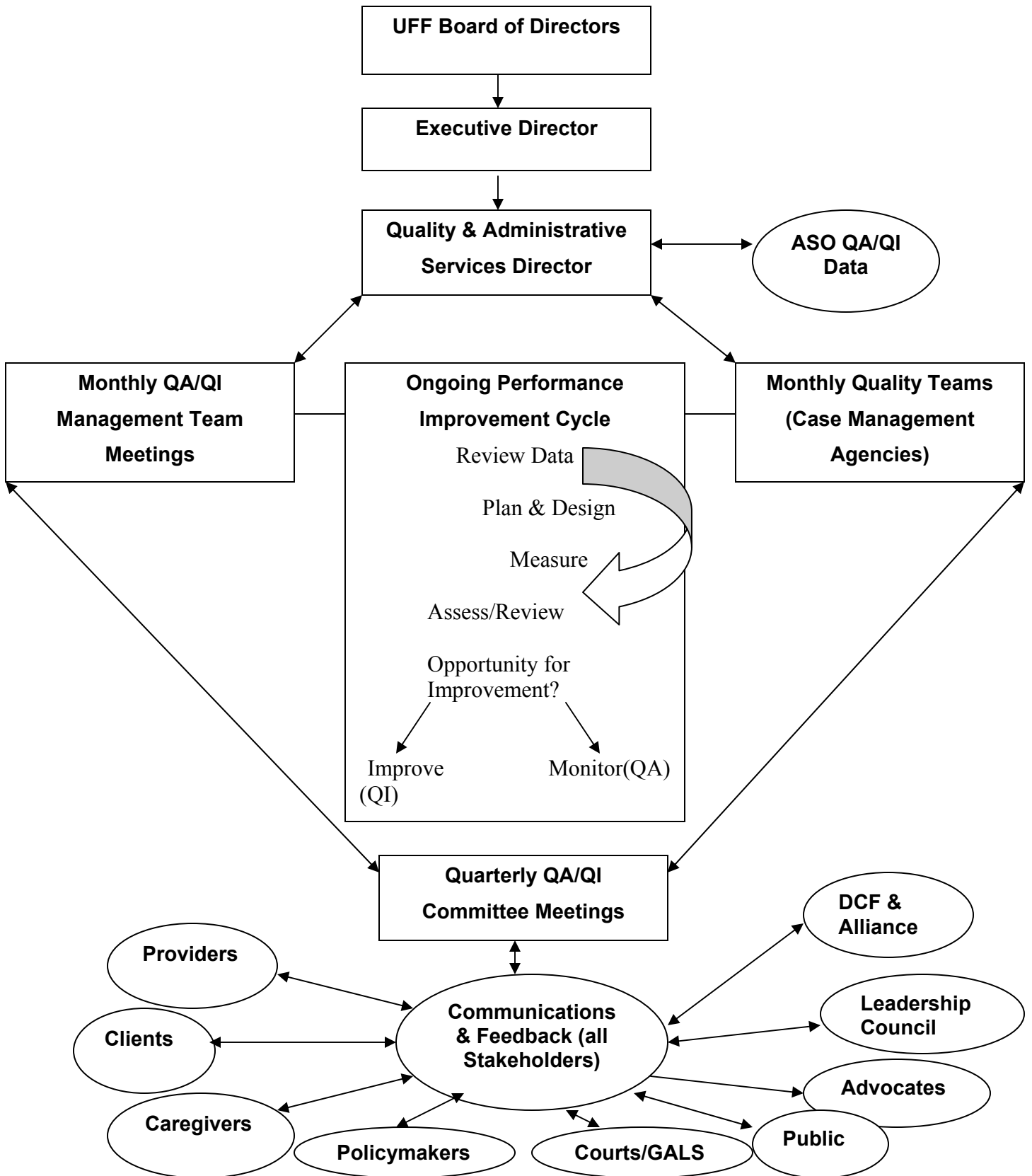
The Department of Children and Families will also be provided quarterly data-based aggregate reports that the child information system creates. These reports can be customized based on the needs of UFF or specific requests from DCF. The content of these reports may include:

- Time specific analysis and update on performance outcomes
- Quantitative placement reports
- Reports quantifying the percentage of various deadlines/timelines required by law that are being met or not being met
- Length of stay reports
- Permanency achievement reports
- Provider network system capacity reporting

Reports that will be provided and the frequency of reports will be specified in the UFF Service Contract.

The following chart depicts the responsibilities of UFF staff and other stakeholders in the overall approach to quality management.

Quality Management Flowchart



Section III: Core Components of the Quality Assurance and Quality Improvement System

In addition to the information that will be provided by our data system, we will conduct a series of procedures to audit various elements of the UFF system of care, including but not limited to: 1) Case Record Reviews, 2) Satisfaction Surveys, 3) Monitoring of Outcomes and Quality Performance Indicators, 4) Complaints and Grievances, 5) Site Reviews of Network Providers, and 6) Critical Incidents and other Safety & Risk Management Issues.

1. UFF Record Reviews

The record review/audit process will be viewed as a comprehensive multi-leveled process that includes basic record reviews as part of good supervision; peer reviews of sample records (led by case management agency staff and QA/QI specialists); random sample clinical reviews of children with complex needs, led by the UFF Director of Child & Family Services; annual reviews of service provider records led by the UFF Provider Network and Community Relations management staff, QA/QI staff, and representatives of the ASO; and the annual comprehensive DCF/UFF case record audit that may parallel the CFSR process.

Level One (All cases undergo case manager/supervisor review): Contracted case managers and their supervisors will be involved in a continuous self-review of all open cases. During the course of the year all individual case managers' files will have been reviewed by the supervisor to ensure that child safety, well-being, and permanency are being addressed and that the record contains all required documentation. Each child's case plan will be reviewed at least quarterly and will include an evaluation of the child's progress toward achieving his/her service goals.

Level Two (CMA Peer Record Review): A sample of records will be randomly selected for peer review by the case management agency supervisors and the CMA's designated QA/QI specialist on a quarterly basis. Supervisors will not review the cases for which their case managers had responsibility (Since UFF is co-locating case managers from its two CMAs at service centers, it is possible that a CHS supervisor might review a case file of a FPS case manager). The UFF Quality and Administrative Services Department will coordinate these reviews with the CMAs, as well as aggregate the results for presentation at the Quality Assurance and Quality Improvement Committee.

The intent of the peer review is two-fold. First, the review collects information that speaks to the overall quality of the services provided based on the documentation in the record. Second, the review gathers information that reflects compliance with UFF standards and contract requirements. The number of records to be reviewed each quarter will vary with a minimum of three records from each service center. The ASO will work with the designated CMA peer record review leader and the UFF Director of QAS to ensure that the sample selected is random—i.e., each record had an equal chance of being selected. All peer reviews will use the same Record Review Instrument. Prior to the review the designated peer review leader at each service center will organize the process—ensure records are available, select members of the review team, train reviewers on the instrument and process, facilitate the review. Each record should take 45-60 minutes to review. Records that are poorly organized or lack information may take longer.

The peer review instruments for these reviews focus on whether the case managers are providing and documenting appropriate levels of services for children and families, conducting case planning activities as described by UFF requirements, actively involving families, meeting visitation and contact standards, and moving the case forward to ensure case plan goal attainment in the timeframes required. Essentially we want to know whether the cases would pass the equivalent of a CFSR based on documentation in the files.

Persons who conduct Level 2 reviews are evaluating the presence or absence of required documentation and the clarity and continuity of documentation, which includes but is not limited to:

- Assessments
- Case planning process and case plans
- Appropriate consents
- Case notes
- Evidence of supervision
- Outcomes
- Aftercare plans

(UFF is in the process of developing the Level 2 case review form. The HKI instrument is included in Appendix C, Page 36 as an example.)

After the reviews, the completed instruments will be submitted to the service center Program Administrator and the Director of QAS and the supervisor responsible for the cases reviewed. The assigned CMA QA specialist will aggregate the record review data and distribute the findings to the Director of QAS. The Quality Teams, the UFF Management team, and the QA/QI Committee will use the aggregate peer review findings to identify and analyze issues that need to be addressed through action plans and to identify strengths that need to be recognized. Peer reviews are not ever to be used for punitive purposes but rather for learning and improvement opportunities.

When deficits are noted in any cases that are reviewed the case will be referred to the UFF Director of Child and Family Services for further review. Results of case reviews will be shared at the UFF monthly management meetings and with the Quality Assurance and Quality Improvement Committee. Changes in policies and procedures may be instituted based upon the reviews. If significant problems are identified within CMAs (or with particular case managers or supervisors), the Director of Child and Family Services in collaboration with the Director of Quality and Administrative Services and Provider Network Management may meet with CMA clinical or quality staff and with the case managers or supervisors to examine and explore the problem areas and propose corrective actions to address problems. The QAS staff will ensure that results of any corrective actions are reviewed within the timeframes agreed to by the parties.

Level Three (Clinical Reviews): In addition to reviewing case files that have been previously found to be deficient, the Director of Child and Family Services will also conduct a thorough review of a sample of case files each quarter that include children and families identified as having complex needs and requiring high levels of intensive services (“outliers” -i.e., those cases are outside the norm for a specific level of care). The sample will be randomly selected by the ASO and will include not fewer than five cases.

The results of the high need reviews will be brought to the Director of QAS and will be shared with the supervisors and case managers for review, discussion, and recommendation of corrective action if needed. Other relevant parties will be informed of findings and actions taken. (The case review instrument for Level 3 reviews will be the same as for Level 2).

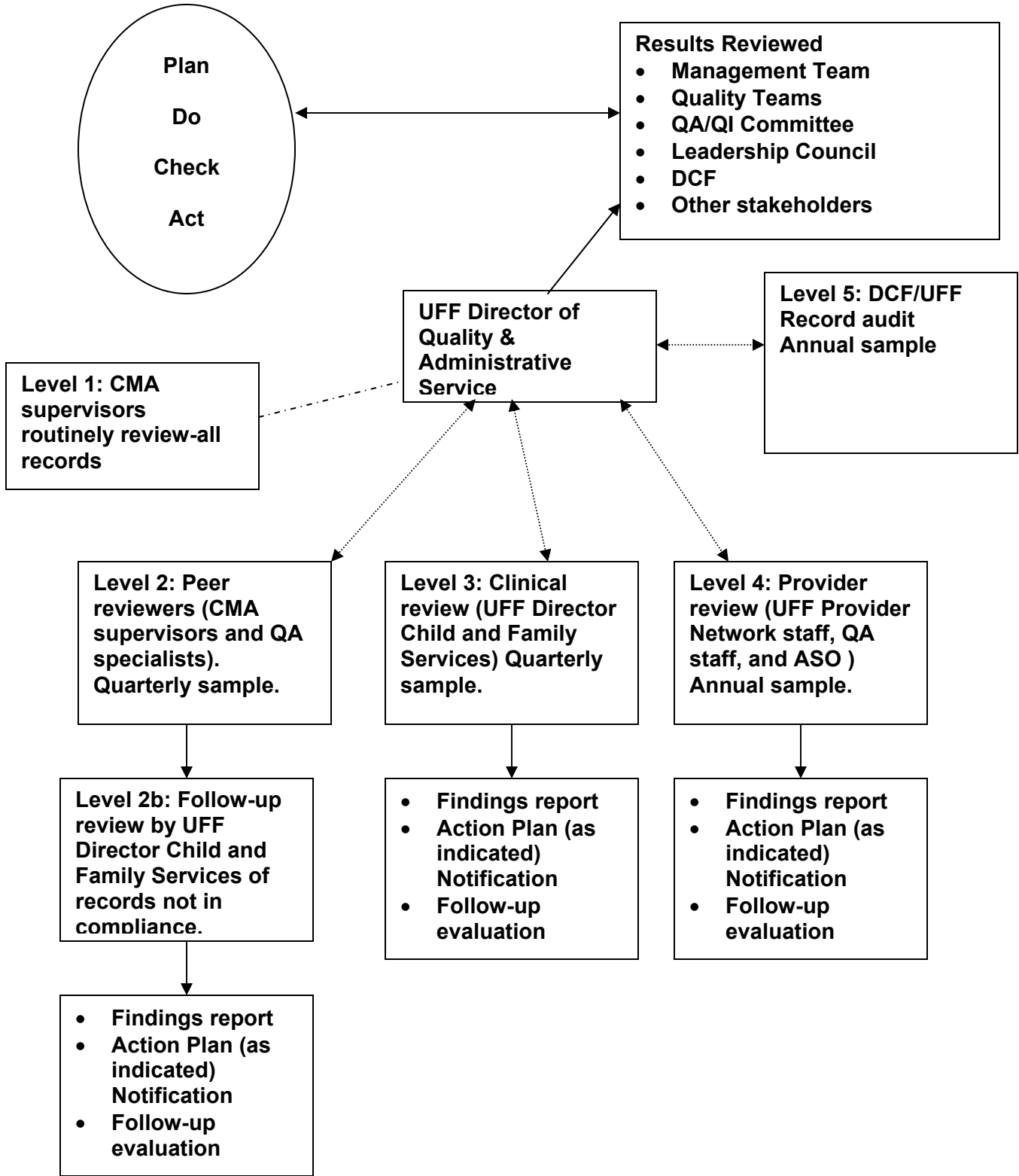
Level Four (*Provider Case Record Reviews Related to Claims*): Case file reviews will be a core element of the annual On-site Review of contract provider agencies. UFF Provider Network management staff and QA/QI staff will review a random sample of 5% of the claims that paid to the provider over the prior 12 months. The list of claims to be reviewed will be generated by the ASO. For each claim to be reviewed, the monitoring team (The Provider Network management staff, QA/QI staff, and ASO claims staff) will: 1) verify documentation of the delivered service, and 2) analyze the quality and compliance levels of the delivered service based upon standardized requirements that will be made available to the provider upon execution of a contract, and 3) assess the effectiveness of the services purchased. (The Case File Review Protocol related to providers will be developed and tested during the first six months of the service contract and the first actual reviews will occur 12 months after the service contract.)

Level Five (*Department Of Children And Families Joint Record Review*): Once a year a joint Quality Assurance and Quality Improvement random record review will be conducted by DCF and UFF's Quality and Administrative Services Department. This joint review process will entail an approach to the review process that is consistent and complimentary to Federal/State requirements and standards. Both DCF and UFF share responsibility for the success of community based care and we will work closely to ensure that our relationship is characterized by constructive engagement.

Reporting Results of Case File Audits and Follow-up Actions

The results of the formal Case File Reviews (Levels 2-5) will be collated and a summary report will be created. Case manager supervisors, the UFF Management Team, Quality Teams, and the QA/QI Committee will review the report on a quarterly basis.

Record Reviews Process



2) Consumer and Stakeholder Satisfaction Surveys

The UFF Quality and Administrative Services Department's Record/Data Automation System Supervisor will coordinate the Questionnaire and Satisfaction Survey process. A database will be designed to coordinate an automated process to generate surveys based on set timelines. The results of all surveys will be recorded in the database and will be used to generate, at minimum, semi-annual reports for analysis. These reports will be used by UFF Management Team staff in their review of overall quality in meeting the needs of children and families and other stakeholders.

There will be 5 different categories of surveys/questionnaires:

1. Satisfaction Surveys for Parents/Child(ren)
2. Satisfaction Surveys for Adoptive Parents
3. Satisfaction Surveys for Foster Parents
4. Satisfaction of providers
5. Community Stakeholder satisfaction (Courts, GALs, Leadership Council, etc.)

Procedures for all Satisfaction Surveys

- All surveys mailed out will be accompanied by a cover letter and self-addressed stamped envelope.
- All surveys will include documentation of the date they were generated and mailed out.
- A database will be designed to record all surveys sent out, the date sent, the address they were sent to and the results of the surveys returned.
- All surveys will be generated and mailed out within a set timeframe developed for each type of survey.
- At minimum, semi-annual reports will be generated to analyze the results of each satisfaction survey, by category.
- UFF will use standardized instruments and the instrument used will ensure anonymity but will include basic demographic information.

Child and Family satisfaction surveys include questions that are directed at the services the clients received, the professionalism of the staff, the ease with which services were provided, whether or not the clients felt that they received the help they needed, whether the facilities were convenient and comfortable, and the like. Surveys are aggregated and reviewed by all staff, as well as the board of directors. This information resulting from the reports is used to develop new programming, change existing services, change staffing patterns, and to strategically plan.

Consumer satisfaction surveys are administered to those agencies/individuals who work with UFF. This data is also aggregated and reviewed by all staff. The information is then used to identify any issues that consumers have not otherwise communicated in order to secure the most positive working relationships between agencies and caregivers with the ultimate beneficiary being the children served. Data is presented with annual comparisons with the goal of continually improved relations with other consumers.

Satisfaction Survey Timelines

Category	Timeline
Satisfaction Surveys for Parents/Child(ren)*	Within 30 days of case closure
Satisfaction Surveys for Adoptive Parents*	Within 30 days of finalized adoption
Satisfaction Surveys for Foster Parents*	One quarter of the foster parents will be surveyed quarterly.
Provider surveys	All providers will be surveyed annually (surveys mailed may be staggered with quarterly mailings)
Community Stakeholders	Key community stakeholders will be surveyed annually

*See Appendix E for examples of some of the above surveys. *Surveys were based on Department of Children and Families Child Satisfaction Survey 2000.*

3) Monitoring Child and Family Outcomes & Quality Performance Indicators

UFF has worked closely with the Alliance and the Leadership Counsel to review federal standards related to the ASFA and to the CFSR indicators. To the extent possible with the

current technology (limited by capacity of Hsn) and staffing capacity, UFF intends to track and report outcomes and performance measures consistent with those reviewed by the Leadership Council (See Appendix: ASFA, CFSR and Alliance Outcomes). At a minimum, during the peer record reviews and the DCF record audits, the benchmarks developed by the Alliance will be assessed and reported.

DCF has also worked to develop a core set of outcomes and quality measures that can be standardized across CBC contracts. During the first year of the service contract, UFF will focus on those outcomes and indicators that are required under the service contract. As the system matures and staff capacity can be developed, UFF intends to more closely examine and report on other outcomes identified by the Alliance.

Child and Family Outcomes/Measures Related to Safety, Permanency & Well-being

Based upon current understanding the following outcomes/performance measures will be included in the service contract and will be systematically collected and tracked by UFF's data management system:

- #1:** At least **60%** of children entering out-of-home care (including both relative care and non-relative foster care) shall exit care within 12 months of the removal date.
- #2:** The ratio of the number of children adopted within 12 months to the point-in-time number of children legally available for adoption shall be at least **8:10**.
- #3:** At least **95%** of the children served shall not experience maltreatment, verified or indicated, during each calendar quarter of the provision of in-home services.
- #4:** At least **99.5%** of children served shall not experience maltreatment, verified or indicated, during each calendar quarter in out-of-home care.
- #5:** At least **95%** of the children served (both in-home and out-of-home) shall not experience a recurrence of maltreatment, verified or indicated, within six months after termination of services.
- #6:** At least **95%** percent of children required to be seen each month (both in-home and out-of-home) shall be seen by the case manager at least once each calendar month in the child's current residence.
- #7:** The lead agency must have an overall satisfactory rating on the Family Safety Quality Assurance review, including the following:
 1. Achieve substantial conformity on **five** of the seven child and family outcomes related to safety, permanency and well-being; and
 2. Achieve substantial conformity on **four** of the six designated systemic factors; and
 3. **Pass** the Title IV-E Eligibility section of the review.

Incentives Linked to Performance

In addition to the previous performance measures, DCF intends for Lead Agencies to be eligible to earn incentive payments for performance that exceeds standards. The following measures are being proposed for incentives:

#1: The lead agency must have an overall satisfactory rating on the Family Safety Quality Assurance review, including the following:

1. Achieve substantial conformity on **six** of the seven child and family outcomes related to safety, permanency and well-being; and
2. Achieve substantial conformity on **five** of the six designated systemic factors; and
3. **Pass** the Title IV-E Eligibility section of the review.

#2: At least **70%** of children entering out-of-home care (including both relative care and non-relative foster care) shall exit care within 12 months of the removal date.

#3: The ratio of the number of children adopted within 12 months to the point-in-time number of children legally available for adoption shall be at least **9:10**.

#4: The number of children in out-of-home care (including both relative care and non-relative foster care) who have been in care more than 12 months shall be reduced by at least **25%**.

#5: At least **97%** percent of children exiting out-of-home care (including both relative care and non-relative foster care) shall not re-enter within 12 months following the exit.

#6: **95%** of children served through family preservation services will not be removed and placed in out-of-home care within twelve (12) months after termination of services.

#7: **95%** of children served during each calendar quarter through family preservation services will not be removed and placed in out-of-home care during services.

#8: **96%** of all children in families who complete intensive child abuse prevention programs of 3 months or more will not be abused or neglected within 12 months after program completion

NOTE: The outcomes and performance measures described above are still under review and subject to change. UFF will use whatever measures are specified in the service contract as a foundation for its monitoring efforts.

4) Inquiries, Complaints and Grievances

It is the policy of UFF to encourage children, families, and community stakeholders to make inquiries, share concerns, and register complaints in order to continuously improve the quality of services. UFF will ensure a prompt and appropriate response to all inquiries, complaints and concerns that are received verbally or in writing.

Client Inquiries

An “inquiry” is defined as an issue raised that requires clarification or attention but which may not indicate dissatisfaction with services. Client inquiries may be made to any employee, at any level, within the organization. The employee will seek to resolve the concern quickly and efficiently to the satisfaction of the inquirer. If this cannot be accomplished, the employee will complete the Client Inquiry form, noting actions taken, and forward the form immediately to the Supervisor. The employee will tell the inquirer when they can expect a response from the supervisor. (See Appendix J: Client Inquiry & Resolution Form)

When a supervisor receives the Client Inquiry Form, the supervisor will investigate the inquiry to determine what occurred, making a preliminary assessment about what action is required. The supervisor will seek to resolve the concern or problem expressed, making reasonable efforts to obtain resolution as requested by the inquirer. Resolution of the concern or problem will occur in no more than two (2) business days from the date the inquiry was received. The results of the investigation and resolution will be recorded in the Client Inquiry & Resolution Form, and filed in the case record, with copies being provided to the case managers, foster parents/facilities, and any other relevant parties affected by the inquiry, including the GAL .

If satisfactory resolution of the inquiry cannot be obtained within two (2) business days, the inquirer will be offered an opportunity to follow UFF’s grievance procedure in an effort to reach satisfactory resolution.

UFF QAS staff will collect data monthly from the Client Inquiry forms. Data collected will include, but not be limited to, number of inquiries, average time from inquiry to resolution, and number of inquiries referred as grievances. This data will be reported monthly to the project’s management team and to the Quality Assurance and Improvement Committee. UFF’s Quality Assurance and Quality Improvement Committee will direct corrective actions as necessary to address issues raised by inquiries, and delays in resolving client inquiries.

Complaints

UFF defines a complaint as dissatisfaction with a case specific issue or service delivery issue, which is received verbally or in writing and for which a response is requested. A Complaint Hotline will be created and maintained by UFF’s Quality and Administrative Services Department to provide a single point of contact for individuals wishing to file a complaint. The hotline number will be answered by staff during regular business hours and an answering

machine will be available during non-business hours. Quality and Administrative Services Department staff will call back individuals who left a message during non-business hours within one business day. Hot-line staff will ensure the complaint policies are explained to the individual filing a complaint and that the policies and procedures are followed. Any complaints received in the field will be forwarded to the Quality and Administrative Services Department within one business day.

Within one business day of receipt of the complaint/concern, the designated staff member will complete a Complaint Tracking Form for each call. The staff member will be responsible for contacting the individual who made the complaint to obtain the information necessary to complete the form. If a complaint was received in written form, the written form will be attached to the Complaint Tracking Form.

A written confirmation of the complaint and the UFF complaint procedure will be forwarded to the complainant. This confirmation will inform the complainant that UFF is investigating into the complaint/concern they have filed.

The Complaint Tracking Form will be forwarded to the designated Quality Assurance staff. The Quality Assurance staff will follow up on the complaint within one business day (during business hours). The UFF employee will use the Complaint Follow-up and Resolution form to document the actions taken after discussing the issue with the caller. The Resolution form will be forwarded to the designated Quality Assurance staff member and as indicated to other stakeholders including network providers. All complaints raised will be resolved within 3-5 days or the reason for delay in resolution will be noted on the Complaint Tracking Form. The Quality Assurance staff will be responsible for monitoring and tracking the complaint resolution to insure timelines are met.

If any complaint, after the above process is complete is still not resolved the issue will then be passed on to the Director of Quality and Administrative Services and the person issuing the complaint will be advised of further grievance and appeals procedures.

Grievance & Appeals Resolution Process

It is the policy of UFF to respond to all grievance and appeals in a manner that is respectful of individual clients, providers, and others who might file a grievance. The grievance and appeals process will fair, non-intimidating, and timely.

Grievance and appeals processes for parents-

The case manager will explain the grievance and appeals process to the child and family at the initial contact. Grievance and appeals forms are included in the consumer guide that will be provided at initial contact. The following procedure will be followed when a child/youth or a parent files a grievance:

- a) In the event that a difference of opinion or conflict occurs, the dissatisfied person(s) is encouraged to bring the specific issue to the attention of the Case Manager in the context of an inquiry. The forum for this dialog will be informal and the results documented in the appropriate file. Documentation will include the circumstances surrounding the issue and resolution/status. The final entry in the inquiry form will be one that marks the file as moving to grievance.
- b) If the concerns are not resolved at the inquiry or complaint level, the case manager will provide the person(s) with a copy of the Grievance Resolution procedure and accompanying form. The person(s) will complete the Grievance Resolution form to initiate a meeting with the UFF Director of Child and Family Services to seek resolution. UFF will forward a copy of the Grievance to the case manager and his/her supervisor. A meeting will be scheduled within two (2) business days between the person filing the grievance and the UFF Director of Child and Family Services or designee. Results will be documented on the Grievance Resolution form. Information on the form will include the interventions and resolution/status. This step will occur within two business days of the receipt of the Grievance Resolution form from the person(s) served.
- c) If the issue remains unresolved after the meeting, either party may request a case review staffing to resolve the situation. This forum may be a Family Service team meeting, a Clinical Review, Permanency Staffing, or any other specially called meeting to address the issue. The person(s) served, as well as the GAL and other parties with a vested interest, will be invited and encouraged to attend this meeting to express their concerns. All parties at the staffing will provide input and every attempt will be made to build consensus around the concern. All focus will remain on the best interest of the child. The results of the meeting will be recorded on the Grievance Resolution form. If needed, this review will occur within five (5) business days of the initial and unsuccessful meeting.
- d) If resolution is still not clear after a formal case review, the UFF management team will review all steps in the grievance process, all documentation, including the Grievance Resolution form completed to date, all staffing information and recommendations, and

other documentation which supports a decision review process. All focus will remain on the best interest of the child. The results of the meeting will be recorded on the Grievance Resolution form, with notification to the person(s) served. This step will occur within three (3) business days of unsuccessful resolution at the previous level.

- e) Final authority to resolve disagreements, if necessary, rests with the UFF Executive Director. If needed, all data collected will be forwarded to the Executive Director for final review. All interventions will be recorded on the Grievance Resolution form and, as appropriate, in the case file. The agency designee will notify the person(s) served of the final decision, which will be given no later than five days after the Executive Director receives the request for review.

Grievances or Appeals Made By Case Managers or Providers

The UFF Network Provider manual contains all grievance and appeals procedures and forms needed to file a grievance. If there is a service that a Case Manager requests that does not meet the criteria defined in the Utilization Management protocols, the service will be denied by the Utilization Manager. If the Case Manager or the contract provider believes that the service is still necessary, the Case Manager or any provider may appeal the denial, according to the following steps:

- a) If the appeal is being initiated by the case manager, he or she will re-staff the case with the supervisor prior to completing the service appeal form. If the supervisor agrees that the service is necessary, the request will proceed to the next level of review. The case manager supervisor will complete the Service Appeal form and submit it to the UFF Director of Child and Family Services and Director of Provider Network and Community Relations.
- b) The Director of Provider Network and Community Relations and the Director of Child and Family Services will conduct a joint review of the appeal within 3 business days of the filing.
- c) If unable to reach consensus, a formal case review will be requested. If that is necessary, the review will be held within five (5) days of the filing of the Appeal. The composition of the review team will differ depending on the situation but might include, the child and parents, caregivers, providers, the GAL, and any other significant parties with standing in the case. If no consensus is reached, the appeal will be forwarded to the Executive Director for final decision.
- d) The Executive Director will review all previous proceedings and will make the final

decision within 3 days of receiving the appeal. [The Director of Child and Family Services will be allowed ten (10) waivers (overrides) per year. Any waiver beyond these ten (10) will require executive director and executive management review.]

- e) All appeals by provider agencies or case managers will be tracked by UFF and reviewed periodically by the QA/QI Committee. UFF will track the number of appeals, nature of appeals, and actions taken. Issues identified through the appeals process that need to be addressed with providers will be raised at the monthly provider meetings and in the Quality Assurance and Quality Improvement committee.

UFF Employee Related Complaints and Grievances

If the complaint is regarding a personnel issue instead of a service or system issue, the complainant will be directed to contact the worker's Supervisor or UFF's Human Resources Designee (the Director of Quality and Administrative Services). Personnel issues will be tracked by the Quality and Administrative Services Department and resolution will be handled by the Supervisor or QAS director (not by the previously defined complaint process). The Quality and Administrative Services Department will send a letter to the complainant acknowledging the complaint and providing information about the actions taken. See Appendix D, Page 39.

Review of all Complaints and Grievances

On a quarterly basis the Director of Quality and Administrative Services of UFF will assess all complaints and grievances filed within the quarter. Results will be brought to the attention of UFF's Management Team, and reviewed. Timeliness of resolution, corrective actions taken, and customer satisfaction with the resolution will be evaluated.

5) Provider Reviews

The UFF Quality and Administrative Services Department and the UFF Provider Network and Community Relations Management staff will conduct annual team reviews of all network providers that are contracting with UFF to provide child services. ***The nature of the review and all other QA/QI functions related to Network Management are detailed in the Provider Network Management Plan.***

6) Critical Incidents, Accidents and other Risk and Safety Issues

It is the policy of UFF and its case management and provider agencies to identify and report critical incident information to ensure child safety and to prevent future risk. It is the

responsibility of all UFF staff and all contracted provider staff to promptly report all incidents, accidents, safety and risk issues in accordance with the requirements of procedures.

The Incident Report form (See Appendix J) will be used by UFF staff, all providers and case managers within the network. The Incident Report Form may be used internally to report an incident or event that may pose a threat to the child, document the actions taken, and formally notify UFF and the case manager and supervisor. As an internal reporting tool, there may be occasions when the situations reported do not necessarily place a child at risk but are recorded using this instrument nonetheless. For example, if a child runs away from his/her residence but returns without incident within 2 hours the report will be completed to keep UFF and the case manager informed but the event is not of the seriousness to require report to the Department of others external to the UFF project.

The incident report is used internally and externally to record an incident or event that does place the child or others at risk, to document the actions taken and the follow-up needed, and to formally notify the agency supervisor, UFF, and DCF.

Definitions of Reportable Incidents:

The following are incidents or events that must be reported **immediately** to UFF:

1. **Altercation:** A physical confrontation occurring between a child or parent and employee or two or more children when a client is in the physical custody of the UFF or contract provider, which results in one or more clients or employees receiving medical treatment by a licensed health care professional.
2. **Client Death:** A child whose life terminates due to or allegedly due to an accident, act of abuse, neglect or other incident occurring while in the presence of a UFF employee, in a UFF operated or contracted program. See UFF Policy 807 on Child Death Review Procedures.
3. **Client Injury or Illness:** A medical condition of a client requiring medical treatment by a licensed health care professional sustained or allegedly sustained due to an accident, act of abuse, neglect or other incident occurring while in the presence of a UFF employee, or in a UFF or contracted facility.
4. **Elopement:** The unauthorized absence beyond eight hours of a child who is in the physical custody of UFF.
5. **Escape:** The unauthorized absence as defined by statute, UFF policies and procedures of a client committed to, or securely detained in, a Department of Children and Families mental health or developmental services forensic facility covered by Chapters 393, 394 or 916, F.S.

6. **Other Incident:** An unusual occurrence or circumstance initiated by something other than natural causes or out of the ordinary such as a tornado, kidnapping, riot or hostage situation, which jeopardizes the health, safety and welfare of clients who are in the physical custody of UFF.
7. **Sexual Battery:** An allegation of sexual battery by a client on a client, employee on a client, or client on an employee as evidenced by medical evidence or law enforcement involvement.
8. **Suicide Attempt:** An act which clearly reflects the physical attempt by a client to cause his or her own death while in the physical custody of UFF or a UFF contracted or certified provider, which results in bodily injury requiring medical treatment by a licensed health care professional. This also pertains to suicidal ideation when resulting in an admission to a hospital or crisis stabilization unit.
9. **Disease Epidemic:** Any disease that fits the definition of “outbreak” likely to result in a high level of public interest.
10. **Criminal activity:** Employees or clients. With regard to employees, criminal activity is reportable when it occurs while on UFF or subcontract agency property while the employee is on the business of the project, which results in an arrest.
11. **Abuse/Neglect/Abandonment/Threat of Harm.** Allegations of abuse/neglect/abandonment/threat of harm that justifies and requires a report to the Florida Abuse Hotline.
12. **Theft/vandalism/damage.** The intent is to report damage that is significant and non-accidental.
13. **Foster home/Facility Complaint.** A foster parent referral or licensing complaint that require an assessment and investigation by the appropriate UFF agency, although the incident may not require a report to the Florida Abuse Hotline.

Reporting Procedure

Any UFF staff or UFF contract provider staff that becomes aware of any incident that meets the above definitions must initiate the proper response and verbally report the incident immediately to the UFF hot pager number. Depending on the time necessary to initiate the proper response to the incident (calling law enforcement, transporting client to the hospital) the verbal report must be made immediately, not to exceed one hour from the time of the incident. The Incident Reporting Form must be completed and faxed or emailed to UFF within 24 hours of the incident. That form will be routed to the appropriate people immediately after it is received. The following individuals must receive a copy of the Incident Reporting Form:

- The Director Child and Family Services
- UFF Director Quality and Administrative Services

- The UFF Director of Provider Network and Community Relations
- The UFF Executive Director
- The assigned Case Manager
- The Case Manager Supervisor

The Director of Quality and Administrative Services will submit the Incident Reporting Form to DCF within 24 hours or based on the contract requirements.

Follow-Up Review of Incidents/Events to Prevent Future Occurrence

The Director of QAS is responsible for ensuring a system of review of reportable events to determine what actions need to be taken, if any, to prevent future occurrences and a follow-up process to ensure such needed actions are successfully implemented.

The Director of QAS is responsible for informing the Executive Director and senior management staff within 8 hours of the incident report being filed. Immediate notification is required for any serious incident involving a child death or injury requiring hospitalization.

Any incident that is likely to involve media or public attention or which resulted in serious injury to a child will be immediately reviewed by the UFF management team to determine the basic answers to who, what, when, where, and how the incident occurred. At a minimum, UFF staff will attempt to determine whether:

- a) Staff were in compliance with program policies and procedures;
- b) Appropriate handling of the situation and action taken to protect the child;
- c) Steps taken to maintain control of the situation and to limit risk to the child(ren) and liability to the project.

UFF will track and analyze all incident reports. The original report will be maintained in the child's case record. On a monthly basis, UFF will report to the management team the number of reports filed, the nature of the reports, the actions taken as a result of the report, and any underlying problems that the reports may indicate need attention.

Aggregate summaries will be prepared and submitted to DCF, the Alliance, and the Human Rights Committee on a semi-annual basis. Information will also be reviewed at each quarterly meeting of the Quality Assurance and Quality Improvement Committee.

(The Risk Management Plan, a June 2003 deliverable contains additional information on risk and safety reviews.)

Appendix A: Administrative Services Organization (ASO)

The Administrative Services Organization will serve as an external support to UFF to assure the highest quality services while managing costs to enable UFF to serve all assigned children.

(See ASO Contract)

Data Entry

- The UFF Records/Data Automation Clerks located at each of the service centers will be responsible for entering all intake information on all new cases and ensure that all child information is accurately entered into state reporting systems (HSn and ICWSIS). All entry into HSn will be done by the Records/Data Automation Clerks with the exception of Chronological Notes by the case managers. The data will then be analyzed by the ASO and reports will be generated to meet UFF requirements and needs.
- Authorization for services, placement and level of care data received from UM will be entered into the integrated child data system.

Reports *(all reporting formats and procedures to be negotiated with the lead agency)*

- Case management reports will be produced so that case managers can manage their active caseload.
- Supervisory reports will be produced to assist supervisors in monitoring their case managers.
- Managerial and Administrative reports will be produced for UFF and case management providers to measure the productivity and performance of units.
- Incident and risk management reports.
- Financial and administrative reports.

- Contract performance reports.
- Utilization Management reports will be produced to assist the lead agency in managing services and resources. The ASO will provide frequent reports to UFF based on a proscribed Utilization Review process. These reports will include information about expiring placements and other time specific processes. The ASO will also generate reports that provide a multitude of trend analysis reports for authorized services, service utilization, and re-authorizations.

Claims and Finance

The ASO will adjudicate and pay all claims based on authorization from UFF. The components will include:

- Processing of all accounts payable.
- ASO will be responsible for managing all foster parent board payments, clothing allowance and sub-contracted provider service payment.
- Processing of all Medicaid billing, DCF billing, other funding source billing requirements.
- Reporting to UFF regarding budget (expenses and revenues).
- Utilization review reconciliation.
- Assistance with the budgeting process.
- Assistance with financial auditing procedures.
- Assistance with revenue maximization.
- ASO finance staff will be responsible for the accuracy of placement and payment information ICWSIS.

Appendix B: UFF Complaint Procedures and Acknowledgement

United For Families is committed to providing high quality services to children and families. Implicit in this commitment are the processes to facilitate the resolution of complaints related to services. It is the intent of United For Families to address complaints to assure child safety, program effectiveness, and community confidence in our services.

United For Families
CUSTOMER SERVICE CENTER
ACKNOWLEDGES RECEIVING THE FOLLOWING COMPLAINT:

Complaint received by Name:
Date:
Person filing complaint:

Here are the steps to follow in filing your complaint:

Step 1: Try to resolve the issue with the person involved (Case Manager, Foster Parent, Program Staff). Sometimes problems can be resolved at the source.

Step 2: If you have not already done so, call the United For Families Complaint Hotline (1 800-555-xxxx) to formally file your complaint. The United For Families staff person will ask you specific questions about your complaint in order to take steps toward resolution of the problem.

Step 3: Your complaint will be forwarded for action within 3 days of receipt.

Step 4: You will receive written notification or a telephone call within 30 days of receipt of your complaint. This notice will provide you with information about what steps were taken and details of the resolution.

Step 5: If you are not satisfied with the resolution of your complaint, you may ask for the issue to be passed on to the Director of Quality and Administrative Services of United For Families.

Appendix C: Complaint Tracking Form

Complainant Information	
Name:	
Address:	
Phone:	

Complainant's relationship to UFF			
	Child		Parent
	Foster Parent		Provider
	DCF		Employee
	Other (please specify)		

Specific nature of complaint: *(Please specify child , worker, detailed description of the complaint and all previous attempts to resolve the issues, date and time of the incident and the reason for concern. Attach any necessary documentation)*

Complaint received by	
Date that complaint was received	
Complaint entered into system by	
Date complaint was entered into system	

Was required timeframe met?	<input type="checkbox"/> yes <input type="checkbox"/> no
If not met, give reason:	
Resolution:	<input type="checkbox"/> Resolved <input type="checkbox"/> Sent to QA/QI for further investigation

Complaint Follow-up and Resolution	
Complaint response assigned to	
Date assigned	
Action taken:	
Response to complainant (attach any documentation)	

Was complainant satisfied?	
Date response was sent	
Authorized signature	

Cc: Quality and Administrative Services Department

Appendix D: Questionnaires and Satisfaction Surveys

SATISFACTION SURVEY

You are:
 Client
 Parent of Client
 Representative of Client

You are:
 Male
 Female
 Age: _____

<i>Please circle the best answer</i>							
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Apply	
I was treated with courtesy and respect.	5	4	3	2	1	0	
I was seen for services on time.	5	4	3	2	1	0	
Phone calls were quickly answered and my messages were returned.	5	4	3	2	1	0	
I received services when I needed them.	5	4	3	2	1	0	
It was easy for me to get to the office.	5	4	3	2	1	0	
The office was clean and comfortable.	5	4	3	2	1	0	
If I had a complaint, it was handled well.	5	4	3	2	1	0	
I received services that were helpful.	5	4	3	2	1	0	
The staff helped me find other services that I needed.	5	4	3	2	1	0	
Overall, I am satisfied with the services that I received.	5	4	3	2	1	0	
The foster parents and I worked together to help me and my family.	5	4	3	2	1	0	
Please provide explanation for ratings of 3 or below:							
How can we improve our services?							

Thank you for taking the time to complete this questionnaire, your comments are valuable to us!

FOR AGENCY USE ONLY			
Unique ID Number		Date Sent	Date Returned

Appendix D: Questionnaires and Satisfaction Surveys

SATISFACTION SURVEY-Adoption

<i>Please circle the best answer</i>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
I was treated with courtesy and respect.	5	4	3	2	1	0
Phone calls were quickly answered and my messages were returned.	5	4	3	2	1	0
If I had a complaint, it was handled well.	5	4	3	2	1	0
The staff helped me find services that I needed.	5	4	3	2	1	0
We understood our right to appeal decisions that may affect our child.	5	4	3	2	1	0
We understood that adoption subsidy program so that we could make an informed decision.	5	4	3	2	1	0
Our child is a good match to our family's abilities and strengths.	5	4	3	2	1	0
UFF provided the guidance and support we needed.	5	4	3	2	1	0
Overall, I am satisfied with the services that I received.	5	4	3	2	1	0
Please provide explanation for ratings of 3 or below:						
How can we improve our services?						

Thank you for taking the time to complete this questionnaire, your comments are valuable to us!

FOR AGENCY USE ONLY					
Unique ID Number		Date Sent		Date Returned	

SATISFACTION SURVEY - FOSTER PARENT

Recruitment and retention of foster parents is critical to providing children with the least restrictive, most family like setting. We would ask that you take the time to answer the following survey so that we might identify areas of strength and areas of need.

Which agency sponsors you as a foster parent? _____

How long have you been a foster parent? (*circle one answer*)

- 0-6 months 6 mos. to 1 year 1-2 years 2-4 years
 4 or more years

How many foster children have you cared for in your home in the last six months? (*circle one answer*)

- None 1-2 3-5 6-10
 11-20 more than 20

<i>Please circle the best answer</i>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
My requests for information and assistance are regarded with respect and timely consideration	5	4	3	2	1	0
After a difficult placement I am given a chance to express my feelings and review the experience.	5	4	3	2	1	0
I believe I am given all information known about the children placed in my home.	5	4	3	2	1	0
When I request the removal of a child, efforts are made to support the placement and help us through the crisis to achieve the most beneficial outcomes for the child.	5	4	3	2	1	0

<i>Please circle the best answer</i>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
I regard the financial reimbursement as adequate.	5	4	3	2	1	0
Movements of children in and out of my home are characterized by careful planning and concern for reserving a sense of continuity.	5	4	3	2	1	0

Appendix J: Incident Reporting Form

Date of incident		Time of incident	
Date the reporter became aware of the incident		Time the reporter became aware of the incident	
Person reporting incident			
Reporter's position or agency			
Location of the incident			

Clients involved in incident	Name	Age	Race	Sex	

Names of non-clients involved in or witnessing incident (i.e. staff, volunteer, foster parent etc.)	Name	Position	

REPORTABLE SIGNIFICANT EVENTS:

Type of Incident:

- A confirmed report of allegation of abuse against staff member/called into the Abuse Registry
- Abduction Client Illness/Injury requiring medical treatment
- Accident - Vehicle by a licensed physician
- Assault/Sexual Battery/client on client/employee on client
- Abuse
- Bomb Threat Media Coverage & Public Reaction
- Contraband Riot
- Death/Life terminates due to or allegedly due to an accident, act of abuse or other event while in a contracted facility Strike or Walkout
- bodily injury Suicide
- Disaster/natural ie. hurricane requiring medical treatment
- Elopement/absence Theft (financial/legal liability)
- Employee Misconduct Threat of Violence requiring medical intervention
- Epidemic or other Public emergency Vandalism
- Escape/unauthorized absence Fire
- Law Violations/employee crime/contraband on premises. Homicide
- Hostage

INCIDENTS TO BE REPORTED WITHIN UFF:

- Accident involving client without medical intervention Accident involving agency vehicle
- Contraband: client/visitor Inappropriate sexual behavior
- intervention Threat of violence without medical intervention
- Illness/no hospitalization Situations resulting in media or legal involvement
- Injury requiring medical intervention without physician involvement: staff/client/visitor Suicide Gesture
- Injury without medical intervention Medication variance (attach Medication Variance Form)
- Property loss/damage: agency or personnel Seizure
- Other,specify _____

<p>Description of incident (use as much detail as possible) Use an additional page if necessary.</p>	
--	--

<p>Describe the action taken (be as specific as possible and include the names of everyone involved)</p>					
<p>Additional action taken</p>	<p>Law enforcement contacted</p>	<p>Date</p>	<p>Time</p>	<p>Spoke to</p>	<p>Case #</p>
	<p>Abuse registry called</p>	<p>Date</p>	<p>Time</p>	<p>Spoke to</p>	
	<p>Transported to hospital</p>	<p>Date</p>		<p>Time</p>	<p>Hospital</p>
	<p>Other</p>				
<p>Signature of reporter</p>					
	<p>Date</p>	<p>Time</p>		<p>Phone</p>	
<p>Client's UFF Case Manager</p>					

<p>Describe any recommended changes in service needs of client based on the incident.</p>	
---	--

For UFF Use Only			
Date incident report received		Time incident report received	
Person who received incident report			
Report routed to	Case Manager	Client Services Director	
	Case Manager Supervisor	Quality and Administrative Services Director	
	Client Services Manager	Other _____	