



**Performance Quality  
Improvement Plan  
Fiscal Year 2017-2018**

## INTRODUCTION

Brevard C.A.R.E.S. is Brevard Family Partnership's innovative, voluntary child abuse prevention program tailored to protect children, strengthen families and change lives. In October 2009, Brevard C.A.R.E.S. became its own 501 C 3 agency with a mission to continue to reduce the number of children entering the foster care system through abuse prevention. Brevard C.A.R.E.S. is a *family-centered, strength-based, and community-driven child abuse prevention program*.

Brevard C.A.R.E.S. offers a full-array of support services and Wraparound Family Team Conferencing to families experiencing stressors that often lead to abuse, abandonment and neglect. The success of this program is due to the proactive participation of the families in need. These families openly engage in this strength-based program, thus building upon the successes and skills within their family unit. The program is completely voluntary.

This Performance Quality Improvement (PQI) Plan describes the system wide efforts made to continually address quality of services and the improvement of service delivery to the children and families seeking services from Brevard C.A.R.E.S. and includes a strategic process for Quality Improvement. The plan will be reviewed at least annually and updated as necessary. This plan includes the following key components:

- Philosophy of Quality Improvement
- Quality Assurance Structure and Plan
- Foundations of the Quality Assurance Plan
- Stakeholder Involvement
- Case Record Review
- Utilization Reviews
- Risk Management
- Internal Quality Monitoring
- Outcome Measurement
- Consumer Satisfaction
- Feedback Mechanisms
- Corrective Action

The goals of the Quality Improvement Program are to:

- Improve the quality of the standard of care for families served;
- Ensure accountability for outcomes;
- Ensure all programs are providing services in accordance with agency standards, state and federal guidelines;
- Ensure the delivery of the highest quality services to the children and families we serve;
- Ensure that client needs are accurately assessed, that needed services are identified and delivered, and that client progress is evaluated;
- Provide mechanisms for monitoring and evaluating all service outcomes in an objective and systematic manner throughout the organization;
- Identify deficiencies or gaps in service delivery, review and track corrective actions, ensure deficiencies or gaps are rectified, and provide opportunities and tools to improve the quality of service to families;

- Provide suggestions for implementing necessary changes to resolve identified problems in client service delivery;
- Provide ongoing assistance to all programs in identifying discrepancies and following up on service delivery and staff development needs;
- Create a positive culture by training and educating staff regarding the expectation and requirements of the continuous quality improvement process;
- Reward and recognize the efforts of staff and programs as they strive for excellence in providing quality services to families; and
- Evaluate and develop methods of improving the efficacy of the continuous quality improvement process.

Quality Improvement is accomplished by continual external review activities conducted by State of Florida Department of Children and Families, contracted providers, the Child Abuse Prevention Task Force and Brevard Public Schools. Trends, findings and recommendations from these processes are used to implement any new processes, performance measures or targets that are gleaned from these processes as needed (and minimally on an annual basis.)

Quality Improvement is an internally driven process utilizing aggregated performance data generated by management and front line staff that are responsible for service delivery. Continuous internal improvements in service provision and administrative procedures are the product of this function and result in implementation by employees.

## **PHILOSOPHY OF QUALITY IMPROVEMENT**

The PQI program's utility is assessed by the plan's ability to continuously improve the quality of service delivery and by measuring that the plan is positively correlated with higher quality services and improved experience for the family. Barriers to implementation of the plan are discussed and identified in a solution oriented focused manner. Support for the plan is garnered through collaborative problem solving where weaknesses are acknowledged and necessary action steps are identified.

The mission of Brevard C.A.R.E.S. is to prevent child abuse and neglect by supporting and strengthening families so that they can remain together in the community. Brevard C.A.R.E.S. is an acronym for Coordination, Advocacy, Resources, Education and Support. This comprehensive and consumer driven program is inclusive of the following practices:

- Facilitation of Family Team Conferences and engagement of families in a mutually respectful manner through the use of skilled facilitators;
- Use of a strength based assessment to continue to build on the family strengths;
- Development of one well-coordinated plan that is responsive to the family's identified needs with shared ownership and responsibility;
- Achievement of the vision that the family has shared of where they want to be;
- Provision of family driven planning, access, voice, choice and ownership;
- Cultivation of a flexible service delivery system that is culturally competent, individualized and customized to the family's needs;
- A focus on the inclusion of informal supports;
- Celebration of successes and accomplishments;
- Promotion of the social, emotional, physical, moral and cognitive development of each child and;
- Adherence to the principles of Wraparound.

It is the philosophy of Brevard C.A.R.E.S. that families served deserve the best that can be offered, assistance that is appropriate to their need, of the highest quality, in sufficient quantity, and delivered in a consistent, integrated, and timely manner. To this end, Brevard C.A.R.E.S. has developed and supports a Quality Improvement Program. By implementing this program, we are assured that families are receiving services of the highest quality and that mechanisms are in place to monitor and evaluate these services on a regular basis. The continuous quality improvement process allows for systemic change at all levels, building upon strengths and encouraging staff to work as a cohesive team to identify and implement quality changes that will continuously enhance services for the children and families served.

The Quality Improvement process, and quality improvement activities, is designed to provide crucial information to Brevard Family Partnership and Brevard C.A.R.E.S. organizational leadership, Network Providers, the Department of Children and Families, the Leadership Roundtable, Together in Partnership, the Child Abuse Prevention Task Force, Brevard Public Schools and other key stakeholders. These 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 improve performance and outcomes.

Our commitment to quality permeates our organization from the Board of Directors to our front line program staff. It is an expectation that all staff at all levels of the organization have an investment in providing the highest quality of service, and in improving the quality of that service on an ongoing basis in pursuit of excellence. The continuous quality improvement (CQI) culture is a positive one that encourages staff input and participation at all levels. Brevard C.A.R.E.S. staff are committed to respecting the rights of the clients we serve and ensuring the confidentiality of all information regarding those clients, including information reviewed for quality improvement purposes.

## **CONTINUOUS QUALITY IMPROVEMENT PROCESS QUALITY ASSURANCE STRUCTURE**

A key component of Quality Assurance is the case file review and case-specific reviews. Brevard C.A.R.E.S. integrates the model into day to day Quality Assurance activities and system of care, through on-going participation and communication. Specifics regarding the implementation of this Quality Assurance model are found in this Performance Quality Improvement Plan which is updated annually and approved by Brevard Family Partnership. It should be noted that it is required of all Brevard C.A.R.E.S. staff that they participate in PQI activities as such activities are the responsibility of the entire agency and helps to ensure that superior services are provided to all consumers. Also there is an expectation that any areas of potential improvement that are identified by staff through any quality assurance mechanisms such as observation, collateral contacts and provider reports are included as part of the process. Job descriptions of Family Partners and Care Coordinators include provisions that require staff to attend provider meetings in order to foster and maintain ongoing relationships with providers and to coordinate services and advocate for families. Staff are also required to liaise with service providers to ensure services are culturally competent and linguistically sensitive.

**Key PQI staff and their functions are noted below:**

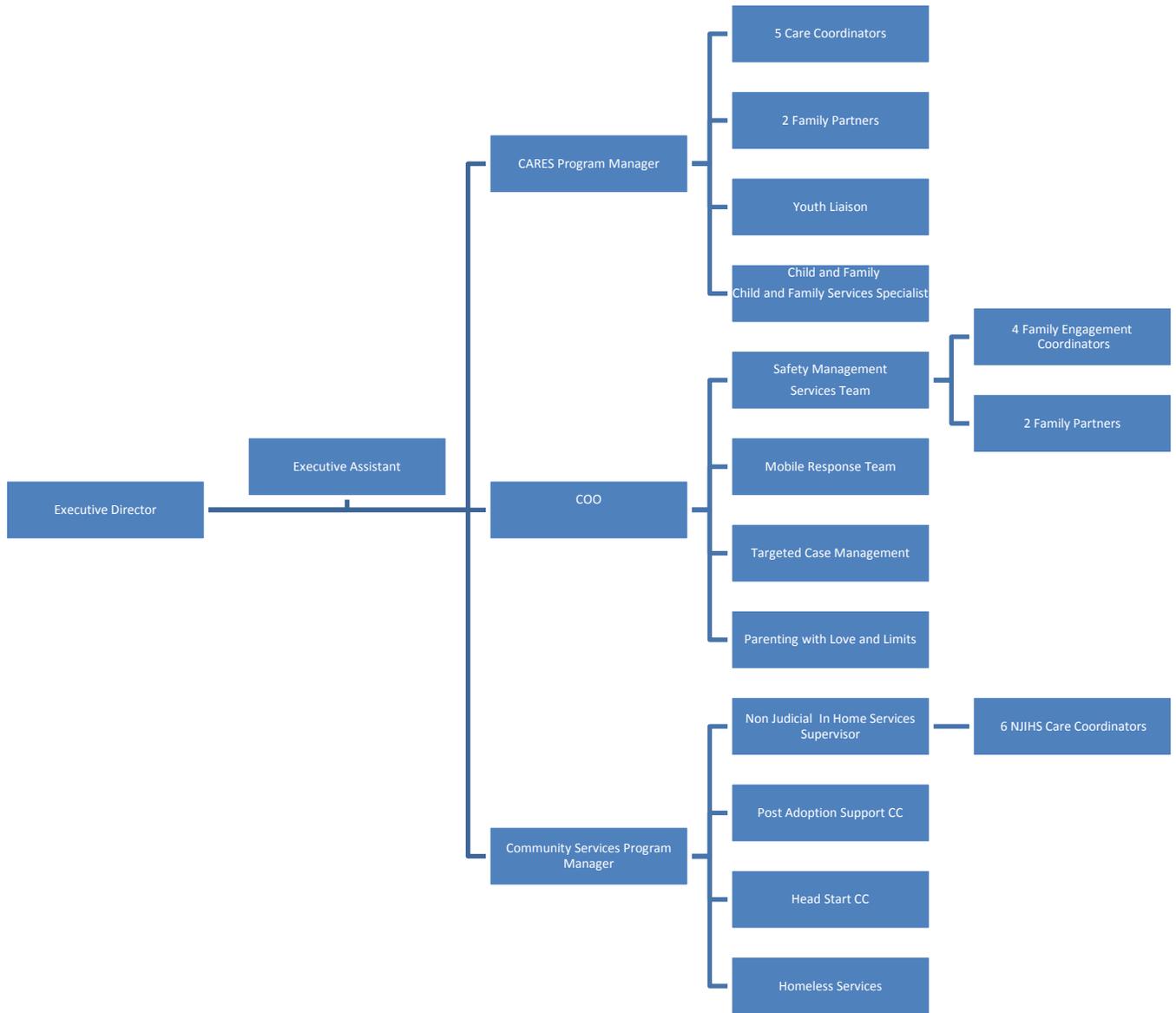
**Program Managers and Chief Operating Officer:** These positions conduct utilization reviews of case records and ensure compliance with all policies, procedures and Council on Accreditation standards. These positions ensure the maximization of the management of available resources and use of alternative funding streams to include informal and natural supports in the community. The Program Manager/Chief Operating Officer provides case consultation to staff, assists in complex cases and co-facilitates Family Team Conferences when indicated. These positions participate in performance quality improvement activities and provide leadership in program implementation and capacity building in a flexible, responsive service delivery system for continuous quality improvement.

**Supervisor:** This position conducts utilization reviews of case records and ensures compliance with all policies and procedures and Council on Accreditation standards. This position ensures the maximization of the management of available resources and use of alternative funding streams to include informal and natural supports in the community. The Supervisor provides case consultation to staff, conducts qualitative child welfare case supervisory reviews, assists in complex cases and co-facilitates Family Team Conferences when indicated. This position participates in performance quality improvement activities and supports program implementation and capacity building in a flexible, responsive service delivery system for continuous quality improvement.

**Wraparound Fidelity Director:** This position provides ongoing wraparound facilitation training and retrospectives through evaluation and the Wraparound Observation Form tool for Wraparound Practitioners. This tool is used for professional development and to advance wraparound skills. This position participates in the ongoing program improvements processes and maintains information regarding the environment of current services in order to ensure that any gaps in the provider network are identified and there is sufficient linguistic capability in the service delivery system. This position conducts needs analysis in order to identify training and development needs.

**Executive Director:** This position is responsible for the overall operations of the organization, the delegation of responsibility within the organization and the establishment of formal means of accountability in order to meet all agency performance targets as well as fulfill the agency's mission in a cost-effective manner. The Executive Director prepares, executes, and provides oversight of the strategic planning process, analyzes data, communicates and reports agency performance to stakeholders and the agency's governing body. This position evaluates consumer needs, satisfaction, service delivery, gaps, and outcomes in order to ensure quality service delivery. This position evaluates the organization's operations and establishes internal controls in order to implement policies that enhance the organization's ability to achieve its objectives in compliance with Florida Administrative Code, Chapter 39 Statutes and Council on Accreditation Standards.

**Staffing Chart:** The below organizational chart reflects the agency's supervision structure.



## **QUALITY ASSURANCE PLAN**

Quality Assurance (QA) is the systematic integrated review of Quality Assurance and Improvement activities. The primary purposes of the Brevard C.A.R.E.S. Quality Assurance System are to strengthen practice; improve the timeliness, accessibility, quality and effectiveness of services and increase natural and enduring community supports for children and families. Brevard C.A.R.E.S. will seek to identify in-process and end-process measurements that align with these goals while also ensuring substantial conformity with requirements and Performance Measures set forth by Brevard Family Partnership in accordance with the State of Florida Department of Children and Families.

Brevard C.A.R.E.S. assumption is that the commitment to the continuous improvement in quality services and outcomes for children and families of Brevard County is shared throughout the community: from Brevard Family Partnership Board of Directors, Leadership Roundtable, Together In partnership, Child Abuse Prevention Task Force, contract providers, and in the community at large. The Brevard C.A.R.E.S. Board of Directors is a group of community members voted in by the board itself. Brevard C.A.R.E.S. will continually provide information and request and solicit reciprocal input and feedback from the community. Brevard C.A.R.E.S. recognizes that an informed, integrated, and participatory community affords the best opportunity to maximize resources and produce the best outcomes for children and families.

The information that is gathered through this process will be shared as appropriate with the community, providers and C.A.R.E.S. staff for the purposes of planning (program improvement, contracting, policy and procedural changes), identifying training needs, and reallocating or enhancing funding sources. The process of gathering, sharing, evaluating, and acting upon information will be continuous because the needs of the population of families receiving child welfare prevention and intervention services changes over time and the funding for services and the availability of services changes as well. Continual evaluation of performance and other data elements will provide the basis for defining quality assurance activities that both supports and encourages quality improvement activities.

## **FOUNDATIONS OF THE QUALITY IMPROVEMENT PLAN**

Quality service delivery and accountability to the Department of Children and Families, Brevard Family Partnership, children and families, and the communities we serve is the key to success for Brevard C.A.R.E.S. To that end, Quality Assurance and Quality Improvement activities have been developed not only to the minimum standards required by federal, state, and accreditation guidelines, but also to the much higher standards of best practice and community expectation. Quality Assurance and Quality Improvement activities involve collecting, reviewing, analyzing and aggregating data from key areas of operations to ensure compliance with standards, contracts, and best practices in order to continually improve what we do.

## **STAKEHOLDER INVOLVEMENT**

The Leadership Roundtable is the Community Alliance for Brevard County, as established in FL Statute 20.19 (6). The Leadership Roundtable tasked Together in Partnership (TIP) with the development of the service philosophy and approach for Brevard County. In addition, TIP established best practice standards, service philosophy, created an emergency response model and conducted a comprehensive analysis of the service delivery network currently in place in Brevard County. The recommendations of TIP were approved and accepted by the Leadership Roundtable. Brevard C.A.R.E.S. has been charged with providing an aggressive front end

prevention and diversion program and has (and will continue) to integrate the planning, assessment and community outcome goals as determined by the Leadership Roundtable throughout the development of the system of care and throughout the ongoing Quality Assurance Process.

The Brevard C.A.R.E.S. Quality Improvement process is agency and system-wide and involves staff and stakeholder groups across Brevard C.A.R.E.S. and across the community. All phases of Continuous Quality Improvement (CQI) 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
- Contract Providers
- Leadership Roundtable
- Together in Partnership (TIP)
- Strengthening Families Subcommittee
- Child Abuse Prevention Task Force (CAPTF)
- Department of Children and Families (DCF)
- Brevard Public Schools (Head Start)
- Brevard Homeless Coalition (BHC)

With Brevard C.A.R.E.S. staff and Brevard Family Partnership staff, Brevard C.A.R.E.S. uses focus groups and/or task-oriented work groups to engage stakeholders in the ongoing CQI process. These include the following Stakeholder Review Processes:

- Together in Partnership monthly meetings: Together in Partnership is the group of community stakeholders that charged the Lead Agency, Brevard Family Partnership, with creating a new system of care. Specifically, Brevard C.A.R.E.S. is responsible for providing a front end aggressive child abuse prevention and diversion program to *prevent* children from entering the formal child welfare system.
- Child Abuse Prevention Task Force monthly meetings: The Child Abuse Prevention Task Force of Brevard County has a mission of decreasing the incidence of child abuse and several community partners collaborate monthly to discuss. This group has been raising awareness of child abuse and neglect since 1996 and works collaboratively with its member organizations to coordinate, cooperate, and promote prevention of child abuse and neglect through community awareness and education.
- Domestic Violence Task Force monthly meetings; This is a collaboration of invested stakeholders such as the State Attorney's office, local Domestic Violence shelters, Law Enforcement and providers with the goal of promoting violence free communication, education and awareness about Domestic Violence.
- Transforming the Community through Positive Relationships monthly meetings; The Florida Coalition against Domestic Violence governs this community forum of the Brevard County Domestic Violence service providers and other stakeholders that support the overarching mission of decreasing the incidences of Domestic Violence in the community. Brevard C.A.R.E.S. was sought out as a valued stakeholder since Domestic Violence is one of the top five reasons families seek assistance through Brevard C.A.R.E.S.
- Brevard Homeless Coalition Provider Meetings: BHC Providers are a group of community providers that are invested in efforts to end homelessness in the community through enhanced

collaboration. This group is responsible for providing direct service to homeless individuals and those at risk of homelessness. Brevard C.A.R.E.S. participates as a valued provider serving homeless families.

- Provider Network monthly meetings; All subcontracted providers and rate agreement providers attend these monthly meetings to discuss trends, gaps in service delivery, present new evidence based practices, provide updated program information and to ensure open communication across the network.
- Annual Review of Executive Summary of Provider Network from Brevard Family Partnership- This report is prepared annually by the Brevard Family Partnership Quality Assurance Specialist and outlines the findings of the annual contract monitoring activities for all subcontracted providers. The document includes performance data and compliance with measures and targets.

## **CASE RECORD REVIEW**

The purpose of the Care Record Review Process is to ensure that the services provided to our families are of the highest quality, meet the needs of the families who participate in this program, and ensure that all services provided use strength based and family centered principles. Inclusion of these peer reviewers serve several purposes, as follows:

- To help to assure integrity of the process.
- To serve as a method to review case records objectively, avoiding a conflict of interest and includes a Case File Review form and aggregated data that tracks required documents including assessments, care plans, required releases of information, progress notes, relevant signatures, evidence of supervisor review, transition plans and discharge summaries.
- To reinforce the philosophy of full partnership in the Quality Assurance process.
- To provide for a sense of ownership of the Quality Assurance process.

The record review/audit process is viewed as a comprehensive multi-leveled process that includes basic record reviews as part of good supervision on both open and closed cases; QA reviews of sample records; utilization reviews, reviews of children with complex needs; and annual reviews of contract provider records (conducted by Brevard Family Partnership.)

Brevard C.A.R.E.S. staff and management conduct peer reviews of open and closed files quarterly, using a standardized tool to document client engagement, and service delivery. In addition to the Peer Review process, the Brevard C.A.R.E.S Program Manager also reviews open and closed cases (monthly and randomly selected) a sample of files of families whom have received or are currently receiving services for up to 90 days, and a larger sample of the files of families whom have received or are currently receiving services for more than 90 days using the same comprehensive review tool (in accordance with the process outlines in Brevard C.A.R.E.S. Operating Procedure 1012.) This allows for an addition level of data integrity as the purpose of this review is to ensure that Peer Reviews are providing appropriate feedback and that the Case Review tool is being used consistently by all Peer Reviewers. It also helps to ensure that services to families demonstrate and adhere to family centered Wraparound principles and that training needs are identified in order to improve service provision. The Case Review data is aggregated on a monthly basis, analyzed and shared during the monthly meetings with staff after trends and recommendations are reviewed through the Performance Quality Improvement and Risk Prevention Management Subcommittee with Brevard C.A.R.E.S. management. Any specific concerning trends noted from individual employees are addressed ongoing through individual supervision. Case file reviews for families served in prevention as well as those served in diversion and Head Start are reviewed and randomly selected in the same manner as described

above.

## **Utilization Reviews**

At the core of utilization management reviews is a process of assessing the necessity and effectiveness of services. In addition to regular monthly file reviews, utilization reviews are conducted when any quality issues are present that assess appropriateness, need for, and effectiveness of services. Other criteria for assessing quality involve the identification of cases that have changes in status level (such an increase in risk factors from low or moderate to high) multiple risk factors, notoriety such as high profile, (featured in media or potential media alert), length of service (cases that have been open longer than standard timeframes) changes in level of service and compliance with mandated performance measures and targets. Utilization Reviews provides an additional review mechanism that verifies that services are necessary and focus on the following:

1. Services contained in the plan are services that the child and family need;
2. Services have been delivered to the child and family as planned and as authorized;
3. Services are meeting goals identified by the family;
4. Outcomes support both the necessity and level of service provision;
5. The process of identification of new services to meet unaddressed needs occurs;
6. Family Team Conferences implement effective approaches and service provision is meeting children and family's goals;
7. Services effectively reduce future incidences of maltreatment.

In addition, to this level of review, the Executive Director may review files through random sample periodically for the purpose of giving feedback and making suggestions for improvements as part of the overall Quality Improvement Program.

## **Aggregating Data and Disseminating information from the Case Record and Utilization Review Process**

The purpose of the case review processes is to identify areas of strength and weaknesses, provide timely feedback to and engage staff in continuous quality improvement processes. The case review process offers opportunities to increase evidenced based best practices, ensure accountability for outcomes, ensure the delivery of services are of the highest quality while the family needs are being accurately assessed and met through the C.A.R.E.S. program. The process offers an opportunity to identify strengths and weakness and gaps in the C.A.R.E.S. program, as well as provide opportunities to continuously improve the quality of services provided. In addition, utilization of a peer review approach allows staff to be exposed to other perspectives and styles from others who are knowledgeable in the subject area. This provides comparative information from contrasting perspectives that staff can use to evaluate and analyze the approach with the likelihood of meeting the program goals. Utilization reviews provide an opportunity for in depth cases analysis and retrospectives that assist in capacity building of service delivery with a specific service, population or geographic area that may forge new policy development or processes to augment service provision. As part of the overall case review process, trends and data are compiled by the Brevard C.A.R.E.S. Senior Management Team and provided to the Brevard C.A.R.E.S Executive Director and then are disseminated to staff. Any recommendations for improvements are developed and areas of training are identified based on trends in staff overall performance. Once a recommendation for improvement has been made and implemented, the results of whether the particular action improved a weakness is addressed during the next cycle of the case review and utilization review process in order to determine both the effectiveness and the viability of the recommendation (and in order to determine if additional action steps are needed.) The review of the effectiveness of a recommendation for quality

improvement is integrated into the ongoing case review process. This information is included in daily interactions with staff, monthly reports (shared during the staff meeting) as well as quarterly data trends and is reported out annually.

### **Risk Management**

Brevard C.A.R.E.S. Operating Procedures (OP) 1014 outlines the agency's policy for reporting Critical Incidents and OP 1004 includes the agency's Risk Assessment Process, A Risk Management Subcommittee is charged with the oversight of the processes in place for the risk management of the organization and with the development of any new processes deemed necessary and appropriate. The Risk Management Subcommittee meets monthly and secures board approval and oversight of the of the organization's risk management approach and response to risk. This includes Brevard C.A.R.E.S. procedures for conducting annual risk assessments and procedures for quarterly review of incident, accidents and grievances. The agency undergoes an annual risk assessment to identify key exposures and strategies, to evaluate services and coverage provided the organization's insurance. The Subcommittee prepares an annual risk management report and reviews the results of risk assessments by outside advisors or consultants when applicable.

### **Child Welfare Quality Assurance Regional Model**

Quality Assurance activities outline specific processes that rely on case record reviews to obtain data to ensure that services are delivered within applicable statute, rule, and policy. Brevard C.A.R.E.S. services are delivered consistently with contractual obligations and consistent with Brevard C.A.R.E.S. vision of the system of care. Brevard C.A.R.E.S. files are selected for review and audit by the Department of Children and Families.

### **Provider Contract Monitoring (conducted by Brevard Family Partnership)**

Case file reviews are a core element of the annual on-site review of contracted provider agencies. The Brevard Family Partnership Contract Manager reviews a random sample of 90% confidence level at a 10% interval of the claims that were paid to the provider over the prior twelve months. The list of claims to be reviewed is generated by the Contract Manager through utilization of a Random Sample Generator. For each claim to be reviewed, the Contract Manager: 1) verifies documentation of the delivered service, and 2) analyzes the quality and compliance levels of the delivered service based upon standardized requirements that are made available to the provider upon execution of a contract, and 3) assesses the effectiveness of the services purchased. Since Brevard C.A.R.E.S. and Brevard Family Partnership utilize the same provider network, results from these contracted provider case records reviews are shared with the Brevard C.A.R.E.S. Senior Management staff through an Executive Summary.

### **Data Integrity**

Brevard C.A.R.E.S. is aware of the importance data integrity has for clients to receive appropriate and timely care. Brevard C.A.R.E.S. Management Team reviews the state automated child welfare system (FSFN), and Mindshare systems to ensure accuracy, proper data entry procedures, and utilize tools to evaluate the data in each system. The Brevard C.A.R.E.S. Program Manager reconciles statistics produced by Brevard C.A.R.E.S. with those the State of Florida produces to ensure accuracy. By doing the above mentioned processes, the data is validated on a regular, ongoing basis.

## **INTERNAL QUALITY MONITORING**

The C.A.R.E.S. quality assurance process is designed to ensure that all staff understand their role within the PQI process and are an integral part of the process. The data collected during the previous month and/or quarter is analyzed for trends, and areas of strengths and improvement, and provides guidance regarding performance improvement plans. The review also includes contract measurements and report data in a manner consistent with the state's Program Improvement Plan. This information is shared with staff and all staff participates in an open forum to address systemic issues and barriers identified followed by a question and answer session and open discussion.

Brevard C.A.R.E.S. Performance Quality Improvements and Risk Management Subcommittee reviews and identifies trends, training needs and critical issues to ensure quality and effective service delivery. This Subcommittee is involved in internal quality monitoring by reviewing the following data elements at each meeting:

- Head Start
- Case Specific Review
- Budget
- Wraparound Observation Form
- Case Review
- Satisfaction Surveys
- Critical Incident Reports
- Pre and Post Protective Factors Survey Data (Center for the Study of Social Policy)
- Supervisor Reviews
- Children Seen
- Ongoing Functional Family Assessment.
- Match Reports
- Post Adoption Annual Contacts

The Brevard Family Partnership Senior Executive of Compliance hosts regularly scheduled provider meetings to provide a venue for announcements, updates, and discussion of provider successes and concerns. The agenda is structured to explore issues related to network performance and to identify and problem-solve any barriers to quality care. The ongoing opportunity to share strategies and address challenges builds a more cohesive provider network and lead to innovative new practices. The members of the provider network also review performance and utilization. Since Brevard C.A.R.E.S. utilizes Brevard Family Partnership's provider network, Brevard C.A.R.E.S. has a presence and participates at these meetings.

### **Frequency and Intervals of Quality Monitoring**

It is anticipated that while some measures must be collected in a regular, on-going manner, others require longer intervals before re-measurement. To accommodate these considerations, as well as to provide for the most well-rounded quality picture of the organization, Brevard C.A.R.E.S. adheres to the following monitoring schedule:

**Daily:** Program Managers and Supervisor provides direct oversight to staff to ensure compliance with key Brevard C.A.R.E.S. processes. The Program Managers and Supervisor manage the flow of intake into the program. The Program Manager/Supervisor evaluates case

distribution and assesses the workforce to ensure caseloads remain within COA standards and evenly distributed to the extent possible.

**Weekly and Monthly:** The Program Managers and Supervisor monitor utilization based on authorizations completed by the Coordinators and Specialist. This information is provided to all staff on a weekly basis. Brevard C.A.R.E.S. assures compliance with key performance measures such as supervisor reviews and client contacts. Brevard C.A.R.E.S. has a monthly staff meeting where operations data is reviewed which presents the opportunity for staff regarding current practice that is leading to the performance. Case Reviews are also conducted on a monthly basis.

Data on all aspects of Brevard C.A.R.E.S performance is reported monthly to the Brevard C.A.R.E.S. Board of Directors and the Brevard Family Partnership Board of Directors, the Executive Director and the CEO. The board receives these reports a minimum of one week in advance of their meetings, and have the opportunity to ask for clarification of the data, and what steps are being taken to address performance.

Brevard C.A.R.E.S. Performance Quality Improvement and Risk Management Subcommittee reviews and identifies trends, training needs and critical issues to ensure quality and effective service delivery and that adequate resources are available to staff.

Brevard C.A.R.E.S. utilizes a Risk Assessment and Risk Management Tool designed by Brevard Family Partnership to review all issues pertaining to risk. The areas which are reviewed include; the probability, impact (findings) and the response (recommendation and plan) to the risk.

As a part of an ongoing review process, this subcommittee is responsible for reviewing the compliance with any and all action steps or recommendations made as a result of any initial follow up or subsequent recommendations made through all levels of the review/investigation process. The PQI and RPM Subcommittee meets to review current data and provides first level analysis of data and trends to bring forward to consider new services for contract (which is then communicated to Brevard Family Partnership) or to identify possible counter measures in areas where deficiencies are identified.

**Quarterly:** Brevard C.A.R.E.S. reports on contracted performance measures and identified best practice intensive case management and care coordination activities. Results of Care Coordinator QA reviews and other activities which are required by statute or administrative code are reviewed as well. This review offers the opportunity to share best practice models, as well as identify countermeasures in areas of the system where performance improvement is necessary.

Quality Assurance sample and review will be completed on all cases within the Brevard C.A.R.E.S. This review will be completed by Brevard C.A.R.E.S. Program Managers, Supervisors, Coordinators and Specialist. Information from each review is disseminated to select staff and also during monthly data review. Brevard C.A.R.E.S. Executive Director and Program Managers analyze the results of this review to determine the need for training of the care management staff.

The Brevard C.A.R.E.S. Performance Quality Improvement and Risk Prevention Management Subcommittee meets to review trend data from across the system of care and for members of the community and stakeholders to offer input on trends, what data should be collected to reflect the effectiveness of the system, and to recommend other counter measures where deficiencies are identified.

**Annually:** Contract Monitoring occurs annually by Brevard Family Partnership Contract Manager and Quality Assurance Specialist and includes record reviews, interviews and on-site observations. The Contract Manager also reviews 90/15 sample of the claims that were paid to the provider. These annual reviews address contract compliance for the service the agency is contracted to provide. Reviews may include personnel records, client records, agency financial documentation and administrative policies and procedures of the contracted providers. Areas identified as needing improvement are reported through the contract monitoring report.

The Department of Children and Families reviews agency data and census through monitoring and reporting mechanisms of the SACWIS system (FSFN) and through Quality Assurance Reviews using standardized tools to measure compliance with existing statutes, and administrative code. Brevard Public Schools provides oversight and compliance with the Office of Head Start National Center on Parent, Family and Community Engagement. Brevard Homeless Coalition reviews agency data and census through monitoring and reporting mechanisms of the Homeless Management Information System and provides oversight and compliance with the Emergency Solution Grants and Challenge Grants.

## **MEASUREMENT OF CONSUMER SATISFACTION**

### **Questionnaire and Satisfaction Survey Process**

Brevard C.A.R.E.S. will continue to implement the Questionnaire and Satisfaction Survey process. Surveys are distributed to consumers at the initial meeting, quarterly and at discharge. A database has been designed to record and generate survey data collected. Survey results are recorded in a centralized database and are used to generate, at minimum, annual reports for analysis. These reports are designed in consultation with the Brevard C.A.R.E.S. Senior Management Team and Provider Network in their review of overall quality in meeting the needs of children and families and other stakeholders.

There are three different categories of surveys/questionnaires:

- Satisfaction Surveys for Parents/Child(ren)
- Satisfaction of Providers
- Community Stakeholder Satisfaction (Child Abuse Prevention Task Force and Together in Partnership)

Child and family satisfaction surveys includes 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. Survey results are aggregated and reviewed by all members of the Performance Review Team, Partners, Advocates, Liaisons, Supporters and the Provider Network. 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 Brevard C.A.R.E.S. This data is also be aggregated by Brevard C.A.R.E.S. and reviewed by all members of the PQI and Risk Prevention Management Subcommittee, the Provider Network as well and Brevard C.A.R.E.S. staff. The information is 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.

## **Critical Incident Tracking and Client Complaint Tracking**

Brevard C.A.R.E.S. complies with Operating Procedure 1014, Critical Incident Reporting. This operating procedure establishes guidelines and procedures for identifying and reporting information related to client risk prevention and incidents. All incidents which meet the criterion for a child abuse, neglect, and abandonment report continue to require that a report be immediately generated based on reason to suspect that abuse and or neglect has occurred by a person responsible for the child's care; and an incident report filed with Brevard C.A.R.E.S. does not substitute or otherwise negate this responsibility. (Nor does it replace the responsibility of reporting applicable incidents to the local advocacy committee as required by law.)

Incidents that rise to the level of "critical" require that the reporting person immediately verbally notify the Brevard Family Partnership Chief Executive Officer (or designee) and the DCF Regional Administrator (or designee) and within twenty four hours send written notification.

All potential media involvement will be reported to Brevard C.A.R.E.S. and then reported to Brevard Family Partnership and the Department of Children and Families in accordance with contractual requirements. Information that is reported through incident reports and client complaints will be tracked by provider, number, type and outcome. The information will be analyzed and shared with the Risk Management Committee for review of incidents deemed critical.

## **Client and Grievance Procedures**

Brevard C.A.R.E.S. desires to create an environment that encourages any person, client, community partner or stakeholder to communicate freely with Brevard C.A.R.E.S. The communication may take the form of an inquiry (information or clarification is needed about a service, provider contract, eligibility, or Care Coordinator assignment etc.), concern (caller is providing information about a potential issue that does not directly relate to a particular staff person or provider) or a complaint (dissatisfaction with the service provision, care coordinator, provider, or agency). Brevard C.A.R.E.S. advises all clients and providers of the process for filing a complaint on the Brevard Family Partnership website. This information is also contained in the handbook provided to all consumers.

Any formal complaint or grievance received through the Department of Children and Families Circuit 18 Client Relations office or Brevard Family Partnership main office will be tracked by the Client Relations Specialist. The Client Relations Specialist will maintain a tracking system for resolution of all client calls that are received that are designated by the caller as a service complaint. Each complaint will be assigned an intake number. If the complaint lodged is against a contracted provider the complaint will be forwarded to the Contract Manager for resolution. On a quarterly basis the Performance Quality Improvement and Risk Prevention Management Subcommittee assesses all complaints and grievances filed within the quarter. This data will be analyzed for trends and reported to the Brevard C.A.R.E.S. Management Team for review timeliness of resolution, corrective actions taken, and customer satisfaction with the resolution will be evaluated.

## **FEEDBACK MECHANISMS**

Consistent with Council on Accreditation standards, the Brevard C.A.R.E.S. Program Managers and Supervisor are responsible for ensuring that clear, accurate, and timely information regarding all aspects of the Quality Improvement (QI) process are provided to its service recipients, staff, and stakeholders. This information is shared with the Brevard C.A.R.E.S Board of Directors through

monthly Board and Data Reports on an ongoing basis.

Absolutely essential to the success of the QI program is the ongoing process by which data leads to continuous quality improvement. Data collected without analysis serves no purpose; analysis with no action results only in wasted time and resources. With that in mind, the Executive Director chairs the Performance Quality Improvement and Risk Prevention Management Subcommittee and assures that data collected fuel the drive toward increased quality. This subcommittee meets at least monthly to review and interpret data, determine areas for improvement, set plans of action and milestones for improvement initiatives, assign responsibilities for accomplishment of those actions, track results, and report back to stakeholders for further consideration as needed. Through the cyclical process of feeding information back into the system, significant results are achieved.

### **CORRECTIVE ACTION**

When deficits are noted in any areas that are reviewed, the situation is referred to the Performance Quality Improvement and Risk Prevention Management Subcommittee for further review. Results of case reviews are shared monthly in a group forum and any areas that require a specific individual's improvements are discussed during individual supervision. Changes in policies and procedures may be instituted based upon the quality reviews. If significant problems are identified within Brevard C.A.R.E.S., the Program Managers, Supervisor and Wraparound Fidelity Liaison, in collaboration with the Executive Director may meet with the quality staff to examine and explore the problem areas and propose corrective actions to address problems. A summary of Brevard C.A.R.E.S. Quality Improvement Processes is provided below:

<b>PQI Structure and Frequency</b>	<b>Participating Members</b>
Data and Performance Review-monthly	All Brevard C.A.R.E.S. Staff Members Human Resource Manager
Contracted Provider Meetings-monthly	Brevard C.A.R.E.S. Staff Members, Brevard Family Partnership Contract Manager, Provider Network
Brevard C.A.R.E.S. Staff Meeting-monthly	All Brevard C.A.R.E.S. Staff Members, Brevard Family Partnership Human Resource Manager
Case File Reviews-monthly	Family Partners/Advocates Coordinators Program Managers Chief Operations Officer Supervisor Child and Family Services Specialist
Case Specific Reviews-monthly	Wraparound Fidelity Director Program Manager/ Supervisor Executive Director

Family of Agencies Operational Review-monthly	Chief Operating Officer Executive Director
Stakeholder Reviews-Together in Partnership- monthly	Program Manager Executive Director
Stakeholder Review-Brevard Homeless Coalition-monthly	Housing Specialist Executive Director
Stakeholder Review-Child Abuse Prevention Task Force-monthly	Program Managers
Performance Quality Improvement and Risk Prevention Management Subcommittee-monthly	Program Managers Supervisor Chief Operating Officer Executive Director Supervisor Representative from each Program Area
Management Team Meeting-monthly	Program Managers Chief Operating Officer Executive Director
Stakeholder Review-Domestic Violence Child Welfare Leadership -Quarterly	Executive Director
Contract Monitoring-annually	Brevard C.A.R.E.S. Staff Brevard Family Partnership Contract Manager

**Chart for Output/Outcome Measures for Performance Quality Improvement: PQI 3.03 and PQI 4, 4.01, 4.02, 4.03, 4.04**

**Organization's ID Number 10427**

<b>MANAGEMENT: Output/ Outcome Measures for Performance Quality Improvement</b>	<b>Program Area</b>	<b>Why Data is Collected/ Measured (External mandate, law, funder, strategic goal, etc.)</b>	<b>Who is Responsible for Data Collection</b>	<b>When Data is Collected</b>	<b>What Data is Collected Measured</b>	<b>Who Aggregates Data Into Reports</b>	<b>How Reports are Disseminated and Used</b>
<p>(1) Staff Outcomes: All staff is trained in Wraparound and Family Team Conferencing processes, Care Coordinator staff are Child Protection Certified, all staff are afforded ongoing professional development opportunities and receive regular ongoing supervision.                      (2) Family and Children Outcomes: increased family well-being and improved protective factors (as evidenced by results of Protective Factors Survey) and data report.                      (3) Community</p>	<p>All Programs</p>	<p>Strategic Goal</p>	<p>Program Managers  Supervisor</p>	<p>Monthly</p>	<p>Number of:                      1. Children                      2. Families                      3. Cases per staff                      4. Referrals                      5. Closure Reasons                      6. Strengths Discovery                      7. Family Team Conferences                      8. Average length of participation                      9. Protective Factors                       Survey Data</p>	<p>Program Managers  Supervisor  Executive Director</p>	<p>Monthly                      1. Staff Meetings                      2. Board Meetings                      3. Funder Reports                      4. Stakeholder Groups</p>

<p>(1) Make initial family contact within 24-48 hours of receipt of referral.</p> <p>(2) File contains request for Strength and Cultural Discovery and FTC Release of Information, acknowledgement of HIPAA and Client Rights Handbook.</p> <p>(3) Entries include staff name and title.</p> <p>(4) Care plan is written legibly and crisis and safety plan is contained in file.</p> <p>(5) Family contacts and timeframes are compliant with BC OP 1005.</p> <p>(6) Input case information within 48 hours of knowledge of information.</p> <p>(7) Record reflects appropriate signatures for Care Plan.</p> <p>(8) Family has transition plan clearly identified goals, additional family supports and other outside information and natural supports.</p>	<p>Family Support</p>	<p>Required by funder in contract</p>	<p>Individual Staff Program Manager</p>	<p>Monthly</p>	<p>Case File Review areas listed under service delivery outputs</p>	<p>Program Manager Executive Director</p>	<p>Monthly</p> <ol style="list-style-type: none"> <li>1. Staff Meetings</li> <li>2. Board Meetings</li> <li>3. Funder Reports</li> <li>4. Stakeholder Groups</li> </ol>
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<p>(1) Complete initial face to face contact within 2-4 hours</p> <p>(2) File contains request for Strength and Cultural Discovery and FTC Release of Information, acknowledgement of HIPAA and Client Rights Handbook.</p> <p>(3) Entries include staff name and title.</p> <p>(4) Safety plan is contained in file.</p> <p>(5) Family contacts and timeframes are compliant with BC OP 1005.</p> <p>(6) Input case information within 48 hours of knowledge of information.</p> <p>(7) Family has transition plan clearly identified goals, additional family supports and other outside information and natural supports.</p>	<p>Safety Management Team</p>	<p>Required by funder in contract</p>	<p>Individual Staff Program Manager</p>	<p>Monthly</p>	<p>Case file review data listed under service delivery outputs</p>		<p>Monthly</p> <ol style="list-style-type: none"> <li>1. Staff Meetings</li> <li>2. Board Meetings</li> <li>3. Funder Reports</li> <li>4. Stakeholder Groups</li> </ol>
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(1) Complete initial face to face contact within 24-72 hours	Non Judicial In Home	Required by funder in contract	Individual Staff Supervisor	Monthly	Case file review data listed under service		Monthly 1. Staff Meetings
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<p>(1) Schedule initial family within 45 days of receipt of the referral.</p> <p>(2) Protective Factors survey is used as Pre and Post instrument to assess increase in parent protective capacities.</p> <p>(3) Complete Strength and Cultural Discovery at initial family meeting.</p> <p>(4) Family goals, needs and vision are identified.</p> <p>(5) Triage to attend to emergency or crisis assistance.</p> <p>(6) Develop family plan including strategies, timeline and responsibility.</p> <p>(7) Access referrals, services, community resources and supports.</p> <p>(8) Continuous follow up to ensure quality and timeliness of service delivery.</p>	<p>Head Start</p>	<p>Required by funder in contract</p>	<p>Individual Staff Head Start Lead Care Coordinator</p>	<p>Monthly</p>	<p>Case file review data listed under service delivery outputs</p>	<p>Head Start Lead Care Coordinator  Executive Director</p>	<p>Monthly</p> <ol style="list-style-type: none"> <li>1. Staff Meetings</li> <li>2. Board Meetings</li> <li>3. Funder Reports</li> <li>4. Stakeholder Groups</li> </ol>
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<p><b>(1) 90%</b> of clients who successfully complete the program will not have verified or some indicators of abuse after 6 months of program completion.</p> <p><b>(2) 80%</b> of clients who successfully complete the program will not have verified or some indicators of abuse after 12 months of program completion.</p> <p><b>(3) 70%</b> of clients who successfully complete the program will not have verified of abuse after 18 months of program completion.</p> <p><b>(4) 70%</b> of clients who successfully complete the program will not have verified or some indicators of abuse after 24 months of program completion.</p> <p><b>(5) 99%</b> of families successfully completing Brevard C.A.R.E.S. will be satisfied with their service.</p> <p><b>(6) 99%</b> of active families will engage in FTC process.</p>	<p>All Brevard C.A.R.E.S. Programs (outside of SMST)</p>	<p>Strategic goals, best practices, required by funder in contract</p>	<p>Program Manager, Supervisor</p>	<p>Monthly</p>	<p>Outcome data listed in program and client outcome measures</p>	<p>Program Manager Executive Director</p>	<p>Monthly</p> <ol style="list-style-type: none"> <li>1. Staff Meetings</li> <li>2. Board Meetings</li> <li>3. Funder Reports</li> <li>4. Stakeholder Groups</li> </ol>
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<p>(7) <b>90%</b> of family teams will consist of 40% informal and community supports. <b>99%</b> of cases will have supervisor reviews completed every 60 days in the FSFN system.</p>								
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<p><b>Safety 1 (S2):</b> Children are protected from abuse and neglect in their homes whenever possible.</p> <p><b>Safety 2 (S2):</b> The risk of harm to children will be minimized.</p> <p><b>Permanency 1 (P1):</b> Children will have permanency and stability in their living arrangement.</p> <p><b>Permanency 2 (P2):</b> The continuity of family relationships, culture, and connections will be preserved for children.</p> <p><b>Well-Being 1 (WB1):</b> Families will have enhanced capacity to provide for their children's needs.</p> <p><b>Well-Being 2 (WB2):</b> School- age children will have educational achievements appropriate to their abilities.</p>	<p>Non Judicial In Home Services</p>	<p>External Mandates; Law of Adoption and Safe Families Act</p>	<p>Individual Staff Supervisor</p>	<p>Monthly</p>	<p>1. Ratio of children who experience Maltreatment during services or within 6 months after provision of services 2. Ratio of Children Receiving Family Preservation Services to children with verified Maltreatment 3. Children Ages 5-17 enrolled in school</p>	<p>State Automated Child Welfare Information System (SACWIs) system Florida Safe Families Network (FSFN)</p>	<p>A monthly scorecard is created and disseminated statewide</p>
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<b>Well-Being 3 (WB3):</b> Children will receive adequate services to meet their physical and mental needs.							
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<p><b>(1) Family Well Being:</b> Parents and Families are safe, healthy and have increased financial security.</p> <p><b>(2) Positive Parent Child Relationships:</b> Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.</p> <p><b>(3) Families as Lifelong Educators:</b> Parent and families observe, guide, promote and participate in the everyday learning or their children at home, schools and in their communities.</p> <p><b>(4) Families as Learners:</b> Parents and families advance their own learning interests through education, training and/or other experiences that support their parenting, career and life goals.</p>	Head Start	External mandates (federal) Office of Head Start	Individual Staff Head Start Lead Care Coordinator Brevard Public Schools	Annually (based on school year)	Outcome data listed in program and client outcome measures	PROMIS Database and Performance Information Report (PIR)	Annually the report is generated through the Office of Head Start and disseminated statewide to stakeholders
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<p><b>(5) Family Engagement in Transitions:</b> Parents and families support and advocate for their child's learning and development as they transition to new learning environments, including Head Start to other learning environments to kindergarten through elementary school.</p> <p><b>(6) Family Connections to Peers and Community:</b> Parents and families form connections with peers and mentors in formal or informal social networks that are supportive and/or educational and that enhance social well-being and community life.</p>							
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<p><b>(7) Families as Advocates and Learners:</b>  Parents and families participate in leadership development, decision making, program policy development and community and state organizing activities to improve children's development and learning experiences.</p>							
<p>(1) <b>77%</b> of families served through SMST shall not result in a removal while open to SMST services.  (2) <b>75%</b> of families served through SMST shall not experience a removal within 90 days of case closure.  (3) <b>73%</b> of families served through SMST shall not experience a removal within 180 days of case closure.</p>	<p>Safety Management Team</p>	<p>Strategic goals, best practices, required by funder in contract</p>	<p>Program Manager, Supervisor</p>	<p>Monthly</p>	<p>Outcome data listed in program and client outcome measures</p>	<p>Program Manager Executive Director</p>	<p>Monthly  1. Staff Meetings  2. Board Meetings  3. Funder Reports  4. Stakeholder Groups</p>

<p><b>(1) 100%</b> of all cases will be closed within 30 days of inactivity.</p> <p><b>(2) 95%</b> of cases will have timely initial contact, based upon timeframe requirements by Level.</p>	All Programs	Strategic goals, best practices, required by funder in contract	Program Manager, Supervisor	Monthly	Outcome data listed in program and client outcome measures	Program Manager Executive Director	<p>Monthly</p> <ol style="list-style-type: none"> <li>1. Staff Meetings</li> <li>2. Board Meetings</li> <li>3. Funder Reports</li> <li>4. Stakeholder Groups</li> </ol>
<p><b>95%</b> of Post Adoption Support cases will have a 1-year post adoption contact.</p>	Post Adoption Support	Strategic goals, best practices, required by funder in contract	Program Manager, Supervisor	Monthly	Outcome data listed in program and client outcome measures	Program Manager Executive Director	<p>Monthly</p> <ol style="list-style-type: none"> <li>1. Staff Meetings</li> <li>2. Board Meetings</li> <li>3. Funder Reports</li> <li>4. Stakeholder Groups</li> </ol>