Tennessee Baptist Children's Homes

PQI Plan 2025

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Section 1: Introduction to TBCH's Philosophy of PQI

Tennessee Baptist Children's Homes (TBCH) is a non-profit organization welcoming children in hard places with the love of Christ. TBCH began in 1891 as a single orphanage located in Nashville, TN. In the last 128 years the organization has expanded to three residential locations in Millington, Brentwood, and Chattanooga. These locations have the capacity to care for 89 children ages 5-18 in a family-model group setting. The care children and families receive is trauma-informed and strengths-based.

In 2013, TBCH partnered with Tennessee's Department of Children's Services (DCS) to provide certified foster families across the state for children who come into the state's custody. In 2014, TBCH renamed the foster care program, the George Shinn Foster Care Program. The program currently has 12 case managers, serving approximately 85 open homes and 100 children.

In 2018, TBCH launched its Family Care initiative to provide resources to families and churches who are caring for children in hard places.

The Performance and Quality Improvement (PQI) program of TBCH is driven by its core values of people, grace, faith and trust, excellence, safe environment, and stewardship. TBCH has a long history of improvement and growth and seeks to promote continuous improvement in all areas: Advancement, Family Care, Finance, Foster Care, Human Resources and Residential Care. TBCH's leadership including the Board of Trustees, Senior Staff, Staff Members, Volunteers and Community Stakeholders, work together to identify strengths and areas of needed improvement in program practices and organizational growth and effectiveness. These areas are identified through surveys, data collection and quarterly feedback opportunities. Training and support are given to all staff to increase the quality and effectiveness of services delivered to clients.

While the PQI plan is broad and is the responsibility of every employee, the ultimate responsibility for commitment to the process and adherence to the goals lies with the Senior Staff and the Accreditation and Training Specialist.

The Agency Chart (Appendix A) depicts the organizational hierarchy and PQI responsibilities are summarized in the PQI Measurement Tool Index (Appendix C).

Section 2: Stakeholders

Stakeholder Group: CLIENTS (CHILDREN, PARENTS, FOSTER PARENTS)
Description: The clients served within TBCH are our primary stakeholders. They consist of residential children, birth families and foster families who are recipients of residential care, family care or foster care services.
What data do they provide? Clients provide TBCH with satisfaction data from annual and ongoing surveys. In addition, clients also provide valid and relevant data through regular interaction with TBCH direct care staff.
What information do they receive? Clients have access to quarterly PQI reports and Annual Reports through the agency website. Clients also receive information that is of specific importance to them regarding program changes, updates, or improvements via direct care staff.

Stakeholder Group: COMMUNITY STAKEHOLDERS
Description: Donors, Referral and Formal Partners, including but not limited to churches, DCS, Court Appointed Special Advocates (CASA) and Children Advocacy Centers (CAC) are included in TBCH's Community Stakeholders.
What data do they provide? Community Stakeholders provide valuable insight via survey data, face-to-face interactions, and feedback at meetings and/or events.
What information do they receive? Community Stakeholders have access to quarterly PQI reports and Annual Reports through the agency website. Community Stakeholders also receive information that is of specific importance to them regarding program changes, updates or improvements via direct care staff and senior staff.

Stakeholder Group: VOLUNTEERS
Description: This group refers to any one-time, occasional and/or regular volunteer within the organization.
What data do they provide? Volunteers provide survey data, one-time event survey data, and ongoing feedback with direct care staff and senior staff.
What information do they receive? Volunteers have access to quarterly PQI reports and Annual results through the agency website. Volunteers also receive ongoing information that is specific to the impact of their relationship.

Stakeholder Group: STAFF
Description: Direct care staff, program directors, office and/or support staff, and senior staff for each of the three programs: Family Care, Foster Care and Residential Care.
What data do they provide? Staff provide valuable feedback in the form of annual surveys and suggestions taken at any time throughout the year. Valid and relevant data is also collected by staff at every level to inform program outcomes. Staff at every level is included in PQI meetings, when possible, to provide fresh insights and perspectives to program improvement and effectiveness.

What information do they receive? Staff, at every level, have access to quarterly PQI reports and annual results through the agency website. Staff also receive the results of staff and client surveys via the shared drive.

Stakeholder Group: BOARD OF TRUSTEES

Description: The Board of Trustees includes the twenty-four elected trustees of TBCH.

What data do they provide? The Board of Trustees completes an annual survey and provides direct feedback to the senior staff at the biannual meetings. Informal feedback is provided monthly through interactions with regional VPs and the President/Treasurer. At least one board member is invited to the quarterly PQI meeting.

What information do they receive? The Board of Trustees receives monthly financial statements via email. The Board of Trustees has access to quarterly PQI reports and Annual results through the agency website. They also receive the results of all surveys at board meetings, as well as the results of the annual audit.

Section 3: Infrastructure

TBCH designed an initial infrastructure to support PQI in 2013; however, it has been refined to ensure the following:

- Consistent and timely movement of information in both directions
- Collaboration with internal and external stakeholders
- Collection of valid and relevant data from programs and organizational areas
- Consistent improvement guided by evaluated data

The PQI Flow Chart (Appendix B) is a diagram that represents the structure of the PQI process, staff responsibilities, areas of improvement and stakeholder communication.

The Chief Program Officer (CPO) acts as the PQI Coordinator and spends 40% of the time for this position on the following activities:

- Organizing PQI schedule, meetings, and deadlines
- Maintaining the PQI Committee Structure and recruiting additional members
- Working with the Board of Trustees, President/Treasurer, Executive Office Coordinator and Senior Staff to maintain involvement, feedback, and data collection
- Collecting, analyzing, and interpreting all data collected by programs and surveys
- Facilitating ad hoc work committees
- Producing Quarterly and Annual PQI Reports
- Coordinating and execute annual maintenance of accreditation and reaccreditation every four years
- Monitoring Improvement Plans and quality indicators
- Implementing and updating internal and external evaluation methods

The PQI Committee is comprised of the other following positions:

- President/Treasurer
- Executive Office Coordinator
- Chief Financial Officer
- Chief Program Officer
- Vice President of Foster Care
- Vice Presidents of Residential Care (Brentwood, Chattanooga, Millington)
- Director of Ministry Advancement
- Program Directors (as requested)
- Direct Service Staff (as requested)

The PQI Committee meets on a quarterly basis in conjunction with the Risk Management Prevention (RPM) meeting. The meetings rotate between the three regions and include Peer Reviews of each campus and case records. The PQI Committee may appoint an ad hoc work group to address specific and time sensitive adjustments to the PQI plan.

The main activities of the PQI committee meetings include:
- Review of data analysis summaries to identify trends, strengths, and weaknesses
- Review of any survey data received in each quarter and then implementation of any ad hoc work groups to address revealed needs
- Review improvement plans and progress towards completion of plan
- Approval of quarterly report to be communicated to stakeholders
- Make recommendations to the leadership team of the organization based on the information reviewed.

The following chart depicts how information is exchanged within the infrastructure of the PQI Program:
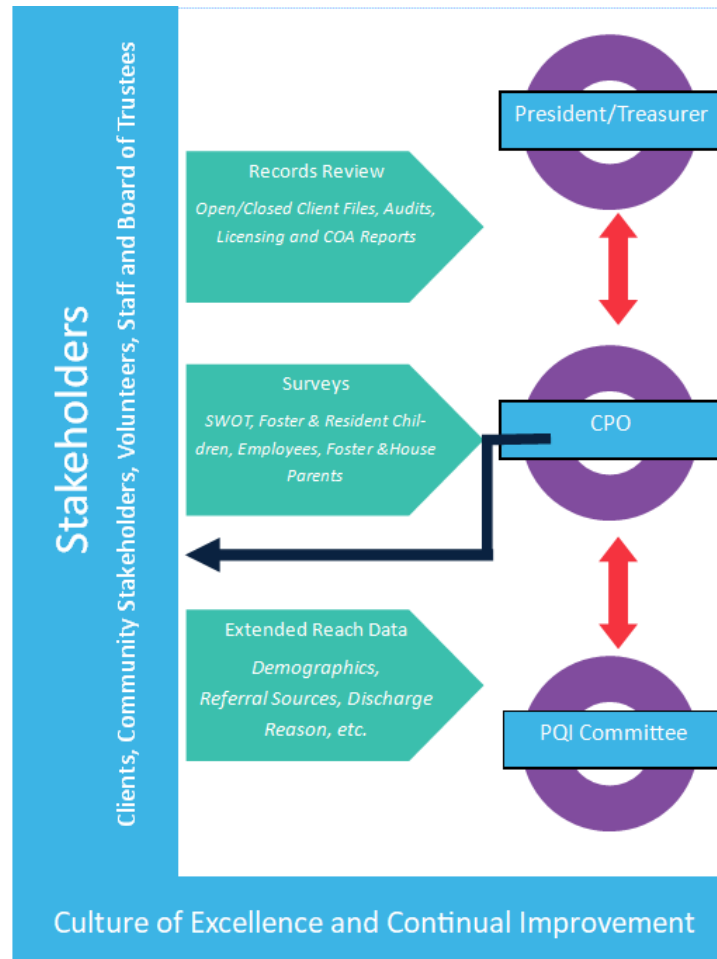
Data is first received from the stakeholders and filtered through the Chief Program Officer so it can be presented to the PQI Committee. The PQI Committee reviews the information at the quarterly meeting and identifies trends, strengths, weaknesses, opportunities and/or threats. Some of the data might be reported back to the stakeholder in the form of a monthly or quarterly report.

Some data may be indicative of an opportunity or a threat, in which case the Committee will work with the appropriate program to develop an improvement plan. The improvement plan and data will be provided to the Senior Staff for discussion and review. Once the plan is approved, information will be reported back to the Stakeholders in a format that makes sense and is appropriate for the intended audience.

Section 4: Change Model

When the Committee determines that a change is needed, TBCH utilizes the Plan, Do, Check, Act (PDCA), as represented here:
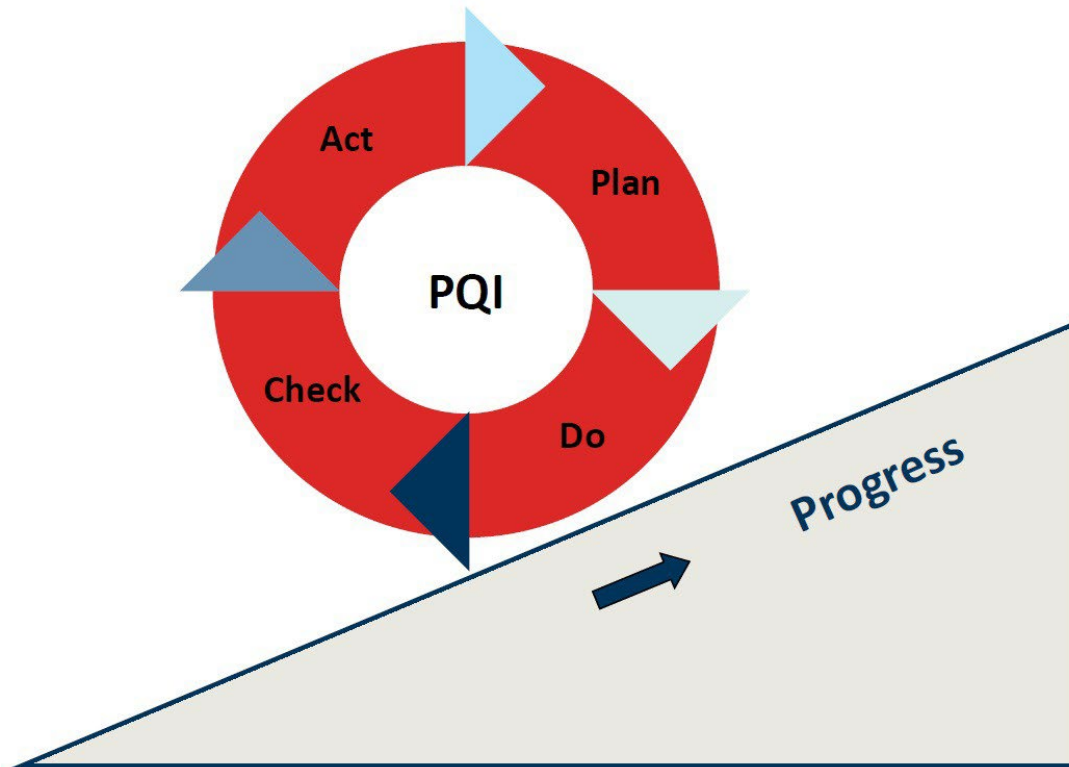
This model is flexible enough to adapt to all program and organizational areas of improvement. Much of the data collected by TBCH does not indicate a need for improvement; however, when it does, the PDCA model is completed by the PQI Committee. The Senior Staff is made aware of the plan, progress and any challenges that are encountered. All Improvement Plans also have an area to document results, even if they are not the intended results the information is beneficial. Completion of each PDCA is considered progress and provides valuable insight to the PQI Committee and Senior Staff. Completed and In-Process Improvement Plans are maintained in the PQI Folder on the shared drive. In the even the Improvement Plan contains confidential information, it will be shared only with those individuals considered "need to know".

PLAN: This phase allows TBCH to fully identify any area of improvement, create a list of data to be collected, persons involved and a timeline. The planning phase may occur in the context of a quarterly meeting or an informal brainstorming session with the Senior Staff and direct staff involved. Near the end of the planning phase, a work plan is developed to identify objectives, responsibilities, and indicators of success.

DO: The proposed plan is put into action and a mechanism for regular monitoring, reporting and follow-up is activated.

CHECK: This phase allows the work to be assessed. Those involved may be checking the status of improvement weekly, monthly, or quarterly. The actual results are compared to the anticipated results and any deviation from the change is noted. An assessment of how the

change is impacting the rest of the organization should also be taking place simultaneously. Most importantly, the change needs to be deemed successful or unsuccessful. Even if deemed unsuccessful, the change still has a positive impact.

ACT: During this phase, if the change was considered a success, TBCH will accept the change as part of the current practice. If the change was considered unsuccessful, the organization will start another PLAN phase of the PDCA cycle. Completed improvement plans will be communicated to all stakeholders via quarterly and/or annual reports.

Section 5: Improvement Plans

 An Improvement Plan will be implemented for the following reasons:
- When data collected through PQI indicates an area of concern
- To increase administrative functions that need greater efficiency
- To correct under-performing programs
- To provide guidance to staff when their performance is not meeting expectations
- To grow or expand successful programs
- To increase compliance with current industry standards

Improvement plans are not punitive for individuals or programs and are meant to document an ongoing commitment to the core values. Improvement plans are categorized by TBCH as follows:

1. Proactive Improvement Plans (PIP)—utilized for specific programs, departments or activities based on observation or data when an incident requiring change has not taken place.
2. Corrective Action Improvement Plans (CAIP)—implemented when there has been an issue (i.e., incidents, audit result, license and/or COA corrections, etc.) and action must take place to address and correct the problem.

Improvement Plans are monitored within the context of the quarterly PQI Meetings to determine if implemented changes are improvements. Any adjustment to Improvement Plans is decided by the PQI Committee and progress is reported to all stakeholders quarterly via the quarterly report.

Improvement Plans must adhere to the following COA guidelines:
- The plan must address an area of opportunity, a weakness or a threat and not be part of a program's normal expectations unless the current expectation is not being met and a CAIP is initiated.
- The desired change must be specific, clearly defined, measurable, attainable, relevant and time bound.
- Copies of all Improvement Plans must be provided to the CPO.

Sections 6: Areas of Measurement

Typically, data is collected from several sources regarding the programs of TBCH, including:

A. **Peer Record Reviews (all programs)**, conducted at least bi-annually to analyze and evaluate clarity, content, and continuity of open records and to determine compliance with DCS and COA regulations and standards. A sample of records will be reviewed before audits by DCS and COA. The CPO will aggregate data to be analyzed by the PQI Committee.

B. **Records Review (all programs)**, conducted quarterly to evaluate the presence, clarity, quality, and continuity of required documents using a uniform standard of care. The standard of care will assist in determining the completeness of each file. The CPO will review records collectively and will notify the appropriate senior staff of any deficiencies. Data will be aggregated and reported to the appropriate stakeholder in the quarterly report. The goal of 95% accuracy for the Records Review is to be maintained across programs.

C. **Safety Audits (all programs and/or operations)**, completed monthly by the appropriate personnel. This includes monthly home, auto and building inspections, and medication administration and storage. The CPO will aggregate data and make referrals to the appropriate Senior Staff for any improvements, corrections, or repairs.

D. **RPM Risk Assessment (all programs and/or operations)**, completed by the Chief Financial Officer. Data from incident reports, grievances, accidents, etc. will be reviewed with the Senior Staff quarterly in conjunction with the PQI Committee meeting.

E. **Internal Evaluation**
   - Employee Satisfaction Surveys are dispensed annually. A non-standardized survey is completed which include, but are not limited to, the following topics: communication, respect for employees, compensation, and overall satisfaction. Survey questions are evaluated and updated, if necessary, every 3 years, and reviewed at quarterly PQI meetings to determine if a plan of action is warranted.
   - Staff Grievances are addressed and reported according to the most up-to-date policy. At quarterly PQI and RPM meetings the redacted grievances are submitted and discussed to analyze trends and recommendations.
   - Financial Reviews are completed by the Vice President of Finance, the President/Treasurer, and the Executive Committee annually. Reviews are conducted to determine any patterns/trends that indicate action is needed.
   - HR Reviews are conducted annually by the Vice President of Finance or its designee to audit personnel files. Data on staff retention and staff exit surveys

are collected and shared with the CPO to determine if there is any need for action.

- Client Satisfaction Surveys are completed annually by foster parents and children (residential and foster,) and exit interviews completed by residential clients and their custodians.
- Staff training is evaluated through the annual Houseparent Surveys, Employee Satisfaction Surveys, and the SWOT which is given every three years. The senior staff reviews the survey results and makes recommendations for new trainings.

F. External Evaluations
- Tennessee's Department of Children's Services is a monitoring agency for TBCH and conducts annual audits of the Residential and Foster Care programs. The information is reviewed and integrated into the PQI annual report.
- Financial Audits are performed by an accredited independent certified public accounting firm annually. The audit assures proper accounting practices, financial accountability, and transparency.

G. Client Outcomes

Foster Care:
- TBCH Foster Care completes an Individual Program Plan (IPP) for each client within thirty (30) days of placement and it is updated quarterly until discharge. The IPP contains goals for the following areas: Health/Medical, Educational/Vocational, Social Skills, Emotional/Behavioral and Family. The goals are informed by the Child Functional Assessment Rating Scale (CFARS) and are made in conjunction with foster parents and clients. The goals are monitored quarterly to ensure clients are completing goals.
- TBCH Foster Care administers a CFARS for each client within thirty (30) days of placement and it is updated quarterly until discharge. The CFARS score is monitored quarterly for improvement in the following four (4) indices: Relationships, Safety, Emotionality and Disability. The goal is to see an increase in scores for one or more indices which would indicate functional improvement.

Residential Care:
- TBCH Residential Care completes an Individual Program Plan (IPP) for each client within thirty (30) days of placement and it is updated biannually until discharge. The IPP contains goals for the following areas: Health/Medical, Educational/Vocational, Social Skills, Emotional/Behavioral and Family. The goals are informed by the Child Functional Assessment Rating Scale (CFARS) and are made in conjunction with foster parents and clients. The goals are monitored quarterly to ensure clients are completing goals.
- TBCH Residential Care administers a CFARS for each client within thirty (30) days of placement and it is updated biannually until discharge. The CFARS score is monitored quarterly for improvement in the following four (4) indices: Relationships, Safety, Emotionality and Disability. The goal is to see an increase in scores for one or more indices which would indicate functional improvement.

- Length of stay, incidence reports and discharge reasons are monitored for both programs to allow the PQI Committee to track trends related to permanency.

H. Intake Outcomes
- CFARS scores for discharge are compared with intake scores to ensure clients are receiving the appropriate care during placement.
- Referral sources and intake strategies are analyzed annually to remain at capacity with appropriate placements.

Appendix

Board of Trustees

President/Treasurer

Director of Ministry Advancement	Chief Financial Officer	Executive Office Coordinator	Chief Program Officer		Senior Vice President

Church Engagement Specialist	Accountant	Executive Office Assistant	Vice President Foster Care	Vice Presidents Residential Care (BW, CH and MI)	
Donor Information Coordinator	Human Resource Specialist	Statewide IT Director	Foster Care Coordinator	Expanded on Next Page	
Grants Coordinator	Payroll Specialist		Foster Care Regional Supervisors		
Ministry Advancement Coordinator	State Office Bookkeeper		Case Managers		
Ministry Advancement Officer					

Vice President Residential (BW)

- Campus Ministry Assistant
- Case Managers
- Program Director
  - Houseparents
  - Elijah's Sitter

Vice President Residential (CH)

- Campus Ministry Assistant
- Case Managers
- Maintenance and Grounds Coordinator
- Summer Worker
- Program Director
  - Houseparents

Vice President Residential (MI)

- Case Managers
- Program Director
  - Summer Worker
  - Campus Ministry Assistants
  - Houseparents

Program or Department	Type	Frequency	Tool Used	Tool Completed By	Reporting Method
FC/RC and Finance	Output	Monthly	Days of Care Report	Accountant	Annual Report
Building and Facility Inspections	Output	Monthly	Internal Form	House Parents and CMA	Quarterly PQI Meeting
Safety Drills	Output	Monthly	Internal Form	House Parents and CMA	Quarterly PQI Meeting
Case Records Review (FC and RC)	Quality	Quarterly	RC and FC Record Review Form	Input--CM and RS Report—PQIC	Annual Report
Campus Building Inspection (apartments, office, misc. buildings, etc.)	Output	Quarterly	Internal Form	House Parents and CMA	Quarterly PQI Meeting
Staff Facility and Vehicle Inspections	Output	Quarterly	Internal Form	House Parents and CMA	Quarterly PQI Meeting
CFARS Report	Outcome	Quarterly	Extended Reach Report	Input—CM & SW Report—PQIC	Annual Report
IPP Completed Goals Report	Outcome	Quarterly	Extended Reach Report	Input—CM & SW Report—PQIC	Annual Report
Exit Interviews	Outcome	Quarterly	Internal Form	Input—RS & CMA Report—PQIC	Quarterly PQI Meeting
Online Giving and First-Time Donor Report	Output	Quarterly	Donor Information Coordinator Report	Query—Donor IC Report--PQIC	Annual Report
Peer Review (1 campus/quarter)	Quality	Quarterly	Site Inspection and Case Review Forms	PQI Committee and Peer Review Team	Quarterly PQI Meeting
CPO Inspection (1campus/quarter)	Quality	Quarterly	Site Inspection and Case Review Forms	PQIC	Quarterly PQI Meeting
Incident Reports	Outcome	Quarterly	Extended Reach Report	Input—CM & RS Report—VPs and PQIC	Quarterly PQI RPM Meeting
Improvement Plan Review	Admin.	Quarterly	COA PDCA Forms	Reviewed/Updated with PQIC	Annual Report
TN Key Classes	Output	Annual	Internal Form	FC Coordinator	Annual Report
Salvations/Baptisms	Output	Annual	Extended Reach Report	Input—CM & SW Report—PQIC	Annual Report
Foster and House Parent Survey	Quality	Annual	Mailed Survey	CPO	Annual Report
SWOT Survey	Quality	Every 3 Years	Survey	CPO	Annual Report and Strategic Plan
Employee Satisfaction Survey	Quality	Annual	Mailed Survey	CPO	Annual Report
Client Satisfaction Survey	Quality	Annual	Mailed Survey	CPO	Annual Report

2025		
January		
February		
February 10	ALL	Quarterly Reports Due
February 13	Brentwood	PQI Meeting
February 10	ALL	Monthly Campus Reports Due
March		
March 10	ALL	Monthly Campus Reports Due
April		
April 10	ALL	Monthly Campus Reports Due
April 10-11	Chattanooga	Peer Review and PQI Meeting
April 18	ALL	Quarterly Reports Due
May		
May 10	ALL	Monthly Campus Reports Due
June		
June 10	ALL	Monthly Campus Reports Due
June 10	ALL	Resident and Foster Child Surveys Distributed
June 24	ALL	Resident and Foster Child Surveys Returned
July		
July 10	ALL	Monthly Campus Reports Due
July 17	ALL	Quarterly Reports Due
July 10-11	Millington	Peer Review and PQI Meeting
August		
August 10	ALL	Monthly Campus Reports Due
August 12	ALL	Employee Satisfaction Survey Distributed
August 26	ALL	Employee Satisfaction Survey Returned
September		
September 10	ALL	Monthly Campus Reports Due
October		
October 10	ALL	Monthly Campus Reports Due
October 13	n/a	HP/FP Surveys Distributed
October 9 &13	Brentwood	Peer Review and PQI Meeting
October 16	ALL	Quarterly Reports Due
October 27	n/a	HP/FP Surveys Returned
November		
November 10	ALL	Monthly Campus Reports Due
November 20	ALL	Trustee Surveys Distributed
November 27	ALL	Trustee Surveys Returned
December		
December 10	ALL	Monthly Campus Reports Due
December 11*	State Office	State Office Peer Review

This check is done by CPO and HR Specialist