Windows into Practice

Guidelines for Quality Assurance Reviews
FY 2014-2015

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SECTION 1 OVERVIEW AND FEDERAL AND STATE REQUIREMENTS

1.0 INTRODUCTION
These guidelines provide procedural direction for the Department’s systematic quality assurance case activities used to assess child welfare practice related to safety, permanency, and well-being. These guidelines must be applied consistently throughout the state.

“Continuous quality improvement (CQI) is "the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning. CQI is firmly grounded in the overall mission, vision, and values of the agency. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process."¹

CQI involves the "use of assessment, feedback and application of information to improve services" in a proactive manner by continuously evaluating process and outcomes and the link between them to change services.² This interplay of process and outcomes has a specific focus within child welfare as the outcomes of safety, permanency and well-being are paramount. States undertake a multitude of processes to achieve these outcomes and the measurement of both is critical to the CQI approach articulated in this information memorandum.

1.1 FUNCTIONAL COMPONENTS OF A CHILD WELFARE CQI SYSTEM
ACYF-CB-IM-12-02, August 27, 2012

The Department will make every effort to adopt the components and definitions in ACYF-CB-IM-12, dated August 27, 2012, as a basis for implementation of a CQI System

“The Children’s Bureau considers the following five components as essential to a State having a functioning CQI system in child welfare:

1) an administrative structure to oversee effective CQI system functioning;
2) quality data collection;
3) a method for conducting ongoing case reviews;
4) a process for the analysis and dissemination of quality data on. all performance measures; and,
5) a process for providing feedback to stakeholders and decision makers and as needed, adjusting State programs and process.”³

Integrating CQI into daily business begins with engaging child welfare staff and gradually expands to include community partners/external stakeholders and consumers as partners on the quality improvement team. The plan to accomplish this inclusion is through team building, training and short/long-term goal setting.

¹ "Using Continuous Quality Improvement to Improve Child Welfare Practice — A Framework for Implementation", Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement, May 2005
³ Administration for Children and Families, Informational Memorandum, ACYF-CB-IM-12-02, August 27, 2012
The term "stakeholders" is defined as courts, tribes, families, youth, caregivers, contracted providers, other public entities, community partners, and individuals within the child welfare organization including administrators, caseworkers, supervisors, and program, policy, and training staff.

### 1.1.1 Foundational Administrative Structure

It is important for Florida to have strong administrative oversight to ensure that the CQI system is functioning effectively and consistently, and is adhering to the process established by the Department leadership. A functioning CQI system will ensure that:

1. The State applies the CQI process consistently across the State and the single State agency has oversight and authority over the implementation of the CQI system; there is a **systemic approach to review, modify, and implement any validated CQI process**.
2. The State establishes **written and consistent CQI standards** and requirements for the State, counties, and any other public agencies operating title IV-E programs on behalf of the State, as well as any private agencies with case management responsibilities.
3. There is an **approved training process for CQI staff**, including any contractor or stakeholder staff conducting CQI activities.
4. There are **written policies, procedures, and practices** for the CQI process even when the State contracts out any portion of the CQI process.
5. There is evidence of **capacity and resources** to sustain an ongoing CQI process, including designated CQI staff or CQI contractor staff.

### 1.1.2 Quality Data Collection

Collecting quality data, both quantitative and qualitative, from a variety of sources is the foundation of CQI systems. For data to be considered "quality" it must be accurate, complete, timely, and consistent in definition and usage across the entire State. The Department will use data to identify areas of strengths and concerns, establish targeted strategies for improvement, and track progress toward desired outcomes.

The Department must input, collect, and extract quality data from various sources, including the Florida Safe Families Network (FSFN), case reviews, and other sources of data. Florida must ensure that data quality is maintained as the State submits data to Federal databases or reports, such as the Adoption and Foster Care Analysis Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) National Youth in Transition Database (NYTD), the Child and Family Services Plan, among others. A functioning CQI system will ensure that:

1. The Florida QA case level data must show that the instruments and ratings are completed in a way that is consistent with the instrument instructions and consistent across reviewers. There is a clear process to collect and extract accurate quantitative and qualitative data, and the process is consistently and properly implemented across the entire State. The collection and extracting processes are documented.

2. There is a clear process to identify and resolve data quality issues and inform leadership and others regarding data quality issues. For example, there are processes to: identify if data are being under-
/over-reported and/or not being entered into FSFN; evaluate if data entry is reliable or unreliable and if unreliable, why; (e.g. clarity of instructions, definitions, and/or data entry screens). There is a process for the collection of quantitative and qualitative data that addresses key issues and demonstrates how Florida child welfare is functioning on systemic factors, such as training staff and resource parents, functioning of the case review system, and service array.

(3) Florida monitors existing federal requirements or guidelines and uses CFSR On-Site Review items and tools to ensure that data is accurate, including, but not limited to:

1. The most recent AFCARS Assessment Review findings documents and/or AFCARS Improvement Plan (AIP), if applicable, indicates whether the State is accurately collecting, mapping, and extracting the AFCARS data in accordance with the requirements in the AFCARS regulation at 45 CFR 1355.40 and steps the State is to take to correct its AFCARS collection. This includes steps to improve the accuracy of the data through ongoing training, oversight, and incorporation into a quality assurance process.

2. The most recent NCANDS data, or other safety data that impact the outcome indicators being measured, meet any CB quality guidelines.

3. The most recent data profile used for the CFSR accurately reports the status of the child welfare program as indicated by data errors falling below acceptable thresholds. NYTD data meets the regulatory requirements at 45 CFR 1356.80-86 and other Children's Bureau quality guidelines.

1.1.3 Case Record Review Data and Process

In addition to collecting and analyzing quantitative data, the Florida CQI system has an ongoing case review component that includes reading case files of children served by the agency under the title IV-B and IV-E plans and interviewing parties involved in the cases. Case reviews are important to provide States with an understanding of what is "behind" the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes. This process ensures that:

1. The Department reviews cases of children based on a sampling universe of children statewide who are/were recently in foster care and children statewide who are/were served in their own homes. Samples should be sufficiently large enough to make statistical inferences about the population served. The universe of cases reviewed will also include the title IV-B and IV-E child population directly served by the State agency, or served through title IV-E agreements (e.g. with Indian Tribes, juvenile justice, or mental health agencies.

2. The sample is stratified to include a proportion of cases that reflect different age groups, permanency goals, and other considerations, such as varying geographic areas of the State, as appropriate.

3. The Department conducts case reviews on a schedule that takes into consideration representation of the populations served, including the largest metropolitan area, and the significance of other demographic and practice issues.
(4) Case reviews collect specific case-level data that provides context and addresses agency performance.

(5) Case reviews are able to detect the quality of services for the children and families served and therefore focus on the assessment and monitoring of how child and family functioning is progressing in relation to the services provided.

(6) In-depth CFSR case reviews include the completion of interviews specific to each case, such as the child/youth, birth parent, caregiver, caseworker or supervisor, and as indicated, health, mental health and other service providers, educators, and guardian ad litem (or child’s attorney).

(7) Case reviews are conducted by staff who go through a uniform and consistent training process and whom the State determines are qualified to conduct reviews, with a preference for staff and stakeholders with direct service experience.

(8) The process prevents reviewer conflict-of-interest and promotes third-party (unbiased) review of cases, i.e. cases are not reviewed by caseworker or supervisor responsible for cases or who had previous involvement in the cases, as well as those who may have a personal interest in the case.

(9) Policies, written manuals, and instructions exist to assist in standardizing completion of the instruments and the implementation of the case review process.

(10) Inter-rater reliability procedures are implemented to ensure consistency of case ratings among reviewers.

(11) There is a process for conducting ad hoc/special reviews targeting specific domains when analysis and other data warrant such reviews.

1.1.4 Analysis and Dissemination of Quality Data

The system will have the capacity to track, organize, process, and regularly analyze information and results. A functioning CQI system will ensure that:

(1) The State has consistent mechanisms in place for gathering, organizing, and tracking information and results over time regarding safety, permanency, well-being outcomes and services (at the child, caseworker, office, regional and state level, as appropriate)

(2) The Department has a defined process in place for analyzing data (both quantitative and qualitative), and the State provides training to staff and determines that they are qualified to conduct such analyses.

(3) The Department aggregates Statewide and local data and makes it available to stakeholders for analysis.
(4) Leadership, courts, tribes, and other stakeholders are involved in analyzing and understanding the data and in providing feedback on analysis and conclusions.

(5) The Department translates results (trends, comparisons and findings) for use by courts, tribes, and a broad range of stakeholders, and the State disseminates results through understandable or reader-friendly reports, websites, etc.

### 1.1.5 Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

Collecting information and analyzing results are important steps in CQI; however, how this information is used is a critical component to driving change within the organization and is key to improving outcomes for children and families. A functioning CQI system will ensure that:

1. Results (i.e., trends, comparisons and findings) are used by agency leadership/top management, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the CFSP and other State plans for federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals.

2. Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field staff to assess and improve practice.

3. Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems.

4. The CQI process itself is adjusted as needed over time as results indicate a need for additional study, information and/or analysis.

The regions and CBCs must work together to assure quality improvement efforts are in place that will address any shortcomings noted during the reviews. Regional directors and CBC directors need to ensure staff members are trained on the root cause analysis process and that staff are equipped to identify and implement counter measures so the problem areas are remedied in real-time.

### 1.2 FEDERAL AND STATE LAWS RELATED TO QUALITY ASSURANCE SYSTEMS

The goal of child welfare is to promote, safeguard and protect the overall well-being of children, to intervene on behalf of children who have been abused or neglected, and to work with children and families to assure that every child has a permanent, safe, and nurturing environment in which to achieve their maximum potential. Quality Assurance (QA) and Continuous Quality Improvement (CQI) activities are vital to ensuring child protective investigators (CPI) and case managers carry out this goal.

Existing federal regulations require States to describe the quality assurance (QA) system the State has in place to "regularly assess the quality of services under the Child and Family Services Plan (CFSP) and assure that there will be measures to address identified problems" as part of the CFSP (45 CFR 1357.15(u)). In addition to the CFSP requirement, title IV-E requires title IV-E agencies to monitor and conduct periodic evaluations of activities conducted under the title IV-E program and to implement
standards to ensure that children in foster care are provided quality services that protect the safety and health of such children (sections 471(a)(7) and 471(a)(22) of the Act), respectively.

Quality assurance is also a systemic factor in the Administration for Children and Families (ACF) Child and Family Services Reviews (CFSR). As such, states are required to, at a minimum; dedicate child welfare staff to QA initiatives in order to monitor performance. QA staff must work to ensure that people throughout the agency use information on quality, and to engage all staff in the process of examining data and acting to make improvements. ACF also requires that state quality assurance systems be in place in all regions of the state and all groups of families served.

1.2.1 Federal Laws

Titles IV-B and IV-E of the Act outline requirements related to QA and CQI in child welfare, including the following:

(1) Pursuant to section 471(a)(7) of the Act, the title IV-E agency is required to monitor and conduct periodic evaluations of its title IV-E program. The operation of a Statewide QA is one acceptable method for complying with section 471(a)(7) of the Act.

(2) A specific requirement that the title IV-E agency implement standards to ensure that children in foster care receive quality health and safety services in section 471(a)(22) of the Act. It is important to consider the full array of statutory and regulatory requirements relevant to quality health and safety services for children in foster care, including those related to screening, assessment and provision of medical, mental health and early intervention services as indicated in ACYF-CB-IM-12-04.

(3) Title IV-B regulations require State agencies to utilize QA to regularly assess the quality of services under the CFSP and assure there will be measures to address identified problems. A description of this system must be a part of the State's CFSP (45 CFR 1357.15(u)).

(4) Monitoring of the requirements of section 471(a)(22) of the Act and 45 CFR 1357.15(u) have been a focus of the CFSR since its inception (45 CFR 1355.34(c)(3)). ACF's expectations have been that the QA system is: (1) identifiable; (2) in place in all jurisdictions covered by the CFSP; (3) able to evaluate the adequacy and quality of services under the CFSP and able to identify the strengths and needs of the service delivery system; (4) able to provide reports to administrators on the evaluated services and needs for improvement, and (5) able to evaluate measures used to address identified problems.

1.2.2 State Laws

(1) Section 39.201 (4)(b), F.S., requires: The Department to monitor and evaluate the effectiveness of the department’s program for reporting and investigating suspected abuse, abandonment, or neglect of children through the development and analysis of statistical and other information.

(2) Section 39.201 (7), F.S., requires: The Department’s quality assurance program shall review calls, fax reports, and web-based reports to the hotline involving three or more unaccepted reports on a single
child, where jurisdiction applies, in order to detect such things as harassment and situations that warrant an investigation because of the frequency or variety of the source of the reports. A component of the quality assurance program shall analyze unaccepted reports to the hotline by identified relatives as a part of the review of screened out calls. The Program Director for Child Welfare may refer a case for investigation when it is determined, as a result of this review, that an investigation may be warranted.

(3) Section 39.2015, F.S., Critical incident rapid response team requires: As part of the department’s quality assurance program, the department shall provide an immediate multiagency investigation of certain child deaths or other serious incidents. The purpose of such investigation is to identify root causes and rapidly determine the need to change policies and practices related to child protection and child welfare.

(4) Section 39.301 (11), F.S., requires: The department shall incorporate into its quality assurance program the monitoring of reports that receive a child protective investigation to determine the quality and timeliness of safety assessments, engagements with families, teamwork with other experts and professionals, and appropriate investigative activities that are uniquely tailored to the safety factors associated with each child and family.

(5) Section 39.303 (6), F.S., requires: The Department of Health child protection team quality assurance program and the DCF Office of Child Welfare quality assurance program shall collaborate to ensure referrals and responses to child abuse, abandonment, and neglect reports are appropriate. Each quality assurance program shall include a review of records in which there are no findings of abuse, abandonment, or neglect, and the findings of these reviews shall be included in each department’s quality assurance reports.

(6) Section 39.3065 (3)(d), F.S., requires: The Sheriff’s program performance evaluation shall be based on criteria mutually agreed upon by the respective sheriffs and the Department of Children and Family Services. The program performance evaluation shall be conducted by a team of peer reviewers from the respective sheriffs’ offices that perform child protective investigations and representatives from the department.

- The Department of Children and Family Services shall submit an annual report regarding quality performance, outcome-measure attainment, and cost efficiency to the President of the Senate, the Speaker of the House of Representatives, and to the Governor no later than January 31 of each year the sheriffs are receiving general appropriations to provide child protective investigations.

(7) Section 409.986 (1)(b) F.S., Legislative Intent: The department The Legislature finds that when private entities assume responsibility for the care of children in the child protection and child welfare system, comprehensive oversight of the programmatic, administrative, and fiscal operation of those entities is essential. The Legislature further finds the that the appropriate care of children is ultimately the responsibility of the state and that outsourcing such care does not relieve the state of its responsibility to ensure that appropriate care is provided.
Section 409.996, F.S., Duties of the Department of Children and Families: The department shall contract for the delivery, administration, or management of care for children in the child protection and child welfare system. In doing so, the department retains responsibility for the quality of contracted services and programs and shall ensure that services are delivered in accordance with applicable federal and state statutes and regulations.

(1) The department shall enter into contracts with lead agencies for the performance of the duties by the lead agencies pursuant to s. 409.988. At a minimum, the contracts must:

(a) Provide for the services needed to accomplish the duties established in s. 409.988 and provide information to the department which is necessary to meet the requirements for a quality assurance program pursuant to subsection (18) and the child welfare results-oriented accountability system pursuant to s. 409.997.

Section 409.996, F.S. (18) requires:

The department, in consultation with lead agencies, shall establish a quality assurance program for contracted services to dependent children. The quality assurance program shall be based on standards established by federal and state law and national accrediting organizations.

1. The department must evaluate each lead agency under contract at least annually. These evaluations shall cover the programmatic, operational, and fiscal operations of the lead agency and must be consistent with the child welfare results-oriented accountability system required by s. 409.997. The department must consult with dependency judges in the circuit or circuits served by the lead agency on the performance of the lead agency.

2. The department and each lead agency shall monitor out-of-home placements, including the extent to which sibling groups are placed together or provisions to provide visitation and other contacts if siblings are separated. The data shall identify reasons for sibling separation. Information related to sibling placement shall be incorporated into the results-oriented accountability system required pursuant to s. 409.997 and in the evaluation of the outcome specified in s. 409.986(2)(e). The information related to sibling placement shall also be made available to the institute established pursuant s. 1004.615 for use in assessing the performance of child welfare services in relation to the outcome specified in s. 409.986(2)(e).

3. The department shall, to the extent possible, use independent financial audits provided by the lead agency to eliminate or reduce the ongoing contract and administrative reviews conducted by the department. If the department determines that such independent financial audits are inadequate, other audits, as necessary, may be conducted by the department. This paragraph does not abrogate the requirements of s. 215.97.

4. The department may suggest additional items to be included in such independent financial audits to meet the department’s needs.

5. The department may outsource programmatic, administrative, or fiscal monitoring oversight of lead agencies.
6. A lead agency must assure that all subcontractors are subject to the same quality assurance activities as the lead agency.

1.3 ALLOWABLE TITLE IV-B AND TITLE IV-E COSTS RELATED TO CQI

Title IV-E agencies may claim the costs of a quality assurance system as title IV-E administration for costs that are associated with title IV-E eligible cases and functions. Such costs must be allocated to all benefiting programs and identified in the State’s cost allocation plan (CAP) (CWPM 8.1B Q/A 15).

It should be noted that existing law and policy, while not specific to CQI, permits title IV-B and IV-E agencies to share the costs in implementing and maintaining these activities with the Federal government:

The title IV-E agency can claim title IV-E training funds for short term training relative to child welfare related CQI and program improvement consistent with a CFSR or other monitoring activities for costs associated with title IV-E eligible cases on allowable topics (see CWPM 8.1H Q/A as generally). The allocation of a CQI system must be included in an approved cost allocation plan. The rate of claiming may vary depending on the training topic, when training is claimed (see) and the individuals trained (see section 474(a)(3)(B) of the Act, Public Law 110-351 sec 203(b) and ACYF-CB-PI-10-1 I Section L; and, CWPM 8.1H Q/A 9 & 10).

Appropriate costs associated with the planning, designing, developing, implementing, maintaining and operating a SACWIS that incorporates both data and functionality of CQI components are considered necessary for the proper and efficient administration of the title IV-E State plan (45 CFR 1355.52 and 1355.53). Allowable costs can be claimed at SACWIS levels, i.e. allocated entirely to title IV-E, in accordance with the Title IV-E agency’s APD for these systems. Allowable costs can be claimed at SACWIS levels in accordance with the State’s APD for compliant systems. States that do not have a SACWIS may claim costs at the 50% administrative rate for information system costs related to CQI in accordance with the State’s APD (45 CFR 1356.60(d)). Title IV-B subpart 1 funds can be used to support a CQI system in child welfare because CQI activities are considered title IV-B program and not administrative costs (sections 422(b)(14) and 422(c)(1) of the Act).

Title IV-B subpart 2 funds can be used to support a CQI system in child welfare because CQI activities are considered title IV-B program and not administrative costs (section 434(d) of the Act and 45 CFR 1357.32(h)). For example, a State could submit a title IV-B training plan and an associated provision in its cost allocation plan for short-term CQI training for:

(a) caseworkers, supervisors and CQI/QA staff of the title IV-E agency;

(b) caseworkers, supervisors and CQI/QA staff of State-approved or licensed child welfare agencies providing services to children under the title IV-E programs; and

(c) attorneys, judges, child care institution staff, and resource parents who will be participating in CQI/QA activities at the 75%, or other rate depending on the federal fiscal year (section 203(b) of P.L. 110-35 1). Training topics could include conducting case reviews, interpreting data results and integrating results into practice improvement among other topics. The allowable costs for
providing short-term training would be allocated to title IV-E, title IV-B and other benefiting programs by the equitable means chosen by the State and approved in a cost allocation plan, e.g. applying an eligibility rate. Additionally, a State could claim the costs of short-term training of persons who are employed by a private agency to carry out CQI activities on behalf of the title IV-E agency as title IV-E administrative costs at the 50% rate (45 CFR 1356.60(b)).

1.4 ROLE OF SUPERVISORS: 
THE CORNERSTONE TO ENSURING QUALITY PRACTICE

Ensuring quality practice begins with supervisors. All staff must understand each person has a role in assuring quality service to children and families. Everyone must be responsible for taking immediate action when there is any evidence the life, safety, or health of a child may be threatened. Whether the evidence is observed in the field, identified through formal review, or heard in an interview or other discussion with knowledgeable case participants or stakeholders, personal integrity and responsibility require action.

Supervisors are responsible for ensuring that positive outcomes for children and families are achieved through the delivery of competent, sensitive, and timely services. The supervisor is the link between the front-line of service delivery and the upper levels of administration. Supervisory roles are accomplished through the following key activities:

- Communicating policies and practice guidelines to casework staff;
- Setting standards of performance for staff to assure high-quality practice;
- Assuring that all laws and policies are followed, and staying current with changing policies and procedures;
- Helping staff learn what they need to know to effectively perform their jobs through orientation, mentoring, on-the-job training, and coaching;
- Monitoring workloads and unit and staff performance to assure that standards and expectations are successfully achieved.

Unit level supervisors are the key to ensuring quality practice. Their day-to-day oversight and guidance is critical to achieving successful outcomes for children and families in the areas of safety, permanency and well-being. In addition to coaching and mentoring staff, supervisors also conduct regular case reviews with their staff at very specific times during an investigation and during the life of a case to ensure everything that should be done is being done, or appropriate activities are planned and are subsequently tracked toward completion. Supervisory reviews must be based on critical, reflective thinking and qualitative discussion between supervisors and staff. This is a learning opportunity that supports quality case work.
1.5 STAFF DEVELOPMENT AND TRAINING

The Florida Child Welfare QA/CQI Model requires QA reviewers undergo training specific to conducting case reviews. To assure reviews and subsequent data collection are consistent, and to foster inter-rater reliability, all staff who conduct QA reviews must be “certified” as a QA reviewer. This requires reviewers participate in a specialized training curriculum and pass a competency assessment. QA staff must pass this competency assessment within six-months of being appointed into a dedicated QA position. The training is sponsored by the Office of Child Welfare and is currently being offered once a quarter. Notices of upcoming training sessions and registration are posted in advance of each session.

1.6 INFORMING CONTRACT MANAGERS

Regional and CBC QA managers must keep contract managers informed of quarterly activities, to include review schedules, data analyses, summary reports, etc. Contract managers must be copied on annual CQI plans and annual reports.

1.7 EXECUTIVE AND LEADERSHIP REQUESTS FOR SPECIAL REVIEWS

The Secretary of the Department or other executive staff may determine that a review of a particular process or topic is needed, or may require a statewide or localized special project be conducted throughout the year. These Guidelines include a placeholder to accommodate two special reviews each fiscal year. This activity will likely require specially designed review tools and other specifically designed protocols depending on subject matter. All regions and CBCs will participate in any such request as needed.

1.8 CHILD AND FAMILY SERVICES REVIEWS (CFSR)

The Children’s Bureau reviews a state’s substantial conformity with titles IV-B and IV-E of the Social Security Act through the Child and Family Services Reviews (CFSRs). Reviews are conducted to accomplish the following:

(1) Support a state’s capacity to self-monitor for child and family outcomes, systems functioning and improvement practices;

(2) Better integrate the monitoring process with the state’s five-year title IV-B Child and Family Services Plan (CFSP) and Annual Progress and Services Reports (APSR); and

(3) Ensure data measures and methods used to establish national standards better reflect state practices and improvement efforts.

The overall goals of the reviews are to:

(1) Ensure conformity with title IV-B and IV-E child welfare requirements using a framework focused on safety, permanency and well-being through seven outcomes and seven systemic factors;

(2) Determine what is happening to children and families as they are engaged in child welfare services; and

(3) Assist states in helping children and families achieve positive outcomes.

The reviews include a continued the partnership of federal and state staff and involve a two-level process: (1) a statewide assessment, and (2) an onsite review as required by 45 CFR 1355.33(a). After receiving the results of the review, states that are not in substantial conformity with title IV-B and IV-E requirements must enter into a Program Improvement Plan (PIP) to address areas that the Children’s Bureau determines require improvement (45 CFR 1355.34 and 1355.35).
SECTION 2: CHILD PROTECTIVE INVESTIGATIONS

2.1 RAPID SAFETY FEEDBACK

Rapid Safety Feedback is a process designed to flag key risk factors in open child welfare cases that could gravely impact a child’s safety. These factors have been determined based on reviews of other cases where child injuries or tragedies have occurred. Factors include but are not limited to the parents’ ages, the presence of a boyfriend in the home, evidence of substance abuse, or previous criminal records. The critical component of the process is the case consultation in which the reviewer engages the child protective investigator and the supervisor to discuss the case. This creates a learning environment for the CPI and supervisor who have a lengthy discussion about the family and investigative activities. The case review focuses on five overarching items:

1) Prior Child Abuse and Neglect Reports, Prior Services, and Criminal History
   Are the prior child abuse and neglect reports, prior services, and the criminal history information obtained timely, accurately summarized, and used to assess patterns, potential danger threats, and the impact on child safety?

2) Information Collection
   Is sufficient information collected and validated?
   • Are child interviews and observations sufficient?
   • Are caregiver interviews and observations sufficient?
   • Are collateral contacts relevant and interviews sufficient?
   • Are there referrals for medical examinations, developmental screening, and evaluations of parents?
   • Is information validated and inconsistent information reconciled?

3) Identification of Danger Threats and Assessment of Caregiver Protective Capacity
   Are danger threats or safety concerns accurately identified and caregiver protective capacities sufficiently analyzed to determine the caregivers’ ability to control the identified danger threat or safety concern?
   • Are danger threats accurately identified?
   • Are caregiver protective capacities sufficiently assessed?

4) Safety Planning
   Is the Safety Plan viable and does it incorporate safety intervention strategies implemented in response to an identified danger threat or safety concern?
   • If a danger threat is identified, is there evidence of collaborative decision making related to the Safety Plan?
   • Is the Safety Plan sufficient to manage and control for danger while information gathering proceeds?
   • Are safety services appropriately identified, referred, and engaged?
   • Is the investigator ensuring the Safety Plan is being followed through weekly, bi-weekly, or more frequent visits that are made by the investigator or designated service provider?
2.1.1 Sample Size

A full case review takes approximately 5-6 hours to complete. The sample sizes below represent the reviews being completed by regional QA specialist. To increase the number of reviews, the regional operational staff will be trained to conduct additional case reviews. Regional QA specialists become involved in a variety of case review activities each week outside the scope of this process. Therefore, the table below is provided as a guideline for regions, and it is acknowledged that targets may not be met at all times.

### Suggested Targets for Reviews of Investigation Cases

**Effective 1/6/2014**

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of QA Reviewers</th>
<th>Cases Per Week</th>
<th>Total Per Month</th>
<th>Total Per Year</th>
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<tr>
<td>Northwest</td>
<td>1</td>
<td>4</td>
<td>16</td>
<td>192</td>
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<tr>
<td>Northeast</td>
<td>3</td>
<td>12</td>
<td>48</td>
<td>576</td>
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<tr>
<td>Central</td>
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<td>960</td>
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<tr>
<td>Suncoast</td>
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<td>12</td>
<td>48</td>
<td>576</td>
</tr>
<tr>
<td>Southeast</td>
<td>1</td>
<td>4</td>
<td>16</td>
<td>192</td>
</tr>
<tr>
<td>South</td>
<td>2</td>
<td>8</td>
<td>32</td>
<td>384</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>15</strong></td>
<td><strong>60</strong></td>
<td><strong>240</strong></td>
<td><strong>2,880</strong></td>
</tr>
</tbody>
</table>

Note: The number of QA reviewers per region excludes the QA Manager and Regional Child Fatality Specialist. The exception is the Southeast Region where the QA Manager is the only designated QA staff person.

2.1.2 Sample Profile

The sample will be selected using the business objects report entitled “Daily Child Investigations and Special Conditions Listing” and is available within the FSFN Public Florida >Child Investigation Folder. The report was developed to default to the profile needed for the QA sample selection but can be expanded for sample selections. The default profile includes all children under the age of four where the following is present at least one prior report was received on the victim child or other victim child under the age of 4 (0 to 3 years and 364 days).

1. In order to review the highest risk population, the sample criteria will be stratified as follows:

   a. At least one prior report on the child victim, another child victim in the home, or the alleged caregiver responsible.
   b. Cases open 25-35 days.
   c. All children under 12 months of age with family violence threaten child and substance misuse maltreatment.
   d. All children under 12 months of age with family violence threaten child or substance misuse maltreatment.
   e. All children under 12 months of age with physical injury maltreatment.
   f. All children under 12 months regardless of maltreatment.
   g. All children 12 months of age but less than 4 years of age with family violence threatens child and substance misuse maltreatment.
   h. All children 12 months of age but less than 4 years of age with family violence threatens child or substance misuse maltreatment.

2. The sample will be selected from cases that have been open at 25-35 days.

3. The business objects report contains the following additional information that will be useful to the case review process:
a. Number of Prior Investigations;
b. Maltreatments on Prior Investigations;
c. If there are adults in the home who are unrelated to at least one of the child/victims;
d. Safety Determination;
e. Youngest Alleged Perpetrator’s Age;
f. Quality Assurance Case Note;
g. Second Tier Consultation;
h. Safety Methodology;
i. If the victims or children were open to services;
j. Present Danger Threats;
k. Present Danger Plan; and
l. Safety Determination.

(4) The report is located in the FSFN Public Folders/Child Investigation folder and is entitled Daily Child Investigations and Special Conditions Listing. See screen shot below:

(5) Exclusions: The sample will exclude:
   a. children in a removal process;
   b. institutional investigations;
   c. child fatality maltreatment;
   d. no jurisdictions; and
   e. special condition referrals.

2.1.3 Review Tool
Reviews will be conducted using the Preventive Rapid Feedback QA Review document that provides the five overarching review items, core concepts, and guidelines. This document is available for download at:

2.1.4 Case Consultations
The reviews will be conducted on the information contained in electronic records and information obtained through the case consultation. The reviewer will notify the CPI supervisor a case was selected for review by email or phone to request the investigation not be closed and to schedule the rapid case consultation.

(1) Rapid case consultation will be provided to the CPI supervisor, CPI, and operations manager or designee (if available) by phone within 2 business days or as soon as possible. If an immediate safety
issue is identified, an immediate call will be conducted with the CPI supervisor or designee and the CPI, if available. This process is intended to coach or mentor investigative staff, not to usurp the supervisor’s role or responsibilities. Consultations should never be conducted with a CPI only.

(2) The purpose of the case consultation is to solicit critical thinking from the CPI. Because the tool only reflects notes and findings that may change after the consultation, it will not be provided the CPI prior to the consultation. The consultation will focus on soliciting the thinking of the CPI on investigative activities. The reviewer must focus on skill building and the tool should not be the focus or used as a debriefing. The tool may be sent to the OPA following the consultation and when final decisions have been made by the reviewer.

2.1.5 QA Web Portal

Review findings will be noted as “yes” meaning “strength” or “no” meaning an “area needing improvement.” The review findings will not be finalized until after the case consultation with the CPI Supervisor or designee and the CPI, if available, to determine if there were additional investigative activities completed but not documented in FSFN or additional documents available for review. Reviewers will input a FSFN Case Note documenting the review occurred.

If appropriate investigative activities have occurred but they were not documented in FSFN at the time of the case review, the operational manager or designee must ensure FSFN is updated within twenty-four hours after the case consultation.

As the case reviews are being marked completed or going through the final review phase, it is very important that the QA manager pay close attention to the final ratings. This check should catch data entry errors. For example, when the main standard is marked as Not Rated, all of the sub-parts to the corresponding main standard should also be marked as Not Rated.

2.2 REQUEST FOR ACTION REFERRALS (RFA)

If at any time the reviewer noted immediate child safety concerns, the QA manager must immediately report such findings to the region for action and resolution. The reviewer must document the RFA referral and subsequent actions in FSFN. This process will only be used from immediate child safety concerns. Attachment 3 provides a sample form and instructions on completing an RFA in FSFN. The operational manager or designee will be responsible for ensuring appropriate action is taken to resolve the concern(s) documented in the RFA.

2.3 ANNUAL REPORTING

Regional summaries should be submitted to the Regional Managing Director with a copy to the Office of Child Welfare annually and no later than August 15th of each year. The report must include a summary of findings, an analysis of root causes, and action taken by the region to improve practice.

2.4 ANNUAL QUALITY MANAGEMENT (QM) PLANS

The Quality Management Plan will establish the activities, processes, and procedures for ensuring quality child welfare practice. The purpose of this plan is to: ensure quality is planned, define how quality will be managed by the Region and define QA and CQI activities.

Each region will create and update their individualized plans for conducting quality assurance and improvement activities for the upcoming fiscal year. Updated plans must be submitted to the Office of Child Welfare no later than later than August 30 of each fiscal year. At a minimum, the plans must describe the region’s planned QA processes, data collection and analysis, internal reporting of findings.
and how the region will work to improve safety practices. The updated plans should include information on local initiatives and/or innovations and how regions are working within their communities to better protect children. The plans should also include the annual schedule for conducting QA reviews. At a minimum Regional QM Plans should include:

A. **Introduction**
   1. A description of QA/CQI staff resources,
   2. A description of regional geographics,
      - Circuits
      - # of CPI units
      - # of Intakes received each month
      - High-level discussion of turnover
      - Working relationships w/ CBC(s)
      - Stakeholder involvement

B. **Schedule**
   1. A description of the planned QA/CQI activities schedule per quarter
   2. A description of work planned with Sheriffs and/or CBCs

C. **Other**
   1. A description of any other special reviews, discretionary reviews, systemic factor reviews planned or needed.
   2. A description of strategies that will be used to improve practice.

### 2.5 SHERIFFS QA REQUIREMENTS

#### 2.5.1 Designated Counties
The sheriff in Seminole, Broward, Pasco, Pinellas, Manatee, and Hillsborough Counties is responsible for the provision of all child protective investigations in his or her county. Each individual who provides these services must complete the training provided to and required of protective investigators employed by the Department of Children and Family Services. The Department funds these services through grant agreements with each sheriff.

#### 2.5.2 Performance Standards and Outcome Measures
The sheriffs shall operate, at a minimum, in accordance with the performance standards and outcome measures established by the Legislature for protective investigations conducted by the Department of Children and Family Services. (Section 39.3065(3)(b), F.S.)

#### 2.5.3 Performance Evaluations
Program performance evaluations must be based on criteria mutually agreed upon by the respective sheriffs and the Department of Children and Family Services. The program performance evaluation shall be conducted by a team of peer reviewers from the respective sheriffs’ offices that perform child protective investigations and representatives from the department.

#### 2.5.4 Sample Sizes
For each Sheriff’s Office, 65 cases are reviewed annually by a team of QA reviewers consisting of the other 5 Sheriff’s Offices peer reviewers and 2 DCF designated QA reviewers. These reviews are conducted between August and December each year. To conduct the review they are required to pull a sample of cases received after January 1st which are closed prior to June 30th from which 65 cases are randomly chosen to represent 1/2 judicial cases and 1/2 non-judicial cases.
2.5.5 **Exclusions**
Cases found in the sample that are transfer cases or which have OTI interviews of family members are excluded.

2.5.6 **Exit Conferences**
Exit presentations are completed at each site summarizing the team's observations and areas for improvement with the site's determination of meeting attendees from their organization.

2.5.7 **Stakeholder Feedback**
The report of the 65 cases reviewed in each of the counties is shared with the other Sheriff's Offices and through their respective CPS administration within the Sheriff office. Information gathered during these peer reviews regarding procedures, service provision, forms and other relevant program improvements made during the past year are shared among the Sheriff's Office's team members to bring back to administration.

2.5.8 **Annual Report to the Senate and House of Representatives**
The Department of Children and Family Services shall submit an annual report regarding quality performance, outcome-measure attainment, and cost efficiency to the President of the Senate, the Speaker of the House of Representatives, and to the Governor no later than January 31 of each year the sheriffs are receiving general appropriations to provide child protective investigations. (Section 39.3065(3)(d), F.S.)
SECTION 3: CHILD FATALITY REVIEWS

3.0 Overview (TBD)

3.1 Child Fatality Review Process (TBD)

3.1 Critical Incident Response Team (S. 39.2015, F.S.)

The Critical Incident Rapid Response Teams will be coordinated through the state Child Fatality Prevention Specialist. The statutory requirements are listed below:

(1) As part of the department’s quality assurance program, the department shall provide an immediate multiagency investigation of certain child deaths or other serious incidents. The purpose of such investigation is to identify root causes and rapidly determine the need to change policies and practices related to child protection and child welfare.

(2) An immediate onsite investigation conducted by a critical incident rapid response team is required for all child deaths reported to the department if the child or another child in his or her family was the subject of a verified report of suspected abuse or neglect during the previous 12 months. The secretary may direct an immediate investigation for other cases involving serious injury to a child.

(3) Each investigation shall be conducted by a multiagency team of at least five professionals with expertise in child protection, child welfare, and organizational management. The team may consist of employees of the department, community-based care lead agencies, Children’s Medical Services, and community-based care provider organizations; faculty from the institute consisting of public and private universities offering degrees in social work established pursuant to s. 1004.615; or any other person with the required expertise. The majority of the team must reside in judicial circuits outside the location of the incident. The secretary shall appoint a team leader for each group assigned to an investigation.

(4) An investigation shall be initiated as soon as possible, but not later than 2 business days after the case is reported to the department. A preliminary report on each case shall be provided to the secretary no later than 30 days after the investigation begins.

(5) Each member of the team is authorized to access all information in the case file.

(6) All employees of the department or other state agencies and all personnel from community-based care lead agencies and community-based care lead agency subcontractors must cooperate with the investigation by participating in interviews and timely responding to any requests for information. The members of the team may only access the records and information of contracted provider organizations which are available to the department by law.
(7) The secretary shall develop cooperative agreements with other entities and organizations as necessary to facilitate the work of the team.

(8) The members of the team may be reimbursed by the department for per diem, mileage, and other reasonable expenses as provided in s. 112.061. The department may also reimburse the team member’s employer for the associated salary and benefits during the time the team member is fulfilling the duties required under this section.

(9) Upon completion of the investigation, the department shall make the team’s final report, excluding any confidential information, available on its website.

(10) The secretary, in conjunction with the institute established pursuant to s. 1004.615, shall develop guidelines for investigations conducted by critical incident rapid response teams and provide training to team members. Such guidelines must direct the teams in the conduct of a root-cause analysis that identifies, classifies, and attributes responsibility for both direct and latent causes for the death or other incident, including organizational factors, preconditions, and specific acts or omissions resulting from either error or a violation of procedures. The department shall ensure that each team member receives training on the guidelines before conducting an investigation.

(11) The secretary shall appoint an advisory committee made up of experts in child protection and child welfare, including the Statewide Medical Director for Child Protection under the Department of Health, a representative from the institute established pursuant to s. 1004.615, an expert in organizational management, and an attorney with experience in child welfare, to conduct an independent review of investigative reports from the critical incident rapid response teams and to make recommendations to improve policies and practices related to child protection and child welfare services. By October 1 of 862 each year, the advisory committee shall submit a report to the 863 secretary which includes findings and recommendations. The secretary shall submit the report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.
SECTION 4: CASE MANAGEMENT QUALITY ASSURANCE REVIEWS

4.0 TARGETED CASE REVIEWS

Community-based care agencies (CBCs) will conduct on-going targeted reviews of cases to determine the quality of child welfare practice related to safety, permanency, and child and family well-being. In addition, two full CFSRs will be conducted each quarter. The full CFSR includes reading case files of children served under the title IV-B and IV-E plans and interviewing parties involved in the cases.

Case reviews provide an understanding of what is "behind" the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes.

The targeted review process allows CBC limited resources to focus reviews on a targeted population of children who are most impacted by negative outcomes before they occur in safety, permanency, and well-being outcome areas:

1. Rapid Safety Feedback focuses on open in-home services cases for children ages 0-4.
2. Targeted Permanency Feedback focuses on children ages 13-17 who are in out-of-home care.
3. Targeted Well-being Feedback focuses on children ages 5-12 who are in out-of-home care.

The CBC QA manager is responsible for assigning cases for review to trained and certified QA specialists employed by the CBC lead agency. It is permissible and encouraged for the CBCs to include certified QA reviewers from a sub-contracted case management organization (CMO) in the case review process as long as the CBC QA reviewer leads the review, the staff does not have a conflict of interest, and the CBC lead reviewer makes final decisions about ratings. This peer review approach provides a learning opportunity for the CMO. Although the peer reviewer may offer feedback and input, the CBC must ensure the integrity of the information collected.

4.1 SAMPLING METHODOLOGY.

Pursuant to the ACF Informational Memorandum, case reviews of children are based on a sampling universe of children statewide who are/were recently in foster care and children statewide who are/were served in their own homes.

1. Samples will be large enough to make statistical inferences about the population served by the State.
2. The sample will be stratified to include a proportion of cases that reflect different age groups, permanency goals, and other considerations, such as varying geographic areas of the State, as appropriate.
3. Selected files for review from each sample will be uploaded into the DCF QA portal by case name.
(4) CBCs may choose to draw additional cases as workload permits. The CBC QA managers will ensure the list of cases selected for the in-depth CFSR is unduplicated and make another random selection if the same case is identified for both review processes.

(5) Sample Sizes:
   a) 1-999 children served in in-home and out-of-home care: 15 case reviews per quarter.
   b) 1,000 – 1,999 children served in in-home and out-of-home care: 36 case reviews per quarter.
   c) 2,000 and more children served in in-home and out-of-home care: 45 case reviews per quarter.

(6) Cases selected for review will be based on them meeting the identified criteria established for the targeted review area as outlined below.

### Sample Sizes by CBC

<table>
<thead>
<tr>
<th>Community Based Care Lead Agency</th>
<th>Number of Children as of 5/31/14</th>
<th>Quarterly Targeted Case Reviews Reviews</th>
<th>Total Case Reviews</th>
<th>Sample Size Needed for Confidence Level 90, Confidence Interval 10</th>
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<tbody>
<tr>
<td>In-Home Services</td>
<td>Out-of-Home Care</td>
<td>Total In-Home and Out-of-Home Care</td>
<td>Rapid Safety Feedback</td>
<td>Targeted Permanency Feedback</td>
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</tbody>
</table>

Source: FSFN Data Repository as of 6/17/14

#### 4.2 RAPID SAFETY FEEDBACK.

**Target Population:** Children 0-4 years of age receiving in-home services

**SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.**

- Item 1: Services to Family to Protect Child
- Item 2: Initial and on-going Assessments
- Item 3: Safety Planning
- Item 4: Monitoring Parental Behavior Change
- Item 5: Background Checks and Home Assessment
WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS.

- Item 16: Caseworker Visits With Child
- Item 17: Caseworker Visits With Parents.

FLORIDA SPECIFIC

- Item 21: Safe Case Closure
- Item 22: Supervisory Case Consultation

FOR TREND REPORTING

- Item 23: Was a case consultation completed?
- Item 24: Was a Request for Action completed in FSFN for an immediate safety concern?
- Item 25: Was the case a safety methodology case?

4.2.1 Case Stratification

The sample will be selected using the business objects report entitled Children Receiving In-Home Services Daily QA Listing.

1. The report is set to default to parent or caregiver under age 27 but the reviewer has discretion to increase or decrease the age.
2. At least one prior report was received on the victim child or other victim child under the age of 5 (0 to 4 years and 364 days); and
3. In order to obtain the minimum number of cases to be reviewed, the sample criteria may need to be further stratified as follows:
   - (a) 1st: All children under 12 months of age regardless of the maltreatment.
   - (b) 2nd: Children under age 4 where the caretaker has been an alleged perpetrator for family violence threatening harm and substance misuse.
   - (c) 3rd: Children under age 4 where the caretaker has been an alleged perpetrator for family violence threatening harm or substance misuse.
4. The sample will be selected from cases that have been open at least 30 days.
5. If the CBC is unable to meet the sample size, the values in the report described below should be expanded to “all” and the age of the child should be expanded beginning with age 4.

4.2.2 Business objects report entitled Children Receiving In-Home Services Daily QA Listing.

1. The report is located at: – Public Folders\OCWDRU Reports\QA. There is a Report Description tab that gives detail about the report and a Listing tab that has the actual listing and all the input controls for filtering. The report includes the most recent court case number (assuming one has been entered into FSFN).
2. The youngest caretaker age is available but the report defaults to all caretakers.
3. The two defaults (Child’s Age and Family Violence and Substance Misuse) are grouped together.
4. The reviewer can select Family Violence AND Substance Misuse; Family Violence OR Substance Misuse; Neither; or All (i.e., all records regardless of the value). The default is set to Family Violence AND Substance Misuse.
5. Some children in the report do not have a date of birth entered for their caretaker(s). When this is the case, the default is set to the youngest caretaker age to 99 so that the records will still display unless the user adjusts the Input Control to be something else.
6. The current default is set for the child’s age to less than 1 (i.e., 0 years of age).
4.3 TARGETED PERMANENCY FEEDBACK

Target Population: Children 13-17 years of age who entered out-of-home care at the age of 13 and above and who have been in out-of-home care for six months.

A) PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.
   - Item 6: Stability of Out-of-Home Care Placement
   - Item 7: Permanency Goal for Child
   - Item 8: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

B) PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN
   - Item 9: Placement With Siblings
   - Item 10: Visiting with Parents and Siblings in Out-of-home care
   - Item 11: Preserving Connections
   - Item 12: Relative Placement
   - Item 13: Relationship of Child in Care with Parents

C) WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS.
   - Item 14: Needs and Services of Child, Parents, and Foster Parents
   - Item 15: Child and Family Involvement in Case Planning
   - Item 16: Caseworker Visits With Child
   - Item 17: Caseworker Visits With Parents.

D) Florida Specific
   - Item 21: Safe Case Closure
   - Item 22: Supervisory Case Consultation

E) FOR TREND REPORTING
   - Item 23: Was a case consultation completed?
   - Item 24: Was a Request for Action completed in FSFN for an immediate safety concern?
   - Item 25: Was the case a safety methodology case?

4.3.1 Case Stratification

Cases will be selected based on an entry cohort of children ages 13-17 who entered out-of-home care at the age of 13 and above and who have been in out-of-home care for at least six months.

4.3.2 Business Objects Report

The sample will be pulled utilizing #1083, Age at Removal Listing for Children Currently in Out-of-Home Care. The report can be found in the FSFN Reporting Environment in the following folder: Home\Public Folders\OCWDRU Reports\QA.

This report provides a listing of all children currently in out-of-home care and basic information on the child, their case, and their removal episode including the age at which they were removed and the length of stay (in months) in the current removal.

The report contains Input Controls for Age at Removal and LOS. The default setting to for these are 13-17 and 6 months of more, respectively.
4.4 TARGETED WELL-BEING FEEDBACK

Target Population: Children 5-12 years of age in out-of-home care.

A) WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS.
• Item 16: Caseworker Visits With Child
• Item 17: Caseworker Visits With Parents.

B) WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS
• Item 18: Educational Needs of the Child

C) WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS
• Item 19: Physical Health of the Child
• Item 20: Mental/Behavioral Health of the Child

D) FLORIDA SPECIFIC
• Item 21: Safe Case Closure
• Item 22: Supervisory Case Consultation

F) FOR TREND REPORTING
• Item 23: Was a case consultation completed?
• Item 24: Was a Request for Action completed in FSFN for an immediate safety concern?
• Item 25: Was the case a safety methodology case?

4.4.1 Case Stratification
Cases will be selected from all children ages 5-12.

4.4.2 Business Objects Report
Business objects report entitled “Children and Young Adults in Out-of-Home Care or Receiving In-Home Services Listing-OCWDRU”. The FSFN list report is located in the FSFN Reporting Environment at: Public Folders/OCWDRU Reports/Services.

4.5 DEFINITIONS

(1) Sample Extract. A listing of all children in cases who are potentially eligible to be included in the sample for the review, as determined by characteristics included in FSFN.

(2) Sample Population (Permanency and Well-Being). As of the sample date, all children in open cases who were out-of-home service recipients for at least one day during the selection period, and who have been a service recipient for at least six (6) months as of the sample date or service recipient end date (should recipient end date be deleted since we will only review open cases), and who do not meet any of the discard criteria below. (Delete sentence highlighted since population already defined) This includes children who were receiving in-home services, who were in out-of-home care, or any combination of these during the period under review.
(3) **Sample Population (Rapid Safety).** As of the sample date, all children in open cases who were in-home service recipients for at least one day during the selection period, and who have been a service recipient for at least (30) days as of the sample date.

(4) **Discard Criteria.** Decisions to discard a selected case from the sample list must be approved by the CBC QA manager, who must also document the basis for the decision as it relates to the discard criteria. Children that meet any of the following criteria should be dropped from the sample population and the next random order child considered for replacement in the final master list:

   a. Discard if the child has already been selected for review in this quarter.
   b. Discard if the child was in a case that was reviewed in any of the prior quarters within the fiscal year.
   c. Discard any sibling of a child included in the current sample OR in a case reviewed in any of the prior quarters.
   d. Discard if the child is in a case open only for continued adoption subsidy payments.
   e. Discard if the child was placed for the entire period under review in a locked juvenile facility or commitment program.
   f. Discard if child was a service recipient for less than 6 months as of the sample date or service recipient end date. This does NOT mean the child must have six CONSECUTIVE months of service.
   g. Discard if child is in a case where Florida is on the receiving side of Interstate Compact placement.
   h. Discard if the case was closed prior to the review date and select another one that remains open.

(5) The following are specifically INCLUDED in the sample and do not constitute grounds for discard and replacement:

   a. Cases under out of county supervision will be INCLUDED in the sample population and assigned to the CBC of the primary worker.
   b. Cases under in-home supervision (non-judicial and judicial) and in out-of-home placements are INCLUDED in the sample population.
   c. Cases where Florida is the sending state on an Interstate Compact placement.

(6) **Period under Review.** For Rapid Safety, Targeted Permanency Feedback and Targeted Well-being Feedback, the time frame beginning the first day of the 3rd prior to the beginning of the review period, up to the date the review. For Rapid Safety, if the child has been an in-home service recipient a minimum of 30 days but less than 3 months, the review will encompass the entire period the child has been an in-home service recipient.

(7) **Review Quarter.** The quarter in which the QA review is to be completed.
4.6 CFSR REVIEWS WITH STAKEHOLDER INTERVIEWS

This review process is a case file review and includes interviews with participants or community stakeholders.

Prior to the review of a selected case, the reviewer should research FSFN to learn about the prior child welfare history in order to effectively assess current practice.

Once the CBC QA specialist completes a case file review and inputs the responses into the QA web-based tool, the specialist will need to “staff” or “de-brief” the review findings with the CBC QA manager who must concurrently assess the data for consistency and accuracy, providing quality control and inter-rater reliability.

4.7 WEB-BASED TOOLS

The case review items are in a web-based tool that is accessible through the DCF web portal. The standards are written so that a “Yes” response always represents a positive result “strength”, and thus a “No” response always means “area needing improvement”. Some standards have sub-parts that are “counted” as a means to identify discrete areas of performance, but the overall outcome standard receives the actual rating. The rating is based on evidence found in documentation, but is also a result of reflective, qualitative, professional judgment by the reviewer(s).

The CFSR in-depth review tool is a web-based tool that will be available via the Children’s Bureau in 2015. In the interim, CBCs will use the modified CFSR tool in the web portal. The comments boxes have a 2,048 character limit (includes spaces). When the comments are extensive, it is recommended that the reviewer draft in word, do a word count (under the review tab in word) and then paste in the comment box.

4.8 REQUEST FOR ACTION REFERRALS

If at any time the reviewer noted immediate safety concerns, the CBC QA manager must immediately report such findings to the agency responsible for action and resolution. The reviewer must document the RFA referral and subsequent actions in FSFN. Attachment 3 provides a sample form and instructions on completing an RFA in FSFN.

4.9 CASE CONSULTATIONS

After each case reviews are completed, the reviewer should schedule a case consultation to discuss review findings. The consultation should always include case managers and the supervisors. Others can be invited at the QA Manager’s discretion. Face to face consultations are always the preferred approach, but given complex logistical issues, limited work forces and time frames, they can be conducted via telephone/conference call as necessary. Case consultations should be conducted as soon as possible upon completing the review. The debriefing template is provided in Attachment 2.

4.10 QA MANAGER RESPONSIBILITIES FOR FINAL REVIEW

As the case reviews are being marked completed or going through the final review phase, it is very important that QA manager pay close attention to the final ratings. This check should catch date entry errors made when the main standard has been marked as Not Rated. If the main standard is not rated, all of the sub-parts to the corresponding main standard should also be marked as Not Rated.
4.11 ANNUAL REPORTING

Once all cases have been reviewed, CBC QA staff must internally analyze the data collected overall and identify trends, effective practices, and areas of concern, synthesizing the information to demonstrate and discuss CBC practices and performance.

This “window into practice” opportunity provides management with timely and important information in which to react, especially when areas of concern have been identified or there is a downward trend in a particular practice that could be remedied with immediate interventions. For instance, if review findings indicate the agency is concerned with safety planning, the CBC QA unit should communicate this concern in a timely manner and recommend actions to improve practice.

CBCs must submit an annual report to the Department’s central office 45 days after the end of the fiscal year (August 15). The report template is provided in Attachment 1. At a minimum, the report must address findings and trends in the areas listed below.
- Safety, Permanency, Wellbeing
- Supervisory Consultations
- Safe Case Closure

4.12 ANNUAL QUALITY MANAGEMENT (QM) PLANS

The Quality Management Plan will establish the activities, processes, and procedures for ensuring quality child welfare practice. The purpose of this plan is to: ensure quality is planned, define how quality will be managed by the Region or CBC, and define QA and CQI activities.

Each CBC lead agency will create and update their individualized plans for conducting quality assurance and improvement activities for the upcoming fiscal year. Updated plans must be submitted to the Office of Child Welfare no later than August 31 each fiscal year. At a minimum, the plans must describe the agency’s QA processes, data collection and analysis, internal reporting of findings, and how the agency will work to improve practices. The updated plans should include information on local initiatives and/or innovations and how agencies are working within their communities to better serve and strengthen families. The plans should also include the annual schedule for conducting QA reviews. At a minimum CBC QM Plan Updates should include:

A. Introduction
   1. A description of QA/CQI staff resources,
   2. A description of QA/CQI infrastructure,
      - Lead agency and sub-contracted provider agencies
      - Involvement of the contract managers

B. Schedule
   A description of the planned QA/CQI activities schedule per quarter

C. Other
   1. A description of any other special reviews, discretionary reviews, systemic factor reviews planned or needed
   2. A description of how the results of any or all QA/CQI findings will be used
Annual Report of Case Management Practice Trends

This section should address QA findings over time; it should address the agency’s strengths/promising practice trends and areas needing improvement. The summary is a self-assessment and should be based on all of the data collected through various QA reviews and any other sources of information that measure local performance.

The summary must be evaluative in nature – not simply descriptive in a narrative format. It should not be a “cut and paste” of findings from the review tools or a re-hash of review questions in bullet fashion with performance shown by percent achieved for a standard.

**Evaluative Language:** Presents judgments; assesses status and outcomes; gauges, ranks, and rates performance over time. Using evaluative language allows the “Self-Assessment” to address how well the agency is doing; is the agency’s policies and practices providing quality service delivery and producing positive outcomes for children and families? A combination of descriptive and evaluative language offers a reliable picture of the system of care. It shares a narrative story and outlines characteristics.

**Practice Trends**

The following grouping of practice trends should be addressed in the summary. The summary should provide an analysis and evaluation of performance trends across multiple service delivery and management factors.

1. Safety
2. Permanency
3. Wellbeing
4. Supervisory Consultations
5. Safe Case Closure
6. Other

**Addressing Findings**

The summary should also describe how the CBC will react to the analysis of findings. It may be a simple reference that findings will be addressed as described in the annual update of the Quality Management Plan or in the local Quality Improvement Plans.
Outline for Case Manager/Supervisor Consultation

1. Discuss story as learned from family and team members about the child and family and clarify any gaps/questions.
   - Reason for services (Why are we involved with this child and family and what is known about child/family history?)
   - Goals that focus interventions provided (What are we trying to achieve in the case?)
   - Team member perspectives on strengths and needs of the child and family
   - Team member concerns and ideas for getting better results

2. Discussion of Next Steps
   - Ideas of Case Manager and Supervisor
   - Feedback on suggestions gathered from family and team members interviewed
   - Some reviewer ideas that may be an option

3. If the case manager and supervisor could make any system changes that would help to get better results for this child and family, what would they be?
REQUEST FOR ACTION PROCESS

This section provides instruction in the following four areas:

1. Job Class and Security User Group in FSFN
2. Creating a Case Note without an RFA in an Open or Closed Case
   - Search by Person or Case
   - Create a Case Note
3. Updating a Case Note or Creating a Case Note with an RFA in an Open Case
   - Search by Person or Case
   - Assignment to Case
   - Create a Case Note or
   - Update a Case Note
   - End Assignment
4. Updating a Case Note or Creating a Case Note with an RFA in a Closed Case
   - Re-Open Case for Administrative Purposes
   - Create a Case Note or
   - Update a Case Note
   - Closing a Case

Job Class and Security Profile
There are several Job Class and Security User Group combinations that will allow users to complete the activities described in this document. Try these (specifically Assignment to a Case and Re-open Case for Administrative Purposes) using your current FSFN profile. If you get a Security error, follow local security protocols for adding the following to your FSFN profile:
   - DCF Staff: DCF Program Specialist Job Class and DCF Program Specialist Security User Group
   - CBC Staff: Child Case Specialist Job Class and Child Case Specialist Security User Group

Search by Person
Log in to FSFN and Click “Search” icon; Select “Person” tab; Enter as much information known on person; Click “Search” Click the Person icon to select the appropriate person.
Click the Case Icon to view all cases associated with the person.
Search by Case
Log in to FSFN and Click “Search” icon; Select “Case” tab; Enter the Case Name (LN and FN) or Case ID or Intake Number; Uncheck the “Date Restricted” box to begin search

Uncheck this box

Click the Case icon next to the desired Case to see casework activity
Create an RFA/Case Note
The RFA is created in case notes through the “Actions” hyperlink. Click the “Actions” hyperlink next to the case in which the note is to be entered;

Select the “Create Case Note” radio button and click “Continue”
Enter the Contact Begin Date and Time and select “Case Reviews” from the “Category” drop down box.

Select the Review Type from the “Type” drop down box; NOTE-when you select a Review Type, the “Request for Action” section is automatically enabled.
Select the appropriate RFA(s), or select the “No Request for Action”; If you select an RFA, the “Resolved” radio button is enabled and defaults to “No”; If the RFA is resolved, click “Yes” and enter an explanation of the Resolution; If the RFA is resolved at a later date, the case note will need to be updated to “Yes” and an explanation of the Resolution must be entered upon resolution-

Scroll down to the “Narrative” section and enter the Case Note text; Click “Close”, and then “Yes” when asked if changes should be saved prior to closing.
Update an RFA/Case Note

Click the “Narrative” Icon to display the Notes history; click the hyperlink of the note you want to update

Update the Note as Appropriate and click “Close”; Select “Yes” when asked if you want to save changes
Assignment to a Case
Search for the case to which you want to be assigned; Click the Case Folder icon, Click the Assignment Icon, Click the “Actions” hyperlink next to any active assignment

Select “Continue”
In the “Assignment Definition” box, select “Ongoing Services” from the “Type” drop down box, “Case Management” from the “Responsibility” drop down box and “Secondary” from the “Role” drop down box. In “Assignment Details” box, click “Search” hyperlink. Ignore the “View By” and “Current Worker Status” sections.

Enter your name in the “Search Criteria” box, click “Search,” Select the Radio Button next to the appropriate name/user profile and click “Continue.”
Click “Assign”

End Assignment
Click Case Folder icon from FSFN desktop; Click “Assignment” Folder; Click your name (hyperlink) associated with your active assignment

1. Click Here
2. Click Here
3. Click Here
Select the “End Assignment” Radio Button and click “Close”; Click “Yes” when asked to save changes before closing page.

Re-Open a Case for Administrative Purposes

*Note - It is only necessary to Re-Open a closed case to enter a case note in the following circumstances:
- The case note includes an RFA (this will add the case to your FSFN desktop), or
- The case note is being updated (it is not possible to update a case note in a closed case)

Click the Create menu item; select Service Referral.
Enter all known information on the participant and click the “Search” button; all matching results are returned within the “Persons Returned” group box; Click the “Select” hyperlink next to the applicable person; click the Add Participants button; click “Continue” button.

1. Enter Person Information
2. Click Search
3. Click Select
4. Click Add Participant
5. Click Continue

In the “Intake Information” box, enter the current date and time, with AM/PM designation in the “Date/Time Intake Received” box and select the applicable County; In the “Participants” tab click the “Roles” hyperlink and select “Referral Name”; click the Continue button to return to the Participants tab; Open the “Referral Information” expand and select the Caller ID N/A checkbox.
Click the “Services” tab and from the “Services Referral” drop down box select “Re-Open Closed Case For Administrative Purposes”; Enter a brief narrative in the “Describe” text field; Click “Save”
Click the “Decision” tab; In the “Decision” box select “Screen In”; Click the “Create/Link Case” hyperlink; click “Yes” to the messages regarding saving and not compromising reporter identity.

All Cases in which the intake participant is a case participant are displayed. Select the applicable radio button and click the Link button, which only becomes enabled after selecting an applicable radio button. Upon selecting the Link button the Maintain Case page is displayed.
Maintain Case page:
Please note that the Status of the Case, which was previously closed, now shows “Reopen”; Click the “Save” button; If a message regarding updating participant addresses appears, select “No”; The case is now open and will display on your desktop, listing you as the Primary Worker; You may now create or update the Case Note

![Image of Maintain Case page]

Closing a Case
NOTE- You should only close a case that you have re-opened in order to enter or update a case note. Do not close a case that you did not re-open. From your FSFN desktop, click the Case Name hyperlink of the case you want to close-this will take you to the Maintain Case page

![Image of Closing a Case]
From the Maintain Case page click the “Closing History” tab; From the Options drop down box select “Submit Case Closure Request”; Click “Go”

Select the “Request for Closure” box and in the “Reason” dropdown box select “Administrative Closure”; Enter a brief “Closure Summary”; click the Save button.
This will return you to the “Case Closure” screen; The “Closure Status” will say “Closure Requested”, Click “Close”.

A new row will be inserted in the Case History group box with an associated “Pending” hyperlink. Once it passes the necessary edits successfully the “Pending” hyperlink will change to an “Accepted” hyperlink (takes up to an hour).
Once the hyperlink shows “Accepted,” click the “Accepted” hyperlink

From the “Options” drop down box select “Approval” and click “Go”
Select the “Approve” radio button and click “Continue”

1. Click Here

2. Click Here

Click “Close”
RFAs must be completed and tracked in FSFN. In the event a paper form is also needed, here is an example of a written RFA:

The designated liaisons as soon as the concern is noted. Circuit or CBC management staff must respond in writing to the QA team lead or manager no later than 48 hours upon receiving the concern.

Please Check One:

☐ Child Safety Concern Response Due: ________________
☐ Administrative Concern Response Due: ________________

Quality Assurance Reviewer’s Name: ____________________________________________
Review Date: _______________________________________

Case Name: ____________________________________________

Report Number (when applicable): __________________________

Program:  ☐ Adoption ☐ PS In-Home ☐ PS Out-of-Home ☐ Licensed FC
☐ Independent Living ☐ Child Protective Investigation ☐ Post Placement Supervision

CBC Agency: ____________________________________________
Circuit: _______
Unit/County: ______________ / _____________________

Presenting Concern(s):

Recommended Action(s):

A written response is due by __________. Please document response on this form and submit to the Quality Assurance Manager identified below.

Submitted by: ___________________________  Agency: ___________________________
Quality Assurance Reviewer Date

Reviewed by: ___________________________  Agency: ___________________________
Quality Assurance Reviewer Date
Administration for Children and Families
ACYF-CB-IM-12-07
INFORMATION MEMORANDUM

To: State Agencies Administering or Supervising the Administration of Titles IV-B and IV-E of the Social Security Act.


Purpose: To provide State title IV-B and IV-E child welfare agencies with information to establish and maintain CQI systems and to provide information on claiming allowable federal financial participation costs for CQI.


Background:
Existing regulations require States to describe the quality assurance (QA) system the State has in place to "regularly assess the quality of services under the Child and Family Services Plan (CFSP) and assure that there will be measures to address identified problems" as part of the CFSP (45 CFR 1357.15(u)). In addition to the CFSP requirement, title IV-E requires title IV-E agencies to monitor and conduct periodic evaluations of activities conducted under the title IV-E program and to implement standards to ensure that children in foster care are provided quality services that protect the safety and health of such children (sections 471(a)(7) and 471(a)(22) of the Act), respectively.

In accordance with 45 CFR 1355.34(c)(3), in the first round of the Child and Family Services Reviews (CFSR) the Children’s Bureau (CB) found that 31 States met basic requirements for identifiable QA systems that evaluated the quality of services and improvements at the time of the CFSR onsite review. This number increased to 40 States in the second round of the CFSR. However, CB later found that in the course of the program improvement plan phase, many State QA systems needed extensive refinements to assess and measure improvements on an ongoing basis specifically with regard to CFSR outcomes and systemic factors. Further, for various
reasons some States have dismantled aspects of their QA systems upon completion of their second round CFSR measurement periods.

During this interim period while we consider how to revise the CFSR process, States are advised to maintain their QA systems and enhance them through a continuous quality improvement approach. A continuous quality improvement approach allows States to measure the quality of services provided by determining the impact those services have on child and family level outcomes and functioning and the effectiveness of processes and systems in operation in the State and/or required by Federal law.

We believe that such an approach will better position States to work towards and/or demonstrate that they are able to meet positive outcomes for children, youth and families and compliance with Federal title IV-B and title IV-E requirements. In addition, in response to the April 2011 Federal Register notice [76 FR 18677] requesting public comments in improving the process of reviewing titles IV-B and IV-E through the CFSR, States and other stakeholders suggested a strengthening of States' overarching QA systems to encompass continuous quality improvement (CQI) methods. Commenters suggested that such systems should play a prominent role in federal monitoring of conformity with title IV-B and IV-E requirements and in State-driven assessment, refinement, and improvement. We believe that this suggestion has merit and is another reason for States to develop well-functioning CQI systems.

This information memorandum does not establish requirements, but is intended to provide States with CB’s current view on a framework for a well-functioning State CQI system for child welfare that would also meet existing federal requirements for QA, periodic evaluation and delivery of quality services. CB intends to provide consultation and technical assistance to States with the goal of ensuring that States are able to have well-functioning CQI systems that meet their needs and are in place prior to the next round of reviews.

This framework for CQI does not apply to Indian Tribes. CB plans to consult with Indian Tribes operating title IV-B and/or IV-E programs around developing CQI systems that meet Tribal needs. However, Indian Tribes are encouraged to review their ability for self-assessment and self-improvement through CQI and to partner with CB so that we can assist those Tribal agencies that would like to implement or enhance their CQI capacities.

**Functional Components and Definition of a CQI System**

Continuous quality improvement (CQI) is “the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning. CQI is firmly grounded in the overall mission, vision, and values of the agency. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process.”

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Similarly, Bickman and Nosser describe CQI as involving the “use of assessment, feedback and application of information to improve services” in a proactive manner by continuously evaluating process and outcomes and the link between them to change services.\(^2\) This interplay of process and outcomes has a specific focus within child welfare as the outcomes of safety, permanency and well-being are paramount. States undertake a multitude of processes to achieve these outcomes and the measurement of both is critical to the CQI approach articulated in this information memorandum.

Throughout this IM, “stakeholders” are defined as courts, tribes, families, youth, caregivers, contracted providers, other public entities, community partners, and individuals within the child welfare organization including administrators, caseworkers, supervisors, and program, policy, and training staff.

The Children’s Bureau considers the following five components as essential to a State having a functioning CQI system in child welfare: an administrative structure to oversee effective CQI system functioning; quality data collection; a method for conducting ongoing case reviews; a process for the analysis and dissemination of quality data on all performance measures; and, a process for providing feedback to stakeholders and decision makers and as needed, adjusting State programs and process.

The domains and measures that the State tracks to determine the status and progress of their programs are central to a functional CQI system. As part of the preparation activities for the next round of the CFSR, CB intends to publish a specific set of measures for monitoring and will share that information with States at a later time. In the interim, the existing CFSR items and indicators related to safety, permanency and well-being and the particular areas of concern found in the State’s prior reviews and PIPs are a useful starting point for ongoing measurement. States should also consider information issued recently by the CB regarding the promotion of social and emotional well-being of children known to the child welfare system.\(^3\) In particular, we note that all States struggled in areas associated with 1) achieving timely permanency and 2) ensuring that children and families needs are assessed comprehensively and reassessed on an ongoing basis to inform the delivery of quality and effective services that will demonstrate improved child and family functioning. Along with assuring safety, these areas are at the heart of the child welfare agency’s mission and therefore deserve consideration for inclusion in a CQI system.\(^4\)

We advise States to examine the following CQI functional components, consider the State’s ability to meet these functional components, and as needed, discuss and seek assistance from CB to develop the following components:

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I. Foundational Administrative Structure

It is important for States to have strong administrative oversight to ensure that their CQI system is functioning effectively and consistently, and is adhering to the process established by the agency’s leadership. A functioning CQI system will ensure that:

- The State applies the CQI process consistently across the State and the single State agency has oversight and authority over the implementation of the CQI system; there is a systemic approach to review, modify, and implement any validated CQI process.
- The State establishes written and consistent CQI standards and requirements for the State, counties, and any other public agencies operating title IV-E programs on behalf of the State, as well as any private agencies with case management responsibilities.
- There is an approved training process for CQI staff, including any contractor or stakeholder staff conducting CQI activities.
- There are written policies, procedures, and practices for the CQI process even when the State contracts out any portion of the CQI process.
- There is evidence of capacity and resources to sustain an ongoing CQI process, including designated CQI staff or CQI contractor staff.

II. Quality Data Collection

Collecting quality data, both quantitative and qualitative, from a variety of sources is the foundation of CQI systems. For data to be considered “quality” it must be accurate, complete, timely, and consistent in definition and usage across the entire State. It is important for States to use data to identify areas of strengths and concerns, establish targeted strategies for improvement, and track progress toward desired outcomes. States that meet the quality data collection component will be able to demonstrate the ability to input, collect, and extract quality data from various sources, including the Statewide Automated Child Welfare Information System (SACWIS) or other information management systems, case reviews, and other sources of data. States will also be able to ensure that data quality is maintained as the State submits data to Federal databases or reports, such as the Adoption and Foster Care Analysis Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) National Youth in Transition Database (NYTD), the Child and Family Services Plan, among others. A functioning CQI system will ensure that:

- The State’s case level data shows that the instruments and ratings are completed in a way that is consistent with the instrument instructions and consistent across reviewers.
- There is a clear process that the State uses to collect and extract accurate quantitative and qualitative data, and the process is consistently and properly implemented across the entire State. The collection and extracting processes are documented, and an audit mechanism is in place to verify that the process is being followed.
- There is a clear process that the State uses to identify and resolve data quality issues and informs CB as appropriate regarding data quality issues. For example, there are processes to: identify if data are being under-/over-reported and/or not being entered into
the State’s information system; evaluate if data entry is reliable or unreliable, and if unreliable, why; (e.g. clarity of instructions, definitions, and/or data entry screens).

- There is a process in the State for the collection of quantitative and qualitative data that addresses key issues important to the State and demonstrates how the State is functioning on systemic factors, such as training staff and resource parents, functioning of the case review system, and service array.

- The State monitors existing federal requirements or guidelines and uses appropriate quality utilities and tools to ensure that data is accurate, including, but not limited to:
  - The most recent AFCARS Assessment Review findings documents and/or AFCARS Improvement Plan (AIP), if applicable, indicates whether the State is accurately collecting, mapping, and extracting the AFCARS data in accordance with the requirements in the AFCARS regulation at 45 CFR 1355.40 and steps the State is to take to correct its AFCARS collection. This includes steps to improve the accuracy of the data through ongoing training, oversight, and incorporation into a quality assurance process.
  - The most recent NCANDS data, or other safety data that impact the outcome indicators being measured, meet any CB quality guidelines.
  - The most recent data profile used for the CFSR accurately reports the status of the child welfare program as indicated by data errors falling below acceptable thresholds.
  - NYTD data meets the regulatory requirements at 45 CFR 1356.80 – 86 and other CB quality guidelines.

III. Case Record Review Data and Process

In addition to collecting and analyzing quantitative data, it is also critical that State CQI systems have an ongoing case review component that includes reading case files of children served by the agency under the title IV-B and IV-E plans and interviewing parties involved in the cases. Case reviews are important to provide States with an understanding of what is "behind" the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes. A CQI system will ensure that:

- The State reviews cases of children based on a sampling universe of children statewide who are/were recently in foster care and children statewide who are/were served in their own homes. Samples should be sufficiently large enough to make statistical inferences about the population served by the State. The universe of cases reviewed will also include the title IV-B and IV-E child population directly served by the State agency, or served through title IV-E agreements (e.g. with Indian Tribes, juvenile justice, or mental health agencies).
- The sample is stratified to include a proportion of cases that reflect different age groups, permanency goals, and other considerations, such as varying geographic areas of the State, as appropriate.
- The State conducts case reviews on a schedule that takes into consideration representation of the populations served by the State, including the largest metropolitan area, and the significance of other demographic and practice issues.
• Case reviews collect specific case-level data that provides context and addresses agency performance.
• Case reviews are able to detect the quality of services for the children and families served and therefore focus on the assessment and monitoring of how child and family functioning is progressing in relation to the services provided.
• Case reviews include the completion of interviews specific to each case, such as the child/youth, birth parent, caregiver, caseworker or supervisor, and as indicated, health, mental health and other service providers, educators, and guardian ad litem (or child's attorney).
• Case reviews are conducted by staff who go through a uniform and consistent training process and whom the State determines are qualified to conduct reviews, with a preference for staff and stakeholders with direct service experience.
• The process prevents reviewer conflict-of-interest and promotes third-party (unbiased) review of cases, i.e. cases are not reviewed by caseworker or supervisor responsible for cases or who had previous involvement in the cases, as well as those who may have a personal interest in the case.
• Policies, written manuals, and instructions exist to assist in standardizing completion of the instruments and the implementation of the case review process.
• Inter-rater reliability procedures are implemented to ensure consistency of case ratings among reviewers.
• There is a process for conducting ad hoc/special reviews targeting specific domains when analysis and other data warrant such reviews.

IV. Analysis and Dissemination of Quality Data

Although most States have the ability to collect data from a variety of sources, States have varying capacities to track, organize, process, and regularly analyze information and results. A functioning CQI system will ensure that:

• The State has consistent mechanisms in place for gathering, organizing, and tracking information and results over time regarding safety, permanency, well-being outcomes and services (at the child, caseworker, office, regional and state level, as appropriate).
• The State has a defined process in place for analyzing data (both quantitative and qualitative), and the State provides training to staff and determines that they are qualified to conduct such analyses.
• The State aggregates Statewide and local data and makes it available to stakeholders for analysis.
• Agency decision makers, courts, tribes, and other stakeholders are involved in analyzing and understanding the data and in providing feedback on analysis and conclusions.
• The State translates results (trends, comparisons and findings) for use by courts, tribes, and a broad range of stakeholders, and the State disseminates results through understandable or reader-friendly reports, websites, etc.
V. Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

Collecting information and analyzing results are important steps in CQI; however, how States use this information is a critical component to driving change within the organization and is key to improving outcomes for children and families. A functioning CQI system will ensure that:

- Results (i.e., trends, comparisons and findings) are used by agency leadership/top management, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the CFSP and other State plans for federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals.
- Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field staff to assess and improve practice.
- Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems.
- The CQI process itself is adjusted as needed over time as results indicate a need for additional study, information and/or analysis.

Statutory and regulatory requirements for quality assurance and improvement:

Titles IV-B and IV-E of the Act outline requirements related to QA and CQI in child welfare, including the following:

- Pursuant to section 471(a)(7) of the Act, the title IV-E agency is required to monitor and conduct periodic evaluations of its title IV-E program. The operation of a Statewide QA is one acceptable method for complying with section 471(a)(7) of the Act.
- A specific requirement that the title IV-E agency implement standards to ensure that children in foster care receive quality health and safety services in section 471(a)(22) of the Act. It is important to consider the full array of statutory and regulatory requirements relevant to quality health and safety services for children in foster care, including those related to screening, assessment and provision of medical, mental health and early intervention services as indicated in ACYF-CB-IM-12-04.
- Title IV-B regulations require State agencies to utilize QA to regularly assess the quality of services under the CFSP and assure there will be measures to address identified problems. A description of this system must be a part of the State's CFSP (45 CFR 1357.15(u)).
- Monitoring of the requirements of section 471(a)(22) of the Act and 45 CFR 1357.15(u) have been a focus of the CFSR since its inception (45 CFR 1355.34(c)(3)). ACF’s expectations have been that the QA system is: (1) identifiable; (2) in place in all jurisdictions covered by the CFSP; (3) able to evaluate the adequacy and quality of services under the CFSP and able to identify the strengths and needs of the service delivery system; (4) able to provide reports to administrators on the evaluated services and needs for improvement, and (5) able to evaluate measures used to address identified problems.
Allowable title IV-B and title IV-E costs related to CQI

Title IV-E agencies may claim the costs of a quality assurance system as title IV-E administration for costs that are associated with title IV-E eligible cases and functions. Such costs must be allocated to all benefiting programs and identified in the State’s cost allocation plan (CAP) (CWPM 8.1B Q/A 15).

It should be noted that existing law and policy, while not specific to CQI, permits title IV-B and IV-E agencies to share the costs in implementing and maintaining these activities with the Federal government:

- The title IV-E agency can claim title IV-E training funds for short term training relative to child welfare related CQI and program improvement consistent with a CFSR or other monitoring activities for costs associated with title IV-E eligible cases on allowable topics (see CWPM 8.1H Q/As generally). The allocation of a CQI system must be included in an approved cost allocation plan. The rate of claiming may vary depending on the training topic, when training is claimed (see) and the individuals trained (see section 474(a)(3)(B) of the Act, Public Law 110-351 sec 203(b) and ACYF-CB-PI-10-11 Section L; and, CWPM 8.1H Q/A 9 & 10).
- Appropriate costs associated with the planning, designing, developing, implementing, maintaining and operating a SACWIS that incorporates both data and functionality of CQI components are considered necessary for the proper and efficient administration of the title IV-E State plan (45 CFR 1355.52 and 1355.53). As such, allowable costs can be claimed at SACWIS levels, i.e. allocated entirely to title IV-E, in accordance with the Title IV-E agency’s APD for these systems. As such, allowable costs can be claimed at SACWIS levels in accordance with the State’s APD for compliant systems. States that do not have a SACWIS may claim costs at the 50% administrative rate for information system costs related to CQI in accordance with the State’s APD (45 CFR 1356.60(d)).
- Title IV-B subpart 1 funds can be used to support a CQI system in child welfare because CQI activities are considered title IV-B program and not administrative costs (sections 422(b)(14) and 422(c)(1) of the Act).
- Title IV-B subpart 2 funds can be used to support a CQI system in child welfare because CQI activities are considered title IV-B program and not administrative costs (section 434(d) of the Act and 45 CFR 1357.32(h)).

For example, a State could submit a title IV-B training plan and an associated provision in its cost allocation plan for short-term CQI training for: (1) caseworkers, supervisors and CQI/QA staff of the title IV-E agency; (2) caseworkers, supervisors and CQI/QA staff of State-approved or licensed child welfare agencies providing services to children under the title IV-E programs; and (3) attorneys, judges, child care institution staff, and resource parents who will be participating in CQI/QA activities at the 75%, or other rate depending on the federal fiscal year (section 203(b) of P.L. 110-351). Training topics could include conducting case reviews, interpreting data results and integrating results into practice improvement among other topics. The allowable costs for providing short-term training would be allocated to title IV-E, title IV-B and other benefiting programs by the equitable means chosen by the State and approved in a cost allocation plan, e.g. applying an eligibility rate. Additionally, a State could claim the costs of
short-term training of persons who are employed by a private agency to carry out CQI activities on behalf of the title IV-E agency as title IV-E administrative costs at the 50% rate (45 CFR 1356.60(b)).

We encourage the State to discuss any plans for developing CQI systems, needs for technical assistance and changes to claiming CQI activities under the federal programs with their Regional Office.

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Bryan Samuels
Commissioner
Administration on Children, Youth and Families

Attachments:
Attachment A – Background on Continuous Quality Improvement and Agency Considerations
Attachment B – Resources for Continuous Quality Improvement
Attachment C – Regional Program Manager Contact List
Attachment A – Background on Continuous Quality Improvement & Agency Considerations

Background on Continuous Quality Improvement

The initial concepts of Continuous Quality Improvement (CQI) began in the manufacturing industry in the 1930's with the work of W. Edwards Deming and others, often referred to as Total Quality Management (TQM). TQM or CQI differs from quality assurance (QA) in that it is a way of working - it is a philosophy that focuses on continual improvement; whereas QA is essentially an evaluation of compliance. CQI is "the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning. CQI is firmly grounded in the overall mission, vision, and values of the agency. And perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process."  

While the exact concepts of TQM do not easily translate to public agencies, much has been written about "reformed TQM" in government. These tenets include:

- Quality is defined by the customers.
- Everyone is responsible for continuously improving quality.
- Quality of process and products must be measured and then improved.
- Continuous improvement is always possible.
- Leadership must be involved.
- Cross-functional cooperation across agency subunits must be enhanced.
- Employee empowerment and teamwork is paramount.

CQI philosophy requires ongoing improvement and Deming introduced the concept of "PDSA" (Plan - Do - Study - Act) as a roadmap for improvement and testing change. Others have developed different models, such as the DAPIM (Defining, Assessing, Planning, Implementing, and Monitoring) for root cause analysis and managing change.

Agency Preparation and Leadership for CQI:

It is critical for State agency leadership to provide the framework and expectations for CQI and to promote a culture within the organization that encourages and promotes CQI. In 2005, Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement convened a panel of child welfare professionals to develop a framework for CQI.

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practice in child welfare. The paper produced set forth several essential practices for leaders to instill a CQI culture in their agencies. It is important for agency leaders to:

- Support a continuous learning environment and set clear direction and expectations for outcomes and goals.
- Be champions of CQI work, as reflected by their decision-making and communications with staff.
- Provide opportunity for staff at all levels, children, youth, families, and stakeholders to be engaged in CQI processes and activities, including advisory capacities and inclusion in informing agency strategic plans.
- Clarify and articulate values and principles within the agency and to the broader community.
- Regularly communicate and emphasize outcomes, indicators, and standards to staff, children, youth, families, and stakeholders.
- Set expectations that agency staff use results to make improvements.
- Empower supervisors and staff to implement changes in policy, practices, program, and/or training.

It is important for agency leaders to address the agency culture and climate, and to support the readiness of the workforce to accept the philosophy and concepts of CQI. It is also important for leaders to visibly model the behaviors that embrace the philosophy of CQI and moves the organization forward. To "set the stage" for CQI in the agency, it is important for leaders to:

- Clearly define roles and authority of key leaders in change initiatives.
- Identify and reduce the level of "fear" and "blame" for mistakes.
- Identify and remove impediments to cross-functional communication and problem-solving.
- Improve how leaders define, communicate, and demonstrate their commitment to meet customer needs.
- Adopt policies to train, encourage, and empower employees to respond promptly and appropriately to customer issues.
- Reduce the level of bureaucratic controls that limit adoption of best practices and evidence-based improvements.
- Develop policies and resources for employees to routinely learn about best practices that are related to their work areas and to join professional associations that help support improvement and growth.
- Share key organizational performance measurements with all employees and teach them how their work processes link to the organizational performance outcomes.

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9 CQI Readiness Assessment Process and Tool, Bernie Dana, Long-Term Care Management Consultant, the American Health Care Association, and the National Center for Assisted Living, 2004.
Attachment B - Resources for Continuous Quality Improvement

This Information Memorandum (IM) provides guidance regarding the Children’s Bureau’s (CB) expectations in the development and effectiveness of a child welfare agency continuous quality improvement (CQI) system. The following resources are provided to guide States in this critical work. Please note that the Children’s Bureau does not endorse or require these specific resources to be utilized, but offers these documents in an effort to point out the vast array of materials available to assist in improving and enhancing States’ CQI processes. To build upon the Federal and State partnership, the CB Regional Office is available to assist States in identifying additional technical assistance opportunities that may further the development and/or enrichment of the States’ current quality assurance system.

From the Child Welfare Information Gateway:  http://www.childwelfare.gov/

From the National Child Welfare Resource Centers:
National Child Welfare Resource Center for Organizational Improvement:  http://muskie.usm.maine.edu/helpkids/


Books:
A. Fostering Accountability - Using Evidence to Guide and Improve Child Welfare Policy, Testa, Mark and Poertner, John, editors, Oxford University Press, 2010 ;
   - Moore, Terry, "Results-Oriented Management - Using Evidence for Quality Improvement"
   - Zlotnik, Joan, "Fostering University/Agency Partnerships"
C. The Practice of Adaptive Leadership; Heifetz, Ronald; Grashow, Alexander; Linsky, Marty, Harvard Business Press, Boston, MA; 2009

Other CQI Sources:
A. Ensuring Quality in Contracted Child Welfare Services
C. National Resource Center for Community-based Child Abuse Prevention: What is Continuous Quality Improvement
   http://friendsnrc.org/continuous-quality-improvement
D. Chapin Hall: Monitoring Child Welfare Programs: Performance Improvement in a CQI Context
   http://www.chapinhall.org/sites/default/files/old_reports/339.pdf
E. Quality Improvement and Evaluation in Child and Family Services - Managing into the Next Century; Peter Pecora, et. al. editors; CWLA Press; 1997
   http://www.cwla.org/articles/cwjabstracts.htm
   http://www.ppcwg.org/
G. Successful adoption and implementation of a comprehensive casework practice model in a public child welfare agency: Application of the Getting to Outcomes (GTO) model, Anita Barbee, Dana Christensen, Becky Antle, Abraham Wandersman, Katharine Cahn; Children and Youth Services Review; November 2010
   http://www.journals.elsevier.com/children-and-youth-services-review/
   http://www.asq.org
   http://www.springer.com/public+health/journal/11414
<table>
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<tr>
<th>Region</th>
<th>City</th>
<th>Program Manager</th>
<th>Contact Information</th>
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| I      | Region I - Boston | Bob Cavanaugh | bob.cavanaugh@acf.hhs.gov  
JFK Federal Building, Rm. 2000 Boston, MA 02203  
(617) 565-1020  
**States:** Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont |
| VI     | Region VI - Dallas | Janis Brown | janis.brown@acf.hhs.gov  
1301 Young Street, Suite 945 Dallas, TX 75202-5433 (214) 767-8466  
**States:** Arkansas, Louisiana, New Mexico, Oklahoma, Texas |
| II     | Region II - New York City | Junius Scott | junius.scott@acf.hhs.gov  
26 Federal Plaza, Rm. 4114 New York, NY 10278 (212) 264-2890  
**States and Territories:** New Jersey, New York, Puerto Rico, Virgin Islands |
| VII    | Region VII - Kansas City | Rosalyn Wilson | rosalyn.wilson@acf.hhs.gov  
Federal Office Building Room 349  
601 E 12th Street Kansas City, MO 64106 (816) 426-3981  
**States:** Iowa, Kansas, Missouri, Nebraska |
| III    | Region III - Philadelphia | Lisa Pearson | lisa.pearson@acf.hhs.gov  
150 S. Independence Mall West - Suite 864 Philadelphia, PA 19106-3499 (215) 861-4000  
**States:** Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia |
| VIII   | Region VIII - Denver | Marilyn Kennerson | marilyn.kennerson@acf.hhs.gov  
999 18th Street South Terrace, 4th Floor Denver, CO 80202 (303) 844-3100  
**States:** Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming |
| IV     | Region IV - Atlanta | Ruth Walker | ruth.walker@acf.hhs.gov  
Atlanta Federal Center  
61 Forsyth Street S.W. Suite 4M60 Atlanta, GA 30303 (404) 562-2900  
**States:** Alabama, Mississippi, Florida, North Carolina, Georgia, South Carolina, Kentucky, Tennessee |
| IX     | Region IX - San Francisco | Douglas Southard | douglas.southard@acf.hhs.gov  
90 7th Street - 9th Floor San Francisco, CA 94103 (415) 437-8425  
**States and Territories:** Arizona, California, Hawaii, Nevada, Outer Pacific—American Samoa Commonwealth of the Northern Marianas, Federated States of Micronesia (Chuuk, Pohnpei, Yap) Guam, Marshall Islands, Palau |
| V      | Region V - Chicago | Angela Green | angela.green@acf.hhs.gov  
233 N. Michigan Avenue Suite 400 Chicago, IL 60601 (312) 353-9672  
**States:** Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin |
| X      | Region X - Seattle | Tina Minor | tina.minor@acf.hhs.gov  
2201 Sixth Avenue, Suite 300, MS-70 Seattle, WA 98121 (206) 615-3657  
**States:** Alaska, Idaho, Oregon, Washington |