Child and Family Connections (CFC) is dedicated to providing quality services to children and families in our community. The Quality Assurance and Improvement plan is designed to assist all CFC staff and subcontracted staff in reaching this goal. CFC supports subcontractors by providing comprehensive training opportunities and technical assistance. CFC recognizes the partnership between lead agencies and the Department of Children and Families (DCF) the Regional Administration and has developed this plan in conjunction with Region Quality Assurance (QA) staff.

CFC’s Quality Assurance and Improvement Plan will address the following areas:
- Case Reviews in accordance with State Quality Assurance requirements
- Internal & Subcontract Monitoring
- Quality Improvement Standards and Process
- Quality Improvement Initiatives

**Focus on Coordination**

**Unit Supervisory Reviews**

CFC is requiring individual case supervision on a routine basis. Supervisory reviews will be conducted utilizing the DCF “Mentoring and Modeling Quality: A discussion guide for case management supervisors”. The supervisory review must address all aspects of the case including child safety, well-being and progress towards the permanency goal. It is the expectation that all cases open 30 days or more will be reviewed by a supervisor at least once every 90 days. Although the expectation is 100%, if at least 98% of the cases are able to be validated as having been reviewed, the agency will be considered in compliance with this task. This will be tracked on the weekly Unit Data Report and also captured in the Case Review Outcome Report. The reviews and documentation must demonstrate that there was a qualitative discussion addressing all aspects of the case including risk and safety issues, placement needs, case planning, children’s mental health and service provision and progress towards permanency. The reviews should also evidence supervisory guidance and the assignment and review of tasks. Each supervisory review must be conducted face to face between the supervisor and case manager and must be documented in Florida Safe Families Network within 48 hours of the review.

Documentation will be verified as part of the base and side-by-side case reviews. Each file that is reviewed as part of base, side-by-side, and any additional reviews will also be evaluated specifically regarding supervisory reviews. CFC will monitor these reviews for evidence of qualitative discussion and supervisory guidance. Evaluation criteria are:
- Was appropriate supervisory guidance offered and tasks assigned
- Were prior assigned tasks completed
- Have all service referrals been made
- Are child well-being issues being addressed
- Are emerging risk/safety factors or needs being identified and addressed
- Timeliness of the review (within 90 days of last review)
- Is case making timely and appropriate progress towards permanency
- Family Engagement
- Did the Supervisor address psychotropic medications during supervision?
These criteria may change as other issues for supervisory attention may be identified. In addition to tracking compliance through base and side-by-side reviews, a random minimum sample of two cases per case management supervisor will be selected this fiscal year with the CFC QA Department observing the actual face to face Supervisory Review in an effort to provide additional qualitative data and feedback on achievements and areas for improvement.

**Psychotropic Medications**

Ensuring that express and informed consent or court authorization has been obtained for children in out-of-home care prescribed psychotropic medication remains a priority. In addition to monitoring compliance in accordance with FAC 65C-35, Psychotropic Medication for Children in Out of Home Care, utilizing the current QA review tool, the following steps to ensure quality when addressing this special population of children we serve is ongoing:

- The form used by case management to document home visits, includes a section specific to assessing the status of children on psychotropic medications. Case Managers must document the following: prescribing physician, name of medication, date updates are made to the Florida Safe Families Network (FSFN), dosage, frequency, number of refills, reason for medication, date prescribed, date of court order or of expressed and informed parental consent for each medication the child is prescribed. Home visit forms are reviewed by the case manager’s supervisor and their signature is required on the form. QA Reviewers also review the forms for completion and overall case quality during the QA reviews.

- The QA Department pulls the psychotropic medications listing that is published weekly to identify any data errors as well as any medications that are lacking proper consent. If either issue applies, the case manager’s supervisor is asked to correct the issue and provide documentation of the corrections.

- As previously mentioned in the Unit Supervisory Review section of this Plan, QA Managers will plan to observe Supervisory Reviews face-to-face during this year. CFC has developed this process with psychotropic medications in mind. CFC QA will include a sample of cases with children who are prescribed psychotropic medications and utilize this activity as further oversight for FSFN data accuracy.

**Case Reviews**

In accordance with the State Quality Management plan, CFC has developed a review schedule with Regional Quality Management staff. This year CFC plans to conduct Semi-Annual Reviews. Reviews will be conducted in the first and third quarters of this fiscal year. Windows into Practice requires that the sample represent a range of permanency goals. Thus, the Permanency Goals and Selection Guidelines will be followed to ensure stratified random sampling from the cases included in the extract provided by Office of Family Safety.

From the extract, CFC will select the cases that will be reviewed during each Semi-Annual Review. CFC will initially select an oversample of cases from the 50 cases required as part of the Semi-Annual Review schedule. Cases can be excluded from the review sample for the following reasons:

- Child was in a case that was reviewed in any of the three quarters within the fiscal year.
- Child is in a case open only for continued adoption subsidy payments.
- Child was placed for the entire period under review in a locked juvenile facility or commitment program.
- Child was a service recipient for less than 6 months as of the sample date or service recipient end date.
- The case is an incoming OTI where another county has legal jurisdiction.
- The case is an incoming ICPC where another state has legal jurisdiction.

An oversample may still remain allowing for the replacement of cases if during the review it is determined that a selected case does not meet criteria. CFC will select no fewer than 50 cases, but may select more as needed. From this selection, Region Quality Assurance staff will select the 16 cases for the side-by-side reviews. The review period for base and side-by-side reviews will be nine months prior to the start of the review. CFC staff will be responsible for gathering files and information for the base, side-by-side and in-depth reviews.

When feasible, CFC will begin conducting the base review prior to the side-by-side reviews. Base reviews will be conducted primarily by CFC’s QA staff. CFC will also utilize QA staff from the case management agencies to assist with the base reviews. Reviewers will complete the QA reviewers training prior to participating in reviews. For staff that has not been trained, they will be able to shadow reviews jointly with a trained staff until training is completed. CFC will ensure that the QA staff from the case management agencies do not review their case files. Base reviews will be conducted by one reviewer with the QA Director or trained designee acting as a monitor/facilitator during the review. The QA Director or designee will also review each tool for accuracy with the assigned reviewer upon completion. CFC may add additional review items during the reviews. These items will be tracked on a separate tool and maintained on a spreadsheet system for maintenance and analysis. Additional items may include compliance items such as Judicial Review Social Study Report (JRSSR) submission, as well as qualitative items such as the identification of barriers to permanency. CFC will complete the Quality Management Reports in accordance with state requirements.

Base review data will be analyzed for both strengths and areas for improvement. Raw data, combined with reviewer comments and qualitative responses will be analyzed to identify gaps in practice. These areas will be the focus of Quality Improvement initiatives and may also drive the evaluation criteria for the supervisory reviews. Data and analysis will be provided at quarterly Quality Improvement Committee meetings as well as monthly meetings of CFC’s Board of Directors.

CFC Quality Assurance staff will provide preparatory materials and ensure cases are ready and available for side-by-side review. This includes, if necessary, printing of FSFN notes and other documentation relevant to the review (i.e. relationships information, demographics, and placement histories), investigative histories and summaries, Independent Living files, adoption files or other child specific information. Side-by-side reviews will be conducted with one Region staff and one CFC staff. All staff conducting the side-by-side reviews will have completed the QA reviewers training. The Regional Quality Assurance Manager in coordination with the CFC Quality Assurance Director will serve as monitor/facilitator during these reviews. The Regional Quality Assurance Manager will be responsible for mediating disputes on responses. The CFC Quality Assurance Director will provide technical support on our System.
of Care and resolve any immediate safety needs as well as coordinate the resolution of Requests for Action (RFA) that are completed during the reviews. Completed RFAs will be turned in to the QA Director or designee as they are noted. The QA Director or designee will track and respond to the Region QA Manager regarding the outcome of the RFAs. CFC will track RFAs on an internal spreadsheet that indicates the case, noted deficiency and resolution. CFC will forward the tracking spreadsheet to the Region QA Manager within two weeks after the completion of all scheduled reviews for that quarter. RFAs for administrative, data or document requests will be resolved within five business days. RFAs that involve safety concerns will be resolved in no more than two business days after the identification of the issue. Critical safety concerns will be addressed with case management administration the day they are noted and resolved by the close of the following business day. The same process for Requests for Action takes place during the base reviews.

CFC will opt to continue to conduct case specific interviews for each Semi-Annual review from the base review sample list. CFC QA Staff will select three cases from the 34 base reviews based on the following criteria: case participant availability for interviews and the cases being representative of the population being served. After conducting said interviews with participants such as the child, the parents, other caregivers, providers, advocates and Children’s Legal Services, CFC QA Staff will use the results as an opportunity to address any areas of concern and conduct analysis as needed if findings from the interviews differ from the findings in the case file reviews. For each Semi-Annual review, CFC will also provide necessary information to Region staff so that in-depth reviews can be conducted after the side-by-side reviews. CFC will also assist in scheduling interviews, notifying participants and providing information on policies, procedures or quality improvement activities as needed during the in-depth reviews.

CFC Quality Assurance staff will debrief identified cases with the case manager and supervisor by the end of the quarter to identify strengths and needs in case practice. This is now incorporated in the Quality Improvement Committees (QIC) to be held quarterly. All cases where the reviewer indicated “No” to the Achieving Outcomes question that asks the reviewer to determine if the casework and practice decisions are on the right track for permanency or where critical safety issues were noted will be individually debriefed. As needed and appropriate, CFC will provide technical assistance regarding the findings to individual staff or case management units. Quality Improvement Committee (QIC) Meetings will address identified service gaps. The QIC process is detailed in the Quality Improvement Standards and Process section of this plan.

**Performance Reporting**

CFC provides its staff, board, providers and stakeholders with regular performance reporting. CFC’s Board of Directors is provided with a monthly Board Performance Report. This report details current performance on contracted performance measures as well as data and information on other improvement initiatives such as staff turnover, placement stability, supervisory reviews and other strengths and gaps identified. In addition, CFC completes a weekly report and a monthly report to communicate performance to stakeholders as well as specific unit performance data to case management providers:

- The System of Care report is completed monthly and includes data on performance
measures and other regionally important issues. This is distributed by the CFC CEO to CFC and contracted provider administrative staff, Region and Circuit staff, local judiciary and legislative delegations.

- The Unit Data Report is completed weekly and provides individual unit data on identified areas such as children in out-of-home care and lengths of stay, caseloads, staff turnover and tenure, supervisory reviews, child visits and identification data. The Unit Data Report is distributed to Case Management Supervisory, Administrative and Quality Management Staff as well as CFC Operations staff.

Requests for Executive Management or Regional Discretionary reviews will be made by the Regional Director or Region Quality Assurance Manager to CFC’s Quality Assurance Director. CFC will have five business days to review and respond. Requests for files/documentation will be responded to in accordance with contractual guidelines. CFC will respond to shorter timeframes when required based on Region or Central Office needs. Where appropriate, reviews will be conducted jointly between CFC and Region staff.

**Proposed Schedule**

This Semi-Annual Review schedule was jointly developed between CFC’s Quality Assurance Director and the Southeast Region Quality Assurance Manager:

<table>
<thead>
<tr>
<th>1st Quarter</th>
<th>3rd Quarter</th>
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</thead>
<tbody>
<tr>
<td>Side-By-Side: August 16-20, 2010</td>
<td>Side-By-Side: February 7-11, 2011</td>
</tr>
</tbody>
</table>

**Internal and Subcontract Monitoring**

CFC completes an annual risk assessment of all subcontracted providers by July 31. The completed risk assessment is forwarded to CFC’s Contract Services Coordinator and the CBC Contract Manager. Based on the risk assessment, CFC will determine which providers will be monitored during the fiscal year. Where appropriate and practical, CFC will coordinate monitoring visits to providers in conjunction with DCF re-licensing visits. Through an interagency agreement, CFC will not monitor subcontractors in other Circuits who are monitored by their local Community Based Care (CBC). In those cases, CFC will request a copy of the local CBC’s monitoring report in lieu of conducting a separate monitoring visit. CFC’s contract monitoring policy conforms to DCF’s sub-recipient monitoring policy.

CFC Quality Assurance Department is responsible for conducting annual monitoring and re-monitoring of issued corrective action plans for each contract that CFC holds within our home district. These programs include; residential facilities, shelter facilities, case management organizations, diversion programs, child placing agencies, adoption agencies, and independent living providers. Each program is monitored with specific tools that are developed for each program. Each monitoring is in compliance with the CFC Contract Monitoring Policy which is attached to the 08-09 QA Plan submitted by CFC. Additionally CFC conducts internal quality checks including a semi-annual review of Title IV-E adoption records, a quarterly review of placement practices, and monthly monitoring of incident report documentation.
CFC takes a comprehensive approach to subcontract monitoring. Monitoring visits will address all aspects of the program as well as data collected through other quality assurance initiatives (exit interviews, incident reports, complaints and grievances, etc.) Monitoring reports are submitted to the provider within 30 business days of the exit conference. Any Corrective Actions issued will be re-monitored every 90 days for compliance. All contract monitoring and re-monitoring findings will be reported to the Circuit CBC Contract Manager, CFC Executive Management, and to CFC’s Board of Directors. During the course of monitoring and re-monitoring activities, systemic or programmatic issues may be identified. These issues will be brought to CFC’s Executive Management to determine what course of action will be taken to correct the issue.

In addition to routine monitoring, CFC has developed a reporting format for each subcontracted provider detailing the performance measures in the respective contract. Data is gathered by both the providers and CFC on a monthly basis. These ‘report cards’ will be shared with the provider, CFC’s Executive Management and CFC’s Board of Directors.

**Focus on Results**

**Quality Improvement Standards and Process**

CFC will track contract performance measures on a monthly or quarterly basis as data is made available through FSFN. In addition to contracted performance measures, CFC has identified internal performance areas that will be tracked through FSFN where applicable, or through internal data collection. CFC will track and report progress on performance measures, internal initiatives and case review findings. Identified performance areas, tracking and reporting methods are outlined below: These initiatives have been selected as they speak not only to quality of care issues but to child well-being and permanency. New initiatives were selected based on preliminary findings of the Florida Child and Family Services Review. In addition, they complement both contracted performance measures, current initiatives and the intent of the new Statewide Quality Improvement plan and initiatives.

**Quality Assurance Initiatives**

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>Data Source</th>
<th>Frequency</th>
<th>Reporting Mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-abuse during services</td>
<td>FSFN Report</td>
<td>Quarterly</td>
<td>System of Care &amp; Board Performance Reports</td>
</tr>
<tr>
<td>Re-abuse while in out-of-home care</td>
<td>FSFN Report</td>
<td>Quarterly</td>
<td>System of Care Report &amp; Board Performance Reports</td>
</tr>
<tr>
<td>Children seen monthly</td>
<td>FSFN &amp; Children not seen database</td>
<td>Weekly</td>
<td>System of Care, Unit Data &amp; Board Performance Reports</td>
</tr>
<tr>
<td>Reunifications in 12 months</td>
<td>FSFN Report</td>
<td>Monthly</td>
<td>System of Care &amp; Board Performance Reports</td>
</tr>
<tr>
<td>Returns to care</td>
<td>FSFN Report</td>
<td>Monthly</td>
<td>System of Care &amp; Board Performance Report</td>
</tr>
<tr>
<td>Adoptions within 24 months</td>
<td>FSFN Report</td>
<td>Monthly</td>
<td>System of Care &amp; Board Performance Report</td>
</tr>
<tr>
<td>Category</td>
<td>Frequency</td>
<td>Reporting</td>
<td></td>
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<td>-----------------------------------------------</td>
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<tr>
<td>Re-licensure submission</td>
<td>Monthly</td>
<td>Provider Report Card</td>
<td></td>
</tr>
<tr>
<td>Exit Interviews</td>
<td>Weekly &amp; Monthly</td>
<td>Unit Data Report &amp; Provider Report Card</td>
<td></td>
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<tr>
<td>Reduction in Out-of-Home Care</td>
<td>Weekly</td>
<td>System of Care, Board Performance &amp; Unit Data Reports</td>
<td></td>
</tr>
<tr>
<td>Supervisory Reviews</td>
<td>Weekly &amp; Quarterly</td>
<td>Unit Data Reports, Board Performance &amp; Case Review Outcome Reports</td>
<td></td>
</tr>
<tr>
<td>Incident Reporting</td>
<td>Monthly</td>
<td>Provider Report Card &amp; Board Performance Report</td>
<td></td>
</tr>
<tr>
<td>Independent Living Services</td>
<td>Quarterly</td>
<td>Case Review Outcome Report</td>
<td></td>
</tr>
<tr>
<td>Maintenance Adoption Subsidy IVE</td>
<td>Semiannually</td>
<td>File review outcomes will be reported to CEO and CFO</td>
<td></td>
</tr>
<tr>
<td>Staff Retention</td>
<td>Weekly</td>
<td>Unit Data &amp; Board Performance Report</td>
<td></td>
</tr>
<tr>
<td>Placement Stability</td>
<td>Quarterly</td>
<td>Case Review Outcomes &amp; Board Performance Report</td>
<td></td>
</tr>
<tr>
<td>Family Engagement</td>
<td>Quarterly</td>
<td>Case Review Outcome Report</td>
<td></td>
</tr>
<tr>
<td>Quality Home Visits</td>
<td>Quarterly</td>
<td>Case Review Outcome Report</td>
<td></td>
</tr>
<tr>
<td>Children in Out-of-Home Care 24 months or more will achieve permanency prior to their 18th Birthday</td>
<td>Monthly</td>
<td>Case Management Organization Reporting with FSFN verification</td>
<td></td>
</tr>
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</table>

Quality improvement initiatives as described above are current and will be on-going into the coming year. Areas of underperformance will be addressed at quarterly Quality Improvement Committee meetings. For measures that fall below target performance, CFC’s QA staff may conduct a gap analysis. Results of this analysis will be presented to the Quality Improvement Committee. Committee members will vary depending on the area of discussion and need, however will include at minimum CFC Quality Assurance staff and Supervisory Level staff from the case management agencies. Region Quality Management staff will also be invited to participate. Other staff from both CFC and provider agencies may elect or be selected to attend based on the performance need.

The committee (or in sub-committees depending on need) will conduct brainstorming to identify the causes behind the underperformance. The committee will then identify countermeasures and discern which are most appropriate to reducing the performance gap.
The Quality Assurance Director and Quality Assurance Coordinator will take the lead on monitoring the implementation of proposed countermeasures. Routine tracking of data will allow CFC to determine whether the implemented countermeasure was successful. The process will be repeated if needed to address performance gaps.

Continuous monitoring of the above areas will indicate immediate areas of concern. This combined with annual contract monitoring and quarterly re-monitoring will give CFC the ability to look at Quality Assurance and Improvement strategies on a systemic level. New information brought forth during the course of Quality Management activities will be brought to CFC’s Executive Management. Findings as well as a preliminary data and gap analyses will be reviewed to determine any immediate actions as well as to determine additions or amendments to Quality Improvement Initiatives. As deemed necessary, these findings may also lead to policy or protocol gaps. CFC’s Executive Management will be responsible for ensuring, to the extent possible, that policies or protocols are developed to address these needs. Through the course of other Quality Assurance activities such as subcontract monitoring, case reviews or performance tracking, other areas of performance needs may arise. These areas will be added to our ongoing performance monitoring process. Launching of these initiatives will begin with the involvement of stakeholders and providers to determine barriers to improvement.

Any safety or well-being issues identified though the course of Quality Assurance activities will be immediately addressed through CFC’s QA staff. These items will be directed through CFC’s QA Director to the Program Director of the respective agency as well as CFC’s CEO. Critical safety issues will be resolved and reported back to Region QA Manager by the end of the next business day. CFC QA activities that focus on safety and well-being issues include tracking all Exit Interviews and responding to any concerns expressed by the child or worker. The QA Department receives all Incident Reports and reviews them for accuracy and follow up and safety planning when necessary. Tracking of the “Child not Seen” list weekly is also a QA Department responsibility. Any case management staff and their supervisors with children appearing on this list are emailed and follow up occurs daily until the child is seen. Staff in the QA Department also conducts trainings on two of the areas mentioned above: Exit Interviews and Incident Reporting to further ensure accuracy and timeliness. Concerns that do not fall into this category will be addressed through the RFA process described above.

CFC has three Quality Assurance Managers, a Quality Assurance Coordinator and a Quality Assurance Director. The three Managers and the Coordinator are dedicated full time to quality management activities, including case reviews and sub recipient monitoring. CFC has enlisted the support of case management quality management staff to assist with case reviews. Additionally, CFC sent two trainers and a Training Coordinator to the QA reviewer training to get certified in the tool to provide backup assistance during quarterly reviews and special reviews. Despite this commitment, CFC acknowledges that resources allocated to quality management may be insufficient based on this plan. The ability to fully implement this plan will be routinely re-evaluated and changes communicated to region QA Manager.