Overview

PSF’s system of Quality Control, Quality Assurance and continuous Quality Improvement is designed to ensure services are provided to children and families consistent with the DCF contract and service delivery model, and in compliance with state and federal law, administrative rule, and DCF operating procedures. Additionally, PSF employs the concepts of Total Quality Management (TQM) in evaluating and improving the system in a shared decision-making model. In the TQM model, crises and reactive thinking are replaced by ongoing, data-driven evaluation and planning at the case and system levels.

The responsibility for PSF’s Quality Assurance and Quality Improvement efforts resides with the PSF Director of Program Quality and Accreditation. The Director of Program Quality and Accreditation reports directly to the Vice President of Administration and Quality Management. The Director of Program Quality and Accreditation supervises two (2) Quality Assurance Monitors who are dedicated to quality assurance and improvement activities. These staff’s efforts are supported by the PSF Operations Department and the PSF Executive Management Team and the PSF Board of Directors. PSF Quality Operations staff are required to have at a minimum, a Bachelor’s Degree in counseling, social work or related filed from an accredited college or university with experience working in child welfare programs.

Overall, the PSF Quality Assurance and Quality Improvement process involves staff across all levels throughout the PSF and subcontracted provider network. Staff continuously gather and analyze data and make improvements to services and processes when compliance is not met or when safety/security issues arise. Data related to compliance issues and improvements are posted on the PSF internet and performance measure data is addressed during the PSF/Case Management Agency joint meeting. Additionally, PSF promotes the philosophy that everyone is a member of the Quality Assurance and Quality Improvement team, including stakeholders, families, children, caregivers, foster parents, and PSF and subcontract provider staff at all levels. PSF works collaboratively with community stakeholders (including DCF, the Circuit 3 and 8 Community Alliance (when the Alliance is functioning and holds meetings), providers, and child and family representatives to define the indicators of success; review and to enhance the quality management data collection and reporting system/process; and to periodically review performance and institute changes at the system and case levels, ensuring continual improvement.

PSF has a centralized data collection system used to support the quality management system. Data is analyzed at least quarterly by PSF to support organization-wide planning and to correct problem areas.
PSF tracks client outcome data consistent with the federal ASFA domains, and CFSR and other state mandates, including the specific performance measures outlined in the contract with DCF. This data is reported to DCF Circuit Administration, PSF Senior Management Team, PSF Board of Directors, the Circuit 3 and 8 Community Alliance (when requested by the Alliance), and Case Management Agency Directors/Quality Assurance and Family Care Supervisors. PSF also examines satisfaction data based on surveys from children and families, providers, foster parents, relative and non-relative caregivers, the courts, DCF and other community stakeholders to identify and remedy areas of weakness or concern. In addition, PSF identifies and assesses overall system performance through data analysis relative to access and quality, efficiency and effectiveness of services.

State requirements for the 2011-2012 Quality Assurance Plan are as follows:

- Quality assurance (QA) activities planned for FY 2011/2012;
- Continuous Quality Improvement Process that encourages and support activities that drive system improvement;
- Sampling criteria for five cases to be reviewed quarterly through the In-depth Quality Services Review (QSR) process; and
- A process for development of an annual System Improvement Plan (SIP) that identifies actions needed to address findings from In-Depth QSR case reviews and the annual evaluation.

PSF’s quality improvement process includes the full participation of contracted providers, and assesses performance of both PSF itself and its subcontracted agencies. The PSF internal quality improvement process includes, but is not limited to:

- A plan for quality improvement which is clear, concise, accurate and provides direction for end users and management;
- Continuous oversight and evaluation of safety and permanency decision-making by subcontracted providers;
- Evaluation of subcontractor compliance with contract requirements;
- Evaluation of subcontract compliance with statute, rule, regulation, and policy;
- Evaluation of PSF internal processes for compliance with Department contract requirements;
- Evaluation of PSF internal processes for compliance with statute, rule, regulation, and policy; and,
- Evaluation of client and stakeholder satisfaction.
PSF engages all consumers in an ongoing evaluation of the project and services, and encourages input and shared-decision making in a community-based model to provide direction for improvement processes.

Quality assurance (QA) activities planned for FY 2011/2012

Supervisory Reviews:

1. At least once every 90 days, 100% of an individual Family Care Counselors’ assigned children will be reviewed by the Family Care Supervisor to ensure child safety, well-being, and permanency are being addressed for every child. Not all reviews must be completed face to face with the Family Care Counselor, but all reviews must be thorough, address all required elements and results must be provided to the Family Care Counselor.

2. The Family Care Supervisor shall review the case utilizing FSFN, Image Now and as appropriate Family Care Counselor feedback/input.

3. The Family Care Supervisor will ensure all of the following are reviewed and commented on as a part of their reviews. The supervisor may choose to add more elements to their reviews but the reviews are to contain no less than the following elements:

   a. Current Placement specific for each child within the case;
   b. Permanency Plan specific for each child within the case;
   c. Progress toward Permanency specific for each child within the case;
   d. Barriers to Permanency specific for each child within the case and for the overall case;
   e. Child Safety factors specific for each child within the case;
   f. Well-being factors - Medical, Dental, Mental/Behavioral Health Needs and appointments specific for each child within the case
   g. Psychotropic Medication information specific for each child within the case; and
   h. Tasks assigned to the Family Care Counselor
      i. Initial tasks
      ii. Follow-up on tasks
      iii. New tasks assigned

4. The Family Care Supervisor shall have completed all supervisory reviews and entered all chronological notes into FSFN within 48 hours of the review. The Family Care Supervisor must note in FSFN a “supervisory review” was conducted. Each child reviewed must be
selected as a subject of the note for the review to count toward the quarterly supervision requirement.

5. A supervisory review is required on all cases open at 45 days in any given quarter.

6. On a quarterly basis, PSF will gather data regarding supervisory reviews. The data gathered will include:

   a. Number and percent of supervisory reviews completed by supervisor
   b. Number and percent of supervisory reviews completed by agency
   c. Percent compliance by supervisor with quality reviews of data related notes including discussions of (6 randomly selected notes per supervisor):
      i. Permanency Plan
      ii. Progress toward Permanency
      iii. Barriers to permanency
      iv. Safety Factors
      v. Medical, Dental, Mental/Behavioral Health
      vi. Psychotropic Medication
      vii. Tasks and who is responsible
      viii. Follow-up on tasks

7. Agencies with supervisors not meeting expectations will be required to work with that supervisor to address performance improvement. PSF QA monitors supervisory reviews each quarter therefore each supervisor’s progress with the requirements is monitored over time.

8. PSF will include the performance data in the Quality and Risk Management Report posted on the PSF website.

9. PSF will, as requested, provide performance data to DCF, the Board of Directors, and the Circuit 3 and 8 Community Alliance (when requested by the Alliance).
Quality Services Reviews (Case Reviews):

Overview:

The In Depth Service Reviews for A Child and Family Documentation states that the process and protocol are used for appraising:

- Current status of a child possibly having special needs in key life areas
- Status of the parent/caregiver
- Performance of key system practices

The documentation further states: “the protocol examines recent results for children receiving services and their caregivers as well as the contribution made by local service providers and the system of care in producing those results.”

Quality Service Reviews significantly change the case review process utilized by CBC and DCF for the past few years. Quality Service Reviews focus less time on reviewing documentation and more time interacting and interviewing key case participants. The process focuses on two major components:

- Child and Family Status Indicators - how the child and family/caretaker are functioning related to the following subcategories:
  - Safety from Exposure to Threats of Harm
  - Child Vulnerability
  - Stability
  - Living Arrangement
  - Permanency
  - Physical and Dental Health
  - Emotional Well-being
  - Early Learning and Development
  - Academic Status
  - Pathway to Independence
  - Parent and Caregiver Functioning and Resourcefulness
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- Practice Performance Indicators how the system of care, services, case professionals impact the life of the child and family related to the following subcategories:
  - Engagement Efforts
  - Voice and Choice
  - Teaming
  - Assessment and Understanding
  - Planning for Safe Case Closure
  - Planning for Transitions and Life Adjustments
  - Implementation
  - Maintaining Quality Connections
  - Tracking and Adjustment
  - Cultural Awareness and Responsiveness
  - Psychotropic Medication Management

Each subcategory is reviewed via documentation review and case participant interviews for quality and compliance with core concepts and consideration ideals and is ranked on the following 6 point scale:
- 6 – Optimal Status/Practice
- 5 – Good Status/Practice
- 4 – Fair Status/Practice
- 3 – Marginal Status/Practice
- 2 – Poor Status/Practice
- 1 – Adverse Status/Practice
- N/A

A summary report is completed regarding the findings. The summary report contains the following information:

- Facts about the Child and Family (150 words):
  - ✓ Family Composition and Situation
  - ✓ Agencies Involved and Providing Services
  - ✓ Reasons for Services
  - ✓ Services Presently Needed and Received

  - Child’s Current Status (250 words): Describe current status of the child and family using the status review findings as a basis. If any unfavorable status result puts the child at risk of harm, explain the situation. Mention relevant historical facts
necessary for an understanding of the family’s current status. The narrative should support and explain the overall status rating.

- Caregiver’s Status (150 words): Because the child’s status is often linked to the family’s status, document whether the family is receiving the supports necessary to adequately meet the child’s needs and maintain the integrity of the home.

- Factors Contributing to Favorable Status (100 words): When the status is positive, identify the contributions child resiliency, family capacities, and use of natural supports and generic community services made.

- Factors Contributing to Unfavorable Status (about 100 words): Describe the local conditions that seem to be contributing to the current status and how the child may be adversely affected now or in the near-term future if status is not improved.

- System Performance Appraisal Summary: Describe the current performance of the service system for this child and family using a concise narrative form. Mention any historical facts or local circumstances necessary for understanding the situation.

  - What’s working Now (250 words): Identify and describe which service system functions are now working adequately for this child and family. Briefly explain the factors contributing to the current success of these system functions.

  - What’s Not Working Now and Why (150 words): Identify and describe any service system functions not working adequately for this child and family. Briefly explain the problems that appear to be related to the current failure of these functions.

  - Six-Month Forecast/Stability of Findings (150 words): Based on the current service system performance found for the child, is the child’s overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions likely to occur over the same time period, and explain your response.

  - Practical Steps to Sustain Success and Overcome Current Problems (100 words): Suggest several practical next steps to take to sustain and improve successful practice activities over the next six months. Suggest practical steps that could be taken to overcome current problems and improve poor practices and local working conditions for this child and family in the next 90 days.
Random Sample Process:

Each quarter a random sample of 5 open cases primary to the services units will be selected for this review process. The sample will be chosen by utilizing either a listing provided by DCF or if that listing is not available/provided by DCF then PSF will utilize the FSFN report Children Active Receiving In-Home or Out-of-Home Services Daily Listing by Agency. This report will be sorted to only capture primary case assignments. PSF will ensure a case is not reviewed twice in the same fiscal year.

Review Process and Protocol:

PSF will complete these reviews in one of two ways:

1. PSF Quality Assurance Staff will complete all 5 reviews
2. PSF Quality Assurance Staff and the Subcontracted Case Management Agencies will complete the 5 reviews

If the Subcontracted Case Management Agencies complete reviews they will not be assigned a case for which their agency has primary case management assignment.

All staff that complete reviews will be trained in the Department of Children and Families’ (DCF) Quality Services Review process within 6 months of hire and/or beginning a review. Staff who have not been trained and are awaiting training may participate in reviews but may not be the lead reviewer. The lead reviewer will always be staff who have taken the DCF training and have been certified by DCF.

All reviews will be completed in teams of two. Reviews consist of documentation review, case interviews and debriefings with the Family Care Counselor and the Family Care Counselor Supervisor. Note: Due to the geographic size of the 13 counties for which PSF is responsible all interviews with case participates may be completed by telephone.

All reviews will be completed and entered into the DCF web-based tool at: http://apps1.dcf.state.fl.us/WebSecurity/login.aspx

Reviews will be entered into the DCF web-tool by the following dates:
1. October 30, 2011 (for reviews completed in July – September 2011)
2. January 30, 2012 (for reviews completed October – December 2011)
3. April 30, 2012 (for reviews completed January – March 2012)
4. July 30, 2012 (for reviews completed April – June 2012)

**Performance Reviews:**

The PSF Quality Assurance and Administration staff, in conjunction with Operations and Information Management staff, manage a system for collecting and reporting data on performance indicators and outcome measures on a monthly, quarterly, and annual basis. The elements and minimum frequency are outlined below and are subject to change:

**Performance Measures:**

1. The percentage of children served in out-of-home care who are not maltreated by their out-of-home caregiver shall be at least 99.68% (quarterly)
   a. Data collected via:
      i. DCF Web Portal

2. Percent of children under supervision who are required to be seen every 30 days, who are seen every 30 days shall be at least 99.5% (monthly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN reports

3. The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 76.2% (monthly)
   a. Data collected via:
      i. DCF Web Portal

4. The percentage of children reunified who re-entered out-of-home care within 12 months shall not exceed 9.9% (quarterly)
   a. Data collected via:
      i. DCF Web Portal

5. The percentage of children who were adopted who were adopted within 24 months of the latest removal shall be at least 36.6% (quarterly)
   a. Data collected via:
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i. DCF Web Portal

6. The percentage of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30 shall be at least 31% (quarterly)
   a. Data collected via:
      i. DCF Web Portal

7. The percentage of children in out-of-home care for at least eight days, but less than 12 months, who had two or fewer placement settings, shall be at least 86%. (quarterly)
   a. Data collected via:
      i. DCF Web Portal

8. The number of children with finalized adoptions between July 1, 2009 and June 30, 2010 shall be at least 170 (annual)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

9. No more than 629 children will be in out-of-home care (annual)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

10. % of youth who have aged out of care completing high school or GED by 20 years of age. Baseline Year

11. % of youth who have completed high school or GED and are involved in post secondary education. Baseline Year

12. % of youth age 18 and over receiving Independent Living services who have a job (including joining the military). Baseline Year

13. % of young adults in safe housing. Baseline Year
14. % of 17-year-old youth in licensed out of home care who had a transition plan signed by the youth and filed with the court. Baseline Year

Quality and Risk Elements:

1. Supervisory Reviews (quarterly)
   a. Data collected via:
      i. FSFN chronological notes
      ii. PSF Information Technology staff run report utilizing information entered into FSFN regarding supervisory reviews completed
      iii. Random selection of six notes per supervisor for quality review

2. Complaints (monthly)
   a. Data collected via:
      i. Calculation and tabulation of information housed in PSF complaint and grievance database
      ii. Results hand tabulated by PSF Quality Assurance Monitor staff

3. Exit Interviews (monthly)
   a. Data collected via:
      i. PSF P-net Exit Interview Database
      ii. Results tabulated by PSF Quality Assurance Monitor staff from excel spreadsheet data extracted from P-net database.

4. Incident Reports (monthly)
   a. Data collected via:
      i. PSF manually collected spreadsheet – maintained by PSF Quality Assurance Monitor staff
      ii. PSF P-net Incident Report database

5. Initial Family Team Conferences (monthly)
   a. Data collected via:
      i. PSF Pkids FTC database

6. Foster Home Licensing Report (monthly)
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a. Data collected via:

   i. Monthly report manually collected by licensing staff

Independent Annual or Multi-Year Evaluation of Child Welfare Practice and Outcomes:

The Partnership for Strong Families will either contract with a private sector third party reviewer or will partner with one or more other Community Based Care Lead Agencies to complete the independent annual/multi-year evaluation of child welfare practice and outcomes audit. PSF will ensure this audit includes QSR data. This report will be presented to the PSF Board of Directors and other identified local community structured forums to develop a System Improvement Plan. The System Improvement Plan will: establish program priorities, define specific action steps to achieve improvement, and establish goals for improvement. The final System Improvement Plan must be approved by the PSF Board of Directors.

Quality Improvement Planning and Implementation:

Meetings Designed to Review and Address Performance:

- Meetings with DCF Circuit Administrator to review CBC Performance:
  
  o These meetings between DCF and the CBC occur at least quarterly but can be more often if needed
    
    ▪ Discussions include information related to:
      • PSF’s compliance with contracted performance measures
      • Fiscal and budgetary information
      • Programmatic and service processes and issues
      • Initiatives

- Quarterly Meetings/Training with DCF Quality Assurance Staff
  
  o These meeting occur quarterly as allowed by DCF funding availability
    
    ▪ Meeting with CBC quality assurance staff and the Department’s quality assurance staff to collaborate on federal and state quality assurance initiatives

- Monthly PSF Board of Directors Meeting
This meeting occurs the fourth Monday of every month.

- Issues reviewed include PSF’s compliance with contracted performance measures

- Monthly PSF and Subcontracted Case Management Agency Provider Meeting

  - This meeting occurs the second Tuesday of every month

- Issues review include
  - PSF’s and Each Subcontracted Case Management Agencies’ compliance with contracted performance measures
  - Programmatic and service processes and issues
  - Initiatives
  - Updates to policy and protocol
  - News Updates
  - Training

Utilization of Data and Meetings to Identify Need and Effect Change:

PSF utilizes the data collected regarding the performance measures, QRM reports, the Quality Service Reviews and the Independent Annual or Multi-Year Evaluation of Child Welfare Practice and Outcomes to identify areas of best practice and areas in need of improvement. PSF works with the subcontracted Case Management Agencies to identify and address areas in need of improvement. This partnered approach is designed to look at issues related to quality and performance at the case level. By looking at issues at the case level progress can be made for individual children and families and over time for the system as a whole. Identifying issues at the case level has led to pinpointing problems. From this case specific information trends can be identified and action steps put into place to address both case specific and systemic issues.

On a monthly basis PSF meets with the subcontracted case management agencies, specifically with their Program Directors, Quality Assurance staff and Supervisors. During this meeting we review data, their compliance as it relates to the performance measures and other performance indicators and provide training, guidance and technical assistance when needed. This meeting has been a vehicle through which PSF can share new initiatives, services and updates to policy and procedure. It has also been a vehicle through which staff can share challenges, initiatives, and best practices.

PSF completes a quarterly report on PSF’s compliance with each of the contracted performance measures. This report identifies if PSF is in compliance with each of the measures and, when necessary, addresses specific action plans to address areas in need of
improvement. Action plans are based on shared data review initiatives and on analysis and work done with the case management agencies as described in the paragraph above. This report is provided to DCF and the PSF Board of Directors.

In addition, PSF on a monthly basis completes a Quality and Risk Management Report (QRM) report that is shared with the subcontracted case management agencies and is published on the PSF intranet website. This report addresses (items subject to change):
1. Exit Interviews (monthly)
2. Complaints (monthly)
3. Foster Home Licensing Statistics (monthly)
4. Supervisory Reviews (quarterly)
5. Incident Reports (monthly)
6. Initial Family Team Conferences Completed (monthly)

PSF will continue to complete quarterly performance measure compliance reports, and present these reports to DCF Circuit Administration, and the PSF Board of Directors. These reports combine data obtained from the DCF dashboard, DCF web portal, and FSFN. The report outlines compliance for contracted performance measures. In addition, the report includes, when necessary, action plans for improvements when performance is found to be below contracted standards. These action plans include the information previously described above, specifically the collaborative data reviews and analysis by the sub-contracted Case Management Agencies and by PSF in coordination and in conjunction with one another. These collaborative efforts have led to shared decision-making, identification of case level and systemic challenges and the implementation of and follow-up on action plans aimed at improving the quality of services offered to the children and families we serve.

PSF will continue to utilize these approaches throughout this new fiscal year, building on what we have learned and enhancing action plans previously implemented. PSF will incorporate the Independent Annual or Multi-Year Evaluation of Child Welfare Practice and Outcomes into this year's improvement planning. PSF will continue to work side-by-side with the Case Management Agencies to improve the quality of services provided both internally to one another and to the families we serve. PSF will, when appropriate, continue to use the case level data review approach along with the trend analysis approach. In doing so, PSF will continue to review the data and participate in the collaborative monthly meetings with the Case Management Agencies. The Case Management Agencies will continue discuss performance, initiatives, lessons learned and best practices.
Additionally, PSF will continue with the established Quality Improvement Teams designed to create learning experiences and drive system improvement. The teams responsible for reviewing performance and risk data include the Senior Management Team, Quality Operations Team, Incident Report Review Committee, PSF Case Management Agency Supervisors Meeting, and PSF Board of Directors Quality Management Subcommittee. They evaluate data and direct decision-making to implement changes to processes at both the service and case levels. Appropriate lessons and process changes are translated into new or enhanced policies and procedures, and shared with network agencies, stakeholders, or other interested parties as indicators of solution-focused thinking and processing.

The PSF Quality and Administration staff also supports performance through standardized quality assurance activities to evaluate increased success and compliance. Additionally, the Quality and Administration department provides technical assistance to the Quality Improvement teams, agencies, and individuals as necessary.

PSF is an agency focused on making changes and doing what is in the best interest of the children and families we serve. PSF’s quality control, quality assurance and continuous quality improvement system allows PSF to recognize and react to emerging trends at various levels within the agency and within the system of care. PSF has worked and will continue to work closely with DCF Circuit Administration and its sub-contracted Case Management Agencies to review performance and ensure safety, permanency and well-being of children is prioritized. As trends are identified action plans are put in place both internally (CBC Lead Agency level) and/or at the Case Management Agency level. As stated previously in this plan, PSF and the Case Management Agencies review performance at the case level (both performance reviews and Quality Service Reviews). By looking at issues at the case level, problem areas can be identified and progress can be made for individual children and families served, which will improve the system as a whole over time. From this case specific information trends can be identified and action steps put in place to address both case specific and systemic issues.

This approach allows for ongoing analysis of established trends, making improvements and/or updates to existing action plans if the data does not support improvement. In addition, this approach allows for the establishment of new action plans for emerging trends identified through the various levels of quality assurance.

**Reporting:**

PSF will complete and submit the following reports to DCF:

- **Quality Service Review Reports** quarterly into the Department’s QSR Review Tool:
  - October 30, 2011
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- January 30, 2012
- April 30, 2012

- Independent Evaluation of Child Welfare Practice and Outcomes Annual evaluation by August 30th of each fiscal year.
- System Improvement Plan and all internal assessments regarding child welfare performance by October 30th of each fiscal year.

Accreditation Status:
On June 22, 2007, PSF achieved full accreditation as a Lead Agency through the Council on Accreditation (COA) through June 30, 2011. Organizations accredited by COA may: (1) receive monetary incentives, (2) be deemed in compliance with state and county requirements, (3) receive regulatory relief and (4) have increased opportunities for grants and state/federal funding. COA accreditation also fulfills the state contract’s mandate. PSF’s subcontracts for case management services and requires the Case Management Agencies providing child welfare services to be accredited by a nationally recognized accreditation organization to ensure high standards of service and care are upheld.

PSF completed the COA re-accreditation process in May 2011 and has again achieved full accreditation as a Lead Agency.