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 Quality and Accreditation. The Director of Quality and Accreditation reports directly to the Vice President of Administration and Quality Management. The Director of 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 meets), providers, and child and family representatives) to define the indicators of success; review and enhance the quality management data collection and reporting system/process; and periodically review performance and institute changes at the system and case levels, ensuring continual improvement.

PSF has a centralized yet program specific data collection system used to support the quality management system. Data is analyzed at least quarterly by PSF to support organization-wide planning and correction of problem areas.
PSF tracks and reports 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, 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. PSF also examines satisfaction data 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.

PSF’s quality improvement process includes the full participation of contracted providers, and assesses performance of PSF itself and its subcontractors. 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.
1. Focus on Coordination

- **Unit Supervisory Discussions.** Describe how the lead agency will use the supervisory discussion guide. Also, describe whether the documentation of the discussions will be made available to the circuit/region and if so, how (to be determined in collaboration with circuit/region):

1. At least once every 90 days, 100% of an individual Family Care Counselors’ assigned children will be staffed in supervision by the Family Care Supervisor to ensure child safety, well-being, and permanency are being addressed for every child.

2. The Family Care Supervisor shall use the Supervisory Discussion Guide to lead the supervisory case reviews with the family care counselor. The Family Care Supervisor may utilize the questions on the tool most relevant to the case and discussion at the time. Not all questions on the tool must be answered however the supervisor must keep in mind the tool is to be used to:

   a. Guide discussion of the case;
   b. Ensure the elements of safety, permanency and well-being are being addressed via proper case management procedures;
   c. Assist the supervisor in being a mentor to the Family Care Counselor by allowing them to provide proper guidance and support to the FCC; and,
   d. Assist in ensuring the minimum requirements for case supervision are properly addressed:
      i. Permanency goal
      ii. Progress and Barriers to permanency
      iii. Tasks and who is responsible
      iv. Follow-up on tasks

By utilizing the tool to guide discussions and assist with ensuring a-d above are completed, the nature and purpose of the supervisory review is focused on supporting the Family Care Counselor who can then support the children and families served. Providing adequate support and supervision to the Family Care Counselors will enhance the counselors’ abilities and lead to enhanced services to children and families.

3. The Family Care Supervisor shall have completed all supervisory reviews and entered all chronological notes into FSFN by the 5th day of the month following the end of the quarter, e.g., For January – March, the reviews will be completed and entered no later than April 5.
4. At a minimum, the following will be documented every 90 days in FSFN chronological notes for each child assigned:

- Date of Supervision and Individuals Present
- Permanency Goal
- Progress and Barriers to Permanency
- Tasks and Person Responsible
- Follow-up on Tasks

The supervisor may cut and paste the information from the Supervisory Discussion Guide into the FSFN note or type the information in the FSFN note.

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 45 days or more 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 goal
      ii. Progress and barriers to permanency
      iii. Tasks and who is responsible
      iv. 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).
• **CBC QA and Side-by-Side Reviews.** Describe how the lead agency (and as appropriate, subcontractors and region staff) will prepare for and conduct the base, side-by-side and in-depth reviews. This includes defining the various roles of the reviewers and facilitator for the review and how reviewers and facilitators will be selected. Note: the sampling and conducting of in-depth reviews is the responsibility of the region, but these three activities should be coordinated.

**Base Reviews** - Case Management Agency Monitoring (Base Review) is designed to evaluate the quality of case management practices and processes utilized in service delivery. The goal is to ensure completion of case practice activities, adherence to best practice standards, and quality services for the children and families served.

1. PSF will use the state approved CBC Case Management Review Tool and Interpretive Guidelines to conduct the Base Reviews. The review tool is comprised of standards assigned to Safety, Permanency and Well-Being, and when summarized will provide data specific to these outcomes. The Base Review information will be entered into the DCF Web Portal QA system database.

2. PSF conducts baseline reviews of 17 client cases randomly selected via the state random sampling process (described below)

3. The PSF Quality Staff (The Director of Quality and Accreditation or Quality Assurance Monitor) will serve as the lead for the Base Reviews. Other peer participants for these reviews will include sub-contracted Case Management Agency Management, QA and/or direct service staff.

4. PSF will ensure when assigning the case files the Case Management Agency providing primary services for the case does not conduct the Base Review of the case.

5. All staff who conduct Base Reviews must complete the DCF and PSF approved statewide or region training within 6 months of assignment of duties for case file reviews. It is preferred staff be trained prior to participating in base reviews, but given staff changes occur and trainings are periodically scheduled this may not be possible.

6. All 17 Base Review records will be completed by the end of the quarter in which the case was assigned for review.
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7. The reviews will be completed in the format approved by DCF (electronically or paper format) and will be submitted to the PSF Quality Staff for final review to ensure accuracy and completeness.

8. PSF QA staff will complete secondary reviews on all base reviews and will request corrections to the reviews by the assigned reviewer as needed. All reviews and second party reviews will be completed and the cases finalized prior to the 10th of the month following the end of the quarter.

9. Quarterly, PSF will compile and analyze the data obtained from the Base Review and submit via the approved electronic format to the Contract Manager, Northeast Region Quality Manager and/or Tallahassee as required. The data will document the degree of compliance with each standard for the overall PSF system of care. 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. The findings and analysis will be shared with PSF CEO, PSF Vice President of Quality and Administration, Senior Vice President of Operations, and the Sub-contracted Case Management Agency Program Directors, QA staff and Supervisors.

10. An annual report will be completed and submitted to Tallahassee within 30 days after the end of the fiscal year. The report will address findings and trends in the practice areas indicated below:

- Assessments
- Family Engagement
- Service Planning and Provision
- Promoting Case Progress
- Supervisory Review

11. Each Case Management Agency is responsible for addressing deficiencies and items that warrant Quality Improvement activities.

12. PSF will work closely with the Region Quality Management staff to ensure a complete understanding of the case file review process.

13. PSF Quality Staff will provide technical assistance to the Case Management Agencies as needed.
Side-by-Side Reviews

1. Side-by-Side Reviews are intended to promote knowledge building and sharing among Region and PSF Quality Assurance staff. The purpose of the Side-by-Side review is to provide collaborative Quality Assurance oversight of practice compliance and vital information for practice improvement.

2. The Region Quality Assurance Manager and the PSF Director of Quality and Accreditation will utilize the state random sampling process (described below) to select the 8 cases to be reviewed during the Side-by-Side process. Additionally, the same process will be utilized to select the 2 cases for the In-Depth review process.

3. The reviewers participating in the Side-by-Side Review will include PSF (and/or subcontracted agency) and Region Quality Assurance staff.

4. All staff who conduct Side-by-Side Reviews must complete the DCF approved statewide or region training within 6 months of participating in their first reviews. It is preferred that the staff be trained prior to participating in side by side review, but given staff changes occur and trainings are periodically scheduled this may not be possible.

5. All 8 Side-by-Side Reviews will be completed according to the schedule addressed in the Local Review Schedule section of this plan.

6. The reviews will be completed in the format approved by DCF (electronically or paper format).

7. DCF QA Regions must provide a written report on the side by side and in-depth findings each quarter or semi-annually depending on their review cycles.

Base and Side-By-Side Review In-Depth Quality of Practice Reviews

For the fiscal year 2010-2011 the Partnership for Strong Families has chosen the option of completing in-depth interviews in conjunction with DCF and the side by side reviews. When this is not possible PSF will ensure 2 cases from the Base Reviews include case specific interviews.

When completing case specific interviews for base reviews:

CBC QA Managers will identify two (2) cases from the 17 that will include case specific interviews. Similar to the In-Depth reviews conducted by the regions, and Child and Family
Services Reviews (CFSR), CBC reviewers must make arrangements to interview the child, the parents, other caregivers, providers, advocates and Children’s Legal Services (CLS) as applicable, to further assess service delivery. Interview guides are provided in Appendix E.

Documentation of these interviews will be maintained in the Partnership for Strong Families files for case file reviews. If the feedback from the interviewees differs from the findings in the case file reviews, reviewers must make note of the discrepancy, however, it should not change the rating response to the standard that is based on the documentation in the file.

When completing case specific interviews for side by side reviews:

The two cases selected for an In-Depth review must involve case participants available for interviews, and be representative of the population served in general. The Region Quality Assurance Manager will ensure the two cases selected include interviews with the child, parents, caregivers, and other professionals involved with the family, as well as community stakeholders within the system of care. PSF QA staff (and/or subcontracted agency staff) and DCF QA staff will jointly conduct the interviews.

**Random Sample Process**

Regions and CBCs may choose to conduct reviews on a quarterly or semi-annual basis as long as the total number of required case reviews is completed within a six month period.

Each quarter, the Office of Family Safety data unit will provide an extract for each CBC that lists all children who are eligible to be reviewed by permanency goal. The permanency goals will be tabbed for easy identification and use in “stratified” random sampling. The extract will be pulled the first week of the month that precedes the beginning of a new quarter. The extract will consist of all children who were service recipients during a defined selection period (see Definitions, below). All children will be assigned to a CBC’s sampling population based on the CBC assignment of the primary worker as of the sample date or the service recipient end date, whichever is earlier.

Each quarter, a total sample of 25 cases will be selected from the appropriate region/CBC extract. or, if the region and CBC has opted to conduct reviews semiannually, the sample set of 50 cases will be derived from the appropriate quarterly extract made just prior to the beginning of the review.

The CBC QA manager will identify and assign 17 or 34 cases from the sample that will make up the base review conducted by the CBC QA staff. The CBC QA manager may identify and
assign two (2) of the 17 (or four of the 34) cases for case specific interviews. The Regional QA manager will identify and assign eight (8) or 16 cases that will make up the side-by-side review conducted jointly by region and CBC QA staff. The regional QA manager will also identify and assign two (2) or three (3) cases from the side-by-side sample reviews that will include case specific interviews. The regional and CBC QA managers will ensure the list of cases selected for case specific interviews is unduplicated and make another random selection if the same case is identified for both review processes. The sample for each review should represent a range of permanency goals. In order to achieve this, the sample will not be a simple random sample from the entire extract. A purposive sample selection methodology will be used. The following criteria for selecting within the permanency goals are provided as a general guide, but the distribution may be amended based on a local rationale, as mutually agreed upon by region and CBC QA managers.

Permanency Goals and Selection Guidelines

- **Maintain and Strengthen** – Randomly select four (4) cases involving children under six (6) years of age. Randomly select four (4) cases involving children over six years of age.

- **Reunification** – Randomly select eight (8) cases of children in out-of-home care with a permanency goal of reunification.

- **Adoption** – Randomly select four (4) cases of children in out-of-home care with a permanency goal of adoption.

- **Permanent Guardianship** – Randomly select one (1) case involving a child in out-of-home care with a permanency goal of guardianship.

- **Permanent Placement with a Relative** – Randomly select two (2) cases involving children in out-of-home care with a permanency goal of relative placement.

- **Another Planned Permanent Living Arrangement (APPLA)** – Randomly select two (2) cases involving children in out-of-home care with another planned permanent living arrangement permanency goal.

Decisions made to discard a randomly selected case from the base review 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. Decisions made to discard a randomly selected case from the side-by-side review sample list must be approved by the regional QA manager, who must also document the basis for the decision as it relates to the discard criteria. CBCs may choose to draw additional cases for their own review purposes in any random, stratified or purposive manner. For example, if they want to do expanded reviews by subcontractor or other factors,
they may select more cases from the extract than the final set of 50 semi-annually or 25 per quarter. However, these extra cases should be properly identified as such in the QA web-based tool, and they will not be used for statewide reporting. CBC QA managers must track the cases reviewed from quarter to quarter or semiannually, discarding duplicate cases from subsequent samples, and conduct various data analyses.

Definitions

**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. This will be drawn on the Sample Date.

**Sample Population** As of the sample date, all children in open cases who were 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, and who do not meet any of the discard criteria below. 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, as illustrated below.

**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 of 25 (or 50, if semiannual):

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 three (3) 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 three (3) 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.

**Note:** The following are specifically INCLUDED in the sample and do not constitute grounds for discard and replacement:

- Cases under courtesy supervision will be INCLUDED in the sample population and assigned to the CBC of the primary worker.

- Cases under in-home supervision and in out-of-home placements are INCLUDED in the sample population, and assigned to the CBC of the primary worker.

- Cases where Florida is the sending state on an Interstate Compact placement.

**Period under Review**  The time frame beginning the first day of the 9th month prior to the beginning of the review period, up to the date the review occurs if the case under review is still active. If the service recipient left services during this period, the period under review is from the beginning of the period under review to the service recipient end date.

**Review Quarter**  The quarter in which the QA review is to be completed.

**Sample Date**  The 1st day of the month (or the first business day) prior to the beginning of the upcoming review quarter.

**Selection Period**  The three months immediately prior to the sample date.

**Service Recipient**  A child who is in either a living arrangement or out-of-home placement in FSFN.

**Service Recipient End Date**  The date a child is no longer active in a living arrangement or out-of-home placement in FSFN.

- **Psychotropic Medications for Children in Foster Care:** how the Department and lead agency will monitor express and informed consent or court approval for has been obtained for children in foster care who are prescribed psychotropic medications, and valid medical plan is maintained in the record.

The review of psychotropic medications is incorporated into the existing side by side and base case file review process for children in out of home care on psychotropic medications. If the review sample does not contain at least 5 children in out of home care on psychotropic
medications, additional cases will be pulled specifically for the review of psychotropic medications only until a sample of at least 5 children in out of home care on psychotropic medications is achieved. Reviews for which deficiencies in the psychotropic medication management process are noted will receive a request for action. The request for action is sent by PSF QA staff to the appropriate staff within the sub-contracted agency. The staff within the subcontracted case management agency ensure deficiencies are rectified and provide documentation of the corrections to PSF QA staff.

PSF utilizes a locally created report to identify children on psychotropic medications and to monitor psychotropic medication data entered into FSFN. The report is used to identify children without dates of consent or court order, or who have expired prescription dates. The report is sent to the sub-contracted case management agency staff who are responsible for ensuring all children are properly identified and the data in FSFN is both current and accurate.

- **Executive Management and Region Discretionary Reviews.** Describe how the lead agency will work with the region to respond to special review requests.

PSF works well with DCF Executive and Regional Management to resolve issues when they arise and provide information needed in a timely and efficient manner. PSF works in conjunction with DCF to address client complaints. Complaints may surface at the local level, both internally at PSF or with the DCF Circuit Community Relations staff or may be surfaced at the State level to the Offices of the Secretary and/or Governor. Regardless of where the complaint is received PSF works to resolve the complaint by reviewing the information in the complaint, gathering factual information regarding the circumstances of the case and situation and reviewing the situation to determine if appropriate action was taken to resolve the issues. At times, case summaries are required to provide a “full picture” of the case beginning with the service initiation date through the current date, including the events related to the issues in the complaint. From this summary, a formal written response is provided to the complainant. When possible and appropriate, many complaints are resolved with telephone calls, email correspondence, and letters rather than detailed summaries. This process has led to a number of teaching and learning experiences focused on improving the quality of casework and services to children and families.

PSF responds to other discretionary reviews in a manner similar to that of the complaint review process. When a request for information is received, PSF processes the request to determine if the best respondent would be PSF or the sub-contracted Case Management Agency involved with the case. Often times PSF requests the sub-contracted Case Management Agency review the case to gather factual information regarding the circumstances of the case, and provide a summary of the information in the format requested. There are times however,
when this may not be the most appropriate approach and PSF conducts a Quality Assurance review of the case or cases and reports on the findings. With either approach, the lessons learned lead to improved case management skills and improved quality of care.

PSF will continue to work in partnership with DCF Circuit Administration and Regional Management to respond to special review requests.

- **Local Review Schedule.** Provide a schedule for the upcoming fiscal year 2010/2011 that shows when standard QA activities will occur (for example, the quarterly base reviews and side-by-side reviews). Include other events that affect quality tasks or represent local milestones or opportunities for coordinating quality processes (for example, quarterly regional/circuit performance meetings, CBC board of director performance reports, circuit Child Protective Investigation quality assurance reviews that will need region staff time, etc.).

- **Base Reviews:**
  - July – Sep 2010 (17 on random days throughout the quarter)
  - Oct – Dec 2010 (17 on random days throughout the quarter)
  - Jan – March 2011 (17 on random days throughout the quarter)
  - April – June 2011 (17 on random days throughout the quarter)

- **Side By Side Reviews:**
  - July – Sept. 2010 (Scheduled to occur the week of July 26-30th 2010)
  - Oct – Dec 2010 (Scheduled to occur the week of November 15-19th 2010)
  - Jan – March 2011 (Scheduled to occur the week of February 21-25th 2011)
  - April – June 2011 (Scheduled to occur the week of June 6-10th 2011)

- **Meetings with DCF Circuit Administrator to review CBC Performance:**
  - 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
• **Circuit 3 and Circuit 8 Community Alliance Meetings:**
  o These meetings occur when scheduled by the Alliance in each circuit. PSF participates as requested.
    ▪ Issues reviewed include family centered practice, community collaboration, performance and other child welfare issues as requested.

• **Monthly PSF Board of Directors Meeting**
  o This meeting occurs the fourth Monday of every month.
    ▪ Issues reviewed include PSF’s compliance with contracted performance measures

### 2. Focus on Results:

- **Quality Improvement Standards and Process.** The CBC QA plan should address the following.

  1. Describe how the CBC will track and report on its performance on contract measures. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.

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 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 each month who are seen each month shall be at least 100% (monthly)
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a. Data collected via:
   i. DCF Dashboard
   ii. FSFN reports

3. The percentage of children reunified who were reunified within 12 months of the lasted 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% (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:
      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 29.1% (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 160 (annual)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)
9. The percent of children under supervision who are required to be seen every 30 days, who are seen every 30 days (Baseline Year) (monthly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

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

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.
      iii. 
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. Follow-up Family Team Conferences
   a. Data collected via:
      i. PSF Pkids database

7. Foster Home Licensing Report (monthly)
   a. Data collected via:
      i. Monthly report manually collected by licensing staff

PSF utilizes the data collected regarding the performance measures and 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)
7. Follow-up Family Team Conferences Completed (monthly)

2. Describe how the CBC will track and report on the strategic objectives set by its Board. Describe what data sources will be used and how the performance will be communicated to management and the Board.

PSF and the Board of Directors worked together to establish a strategic plan and operating plan for both long and short term goals for PSF. All staff within PSF are a part of these goals and have ownership in the process. They each have identified how they can affect the goal and what steps they can take to ensure success.

The PSF Strategic Plan’s purpose is twofold. First, it is designed to provide an overview of the actions necessary to fully carry out the new PSF Vision and second, to partner with PSF employees as well as Board members and stakeholders in creating a document that is meaningful and useful.

The areas identified in the Strategic Plan as core competencies are:

1. Services to Protect Children and Strengthen Families
2. Recognized Leadership
3. Innovative, Evidence-Based Practices
4. Highly Effective, Engaged Employees and Community Partners

An Operational Plan designed to address the specific actions necessary to carry out the core competencies of the Strategic Plan has also been developed.
These plans will be reviewed at least annually.

3. Describe how the CBC will track and report on the performance of their contract providers. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.

PSF’s sub-contracts case management services to 5 case management agencies. The process of tracking and reporting on their performance and the process for communicating the contract provider’s performance is described in #1 of the Focus on Results section above. Additionally ongoing improvement activities related to these initiatives is described in section # 4 directly below.

Other contracted service providers include: Sexual Victimization/Reactive treatment, in-home clinical and family support services, therapy, parenting classes, mobile crisis response, mediation, and visitation center.

Additionally other services are obtained via rate agreements with area providers. For these providers PSF obtains credentialing information regarding vendors and rates performance based on reviews of the providers, and other reports such as accreditation or licensing body reports. PSF additionally utilizes administrative, utilization reports submitted by the provider, and critical incident reporting information related to the provider’s services to address qualitative factors.

PSF Clinical and Community Services staff meet on an at least quarterly basis with service providers (this does not include case management services) to address practice, procedures, training, and to discuss questions and concerns of the service providers. Additionally PSF Clinical and Community Services staff are conducting satisfaction surveys of the service providers to gather their opinions. Additionally they conduct satisfaction surveys about the performance of the service providers. Results are tabulated and shared with the providers for the purpose of information sharing and improving practice.

4. Describe how the CBC will track and report on ongoing improvement initiatives that will still be occurring during the upcoming fiscal year.

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
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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 in #1 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 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.
Another quality assurance activity being addressed this fiscal year is the processing of electronic case file documents. The Partnership for Strong Families utilizes ImageNow an electronic case file program in lieu of paper files. As such quality and risk management issues related to documentation must be properly addressed. The following outlines the quality control process for maintaining electronic case files and for destruction of paper documents.

1. **Quality Control process for conversion of original case files:**

   - Documents are scanned after page count is taken and the scanned document must match the original count. The employee scanning is also watching the scans go through the scanner and on the screen simultaneously to make sure each page is captured and double-sided documents are registering.
   - If multiple documents utilizing the patch code are scanned, a total page count is taken and then verified once the stack of multiples is completed.
   - Original files are boxed in a date scanned chronological order. Before sealing these boxes quality control staff took a 15% sampling of each and confirmed number of pages scanned, correct document labeling/linking within the system and quality of the scan itself. If any missing documents were found, the entire box was checked, page by page. If any other errors were found a larger sampling was taken and checked.
   - After conversion an intensive category by category QC process was done for each document type checking correct labeling/linking, scan picture quality and completeness of documents. Any errors were corrected enlisting the case management agencies if needed to gather documentation.

2. **Forms of Quality Control occurring for the scanning process on an ongoing basis:**

   - Documents are scanned after page count is taken and the scanned document must match the original count. The employee scanning is also watching the scans go through the scanner and on the screen simultaneously to make sure each page is captured and double-sided documents are registering.
   - If multiple documents utilizing the patch code are scanned, a total page count is taken and then verified once the stack of multiples is completed.
   - As the documents are labeled/linked the employee linking the documents is checking for scan quality, correct rotation, completeness of document, and correct case/child orientation.
   - A five to ten percent sampling of documents per worker is done on a weekly or monthly basis to ensure that documents are correctly scanned, processed and linked.
• An error reporting system was built and published for users to easily report any problems they have encountered. These errors are reported directly to the ImageNow Manager. An error log is kept for errors reported by users and the data is used to further training for trends of errors.
• A continuing check of document types, using the ending date of the last check for the category to current, is done on a rotational basis. A sampling of these documents is checked and in many instances a complete check is done if inconsistencies are found.
• There is an ImageNow user group to enhance the capabilities of ImageNow and to help ensure quality outcomes.

5. Describe what new performance improvement initiatives the CBC is going to undertake in the upcoming year. Describe the performance issue the initiative is meant to address, how it was selected, and how it will be managed (e.g., QIC approach?).

PSF continues to focus on the partnership with DCF Circuit Administration, QA staff and Child Protective Services staff on family centered practice initiatives. PSF is one of three Innovations Sites within the State of Florida selected to improve family centered practice. The goal is safely continue to reduce the number of children in foster care and to improve family centered practice. The model chosen by PSF and DCF Circuit Administration to implement family centered practice is Solution Based Casework.

Staff from DCF, PSF and the Subcontracted Case Management Agencies have been trained on Solution Based Casework and implementation is set to occur within this fiscal year. Local implementation groups continue to meet on a regular basis to address training and implementation issues. Additionally local staff meet with the other innovation sites and DCF program office staff on a regular basis to discuss current progress, training, implementation and ongoing issues.

When Solution Based Casework and Family Centered Practice implementation is complete DCF QA and PSF QA staff will incorporate quality assurance standards to be reviewed to address compliance, quality and progress.

6. Describe how the CBC will evaluate and react as new information becomes available. For example, analyze what is revealed about practice standards during quality assurance reviews, or by performance measure trend data, or by performance on federal outcome measures. Will the information be used to either modify ongoing improvement initiatives or start new ones? For example, if quality
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 case file reviews – Base and Side-by-Side Reviews). By looking at issues at the case level progress can be made for individual children and families served, and over time for the system as a whole. Identifying issues at the case level has lead to pinpointing problems. 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.

7. If a critical life, health, or safety threat to a child is identified during any quality assurance or other review activity, how will the CBC assure that the situation is immediately addressed and corrected?

For the Base and Side-by-Side Review process, PSF has a system in place for ensuring critical threats to a child’s life, health or safety are addressed immediately. When the reviewer determines there is a threat to the child’s life, health or safety a Request for Action Form is completed and documents the unresolved concerns and case specific and demographic information. The form is routed to the PSF Director of Quality and Accreditation. The PSF Director of Quality and Accreditation reviews the document to note the issues of concern and forwards the document to the Case Management Agency responsible for the case. The Case Management Agency reviews and resolves the issue and return the form to PSF documenting the actions taken to resolve the issue. If there is a need to react immediately to ensure the child is safe, PSF and/or the reviewer completing the form ensures the appropriate immediate action is taken, i.e. calling law enforcement, calling 911, calling the Family Care Counselor to ensure the situation is addressed immediately, etc. PSF then either approves the actions taken or re-submits the form to the Case Management Agency requesting additional information or follow-up. This process continues until the issue is satisfactorily resolved.
Additionally, when any threat to a child’s life, health, or safety is identified during any other quality assurance activity, the avenue of action and response is email identifying the issue and requesting follow-up much like the process listed above for case file reviews. Safety concerns are tracked until the concern is resolved.

8. **If the lead agency has completed or is working on tasks related to national accreditation, please include a brief description.**

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.

During this fiscal year 2010-2011 PSF will be in the process of preparing for COA reaccreditation. The Self-Study documenting how PSF meets the COA standards is due to COA in February 2011 and the site visit is scheduled for May 2011.