United for Families

QUALITY MANAGEMENT PLAN

Version 7.1
(Revised August 11, 2011)

Quality Management Department
10570 S Federal Hwy, Suite 300
Port St. Lucie, FL 34952
# Table of Contents

I. Background and Introduction ........................................................................................................................................ 3

II. Mission .................................................................................................................................................................................. 3

III. Vision Statement .................................................................................................................................................................... 4

IV. Quality Management Statement and Definitions ........................................................................................................... 4

V. UFF Quality and Data Management Structure/Resources ............................................................................................. 5

VI. Quality Assurance: Four (4) Principle Outcomes ............................................................................................................. 9

  Principle Outcome Category 1 – Contract Performance Measures ......................................................................................... 9
  Principle Outcome Category 2 – Internal Strategic Quality Goals ............................................................................................. 11
  Principle Outcome Category 3 – Case Practice Review/QSR Findings ...................................................................................... 12
  Principle Outcome Category 4 – Fiscal Management/Revenue Maximization ................................................................. 13

VII. Ongoing Tracking and Reporting Of Quality Assurance/Improvement Activities .............................................................. 14

VIII. Quality Improvement .......................................................................................................................................................... 33

  Data Collection and Analysis ................................................................................................................................................... 35

IX. Staff and Provider Training .................................................................................................................................................. 35

  Training/Staff Development ................................................................................................................................................... 35
  Pre-service Training, In-service Training ................................................................................................................................. 36

X. National Accreditation: ......................................................................................................................................................... 37
I. Background and Introduction:
In 1996, the Florida Legislature (section 409.1617, Florida Statutes) mandated that the Department of Children and Families (hereinafter referred to as the “Department”) establish pilot programs during fiscal year 1996-1997 that privatized child protective services through contracts with community –based agencies. The stated purpose was to strengthen the support and commitment of communities to protect abused, neglected and abandoned children, and to increase the efficiency and accountability of the child protection system. In the 1998 legislative session House Bill 3217 was passed. The Bill amended the original privatization legislation by adding new provisions requiring the Department to develop an implementation plan by July 1, 1999 which would outline incrementally the process for privatizing the entire child protection system by January 1, 2003.

Services Provided by United for Families and Subcontracted Providers
In addition to providing services, UFF contracts with a network of service providers within the Circuit, as well as across the state for some residential services. The services fall within the following categories:

1. Adoptions Services
2. Case Management
3. Emergency Shelter Services
4. Foster Care Recruitment & Licensing
5. Independent Living Services/Road to Success
6. Enhanced Foster Care
7. Prevention Services
8. Residential Group Care
9. Residential Services – Specialized
10. Support Services
11. Therapeutic Foster Care

II. Mission
Our mission is to break the cycle of child abuse through a diverse network of community partners and innovative services.
III. Vision Statement
Our vision is to be the recognized statewide leader providing a continuum of dynamic and innovative programs and services that result in family stability and permanency for all children and families in our four-county community.

IV. Quality Management Statement and Definitions
The primary purpose of the UFF Quality Management System is to strengthen practice, improve the timeliness, accessibility, quality and effectiveness of services and increase natural and enduring community supports for children and families.

UFF’s Quality Management Plan is based on the overall company culture of values: respect, diversity, dignity, integrity, caring and confidentiality as well as nationally recognized accreditation standards for child welfare services.

- We must respect our children, families and caregivers and value their diversity.
- We must treat our consumers with the dignity that they deserve and operate with integrity in all aspects of our jobs.
- We must provide services to children and families in a caring manner that protects their confidentiality.

To effectively implement our Quality Management Plan, UFF incorporates each level of our staffing pattern in addressing Quality Assurance and Quality Improvement. Although the majority of the day-to-day function rests with the Quality Management Department, the Senior Management Team, supervisors, line staff and support staff play a role in quality activities. This role is best defined as company-wide participation in quality improvement teams and efforts.

Utilizing the Council on Accreditation (COA) standards of best practice, UFF strives to meet each standard as prescribed. Through our annual update to the Quality Management Plan, the standards are reviewed by the Director of Quality Management to ensure compliance or at a minimum, to develop measures that will bring the agency into compliance. UFF is COA accredited, which was part of the agency’s strategic plan.

Quality Assurance (QA) - is a system that validates internal practices and uses sound principles of evaluation to ensure that data is collected accurately, analyzed appropriately, reported, and acted upon. The QA function looks at the entire system of care. Products of the QA function include reports that validate data at the agency, unit and case manager level, which evaluates
the impact of practice on in-process and end-process measurements, and provide recommendations for actions.

**Quality Improvement (QI)** - is an “internally” driven process that is conducted and initiated by the staff actually providing or supervising the service. QI provides opportunities for all staff to use data and make improvements in their operational processes and daily work environment. QI is an ongoing, dynamic process that occurs as a result of action planning designed to provide program improvement.

**Continuous Quality Improvement (CQI)** - is the progression toward desired improvements in process, products or outcomes through incremental steps, with periodic review and readjustment of objectives.

**Quality Management (QM)** - is the systematic integrated review of Quality Assurance and Improvement activities.

The Quality Management Plan and Quality Improvement activities are updated based on the following actions:

- Changes in the contract performance measures;
- To remain in line with the agency strategic plan and state system changes;
- To ensure that the state continues to remain in substantial conformity with federal and state requirements with Quality Assurance (QA) and Continuous Quality Improvement (CQI) systems that protect the safety, health, and welfare of children in care through formal reviews that address key practice areas and provide feedback on key findings;
- To provide for appropriate Quality Assurance (QA) activities consistent with state and federal laws; and
- To ensure appropriate oversight and accountability of Florida’s child welfare services continuum that includes prevention, diversion, and case management services provided to improve outcomes for children and families.

V. UFF Quality and Data Management Structure/Resources

UFF’s Quality and Data Management Department works diligently to effectively implement, evaluate and maintain all quality assurance/quality improvement activities contained within the plan. We are confident that our efforts are making a positive impact on our overall system of
care, and that resources are adequate at this time. As part of the annual review of our Plan, the adequacy of resources is evaluated.

The Quality and Data Management Department structure consists of three components: quality management, data management, and records/information systems management. The department is managed and staff guided by the Director of Quality and Data Management. The Quality Management Team consists of (4) Quality Management Specialists. The Quality Management Team is responsible for scheduling, completing and evaluating all quality assurance and improvement activities. These activities include case file reviews, incident reporting, tracking and follow-up, complaint and grievance tracking, customer satisfaction surveys, subcontract and internal departmental monitoring. The Director of Quality and Data Management will collaborate with the Central Region Quality Assurance Manager - on Quality Management activities.

The Data Management Team consists of a Data Management Supervisor and four (4) Data Management Specialists. The Data Management Team is responsible for maintaining the records in each of the four service centers and data entry into the two main information systems utilized by the agency FSFN and ARGOS.

Additionally, UFF contracts with Children’s Home Society of Florida, Administrative Services Organization (ASO) that provides the ARGOS information system and ad hoc report capabilities. The Information Systems Administrator serves as the liaison to the ASO.

The Director of Quality and Data Management is required to possess a degree in the human services field and a minimum of five (5) years of child welfare experience at a management level, 2 years of quality management experience, and 2 years of data management experience. This position is responsible for the quality management activities of the company, supervision of the quality management personnel, review of quality assurance/improvement reports prior to submission and serving as the quality management contact for the agency (the programmatic contact is the Director of Program Services).

The Quality Management Specialists are required to possess a degree in the human services field and a minimum of three (3) years of related experience with emphasis on statistics and data analysis. These positions are responsible for data collection, analysis and distribution, case practice reviews, ad hoc reviews, supportive activities outlined in the state’s Program
Improvement Plan, working with the various supervisors within the agency through the initiation of quality improvement teams, and numerous other internally directed assurance activities.

The Data Management Supervisor is required to possess a degree in the statistical or human services field and a minimum of five (5) years of child welfare information systems experience and database or data analyzing experience. The position is responsible for monitoring and providing supervision pertinent to record maintenance, data collection and timely data entry of programmatic case information to ensure statistical validation related to compliance.

The Data Management Specialists are required to possess a high school diploma and four (4) years of experience in records management and complete data analysis and Excel training. This position is responsible for data collection and system input, preparation for external reviews and maintenance of the client records.

The Records Manager reports directly to the Director of Quality and Data Management and is primarily responsible for record retrieval, document imaging and quality checking of all company scanned files.

**Quality Management Department Organizational Structure**

- **Chief Operating and Information Officer**
- **Director of Quality and Data Management**
  - **Records Manager**
  - **Quality Management Specialist (4)**
  - **Data Management Supervisor**
    - **Data Management Specialist (4)**
Resources utilized to support quality assurance activities and track and report on strategic objectives include the following:

- **Ongoing Internal Communication** – a high level of communication is maintained within each area of the agency. Methods utilized include email, interoffice memo, and formal meetings. Information and data is shared and service delivery is monitored on a daily, weekly, monthly and/or quarterly basis.

- **Data Reports** – Data reports are gathered from a variety of sources and combined to form a single report that is electronically shared with the agency management, staff and/or providers. Various reports are disseminated on a daily, weekly, monthly and quarterly basis. The primary source of data is FSFN.

- **FSFN** – Florida Safe Families Network (FSFN) is utilized as the official system of record for all case management activities and other applicable information. The data and functionality contained within the system provide reports as well as determine compliance with multiple outcome measures and internally set benchmarks. This system also serves as an information source during case practice reviews.

- **ARGOS** – ARGOS is a placement tracking software program that allows the company to enter placement data and extract reports to identify needs and trends and serve as a source of information to evaluate compliance.

- **Case Practice Review Tool** – UFF utilizes a standardized tool to review and evaluate case practice. This tool combines a multitude of requirements that meet the required core elements as prescribed by the Department of Children and Families.

- **Various process checklists** – In developing the System of Care, numerous processes have been implemented to drive service delivery and accuracy. These checklists range from Case Transfer Staffing components and Home Study document requirements to Supervisory Reviews. They are intended to serve as a teaching and compliance aid for Case Managers, Supervisors and Program Directors.

- **Supervisory Reviews** - Intended to serve as a teaching and compliance aid for Case Managers, Supervisors and Program Directors.
Document/Process Tracking Systems – In focusing on compliance, numerous documents and process tracking systems have been implemented to ensure completion, receipt and appropriateness of process execution. These systems range from case transfer packet content and system of care activities (first 30 days) to supervisory reviews and child exit interviews.

Reliability and Integrity of Data Assurance – Through internal and external monitoring of reports, various Quality Assurance activities and ongoing case supervision, the reliability and integrity of data is maintained.

All of these components work collectively to drive service delivery, ensure compliance, communicate with management, the Board, interested stakeholders and serve as teaching aids.

VI. Quality Assurance: Four (4) Principle Outcomes

UFF structures the core basis of our Quality Management Plan to encompass four (4) principle outcome categories:

1. Contract Performance Measures
2. Internal Strategic Quality Goals
3. Case Practice Review /Quality Service Review Findings
4. Fiscal Management/Revenue Maximization

Various Quality Assurance Activities that support one or more of the categories listed above are conducted on a regular basis.

Principle Outcome Category 1 – Contract Performance Measures

The Contract Performance Measures category addresses the measures listed within our contract with the Department of Children and Families and are adjusted annually. Following is the complete listing of the 2010-2014 contract performance measures and the related Quality Assurance Activities:
<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>6/30/11</th>
<th>6/30/12</th>
<th>6/30/13</th>
<th>6/30/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 ____ percent.</td>
<td>99.68%</td>
<td>99.68%</td>
<td>99.68%</td>
<td>99.68%</td>
</tr>
<tr>
<td>2) The percentage of children reunified who were reunified within 12 months if the latest removal shall be at least ____ percent.</td>
<td>72.96%</td>
<td>75.2%</td>
<td>75.2%</td>
<td>75.2%</td>
</tr>
<tr>
<td>3) The percentage of children reunified who re-entered out of-home care within 12 months shall not exceed ____ percent.</td>
<td>9.9%</td>
<td>9.9%</td>
<td>9.9%</td>
<td>9.9%</td>
</tr>
<tr>
<td>4) The percentage of children who were adopted who were adopted within 24 months of the latest removal shall be at least ____ percent.</td>
<td>33.46%</td>
<td>36.6%</td>
<td>36.6%</td>
<td>36.6%</td>
</tr>
<tr>
<td>5) The percent 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 ____ percent.</td>
<td>34.65%</td>
<td>34.65%</td>
<td>34.65%</td>
<td>34.65%</td>
</tr>
<tr>
<td>6) 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 ____ percent.</td>
<td>86%</td>
<td>86%</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>7) The number of children with finalized adoptions between July 1, 200__ and June 30, 200__ shall be at least _____.</td>
<td>98</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>8) The percent of children under supervision who are required to be seen every 30 days, who are seen every 30 days shall be at least ____ percent.</td>
<td>99.5%</td>
<td>99.5%</td>
<td>99.5%</td>
<td>99.5%</td>
</tr>
</tbody>
</table>

Proposed Independent Living Outcome Measures**

<table>
<thead>
<tr>
<th>6/30/11</th>
<th>6/30/12</th>
<th>6/30/13</th>
<th>6/30/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) % of youth who have aged out of care completing high school or GED by 20 years of age.</td>
<td>Base Line</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>2) % of youth who have completed high school or GED and are involved in post secondary education.</td>
<td>Base Line</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>3) % of youth ages 18 and over receiving Independent Living services who have a job (including joining the military)</td>
<td>Base Line</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>4) % of young adults in safe housing</td>
<td>Base Line</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>5) % 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</td>
<td>Base Line</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>
Each of the contract performance measures are tracked daily, weekly, monthly and/or quarterly to ensure compliance. The activities listed below are described in detail in section VII - Quality Assurance Activities.

1. Permanency Tracking
2. Data Reports
3. Supervisory Reviews
4. Incident Report Analysis
5. Case Practice Reviews
6. Senior Management Team Meetings
7. FSFN Validation
8. Communication
9. CMA Peer Review
10. Monitoring of Subcontracted Providers
11. Missing Children

Principle Outcome Category 2 – Internal Strategic Quality Goals

The Internal Strategic Plan Goals category is based on the critical areas identified with the Board and Stakeholders in 2005 and has been defined to consist of ten (10) major strategic quality goals for 2006 – 2011.

The Board and stakeholders are updated monthly through Board and Alliance Reports, as well as semi-annually (at Board retreats), on all United for Families strategic objective performance goals. Data is received and tracked through internal data reporting systems such as IRiS, ARGOS, the Exit Interview System and automated daily data reports.

Externally, data is received through FSFN.

The Strategic Plan can be located at www.uff.us.

Specific Quality Assurance activities directly related to this category include the following:

1. Case Transfer Task Tracking
2. System of Care Monitoring
3. Permanency Tracking
4. Data Reports
5. Supervisory Reviews
6. Case Practice Reviews
7. Senior Management Team Meetings
8. FSFN Validation
9. Communication
10. CMA Peer Review
11. Monitoring of Subcontracted Providers

These activities are described in detail in Section VII – Quality Assurance Activities.

Principle Outcome Category 3 – Case Practice Review/Quality Services Review Findings

Quality Services Reviews (QSR) are designed to be a powerful self-evaluation tool, helping child welfare and social services agencies assess the effectiveness of their practices and the interventions provided to the families they serve. All CBC Quality Management staff are trained to participate in QSR case file reviews. United for Families will track, analyze and report findings quarterly and as needed to the Region by utilizing the QSR web-based tool. The debriefing of case practice reviews provides case management units with data relating to the quality of case practice as outlined in the “Quality Services Review (QSR) Protocols for a Child and Family” prescribed by the Department of Children and Families to aid in service delivery.

Specific Quality Assurance activities directly related to this category include the following:

1. Case Transfer Staffing Task Compliance
2. System of Care Monitoring
3. Permanency Tracking
4. Data Reports
5. Supervisory Reviews
6. Case Practice Reviews
7. Senior Management Team Meetings
8. FSFN Validation
9. CMA Peer Reviews
10. Communication

Detailed process explanation of the case practice review is provided in Section VII – Quality Assurance Activities.
Principle Outcome Category 4 – Fiscal Management/Revenue Maximization

The Fiscal Management/Revenue Maximization category addresses internal tracking regarding Title IV-E and TANF and validation of the data is FSFN.

The Federal Funding/Revenue Maximization Department consists of one (1) Financial Manager who is supervised by the Controller. The Financial Manager has direct supervision of five (5) Eligibility Determination Specialists and two (2) Fiscal Specialists who are assigned all duties associated with determining eligibility for federal funding. Responsibilities are assigned by county of service and consist of all out-of-home-care clients.

To ensure ongoing training and technical assistance activities comply with changing federal requirements, Financial Manager participates in monthly Revenue Maximization statewide conference calls, facilitated by DCF Central Office. Information obtained is disseminated to the Eligibility Determination Specialists in written and verbal form along with supporting documentation, if applicable.

All Region trainings are attended by the Financial Manager. All information is disseminated to the Eligibility Determination Specialists in written form along with supporting documentation, if applicable.

The Region or Central Office Revenue Maximization Specialists provide technical assistance upon request.

Specific Quality Assurance activities directly related to this category include the following:

1. Data Reports
2. Subcontractor Performance Reports
3. Senior Management Team Meetings
4. FSFN Validation
5. Communication
6. Monitoring of Subcontracted Providers
7. Federal Funding Compliance Reports
8. Random Validation of Federal Funding Eligibility

These activities are described in detail in Section VII – Quality Assurance Activities.
VII. Ongoing Tracking and Reporting Of Quality Assurance/Improvement Activities

UFF conducts a large number of quality assurance activities on a daily, monthly, quarterly and annual basis. The information gained from these activities is collected via various tools and methods and is used to determine compliance and drive service delivery. The resulting reports are shared with UFF management on a weekly/monthly/quarterly basis and with the department monthly. Data and reports are submitted to respective stakeholders no later than ten (10) days following the reporting month, unless an alternative timeline has been formally negotiated.

The Quality Assurance component begins with continual review of the day-to-day operational data, and numerous quality assurance activities (outlined at the conclusion of this section). Quality Assurance is the ongoing review of data to ensure that required contract outcome measures and internal benchmarks are met. If an area is determined to be deficient or non-compliant, the Quality Management Department assumes the lead role in seeking the appropriate method to address the issue. Methods include, but are not limited to; in-depth reviews of the data to ensure accuracy, development of quality performance improvement teams, specific studies to determine root cause, identification of training needs, and general process evaluation. Through the implementation of one or more methods, assignments are made dependent upon the area of the company that is directly affected. For example, if the agency is not meeting the target for completion of home visits, the Quality Management Department may work with the case management agencies to research barriers, review FSFN entries to determine accuracy, develop a quality improvement team to work to determine root cause(s), develop solutions, conduct unit comparisons, identify training needs and/or evaluate the process by which home visits are completed or entered into FSFN. If a critical life, health, or safety threat to a child is identified during any quality assurance review, notifications will be made to the appropriate authority. Quality Management will follow up on all situations that fall into this category. The Quality Management Department will notify the CMA Executive Director, Program Director, and Unit Supervisor, United for Families CEO and COO of all situations that fall into the category of critical life, health, or safety threats to a child identified during a quality assurance review. The CMA will have 48 hours to respond to the United for Families Quality Management Department with the action steps taken to correct the situation.

The Quality Management Department is the originating source of the method of action. Once the method is decided, the Quality Improvement Team is developed based on the area of concentration within the agency and includes all levels of staff associated with the issue. In the instance of home visits, the Quality Management Department works with the Program Directors, Case Management Supervisors, Case Managers, CBC Trainers and unit support staff to gather
data. Once the cause for non-compliance or poor performance is identified, the Quality Management Department, in conjunction with associated staff, determines what method should be formulated to address the issue. After completion of the quality improvement process, the Quality Management Department supports performance through standardized quality assurance activities or special ad hoc studies to determine increased compliance and success.

The following is a comprehensive list of Continuous Quality Improvement/Quality Assurance processes for FY 2011-12 that encourage and support activities that drive system improvement:

1. **Activity: Case Transfer Staffing Task Compliance – Ongoing Activity**
   **Frequency:** Weekly
   **Process/Methodology:** This activity is designed to ensure that all cases being transferred provide or contain the documents and information necessary for the supervisor and case manager to effectively begin working with the family. The goal is to ensure that all activities and documents that should accompany the case transfer process/file are completed in order for the case manager to have the information necessary to effectively initiate contact and services for the family. Cases are transferred between the Department of Children and Families Protective Investigators and Dependency Case Management Agency through a web-based system called uTransfer.

   Case Transfer documents are tracked through uTransfer to ensure compliance with documents and FSFN data entry as outlined in the *Memorandum of Agreement with Protective Investigations and CLS*. Team One plays an integral role in the transfer of case information. FSFN is reviewed to ensure compliance with case creation. Entries are posted in FSFN that outline the initial case transfer compliance and any follow up activities that must occur. In the event that required documents are not received, Team One works to secure and review all documents for assessment and Data Management enters the case information into FSFN.

   **Data Tools:** Excel, FSFN, uTransfer

2. **Activity: System of Care Monitoring - Ongoing Activity**
   **Frequency:** Weekly
   **Process/Methodology:** This activity is designed to engage the family in services at the earliest possible time.
UFF has identified specific activities that need to be completed within the first 30 days of care. These activities include assigning the case to a case manager within 2 days of case receipt, ensuring family contact within 72 hours of case assignment, engaging the family at the earliest possible time, and ensuring completion of the case plan. This information is shared with the CMA Program Directors on a monthly basis.

**Data Tools:** Excel, FSFN, ad hoc reports from FSFN repository data

3. **Activity: Permanency Tracking - Ongoing Activity**
   **Frequency:** Monthly
   **Process/Methodology:** This activity is designed to evaluate the status of case activities toward achieving permanency. The goal is to systematically track the cases by length of time in care and focus on reunification/permanency while providing the specific case information to the CMA program directors.

   This process reviews the cases at specific intervals (3, 5, 9, 11 months) through the life of the case in order to ensure achievement of permanency within required timeframes. This information is shared with the Senior Management Team and the CMA Program Directors on a monthly basis.

   **Data Tools:** Excel, FSFN, ad hoc reports from FSFN repository data

4. **Activity: Data Reports - Ongoing Activity**
   **Frequency:** Daily, Weekly, Monthly, Quarterly, Semi-Annually, and Annually
   **Process/Methodology:** This activity is designed to provide constant, ongoing data to all departments within the agency for the purpose of driving service delivery. The goal is to place these issues as a priority in our day-to-day operations and use them as a benchmark to gauge the success of our activities in meeting the service needs of our families.

   Numerous data reports are reviewed on an ongoing basis at various intervals. The CEO, COO, Quality Management Department, Program Services Director, Finance Department, and the Case Management agencies review this data. Various sources are utilized to collect the data and all are shared with the Senior Management Team and appropriate departments on a weekly basis. If data suggests that our compliance or service delivery is not satisfactory or declines, daily reports are developed to provide an ongoing baseline for monitoring.
Data Tools: FSFN, ARGOS

5. **Activity: Incident Report Analysis - Ongoing Activity**  
**Frequency:** Monthly  
**Process/Methodology:** This activity is designed to analyze the incident report data and identify trends or concerns. The goal is to ensure that providers are adhering to procedure, that children remain safe and that any concerning trends are identified and addressed (both internally and externally).

Incident reports, both internal and external, are collected by a web-based system called uReport. The Quality Management Department organizes the data and analyzes the data based on systematic criteria or categories. Trend reports are created and discussed at the quarterly CQI meetings with providers to address any concerns. Copies of the summary and trend reports are also provided to the UFF Contract Management Department and DCF as requested.

**Data Tools:** uReport

6. **Activity: Subcontractor Performance Reports - Ongoing Activity**  
**Frequency:** Quarterly  
**Process/Methodology:** This activity is designed to maintain compliance with the various service outcome measures. The goal is to ensure all subcontractors are meeting the contracted outcome measures and that the designated services are being effectively delivered.

The subcontractor submits monthly reports to the respective contract manager within the Contract Management Department. The reports are specific to the type of contract/services provided and directly reflect progress or compliance with outcome measures. The reports are reviewed and analyzed by the Contract Manager. If the data is consistent with the reporting requirements, the report is then entered into a formal tracking system. Data is collected monthly and provided to the subcontractor quarterly. In the event that the Contract Manager identifies performance trends that need immediate attention, the Contract Manager provides technical support to providers as necessary. The Quality Management Department provides technical support to the Contract Management Department as necessary.
The individual subcontractor performance data is cumulatively compiled on a quarterly basis to determine the overall system of care performance.

Data Tools: Subcontractor reports, Excel, quarterly progress reports

7. **Activity**: Federal Funding Compliance Report (Daily Log) - Ongoing Activity

**Frequency**: Daily

**Process/Methodology**: This activity is designed to ensure that accurate placement type and eligibility data is collected and recorded accurately. The goal is to ensure 95% accuracy of all data.

Child in Care packets consisting of information necessary to recommend eligibility determination are submitted on a daily basis to the Eligibility Determination Specialist from Case Managers and Protective Investigations. The information is used to complete a Title IV-E/Medicaid application to make a recommendation of presumed IV-E eligibility or Non-IVE if child is illegal alien to Child in Care (CIC) staff in the Department of Economic Self Sufficiency. A notice of case action which includes the child’s eligibility determination is received from the CIC staff. The Eligibility Determination Specialists validate the information for payment of a child in licensed care. Discrepancies are addressed immediately with CIC.

Determination through the information obtained in the CIC packet for all children initially brought into care must be received and completed within 24-48 hours of the initial removal. The FSFN report, Eligibility Exception Report and Eligibility Types, is reviewed weekly by the Eligibility Determination Specialist assigned to the respective case(s) who is responsible for obtaining the necessary information from the primary Case Manager or Protective Investigator and correcting inaccurate information, if necessary.

In order to maintain constant supervision of federal funding compliance, the Eligibility Determination Specialists re-determine eligibility on all cases annually. On a monthly basis through the invoice authorization process, the Eligibility Determination Specialists monitor placement types within their assigned county (ies) and communicate changes when children leave paid placement to the CIC office, therefore maintaining appropriate eligibility.

Data Tools: FSFN, CIC paperwork
8. **Activity**: Random Validation of Eligibility – Federal Funding - Ongoing Activity  
   **Frequency**: Monthly  
   **Process/Methodology**: This activity is designed to assure accuracy of the revenue maximization files. The goal is to ensure 95% accuracy.  
   On a semi-annual basis, the Financial Manager completes random file audits per Eligibility Determination Specialist. The supervisor verifies the paperwork contained within the file against the file review form that serves as a review tool.  
   Incomplete files or inaccuracies in paperwork are returned to the Eligibility Determination Specialist for correction.  
   **Data Tools**: Federal Funding Compliance Report/Daily Log and eligibility determination files

9. **Activity**: Child Welfare Quality Improvement Plan (CWQIP) – As requested, Ongoing  
   **Frequency**: Various/Quarterly  
   **Process/Methodology**: Based on the current emphasis and requirements outlined in the state Quality Improvement Plan, UFF participates in all activities passed to the local Circuit/CBC level. These activities vary based upon specifically identified areas of emphasis.  
   **Data Tools**: FSFN, internal data collection, internal data analysis

10. **Activity**: Senior Management Team Meetings - Ongoing Activity  
    **Frequency**: Weekly  
    **Process/Methodology**: This activity is designed to address performance and service delivery issues, ensure the dissemination of information, provide a platform for feedback, discussion, decision-making and planning, and track task completion. The goal is to ensure consistency and cohesiveness within the system of care.  
    The Senior Management Team meets weekly to discuss issues of performance, service delivery and situational items. Each senior manager of the company (Chief Executive Officer, Chief Operating and Information Officer, Director of Quality & Data Management, Director of Program Services, Chief Financial Officer, Director of Information Technology, Director of Community Outreach, Chief Legal Counsel, Director of Training and Accreditation) attends the meetings.
11. **Activity: Florida Safe Families Network Validation - Ongoing Activity**

**Frequency:** Continual

**Process/Methodology:** This activity is designed for the Department and lead agency to continually assess data accuracy and completeness of data entered into the official system of record, Florida Safe Families network (FSFN). The goal is to achieve 95% accuracy of all data related to cases.

Based on numerous ad hoc reports developed from the FSFN raw data within the data warehouse, as well as standard reports from within FSFN, information is updated to maintain compliance and/or provide insight to areas of concern.

For areas that cannot be tracked via the system or the raw data, the supervisory review, case practice review and various ad hoc reviews will target areas validated through activities associated with each.

**Data Tools:** FSFN and ad hoc internal review tools

12. **Activity: Exit Interviews - Ongoing Activity**

**Frequency:** Continual

**Process/Methodology:** This activity is designed to meet regulatory requirements and gain feedback from children regarding each placement they experience. The goal is to ensure quality foster homes for children. United for Families web-based system for capturing Exit interviews is called uInterview.

uInterview alerts the Case Manager that an exit interview must be completed for any child that exits a placement that lasted 30 days or more in duration. The interview form is submitted via the uInterview web-based system to UFF for review and data collection. Based on the data, quality improvement activities may be initiated. Data is disseminated to the CMAs, Program Services, Placement, Licensing Provider, Foster Care Coordinator, and Quality Management Department for feedback and review.

**Data Tools:** uInterview

13. **Activity: Communication - Ongoing Activity**

**Frequency:** Continual
Process/Methodology: This activity is designed to ensure every UFF staff member and stakeholder receives accurate and up to date information in order to drive service delivery and continually enhance the quality of our system of care. The goal is to create a culture of information sharing, ensure accuracy of information and establish a common sense of service delivery.

Communication is provided through three (3) methods; verbal, written and electronic. All communications are based on data obtained from a variety of sources, with FSFN being the primary data source.

Data Tools: Interagency memo, email, conferences, telephone calls, video teleconferencing, and Development Department Newsletters on the internet/intranet.

   
   Frequency – Ongoing/Quarterly
   
   Process/Methodology – The Performance Improvement Plan was created to improve outcomes as related to our annual performance measures. The improvement initiatives are developed to improve the performance measures. The plan lists all of the local improvement initiatives including goals and benchmarks. The Plan is monitored monthly with quarterly updates and submitted to the DCF contract manager. Ongoing status reports on performance improvement initiatives will be communicated to management through agenda items in weekly Senior Management meetings. This information will be captured and communicated to the board and interested stakeholders through monthly board and alliance meeting minutes. A Performance Measure Workgroup meets quarterly to address root causes and improvement initiatives.

   Data Tools: Internal and external systems, FSFN

15. Activity: **Annual Reporting**
   
   Frequency: Annually
   
   Process/Methodology: Per the Memorandum of Agreement, United for Families will compile agency reports, program data and submit summary reports to the Department of Children and Families Office of Family and Community Services.

   Data Tools: DCF reporting format

   
   Frequency: Annually
Process/Methodology: This activity is designed to give the UFF Quality Management Department “real-time” data in order to provide effective monitoring of contracts. Real time data produces accurate and timely information. Providers receive immediate insight regarding contract performance and compliance and have the opportunity to immediately work with the funder on correcting any issues prior to them escalating.

United for Families Quality Management Department continually assesses the contract monitoring process and will manage the changes made to the process as they develop.


17. Activity: **Supervisory Reviews/Unit Supervisory Discussions – Ongoing Activity**

   **Frequency:** Monthly/quarterly

   **Process/Methodology:** This activity is designed to structure and increase attention to this mandated review process, and obtain information focused on how practice is supporting the outcomes of safety, permanency, and well-being for children. The goal is to review every case quarterly and provide direction to ensure timely achievement of permanency. Front line supervisors review all their open cases, using predefined quality information as well as core elements to assess key practice standards. Supervisory review is intended for immediate corrective feedback and evaluation of case activities that have been completed to achieve permanency. By its fundamental nature supervisory review is intended to provide directional feedback to caseworkers for quality improvement. However, since quality of casework is the most critical aspect of the system, it is also the most timely and earliest opportunity to capture information vital to understanding practice. The supervisory discussion guide or “Mentoring Guide” will be used to conduct the quarterly discussions. The supervisor will document in a case note in FSFN that discussion occurred, summarizing any major points that may need further attention and/or clarification. Any potential characteristics that need to be considered in the future will also be documented. The supervisory discussion guide or “Mentoring Guide” will be presented and continually referenced at United for Families’ quarterly Continuous Quality Improvement meeting. All CMA supervisors and Program Directors are in attendance for these meetings and are advised of the guide’s contents, review tools to be utilized and the CBC’s expectation of supervisory discussions. Data Information can be made available at the circuit and regional level through FSFN and Quality Management’s Case File Review Tool. The Quality Management Department will be monitoring the system and data reports for compliance and quality indicators. QM will be continuously analyzing the quality of the FSFN note to ensure compliance with the
“Mentoring Guide”. Quality Management will meet with the Case Management Program Directors quarterly to review data related to quarterly supervisory discussions. United for families will develop a web-based system to track compliance and completion of quarterly supervisory discussions. Additional training needs will be assessed based on the quality of the notes, systematic changes and quality improvement initiatives. The analysis of the data will be presented quarterly in our Continuous Quality Improvement (CQI) meetings.

Data Tools: FSFN, Mentoring Guide, Supervisory Review Tool

18. Activity: **Case File Reviews** – Ongoing Activity

Frequency: Monthly/Quarterly

**Process/Methodology:** This activity is designed to focus CMA attention on the quality of their casework and document all pertinent information for Quality Assurance reviews. Quarterly, United for Families will conduct a case file review of service process compliance and quality. United for Families will select 12 cases based on children who are eligible to be reviewed by permanency goal. The tool will include components of service process compliance that drive child and family outcomes, and outcomes of service quality elements including selected quality practice standards that can be assessed via case file review. The protocol for the review will promote objectivity in assessment by the reviewers.

Data Tools: Case Practice Review Tool

19. Activity: **Quality Services Reviews (QSR)** – Ongoing Activity

Frequency: Quarterly, Ongoing

Quality Services Reviews are designed to be a powerful self-evaluation tool, helping child welfare and social services agencies assess the effectiveness of their practices and the interventions provided to the families they serve. United for Families will select five cases from the appropriate sample criteria to review using the QSR protocol. The Department of Children and Families will place the quarterly extract data into the DCF ILF Image Management System. The Quality Management Department will follow the Sample Methodology protocol listed on page six (6) of the “Quality Services Review (QRS) Protocols for a Child and Family”. All CBC Quality Management staff will be trained to participate in case file reviews. United for Families will track, analyze and report findings quarterly and as needed to the Region by utilizing the QSR web-based tool. The debriefing of case practice reviews provides case management units with data.
relating to the quality of case practice as outlined in the Quality Services Review (QSR) Protocols for a Child and Family prescribed by the Department of Children and Families to aid in service delivery.

Annually, United for Families will participate in the annual evaluation process, to identify actions needed to address findings from In-depth QSR case reviews. United for Families will present the evaluation to the Board of Directors and use the information to drive System Improvement Plan (SIP) developments.

QSR Reports are input quarterly into the Department’s QSR Review Tool at: http://apps1.dcf.state.fl.us/WebSecurity/login.aspx with documentation as required. The quarterly data must be entered into the DCF system by:

1) October 30, 2011;
2) January 30, 2012;
3) April 30, 2012,
4) July 30, 2012

United for Families will submit to the Department the annual evaluation referenced in section 3 of the Memorandum of Agreement by August 30th of each fiscal year. (beginning in 2012)

United for Families shall submit the System Improvement Plan and all internal assessments regarding child welfare performance to the Department by October 30th of each fiscal year (beginning in 2012).


**20. Activity: Accreditation by Council on Accreditation (COA) – Ongoing Activity**

**Frequency:** Ongoing

**Process/Methodology:** The process of national social work accreditation through the Council on Accreditation (and re-accreditation), is an ongoing process that establishes United for Families as an organization that is continuously changing, growing, improving and working toward best practice in the industry. Our dedication to the goal of meeting national standards of excellence demonstrates to our clients, board, and staff that we are serious about quality improvement. COA standards serve as a framework to measure CQI. It is the intention of United for Families to adhere to the COA standards and to use those standards diligently in our daily operations as a management tool to analyze our strengths and weaknesses.
21. **Enabling children in foster care to develop the skills for successful transition to adulthood:**

**Activity:** Increase educational stability for children in foster care. – *Ongoing Activity*

**Frequency:** Monthly

**Process/Methodology:** The primary focus is on educational goals and progress. United for Families’ Program Services Department will meet with St. Lucie County and Martin County schools to get educational information, status, etc. on Road to Success youth. Additionally, accessing web-portals for St. Lucie County and Martin County school districts will soon be a reality. The information contained in the web portals (grades, progress, behavior) will bring about stability and greatly enhance the amount of information the program has to work with for the youth. As a result, services will be more personalized.

**Data Tools:** Web-portal system

**A. Activity:** Increase opportunities and supports to enhance normalcy. – *Ongoing Activity*

**Frequency:** Quarterly

**Methodology/Process:** "Teen Normalcy Plans" are developed with age-appropriate activities by the youth’s dependency case manager, youth, and caregiver as part of the Road to Success program. Plans are reviewed every 90 days. Additionally, United for Families’ volunteer mentor life coaches from the community are trained and matched to teens. Life coaches assist, encourage, and guide a foster teen during their critical transition years before they turn 18.

**Data Tools:** On-site record reviews of Road to Success files

**B. Activity:** Increase youth involvement in developing their case plans. – *Ongoing Activity*

**Frequency:** As appropriate, at development or goal change of case plan

**Methodology/Process:** The New Road to Success Program will be designed around youth-directed planning. A critical staffing for each youth in care will be held at appropriate intervals and will be directed or guided by the youth.

**Data Tools:** Record Review Tool
22. Increase in-home supervision and supports:

A. Activity: Reduce children entering into out-of-home care without compromising safety. – Ongoing Activity

Frequency: Ongoing
Methodology/Process: This activity was selected to maintain children in the home without compromising the child’s safety. The new system of care design underway will provide more assessment and support at the initial stages of the case to reduce removals. Mandatory safety in-service training conducted by Regional Family Safety Program Staff in April 2008 focused on safety and risk factors and to ensure more frequent utilization of Family Mobile Response Team. Removal trends to be monitored for patterns within units and among individual Child Protective Investigators.

Data Tools: CPI Safety Assessment, Team One Assessment

B. Activity: Engage the family, especially the father, in determining child's well being. – Ongoing Activity

Frequency: As appropriate, at development or goal change in case plan
Methodology/Process: This activity was selected due to the need for fathers to be stronger participants in the development of their child’s case plan. The new system of care redesign incorporates ‘Family Group Decision Making’ into all cases. This engages family, friends, and other supports of the family in the case planning process to determine positive outcomes toward child safety.

Data Tools: Family case plan, Team One assessment

23. Activity: Missing Children – Ongoing Activity

Frequency: Daily
Methodology/Process: The Quality Management Department will work in conjunction with the CMAs and the Regional Missing Children Unit designee once a child is determined to be missing, while they are missing and when located.

Data Tool: Efforts to Locate Log

24. Activity: Ad Hoc and High Risk Case Reviews – Ongoing Activity

Frequency: Ongoing
Methodology: The Quality Management Department completes numerous ad hoc and high risk case reviews. This category of special reviews allows for the Quality
Management Team to view the “windows into practice” and analyze the information for continual quality improvement. Ad hoc and high risk Case Reviews are identified through data captured from Exit Interviews, Incident Reports, uRx, Senior Management, Complaints, Ongoing Record Reviews and Psychotropic Medication Reviews.

25. **Activity: Psychotropic Medications for Children in Foster Care – Ongoing Activity**

   **Frequency:** Weekly, Ongoing

   **Methodology:** United for Families utilizes a web-based system (uRx) for monitoring children in out-of-home care prescribed psychotropic medication. Once the medical profile has been created in FSFN and the psychotropic medication information has been entered, uRx will automatically request that the appropriate documents be uploaded. The Case Manager uploads the required documents into the uRx system. Case documents retained in the uRx system are express and informed consents, court approvals, and treatment/medical plans. The uRx system allows United for Families’ Director of Clinical Services and the Quality Management Department to monitor case documents for timeliness and policy compliance. United for Families Quality Management Department will perform ad-hoc case file reviews for verification of appropriate case file documentation.

   **Data Tool:** uRx, FSFN

26. **Activity: Executive Management Discretionary Reviews - Ongoing**

   **Frequency:** As Mandated

   The Secretary or other executive member of the Department may determine at any point during the year that a statewide focus topic review will be conducted and provide guidance on the requirements. These reviews will be based on quality assurance review results, performance improvement plans and various data analyses. This activity will likely require specially designed review tools and other protocols depending on subject matter. Discretionary reviews may also be assigned by regional directors for local purposes. These reviews will include high profile cases. United for Families will respond to all Executive Management Discretionary Reviews and will work closely with Regional Quality Assurance staff in obtaining all required information.

27. **Activity: Medical, Dental and Vision Case File Reviews: New/Ongoing**

   **Frequency:** Ongoing

   **Methodology:** The Quality Management monitoring team utilized a monitoring tool developed from the Quality of Practice Standards Case Management review tool.
During this review the monitors examined and evaluated the existence of Medical, Dental and Vision records in each Case Management record. This process will be completed unit by unit, county by county until all records have been reviewed.

Data Tools: Medical, Dental, Vision Review Tool

28. Activity: Internal Departmental Monitoring – Annual
Frequency: Annual
Methodology: Quality Management will monitor all United for Families internal departments annually for agency/departmental compliance with policy, procedure and practice.

Data Tools: Internal Departmental Review Tools,

Peer Participation:

The local community alliance and board participates in quality management plan implementation through the review and evaluation of performance data.

An additional activity with the Region and the Circuit staff are quarterly Continuous Quality Improvement (CQI) meetings that include updates on FSFN data, UFF quality management initiatives/improvement/activities, data management updates and DCF Circuit/Regional informational updates. Specific qualifications for participation in case practice reviews are outlined within the quality assurance activity process / methodology.

Stakeholder Participation:

UFF utilizes input from and feedback to stakeholders through a variety of channels: written surveys, meetings, evaluations, monitoring and data sharing. Stakeholders include the children and families served, personnel, providers, Board of Directors, Department of Children and Families, Community Alliance and community members as a whole. The information gained through each avenue is cumulatively shared with the Senior Management Team for discussion and action. Ideas, concerns and comments are utilized to evaluate our system of care, drive service delivery, identify areas of strength and weakness and provide the agency with an overall means in improving our services. The current Contract Performance Measures located on the Department of Children and Families Dashboard, and any other outcomes mutually agreed to at the local level are communicated monthly to the Board of Directors and stakeholders by the United for Families CEO. The contract performance measures are reported in graph form and are located in the board meeting minutes. Board packets are provided to each board member electronically before the planned meeting and as a handout on the day of the board meeting. All

Page 28 of 37
interested stakeholders receive the contract performance measures report during the monthly board meetings.

The Quality Management Department coordinates the questionnaire and satisfaction survey process. A web-based survey system is used to generate surveys based on criteria and set timelines and to distribute them via email. The results of all surveys are recorded in the back-end database and used to generate reports for analysis. The Senior Management Team, Board of Directors and local Alliance members review these reports to assess the overall quality of service to meet the needs of children, families and other stakeholders.

There are five (5) different categories of surveys/questionnaires:

1. Satisfaction of parents/child (ren)
2. Satisfaction of adoptive parents
3. Satisfaction of foster parents
4. Satisfaction of providers
5. Satisfaction of stakeholders (e.g., courts, GAL’s, etc.)

Child and family satisfaction surveys include questions addressing the services the clients received, the professionalism of the staff, the ease with which services were provided, whether or not the clients felt that they received the help they needed, and whether the facilities were convenient. Surveys are aggregated, reviewed and reported by quality management staff. The information resulting from the reports is used to develop new services, change existing services, and to strategically plan.

Consumer satisfaction surveys are administered to those agencies/individuals who work with UFF. This data is also aggregated, reviewed and reported by quality management staff. The information is then used to identify any issues that consumers have not otherwise communicated in order to secure the most positive working relationships between agencies and caregivers.

Each stakeholder group plays a role in the UFF quality assurance/improvement activities both formally and informally. Input from each stakeholder group plays an important role in strategic planning, ensuring that UFF is sensitive to the needs of each as well as maintaining a system of care that meets the needs of the service community. Feedback is provided through newsletters, data reports, interaction with the print media, public relations efforts and an open door/information exchange policy with our CEO.
Customer Relations: Inquiries, Complaints, and Grievances:

It is the policy of UFF to encourage children, families, and community stakeholders to make inquiries, share concerns, and register complaints in order to continuously improve the quality of services. UFF will ensure a prompt and appropriate response to all inquiries, complaints and concerns that are received verbally or in writing.

Inquiries

An “inquiry” is defined as an issue raised that requires clarification or attention but which may not indicate dissatisfaction with services. Client inquiries may be made of any employee, at any level, within the organization. The employee will seek to resolve the concern quickly and efficiently to the satisfaction of the inquirer. If this cannot be accomplished, the employee will enter the inquiry into the web-based inquiry tracking system. The inquiry will then be routed electronically to the Quality Management Department for follow up by a Quality Management Specialist.

The Quality Management Specialist will investigate the inquiry to determine what occurred, making a preliminary assessment about what action is required. The Quality Management Specialist will seek to resolve the concern or problem expressed, making reasonable efforts to obtain resolution as requested by the inquirer. Resolution of the concern or problem will occur in no more than three (3) business days from the date the inquiry was received. The results will be forwarded to all relevant parties.

If satisfactory resolution of the inquiry cannot be obtained within three (3) business days, the inquirer will be offered an opportunity to follow UFF’s grievance procedure in an effort to reach satisfactory resolution.

The Quality Management Department will report inquiry data trends on a quarterly basis to the Senior Management Team and the CQI Committee. Data reports include the number of inquiries, average time from inquiry to resolution, and number of inquiries referred as grievances.

Complaints

UFF defines a complaint as dissatisfaction with a case-specific issue or service delivery issue, which is received verbally or in writing and for which a response is requested. Complaints are handled by the UFF Quality Management Department to provide a point of contact for individuals wishing to file a complaint. Complaints are answered by QM staff during regular
business hours or the next business day if received during non-working hours. QM staff ensure that complaint polices are explained to the individual filing a complaint and that the policies and procedures are followed.

Within one business day of receipt of the complaint/concern, the designated QM staff member will enter the complaint into a tracking system. The QM staff members are responsible for contacting the individual who made the complaint to obtain the information necessary to complete all required fields in the tracking system. If a complaint was received in written form, the written form will be uploaded into the tracking system.

When identifying information is available, confirmation of receiving the complaint to the complainant is made. This confirmation informs the complainant that UFF is investigating the complaint/concern.

The QM staff use the tracking system to document the actions taken after discussing the issue with the complainant. All complaints raised will be resolved within 3-5 days or the reason for delay in resolution will be noted in the tracking system. The Quality Management department is responsible for monitoring and tracking the complaint resolution to ensure timeliness is met.

If any complaint remains unresolved, the issue is referred to the UFF Quality Management Director, and the person issuing the complaint will be advised of further grievance and appeals procedures.

**Grievance & Appeals Resolution Process**

It is the policy of UFF to respond to all grievances and appeals in a manner that is respectful of individual clients, providers, and others who file a grievance. This policy is included in all contracts with service providers. The grievance and appeals process promotes fair, non-intimidating, and timely resolution.

**Grievance and appeals processes for parents:**

The Case Manager will explain the grievance and appeals process to the child and family at the initial contact. Grievance and appeals forms are included in the consumer guide that will be provided at initial contact. The following procedure will be followed when a child/youth or a parent files a grievance:

a) In the event that a difference of opinion or conflict occurs, the dissatisfied person(s) is encouraged to bring the specific issue to the attention of the case manager in the context of an inquiry. The forum for this dialogue is informal and the results are documented in the appropriate file. Documentation includes the circumstances surrounding the issue and resolution/status.
b) If the concerns are not resolved at the inquiry or complaint level, the case manager will provide the person(s) with the name of his/her supervisor so that the person(s) may speak with them regarding the concern/complaint. This process should move up the chain of command within the case management agency until the issue is resolved.

c) If the management personnel within the case management agency cannot resolve the issue, the CMA shall request a meeting with UFF management and the complainant to discuss the outstanding issue.

d) Final authority to resolve disagreements, if necessary, rests with the UFF Chief Executive Officer. If needed, all data collected will be forwarded to the CEO for final review. The agency designee will notify the person(s) served of the final decision which will be given no later than five (5) days after the CEO receives the request for review.

Grievances or Appeals Made By CMAs or Providers

All UFF contracts for services require providers to follow UFF grievance and appeals procedures. If a contract provider wishes to file a grievance, a summary of the process is outlined below:

a) In the event that a difference of opinion or conflict occurs, the dissatisfied provider is encouraged to bring the specific issue to the attention of UFF in the context of an inquiry. The UFF Quality Management department processes all inquiries and provides the response.

b) If the UFF Quality Management department cannot resolve the issue, a meeting with UFF management and the provider will be set to discuss the issue.

c) If the UFF management team and the provider cannot resolve the issue, a meeting with the UFF Chief Executive Officer will be set for final resolution.

d) Final authority to resolve disagreements, if necessary, rests with the UFF Chief Executive Officer. If needed, all data collected will be forwarded to the CEO for final review. The agency designee will notify the provider of the final decision which will be given no later than five (5) days after the CEO receives the request for review.

Review of all Complaints and Grievances

On a quarterly basis, the UFF Quality Management Director reviews all complaints and grievances filed within the quarter. Results are reviewed with the UFF Senior Management Team. Timeliness of resolution, corrective actions taken, and customer satisfaction with the resolution is evaluated.
Monitoring Subcontracted Providers:

UFF monitors the contracted providers in the network through a number of mechanisms. The Contract Manager and the Department of Quality Management conduct continuous management and monitoring of activities through on-site visits to providers and through the review of required contractual reports.

UFF contract staff collects and analyze provider data from FSFN and internal systems on a monthly basis. The Director of Contracts discusses any performance issues with the provider and the actions the provider will take to improve performance. This is documented in the contract file. The Director of Contracts provides technical assistance as necessary. As United for Families evaluates and monitors programs and new information becomes available, the Quality Management Department will work in conjunction with the program and contract management on performance improvement teams, corrective action follow-up and new performance initiatives.

An invoice tracking log which includes date of service, payment amount, and expenditure type is managed by the Director of Contracts for all active contracts.

All applicable contracts will undergo an annual monitoring by UFF in accordance with the UFF Contract Monitoring Manual (Refer UFF Contract Monitoring Manual). Providers will be required to document corrective actions taken to improve performance in areas found deficient in this monitoring.

VIII. Quality Improvement

Quality Improvement is implemented based on the level of performance or compliance with each quality assurance activity or other source. Performance and compliance is determined based on established benchmarks and performance expectations. The indication of poor performance or lack of service delivery is based on data reports and analysis conducted as part of the quality assurance activities.

*UFF believes that in order to strengthen our system of care, we must continually strive to:*

1. Exceed our established outcomes
2. Improve the quality of our services
3. Address substandard performance
To ensure Excellence and improvement, UFF addresses each area through the **Performance Improvement Team approach**. Once an area is identified as an area for improvement (based on performance data or reviews), the Team reviews the data and determines who should be assigned as the team leader. The team leader(s) is most often a seasoned staff member(s) who has experience within the department or departments that directly impact the data or performance, while the Quality Management Department provides technical assistance, gathers data and determines trends. The team, which includes members of the Quality Management Department and is required to be inclusive of all levels of staff within the associated department, is responsible to review data provided, conduct an analysis to determine the potential root cause, formulate a solution plan, set target outcomes, implement deployment and monitor progress. The Quality Management Department then ensures continual quality improvement through regular auditing and reporting of the process.

The key to any implementation process is effective and efficient deployment. UFF facilitates quality improvement through careful analysis of processes and resources, training, meeting technical needs, effective communication, and feedback.

Initiatives utilized to enhance and drive deployment are:

- Performance Improvement Plan
- Use of Quality Improvement Teams

The **Performance Improvement Plan** combines results or outcomes from external and internal reviews, identification of specific indicators and continual evaluation of outcomes. The process for implementation of solution plans is initiated, monitored and evaluated by the Quality Management department in collaboration with the assigned Quality Improvement Team. The Performance Improvement Plan is updated quarterly and is designed to track and report on ongoing improvement initiatives.

The use of **Performance Improvement Teams** combines the indicators outlined in the Quality Improvement Plan and those identified through regular process or procedural evaluation. Multiple Performance Improvement Teams are developed within the delivery system and assigned various tasks or action steps outlined in the solution plan. This team approach strengthens the overall plan deployment.
Data Collection and Analysis

*Data Collection:* In order to effectively address Quality Improvement measures, data collection is completed through two separate processes: external and internal. External data is collected via reports and audits. Internal data is collected through FSFN, internal tracking processes, case file reviews, and standardized reporting tools.

Data collection is driven by the agency’s established indicators and activities contained within the quality management plan. The frequency of data collection occurs at various scheduled time periods based on data availability, required reports or the status of a performance outcome.

*Data Analysis:*

Identifies and verifies root cause through validating strengths, identifying weaknesses and ensuring the quality of the process that directly drives a specific indicator determined through the quality assurance activity to effectively implement the processes. UFF will determine the process of the analysis, ensure valid and accurate data collection, review current procedures and practices, establish desired outcomes and targets, and develop and deploy a plan of solution. For successful and continual quality improvement, UFF will compare the data analyzed at each interval to determine trends. As new information concerning performance is made available, QM will appropriately utilize the data to facilitate improvements in the following manner: focus groups facilitated by QM Department staff and CMA supervisors, PIT Teams (CMA’s and QM Team members), QM Department improvement initiatives, and Performance Improvement Plans. These projects will work to modify and/or improve the processes at the CMA and CBC levels.

To effectively communicate the data, UFF generates reports in the form of lists, tables, graphs and/or charts as required. This information is disseminated to the department, community partners, providers, staff and other interested or related stakeholders.

**IX. Staff and Provider Training**

*Training / Staff Development*

Training and staff development play a large role in the successful implementation of the Quality Management Plan as well as the quality assurance and quality improvement efforts. Not only
do we utilize training to ensure effective deployment of processes but we also provide training on the various quality assurance activities and the appropriate manner in which to successfully complete quality improvement activities. This method has served to enhance both the training program and the quality assurance/improvement initiatives simultaneously.

Case File Review training: The Department of Children and Families Quality Management Department will provide training to all quality management staff responsible for the completion of the Quality Services Review (QSR). These trainings ensure inter-rater reliability, consistent tool utilization, defined intent of questions, and logical analysis of subjectivity. To further support consistency, the Department of Children and Families will assign one Quality Management Specialist/Trainer to provide technical assistance through the sharing of up-to-date interpretations and guidance associated with the Quality Services Review.

**Pre-service Training, In-service Training**

**Pre-service Training**

Case management staff receives Pre-service training through United for Families training department. The pre-service training includes structured field activities and classroom training and requires successful completion of a knowledge-based test to achieve Phase I Certification. All pre-service training follows the requirements outlined by the state.

**In-service Training**

United for Families is responsible for coordinating and facilitating all needed staff in-service training, either by directly providing the training or arranging an outside training opportunity. At least quarterly, guest lecturers will be invited to share their expertise with United for Families staff, as well as case management staff, Department of Children and Families staff, and staff employed by the community network providers. Notice of these trainings will be provided to all staff in calendar format, and will require prior registration. Topics of interest will be determined by the results of an annual *Training Needs Assessment*. At least one in-service training yearly will be directed at morale and staff retention issues. United for Families provides exceptional quarterly training relating to issues that impact the lives of children and families. Examples include: domestic violence, working with substance abusing families, assessment and intervention, sexually reactive youth, family group decision making, and mobilizing resources for effective service delivery.
X. National Accreditation:

United for Families received accreditation through the Council on Accreditation (COA) on November 30, 2008. COA is an international, independent, not-for-profit, child and family service and behavioral healthcare accrediting organization. It was founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Children and Families).

Originally known as an accrediting body for family and children's agencies, COA currently accredits 38 different service areas and over 60 types of programs. COA views accreditation as a catalyst for change that builds on an organization’s strengths and helps it achieve better results in all areas.

In our current outcomes-oriented environment, organizations are increasingly called upon to demonstrate the impact of their services. Accreditation is designed to be a framework within which an organization can measure a variety of its achievements.

The value and credibility of COA accreditation are formally recognized in over one hundred distinct instances in forty-four different states, the District of Columbia, as well as British Columbia, Canada. Additionally, the U.S. Department of State has designated COA as the sole national independent accredditor for organizations providing inter-country adoption services in the United States that work with sending countries that have ratified the Hague Treaty. United for Families is accredited as a Network/Lead Agency under the following Administrative Standards:

- ETH: Ethical Practice
- FIN: Finance
- GOV: Governance
- HR: Human Resources
- PQI: Performance and Quality Improvement
- RPM: Risk Prevention and Management
- ASE: Administrative and Service Environment
- BSM: Behavior Support and Management
- CR: Client Rights
- TS: Training and Supervision

Additionally, United for Families has achieved accreditation for two (2) Service Standards:

- CSE: Counseling, Support and Education Services
- YIL: Youth Independent Living
December 1, 2008

CONGRATULATIONS!

UNITED FOR FAMILIES

HAS BEEN ACCREDITED BY THE COUNCIL ON ACCREDITATION

The Council on Accreditation (COA) is delighted to inform you that United for Families has been accredited. COA’s commitment to maintaining the highest level of standards and quality improvement is designed to identify providers that have set high performance standards for themselves and have made a commitment to their constituents to deliver the highest quality services. COA is proud to recognize United for Families as one of these outstanding providers.

COA accreditation is an objective and reliable verification that provides confidence and support to an organization’s service recipients, board members, staff and community partners. The COA accreditation process involves a detailed review and analysis of both an organization’s administrative operations and its service delivery practices. All are “measured” against national standards of best practice. These standards emphasize services that are accessible, appropriate, culturally responsive, evidence based, and outcomes-oriented. In addition, they confirm that the services are provided by a skilled and supported workforce and that all individuals are treated with dignity and respect.

Because COA reviews and accredits the entire organization, not just specific programs, you can have confidence in the credibility, integrity and achievement of your entire organization.

COA congratulates United for Families for their hard work and wonderful achievement and is proud to have it as part of COA’s Community of Excellence.

Founded in 1977, COA is an independent not-for-profit international accreditor of the full continuum of community-based behavioral health care and human service organizations. Today, over 1800 organizations—public and private—are either COA accredited or are in the process of seeking accreditation. These organizations serve over 7 million of our most vulnerable individuals each year!