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

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

**Focus on Coordination**

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

Documentation will be verified as part of the base and side-by-side case reviews. Each quarter, CFC will review a 90/10 sample of cases for supervisory reviews. CFC will also ensure that the sample is stratified across all units so that at a minimum, one review per supervisor will be monitored. This sample is inclusive of those selected for base and side-by-side reviews. CFC will monitor these reviews for evidence of qualitative discussion and supervisory guidance. Proposed evaluation criteria are:
- Was appropriate supervisory guidance offered and tasks assigned
- Were prior assigned tasks completed
- Have all service referrals been made
- Are child well-being issues being addressed
- Timeliness of the review (within 90 days of last review)
- Is case making timely and appropriate progress towards permanency
- Are emerging risk/safety factors or needs being identified and addressed
- Family engagement
- Did Supervisor address psychotropic medications during supervision

These criteria may change as other issues for supervisory attention may be identified.

**Psychotropic Medications**

In an effort to provide ongoing review of cases of children taking psychotropic medications CFC has developed a supplemental review tool based on the tool used for the special review of children on psychotropic medication. This tool will be completed for each case reviewed as part of quarterly case reviews, including side-by-sides, beginning with the second quarter as first quarter activities have been cancelled.

If DCF develops a tool or adds to the current QA review tool used for quarterly reviews to address psychotropic medications more thoroughly then the supplemental tool will be evaluated for redundancy and its use may be discontinued. If CFC discontinues the supplemental tool DCF regional QA will be notified immediately.

Items addressed by the supplemental psychotropic medications tool include:

- Involvement of parents and notification of parents upon recommendation to begin psychotropic medications
- Has parental consent been obtained
- Has court order been obtained
- Does FSFN contain current and accurate data regarding psychotropic medication
- Is there supporting documentation in the record regarding the child’s need for medication
- What is the Axis I or II diagnosis and documentation of the source of the diagnosis
- What medication, including dosage and frequency is the child currently taking
- How often is the child seeing the prescribing physician, when was the last appointment, and, if available, when is the next appointment
- Is all documentation regarding psychotropic medication completely filled out on the home visit form and contained in the narrative and on all medical tabs in FSFN

**Case Reviews**

In accordance with the State Quality Management plan, CFC has developed a review schedule with Regional Quality Management staff. Two weeks prior to the beginning of each quarter CFC will pull a random sample of children served. Although the sample will not be stratified CFC will ensure the sample includes children served in both in-home and out of home settings.

From the extract, CFC will select the cases that will be reviewed for the quarter. CFC will initially select an oversample of cases. Cases can be excluded from the review
sample for the following reasons:

- Case does not meet age or length of stay criteria (at least six months of service during the review period) for the specified stratification.
- Another child from the same case has been reviewed during this or a previous quarter.
- The case is an incoming OTI where another Florida county or state has legal jurisdiction.
- The case is an incoming ICPC where another state has legal jurisdiction.

An oversample may still remain allowing for the replacement of cases if during the review it is determined that a selected case does not meet criteria. CFC will select no fewer than 25 cases, but may select more as needed. From this selection, CFC and Region QA will jointly select the eight cases for the side-by-side reviews. The review period for base and side-by-side reviews will be 12 months prior to the start of the review. CFC staff will be responsible for gathering files and information for the base, side-by-side and in-depth reviews.

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

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

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

CFC will provide necessary information to Region staff so that in-depth reviews can be conducted after the base and side-by-side reviews. CFC will also assist in scheduling interviews, notifying participants and providing information on policies, procedures or quality improvement activities as needed during the in-depth reviews.

CFC Quality Assurance staff will debrief identified cases with the case manager and supervisor by the end of the quarter to identify strengths and needs in case practice. All cases where the reviewer indicated “No” to the final question or where critical safety issues were noted will be individually debriefed. As needed and appropriate, CFC will provide technical assistance regarding the findings to individual staff or case management units. Quality Improvement (QI) Committee Meetings will address identified service gaps. The QI Committee process is detailed in the Quality Improvement Standards and Process section of this plan.

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

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

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

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

**Proposed Schedule**
This schedule was jointly developed between CFC’s Quality Assurance Director and the Southeast Region Quality Assurance Manager:

<table>
<thead>
<tr>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canceled</td>
<td>Base Review: October 5-9</td>
<td>Base Review: January 11-15</td>
<td>Base Review: April 12-16</td>
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<tr>
<td></td>
<td>Side-by-side: November 2-6</td>
<td>Side-by-side: February 1-5</td>
<td>Side-by-side: May 3-7</td>
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</tbody>
</table>

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

CFC takes a comprehensive approach to subcontract monitoring. Monitoring visits will address all aspects of the program as well as data collected through other quality assurance initiatives (exit interviews, incident reports, complaints and grievances, etc.) Monitoring reports are submitted to the provider within 30 days of the exit conference.
Any Corrective Actions issued will be re-monitored every 90 days for compliance. All contract monitoring and re-monitoring findings will be reported to the Circuit CBC Contract Manager, CFC Executive Management, and to CFC’s Board of Directors. During the course of monitoring and re-monitoring activities, systemic or programmatic issues may be identified. These issues will be brought to CFC’s Executive Management to determine what course of action will be taken to correct the issue.

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

**Focus on Results**

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

**Quality Assurance Initiatives**

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

Quality improvement initiatives as described above are current and will be on-going into the coming year. Areas of underperformance will be addressed at quarterly Quality Improvement Committee meetings. For each measure that falls below target performance, CFC’s QA staff will conduct gap analysis. Results of this analysis will be presented to the Quality Improvement Committee. The committee consists of the CFC Quality Assurance staff, Case Management Coordinator, Program Operations Coordinator, a Training staff and a Clinical Services staff. In addition, each case management agency will select a Program Director, supervisor and a case manager to...
participate. Region Quality Management staff will also be invited to participate. Other staff from both CFC and provider agencies may elect or be selected to attend based on the performance need.

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

Continuous monitoring of the above areas will indicate immediate areas of concern. This combined with annual contract monitoring and quarterly re-monitoring will give CFC the ability to look at Quality Assurance and Improvement strategies on a systemic level. New information brought forth during the course of Quality Management activities will be brought to CFC’s Executive Management. Findings as well as a preliminary data and gap analyses will be reviewed to determine any immediate actions as well as to determine additions or amendments to Quality Improvement Initiatives. As deemed necessary, these findings may also lead to policy or protocol gaps. CFC’s Executive Management will be responsible for ensuring, to the extent possible, that policies or protocols are developed to address these needs.

Through the course of other Quality Assurance activities such as subcontract monitoring, case reviews or performance tracking, other areas of performance needs may arise. These areas will be added to our ongoing performance monitoring process. Launching of these initiatives will begin with the involvement of stakeholders and providers to determine barriers to improvement.

Any safety or well-being issues identified though the course of Quality Assurance activities will be immediately addressed through CFC’s QA staff. These items will be directed through CFC’s QA Director to the Program Director of the respective agency as well as CFC’s CEO. Critical safety issues will be resolved and reported back to Region QA Manager by the end of the next business day. Concerns that do not fall into this category will be addressed through the RFA process described above.

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

CFC Quality Assurance Department is also responsible for conducting annual monitoring and re-monitoring of issued corrective action plans for each contract that CFC holds within our home district. These programs include; residential facilities, shelter facilities, case management organizations, diversion programs, child placing agencies, adoption agencies, and independent living providers. Each program is monitored with specific tools that are developed for each program. Each monitoring is in compliance with the CFC Contract Monitoring Policy which is attached to the 08-09 QA Plan submitted by CFC. Additionally CFC conducts internal quality checks.

Monitoring Policy and Procedure Manual previously provided.