Quality Assurance Plan

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

The responsibility for FIP’s Quality Assurance and Performance Quality Improvement efforts reside with the St. Johns County Health and Human Services Director and the FIP Quality Assurance Manager. The Quality Assurance Manager supervises staff dedicated to quality operations, assurance and improvement activities. This staff includes one (1) Quality Assurance Specialist. Additionally, FIP has supervisory staff designated as ICPC Specialist and Missing Children Specialist who work in conjunction with the Quality Assurance and Performance Quality Improvement team. These staffs’ efforts are supported by the St. Johns County Health and Human Services and FIP Executive Management Team.

Overall, the FIP Quality Assurance and Quality Improvement process involves staff across all levels throughout FIP and the St. Johns County Health and Human Services Department. Staff continuously gather and analyze data to make improvements to services and processes when compliance is not met or when safety/security issues arise. FIP promotes the philosophy that everyone is a member of the Quality Assurance and Performance Quality Improvement team, including stakeholders, families, children, caregivers, foster parents, and FIP staff at all levels. FIP works collaboratively with community stakeholders (including DCF, service providers, and child and family representatives) to define the indicators of success; review and enhance the quality management data collection and reporting system/process; and periodically review performance and institute changes at the system and case levels, ensuring continual improvement.

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

FIP tracks and reports to DCF Circuit Administration, St. Johns County Health and Human Services Executive Team, and FIP Management and Supervisors, client outcome data consistent with the federal ASFA domains, and CFSR and other state mandates, including the specific performance measures outlined in the contract with DCF. FIP also examines satisfaction data from children and families, providers, the courts, DCF and other community stakeholders to identify and remedy areas of weakness or concern. In addition, FIP identifies and assesses overall system performance through data analysis relative to access to and the quality, efficiency and effectiveness of services.
Quality Assurance Plan

FIP’s quality improvement process includes the full participation of stakeholders (i.e. services providers, foster parents, adoptive parents, and caregivers) and assesses performance of FIP itself. The FIP internal quality improvement process includes, but is not limited to:

- A plan for quality improvement which is clear, concise, accurate and provides direction for end users and management;
- Evaluation of FIP internal processes for compliance with Department contract requirements;
- Evaluation of FIP internal processes for compliance with statue, rule, regulation, and policy; and,
- Evaluation of client and stakeholder satisfaction.

FIP engages all consumers in an ongoing evaluation of the project and services, and encourages input and shared-decision making in a community-based model to provide direction for improvement processes.

1. Focus on Coordination

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

1. At least once a quarter, 100% of an individual Dependency Case Manager’s (DCM) assigned children will be staffed in supervision by the Dependency Case Manager Supervisor (DCMS) to ensure child safety, well-being, and permanency are being addressed for every child.

2. The Dependency Case Manager Supervisor shall use the Supervisory Discussion Guide to facilitate the supervisory discussion with the Dependency Case Manager. The Dependency Case Manager Supervisor may utilize the questions on the tool most relevant to the case and discussion at the time. Not all questions on the tool must be answered; however, the supervisor must keep in mind the tool is to be used to:
   a. Guide discussion of the case;
   b. Ensure the elements of safety, permanency and well-being are being addressed for all children via proper case management procedures;
   c. Assist the supervisor in being a mentor to the Dependency Case Manager by allowing them to provide proper guidance and support; and,
   d. Assist in ensuring the minimum requirements for case supervision are properly addressed:
Quality Assurance Plan

i. Permanency goal
ii. Progress and Barriers to permanency
iii. Tasks and who is responsible
iv. Follow-up on tasks
v. Emerging risk and Safety Concerns

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

3. The Dependency Case Manager Supervisor shall complete all supervisory reviews and enter all chronological notes into the Florida Safe Families Network (FSFN) within 48 hours of the completed supervisor review.

4. At a minimum, the following will be documented quarterly in FSFN chronological notes for each child assigned:
   • Date of Supervision and Individuals Present
   • Permanency Goal
   • Progress and Barriers to Permanency
   • Tasks and the Person Responsible
   • Follow-up on Tasks from prior supervisor reviews
   • Emerging Risk and Safety Concerns

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

The Dependency Case Manager Supervisor must input a note into FSFN with a heading of "supervisory review." Each child reviewed must be selected as a subject of the note for the review to count toward the quarterly supervision requirement.

5. A quarterly supervisory review is required on all cases open 30 days or more in any given quarter.

6. On a quarterly basis, the FIP Quality Assurance Team will gather data regarding completed supervisory reviews. The data gathered will include:
   a. Number and percent of supervisory reviews completed by the Dependency Case Manager Supervisor
   b. Number and percent of supervisory reviews completed by the agency

7. On a quarterly basis, the FIP Quality Assurance Team will randomly select a total five Supervisory Review notes per Dependency Case Manager and conduct a qualitative
Quality Assurance Plan

review. The data gathered will include:
   a. Percent of compliance by the supervisor with quality of the reviews of the data related
      notes including discussions of but are not limited to:
         i. Permanency goal
         ii. Progress and barriers to permanency
         iii. Tasks and who is responsible
         iv. Follow-up on tasks
         v. Independent Living Referrals and Services
         vi. Collaboration with Department of Juvenile Justice and documentation of joint
             planning activities

8. Unit supervisors not meeting the qualitative review elements, i.e., focusing on presenting
   concerns, identifying progress and barriers to permanency, identifying needed follow-up
   and tracking to completion, will be required to submit action plans for performance
   improvement.

9. FIP will, as requested, provide performance data to DCF and the St. Johns County Health
   and Human Services Executive Team.

- **CBC QA and Side-by-Side Reviews.** Describe how the lead agency (and as appropriate,
  subcontractors and region staff) will prepare for and conduct the base, side-by-side and
  in-depth reviews. This includes defining the various roles of the reviewers and facilitator
  for the review and how reviewers and facilitators will be selected. Note: the sampling and
  conducting of in-depth reviews is the responsibility of the region, but these three activities
  should be coordinated.

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

1. FIP will use the state approved CBC Case Management Review Tool and Interpretive
   Guidelines to conduct the Base Reviews. The review tool is comprised of 70 standards
   assigned to Safety, Permanency and Well-Being, and when summarized will provide
   data specific to these outcomes.

2. FIP conducts a Base Review of 17 client cases randomly selected from the quarterly
   extract provided by the Headquarters Family Safety Program Office.

3. The Department is currently revising the sampling methodology for both the Base and
   Side-by-Side Reviews. Once finalized, the sampling methodology will be implemented
   consistent with the approved guidelines.
4. The FIP Quality Team will serve as the lead for the Base Reviews. Base Reviews will be completed by the Quality Assurance Specialist. In the event additional assistance is needed unit supervisors and specialists may be asked to participate.

5. FIP will ensure when assigning a case file for review, the reviewer does not have any direct involvement with the management or supervision of the case for the entire period under review.

6. All staff who conduct Base Reviews must complete the DCF and/or FIP approved statewide or region training before participating in a review.

7. All 17 Base Review records will be completed by the end of the quarter in which the case was assigned for review. Two of the 17 cases will be randomly selected for in-depth interviews.

8. The completed Base Review tool will be submitted to the FIP Quality Assurance Manager for submission to the Northeast Region Quality Management Staff.

9. FIP will compile and analyze the data obtained from the Base Review and submit via the approved electronic format to the Northeast Region Quality Manager and Contract Manager. The data will document the degree of compliance with each standard, and be summarized at the individual unit level and for all units to reflect the overall system of care.

10. Quarterly compliance reports will include both summary and detailed data, and be provided to Circuit Administration, Case Management Units, and the St. Johns County Health and Human Services Director.

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

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

13. FIP Quality Assurance Manager and Quality Assurance Specialist will provide technical assistance to the Case Management Units.

Psychotropic Medications and Children in Out-Of-Home Care
Quality Assurance Plan

FIP will work closely with the Department of Children and Families in regards to quality assurance reviews and side-by-side reviews pertaining to children in out-of-home care prescribed psychotropic medications. FIP will continue to utilize the DCF approved tracking system to track all Requests For Action (RFAs) that have been submitted for cases reviewed. RFAs will be cleared by DCF once all documentation has been submitted to the DCF Regional Quality Manager.

The FIP Program Manager or designee is responsible for tracking the medication treatment plans, parental consent and court orders for all children on psychotropic medications in out-of-home care. This individual is responsible for coordinating with the FIP QA team to provide requested information as needed.

The FIP Program Manager or designee is the single point of contact to assist with coordinating, analyzing, and initiating actions related to the mental/behavioral health of all children in out-of-home care on psychotropic medications.

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

FIP works well with DCF Executive and Regional Management and the St. Johns County Health and Human Services Director to resolve issues when they arise, and provide information needed in a timely and efficient manner. FIP works in conjunction with DCF to address client complaints. Complaints may surface at the local level, both internally at FIP or with the DCF Circuit Community Relations staff or may be surfaced at the State level to the Offices of the Secretary and/or Governor.

Regardless of where the complaint is received FIP works to resolve the complaint by reviewing the information in the complaint, gathering factual information regarding the circumstances of the case and situation and reviewing the situation to determine if appropriate action was taken to resolve the issues. At times, case summaries are required to provide a “full picture” of the case beginning with the service initiation date through the current date, including the events related to the issues in the complaint. From this summary, a formal written response is provided to the complainant.

When possible and appropriate, many complaints are resolved with telephone calls, email correspondence, and letters rather than detailed summaries. Some community complaints may be addressed through the St. Johns County PRIDE System and proceed through the St. Johns County Health and Human Services Director. This process has led to a number of teaching and learning experiences focused on improving the quality of casework and services to children and families.

FIP responds to other discretional reviews in a manner similar to that of the complaint review process. When a request for information is received, FIP processes the request to determine who the best respondent would be from among the staff within FIP.
Quality Assurance Plan

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

- **Base Reviews:**
  - July – Sep 2009: All activities have been suspended for the first quarter
  - Oct – Dec 2009: (17 on random days throughout the quarter)
  - Jan – March 2010: (17 on random days throughout the quarter)
  - April – June 2010: (17 on random days throughout the quarter)

- **Side By Side Reviews:**
  - July – Sept. 2009: Side-By-Side reviews have been suspended for the first quarter
  - Oct – Dec 2009: (Scheduled to occur the week of November 16, 2009)
  - Jan – March 2010: (Scheduled to occur the week of January 11, 2010)
  - April – June 2010: (Scheduled to occur the week of June 7, 2010)

- **Monthly Meetings with local DCF Supervisors:**
  - FIP Management/Supervisors meet with the local DCF Supervisors every other month to address concerns relating to the transfer of cases from investigations to services.

- **Quarterly Meetings with Circuit Administrator to Review CBC Performance:**
  - FIP Management and DCF Contract Specialists, Circuit Administrator and other staff meet quarterly to discuss performance measures, correction action plans, the DCF Score Card, and any other concerns, unless the Circuit Administrator and/or the FIP Director’s schedules do not permit.

- **Circuit 7 Community Alliance Meetings:**
  - These meetings occur quarterly in Circuit 7 unless cancelled due to lack of a quorum.
2. Focus on Results

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

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

The FIP Quality Assurance staff will monitor and utilize the FSFN report system for the purpose of collecting and reporting data on performance indicators and outcome measures on a monthly, quarterly, and annual basis. The elements and minimum frequency are outlined below and subject to change.

**Performance Measures:**

1. Percent of children served in out-of-home care who are not maltreated by their out-of-home caregiver (FS106)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

2. Percent of all children under supervision who are required to be seen each month who are seen each month (FS107) (quarterly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

3. Percent of children removed within 12 months of a prior reunification (FS302) (quarterly)
   a. Data collected via:
      i. DCF Dashboard

4. Percent of children reunified within 12 months of latest removal (FS301) (quarterly)
   a. Data collected via:
      i. DCF Dashboard
Quality Assurance Plan

5. Number of children in Out-of-Home Care 12 months or more on June 30, 2010 (M0388) (monthly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

6. Percentage of children with no more than 2 placements with 12 months of removal (FS306) (quarterly)
   a. Data collected via:
      i. DCF Dashboard
      ii. Florida Mental Health Institute’s Website – Florida’s Center for the Advancement of Child Welfare Practice – CBC Performance on Federal Performance Measures database
         (http://centerforchildwelfare.fmhi.usf.edu/kb/cbcla/cbcdata.aspx)
      iii. FSFN Report(s)

7. Percent of children required to be seen are seen monthly (FS107) (monthly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

8. Percent of children with finalized adoptions within 24 months of latest removal (FS303) (quarterly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

9. Number of adoption goal met (MO5084) (Monthly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

10. The percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday
Quality Assurance Plan

i. DCF Dashboard
ii. FSFN Report(s) and/or Webportal

**Quality and Risk Elements:**

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

2. Exit Interviews (monthly)
   a. Data collected via:
      i. Results hand tabulated by FIP Quality Assurance Monitor staff from excel
         spreadsheet data extracted from ICWIS database.

3. Incident Reports (monthly)
   a. Data collected via:
      i. FIP manually collected spreadsheet – maintained by FIP Quality
         Assurance Monitor staff

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

5. Birth Verification Compliance (monthly)
   a. Data collected via:
      i. FSFN report(s)

6. Photograph Compliance (monthly)
   a. Data collected via:
      i. FSFN report(s)

7. Finger Prints Compliance (monthly)
   a. Data collected via:
      i. FSFN report(s)
Quality Assurance Plan

FIP utilizes the data collected regarding the performance measures and works with the Case Management Units to identify and address areas in need of improvement. This partnered approach is designed to look at issues related to quality and performance at the case level. By looking at issues at the case level progress can be made for individual children and families and over time for the system as a whole. Identifying issues at the case level has resulted in a more focused approach to performance improvement. From this case specific information trends are identified and action steps put into place to address both case specific and systemic issues.

FIP completes a monthly report on FIP’s compliance with each of the contracted performance measures. This report compares compliance from one month/quarter to the next, identifies if FIP is in compliance with each of the measures and addresses specific action plans to address areas in need of improvement. Action plans are based on shared data review initiatives and on analysis and work done with the case management agencies as described in the paragraph above. This report is provided to DCF and the Circuit 7 Community Alliance.

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

FIP and the St. Johns County Health and Human Services Executive Team has developed a HHS Balanced Scorecard and have established a set of strategic plans for the years 2005 through 2010. The on-going goals for FIP are the following:

1) Improve Client Services
2) Build Stronger Community Relationships
3) Maintain Quality Staff

These goals will be measured and monitored through the FSFN reports system, the St. Johns County Health and Human Services environmental scan, customer satisfaction surveys, collaboration with other agencies in conjunction with MOUs, and the Community Resource Center Prevention and Early Intervention Data Collection report. The goals are also measured by FIP’s ability to maintain the safe reduction of children in out of home care by 50%. This goal was initially met in December 2008 and FIP was recognized and awarded for their efforts.

3. Describe how the CBC will track and report on the performance of their contract providers. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.
FIP does not have any contract providers.

4. Describe how the CBC will track and report on ongoing improvement initiatives that will still be occurring during the upcoming fiscal year. What need or performance gap is each one intended to fill, especially with respect to items 1-3 above? What evidence exists to show the initiatives will produce the desired change? For example, is there a Quality Improvement and Control (QIC) story or other systematic QI model in use that describes the initiative and tracks progress? Describe how the CBC will report the status of ongoing improvement initiatives to management, the Board, and interested stakeholders.

FIP will continue to complete monthly performance measure compliance reports, and present these reports to DCF Circuit Administration and the Circuit 7 Community Alliance as requested. These reports combine data obtained from the DCF dashboard, FMHI website, and FSFN. The report outlines compliance over time for all contracted performance measures. In addition, the report includes action plans for improvements when performance is found to be below contracted standards. These action plans include the information previously described in #1 above.

FIP will continue to utilize these approaches throughout this new fiscal year, building on what we have learned and enhancing action plans previously implemented. FIP will continue to use the case level data review approach along with the trend analysis approach. Initial utilization of these processes has led to improved outcomes in obtaining fingerprints, birth verifications, and photographs and seeing children within 30 days. We look forward to continuing to enhance this process by building upon the foundation created. In doing so, FIP will continue to review the data and participate in the collaborative monthly meetings with the Case Management Units.

Additionally, FIP has established Quality Improvement Teams designed to create learning experiences and drive system improvement. The teams responsible for reviewing performance and risk data include the St. Johns County Health and Human Services Executive Management Team, and the St. Johns County Health and Human Services Quality Operations Team. Additionally, the FIP Case Management Unit Supervisors Meeting shall occur monthly and may include discussions on performance data, identified opportunities for improvement, and other concerns that may arise. They evaluate data and direct decision-making to implement changes to processes at both the service and case levels. Appropriate lessons and process changes are translated into new or enhanced policies and procedures, and shared with DCF/FIP Partnership, Circuit Community Alliance, stakeholders, or other interested parties as indicators of solution-focused thinking and processing.
Quality Assurance Plan

FIP will continue to address the short-term and long-term strategic plan goals and action plans with the St. Johns County Health and Human Services Executive Team.

The FIP Quality Assurance staff also supports performance through standardized quality assurance activities to evaluate increased success and compliance. Additionally, the Quality Assurance Department will provide technical assistance to the Quality Improvement teams, and individual case management units as necessary.

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

CFSR Federal Audit Quality Improvement Plan

FIP created and implemented the Quality Improvement Plan to address the areas identified in the CFSR findings. The region requires monthly updates as to the progress of the action steps within the plan. FIP shall provide all requested updates and information. Because the CBC Case Management Review Tool closely mirrors the CFSR Federal standards, FIP expects to utilize the results from the Base and Side-by-Side Reviews to gauge growth and current performance regarding the CFSR Federal Quality Improvement Plan items. This in conjunction with the case level analysis of performance measure compliance will provide an overall picture of case practice and identify needed improvements. The Side-by-Side Reviews will be utilized as a “true learning activity” where the supervisor of the case meets with review team comprised of a CBC Quality Assurance Reviewer not associated with the case and a Region Quality Assurance Reviewer to read the case record and complete the CBC Case Management Review Tool. During this process the supervisor will have the opportunity to not only provide input and share experiences regarding the case, but more importantly will have the opportunity to learn about the standards and interpretive guidelines used to assess the quality of case practice.

6. Describe how the CBC will evaluate and react as new information becomes available. For example, analyze what is revealed about practice standards during quality assurance reviews, or by performance measure trend data, or by performance on federal outcome measures. Will the information be used to either modify ongoing improvement initiatives or start new ones? For example, if quality assurance review information provides indications of issues in a particular site or for a particular function, how will a QI initiative be defined and managed?

FIP is an agency focused on making changes and doing what is in the best interest of the children and families we serve. FIP’s quality control, quality assurance and continuous quality improvement system allows FIP to recognize and react to emerging trends at various levels within the agency. This shall be documented through the use on the internally created FIP
Quality Assurance Plan

dashboard and trend data charting system. This data is posted within the FIP Office to ensure the information is readily available to FIP’s Case Management Units. FIP has worked and will continue to work closely with DCF Circuit 7. As trends are identified action plans are put in place. As stated previously in this plan, FIP reviews performance at the case level (both performance reviews and case file reviews – Base and Side-by-Side Reviews). By looking at issues at the case level progress can be made for individual children and families served, and over time for the system as a whole. Identifying issues at the case level has lead to pinpointing problems. From this case specific information trends can be identified and action steps put in place to address both case specific and systemic issues. This approach allows for ongoing analysis of established trends, making improvements and/or updates to existing action plans if the data does not support improvement. In addition, this approach allows for the establishment of new action plans for emerging trends identified through the various levels of quality assurance.

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

For the Base and Side-by-Side Review process, FIP has a system in place for ensuring critical threats to a child’s life, health or safety are addressed immediately. When the reviewer determines there is a threat to the child’s life, health or safety a Request for Action Form is completed and documents the unresolved concerns and case specific and demographic information. The form is routed to the FIP Quality Assurance Manager. The FIP Quality Assurance Manager reviews the document to note the issues of concern and within one workday forwards the document to the Case Management Unit Supervisor responsible for the case. The Case Management Unit has five days from the date the form was submitted to FIP to review and resolve the issue and returns the form to FIP Quality Assurance Manager documenting the actions taken to resolve the issue. If there is a need to react immediately to ensure the child is safe, FIP and/or the reviewer completing the form ensures the appropriate immediate action is taken, i.e. calling law enforcement, calling 911, calling the Dependency Case Manager to ensure the situation is addressed immediately, etc. FIP then either approves the actions taken or re-submits the form to the Case Management Unit Supervisor requesting additional information or follow-up. This process continues until the issue is satisfactorily resolved.

Additionally, when any threat to a child’s life, health, or safety is identified during any other quality assurance activity, the avenue of action and response is email identifying the issue and requesting follow-up much like the process listed above for case file reviews. Safety concerns are tracked until the concern is resolved.
8. If the lead agency has completed or is working on tasks related to national accreditation, please include a brief description.

The Family Integrity Program is an agency within the St. Johns County Health and Human Services Department. The St. Johns County Health and Human Services Department was officially accredited by COA in November 2008.