Quality Assurance Plan - Following Statewide Quality Assurance Planning Criteria For Fiscal Year 2008/09

Overview

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

The responsibility for PSF’s Quality Assurance and Quality Improvement efforts resides with the PSF Director of Quality Operations. The Director of Quality Operations supervises staff dedicated to quality operations, assurance and improvement activities. This staff includes the Manager of Program Quality and Accreditation, two (2) Quality Assurance Monitors, the Missing and Recovery/ICPC Specialist, and three (3) Quality Operations Managers. These staff’s efforts are supported by the PSF Executive Management Team and the PSF Board of Directors. PSF Quality Operations staff are required to have at a minimum, a Bachelor’s Degree in counseling, social work or related field from an accredited college or university with experience working in child welfare programs.

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

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

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

- A plan for quality improvement which is clear, concise, accurate and provides direction for end users and management;
- Continuous oversight and evaluation of safety and permanency decision-making by subcontracted providers;
- Evaluation of subcontractor compliance with contract requirements;
- Evaluation of subcontract compliance with statute, rule, regulation, and policy;
- Evaluation of PSF internal processes for compliance with DCF contract requirements;
- Evaluation of PSF internal processes for compliance with statute, rule, regulation, and policy; and,
- Evaluation of client and stakeholder satisfaction.

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

1. **Focus on Coordination**

   - **Unit Supervisory Discussions.** Describe how the lead agency will use the supervisory discussion guide. Also, describe whether the documentation of the discussions will be made available to the circuit/region and if so, how [to be determined in collaboration with circuit/region]:
1. At least once a quarter, 100% of an individual Family Care Counselors’ assigned children will be staffed in supervision by the Family Care Supervisor to ensure child safety, well-being, and permanency are being addressed for every child.

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

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

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

3. The Family Care Supervisor shall have completed all supervisory reviews and entered all chronological notes into FSFN by the 5th day of the month following the end of the quarter, e.g., For January – March, the reviews will be completed and entered no later than April 5.

4. At a minimum, the following will be documented quarterly in FSFN chronological notes for each child assigned:

   - Date of Supervision and Individuals Present
   - Permanency Goal
   - Progress and Barriers to Permanency
   - Tasks and Person Responsible
   - Follow-up on Tasks
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The supervisor may cut and paste the information from the Supervisory Discussion Guide into the FSFN note or type the information in the FSFN note.

The Family Care Supervisor must note in FSFN a “supervisory review” was conducted. Each child reviewed must be selected as a subject of the note for the review to count toward the quarterly supervision requirement.

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

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

   a. # and % of supervisory reviews completed by supervisor
   b. # and % of supervisory reviews completed by agency
   c. % compliance by supervisor with quality reviews of data related notes including discussions of (6 randomly selected notes per supervisor):
      i. Permanency goal
      ii. Progress and barriers to permanency
      iii. Tasks and who is responsible
      iv. Follow-up on tasks

7. Agencies with supervisors not meeting the qualitative review elements, i.e., focusing on permanency goal, identifying progress and barriers to permanency, identifying tasks and needed follow-up will be required to submit action plans for performance improvement.

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

9. PSF will, as requested, provide performance data to DCF, the Board of Directors, and the Circuit 3 and 8 Community Alliance.

• **CBC QA and Side-by-Side Reviews.** Describe how the lead agency (and as appropriate, subcontractors and region staff) will prepare for and conduct the base, side-by-side and in-depth reviews. This includes defining the various roles of the reviewers and facilitator for the review and how reviewers and facilitators will be selected. Note: the sampling and conducting of in-depth reviews is the responsibility of the region, but these three activities should be coordinated.
**Base Reviews** - Case Management Agency Monitoring (Base Review) is designed to evaluate the quality of case management practices and processes utilized in service delivery. The goal is to ensure completion of case practice activities, adherence to best practice standards, and quality services for the children and families served.

1. PSF will use the state approved CBC Case Management Review Tool and Interpretive Guidelines to conduct the Base Reviews. The review tool is comprised of 66 standards assigned to Safety, Permanency and Well-Being, and when summarized will provide data specific to these outcomes.

2. The Family Safety Data Unit will provide an extract for each CBC of all children eligible to be sampled on the 15th of the month prior to the review quarter. The extract will consist of all children who were service recipients during a defined selection period. All children will be assigned to a CBC’s sampling population based on the CBC of the primary worker as of the sample date or the service recipient end date, whichever is earlier. The extracts will be posted to the Center for the Advancement of Child Welfare Practice, and password protected.

3. Each quarterly sample will address one of the following sample populations: children ages 10 and younger as of the sample date; children ages 11 and older as of the sample date; children ages 5 and younger at the time of admission; and children ages 6 and older at the time of admission. The period under review will begin 12 months prior to the review date.

4. PSF is responsible for ensuring the selected sample is consistent with the sampling methodology, and includes one of the four sampling populations. Children meeting any of the following discard criteria will be dropped from the sample population and the next random order child considered for replacement in the final master list of 25 will be selected (In-home and Out-of-home cases) if the child has been:

   - Selected for review in this quarter.
   - Reviewed in any of the prior 3 quarters.
   - Any sibling included in the current sample OR in a case reviewed in any of the prior 3 quarters.
   - Open for continued adoption subsidy payments only.
   - Placed for the entire period under review in a locked juvenile facility or commitment program.
   - Service recipient for less than 6 months as of the sample date or service recipient end date.
If a decision is made to discard a randomly selected case file from the sample list under the allowable discard criteria, the decision will be approved by the PSF Manager of Program Quality and Accreditation or designee. The PSF Manager of Program Quality and Accreditation or designee will document the basis for the decision as it relates to the discard criteria. When a case is eliminated, the PSF Manager of Program Quality and Accreditation or designee will randomly select a replacement case from the over sample and ensure the case meets the specified sampling quadrant before including it in the sample. If a case is eliminated from the sample, the PSF Manager of Program Quality or designee will approve and document the reason for the elimination when finalizing the Master List of Base Review cases.

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

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

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

4. All 17 Base Review records will be completed by the end of the quarter in which the cases were assigned for review.

5. The completed Base Review tool will be submitted to the PSF Quality Operations department for final review to ensure accuracy and completeness.

6. PSF will compile and analyze the data obtained from the Base Review and submit via the approved electronic format to the Northeast Region Quality Manager. The data will document the degree of compliance with each standard, and be summarized at the provider level, as well as overall regarding the agency’s system of care.

7. Quarterly compliance reports will include both summary and detailed data, and be provided to Circuit Administration, Case Management Agencies, PSF Contract Management Unit, and the PSF CEO.

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

9. PSF will work closely with the Region Quality Management staff to ensure a complete understanding of the case file review process.
10. PSF Quality Operation Staff will provide technical assistance to the Case Management Agencies as needed.

**Side-by-Side Reviews**

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

The Region Quality Assurance Manager and the PSF Manager of Program Quality and Accreditation will identify eight cases of the 25 case sample that will have a Side-by-Side review, and the two cases selected for an In-Depth Quality of Practice review. The two cases selected for an In-Depth review must involve case participants available for interviews, and be representative of the population served in general. The PSF Manager of Quality Program Quality and Accreditation will be responsible for ensuring the final master list is properly entered and coded as the official sample for the quarter in the Quality Assurance Information System. The Region Quality Assurance Manager will ensure the two cases selected include interviews with the child, parents, caregivers, and other professionals involved with the family, as well as community stakeholders within the system of care.

The reviewers participating in the Side-by-Side Review will include PSF and Region Quality Assurance staff. PSF Quality Assurance staff will receive the sample list of eight cases to be reviewed, retrieve the requested case files from the Centralized Filing Room and tab all of the documents required to complete the Case Management Review Tool and assist in locating documents during the Side-by-Side review.

Prior to the Side-by-Side review, Region Quality Assurance staff will research FSFN for child welfare history, including Child Protective Investigations and case management supervision. Additionally, the placement history, FSFN relationship page, and the current case manager's name, unit and contact information will be provided to the reviewer in a separate folder.

The PSF Manager of Program Quality and Accreditation will track the specific cases and children in a review from quarter to quarter to allow identification of cases to be discarded from subsequent samples, and to expedite various analyses.

**In-Depth Quality of Practice Reviews**

The Region Quality Assurance Manager and the PSF Manager of Program Quality and Accreditation will select the two cases that will receive an In-Depth Quality of Practice review.
The two cases selected for an In-Depth review must involve case participants available for interviews, and be representative of the population served in general. The Region Quality Assurance Manager will ensure the two cases selected include interviews with the child, parents, caregivers, and other professionals involved with the family, as well as community stakeholders within the system of care.

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

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

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

PSF will continue to work in partnership with DCF Circuit Administration and Regional Management to respond to special review requests.
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- **Local Review Schedule.** Provide a schedule for the upcoming fiscal year (2008/09) that shows when standard QA activities will occur (for example, the quarterly base reviews and side-by-side reviews). Include other events that affect quality tasks or represent local milestones or opportunities for coordinating quality processes (for example, quarterly regional/circuit performance meetings, CBC board of director performance reports, circuit Child Protective Investigation quality assurance reviews that will need region staff time, etc.).

- **Base Reviews:**
  - July – Sep 2008 (17 on random days throughout the quarter)
  - Oct – Dec 2008 (17 on random days throughout the quarter)
  - Jan – March 2009 (17 on random days throughout the quarter)
  - April – June 2008 (17 on random days throughout the quarter)

- **Side By Side Reviews:**
  - July – Sept. 2008 (Scheduled to occur the week of August 11 – 14th 2008)
  - Oct – Dec 2008 (Scheduled to occur the week of Nov 17 – 20th 2008)
  - Jan – March 2009 (Scheduled to occur the week of Feb 23 – 26th 2009)
  - April – June 2009 (Scheduled to occur the week of May 18 – 21nd 2009)

- **Monthly Meetings with DCF Circuit Administrator to review CBC Performance:**
  - These meetings occur monthly between DCF and the CBC unless the Circuit Administrator and/or the PSF CEO’s schedules do not permit.
    - Issues reviewed included PSF’s compliance with contracted performance measures
    - Other specialized reports and reviews are addressed when requested by the circuit administrator and have included reporting information related to:
      - Timely submission of judicial reviews
      - Compliance with Family Team Conferencing
      - Case load counts and worker retention

- **Circuit 3 and Circuit 8 Community Alliance Meetings:**
  - These meetings occur quarterly in each circuit unless cancelled due to lack of a quorum.
    - Issues reviewed included PSF’s compliance with contracted performance measures

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

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

2. Focus on Results:

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

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

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

**Performance Measures:** (Subject to change in fiscal year 2008/2009)

1. Percent of all children served by PSF (both In-Home and Out-of-Home) Not Abused or Neglected During Services (FS101) (quarterly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

2. Percent of all children served by PSF in Out-of-Home Care experiencing no maltreatment (FS106) (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
      ii. Florida Mental Health Institute’s Website – Florida’s Center for the Advancement of Child Welfare Practice – CBC Performance on Federal
4. Percent of children reunified within 12 months of latest removal (FS301) (quarterly)
   a. Data collected via:
      i. DCF Dashboard

5. Number of children in Out-of-Home Care 12 months or more on June 30, 2009 (M0388) (monthly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)
      iii. PSF Pnet/P-kids

6. Percentage of children with no more than 2 placements with 12 months of removal (FS306) (quarterly)
   a. Data collected via:
      i. DCF Dashboard
      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
9. Number of adoption goal met (MO5084) (Monthly)
   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)

**Quality and Risk Elements:**

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

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

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

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

5. Initial Family Assessments (monthly)
   a. Data collected via:
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i. PSF P-net new cases database
ii. PSF P-net Family Assessment and Family Team Conference Scanning System database

6. Initial Family Team Conferences (monthly)
   a. Data collected via:
      i. PSF P-net new cases database
      ii. PSF P-net Family Assessment and Family Team Conference Scanning System database

7. 6 month Family Team Conferences (to begin FY 2008-2009)
   a. Data collected via:
      i. PSF P-net new cases database
      ii. PSF P-net Family Assessment and Family Team Conference Scanning System database

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

9. Birth Verification Compliance (monthly)
   a. Data collected via:
      i. PSF P-net
      ii. FSFN report(s)

10. Photograph Compliance (monthly)
    a. Data collected via:
       i. PSF P-net
       ii. FSFN report(s)

11. Finger Prints Compliance (monthly)
    a. Data collected via:
       i. PSF P-net
       ii. FSFN report(s)
PSF utilizes the data collected regarding the performance measures and works with the subcontracted Case Management Agencies to identify and address areas in need of improvement. This partnered approach is designed to look at issues related to quality and performance at the case level. By looking at issues at the case level progress can be made for individual children and families and over time for the system as a whole. Identifying issues at the case level has led to pinpointing problems. From this case specific information trends can be identified and action steps put into place to address both case specific and systemic issues. On a monthly basis, each sub-contracted Case Management Agency submits to PSF a report regarding their performance on contracted performance measures and other quality indicators such as Family Team Conferencing, exit interviews completed, and photos/fingerprints/birth certificates obtained. Additionally, on a monthly basis, PSF meets with the subcontracted case management agencies, specifically with their Program Directors, Quality Assurance staff and Supervisors. During this meeting the case management agency staff present their agency’s monthly report. They address their review of the data, their compliance as it relates to the performance measures, what their case level review of the data indicates and their resulting action plans for performance improvement. This has been a challenging, collaborative, and educational experience to date and it is expected this process will continue to be just as challenging, collaborative and educational in this next fiscal year. This meeting has been a vehicle through which PSF can share new initiatives, services, and updates to policy and procedure. It has also been a vehicle through which staff can share challenges, initiatives, and best practices.

PSF completes a monthly report on PSF’s compliance with each of the contracted performance measures. This report compares compliance from one month/quarter to the next, identifies if PSF 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, the PSF Board of Directors and the Circuits 3 and 8 Community Alliance.

In addition, PSF on a monthly basis completes a Quality and Risk Management Report (QRM) report that is shared with the subcontracted case management agencies and is published on the PSF intranet website. This report addresses:

1. Exit Interviews (monthly)
2. Complaints (monthly)
3. Foster Home Licensing Statistics (monthly)
4. Supervisory Reviews (on a quarterly basis)
5. Incident Reports (monthly)
6. Initial Family Assessment Completed (monthly)

7. Initial Family Team Conferences Completed (monthly)

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

PSF and its Board of Directors established a set of short term and long term strategic plans for the years 2006 through 2009. The plans included the categories of 1) Case Management, 2) Out-of-Home Care, 3) Prevention, 4) Public Relations, 5) Funding Diversity, and 6) Funding Development.

The specific short and long-term action plans for each category are as follows:

1. **Case Management**

   a. Short Term

   i. Turnover rates will be reduced by 50% by the end of the year.

   ii. Conduct an analysis of the number of placement failures or removal and replacement of children in care identifying the contexts and circumstances associated with these events. The resulting needs assessment will identify the specific resources needed to enhance the availability of appropriate placement settings for children, stabilize existing placements, and maximize the amount of time workers can spend working with children and families outside of a crisis intervention framework.

   iii. Increase the amount of quality time workers have with clients by 10%.

   b. Long Term

   i. PSF will create a system of care that delivers high quality case management services, resulting in enhanced safety, well-being and permanence for DCF children and rewards those providers that achieve at the highest level.

   ii. Use technology to reduce paperwork/documentation to the minimum level required by our Accrediting Agency.

   iii. Increase the amount of face-to-face time workers have with clients so that it represents at least 50% of a workers time.
2. **Out-of-Home**
   a. **Strategies**


   ii. Recruitment of additional foster homes to reduce by 50% the number of children placed out of their home county by January 2008.

   iii. Utilization of a standardized assessment tool to insure children are placed in the most appropriate setting by July 2007.


   v. Development of community based in-home services to support children and their caregivers at all levels of care by July 2007.

3. **Prevention**
   a. **Short Term**

   i. By July 2007, PSF will review the need to hire staff dedicated to the coordination of PSF prevention and community programming.

   ii. By July 2007, the current PSF prevention service providers will be contractually re-evaluated, and performance standards will be written to reflect the necessary changes in the delivery of PSF prevention services.

   iii. As a primary prevention effort, the community relations department will have engaged a community based committee to provide wrap-services for families in the community. To be instituted by July 2007.

   iv. Secondary prevention efforts will be enhanced as part of the review of CAPP’s performance requirements. To be instituted by July 2007.

   v. PSF will develop a comprehensive tertiary prevention plan that outlines specific standards and services to prevent re-abuse of children within our system of care. To be drafted by July 2007.

4. **Public Relations**
   a. **Strategies**
i. An integrated communications plan detailing new internal and external communications vehicles to highlight PSF services, activities, and needs via print, broadcast, and web-based media is developed and implemented by June 2007.

ii. Production and delivery of new and/or revamped agency promotional materials geared toward agency branding.

iii. A local leadership outreach effort is undertaken that ensures that every local leader receives information to raise awareness of child welfare issues, and PSF’s role in the community by June 2007.

iv. A coordinated community outreach campaign is developed to encourage PSF and local communities to become more mutually engaged in working to protect and support children and families by January 2007.

v. A developed correspondence standard requiring that all information distributed from PSF to the public is conveyed in clear, thoughtful, and understandable language by September 2006.

vi. A forum to present PSF’s accomplishments, challenges, and needs is held every year.

b. Long Term

i. PSF will delve into the media market to include radio and TV ads to promote PSF services, programs, and events. To be implemented by December 2007.

ii. PSF will enhance its branding and will be distinguishable from other child welfare agencies in the community. To be accomplished by July 2008.

5. Funding Diversity

a. Short Term

i. Develop and implement a fund development plan that includes a comprehensive mix of funding sources such as grants, contracts, and donations, ensuring that consideration is given to the fiscal needs of all departments within the organization.
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ii. Research, and apply for grants opportunities that support local operational functions of the organization, which will allow re-allocation of dollars already dedicated to those functions.

iii. Seek opportunities to increase funding from contacts by selling services from the PSF infrastructure (IT).

iv. Package organizational activities as fund-raising projects.

b. Long Term
   i. Schedule Board of Directors to participate in high-level fund raising activities.
   
   ii. Research and create a donor base.
   
   iii. Cultivate corporate relationships to increase opportunities for corporate and foundation giving.
   
   iv. Develop and conduct annual, personal solicitation programs on behalf of the board.
   
   v. Organize and conduct annual special event fund raising campaigns.

In October 2007, PSF completed a status report regarding each of the short and long-term goals set forth in the strategic plan. This report addressed for each category and for each short and long-term goal:

• Accomplishments in 2006-2007 Fiscal Year – Actions taken by PSF to meet the established goals or lay the foundation for the next steps in the process

• Action plans for the 2007-2008 Fiscal Year – The plans in place and the tasks implemented or enhanced to further PSF’s initiatives to meet the set goals.

• Accomplishments to date in 2007-2008 Fiscal Year and/or recommendations for changes to the Strategic Plan goals – Used to showcase areas where goals were fully implemented or significant portions of tasks were completed leading to great accomplishments within the agency and within the system of care.

This status report was shared with the PSF Board of Directors and DCF Circuit Administration. Each accomplishment, action plan, and future plans were addressed. PSF continues to work on the tasks outlined in the strategic plan and on the tasks and objectives identified via the October 2007 strategic plan status report. PSF will complete a strategic plan status report update in October 2008, and the information will be shared with the Board of Directors and
DCF Circuit Administration. In addition, many of the activities and/or initiatives of the strategic plan are addressed during the monthly Board of Directors meetings. Status updates are provided, approvals are obtained when required, and changes are made as needed.

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

PSF’s only sub-recipient contracts are with the sub-contracted Case Management Agencies. The process of tracking and reporting on their performance and the process for communicating the contract provider’s performance in #1 of the Focus on Results section above. Additionally ongoing improvement activities related to these initiatives is described in section # 4 directly below.

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

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.**

PSF will continue to complete monthly performance measure compliance reports, and present these reports to DCF Circuit Administration, the PSF Board of Directors, and the Circuit 3 and 8 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, specifically the collaborative data reviews and analysis by the sub-contracted Case Management Agencies and by PSF in coordination and in conjunction with one another. These collaborative efforts have led to
shared decision-making, identification of case level and systemic challenges and the implementation of and follow-up on action plans aimed at improving the quality of services offered to the children and families we serve.

PSF will continue to utilize these approaches throughout this new fiscal year, building on what we have learned and enhancing action plans previously implemented. PSF will continue to work side-by-side with the Case Management Agencies to improve the quality of services provided both internally to one another and to the families we serve. PSF will 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 and we look forward to continuing to enhance this process by building upon the foundation created. In doing so, PSF will continue to review the data and participate in the collaborative monthly meetings with the Case Management Agencies. The Case Management Agencies will continue to create their performance presentations which include QIC type activities (parato charts, graphs, data analysis at the case/unit/agency levels) to address their performance, identify information via “drill down” quality assessment activities, and the action plans implemented to improve performance. With all participating in the process, positive change is made.

During the Fiscal Year, the need to improve the service referral and availability process was noted. After review of the process and based on the analysis and work of a committee championed to review this issue, it was determined there was a gap in the services offered and the services needed. In the system, as it was designed at the time, specific services were contracted for with particular providers. The provider was paid a contracted amount of money to serve a certain number of clients for a determined length of time. From additional analysis and quality contract monitoring it was noted the services were not being provided in the most effective and efficient manner.

PSF determined if the services were “unbundled” and providers were paid for units of services rendered rather than for “whole programs,” the funding would extend further and the array of services could be expanded. In July 2007, PSF launched the Utilization Management Unit and unbundled rate agreements with service providers. At this same time and as a part of the Utilization Management Unit, four Service Referral Coordinators were hired to process all referrals for services to be funded via PSF. Since the inception of these processes the service array has indeed expanded and the referral process has improved. PSF is collecting data regarding utilization rates and other factors to determine the overall success of this initiative. PSF will continue this process into the 2008-2009 fiscal year, and will continue to collect data regarding the success of this ongoing initiative.

Additionally, PSF 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 Senior Management Team, Quality Operations Team, Incident Report Review Committee, PSF Case Management Agency Supervisors Meeting, and PSF Board of Directors Quality Management Subcommittee. They evaluate data and direct decision-making to implement changes to processes at both the service and case levels. Appropriate lessons and process changes are translated into new or enhanced policies and procedures, and shared with network agencies, stakeholders, or other interested parties as indicators of solution-focused thinking and processing.

PSF will continue to address the short-term and long-term strategic plan goals and action plans with its Board of Directors. Action plans and initiatives designed to meet these goals are in place and reviewed by the Board of Directors as needed for approval of funding, ongoing support and to advise of changes when needed.

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

PSF has partnered with DCF Circuit Administration in the Foster Care Redesign Initiative. The goal is to reduce the number of children in foster care by 50% by the year 2012. Secretary Butterworth is a strong proponent of this cause. PSF has joined with DCF Circuit Administration, our partner CBC in Duval County, and the Casey Family Programs to pilot this effort in Duval and Alachua counties. The goal is to “search for ways to keep children safe from maltreatment while reducing the number of children being removed from their parents.”

This pilot project began in 2008 when staff from each of the aforementioned agencies came together to begin discussion, brainstorming and planning activities. Staff from the Casey Foundation, experienced in conducting similar projects in other states, provided guidance and expertise.

In order for the project to be successful, a change will need to be effected to move the system from a culture of removal to a culture of safe services wrapped around families in their own homes. The introduction of preventive services to divert children and families from coming into care and to support families in crisis to solve their own problems and meet their needs is paramount. In addition, the system of care must retool and redesign existing services and protocols to align with the new initiative. Community awareness and a consensus of the need
for the community to support family based services must also be developed. Finally, results need to be analyzed and best practice standards identified, celebrated, and duplicated.

The project currently includes a “steering committee” that meets twice a week. In addition, several subcommittees have been formed, and are tasked with addressing specific components of project. The action plans these subcommittees have created address issues for the project related to:

1. Culture Change
2. Augmenting Existing Services/Resources
3. Early Intervention/Preventative Services for Diversion and to Support Families in Crisis
4. Timely Permanency
5. Results Analysis and Measure Success

As this project evolves, and the subcommittees will work individually and together as a larger team focused on the goal of improving the quality of life, care and services to the children and families we serve. As this project progresses in the coming months and years PSF and DCF Circuit Administration will gather data related to the success of this project, but the specific data to be collected is currently under consideration.

**CFSR Federal Audit Quality Improvement Plan**
PSF is poised to immediately begin implementation of improvement plans based on the findings of the Federal Child and Family Services Review conducted in January 2008. PSF utilized information DCF obtained in conversations with the federal auditors to create initial action plans for improvement based on the preliminary findings. Because the CBC Case Management Review Tool was designed to closely mirror the CFSR regulations PSF 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?

PSF is an agency focused on making changes and doing what is in the best interest of the children and families we serve. PSF’s quality control, quality assurance and continuous quality improvement system allows PSF to recognize and react to emerging trends at various levels within the agency and within the system of care. PSF has worked and will continue to work closely with DCF Circuit Administration and its sub-contracted Case Management Agencies to review performance and ensure safety, permanency and well-being of children is prioritized. As trends are identified action plans are put in place both internally (CBC Lead Agency level) and/or at the Case Management Agency level. As stated previously in this plan, PSF and the Case Management Agencies review performance at the case level (both performance reviews and case file reviews – Base and Side-by-Side Reviews). By looking at issues at the case level progress can be made for individual children and families served, and over time for the system as a whole. Identifying issues at the case level has lead to pinpointing problems. From this case specific information trends can be identified and action steps put in place to address both case specific and systemic issues. This approach allows for ongoing analysis of established trends, making improvements and/or updates to existing action plans if the data does not support improvement. In addition, this approach allows for the establishment of new action plans for emerging trends identified through the various levels of quality assurance.

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

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

Additionally, when any threat to a child’s life, health, or safety is identified during any other quality assurance activity, the avenue of action and response is email identifying the issue and requesting follow-up much like the process listed above for case file reviews. Safety concerns are tracked until the concern is resolved.

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

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