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I. Background and Introduction

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

In Circuit 19 the process of complying with the implementation plan was initiated by the Department with the posting of an Invitation To Negotiate (ITN). This document requested that providers seeking lead agency status in the Circuit to submit a proposal outlining specific information detailing how they would deliver improved services with improved outcomes to the children and families in their communities.

United for Families (UFF) assumed the responsibility for the children and families of Circuit 19 as follows:

1. UFF assumed management of all protective services cases in Martin County on December 1, 2003; Okeechobee County on February 1, 2004; St. Lucie County on April 1, 2004; and Indian River County on June 1, 2004. The total number of children served during this transition period was approximately 1,700.
2. UFF assumed management of front-end service sub-contracts on September 1, 2003.
3. UFF assumed the management of DCF foster homes, approximately 120 homes, on September 1, 2003.
4. UFF assumed management of out of home care sub-contracts on December 1, 2003.
Services Provided by UFF and Subcontracted Providers

UFF contracts with a network of service providers within the Circuit, as well as across the state for some residential services. The services fall within the following categories:

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

Each contracted provider and the service is listed in the table below.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Program</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Home Society of Florida</td>
<td>Adoption Support</td>
<td>Adoptions Services</td>
</tr>
<tr>
<td>Children's Home Society of Florida</td>
<td>Dependency Case Management</td>
<td>Case Management</td>
</tr>
<tr>
<td>Family Preservation Services of Florida</td>
<td>Dependency Case Management</td>
<td>Case Management</td>
</tr>
<tr>
<td>Children's Home Society of Florida</td>
<td>Wave Crest – Emergency Shelter</td>
<td>Emergency Shelter</td>
</tr>
<tr>
<td>Hibiscus Children's Center</td>
<td>Children's Center - Emergency Shelter</td>
<td>Emergency Shelter</td>
</tr>
<tr>
<td>Hibiscus Children's Center</td>
<td>Recruitment &amp; Licensing</td>
<td>Foster Care Recruitment &amp; Licensing</td>
</tr>
<tr>
<td>New Horizons of the Treasure Coast</td>
<td>Mobile Crisis Response</td>
<td>Mobile Crisis Services</td>
</tr>
<tr>
<td>Exchange Club CASTLE</td>
<td>Parent Education</td>
<td>Prevention Services</td>
</tr>
<tr>
<td>Alternative Family Care</td>
<td>Enhanced Foster Homes</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Children's Home Society of Florida</td>
<td>Baines Hall – Residential (female ages)</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Children's Home Society of Florida</td>
<td>Hacienda Girls Ranch - Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Daniel Memorial</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Provider</td>
<td>Program</td>
<td>Category</td>
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<td>---------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Girls &amp; Boys Town of Central Florida</td>
<td>Residential &amp; Shelter</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Hands of Mercy Everywhere, Inc.</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Hibiscus Children’s Center</td>
<td>Children’s Center – Village - Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Mentor</td>
<td>Foster care</td>
<td>Enhanced Foster Care</td>
</tr>
<tr>
<td>Real Life Children’s Ranch</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Tampa Bay Academy</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>The Children’s Place at Home safe – Libra House</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>The Haven</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Camelot Community Care</td>
<td>Residential</td>
<td>Residential Services</td>
</tr>
<tr>
<td>Alpha House of Tampa</td>
<td>Pregnant Teen</td>
<td>Residential Services - Specialized</td>
</tr>
<tr>
<td>The Devereux Foundation</td>
<td>Residential; Specialized-Hospital; DD</td>
<td>Residential Services - Specialized</td>
</tr>
<tr>
<td>Exchange Club CASTLE</td>
<td>Supervised Visitation</td>
<td>Support Services</td>
</tr>
<tr>
<td>Family Preservation Services of Florida</td>
<td>Home Studies</td>
<td>Support Services</td>
</tr>
<tr>
<td>Eckard Academy</td>
<td>Residential</td>
<td>Residential Services</td>
</tr>
</tbody>
</table>
II. Mission
Our mission is to break the cycle of child abuse through a diverse network of community partners and innovative services.

III. Vision Statement
Our vision is to be the recognized statewide leader providing a continuum of dynamic and innovative programs and services that result in family stability and permanency for all children and families in our four-county community.

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

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

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

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

Utilizing the Council on Accreditation (COA) standards of best practice, UFF strives to meet each standard as prescribed. Through our annual update to the Quality Management Plan, the standards are reviewed by the Director of Quality Management to ensure compliance or at a minimum, to develop measures that will bring the agency into compliance. UFF is COA accredited which was part of the agency’s strategic plan.
Quality Assurance (QA) - is a system that validates internal practices and uses sound principles of evaluation to ensure that data is collected accurately, analyzed appropriately, reported, and acted upon. The QA function looks at the entire system of care. Products of the QA function include reports that validate data at the agency, unit and case manager level, which evaluates the impact of practice on in-process and end-process measurements, and provide recommendations for actions.

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

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

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

The Quality Management Plan is updated based on the following actions:
- changes in the contract performance measures
- the agency strategic plan and state system changes

V. UFF Quality and Data Management Structure/Resources

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

The Quality and Data Management Department structure consists of three components: quality management, data and records management and information systems management. The department is managed and staff guided by the Director of Quality and Data Management. The Quality Management Team consists of a Quality Management Supervisor and three (3) Quality
Management Specialists. The Quality Management Team is responsible for scheduling, completing and evaluating all quality assurance and improvement activities. These activities include case file reviews, incident reporting, tracking and follow-up, complaint and grievance tracking, customer satisfaction surveys, subcontract and internal departmental monitoring. The Director of Quality and Data Management will collaborate with the Director of Quality Assurance for the Region on all Quality Management activities.

The Data Management Team consists of a Data Management Supervisor and five (5) Data Management Specialists. The Data Management Team is responsible for maintaining the records in each of the four service centers and data entry into the three main information systems utilized by the agency – FSFN, ICWSIS, and ARGOS.

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

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

The Quality Management Supervisor is required to possess a degree in the human services field and a minimum of 3 years of quality management experience in child welfare. This position is responsible for managing all quality assurance and continuous quality improvement (CQI) activities within the Quality Management Department.

The Quality Management Specialists are required to possess a degree in the human services field and a minimum of one (1) year of related experience with emphasis on statistics and data analysis. These positions are responsible for data collection, analysis and distribution, case practice reviews, ad hoc reviews, supportive activities outlined in the state’s Program Improvement Plan, working with the various supervisors within the agency through the initiation of quality improvement teams, and numerous other internally directed assurance activities.
The Data Management Supervisor is required to possess a degree in the statistical or human services field and a minimum of 5 years of child welfare information systems experience and database or data analyzing experience. The position is responsible for monitoring and providing supervision pertinent to record maintenance, data collection and timely data entry of programmatic case information to ensure statistical validation related to compliance.

The Data Management Specialists are required to possess a high school diploma and three (3) years of experience in records management and complete data analysis and Excel training. This position is responsible for data collection and system input, preparation for external reviews and maintenance of the client records.

**Quality Management Department Organizational Structure**

![Organizational Structure Diagram](image-url)
Resources utilized to support quality assurance activities; track and report on strategic objectives include the following:

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

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

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

- **ICWSIS** – Interim Child Welfare Services Information System is utilized to collect licensing and placement information in order to generate and process invoices for payment for children in licensed care.

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

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

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

- **Document/Process Tracking Systems** – In focusing on compliance, numerous documents and process tracking systems have been implemented to ensure completion, receipt and appropriateness of process execution. These systems range from case transfer packet content and system of care activities (first 30 days) to supervisory reviews and child exit interviews.

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

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

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

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

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

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

**Principle Outcome Category 1 – Contract Performance Measures**

The Contract Performance Measures category addresses the measures listed within our contract with the Department of Children and Families and are adjusted annually. Following is the complete listing of the 2009-2010 contract performance measures and the related Quality Assurance Activities:
## 2009 – 2010 Performance Measures

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>06/30/10</th>
<th>06/30/11</th>
<th>06/30/12</th>
<th>06/30/13</th>
<th>06/30/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) The percentage of children served in out-of-home care who are not maltreated by their out-of-home caregiver shall be at least ____ percent. (FS106)</td>
<td>99.68%</td>
<td>99.68%</td>
<td>99.68%</td>
<td>99.68%</td>
<td>99.68%</td>
</tr>
<tr>
<td>2) The percentage of children under supervision who are required to be seen each month who are seen each month shall be at least ____ percent. (FS107)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>3) The percentage of children reunified who were reunified within 12 months if the latest removal shall be at least ____ percent. (FS301)</td>
<td>70.73%</td>
<td>72.96%</td>
<td>75.2%</td>
<td>75.2%</td>
<td>75.2%</td>
</tr>
<tr>
<td>4) The percentage of children reunified who re-entered out-of-home care within 12 months shall not exceed ____ percent. (FS302)</td>
<td>9.9%</td>
<td>9.9%</td>
<td>9.9%</td>
<td>9.9%</td>
<td>9.9%</td>
</tr>
<tr>
<td>5) The percentage of children who were adopted who were adopted within 24 months of the latest removal shall be at least ____ percent. (FS303)</td>
<td>30.33%</td>
<td>33.46%</td>
<td>36.6%</td>
<td>36.6%</td>
<td>36.6%</td>
</tr>
<tr>
<td>6) The percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30 shall be at least ____ percent. (FS671)</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>7) The percentage of children in out-of-home care for at least eight days, but less than 12 months, who had two or fewer placement settings, shall be at least ____ percent. (FS306)</td>
<td>86%</td>
<td>86%</td>
<td>86%</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>8) The number of children with finalized adoptions between July 1, 200__ and June 30, 200__ shall be at least ____ .</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>9) The percent of children under supervision who are required to be seen every 30 days, who are seen every 30 days shall be at least ____ percent. (Baseline Year 09/10)</td>
<td>N/A baseline data period</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

Each of the contract performance measures are tracked daily, weekly, monthly and/or quarterly to ensure compliance. The activities listed below are described in detail in section VIII - Quality Assurance Activities.

1. Permanency Tracking
2. Data Reports
3. Supervisory Reviews
4. Incident Report Analysis
5. Case Practice Review
6. Senior Management Team Meetings
7. FSFN Validation
Principle Outcome Category 2 – Internal Strategic Quality Goals

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

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

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

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

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

These activities are described in detail in Section VIII – Quality Assurance Activities.
**Principle Outcome Category 3 – Case Practice Review Findings**

The Case Practice Review Findings category addresses the quality of case practice as outlined in the core elements prescribed by the Department of Children and Families. The Case Practice Review Findings apply to both in-home and out-of-home cases. The purpose is to provide case management units with data that will aid in service delivery. The target outcome is 80% compliance per unit.

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

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

Detailed process explanation of the case practice review is provided in Section VIII – Quality Assurance Activities.

**Principle Outcome Category 4 – Fiscal Management/Revenue Maximization**

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

The Federal Funding/Revenue Maximization Department consists of one (1) Eligibility Determination Supervisor who is supervised by the Controller. The Federal Eligibility Determination Supervisor has direct supervision of four (4) Eligibility Determination Specialists who are assigned all duties associated with determining eligibility for federal funding. Responsibilities are assigned by county of service and consist of all out-of-home care clients.

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

All Region trainings are attended by the Eligibility Determination Supervisor. The Eligibility Determination Supervisor and at least one Eligibility Determination Specialist attend the statewide annual conference. All information is disseminated to the Eligibility Determination Specialists in written form along with supporting documentation, if applicable.

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

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

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

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

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

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

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

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

The following is a comprehensive list of ongoing and new performance initiatives that United for Families Quality Management Department will continue and/or assume in the upcoming year:
1. **Activity: Case Transfer Staffing Task Compliance – Ongoing Activity**  
   **Frequency:** Weekly  
   **Process/Methodology:** This activity is designed to ensure that all cases being transferred provide or contain the documents and information necessary for the supervisor and case manager to effectively begin working with the family. The goal is to ensure that all activities and documents that should accompany the case transfer process/file are completed in order for the case manager to have the information necessary to effectively initiate contact and services for the family.

   Case Transfer packets are tracked to ensure compliance with documents and FSFN data entry as outlined in the *Memorandum of Agreement with Protective Investigations and CLS*. The compliance is recorded on an Excel spreadsheet, calculated and reported to the Circuit monthly. FSFN is reviewed to ensure compliance with case creation. Entries are posted in FSFN that outline the initial case transfer compliance and any follow up activities that must occur. In the event that required documents are not received, the Data Management Department secures the documents and enters information into FSFN. This information is shared with the Program Directors and DCF on a monthly basis.

   **Data Tools:** Excel, FSFN

2. **Activity: System of Care Monitoring - Ongoing Activity**  
   **Frequency:** Weekly  
   **Process/Methodology:** This activity is designed to engage the family in services at the earliest possible time.

   UFF has identified specific activities that need to be completed within the first 30 days of care. These activities include assigning the case to a case manager within 2 days of case receipt, ensuring family contact within 72 hours of case assignment, engaging the family at the earliest possible time, and ensuring completion of the case plan. This information is shared with the CMA Program Directors on a monthly basis.

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

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

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

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

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

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

   **Data Tools:** FSFN, ICWSIS, ARGOS

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

   Incident reports, both internal and external, are collected by the Incident Reporting Information System (IRiS). The Quality Management Department organizes the data on
a monthly basis and analyzes the data based on systematic criteria or categories. Trend reports are created and discussed at the quarterly CQI meetings with providers to address any concerns. Copies of the summary and trend reports are also provided to the UFF Contract Management Department and DCF as requested.

Data Tools: IRiS summary and trend reports

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

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

   The individual subcontractor performance data is cumulatively compiled on a quarterly basis to determine the overall system of care performance.

   Data Tools: Subcontractor reports, Excel, quarterly progress reports

7. **Activity: Federal Funding Compliance Report (Daily Log) - Ongoing Activity**
   **Frequency:** Daily
   **Process/Methodology:** This activity is designed to ensure that accurate placement type and eligibility data is collected and recorded accurately. The goal is to ensure 95% accuracy of all data.
Child in Care packets consisting of information necessary to recommend eligibility determination are submitted on a daily basis to the Eligibility Determination Specialist from Case Managers and Protective Investigations. The information is used to complete a Title IV-E/Medicaid application to make a recommendation of presumed IV-E eligibility or Non-IVE if child is illegal alien to Child in Care (CIC) staff in the Department of Economic Self Sufficiency. A notice of case action which includes the child’s eligibility determination is from the CIC staff. The Eligibility Determination Supervisor and Eligibility Determination Specialists validate the information prior to utilizing such for the placement or payment of a child in licensed foster care. Discrepancies are addressed immediately with CIC.

Determination through the information obtained in the CIC packet for all children initially brought into care must be completed within 72 hours of the initial removal. The FSFN report, Eligibility Exception Report and Eligibility Types, is reviewed weekly by the Eligibility Determination Specialist assigned to the respective case(s) who is responsible for obtaining the necessary information from the primary Case Manager or Protective Investigator correcting inaccurate information, if necessary.

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

Data Tools: FSFN, CIC paperwork

8. **Activity**: Random Validation of Eligibility – Federal Funding - Ongoing Activity
   **Frequency**: Monthly
   **Process/Methodology**: This activity is designed to assure accuracy of the revenue maximization files. The goal is to ensure 95% accuracy.

   On a monthly basis, the Eligibility Determination Supervisor completes random file audits per Eligibility Determination Specialist. The supervisor verifies the paperwork contained within the file against the check sheets that serve as a self-help tool for each Eligibility Determination Specialist. The information is also validated against the Federal Funding Compliance Report/Daily Log.
Incomplete files or inaccuracies in paperwork are returned to the Eligibility Determination Specialist for correction.

**Data Tools:** Federal Funding Compliance Report/Daily Log and eligibility determination files

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

   **Data Tools:** FSFN, internal data collection, internal data analysis

10. **Activity:** Senior Management Team Meetings - *Ongoing Activity*
    **Frequency:** Weekly
    **Process/Methodology:** This activity is designed to address performance and service delivery issues, ensure the dissemination of information, provide a platform for feedback, discussion, decision-making and planning, and track task completion. The goal is to ensure consistency and cohesiveness within the system of care.

    The Senior Management Team meets weekly to discuss issues of performance, service delivery and situational items. Each senior manager of the company (Chief Executive Officer, Chief Operating and Information Officer, Director of Quality & Data Management, Director of Program Services, Chief Financial Officer, Director of Information Technology, and Director of Development, Chief Legal Council, Grant and Training Manager) attends the meetings.

    **Data Tools:** Excel and various reports

11. **Activity:** FSFN Validation - *Ongoing Activity*
    **Frequency:** Continual
    **Process/Methodology:** This activity is designed to ensure accurate data is entered into the official system of record, FSFN. The goal is to achieve 95% accuracy of all data related to cases.
Based on numerous ad hoc reports developed from the FSFN raw data within the data warehouse, as well as standard reports from within FSFN, information is updated to maintain compliance and/or provide insight to areas of concern.

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

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

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

**Frequency:** Continual

**Process/Methodology:** This activity is designed to meet regulatory requirements and gain feedback from children regarding each placement they experience. The goal is to ensure quality foster homes for children.

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

**Data Tools:** Exit Interview web-based form, Excel

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

**Frequency:** Continual

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

Communication is provided through three (3) methods; verbal, written and electronic. All communications are based on data obtained from a variety of sources, with FSFN being the primary data source.
Data Tools: Interagency memo, email, conferences, telephone calls, video teleconferencing, and Development Department Newsletters on the internet/intranet.

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

Data Tools: Internal and external systems, FSFN

15. Activity: **Mid-Year and Annual Reporting – New Activity**
   Frequency: Semi-Annually
   Process/Methodology: CBC’s will compile agency reports. Regions will be responsible for reviewing CBC reports, program data and submitting summary reports to the Office of Family Safety.

Data Tools: DCF reporting format

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

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


**Frequency:** Monthly/quarterly  

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

**Data Tools:** FSFN, Mentor Guide, Supervisory Review Tool

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

**Frequency:** Monthly/Quarterly

**Process/Methodology:** This activity is designed to focus CMA attention on the quality of their casework and document all pertinent information for Quality Assurance reviews.
**CBC base reviews (3b)**

Quarterly, CBC’s will conduct a case file review of service process compliance and quality. A sample of 25 cases per quarter will be reviewed. The department will select 25 cases to be reviewed quarterly based upon four distinct population groups. The base review will be conducted on 17 of the 25 cases selected for review. The CBC will coordinate with Regional QA the input of the base review results and analysis into the Statewide Automated Review and Data Collection System The tool will include components of service process compliance that drive child and family outcomes, and outcomes of service quality elements including selected quality practice standards that can be assessed via case file review. The protocol for the review will promote objectivity in assessment. In order to perform this file review function, CBC Quality Management Team will receive the required certification training through the Department of Children and Families. United for Families will track, analyze and report findings as needed by utilizing the internal Case Practice Review Tool Database. This database was designed to provide immediate data for internal, local and state (DCF) information reporting. In addition to the internal Case Practice Review Tool Database, UFF will also use the state web-based QA reporting system to track, analyze and report findings. The transferring and reporting from the UFF system to the state system will be updated as additional information is received in reference to the new state QA web-based reporting system. Attached to this plan is an example of United for Families current web based data collection system.

*All staff participating in these reviews will be required to attend DCF QA training.*

**Data Tools:** Case Practice Review Tool, Database

The local review schedule can be located at [www.uff.us](http://www.uff.us)

**CBC and region side-by-side comprehensive reviews (3c)**

The department will select 25 cases to be reviewed quarterly based upon four distinct population groups; the Side-by-Side review will be conducted on eight of the 25 cases selected for review. The case file review will be completed utilizing the same tool used in the CBC base review. The CBC will coordinate with Regional QA the input of the side-
by-side review results and analysis into the Statewide Automated Review and Data Collection System.

The review facilitator will be a DCF Regional employee based upon the criteria being set forth in the new statewide QA plan.

All CBC Quality Management staff will be trained and certified to participate in case file reviews. United for Families will track, analyze and report findings quarterly and as needed to the Region by utilizing the Case Practice Review Tool Data Base. This internal Database was designed to provide immediate data for internal, local and state (DCF) information reporting. Data analysis and reporting will be completed utilizing the statewide QA reporting format currently being developed.

Data Tools: Case Practice Review Tool, Database

The side-by-side review schedule can be located at www.uff.us

**In-depth quality of practice reviews (3d).**

Quarterly, regions will conduct an in-depth review of the quality of practice by CBC’s for a small (2-3 cases) sub sample of cases from activities 3b and 3c. These reviews will delve deeper into the quality of casework by using interviews with case-specific informants and other techniques (focus group, survey, etc.) to supplement the case file review conducted on the sub sample in activity 3c. The tool will include selected quality practice standards from the tool in 3b and 3c, with some added items or subcomponents of items that may not have been suitable for file review but that can be addressed by stakeholder interview, survey, or other techniques. Regions may add items for local purposes, such as to address Program Improvement Plan or other quality improvement countermeasures. Participants of this review will be Regional Quality Assurance staff.

Data Tool: TBD

**CBC Agency Management of Quality Assurance (3e)**

Regions will provide technical assistance to CBC’s in developing an annual quality assurance plan according to statewide criteria, will review and approve those plans, and will conduct a mid - year assessment of the implementation of the plan. Plan criteria
developed by the Family Safety program office will be incorporated into a plan review tool to be developed by that office.

**Executive Management Discretionary Reviews:**

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

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

   **Frequency:** Ongoing

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

20. **Enabling children in foster care to develop the skills for successful transition to adulthood:**

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

   **Frequency:** Monthly
Process/Methodology:

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

Data Tools: Web-portal system

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

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

B. **Activity:** Increase youth involvement in developing their case plans. – *New Activity*
   
   **Frequency:** As appropriate, at development or goal change of case plan
   
   **Methodology/Process:** The New Road to Success Program will be designed around youth-directed planning. A critical staffing for each youth in care will be held at appropriate intervals and will be directed or guided by the youth.

   **Data Tools:** DCF Record Review Tool

21. Increase in-home supervision and supports:

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

Data Tools: CPI Safety Assessment, Team One Assessment

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

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

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

Data Tools: Family case plan, Team One assessment

22. Activity: Missing Children - Ongoing

Frequency: Daily

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

23. Activity: Ad Hoc and High Risk Case Reviews - Ongoing

Frequency: Ongoing

Methodology: The Quality Management Department completes numerous ad hoc and high risk case reviews. This category of special reviews allow for the Quality Management Team to view the “windows into practice” and analyze the information for continual quality improvement.
24. **Activity: Psychotropic Medications for Children in Foster Care - Ongoing**

**Frequency:** Ongoing  
**Methodology:** United for Families created a web-based system “uRx” for monitoring children in out-of-home care prescribed psychotropic medication. The web-based system is designed to upload and retain required psychotropic medication case documentation. Case documents retained in the uRx system are expressed and informed consents, court approvals, and treatment/medical plans. The uRx system allows United for Families Behavioral Health Specialist and the Quality Management Department to monitor case documents for timeliness and policy compliance. United for Families Quality Management Department will perform ad-hoc case file reviews for verification of appropriate case file documentation.

**Local Review Schedule:**  
The local review schedule for all quality management activities including Board of Directors Meetings and other activities of local importance is located at [www.uff.us](http://www.uff.us)

**Peer Participation:**  
UFF includes peer participation in the day-to-day implementation of the Quality Management Plan. The plan is collaboratively developed with the local Circuit and each department within the agency. It is necessary that a close working relationship needs to be established with the Circuit and Central Region, and this needs to include on-site training in the areas of case file review, quality management plan development, FSFN issues, etc. UFF is encouraged that as the new plan is implemented, the Circuit and Region will accept the invitation to participate in all quality assurance/improvement activities.

The local community alliance and board participates in the quality management plan implementation through the review and evaluation of performance data and assists in the development of specific plans to address identified needs.

Minimal qualifications of participants strongly depend upon the activity. In specific regards to Case Practice Reviews, the only participants will be Dependency Case Management supervisory staff, UFF Quality Management staff and those from the Region or those that have successfully been identified by the Region as qualified reviewers through case evaluation review, interviews, co-reviewing, etc. for conducting quarterly chart reviews using the Case File Review Tool or other approved monitoring/review tools. An additional activity with the Region and the Circuit staff are quarterly Continuous Quality Improvement (CQI) meetings that include updates on FSFN data, UFF quality management initiatives/improvement/activities, data
management updates and DCF Circuit/Regional informational updates. Specific qualifications for participation in case practice reviews are outlined within the quality assurance activity process / methodology.

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

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

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

1. Satisfaction of parents/child (ren)
2. Satisfaction of adoptive parents
3. Satisfaction of foster parents
4. Satisfaction of providers
5. Satisfaction of stakeholders (e.g., courts, GAL’s, etc.)
Child and family satisfaction surveys include questions addressing the services the clients received, the professionalism of the staff, the ease with which services were provided, whether or not the clients felt that they received the help they needed, and whether the facilities were convenient. Surveys are aggregated, reviewed and reported by quality management staff. The information resulting from the reports is used to develop new services, change existing services, and to strategically plan.

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

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

**Customer Relations: Inquiries, Complaints, and Grievances:**

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

**Inquiries**

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

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

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

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

**Complaints**

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

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

Confirmation of the complaint and the UFF complaint procedure are forwarded to the complainant. This confirmation informs the complainant that UFF is investigating into the complaint/concern.

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

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

**Grievance & Appeals Resolution Process**

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

**Grievance and appeals processes for parents:**

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

a) In the event that a difference of opinion or conflict occurs, the dissatisfied person(s) is encouraged to bring the specific issue to the attention of the case manager in the context of an inquiry. The forum for this dialog is informal and the results are documented in the appropriate file. Documentation includes the circumstances surrounding the issue and resolution/status.

b) If the concerns are not resolved at the inquiry or complaint level, the case manager will provide the person(s) with the name of his/her supervisor so that the person(s) may speak with them regarding the concern/complaint. This process should move up the chain of command within the case management agency until the issue is resolved.

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

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

**Grievances or Appeals Made By CMAs or Providers**

All UFF contracts for services require providers to follow UFF grievance and appeals procedures. If a contract provider wishes to file a grievance, a summary of the process is outlined below:
a) In the event that a difference of opinion or conflict occurs, the dissatisfied provider is encouraged to bring the specific issue to the attention of UFF in the context of an inquiry. The UFF Quality Management department processes all inquiries and provides the response.

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

c) If the UFF management team and the provider cannot resolve the issue, a meeting with

d) The UFF Chief Executive Officer will be set for final resolution.

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

**Review of all Complaints and Grievances**

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

**Monitoring Subcontracted Providers:**

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

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

An invoice tracking log which includes date of service, payment amount, and expenditure type is managed by the contract manager for all active contracts.
Every contract will undergo an annual monitoring by UFF in accordance with the UFF Contract Monitoring Manual (Refer UFF Contract Monitoring Manual). Providers will be required to document corrective actions taken to improve performance in areas found deficient in this monitoring.

VIII. Quality Improvement

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

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

1. Exceed our established outcomes
2. Improve the quality of our services
3. Address substandard performance

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

Initiatives utilized to enhance and drive deployment are:

- Performance Improvement Plan
- State/Local Quality Improvement Plan - QIP
- Use of Quality Improvement Teams

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

The *State/Local Quality Improvement Plan* (QIP) outlines statewide indicators and identifies outcomes for collaborative improvement throughout each Circuit based on results from the CFSR. The process for implementation is based on action steps collaboratively developed between UFF and the Department of Children and Families – Circuit 19.

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

**Data Collection and Analysis**

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

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

**Data Analysis:**

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

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

**IX. Staff and Provider Training**

**Training / Staff Development**

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

Case File Review training: The Department of Children and Families Quality Management Department provided certification training to all quality management staff responsible for the completion of case practice reviews. These certification trainings ensure inter-rater reliability, consistent tool utilization, defined intent of questions, and logical analysis of subjectivity.
further support consistency, the Central Region has assigned one Quality Management Specialists to provide technical assistance through the sharing of up-to-date interpretations and guidance associated with the tool.

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

**Pre-service Training**

Case management staff receives Pre-service training through the Learning Institute operated by Children’s Home Society of Florida. The pre-service training includes structured field activities and classroom training and requires successful completion of a knowledge-based test to achieve Phase I Certification. All pre-service training follows the requirements outlined by state.

**In-service Training**

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

**X. National Accreditation:**

United for Families received accreditation through the Council on Accreditation (COA) on November 30, 2008. COA is an international, independent, not-for-profit, child and family service and behavioral healthcare accrediting organization. It was founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Children and Families).
Originally known as an accrediting body for family and children’s agencies, COA currently accredits 38 different service areas and over 60 types of programs. COA views accreditation as a catalyst for change that builds on an organization’s strengths and helps it achieve better results in all areas.

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

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

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

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

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