Family Integrity Program 2013 - 2014
Quality Assurance Plan

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

The responsibility for FIP’s Quality Assurance and Performance Quality Improvement efforts reside with the St. Johns County Health and Human Services Director, the FIP Program Manager, the Health and Human Services Finance and Contracts Manager and the Health and Human Services Compliance Coordinator. The Health and Human Finance and Contracts Manager supervise staff dedicated to quality operations, assurance and improvement activities. This staff includes one (1) Compliance Coordinator and two (2) Compliance Specialists who are trained and certified in the quality assurance review process. Additionally, FIP has supervisory staff designated as ICPC Specialist and Missing Children Specialist who work in conjunction with the Quality Assurance and Performance Quality Improvement team. These staffs’ efforts are supported by the St. Johns County Health and Human Services and FIP Executive Management Team.

Overall, the FIP Quality Assurance and Quality Improvement process involves staff across all levels throughout FIP and the St. Johns County Health and Human Services Department. Staff continuously gather and analyze data to make improvements to services and processes when compliance is not met or when safety/security issues arise. FIP promotes the philosophy that everyone is a member of the Quality Assurance and Performance Quality Improvement team, including stakeholders, families, children, caregivers, foster parents, and FIP staff at all levels. FIP works collaboratively with community stakeholders (including DCF, service providers, and child and family representatives) to define the indicators of success; review and enhance the quality management data collection and reporting system/process; and periodically review performance and institute changes at the system and case levels, ensuring continual improvement.
FIP has a centralized yet program specific data collection system used to support the quality management system. Performance data is analyzed on a weekly basis by the Quality Assurance staff, which is then reported to management at FIP. In addition, case review data is analyzed on a quarterly basis to support organization-wide planning and correction of problem areas in regards to case management efforts.

FIP tracks trends within the data and reports to DCF Administration, St. Johns County Health and Human Services Executive Team, and FIP Management and Supervisors, in regards to client outcome data that is consistent with the federal ASFA domains, and CFSR and other state mandates, including the specific performance measures outlined in the contract with DCF. FIP also examines satisfaction data from children and families, providers, the courts, DCF and other community stakeholders to identify and remedy areas of weakness or concern.

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

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

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

The Family Integrity Program is an agency within the St. Johns County Health and Human Services Department, which also includes St Johns County Social Services Department and St Johns County Housing Authority. The St. Johns County Health and Human Services Department was officially accredited by the Council on Accreditation (COA) in November 2008 and recently achieved reaccreditation in November 2012.
Performance and Quality Assurance Activities (including Schedule)

Supervisory Reviews

The Dependency Case Manager Supervisor shall use the Supervisory Discussion Guide to facilitate the supervisory discussion with the Dependency Case Manager. The Dependency Case Manager Supervisor may utilize the questions on the tool most relevant to the case and discussion at the time. Not all questions on the tool must be answered; however, the supervisor must keep in mind the tool is to be used to:

  a. Guide discussion of the case;
  b. Ensure the elements of safety, permanency and well-being are being addressed for all children via proper case management procedures;
  c. Assist the supervisor in being a mentor to the Dependency Case Manager by allowing them to provide proper guidance and support and follow up;
  d. Focus on the quality of the case work and identify any gaps in services identified; and,
  e. 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
     v. Emerging risk and Safety Concerns

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

1. At a minimum of every 90 days and at least once each quarter, 100% of an individual Dependency Case Manager’s (DCM) assigned children will be staffed in supervision by the Dependency Case Manager Supervisor (DCMS) to ensure child safety, well-being, and permanency are being addressed for every child. The supervisor will provide guidance and directives, and follow up on previous directives at subsequent reviews throughout the case.

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

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

4. On a quarterly basis, the FIP Quality Assurance Team will randomly select a total five (5) Supervisory Review notes completed per Unit Supervisor and conduct a qualitative review. An internal tool has been created to ensure consistency of these audits. The data gathered will include a review of the following:
   a. overall compliance by the supervisor in regards to the timeliness of the completion of the reviews
   b. related notes including discussions of but are not limited to:
i. Permanency goal
ii. Progress and barriers to permanency
iii. Tasks and who is responsible
iv. Follow-up on tasks
v. Independent Living Referrals and Services
vi. Collaboration with Department of Juvenile Justice and documentation of joint planning activities
vii. Psychotropic Medication
c. Tasks/ directives provided to the Dependency Case Manager and subsequent follow up on previous directives

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

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

- **Quality Service Reviews** - Case Management Agency Monitoring 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. FIP’s Quality Assurance department will use the state approved CBC Quality Services Review Protocol (QSR) to conduct two (2) Quality Service Reviews (QSR) per quarter. The two cases selected will be chosen using the DCF Family Safety Program Office generated sample and then an internal random selection process. The current criteria that is suggested, based on whether the child remains in the home or is in out of home removal episode, will be utilized by FIP’s quality assurance department in selecting cases for review.

  The QSR review tool is comprised of 21 indicators which rate Child and Family status and Practice Performance. When summarized, these indicators will provide data specific to these outcomes. The review information will be entered into the DCF Web Portal QA system database and a written report summarizing the findings and providing recommendations is provided to FIP staff, including the case manager, the case manager’s direct supervisor and the Program Manager. These written reports are also provided to DCF’s Office of Child Welfare.

- **Quality of Practice Standards (QPS) Case Reviews** - FIP conducts a Quality Practice Standard (QPS) Review of 11 client cases randomly selected from the quarterly sample provided by the DCF Family Safety Program Office.

  Case Management Agency Monitoring 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. The FIP Quality Assurance staff will serve as the lead for the Reviews. Reviews will be completed by the Compliance Specialists and the Compliance Coordinator. In the event additional assistance is needed, unit supervisors and/or certified QA Reviewers may be asked to participate.
2. FIP will ensure when assigning a case file for review, the reviewer does not have any direct involvement with the management or supervision of the case for the entire period under review.

3. All staff who conduct Reviews must complete the DCF QA Reviewer Training before participating in a review.

4. All Reviews will be completed by the end of the quarter in which the case was assigned for review.

5. The completed Review tool will be submitted to the QA Compliance Coordinator for approval. The Compliance Coordinator shall insure that all tools are approved and marked in the database as final review.

6. FIP will compile and analyze the data obtained from the Review. The data will document the degree of compliance with each standard, and be summarized at the individual unit level and for all units to reflect the overall system of care.

7. Quarterly compliance reports will include both summary and detailed data, and will be provided to the FIP Management and Supervisors.

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

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

10. The Compliance Coordinator and Compliance Specialists will provide technical assistance to the Case Management staff as needed.

- **Supplemental Reviews**- In addition to the QPS and QSR Reviews, FIP will also select additional cases each quarter in order to assess practice in the Psychotropic Medication category using the QPS questions related to that category. For these cases, only the applicable standard will be applied (36.5, 37.5, 46.6, 67, and 72.2). The following number of special review cases will be reviewed each quarter:
  a) Quarter 1 – 6 cases
  b) Quarter 2 – 6 cases
  c) Quarter 3 – additional psychotropic medication cases not yet reviewed in previous quarters
  d) Quarter 4 – additional psychotropic medication cases not yet reviewed in previous quarters

- **Discretionary/Special Reviews**- Discretionary or Special Reviews will be conducted by quality assurance staff as requested by DCF staff, stakeholders, HHS Director or the FIP Program Manager. The purpose and focus are discussed by the requestor, as well as the results of the review.

- **Continuous Quality Improvement Activities**- Each quarter quality assurance staff will identify areas to which complete a quality review utilizing a quality assurance tool. Areas will be identified based on areas needing improvement discovered while performing case reviews, from COU monitoring, and requests from FIP Supervisors. Areas may include,
Safety Plans, Home studies, Eligibility, Independent Living or other identified areas determined by FIP’s management team.

- **Surveys**- Electronic Foster Parent, Stakeholder and Employee Satisfaction Surveys will be distributed annually. The results are gathered, analyzed and presented to FIP Executive Team for performance improvement purposes as well as areas identified as strengths.

- **Request For Action**- FIP has a system in place for ensuring critical threats to a child’s life, health or safety are addressed immediately. When the reviewer determines there is a threat to the child’s life, health or safety, a Request for Action Form is completed which documents the unresolved concerns and case specific and demographic information. The form is routed to the FIP Compliance Coordinator. The FIP Compliance Coordinator reviews the document to note the issues of concern and within one workday forwards the document to the Case Management Unit Supervisor responsible for the case. The Case Management Unit will have a set number of days (date will be determined by the Compliance Coordinator) from the date the form was submitted to FIP to review and resolve the issue and returns the form to FIP Compliance Coordinator documenting the actions taken to resolve the issue. If there is a need to react immediately to ensure the child is safe, FIP and/or the reviewer completing the form ensures the appropriate immediate action is taken, i.e. calling law enforcement, calling 911, calling the Dependency Case Manager to ensure the situation is addressed immediately, etc. FIP then either approves the actions taken or re-submits the form to the Case Management Unit Supervisor requesting additional information or follow-up. This process continues until the issue is satisfactorily resolved. Additionally, when any threat to a child’s life, health, or safety is identified during any other quality assurance activity, the avenue of action and response is email identifying the issue and requesting follow-up much like the process listed above for case file reviews. Safety concerns are tracked until the concern is resolved. An RFA chronological note will also be entered in FSFN by the Compliance Coordinator.

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

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

- **Performance Measures/Scorecard** - The Family Integrity Program utilizes the DCF created “Scorecard” and Performance Measures for Continuous Quality Improvement purposes. This tool rates, as well as, ranks all CBC’s statewide with their level of compliance and service delivery. The scorecard and performance measures are reviewed monthly by the FIP staff as well as the Executive team. Monthly, Quality Assurance staff report on FIP’s compliance with each of the contracted performance measures and scorecard results. This report compares compliance from one month/quarter to the next, identifies if FIP is in compliance with each of the measures and addresses specific action plans to address areas in need of improvement. Action plans are based on shared data review initiatives and on analysis.

- **Quality and Risk Elements**-

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

  2. Exit Interviews (quarterly)
     a. Data collected via:
        i. FSFN and Mindshare Reports
        ii. FIP QA staff will complete a quality review tool quarterly on a minimum of five exit interviews

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

  4. Birth Verification, Photograph, Finger Prints Compliance (monthly)
     a. Data collected via:
        i. FSFN report(s)

  5. Medical Visit, Dental Visit, Immunization Compliance (monthly)
     a. Data collected via:
        i. FSFN report(s)

  6. Birth Parent Contact (monthly)
     a. Data collected via:
        i. FSFN report(s)
        ii. Scorecard
• **Data Collection and Analysis** - FIP utilizes the data collected regarding the performance measures and works with the Case Management Units to identify and address areas in need of improvement. This partnered approach is designed to look at issues related to quality and performance at the case level. By looking at issues at the case level progress can be made for individual children and families and over time for the system as a whole. Identifying issues at the case level has resulted in a more focused approach to performance improvement. From this case specific information trends are identified and action steps put into place to address both case specific and systemic issues.

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

FIP Supervisors Meeting shall occur weekly and may include discussions on performance data, identified opportunities for improvement, and other concerns that may arise. They evaluate data and direct decision-making to implement changes to processes at both the service and case levels. Appropriate lessons and process changes are translated into new or enhanced policies and procedures, and shared with DCF/FIP Partnership, stakeholders, or other interested parties as indicators of solution-focused thinking and processing.

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

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

• **Quality Assurance Analysis Report** - Quality Assurance Analysis Report is created annually to address the areas identified in the QSR findings. FIP expects to utilize the results from the QSR Reviews to gauge growth and current performance. This in conjunction with the case level analysis of performance measure compliance will provide an overall picture of case practice and identify needed improvements.

**Florida Safety Decision Making Methodology (“Transformation”)**

FIP will continue to use the current tools and processes for case review and analysis for the first two quarters of FY 2013-2014. There is a planned initiative to shift over to utilizing the transformation fidelity tools for the third and fourth quarters in FY 2014. FIP quality assurance staff will continue to participate in conversations regarding the development of these new tools and ensure the fidelity of the model through ongoing trainings in this methodology.
CLOSING
FIP is an agency focused on making changes and doing what is in the best interest of the children and families we serve. FIP’s quality control, quality assurance and continuous quality improvement system allows FIP to recognize and react to emerging trends at various levels within the agency. As trends are identified, action plans are put in place. As stated previously in this plan, FIP reviews performance at the case level (both performance reviews and case file reviews). 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 led to pinpointing and addressing concerns. 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.