Introduction

The responsibility for PSF’s Quality Assurance and Quality Improvement efforts reside with the PSF Director of Program Quality and Accreditation. The Director of Program Quality and Accreditation reports directly to the Senior Vice President of Finance and Administration. The Director of Program Quality and Accreditation supervises two (2) Quality Assurance Monitors who are dedicated to quality assurance and improvement activities. The efforts of these staff members are supported by every department within PSF, the PSF Executive Leadership Team and the PSF Board of Directors. PSF Quality Assurance staff members are required to have at a minimum, a Bachelor’s Degree in counseling, social work or related field from an accredited college or university with experience working in child welfare programs.

The PSF QA/CQI processes provide oversight and accountability of the system of care including PSF and its subcontracted Case Management Agencies. PSF subcontracts with 5 Case Management Agencies. Currently they are: Camelot Community Care, Corner Drug Store Family and Behavioral Health Services, Children’s Home Society, Devereux Foundation and Family Preservation Services. PSF QA works with the PSF Contract Manager and the DCF Contract Manager providing quality management activities and results and action plans for improvement as required.

The PSF Quality Assurance and Quality Improvement process involves staff across all levels throughout the PSF and subcontracted provider network. Staff members continuously gather and analyze data and make improvements to services and processes when compliance is not met or when safety/security issues arise. Departments within PSF and the agencies PSF sub-contracts with share information with one another in an effort to eliminate duplication, and to increase collaboration and knowledge. Staff members work together to identify and address areas in need of improvement as well as to identify and share best practice modalities. Information is collected and shared using multiple mediums such as Florida Safe Families Network (FSFN), DCF Information Portal, PSF Data Systems, meetings, email, Power Point presentations, Excel spreadsheets, etc. PSF promotes the philosophy that everyone is a member of the Quality Assurance and Quality Improvement team, including stakeholders, families, children, caregivers, foster parents, and PSF...
and subcontract provider staff at all levels. PSF works collaboratively with community stakeholders (including DCF, the Circuit 3 and 8 Community Alliance (when the Alliance is functioning and holds meetings), providers, and child and family representatives to define the indicators of success; review and enhance quality management data collection and reporting system/process, and to periodically review performance and institute changes at the system and case levels, to drive improvement.

PSF has a centralized data collection system used to support the quality management system. Data is shared and analyzed on an ongoing basis by the various departments within PSF and with the Subcontracted Case Management agencies which supports system-wide planning and in correcting problem areas.

PSF is an agency focused on making changes and doing what is in the best interest of the children and families we serve. PSF’s quality control, quality assurance and continuous quality improvement system allows PSF to recognize and react to emerging trends at various levels within the agency and within the system of care. PSF works closely with DCF Administration and its sub-contracted Case Management Agencies to review performance and focus on safety, permanency and well-being of children as priorities. As trends are identified action plans are put in place both internally (CBC Lead Agency level) and/or at the Case Management Agency level. PSF and the Case Management Agencies review performance at multiple levels utilizing the data and information gathered to focus actions for change. Case level reviews (performance reviews, scorecard, Quality Practice Reviews and Quality Service Reviews) are utilized to conduct root cause analysis activities. By looking at issues at the case level, problem areas can be identified and progress can be made for individual children and families served, which will improve the system as a whole over time. From this case specific information root cause issues and 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.
PSF utilizes these approaches building on what we learn to enhance action plans previously implemented. PSF works side-by-side with the Case Management Agencies, Providers and other stakeholders to improve the quality of services provided both internally to one another and to the families we serve. PSF uses the case level data review approach along with the trend analysis/root cause approach. In doing so, PSF reviews the data and participates in the collaborative monthly and quarterly meetings with the Case Management Agencies. The Case Management Agencies discuss performance, initiatives, lessons learned and best practices.

PSF has established Quality Improvement Teams designed to create learning experiences and drive system improvement. The teams responsible for reviewing performance and risk data include the Executive Leadership Team, Quality Operations Team, Incident Report Review Committee, PSF Case Management Agency Supervisors Meeting, and PSF Board of Directors Quality Management Subcommittee. These teams 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 sub-contracted Case Management Agencies, stakeholders, or other interested parties as indicators of solution-focused thinking and processing.

The PSF Finance and Administration staff also supports performance through standardized quality assurance activities to evaluate increased success and compliance. Additionally, the Finance and Administration department provides technical assistance to the Quality Improvement teams, agencies, and individuals as necessary.
Seamless QA/CQI of Case Management

Partnership for Strong Families will complete case reviews, Quality Practice Standards (QPS), Quality Service Reviews (QSR) and specialty reviews using the agreed upon processes and tools. As Transformation is taking place currently and the state is moving toward phased in implementation of the Florida Safety Decision Making Methodology (FSDMM) the case review processes will be changing. PSF will make transitions and phase in and out the various tools to be used for QPS, QSR and Specialty Reviews as agreed upon with DCF.

PSF’s Director of Program Quality and Accreditation completed the eight day Safety Practice Expert training and will be a consultant to others as needed as the FSDMM is implemented. PSF’s two Quality Assurance Monitors will attend the 8 day FSDMM training for supervisors in September and October. They are completing the training in order to be knowledgeable about FSDMM protocols and so they will be able to review cases with the proper understanding of the process. In addition all PSF Quality Assurance staff will complete the required DCF training related to changes in the QPS and QSR review standards and tools.

During Quarter 1 and Quarter 2 of fiscal year 2013 -2014 PSF will complete QPS and QSR reviews utilizing the processes outlined in the Windows Into Practice. The only difference from FY 2012-2013 for these two quarters will be PSF will complete 14 QPS reviews and 2 QSR reviews for a total of 16 reviews. Formerly PSF was required to complete 18 QPS reviews and 2 QSR reviews for a total of 20 reviews. The change in number of cases to be reviewed is based on changes in overall population served. As the population served has decreased the 90/10 confidence interval decreases and a sample of 16 reviews per quarter is considered a significant statistical representation.

The sample for reviews will include, as much as possible, an equal share of In-Home service cases (non-judicial and judicial) and Out-of-Home service cases. PSF may choose to stratify the sample further if there is a need to focus reviews in specific areas of local practice.
PSF QA staff, when available, in conjunction with DCF and other Community Base Care Staff will participate in the remodeling of the case review tools to incorporate FSDMM into the tools. If PSF cannot participate in the workgroups, but is given the opportunity to review and comment on tools prior to their implementation, PSF will take advantage of this and participate and provide comments and feedback. Regardless, when the tools are completed PSF will utilize the DCF approved tools for completing all required case reviews.

The PSF Quality Staff (The Director of Program Quality and Accreditation and/or Quality Assurance Monitor) complete the QPS and QSR reviews. All staff members who conduct case reviews must complete the DCF approved statewide or region training within 6 months of assignment of duties for case file reviews. PSF prefers staff be trained prior to participating in case reviews, but given staff changes occur and Department trainings are periodically scheduled this may not be possible. If staff are to complete reviews prior to being certified by DCF they will not be the lead on QSR reviews and will have participated in shadowing a trained reviewer for QPS reviews. All QSR and QPS reviews receive a second party review by a trained reviewer who did not participate in the initial review. These second party reviews are completed prior to finalization to provide oversight, allow for corrections, and to assist with inter-rater reliability.

**Case Review Specific Review Protocols:**

**Quality Practice Standard Reviews (QPS)** are designed to evaluate the quality of case management practices and processes utilized in service delivery. The goal is to monitor and assess completion of case practice activities, adherence to standards, and that quality services are being provided to the children and families served.

PSF uses the state approved Community Based Care (CBC) Case Management Review Tool and Interpretive Guidelines to conduct the Quality Practice Reviews. The review tool is comprised of standards assigned to Safety, Permanency and Well-Being. The QPS information is entered into the DCF Web Portal QA system database.
PSF completes the specified number of QPS reviews per quarter as indicated in the Windows into Practice document or other official documents from DCF. Currently PSF has 14 QPS reviews to complete per quarter. All reviews are completed by the end of the quarter in which the case was assigned for review. The reviews are completed in the format approved by DCF (electronically or paper format). Cases are randomly selected via the state approved random sampling process. The sample for QPS reviews includes, as is possible, an equal share of In-Home service cases (non-judicial and judicial) and Out-of-Home service cases. The sample is chosen randomly from the total sample of eligible cases provided by DCF. After this initial stratification, the sample may be stratified further if needed to focus reviews on specific areas of local practice.

**Quality Service Reviews (QSR):** The In Depth Service Reviews for a Child and Family Documentation states that the process and protocol are used for appraising:

- Current status of a child possibly having special needs in key life areas
- Status of the parent/caregiver
- Performance of key system practices

The documentation further states: “the protocol examines recent results for children receiving services and their caregivers as well as the contribution made by local service providers and the system of care in producing those results.”

Quality Service Reviews focus less time on reviewing documentation and more time interacting and interviewing key case participants. The process focuses on two major components:

- Child and Family Status Indicators - how the child and family/caretaker are functioning related to the following subcategories: Safety from Exposure to Threats of Harm, Child Vulnerability, Stability, Living Arrangement, Permanency, Physical and Dental Health, Emotional Well-being, Early Learning and Development, Academic Status, Pathway to Independence, Parent and Caregiver Functioning and Resourcefulness.
• Practice Performance Indicators how the system of care, services, case professionals impact the life of the child and family related to the following subcategories: Engagement Efforts, Voice and Choice, Teaming, Assessment and Understanding, Planning for Safe Case Closure, Planning for Transitions and Life Adjustments, Implementation, Maintaining Quality Connections, Tracking and Adjustment, Cultural Awareness and Responsiveness, Psychotropic Medication Management

Each subcategory is reviewed via documentation review and case participant interviews for quality and compliance with core concepts and consideration ideals and is ranked on the following 6 point scale: 6 – Optimal Status/Practice, 5 – Good Status/Practice, 4 – Fair Status/Practice, 3 – Marginal Status/Practice, 2 – Poor Status/Practice, 1 – Adverse Status/Practice and N/A

A summary report is completed regarding the findings. The summary report contains the following information:


PSF completes the specified number of QSR reviews per quarter as indicated in the Windows into Practice document or other DCF official documents. Currently PSF is to complete 2 QSRs per quarter. Each quarter a random sample of 2 open cases primary to the services units will be selected for this review process. The sample will be chosen by utilizing a listing provided by DCF. Sampling requirements in Windows into Practice are followed.

All reviews will be completed in teams of two. Reviews consist of documentation review, case interviews and debriefings with the Family Care Counselor and the Family Care Counselor Supervisor.
Special Area Reviews: Each quarter PSF completes 10 Special Area Reviews as set forth in the Windows into Practice or to those DCF has officially chosen if different from those listed in the Windows into Practice. The Special Area Reviews cover specific target groups of cases and are set by DCF. Target groups may include: children on psychotropic medications, independent living cases, etc. The sample is chosen via the method approved by DCF. Reviews are completed using the case review tool in the DCF portal and only questions pertaining to the subject matter are completed, all other questions are answered N/A (non-applicable). The Special Area Reviews are focused reviews to provide information and data not only locally but statewide on topics/areas in need of special attention.

Scheduling, Use of the Tool and Reporting: All reviews (QPS, QSR and Specialty will be completed and entered into the DCF web-based tool at: http://apps1.dcf.state.fl.us/WebSecurity/login.aspx. Reviews are entered into the DCF web-tool by the dates listed in Windows into Practice – currently October 10, January 10, April 10, and July 10. The QSR written summary is provided to DCF by the dates listed in Windows into Practice – currently October 30, January 30, April 30 and July 30.

PSF completes all QPS, QSR and Specialty Reviews throughout the quarter. PSF ensures the reviews are all completed by the required timeframes. PSF does not have scheduled weeks or days for the reviews. The reviewers complete the reviews throughout the quarter taking the amount of time needed for each case specifically. They schedule the QSR interviews for set dates (approximately one or two consecutive days in the quarter). This approach allows the reviewers time in between reviews to do other tasks and to come to each review refreshed.

CBC QA staff in conjunction with PSF Quality Operations staff, PSF Information Technology staff and with the subcontracted Case Management Agency staff members analyzes the data collected overall and identify trends/root causes, effective practices, and areas of concern, synthesizing the information to demonstrate and discuss CBC practices and performance. The findings and analysis are shared with PSF CEO, PSF Senior Vice President of Administration and Finance, Senior Vice President of Operations, DCF Regional QA Manager, DCF Contract Manager and the Sub-
contracted Case Management Agency Program Directors. Each Case Management Agency is responsible for addressing deficiencies and items warranting Quality Improvement activities. PSF Quality Staff provide technical assistance to the Case Management Agencies as needed. Requests for action are generated on a case by case basis when safety concerns arise and are also generated on an Agency level when warranted.

**Discretionary Reviews:** PSF will comply and complete all assigned discretionary reviews as received. PSF Leadership will review the request and will assign appropriate staff to review, collect information and to report the information as requested.

**Performance Measures, DCF Scorecard, & Other Areas of Focus**

The PSF Finance and Administration staff, in conjunction with all other departments within PSF manages a system for collecting and reporting data on performance indicators and outcome measures on a monthly, quarterly, and annual basis. The elements and minimum frequency are outlined below and are subject to change with changes to the contract requirements, DCF QA process and from local identification of new issues to be addressed.

- **CBC Scorecard:** Monthly (Items and percentages are subject to change as DCF makes changes to scorecard measures)
  1. No Verified Maltreatment within 6 Months of Termination of Family Support Services – 99.5% or higher
  2. No Verified Maltreatment During In-Home Services – 97% or higher
  3. No Verified Maltreatment within 6 Months Termination of In-Home and Out-of-Home Services – 95% or higher
  4. Children in Care 8 Days – 12 Months with No More than Two Placements – 86% or higher
  5. Children Achieving Permanency within 12 Months of Entering Care - 75% or higher
  6. Children Achieving Permanency after 12 or More Months in Care – 55% or higher
7. Children Not Re-entering Out-of-Home Care within 12 Months of Achieving Permanency - 92% or higher
8. Children in Licensed Out-of-Home care Age 12 and under in DCF-licensed Family Foster Homes – 95% or higher
9. Overall Score on Education Report Card - 65% or higher
10. Former Foster Youth Ages 19-22 with Diploma or GED – 65% or higher
11. Administrative Expenditures as Percent of YTD Expenditures – 3.5% or lower

- Contract Performance Measures: Quarterly (items are subject to change based on contract with DCF - these performance measures were taken from the proposed Attachment 1)
  1. The percentage of children served in out-of-home care who are not maltreated by their out-of-home caregiver - 99.68% or higher
  2. The percentage of children in out-of-home care twenty four (24) months or longer on July 1 who have achieved permanency prior to their 18th birthday by June 30, 2014 – 29.1% or higher
  3. The number of children with finalized adoptions between July 1, 2013 and June 30, 2014 – TBD
  4. Percent of children in out-of-home care more than 12 months but less than 24 months with two or fewer placements – TBD
  5. Percent of children in out-of-home care 24 months or more with 2 or fewer placements – 41.8% or higher
  6. The percent of children under supervision who are required to be seen a minimum of once every thirty (30) days, who were seen a minimum of once every thirty (30) days, measured on rolling 12 month basis – 99.5% or higher
  7. Percent of Mother Contacts once every thirty (30) days for children in out-of-home care with a goal of reunification, measured on rolling 12-month basis – 70% or higher
  8. Percent of Father Contacts once every thirty (30) days for children in out-of-home care with a goal of reunification, measured on rolling 12-month basis – 70% or higher
9. Percent of children in out-of-home care who received medical services in the last twelve months – 95% or higher
10. Percent of children in out-of-home care who received dental services in the last twelve months – 85% or higher
11. Percent of children in out-of-home care who are up to date on immunizations – 98% or higher
12. The percentage of children ages 5-17 in out-of-home care currently enrolled in school – 95% or higher
13. At least ninety percent (90%) of children shall not have any of the following errors as of thirty (30) days after the end of each six (6) month Adoption and Foster Care Analysis and Reporting System (AFCARS) report period:
   a. Child is receiving an adoption subsidy (based on monthly dollar amount), but does not have an identified primary basis for determining special need.
   b. Child has been in current removal episode more than sixty (60) days, or discharged from a removal lasting more than twenty-four (24) hours, and “Mother Married at Time of Birth” not documented.
   c. Child has been in current removal episode more than sixty (60) days, or was discharged from a removal lasting more than thirty (30) days, and does not have a Court approved or proposed case plan goal.
   d. Child is in a pre-adoptive placement, or was discharged with a discharge reason of adoption, and one or both parents Termination of Parental Rights (TPR) dates are missing or the Date of Death (DOD) is missing if parent deceased.
14. Failure to document the provision of all services in a matter file in FSFN. The following services will be tracked on a per incident not entered basis:
   a. Foster and Adoptive Parent inquiries will be entered into FSFN immediately upon receipt of a request, but no later than three (3) days of the inquiry.
   b. Foster and Adoptive Parent Training will be documented in the FSFN Provider Record within three (3) days of the training.
   c. The Foster Parent license will be accurately maintained within the FSFN Provider Record within three (3) days of the action.
d. FSFN will be utilized to manage a child’s Master Trust account.
e. The following service will be measured at 100%: FSFN Utilization for Clients Served

15. Percent of youth who have aged out of care completing high school or GED by 20 years of age. – Proposed measure and base line year
16. Percent of youth who have completed high school or GED and are involved in post-secondary education. – Proposed measure and base line year
17. Percent of youth ages 18 and over receiving Independent Living services who have a job (including joining the military) - Proposed measure and base line year
18. Percent of young adults in safe housing. - Proposed measure and base line year
19. Percent of 17-year-old youth in licensed out-of-home care who had a transition plan signed by the youth and filed with the court. - Proposed measure and base line year
20. Percent of youth ages 16-22 who are employed part-time or full-time. - Proposed measure and base line year

• Other CBC Areas of Focus (subject to change regarding analysis of need)
  o Management Reports – Reports and data related to operations – information/spreadsheets and database information are shared with the subcontracted Case Management Agencies for their utilization to manage their caseloads and activities. Items include but are not limited to and are subject to change:
    1. Visits - Children Not Seen Report
    2. Finger prints, Birth Certificate and Photo
    3. Medical, dental and immunizations
    4. K-12 report card
    5. Parent contact
    6. Supervisory reviews
    7. RDC usage
    8. FSFN weekly notes and lag time
    9. Placement error report
10. Placements reported timely
11. Face sheet compliance
12. Reduction in out-of-home care

- **Supervisory Reviews** - Quarterly review of (by supervisor):
  - Number and percent of supervisory reviews completed by supervisor
  - Number and percent of supervisory reviews completed by agency
  - Percent compliance by supervisor with quality reviews of data related notes including discussions of (6 randomly selected notes per supervisor) safety, permanency, well-being, independent living and progress.

- **Complaints** - Complaints are processed on an as received basis by the PSF Quality Management staff. Complaints are logged into and tracked through completion via the PSF automated data system. As part of the process the PSF Quality Management staff review the complaint, assign the complaint to the appropriate agency/staff to address, provide guidelines and timeframes for responses and review and approve completed responses.

- **Satisfaction Surveys** – On an annual basis PSF conducts satisfaction surveys of children age 9 and over (in home and out-of-home), caregivers (relative and non-relative), foster parents, parents (with children in home and with children out-of-home), service providers and community stakeholders. The results of the surveys are reviewed and actions taken when necessary to address identified issues.

- **Exit Interviews** - Exit Interviews are submitted to PSF QA staff members who review for completeness and to note any questions answered denoting an area in need of attention. PSF maintains an automated data system which houses information related to exit interviews. Information includes exit interviews that are due, exit interviews completed and exit interviews not needed. Once an exit interview is received by PSF it is processed and information from the exit interview is entered into the PSF automated database. Additionally the exit interview is
sent to the local licensing authority over the placement being addressed in the exit interview. Data from the automated system is used by PSF and the subcontracted case management agencies as a management tool to assist with oversight of this process.

- **Incident Reports** - Incident reports are processed by PSF QA staff as they are received. Information from incident reports are entered into the DCF IRAS system as required and all incidents are entered into the PSF automated database. PSF QA reviews the incident and makes recommendations to the subcontracted case management agencies for follow-up to be completed by the Family Care Counselor. When there are abuse/neglect regarding actions of Foster home or when there is a foster home facility complaint these issues are reviewed at the Incident Report meeting and if necessary by the Foster Care Review Committee. No new placement holds are put on foster homes with open reports of abuse/neglect. Issues are reviewed and followed until the issue has been addressed. Results can be no findings, counseling 1:1 with the foster parent, support plan, corrective action plan and in extreme and/or repeat cases revocation of the license.

- **Utilization Management**
  
  **Services**
  
  - Family Service Facilitators refer children and families for appropriate services as a result of family planning, case plan development, on-going family assessment, and individual needs by reviewing supporting documentation for the service request to verify referrals for services occur as a result of family planning developed in coordination with the family team, assessments, court orders, or other appropriate means.
  
  - The Clinical and Community Services Department / Family Service Facilitators require the referral requestor to complete a Service Request Form which details referral source contact information, case and client information, provider action request regarding family and individual level goals and objectives, and information about children’s needs and desired outcomes if applicable.
• The Clinical and Community Services Department requires a referral requestor requesting a high-end assessment or evaluation to complete an Assessment/Evaluation Request Form which details specific information regarding the purpose and type of information needed from the assessment or evaluation to ensure the request is appropriate and provide detailed information to the provider around the referral question. Management staff within the Clinical and Community Services Department review and approve requests in addition to the Family Service Facilitators to ensure quality and appropriateness of request.

• Family Service Facilitators include supporting documentation with referral requests to verify there is justification for the need for the services and provide background information to providers to assist with treatment planning.

• Family Service Facilitators make certain the providers receive approved referral packets complete with information regarding client contact, case details, referral source contact, service authorization, and invoicing, to ensure the provider will be informed and prepared to meet the client’s needs.

• Family Service Facilitators specialize in knowledge regarding the available services in the areas PSF serves and coordinate referrals based on client strengths and needs, provider specialization, provider location, provider capacity, and client preferences.

• Family Service Facilitators routinely review requests for additional, ongoing services to determine if additional services are appropriate and remain relevant to the client and/or family’s progress, goals, and objectives.

• Family Service Facilitators attend Case Progression Staffing and other multi-disciplinary staffings as requested to offer support and information regarding service and provider information as well as service engagement history.

• Utilization Management staff partners with service providers and referral sources to afford support and assistance in their work with children and families as well as helping with reducing logistical concerns involving referrals, invoicing, communication of information, and general problem-solving on any issues.
• Prior to establishing a formal relationship with a community provider, PSF evaluates the need for the services to be rendered and determines if there is a gap in the current service array that can be filled through having a formal relationship with a new provider.

• When considering new providers, Utilization Management staff request and receive a summary of services along with a fee schedule, an active license or certification (if applicable), professional insurance, appropriate tax information, Professional Resumes/CVs, and clear background screening documents (if current within last 5 years and Licensing credentials may substitute for background screening as determined by Utilization Management staff).

• Utilization Management staff use the P-Kids automated data management system to authorize all services with provider information, discrete units of service, length of service delivery, eligibility information, rate of service, and other relevant information ensuring quality in one consistent location.

• Utilization Management staff routinely review data obtained from the P-Kids automated data management system to track and analyze trends in service utilization, improve the provision of services, manage available resources, and monitor expenditures.

UM Coordinator

• Multidisciplinary staffings for each child in Specialized Therapeutic Foster Care (STFC), Therapeutic Group Care (TGC) and Statewide Inpatient Psychiatric Programs (SIPP), funded by Medicaid or Magellan, at least once every 90 days. Multidisciplinary staffings discuss the current behaviors and treatment of each child, the team also makes a recommendation for continued care.

• Monthly status check on all current Comprehensive Behavioral Healthcare Assessment (CBHA) referrals and open assessments.

• Assists Magellan and Medicaid with their yearly monitoring of all in area STFC providers (currently only FL Mentor Gainesville).

• Reviews no less than 5 CBHAs per month at random to assess quality and thoroughness.
• Sends two CBHAs per month at random to Magellan to review for quality and thoroughness.
• Monitors monthly tracker for all dependent children placed in TGC or SIPP to schedule 90 day suitability assessments timely.
• Monitors all current CBHA assessors to ensure they meet yearly requirements.
• Reviews and monitors all new CBHA assessors.

○ **Clinical Specialist** – A clinical specialist position has been established at PSF. This position is currently responsible for the oversight of the Psychotropic Medication processes. The clinical specialist reviews the cases of the children on psychotropic medications and monitors for compliance. In addition the clinical specialist serves as a resource to the family care counselors providing technical assistance with all aspects of the process.

○ **Foster Care Licensing** - PSF prepares all licensing packets in accordance with the Attestation Model. Additionally, PSF has a licensing specialist whose duties are to review foster home licensing packets for accuracy and completeness. These two processes serve as a checks and balance system for foster home licensing. DCF will issue the license upon approval. As stated in the Incident Report section, when there are abuse/neglect regarding actions of the foster parents or when there is a foster home facility complaint these issues are reviewed at the Incident Report meeting and if necessary by the Foster Care Review Committee. No new placement holds are put on foster homes with open reports of abuse/neglect. Issues are reviewed and followed until the issue has been addressed. Results can be no findings, counseling 1:1 with the foster parent, support plan, corrective action plan and in extreme and/or repeat cases revocation of the license.

○ **Finance and Eligibility** - PSF contracts with an outside agency at least once a year to complete a Fiscal Audit. The auditors review records and data and complete a report of findings. Any identified areas in need of improvement are notes and PSF develops and implements action plans to address such areas.
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○ Overcapacity Reviews and Approvals - PSF Placement staff prepare all documents related to overcapacity waiver requests. These requests are reviewed and approved or denied by the PSF CEO. When the PSF CEO is not available these requests are reviewed and approved by the CEO’s designee.

Quality Analysis & Improvement
Utilization of Data, Planning & Implementation

Meetings Designed to Review and Address Quality and Performance:

○ Clinical Review Team (CRT): Using a thorough review process along with clinical-based discussion, the goal of the CRT is to identify strategies and develop clinical recommendations designed to promote stability and success for the identified children. Additionally the goal is to take a more proactive approach to meeting these children’s specific and unique needs through a thorough review process and clinical-based discussion. The idea is by accessing the knowledge base of a diverse group of clinical-based professionals, this team will be able to develop child-specific service plans based on the information provided and discussed, thus promoting stability for the child. The Clinical Review Team first met in November 2012. The team is currently meeting the first Wednesday of every month. Follow up meetings are scheduled approximately one month after the prior CRT meeting. Follow-up meetings are designed to discuss progress with initial recommendations/plan, child updates, additional recommendations, etc. Additional follow-up meetings may be scheduled, as determined necessary, based upon a child’s specific situation and needs; the FCC is also encouraged to share on-going updates and concerns with UMC and/or CTL for informal assistance and team input, as needed.

The core members of the CRT consist of various community mental health professionals (familiar with the child welfare system, but from varying backgrounds and expertise) who volunteer their time to participate on the team, as well as, PSF representatives from Community & Clinical Services, Operations, Utilization Management and Placement. Other child-specific
members include the Family Care Counselor, Family Care Supervisor, Child Legal Services and other professionals identified as having knowledge of and being a support to the child.

- **Scorecard Meeting:** PSF and its Subcontracted Case Management Agencies take the CBC Scorecard seriously and work in conjunction with one another to review data, validate data, identify systemic or data entry/extraction issues and to create action plans designed to improve knowledge and performance. PSF and the Subcontracted Case Management Agency staff meet on a bi-weekly basis (subject to change according to need) to:
  - Review most recent scorecard results – by agency and CBC totals
  - Identify data and performance/systemic issues and discuss strategies and efforts to address identified issues
  - By Agency present updates on action plans developed as a result of the prior meeting – Discuss changes to action plans and what is to be presented at the next meeting

- **Meetings with DCF Regional Director to review CBC Performance:** Discussions include information related to (subject to change at the request of the DCF Regional Director):
  - Psychotropic Medication
  - Children Not Seen
  - Independent Living Update/Plan
  - Cost of Out-of-Home Care
  - Permanency
    - Children in OHC 12-23 months
    - Children in OHC 24+ months
    - Adoptions
    - Group Homes
    - Foster Homes
  - Safe Harbor Act Plan Updates
  - Caseloads
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- Case Management Retention/Turnover Rates
- Education Data Sharing – K-12 Report Card RDC
- Quality Assurance Results
- Partners for Promise Update
- Mentor Program for Teens
- Corrective Action Plan Updates
- CBC Legal Actions
- CBC Issues

- **Quarterly Meetings/Training with DCF Quality Assurance Staff** - These meetings occur quarterly as allowed by DCF funding availability. Meeting with CBC quality assurance staff and the Department's quality assurance staff to collaborate on federal and state quality assurance initiatives.

- **PSF Board of Directors Meeting** - This meeting occurs as scheduled via the bi-laws. Topics discussed include are not exhaustive and are subject to change:
  - CEO Report
  - Finance Committee Reports
  - Quality Assurance Committee Reports
  - Executive Committee Reports
  - Community and Government Relations Committee Reports

- **Quarterly PSF and Subcontracted Case Management Agency Provider Meeting** – This meeting occurs once a quarter. Issues reviewed include:
  - PSF’s and Each Subcontracted Case Management Agencies’ compliance with contracted performance measures and planning for improvement
  - Programmatic and service processes and issues
  - Initiatives
• Updates to policy and protocol
• News Updates
• Training

○ PSF Clinical and Community Services Department and Service Provider Meeting – Held every two months. Issues reviewed include:
  • Sharing of relevant information
  • Discuss topics of mutual interest
  • Obtain and gain feedback from providers
  • Communicate changes in procedures

Utilizing Results

PSF utilizes the data collected regarding the scorecard, performance measures, data management report, the Quality Practice Standards Reviews/Quality Service Reviews/Special Area Reviews and other quality assurance and improvement activities to identify areas of best practice and areas in need of improvement. PSF works with the various departments within the CBC as well as with the subcontracted Case Management Agencies to identify and address areas in need of improvement. This partnered approach is designed to look at issues related to quality and performance at both the system and case levels. By looking at issues at the case level progress can be made for individual children and families and over time for the system as a whole. Identifying issues at the case level has led to pinpointing root causes and problems. From this case specific information trends can be identified and action steps put into place to address both case specific and systemic issues.

PSF has a monthly meeting with the sub-contracted Case Management Agency (CMA) Program Directors. During this meeting specifics related to performance measures, case file reviews and the scorecard are addressed. The CMA Program Directors review overall performance and specifically address cases not meeting performance measure or scorecard targets. Data and information gathered is used to identify areas in need of improvement and in the development of action plans for improvement. Data and information is also used in a proactive way and management tools have
been created to assist with being proactive with the performance measures and scorecard items. FSFN and DCF portal reports as well as CMA and PSF management tool reports are used to provide information and focus improvement efforts. Additionally on a quarterly basis PSF meets with the subcontracted Case Management Agencies, specifically with their Program Directors, Quality Assurance staff and Supervisors. During this meeting we review data, findings and action plans from the monthly meeting with the Program Directors. The meeting serves as a vehicle through which information is shared, supervisors are empowered and given the information needed to increase their knowledge and skills and to enhance their supervision and support of their case managers. During the quarterly meeting PSF provides training, information regarding form and policy updates, address changes in Practice. Additionally PSF works together with the sub-contracted Case Management Agencies to gather the information and understanding needed to effect change and to make changes to processes, policy, services, and practice when needed. The meeting is collaborative in nature and information is shared (including best practice initiatives/processes), action plans are created and practice is enhanced. These are system wide changes that take into account the unique situations of each of the 13 counties PSF covers. These meetings are vehicles through which PSF shares new initiatives, services and updates to policy and procedure. It is also a vehicle through which staff can share challenges, initiatives, and best practices.

PSF completes a quarterly report on PSF’s compliance with each of the contracted performance measures. This report identifies if PSF is in compliance with each of the measures and, when necessary, addresses specific action plans to address areas in need of improvement. Action plans are based on shared data review initiatives and on analysis and work done with the case management agencies as described in the paragraph above. This report is provided to DCF (when requested) and the PSF Board of Directors.

PSF will continue to utilize these approaches throughout this new fiscal year, building on what we have learned and enhancing action plans previously implemented. PSF will continue to work side-by-side with the Case Management Agencies, Providers and other stakeholders to improve the
quality of services provided both internally to one another and to the families we serve. PSF will, when appropriate, continue to use the case level data/root cause review approach along with the trend analysis approach. In doing so, PSF will continue to review the data and participate in the collaborative monthly and quarterly meetings with the Case Management Agencies. The Case Management Agencies will continue discuss performance, initiatives, lessons learned and best practices.

Additionally, PSF will continue with the established Quality Improvement Teams designed to create learning experiences and drive system improvement. The teams responsible for reviewing performance and risk data include the Executive Leadership Team, Quality Operations Team, Incident Report Review Committee, PSF Case Management Agency Supervisors Meeting, and PSF Board of Directors Quality Management Subcommittee. They evaluate data and direct decision-making to implement changes to processes at both the service and case levels. Appropriate lessons and process changes are translated into new or enhanced policies and procedures, and shared with network agencies, stakeholders, or other interested parties as indicators of solution-focused thinking and processing.