



# Florida Department of Children and Families

## Office of Quality Assurance

### Guidelines for Completing Quality Assurance Reviews

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## **I. Preface**

The Regional Quality Management (QM) System is intended to increase oversight and accountability at all levels of the service delivery system in order to improve services to children and families. Although Regions and Community Based Care agencies have specific quality assurance staff to conduct ongoing reviews, assuring quality service delivery is everyone's job.

The following guidelines provide procedural direction for systematic quality assurance reviews. These guidelines should be consistently interpreted and applied to the various processes involved in the continuous case file reviews in Child Protective Investigations and Case Management, as well as reviews of the seven (7) systemic factors in the local systems of care.

In addition to promoting consistent review processes, the Regional QM System also provides uniform qualitative review standards. Data collected in reviewing these standards reflects or measures performance and helps drive quality improvement efforts at the local and state level.

To assure reviews and subsequent data collection are consistent, and to foster inter-rater reliability, all staff who conduct quality assurance reviews within the Regional QM System, must be "certified" as a quality assurance reviewer. This requires reviewers participate in a specialized training curriculum and pass a competency assessment. Quality Assurance (QA) staff must pass this competency assessment within six-months of being appointed into a QA position.

## **II. Supervisory Reviews**

### **A. Mentoring and Modeling Quality in Child Protective Investigations (CPI)**

Existing policy requires supervisors review child protective investigative activities at various stages of an investigation. This includes review within 72 hours of the initial child safety assessment, monthly review as long as the investigation remains open, and review upon submission for closure.

During the file review, the supervisor must assess documentation in the following areas:

- All prior reports to the Hotline and outcomes
- Intake summary and allegations
- Household composition and frequent visitors
- Interview notes of child and family members
- Use of collateral contacts in assessing the family
- Assessment of criminal background checks
- Referrals to Child Protection Team and Law Enforcement as appropriate
- Completeness of Child Safety Assessment
- Consultation with Children's Legal Services as appropriate
- Referral for behavioral health assessment as needed

The Regional Quality Management Model provides an **additional opportunity** for review through the qualitative supervisory discussion guide and process. The process provides the supervisor with an opportunity to meet with staff and reflect on the investigation and all it entails; the guide helps facilitate a qualitative focus and discussion between the supervisor and investigator by addressing several basic themes.

- What is the investigator's thought process during the assessment?
- Is the investigative plan appropriate to the alleged maltreatment and findings?
- Are service needs appropriately identified?
- Is the investigation on the right track to ensure allegations are thoroughly addressed?
- Is additional investigative activity needed to ensure quality service?

Titled "*Mentoring and Modeling Quality, A Discussion Guide for Child Protective Investigation Supervisors*," the guide is also an excellent mentoring tool that should result in improved job skills over time.

The current statewide **minimum requirement** is that supervisors conduct **three qualitative discussions with each child protective investigator every month**, documenting that the discussion occurred and the basic content of the discussion in Florida Safe Families Network (FSFN) case notes. Although there is no requirement for headquarters oversight or statewide data roll-up of this activity, regions may choose to develop internal processes to ensure the activity is occurring as intended.

## **B. Mentoring and Modeling Quality in Case Management**

At a minimum, existing policy requires case management supervisors review **all** open cases in their units on a quarterly basis. Policy does not stipulate that the supervisor's quarterly review include a face to face **discussion** with the case manager; however, recognizing that quality improvement happens at the closest level of service delivery, this is an invaluable opportunity to identify gaps and resolve them in real time, promoting a culture of continuous learning.

To support qualitative discussions between supervisors and staff, the Regional Quality Management (QM) Model provides supervisors with the "*Mentoring and Modeling Quality, A Discussion Guide for Case Management Supervisors*."

The guide addresses many discrete nuances in case work related to the children and families being served; and, also offers an opportunity for the supervisor to mentor staff toward good and effective practices. The guide is provided in the appendices, but in brief, it organizes the qualitative discussion around the family being served and their specific, individualized service needs and progress toward stabilization and self-sufficiency.

Not all questions will apply to each case under discussion, but neither is the discussion guide intended to be all inclusive. Supervisors are instructed to

document that the qualitative discussion occurred in the FSFN case notes and briefly summarize the content of the discussion. If regions and CBCs wish to track this process they will develop their own mechanisms in which to do so.

**Note:** The guide is a work tool to help drive **qualitative discussion** between a supervisor and staff. It is not a form to fill-out and maintain in the case file. If the guide is turned into a form and placed in the file, credit should not be given that the supervisor met the qualitative discussion requirement.

### **III. CPI Regional Quality Assurance Reviews**

Regions will continue conducting semi-annual CPI reviews in each of the circuits; minimally, one comprehensive review to be completed during the first half of the fiscal year, and the second completed in the bottom half of the fiscal year.

**A. Sampling Methodology:** The region will use FSFN “Child Investigations and Special Conditions Report District” (a daily report) to select their sample. The sample list will be generated and sent to the circuit(s) 30 days prior to the beginning of the on-site review. The sample comes from reports closed during a two (2) calendar month period prior to the date the list is generated. For example, if the review date is July 15, the sample was generated on or around June 15, and the sampled population is closed investigations in April and May.

This process allows circuits time to locate and collect the files, and the Region Quality Assurance (QA) staff have time to conduct the prior and subsequent history and services checks in preparation for the on-site review.

The sampling methodology will be based on the 90% confidence level and a 10% confidence interval formula, which provides the regions with a 90% confidence level that the findings represent the total population. One-half of the 90/10 sample will be used for each semi-annual review (approximately 35 investigations per circuit two times a year). This means, that a new 90/10 sample will be pulled during the second half of the fiscal year and one-half of the sample will be selected for review. Some regions may choose to do monthly/quarterly reviews, but either way they will use the same sampling strategy for an annual statistically valid sample.

**Note:** When the Regional Quality Management Model was first implemented in July 2008, a business rule established the sample was not to be stratified so that the sample set was a true random sample. Since the true random sample did not result in identifying an adequate number of removal/shelter incidents to be reviewed, regional directors have recommended revising the methodology so that the sample includes an equitable percentage of removals in order to measure performance in that area. Given that approximately 7% of investigations result in a removal, with a sample size of approximately 35 investigations two times a year, each sample should pull three (3) or four (4) , but no more than four (4), removal/shelter cases for

review during each semi-annual review. Note: As of September 2009 Program Office intends to provide a listing of removal cases per circuit for random sampling.

Investigations selected for the semi-annual reviews will **not** include cases closed as “No Jurisdiction,” “Special Conditions” or institutional investigations.

**B. Scheduling:** Regions will schedule the reviews to ensure each circuit is reviewed at a minimum, semi-annually and will provide their schedules to the Office of Family Safety through their CPI QM Plans. If regions prefer, they can conduct CPI Comprehensive Reviews on a quarterly basis instead of semi-annually as long as the sampling requirements are met.

**C. Review Tool and Survey:** The review tool is qualitatively driven although some important compliance standards are included; for instance, measuring if statutory requirements were met in referring the child to the Child Protection Teams when certain maltreatments were alleged. The main qualitative standard (#24) requires the reviewer to determine if the investigation was thorough. This standard carries the most weight of all other standards and is only achieved if specific standards that directly relate to it are achieved. Regional QA Managers (or their designees) must provide oversight as to the accuracy of the review findings on the tool to ensure appropriate data collection, and that it makes sense and is complete.

The standards and interpretive guidelines are provided in the appendices.

CPI reviews include conducting stakeholder surveys. Regions will determine the population they will survey during each semi-annual review. The information obtained from these surveys will help drive local quality improvement efforts.

**D. Reporting:** The CPI QM Report template is provided in the appendices. At a minimum, regions must provide the information requested in this format, but they may choose to add more detail as deemed necessary.

The QM data base will provide and calculate responses to standards for each site review. The QM team will conduct data analyses, synthesizing the information to demonstrate circuit’s performance, and submit a written report to the circuit administrators, regional directors, and the Office of Family Safety within 30 days after the review is completed.

If the review noted any immediate administrative or safety concerns, the lead reviewer will report such findings to the regional director for additional study.

**E. Root Cause Analyses:** The regions must work with circuit staff in assuring quality improvement efforts are in place that will address any shortcomings noted during the reviews. Regional directors need to ensure staff are trained in the root

cause analysis process and that staff are equipped to implement counter measures so the problem area is remedied in real-time. If possible, the root cause analyses should occur prior to the report being finalized and results discussed in the report.

#### **IV. Case Management Quality Management Base Reviews**

Each quarter and on an ongoing basis, all Community Based Care agencies (CBCs) will conduct reviews of cases to determine the quality of services provided to children and families. The minimum number of cases to be reviewed is 25 per quarter. However, CBCs must also conduct additional review of their performance in specific program areas such as Independent Living, and/or in areas that data analyses show a need for improvement.

It is also strongly recommended that CBCs develop an additional internal review system that is based on sampling by unit supervisor. That is, pulling a few cases from each unit supervisor, conducting a brief, but qualitative review, and providing immediate individual feedback. This is an effective oversight practice that allows managers to assess the supervisor's level of skill and identify his/her needs toward improvement and staff development.

##### **A. Sampling Methodology:**

###### Process

The Family Safety Program Office data unit will provide an extract for each CBC that lists all children who are eligible to be reviewed during the forthcoming quarter by permanency goal. The permanency goals will be tabbed for easy identification and random sampling within.

The extract will be pulled the first week of the month that precedes the beginning of a new quarter. The extract will consist of all children who were service recipients during a defined selection period (see Definitions, below). All children will be assigned to a CBC's sampling population based on the CBC assignment of the primary worker as of the sample date or the service recipient end date, whichever is earlier.

Each quarter, a total sample of 25 cases will be selected from the appropriate Region/CBC extract.

The CBC QA Manager will identify and assign 17 cases from the sample that will make up the Base Review conducted by the CBC QA staff. The CBC QA Manager will also identify and assign two (2) of the 17 cases for case specific interviews (further discussed in the In-Depth section).

The Regional QA Manager will identify and assign eight (8) cases that will make up the Side-by-Side Review conducted jointly by Region and CBC QA staff. The

Regional QA Manager will also identify and assign two (2) cases from the Side-by-Side sample reviews that will include case specific interviews.

The Regional and CBC QA Managers will need to ensure each list is unduplicated and make another random selection if the same case is identified for both review processes.

The sample will represent a range of permanency goals. The following criteria are provided as a general guide, but the distribution may be amended based on local logic and mutually agreed upon (by Region and CBC QA Managers) rationale.

### **Permanency Goals**

- **Maintain and Strength** – Randomly select four (4) cases involving children under six (6) years of age. Randomly select four (4) cases involving children over six years of age.
- **Reunification** – Randomly select eight (8) cases of children in out-of-home care with a permanency goal of reunification.
- **Adoption** – Randomly select four (4) cases of children in out-of-home care with a permanency goal of adoption.
- **Permanent Guardianship** – Randomly select one (1) case involving a child in out-of-home care with a permanency goal of guardianship.
- **Permanent Placement with a Relative** – Randomly select two (2) cases involving children in out-of-home care with a permanency goal of relative placement.
- **Another Planned Permanent Living Arrangement (APPLA)** – Randomly select two (2) cases involving children in out-of-home care with another planned permanent living arrangement

Decisions made to discard a randomly selected case file from the Base Review sample list must be approved by the CBC QA Manager, who must document the basis for the decision as it relates to the discard criteria. Decisions made to discard a randomly selected case file from the Side-by-Side Review sample list must be approved by the Regional QA Manager, who must also document the basis for the decision as it relates to the discard criteria.

CBCs may choose to draw additional cases for their own review purposes in any random, stratified or purposive manner. For example, if they want to do expanded reviews by subcontractor or other factors, they may select more cases from the extract than the final set of 25. However, these extra cases should be properly identified as such in the QM database, and they will not be used for statewide reporting.

CBC QA Managers must track the cases reviewed from quarter to quarter, discarding duplicate cases from subsequent samples, and conduct various data analyses.

## Definitions

### Sample Extract

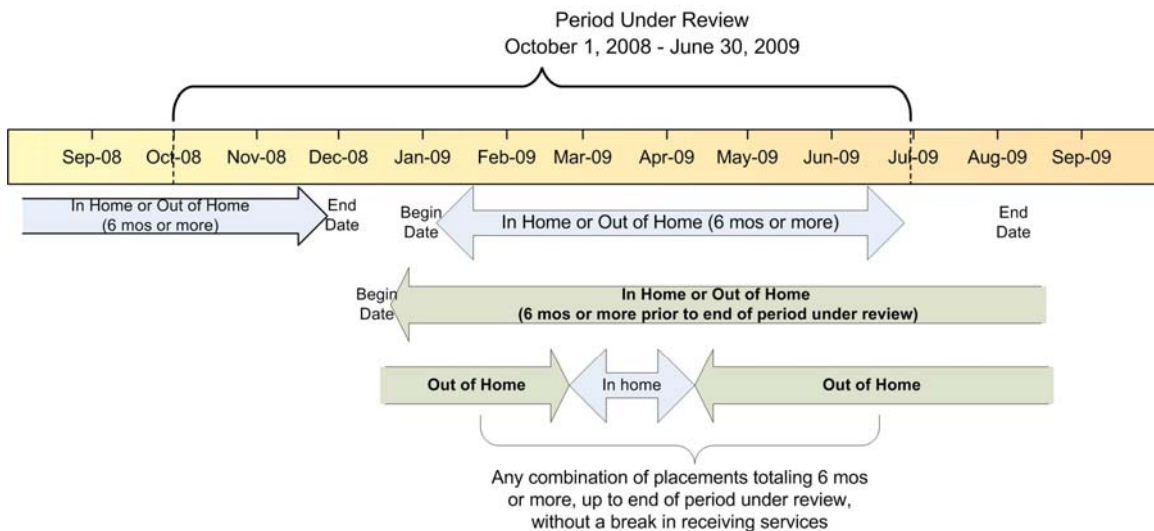
A listing of all children in cases who are potentially eligible to be included in the sample for the review, as determined by characteristics included in FSFN. This will be drawn on the Sample Date (see graphic).

### Sample Population

As of the sample date, all children in open cases who were service recipients for at least one day during the selection period who have been a service recipient for at least 6 months<sup>1</sup> as of the sample date or service recipient end date<sup>2</sup>, and who do not meet any of the discard criteria below. This includes children who were receiving in-home services, who were in out-of-home care, or any combination of these during the period under review, as illustrated below.

### **(Period under Review is nine months)**

**Figure 1. Examples of service patterns in sample populations**



### Discard Criteria

Children that meet any of the following criteria should be dropped from the sample population and the next random order child considered for replacement in the final master list of 25:

- a. Discard if the child has already been selected for review in this quarter.
- b. Discard if the child was in a case that was reviewed in any of the prior 3 quarters within the fiscal year.

<sup>1</sup> Rationale: since the sample will include in-home services cases, increasing the time frame for service receipt over 6 months may eliminate some shorter-term cases that would be informative. There should be sufficient out-of-home cases with longer time frames in the sample to test for significant events later in a case's trajectory.

<sup>2</sup> Tentatively, "service recipient end date" equates to "no longer in a living arrangement or removal episode".

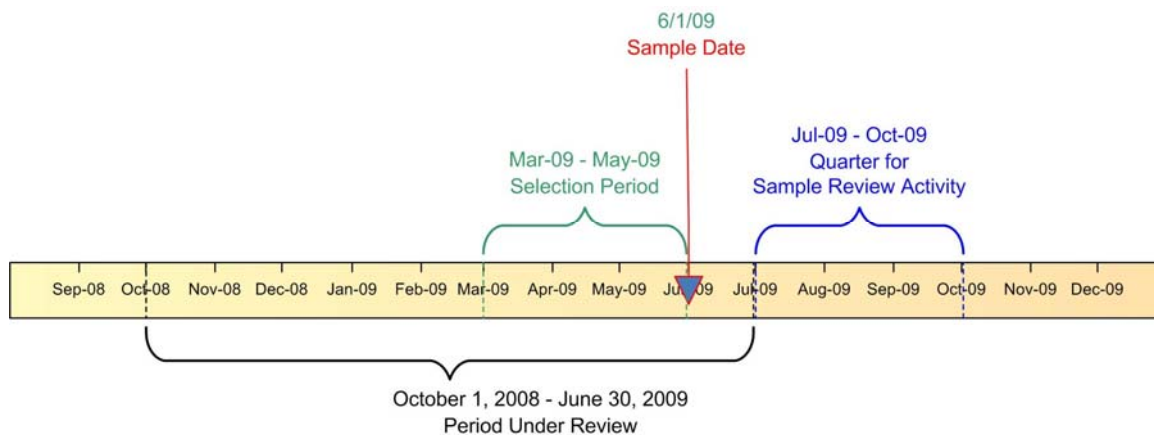
- c. Discard any sibling of a child included in the current sample OR in a case reviewed in any of the prior 3 quarters.
- d. Discard if the child is in a case open only for continued adoption subsidy payments.
- e. Discard if the child was placed for the entire period under review in a locked juvenile facility or commitment program.
- f. Discard if child was a service recipient for less than 6 months as of the sample date or service recipient end date. This does NOT mean the child must have six CONSECUTIVE months of service.
- g. Discard if child is in a case where Florida is on the receiving side of Interstate Compact placement.

Note: The following are specifically INCLUDED in the sample and do not constitute grounds for discard and replacement:

- Cases under courtesy supervision will be INCLUDED in the sample population and assigned to the CBC of the primary worker.
- Cases under in-home supervision and in out-of-home placements are INCLUDED in the sample population, and assigned to the CBC of the primary worker.
- Cases where Florida is the sending state on an Interstate Compact placement.

The following graphic illustrates the relationship among the selection period, sample date, period under review, and quarter for sample review.

**Figure 2. Relationships of defined terms (review chronology)**



Sample Date

The 1<sup>st</sup> day of the month (or the first business day) prior to the beginning of the upcoming review quarter. (coded in red on graphic)

### Selection Period

The three months immediately prior to the sample date (green brackets on timeline graphic).<sup>3</sup>

### Period Under Review

The 9-month period prior to the beginning of the review quarter. If the service recipient left services during this period, the period under review is from the beginning of the 9-month period to the service end date. (black bracket on timeline graphic)

### Review Quarter

The quarter in which the QA review is to be completed (blue brackets on timeline graphic).

### Service Recipient

A child who is in either a living arrangement<sup>4</sup> or out-of-home placement in FSFN.

### Service Recipient End Date

The date a child is no longer active in a living arrangement or out-of-home placement in FSFN.

### Sample Date

The 1<sup>st</sup> day of the month (or the first business day) prior to the beginning of the upcoming review quarter. (coded in red on graphic)

### Selection Period

**B. Scheduling:** Once the 25 randomly selected cases are identified, the CBC QA Manager will assign qualified reviewers to begin the base reviews. Concurrently, before or after the 17 cases are assigned, the CBC QA Manager and the Regional QA Manager (or their designees) must also plan for the eight (8) side-by-side reviews, scheduling and assigning qualified reviewers to work in teams of two (one CBC QM specialist and one Regional QM specialist). Regions may opt to conduct the side-by-sides first if deemed appropriate to build inter rater reliability. In scheduling the side-by-side reviews, QA Managers must also consider the availability of the Department monitor.

**C. Review Tool:** The tool is built on case work processes that impact the three major child welfare outcomes: Safety, Permanency and Well-Being. The same tool is used for the base reviews and the side-by-side reviews.

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<sup>3</sup> Rationale: Defining a selection period of 3 months is intended to allow assessing a wider range of case activity, though still focusing on recent cases. Immediate improvement feedback on an individual case basis, which requires open cases, will be emphasized in the Supervisory Discussion Guide component of the QM Model.

<sup>4</sup> As coded in FSFN

The standards are written so that a “Yes” response always represents a positive result, and thus a “No” response always means a standard was not met. Some standards have sub-parts that are “counted” as a means to identify discrete areas of performance, but the basic standard itself receives the actual rating.

The rating is based on documentation, but also reflective, qualitative, professional judgment by the reviewer(s).

**D. CBC QA Base Reviews:** The CBC QA Manager should assign the 17 cases for review to trained/certified QA specialists employed by the CBC. If the CBC chooses to use staff from the sub-contracted providers, which is generally not recommended, the sub-contracted provider staff must not review a case from his/her own agency. Additionally, if sub-contracted providers conduct reviews under this system, the CBC QA Manager must carefully review their findings to ensure inter rater reliability.

Prior to the review, CBC QA must research FSFN for child welfare history, that is, child protective investigations and case management histories, of the child and family whose case is being reviewed. A summary of the prior reports and investigative histories should be provided in a separate folder so the reviewer is assured that all of the information on the family is available, even if it is not in the current case management file. The reviewer must be familiar with the history to effectively assess current work.

In addition, the placement history should be provided in the folder, as well as the FSFN relationship page and the current case manager’s name, unit and contact information.

Again, base reviews should be conducted by individual CBC QA specialists unless the CBC QA Manager chooses to resource teams of two per case, similar to the side-by-side reviews that are discussed later. Once the CBC QA specialist completes a case file review and inputs the responses into the data base, the specialist will need to “staff” or “de-brief” the review findings with the CBC QA Manager who must concurrently assess the data for consistency and accuracy, providing quality control and inter rater reliability.

#### Case Specific Interviews

CBC QA Managers must identify two (2) cases from the 17 that will include case specific interviews. Similar to the In-Depth reviews conducted by the regions, and Child and Family Services Reviews (CFSR), CBC reviewers must make arrangements to interview the child, the parents, other caregivers, providers, advocates and Children’s Legal Services (CLS) as applicable, to further assess service delivery. Interview guides are provided in Appendix E.

Documentation of these interviews will be maintained in the software application managed by the Office of Family Safety known as CheckBox. If the feedback from the interviewees differs from the findings in the case file reviews, reviewers must

make note of the discrepancy, however, it should **not** change the rating response to the standard that is based on the documentation in the file.

#### Data Analysis and Reporting

1. Once all 17 cases have been reviewed and case specific interviews completed, CBC QA staff must internally analyze the data collected overall and identify trends, effective practices, and areas of concern, synthesizing the information to demonstrate and discuss CBC practices and performance.

This “window into practice” opportunity potentially provides management with timely and important information in which to react, especially when areas of concern have been identified or there is a downtrend trend in a particular practice that could be remedied with immediate interventions. For instance, if the base review findings indicate the agency is not engaging families in developing the case plan, the CBC QA unit should communicate this concern in a timely manner and recommend actions to improve performance quickly. In addition, if at any time the review noted significant administrative or safety concerns, the CBC QA Manager must immediately report such findings to CBC executive staff and contract managers for additional study

2. Quarterly review reports are not required; however data input is required after each quarterly review. CBCs may choose to write analytical reports or not, but either way they must ensure that “windows into practice” review findings are shared with all pertinent staff on an ongoing basis.

The CBCs will be required to write one annual report to be forwarded to the headquarters office. It is recommended that this report address findings and trends at a minimum in the five practices listed below.

- Assessments
- Family Engagement
- Service Planning and Provision
- Promoting Case Progress
- Supervisory Review

**E. Regional QA and CBC QA Side-by-Side Reviews:** The side-by-side review process offers the regions and CBCs an opportunity to review the same set of presenting circumstances, at the same time, enabling the parties to reach consensus in rating the same set of applicable standards. (If two or more teams are reviewing cases at the same time, it is recommended that they share work space so they can communicate and support each other throughout the process. This also reinforces inter rater reliability.)

As in the base reviews, Regional QA staff must conduct abuse/neglect history checks (including subsequent reports and any previous case management services)

and ensure reviewers have the information available during the on-site. Again, the reviewer must be familiar with the history to effectively assess current work.

It is also recommended that whenever possible, side-by-side teams pre-review the cases assigned to them prior to the actual on-site, that is, at least becoming familiar with the history and current information maintained in FSFN.

During the on-site, the side-by-side teams will review the cases together and simultaneously, **discussing** the elements with one another and **reflecting** on the quality of the interventions and services provided to the child and family. The team must reach consensus in responding to the standards using the interpretive guidelines.

The side-by-side review process must be a truly collaborative effort. The American Heritage Dictionary defines “collaborative” as, “To work together, especially in a joint intellectual effort, and to cooperate reasonably.” It is not appropriate for one team member to read the file and the other to simply input the data into the system, or “take notes.” As the findings are recorded in an automated data base, it may make sense that one team member be identified to do the input, but both need to know the case and both must ensure the data is accurately recorded.

As each case review is completed, the side-by-side team will present a summary of the case and the review findings to the monitor. At a minimum the presentations/debriefings should address the general background and summaries of practice. (A sample debriefing guide is provided in Appendix D.

At any time during the presentation, the monitor may ask for verification of a finding and the team must be able to locate the appropriate documentation that supports the finding.

### Monitors

Monitors will be identified by the regions each quarter to act as liaison, mediator and overseer of the side-by-side reviews. The same monitor should be assigned to a specific CBC for the quarter, but the same or other monitors should rotate through other CBCs in the upcoming quarters. A monitor must be a child welfare subject matter expert, and hold a mid-to-high level position within the Region. At times the monitor will be called upon to resolve any conflicts or disagreements that may arise between reviewers. After carefully considering both positions, the monitor will make the final determination for the record. The monitor may consult with the appropriate Regional and CBC QA Managers to assist in making the final determination.

**F. Regional QA In-Depth Reviews:** While conducting (or pre-reviewing) the side-by-side sample cases, Regional QM staff will identify (at a minimum) two (2) cases from the eight (8) side-by-sides for additional review.

The selection should be based on affirmative responses to the two criteria listed below:

- Are case participants available for interviews, and
- Are the cases representative of the population being served in general?

If a pre-review of the eight (8) cases is conducted, the QA Manager can select the two cases for the additional reviews up front in order to have enough leeway to schedule interviews with the child, parents, caregivers, and other professionals involved with the family, as well as community stakeholders within the system of care. Otherwise, once the two (2) cases are identified during the on-site, the reviewers may need assistance from another party to make appointments for the interviews while reviewers continue the case file reviews.

Interview Guides are provided in the appendix. The guides offer a minimum set of questions that should be addressed consistently; however, regions may choose to augment the interviews as deemed necessary to evaluate the local system of care. Additionally, regions are encouraged to conduct focus group discussions with staff, supervisors, managers, foster parents and other service providers for a comprehensive view of the service delivery system.

If the feedback from the interviewees differs from the findings in the case file reviews, reviewers must make note of the discrepancy, however, it should **not** change the rating response to the standard that is based on the documentation in the file.

#### Review of Systemic Factors

Regions may choose to conduct all seven (7) systemic factors during one planned event for each CBC during the year, or they can opt to assess one or more of the seven (7) during the quarterly reviews as long as all are completed by the end of the 4<sup>th</sup> quarter.

#### Seven Systemic Factors

1. The statewide information system. Addresses how the CBC uses FSFN for case management
2. The case review system. Addresses how the CBC ensures each child has a written case plan that is developed in face-to-face contacts with the parents and other parties involved in the case.
3. The Quality assurance system. Addresses how the CBC conducts quality assurance activities that assess the quality of services delivered and ensures children in foster care are safe and healthy.

4. Staff and provider training. Addresses how the CBC develops and delivers appropriate training programs that provide staff with necessary skills and knowledge to carry out their jobs.
5. Service array and resource development. Addresses the array of services to meet the needs of children and families that either help children remain in their home or help children in foster care achieve permanency.
6. The agency's responsiveness to the community. Addresses the CBCs involvement with the tribal representatives, consumers, service providers, foster parents, juvenile court, and other public and private child serving agencies.
7. Foster and adoptive home licensing, approval and recruitment. Addresses the CBCs efforts to recruit potential foster and adoptive families who reflect the ethnic and racial diversity of the community; implementing reasonable standards and assuring background checks are completed.

Standard interview questions for assessing the systemic factors are included in the appendix. Regions may choose to add to them, but these specific questions are required for a statewide view. Regions will determine which stakeholders they need to interview at which time.

#### Findings and Exit Conferences

Exit Conferences are not required, but are optional. If regions choose to continue conducting exit conferences, some suggested formats are available on the Quality

Management web page on the Center for the Advancement of Child Welfare Practice.

<http://centerforchildwelfare.fmhi.usf.edu/kb/dataper/qa.exe>

If regions choose not to conduct exit conferences, they must assure debriefings occur so information is shared between entities. The automated data base will provide a roll-up of responses, but Regional QA will have to reflect and analyze what the data means

**G. Root Cause Analyses:** The regions and CBCs must work together to assure quality improvement efforts are in place that will address any shortcomings noted during the reviews. Regional Directors and CBC CEOs need to ensure staff are trained on the root cause analysis process and that staff are equipped to identify and implement counter measures so the problem areas are remedied in real-time. If possible, the root cause analyses should occur prior to the report being finalized and results discussed in the report.

**H. Circuit or Case Management Rebuttals to Regional QA Findings:** If a circuit or CBC disagrees with findings from a review by the Regional QA units, the circuit or CBC administrator should provide a written request for additional review by upper management. If a blatant error has occurred and the QA Manager agrees, the findings will be amended; however, if the findings are being rebutted based on simple differences of opinion or interpretation, the differences should be acknowledged, but the findings remain as originally stated by QA. The circuit or CBC may also submit follow-up documentation to the Regional Director to ensure their position is known for historical and future reference.

**I. Contract Managers:** Regional and CBC QA Managers must keep Contract Managers informed of all quarterly activities, to include review schedules, data analyses, summary reports, etc. Contract Managers should be copied on all correspondence related to reviews to include any Requests for Actions (RFAs) and the required response to the RFA. Contract Managers must respond to contractual issues identified during these quarterly reviews, if any.

**J. Performance Improvement:** Data collected through ongoing quarterly QM reviews will be maintained on the QM data base. It will be the regions' and CBCs' responsibility to build and enforce the necessary quality improvement initiatives using available data these reviews offer to manage local systems of care. The Office of Family Safety will assure federal reporting requirements are met under the Quality Improvement Plan as approved by the Administration for Children and Families.