Windows into Practice

Guidelines for Quality Assurance and Continuous Quality Improvement in Child Welfare Service Delivery

FY 2012-2013
Table of Contents

Purpose .................................................................................................................................................. 1
Continuous Quality Improvement ........................................................................................................... 2
Federal and State Requirements ............................................................................................................. 3
Supervisory Reviews .............................................................................................................................. 4
Training ................................................................................................................................................... 5
Informing Contract Managers ................................................................................................................. 5
Executive and Leadership Requests for Special Reviews ................................................................. 5
Federal Child and Family Services Reviews (CFSR) ............................................................................. 5
Special Reviews ..................................................................................................................................... 5
Supplemental Reviews ........................................................................................................................... 5

Child Protective Investigations Quality Assurance Reviews ........................................................... 6
  1. Sampling Selection of Closed Investigation Cases ....................................................................... 6
  2. Sampling Selection of Open Investigation Cases ......................................................................... 7
  3. Debriefings ..................................................................................................................................... 7
  4. Reporting ....................................................................................................................................... 8
  5. Request for Action Referrals ......................................................................................................... 8

Case Management Quality Assurance Reviews .............................................................................. 9
  1. Sampling Methodology .................................................................................................................. 9
  2. Definitions .................................................................................................................................... 10
  3. Face Sheets .................................................................................................................................. 12
  4. Quality Service Reviews .............................................................................................................. 12
  5. Quality of Practice Standards Review ........................................................................................ 13
  6. Web-Based Tools ........................................................................................................................ 14
  7. Request for Action ....................................................................................................................... 14
  8. Debriefings ................................................................................................................................... 14
  9. Data Analysis and Reporting ....................................................................................................... 14
 10. CBC Quality Management (QM) Plans ...................................................................................... 15

Attachment 1: Crime Intelligence Unit – Request to Repost ............................................................... 16
Attachment 2: CPI Debriefing Guide .................................................................................................. 17
Attachment 3: CPI Quarterly Report Template .................................................................................. 19
Attachment 4: Instructions for Running the Case Management Face Sheet .................................... 20
Attachment 5: Request for Action Process and Form ........................................................................ 21
Attachment 6: CBC Annual Summary of QA Review Findings ......................................................... 42
Attachment 7: Case Manager Debriefing .......................................................................................... 43
Attachment 8: Case Management QSR Case Review Story ............................................................... 44
Attachment 9: Case Management QSR Report Format ...................................................................... 46
PURPOSE

The purpose of Florida’s Child Welfare Quality Assurance (QA) / Continuous Quality Improvement (CQI) system is to identify strengths in effective practices as well as areas that need further attention that are formalized in an ongoing plan for program improvement. QA/CQI processes will critically examine the quality of assessments and information gathering throughout the child welfare system: the Florida Abuse Hotline, Child Protective Investigations, and Case Management service delivery.

The primary objectives for the QA/CQI program are to ensure:

• The delivery of consistent, high-quality services to children and families.
• The safety and well-being of children living in appropriate and permanent homes.
• The reduction in the possibility of adverse occurrences.
• The accomplishment of continuous improvement in the programs and processes required to achieve targeted outcomes.

These guidelines provide procedural direction for systematic quality assurance reviews that continually assess progress towards achieving the primary objectives and must be applied consistently throughout the state.

The Florida Child Welfare QA/CQI Model provides uniform Quality of Practice Standards (QPS) for Child Protective Investigations and ongoing service provision by Case Management Organizations. In addition to conducting QPS reviews, Case Management Organizations will also assess systemic factors and individual family stories through the Quality Service Review Protocol (QSR).

Data collected through these protocols provides local administrations a “window into practice” in real-time and helps organizations to focus quality improvement efforts at both the local and state levels.

The basic components of the Florida Child Welfare QA/CQI Model include:

• Ongoing unit level supervisory reviews of all cases
• Qualitative supervisory consultations with staff
• Standardized QA Reviewer Training
• Quarterly Child Protective Investigations QPS Reviews
• Quarterly Case Management QPS and QSR Reviews
• Quarterly focused reviews of critical practice areas such as Independent Living and Psychotropic Medications
• Special QA reviews as needed
• Continuous Quality improvement Activities
• Annual Updates and Reviews of Local Quality Management Plans
It must be noted that beginning in January 2013, Florida’s Child Welfare QA/CQI Model will be broader in scope, assessing practice and outcomes, as well as compliance. The focus will be on measuring practice related to the Florida Safety Decision Making Methodology. Findings will continue to be used to affect positive changes in policy and case practice, along with ensuring compliance with federal, state and agency requirements. The Florida Child Welfare QA/CQI Model will align with national models for safety and risk assessment.

CONTINUOUS QUALITY IMPROVEMENT

“Continuous Quality Improvement” or “CQI” is a process that, when effectively implemented, can better ensure that a set of desired practices are delivered in the manner they were intended, continuously and over time. CQI strategies are developed in response to the results of quality assurance processes.

Regions and CBCs must implement CQI activities as part of their QA system. Integrating CQI into daily business begins with engaging child welfare staff and will gradually expand to include community partners/external stakeholders and consumers as partners on the quality improvement team. The plan to accomplish this inclusion is through team building, training and short/long-term goal setting.

The Quality Assurance staff is responsible for monitoring performance expectations internally and with contracted providers using Quality of Practice Standards, FSFN data, and QSRs. The results of data collection and analysis in conjunction with feedback throughout the continuum of care will allow staff to make informed decisions about policy, process, program effectiveness and deficits.

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 directors need to ensure staff members 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.

Region and CBC CQI processes must be structured to effect change. CQI will shift the focus from statistics to an emphasis on consistent quality service delivery and determining whether the programs had positive, sustainable results for children and families. CQI is a method for systematically investigating, documenting and correcting issues that impact the effective child welfare practice.
FEDERAL AND STATE REQUIREMENTS

The goal of child welfare is to promote, safeguard and protect the overall well-being of children and families, to intervene on behalf of children who have been abused or neglected, and to work with children and families to assure that every child has a permanent, safe, and nurturing environment in which to achieve their maximum potential. Quality Assurance (QA) and Continuous Quality Improvement (CQI) activities are vital to ensuring case workers carry out this goal and ensure the safety, well-being, and self-sufficiency of children and families.

States are required to develop and implement a five-year Child and Family Services Plan (CFSP) in order to receive funds under the Title IV-B. As part of the CFSP, each state must describe their quality assurance system and how they will improve child welfare practices when needed.

Quality assurance is also a systemic factor in the Administration for Children and Families (ACF) Child and Family Services Reviews (CFSR). As such, states are required to, at a minimum; dedicate child welfare staff to QA initiatives in order to monitor performance. QA staff must work to ensure that people throughout the agency use information on quality, and to engage all staff in the process of examining data and acting to make improvements. ACF also requires that state quality assurance systems be in place in all regions of the state and all groups of families served.

The following federal and state laws govern the Florida child welfare QA/CQI process.

a) 471(a)(22) of the Social Security Act
   “In order for a State to be eligible for payments under this part, it shall have a plan approved by the Secretary which provides that, not later than January 1, 1999, the State shall develop and implement standards to ensure that children in foster care placements in public or private agencies are provided quality services that protect the safety and health of the children.”

b) 45 CFR 1357.15(u)
   “The State must include in the CFSP a description of the quality assurance system it will use to regularly assess the quality of services under the CFSP and assure that there will be measures to address identified problems.”

c) 45 CFR 1355.34(3)
   “Quality assurance system: The State has developed and implemented standards to ensure that children in foster care placements are provided quality services that protect the safety and health of the children (section 471(a)(22)) and is operating an identifiable quality assurance system (45 CFR 1357.15(u)) as described in the CFSP that: (i) Is in place in the jurisdictions within the State where services included in the CFSP are provided; (ii) is able to evaluate the adequacy and quality of services provided under the CFSP; (iii) Is able to identify the strengths and needs of the service delivery system it evaluates; (iv) Provides reports to agency administrators on the quality of services evaluated and needs for improvement; and (v) Evaluates measures implemented to address identified problems.”

d) Section 409.1671(2)(a), F.S., requires: The department shall retain responsibility for the quality of contracted services and programs and shall ensure that services are delivered in accordance with applicable federal and state statutes and regulations.
e) Section 409.1671(4)(a), F.S., requires: The quality assurance program shall be based on standards established by the Adoption and Safe Families Act as well as by a national accrediting organization such as the Council on Accreditation of Services for Families and Children, Inc. (COA) or CARF—the Rehabilitation Accreditation Commission.

f) Section 39.201 (4)(b), F.S., requires: The Department to monitor and evaluate the effectiveness of the department’s program for reporting and investigating suspected abuse, abandonment, or neglect of children through the development and analysis of statistical and other information.

g) Section 39.201 (4)(c), F.S., requires: The Department to track critical steps in the investigative process to ensure compliance with all requirements for any report of abuse, abandonment, or neglect.

h) Section 39.201 (7), F.S., requires: The Department’s quality assurance program shall review calls, fax reports, and web-based reports to the hotline involving three or more unaccepted reports on a single child, where jurisdiction applies, in order to detect such things as harassment and situations that warrant an investigation because of the frequency or variety of the source of the reports. A component of the quality assurance program shall analyze unaccepted reports to the hotline by identified relatives as a part of the review of screened out calls. The Program Director for Child Welfare may refer a case for investigation when it is determined, as a result of this review, that an investigation may be warranted.

i) Section 39.3065 (3)(d), F.S., requires: The Sheriff’s program performance evaluation shall be based on criteria mutually agreed upon by the respective sheriffs and the Department of Children and Family Services. The program performance evaluation shall be conducted by a team of peer reviewers from the respective sheriffs’ offices that perform child protective investigations and representatives from the department. The Department of children and Family Services shall submit an annual report regarding quality performance, outcome-measure attainment, and cost efficiency to the President of the Senate, the Speaker of the House of Representatives, and to the Governor no later than January 31 of each year the sheriffs are receiving general appropriations to provide child protective investigations.

SUPERVISORY REVIEWS

Unit level supervisors are the keystone to ensuring quality of practice. Their day-to-day oversight and guidance is critical to achieving successful outcomes for children and families in the areas of safety, permanency and well-being. In addition to coaching and mentoring staff, supervisors also conduct regular case reviews with their staff at very specific times during an investigation and/or during the life of a case to ensure everything that should be done is being done, or appropriate activities are planned and are subsequently tracked toward completion. Supervisory reviews must be based on critical, reflective thinking and qualitative discussion between supervisors and staff. This is a learning opportunity that supports quality case work.

For case management, 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, thereby promoting a culture of continuous learning.
TRAINING

The Florida Child Welfare QA/CQI Model requires QA reviewers undergo training specific to conducting QPS reviews and QSRs. To assure reviews and subsequent data collection are consistent, and to foster inter-rater reliability, all staff who conduct QA reviews must be “certified” as a QA reviewer. This requires reviewers participate in a specialized training curriculum and pass a competency assessment. QA staff must pass this competency assessment within six-months of being appointed into a dedicated QA position.

The training curriculum centers on several topical areas:

- QA roles and relationships,
- Critical and reflective thinking and professional judgment,
- Rating practice standards and indicators,
- Maintaining inter-rater reliability, and
- Data analysis and information sharing.

The training is sponsored by the Office of Child Welfare and is currently being offered once a quarter. Notices of upcoming training sessions and registration are posted in advance of each session.

INFORMING 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 must be copied on all correspondence related to reviews to include data analysis of Requests for Actions (RFAs) generated during a review. Contract managers must respond to any contractual issues identified during these quarterly reviews.

EXECUTIVE AND LEADERSHIP REQUESTS FOR SPECIAL REVIEWS

The Secretary of the Department or other executive staff may determine that a review of a particular process or topic is needed, or may require a statewide or localized special project be conducted throughout the year. These Guidelines include a placeholder to accommodate two special reviews each fiscal year. This activity will likely require specially designed review tools and other specifically designed protocols depending on subject matter. All regions and CBCs will participate in any such request as needed.

FEDERAL CHILD AND FAMILY SERVICES REVIEWS (CFSR)

These reviews are led by the Administration for Children and Families, Children’s Bureau, but the Department and CBCs are thoroughly involved with the entire process. Should the Children’s Bureau determine that Florida’s child welfare system will undergo another CFSR, regional QA and CBC QA staffs will participate as needed.

SPECIAL REVIEWS

In this context, a special review refers to a quality assurance case-specific review outside of the routinely planned QA activities in child protective investigations and case management. A request for a supplemental review may be made by Department headquarters, elected officials, regional directors, CBC executives, sheriffs or others in a leadership capacity. Regions and CBC QA staff will participate as needed.

SUPPLEMENTAL REVIEWS

Supplemental reviews include a review of 10 additional cases each quarter in order to assess practice in an identified category using only the QPSs related to that category. Areas to be reviewed and standards are on page 9.
CHILD PROTECTIVE INVESTIGATIONS QUALITY ASSURANCE REVIEWS

Regional Quality Assurance staff will conduct a qualitative review of one recently closed case per CPI Unit in every circuit within the region, each quarter. In addition, each region will randomly select one case per region in which the investigation case is currently open. The following table provides the number of cases reviewed Quarterly.

CPI Case Sample Sizes

<table>
<thead>
<tr>
<th>Region</th>
<th>Count of CPI Units by Region (excluding Sheriff’s Counties)</th>
<th>Number of Annual QA Reviews (# CPI Units x 4 Quarters)</th>
<th>Number of Annual QA Reviews (# CPI Units x 4 Quarters)</th>
<th>Estimated Child Fatality Reviews 2012/2013</th>
<th>Total Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>68</td>
<td>68</td>
<td>272</td>
<td>130</td>
<td>402</td>
</tr>
<tr>
<td>Northeast</td>
<td>1 Excludes one unit that has less than 3 CPIs</td>
<td>46</td>
<td>46</td>
<td>184</td>
<td>74</td>
</tr>
<tr>
<td>Northwest</td>
<td>2 Excludes four units that have less than 3 CPIs</td>
<td>26</td>
<td>26</td>
<td>104</td>
<td>49.5</td>
</tr>
<tr>
<td>Southeast</td>
<td>17</td>
<td>17</td>
<td>68</td>
<td>62.5</td>
<td>130.5</td>
</tr>
<tr>
<td>Southern</td>
<td>22</td>
<td>22</td>
<td>88</td>
<td>43</td>
<td>131</td>
</tr>
<tr>
<td>Suncoast</td>
<td>19</td>
<td>19</td>
<td>76</td>
<td>118.5</td>
<td>194.5</td>
</tr>
<tr>
<td>Totals</td>
<td>198</td>
<td>198</td>
<td>792</td>
<td>477.5</td>
<td>1269.5</td>
</tr>
</tbody>
</table>

Notes: The count of CPI Units with 10 or more open investigations per Child Investigations and Special Conditions Status Report 3/29/11, includes Child Intakes and Special Condition reports

1 Excludes one unit that has less than 3 CPIs
2 Excludes four units that have less than 3 CPIs

1. Sample Selection of Closed Investigations Cases

The closed investigation cases for review must be randomly selected from the "Child Investigations Closed within the Last 30 Days" report which is available in the FSFN report environment in the following location: Public Folders/Ad Hoc Shared Folder/Ad Hoc Misc/QA Reports/CPI.

Review Process for Recently Closed Investigation Cases

Once the investigation cases have been identified, the reviewer will notify the circuit liaison and arrange for copies of the files to be sent to the reviewer. Or, other logistical arrangements can be made if the review is to be completed on-site. These reviews will include a combination of FSFN research and paper file reviews.

As reviews are scheduled, regional QA staff will need to be linked to a local CPI Unit (or administrative unit) in order to be given authorization to access criminal background checks from the Hotline (phoeniX documents). Regional QA Managers will work with local operations staff and security officers to ensure this is completed.

Appropriate consideration of timing and coordination with the Hotline (so they can “repost” the criminal background histories for the QA review) is critical. The following requirements are in place.

- Requests to the Hotline for reposting criminal background checks must be made on a Monday, Tuesday or Wednesday only. (Attachment 1)
- The Hotline intends to respond to the request the same day; QA staff must be cognizant of the time frames as they (QA) will have the ability to view the background checks for only 72 hours from the...
time the reposting occurred. For example, if the Hotline reposted at 8:30 am on Monday, the QA reviewer must view the information before 8:30 am on Thursday.

- Once the information is reposted, QA staff will view the screens in the phoenix system in order to address the criteria in the standard.
- No hard copies will be printed, and therefore no need for shredding.

As the reviews are being completed, reviewers will rate the Quality of Practice Standards and input findings into the web-based portal. Reviewers should provide comments as necessary so external parties understand the rationale behind the ratings.

After the review has been completed, reviewers will enter a Case Note in FSFN documenting the investigations case was reviewed and briefly summarize the findings. The Request for Action process remains unchanged.

2. Sample Selection of Open Investigation Cases

In addition to review of recently closed cases, the regions will select one open investigation case for review each quarter. The open investigation case must be randomly selected from the FSFN Daily Report and be at least 20 days into the investigation, but no more than 30 days. The region may choose to select an open case within a specific circuit, or unit within the circuit, if deemed more effective in identifying local practice.

Review Process for Open Investigation Cases

Reviewing an open investigation case requires an onsite visit, whether the review is conducted in the actual unit locale or elsewhere within the circuit. Once the investigation case is identified and the review scheduled, the reviewer will contact the unit supervisor the day before the review occurs, explaining the process as-needed, and advising which case was selected. The reviewer will request the supervisor locate the file and have it ready for review at an agreed upon location, while also scheduling time to debrief with the child protective investigator and the supervisor afterwards.

The Quality of Practice Standards tool will be used even though many of the standards may not have been addressed yet. Reviewers will use the “repost” process described above to assess history. Data for the open investigation cases will be inputted into the “Additional” category available on the portal.

Reviewers will input a FSFN Case Note documenting the review occurred. If concerns were identified during the review of an open investigations case, those concerns should also be entered into a FSFN Case Note. In this case, QA Reviewers should inform the CPI and the CPI Supervisor that QA staff will follow the case to ensure all concerns have been addressed before closure. This process is intended to coach or mentor investigative staff, not to usurp the supervisor’s role or responsibilities.

3. Debriefings for Recently Closed and Open Investigation Cases

After each investigations case review is completed, the reviewer must schedule a debriefing session to discuss review findings. The debriefing must always include the CPI and the CPI Supervisor. Others can be invited at the Regions’ discretion.

Face to face debriefings are always the preferred approach, but given complex logistical issues, limited work forces and time frames, they can be conducted via telephone/conference call as necessary. Debriefings
should be conducted as soon as possible upon completing the review, preferably within 48 hours of completion. If there are any concerns or disputes over the findings, the QA reviewer and the supervisor are expected to resolve any differences within this debriefing setting. If they are unable to do so, the respective managers/administrators must be notified to assist in the resolution process. The debriefing template is provided in Attachment 2.

4. Reporting

Once the reviews are completed for each circuit, region QA staff will summarize the findings (circuit-wide) into four practice areas:

- Conducting Thorough Assessments
- Observing and Interviewing Children, Parents, Others
- Determining Maltreatments, Family Needs and Services
- Planning for Safe Investigation Case Closure

In addition to the narrative analysis, the data findings should be provided in excel format provided by the Office of Child Welfare, as an attachment to the summaries. Circuit summaries should be submitted to the Office of Child Welfare no later than the 30th day of the 1st month of the new quarter. These summaries and data charts will meet reporting requirements to the Office of Child Welfare. The summary template is provided in Attachment 3.

Beginning in January 2013, the QA Tool will be modified to address the new approach to CPI work that is driven by safety and risk.

5. Request for Action Referrals

If at any time the reviewer noted significant safety concerns, the QA manager must immediately report such findings to the region for action and resolution. The reviewer must document the RFA referral and subsequent actions in FSFN. Attachment 5 provides a sample form and instructions on completing an RFA in FSFN.
CASE MANAGEMENT QUALITY ASSURANCE REVIEWS

At least quarterly and on an ongoing basis, community-based care agencies (CBCs) will conduct reviews of cases to determine the quality of services provided to children and families. CBCs should also conduct additional reviews of their performance in specific program areas such as the Independent Living Program, Psychotropic Medications, and/or in other areas that data analyses show a need for improvement.

CBCs should also develop an internal review system that is based on sampling by unit supervisor. That is, selecting 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.

1. Sampling Methodology

Each quarter, the Office of Child Welfare data unit will provide an extract for each CBC that lists all children who are eligible to be reviewed by permanency goal. 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, the CBC QA manager will identify cases from the extract and assign their required number of QPS reviews. Two (2) cases from the sample will be identified for a Quality Services Review (QSR).

The sample for QPS and QSR reviews should include, as much as possible, an equal share of In-Home service cases (non-judicial and judicial) and Out-of-Home service cases. After this initial stratification, the CBCs may choose to stratify their samples further if they need to focus their reviews in specific areas of local practice.

Decisions to discard a randomly selected case from the sample list must be approved by the CBC 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. However, these extra cases should be properly identified as such in the QA web-based tool, 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. The CBC QA managers will ensure the list of cases selected for the QSR is unduplicated and make another random selection if the same case is identified for both review processes.

As noted on page 5, Supplemental Reviews will also be conducted each quarter. For these cases, only the applicable QA standards will be applied.

- Quarter 1 – Psychotropic medications (Standards 36.5, 37.5, 46.6, 67, 72.2)
- Quarter 2 – Independent Living (Standards 44, 45, 46, 47, 58, 59)
- Quarter 3 – Adoptions (Standards 42, 43)
- Quarter 4 – Education (Standards 45, 58, 59, 60)
The number of cases required for review is based on the number of children served. The table below denotes the number of cases to be reviewed by each CBC. The second to the last column provides the percentage of children served who will be in a QA review.

### CBC Case Sample Sizes

<table>
<thead>
<tr>
<th>CBC</th>
<th>In-Home</th>
<th>Out-of-Home</th>
<th>Total</th>
<th>&quot;Special Area&quot; OPS Reviews Quarterly</th>
<th>OPR Reviews Quarterly</th>
<th>% of Children Served</th>
<th>Sample Size Needed to Achieve SS/IS Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big Bend CBC</td>
<td>639</td>
<td>704</td>
<td>1343</td>
<td>10</td>
<td>2</td>
<td>1.5%</td>
<td>299</td>
</tr>
<tr>
<td>Brevard Family Partnership</td>
<td>565</td>
<td>474</td>
<td>1039</td>
<td>10</td>
<td>2</td>
<td>1.9%</td>
<td>281</td>
</tr>
<tr>
<td>CBC of Central Florida (Orange &amp; Osceola)</td>
<td>363</td>
<td>1,344</td>
<td>2,257</td>
<td>23</td>
<td>2</td>
<td>1.1%</td>
<td>327</td>
</tr>
<tr>
<td>CBC of Central Florida (Seminole)</td>
<td>144</td>
<td>262</td>
<td>406</td>
<td>10</td>
<td>2</td>
<td>3.7%</td>
<td>198</td>
</tr>
<tr>
<td>Child and Family Connections</td>
<td>341</td>
<td>593</td>
<td>934</td>
<td>18</td>
<td>10</td>
<td>1.6%</td>
<td>205</td>
</tr>
<tr>
<td>ChildNet Inc.</td>
<td>587</td>
<td>1,345</td>
<td>1932</td>
<td>18</td>
<td>10</td>
<td>1.0%</td>
<td>311</td>
</tr>
<tr>
<td>Children’s Network of SW Florida</td>
<td>485</td>
<td>591</td>
<td>1,076</td>
<td>18</td>
<td>10</td>
<td>1.4%</td>
<td>301</td>
</tr>
<tr>
<td>Community Partnership for Children</td>
<td>445</td>
<td>589</td>
<td>1,034</td>
<td>18</td>
<td>10</td>
<td>1.4%</td>
<td>308</td>
</tr>
<tr>
<td>Escambia County</td>
<td>1,051</td>
<td>1,688</td>
<td>3,039</td>
<td>23</td>
<td>10</td>
<td>0.8%</td>
<td>341</td>
</tr>
<tr>
<td>Escambia Hillsborough County</td>
<td>834</td>
<td>1,491</td>
<td>2,225</td>
<td>23</td>
<td>10</td>
<td>0.6%</td>
<td>318</td>
</tr>
<tr>
<td>Families First Network B</td>
<td>1,551</td>
<td>1,422</td>
<td>2,973</td>
<td>23</td>
<td>10</td>
<td>0.9%</td>
<td>316</td>
</tr>
<tr>
<td>Family Integrity Program</td>
<td>42</td>
<td>156</td>
<td>198</td>
<td>12</td>
<td>10</td>
<td>8.0%</td>
<td>126</td>
</tr>
<tr>
<td>Family Support Services</td>
<td>490</td>
<td>881</td>
<td>1,371</td>
<td>18</td>
<td>10</td>
<td>1.2%</td>
<td>312</td>
</tr>
<tr>
<td>Heartland for Children, Inc.</td>
<td>741</td>
<td>1,076</td>
<td>1,817</td>
<td>18</td>
<td>10</td>
<td>1.1%</td>
<td>317</td>
</tr>
<tr>
<td>Kids Central, Inc.</td>
<td>1,113</td>
<td>1,159</td>
<td>2,272</td>
<td>23</td>
<td>10</td>
<td>1.1%</td>
<td>328</td>
</tr>
<tr>
<td>Kids First of Florida Inc.</td>
<td>1,029</td>
<td>393</td>
<td>1,422</td>
<td>13</td>
<td>10</td>
<td>4.3%</td>
<td>109</td>
</tr>
<tr>
<td>Our Kids Inc.</td>
<td>1,502</td>
<td>1,875</td>
<td>3,377</td>
<td>23</td>
<td>10</td>
<td>0.8%</td>
<td>342</td>
</tr>
<tr>
<td>Partnership for Strong Families</td>
<td>569</td>
<td>731</td>
<td>1,299</td>
<td>18</td>
<td>10</td>
<td>1.0%</td>
<td>296</td>
</tr>
<tr>
<td>Safe Children Coalition</td>
<td>245</td>
<td>885</td>
<td>1,130</td>
<td>18</td>
<td>10</td>
<td>1.3%</td>
<td>285</td>
</tr>
<tr>
<td>United for Families</td>
<td>468</td>
<td>604</td>
<td>1,072</td>
<td>18</td>
<td>10</td>
<td>1.5%</td>
<td>299</td>
</tr>
<tr>
<td>Stateswide</td>
<td>1,241</td>
<td>1,383</td>
<td>2,624</td>
<td>209</td>
<td>40</td>
<td>1.8%</td>
<td>590</td>
</tr>
</tbody>
</table>

Table 1

2. 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 Figure 1).

**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, and who have been a service recipient for at least six (6) months as of the sample date or service recipient end date, 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.

---

1 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.
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:

- Discard if the child has already been selected for review in this quarter.
- Discard if the child was in a case that was reviewed in any of the prior three (3) quarters within the fiscal year.
- Discard any sibling of a child included in the current sample OR in a case reviewed in any of the prior three (3) quarters.
- Discard if the child is in a case open only for continued adoption subsidy payments.
- Discard if the child was placed for the entire period under review in a locked juvenile facility or commitment program.
- 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.
- Discard if child is in a case where Florida is on the receiving side of Interstate Compact placement.
- Discard if the QSR case was closed prior to the review date and select another one that remains open.

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

- Cases under out of county supervision will be INCLUDED in the sample population and assigned to the CBC of the primary worker.
- Cases under in-home supervision (non-judicial and judicial) and in out-of-home placements are INCLUDED in the sample population.
- 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 review activity.
Figure 2

**Period under Review.** The time frame beginning the first day of the 9th month prior to the beginning of the review period, up to the date the review occurs if the case under review is still active. If the service recipient left services during this period, the period under review is from the beginning of the period under review to the service recipient end date (shaded gray bracket on timeline graphic).

**Review Quarter.** The quarter in which the QA review is to be completed (blue bracket on timeline graphic).

**Sample Date.** The 1st 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).

**Service Recipient.** A child who is in either a living arrangement 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.

3. **Face Sheets**

   Prior to the review, the assigned QA reviewer must pull a "Face Sheet" on each child in the QA sample. The Face Sheet includes Demographics, current placement, active psychotropic medications, removal and placement history and results from the child’s most recent Family Assessment. The Case Management face sheet is posted to the public folder in the FSFN report environment. The exact location is: Public Folders/Ad Hoc Shared Folder/Ad Hoc Misc/QA Reports/Case Management. The report is titled "CM_QA Face Sheet_20110927"

4. **Quality Service Reviews**

   The QSR is a self-evaluation tool that helps CBCs assess the effectiveness of their practices and the interventions provided to the families they serve. It helps agencies learn how families are doing and which service functions are working. Because the QSRs are directly tied to the core components of individualized practice - engagement, assessment, planning, implementation, and results - each QSR measures the degree to which true individualized and participatory practice is occurring with each individual family being reviewed.

   QSR results and findings should be combined with existing quantitative data (e.g. FSFN production reports) in order to provide meaning to the regularly reviewed performance data. Simply stated, data speaks, but "stories" teach. QSR results are not intended to be “generalizable” to all open cases, but rather to learn and understand themes and patterns that may not be readily identified from regularly produced data on all open cases. For example, placement stability data may tell us that 50% of children in foster care experience two (2) or more placement changes within a year, but it is the individual QSR story of the one youth, who had five placement changes in a year and the subsequent impact on him/her, that teaches us about the implications for our child welfare practice. That one youth, whose number is part of the 50%, offers us meaning and insight that we may not have known by only looking at a "Dashboard" measure.

---

2 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.

3 As coded in FSFN.
The Quality Service Review (QSR) Protocol provides reviewers with a specific set of qualitative indicators to use when examining the status of the child and caregiver and analyzing the responsiveness and effectiveness of the core practice functions in the core practice model. Indicators are divided into two distinct domains: status and practice performance.

- **Status indicators** measure the extent to which certain desired conditions are present in the life of the child and the child’s parents and/or caregivers within a recent time frame. Status indicators measure constructs related to *well-being* (e.g., safety, stability, and health) and *functioning* (e.g., the child’s academic status and the caregiver’s capacities). Changes in status for a recent timeframe represent near-term outcomes at a given point in the life of a case.

- **Practice indicators** measure the extent to which *core practice functions* are applied successfully by practitioners and others who serve as members of the child and family team. The core practice functions measured provide useful case-based tests of performance achievement. The number of core practice functions and level of detail used in their measurement may evolve over time as advances are made in the state-of-the-art practice.

The QSR report template and QSR Care Review Story format are provided in Attachments 5.

<table>
<thead>
<tr>
<th>Child and Parent Status</th>
<th>Practice Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety from Exposure to Threats of Harm</td>
<td>Engagement Efforts</td>
</tr>
<tr>
<td>Child Vulnerability</td>
<td>Voice and Choice</td>
</tr>
<tr>
<td>Stability</td>
<td>Teaming</td>
</tr>
<tr>
<td>Living Arrangement</td>
<td>Assessing and Understanding</td>
</tr>
<tr>
<td>Permanency</td>
<td>Planning for Safe Case Closure</td>
</tr>
<tr>
<td>Physical and Dental Health</td>
<td>Planning Transitions and Life Adjustments</td>
</tr>
<tr>
<td>Emotional Well-being</td>
<td>Implementation</td>
</tr>
<tr>
<td>Early Learning and Development</td>
<td>Maintaining Quality Connections</td>
</tr>
<tr>
<td>Academic Status</td>
<td>Evaluating and Adjusting</td>
</tr>
<tr>
<td>Pathway to Independence</td>
<td>Psychotropic Medication Management</td>
</tr>
</tbody>
</table>

The Case Management QSR Face Sheet for summary reports is in Attachment 9.

5. **Quality of Practice Standards Review**

This review process is a case file review and as a rule does not include interviews with participants or community stakeholders. However, if the CBC chooses to go more in-depth and conduct such interviews, it is entirely acceptable.

The standards in this review protocol are linked to desired outcomes for Child Safety, Permanency and Well-Being, and provide useable discrete data in those specific domains to continually inform local operations, management and leadership. These standards also map back to the federal review guidelines.

For both protocols, the CBC QA manager will assign the cases for review to trained/certified QA specialists employed by the CBC lead agency. It is permissible and encouraged for the BCs to include certified QA reviewers from a sub-contracted case management organization (CMO) in the case review process as long as the CBC QA reviewer leads the review and makes final decisions about ratings. This peer review approach
provides a learning opportunity for the CMO. Although the peer reviewer may offer feedback and input, the CBC must ensure the integrity of the information collected.

Prior to the review of a selected case, the reviewer should research FSFN to learn about the prior child welfare history in order to effectively assess current work.

Once the CBC QA specialist completes a case file review and inputs the responses into the QA web-based tool, 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.

6. **Web-Based Tools**

The Quality of Practice Standards web-based tool is accessible through the DCF web portal. 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 evidence found in documentation, but is also a result of reflective, qualitative, professional judgment by the reviewer(s).

The Quality Service Review tool is a web-based tool also accessible through the DCF web portal. This tool is built on child and parent status indicators and practice indicators. Indicators are rated as: Optimal; Good; Fair; Marginal; Poor; or Adverse. This tool also allows the reviewer to determine if discrete factors are considered a practice strength or practice gap.

7. **Request for Action Referrals**

If at any time the reviewer noted significant safety concerns, the CBC QA manager must immediately report such findings to the agency responsible for action and resolution. The reviewer must document the RFA referral and subsequent actions in FSFN. Attachment 5 provides a sample form and instructions on completing an RFA in FSFN.

8. **Debriefings**

After each case reviews are completed, the reviewer should schedule a debriefing session to discuss review findings. The debriefing should always include case managers and the supervisors. Others can be invited at the QA Manager’s discretion.

Face to face debriefings are always the preferred approach, but given complex logistical issues, limited work forces and time frames, they can be conducted via telephone/conference call as necessary. Debriefings should be conducted as soon as possible upon completing the review. The debriefing template is provided in Attachment 7.

9. **Data Analysis and Reporting**

Conducting an exit conference after the review is completed is important. 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](http://centerforchildwelfare.fmhi.usf.edu/kb/dataper/qa.exe)
Once all cases have been reviewed, 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 provides management with timely and important information in which to react, especially when areas of concern have been identified or there is a downward trend in a particular practice that could be remedied with immediate interventions. For instance, if 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.

Written quarterly review reports of QPS findings are not required; however, written case summaries are required for QSRs. Data input into the QA web-based tool is required for all reviews. All data input must be completed no later than 10 days into the new quarter. CBCs are encouraged to write analytical reports, but more importantly they must ensure “windows into practice” review findings are shared with all pertinent staff and management on an ongoing basis.

CBCs must submit an annual report to headquarters 30 days after the end of the fiscal year. The report template is provided in Attachment 6. At a minimum, the report must address findings and trends in the five practice areas listed below.

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

10. **CBC Quality Management (QM) Plans**

The Quality Management Plan will establish the activities, processes, and procedures for ensuring quality child welfare practice. The purpose of this plan is to: ensure quality is planned, define how quality will be managed by the Region or CBC, and define QA and CQI activities.

Each CBC lead agency will create and update their individualized plans for conducting quality assurance and improvement activities for the upcoming fiscal year. Updated plans must be submitted to the Office of Child Welfare no later than July 31 each fiscal year. At a minimum, the plans must describe the agency’s QA processes, data collection and analysis, internal reporting of findings, and how the agency will work to improve practices. The updated plans should include information on local initiatives and/or innovations and how agencies are working within their communities to better serve and strengthen families. The plans should also include the annual schedule for conducting QA reviews.
Crime Intelligence Unit
Request to Repost – Phoenix Online

DATE OF REQUEST:

REQUESTOR:  FSFN ID #:  TITLE:

PRIMARY PHONE:  ALT PHONE EMAIL ADDRESS:

<table>
<thead>
<tr>
<th>REASON FOR REQUEST (INDICATE REASON ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ REGIONAL/CIRCUIT ADMIN REQUEST  ☑ QUALITY ASSURANCE REVIEW  ☐ FAILED TO PRINT  ☐ COURT PROCEEDINGS  ☐ OTHER  (explain)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PURPOSE OF INITIAL CHECKS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ INVESTIGATION  ☐ PLACEMENT</td>
</tr>
</tbody>
</table>

IS THIS THE FIRST TIME THAT CRIMINAL HISTORY RECORD INFORMATION HAS BEEN REQUESTED TO BE REPOSTED FOR THESE SUBJECTS?

☐ YES  ☐ NO  ☐ UNKNOWN

<table>
<thead>
<tr>
<th>INTAKE NUMBER or CASE NUMBER:</th>
<th>CIRCUIT:  COUNTY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTAKE NUMBER or CASE NUMBER:</td>
<td>CIRCUIT:  COUNTY:</td>
</tr>
<tr>
<td>INTAKE NUMBER or CASE NUMBER:</td>
<td>CIRCUIT:  COUNTY:</td>
</tr>
<tr>
<td>INTAKE NUMBER or CASE NUMBER:</td>
<td>CIRCUIT:  COUNTY:</td>
</tr>
<tr>
<td>INTAKE NUMBER or CASE NUMBER:</td>
<td>CIRCUIT:  COUNTY:</td>
</tr>
<tr>
<td>INTAKE NUMBER or CASE NUMBER:</td>
<td>CIRCUIT:  COUNTY:</td>
</tr>
<tr>
<td>INTAKE NUMBER or CASE NUMBER:</td>
<td>CIRCUIT:  COUNTY:</td>
</tr>
<tr>
<td>INTAKE NUMBER or CASE NUMBER:</td>
<td>CIRCUIT:  COUNTY:</td>
</tr>
<tr>
<td>INTAKE NUMBER or CASE NUMBER:</td>
<td>CIRCUIT:  COUNTY:</td>
</tr>
<tr>
<td>INTAKE NUMBER or CASE NUMBER:</td>
<td>CIRCUIT:  COUNTY:</td>
</tr>
</tbody>
</table>
Child Protective Investigations
De-Briefing Guide for Quality of Practice Standards

Quality Assurance Review of Child Protective Investigation Case
FY 2011/2012

Investigation Case Number Reviewed: ________________________________
Circuit/Unit: _______________________________________________________

Maltreatment Allegations: _____________________________________________

Date Received: _______________ Date Closed: _________________________
Investigation Case Findings: _________________________________________

Unresolved Concerns Currently or at the Time of Closure:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Was an RFA Generated? Yes ___ No ____
Nature of RFA Concern(s):
____________________________________________________________________
____________________________________________________________________
Brief Child/Family Background:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Summary of Practice Trends:

1. Conducted Thorough Assessment

   • Was a thorough assessment completed throughout the investigative process to include the
development of a realistic safety plan when needed? (Consider review findings for standards 1, 7, 9,
10, 12, 30, and 32)

Comments:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2. Observed and Interviewed Children, Parents, Others

   • Were informative interviews with children and other participants conducted and substantive
observations made of behaviors and interactions between the child victim(s) and family members?
(Consider review findings for standards 2, 4, 4.3, 5, 5.6, and 8)
Comments:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

3. Determined Maltreatment Findings, Family Needs and Services

- Were appropriate maltreatment findings reached and needed services provided to the alleged child victim(s) and family to promote positive outcomes and improve child-well-being? (Consider review findings for standards 13, 17, 18, 19, 20, 21, 22, 29, 31, 34, 36, and 37)

Comments:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

4. Planned for Safe Investigation Case Closure

- Was information gathered during the investigation appropriately shared between and among all parties including the supervisor, case manager, substitute caregivers, etc., and acted upon as necessary? (Consider review findings for standards 23, 24, 26, 27, 28, 28.1 and 35)

Comments:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Other Issues/Trends:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Date of Debriefing: ___________________________________________________________

Debriefing Attendees:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Follow-up Requested: Yes ______ No ______
Date Requested: ___________________________________________________________
Date Follow-up Received: _____________________________________________________
Date Issue Resolved: _________________________________________________________

_______________________      _______________________
QA Reviewer        Supervisor/Team Lead
Child Protective Investigations
Quarterly Report Template
Investigation Case Review Findings
Summary of Circuit Practice Trends
FY XX-XX

Circuit _____

Brief Description of the Type of Investigations Cases Reviewed

Overall Findings for Conducting Thorough Assessments

Closed Investigation Cases:
Open Investigation Case:

Overall Findings for Observing and Interviewing Children, Parents, Others

Closed Investigation Cases:
Open Investigation Case:

Overall Findings for Determining Maltreatments, Family Needs and Services

Closed Investigation Cases:
Open Investigation Case:

Overall Findings for Planning for Safe Investigation Case Closure

Closed Investigation Cases:
Open Investigation Case:

Recommendations for Continuous Quality Improvement

QA Manager’s Signature       Date

Attach Data Chart
Directions for Running Case Management Face sheet

The Case Management face sheet is posted to the public folder in the FSFN report environment. The exact location is:
Public Folders/Ad Hoc Shared Folder/Ad Hoc Misc/QA Reports/Case Management. The report is titled "CM_QA Face Sheet_20110927"

Step One:

Step Two

Note the tabs at the bottom of the FSFN report. Click tab to view that section.
REQUEST FOR ACTION PROCESS

This section provides instruction in the following four areas:

1. Job Class and Security User Group in FSFN
2. Creating a Case Note without an RFA in an Open or Closed Case
   - Search by Person or Case
   - Create a Case Note
3. Updating a Case Note or Creating a Case Note with an RFA in an Open Case
   - Search by Person or Case
   - Assignment to Case
   - Create a Case Note or
   - Update a Case Note
   - End Assignment
4. Updating a Case Note or Creating a Case Note with an RFA in a Closed Case
   - Re-Open Case for Administrative Purposes
   - Create a Case Note or
   - Update a Case Note
   - Closing a Case

Job Class and Security Profile
There are several Job Class and Security User Group combinations that will allow users to complete the activities described in this document. Try these (specifically Assignment to a Case and Re-open Case for Administrative Purposes) using your current FSFN profile. If you get a Security error, follow local security protocols for adding the following to your FSFN profile:
- DCF Staff: DCF Program Specialist Job Class and DCF Program Specialist Security User Group
- CBC Staff: Child Case Specialist Job Class and Child Case Specialist Security User Group

Search by Person
Log in to FSFN and Click “Search” icon; Select “Person” tab; Enter as much information known on person; Click “Search” Click the Person icon to select the appropriate person.
Click the Case Icon to view all cases associated with the person
Search by Case
Log in to FSFN and Click “Search” icon; Select “Case” tab; Enter the Case Name (LN and FN) or Case ID or Intake Number; Uncheck the “Date Restricted” box to begin search

Click the Case icon next to the desired Case to see casework activity
Create an RFA/Case Note

The RFA is created in case notes through the “Actions” hyperlink. Click the “Actions” hyperlink next to the case in which the note is to be entered;

Select the “Create Case Note” radio button and click “Continue”
Enter the Contact Begin Date and Time and select “Case Reviews” from the “Category” drop down box.

Select the Review Type from the “Type” drop down box; **NOTE**-when you select a Review Type, the “Request for Action” section is automatically enabled.
Select the appropriate RFA(s), or select the “No Request for Action”; If you select an RFA, the “Resolved” radio button is enabled and defaults to “No”; If the RFA is resolved, click “Yes” and enter an explanation of the Resolution; If the RFA is resolved at a later date, the case note will need to be updated to “Yes” and an explanation of the Resolution must be entered upon resolution.

Scroll down to the “Narrative” section and enter the Case Note text; Click “Close”, and then “Yes” when asked if changes should be saved prior to closing.

1. Scroll Down
2. Enter Case Note
3. Click Close
Update an RFA/Case Note

Click the "Narrative" Icon to display the Notes history; click the hyperlink of the note you want to update

Update the Note as Appropriate and click “Close”; Select “Yes” when asked if you want to save changes
Assignment to a Case
Search for the case to which you want to be assigned; Click the Case Folder icon, Click the Assignment Icon, Click the “Actions” hyperlink next to any active assignment.

Select “Continue”
In the “Assignment Definition” box, select “Ongoing Services” from the “Type” drop down box, “Case Management” from the “Responsibility” drop down box and “Secondary” from the “Role” drop down box. In “Assignment Details” box, click “Search” hyperlink. Ignore the “View By” and “Current Worker Status” sections.

1. **Select These**

Enter your name in the “Search Criteria” box, click “Search,” Select the Radio Button next to the appropriate name/user profile and click “Continue”

2. **Click Search**
Attachment 5
Request for Action

Click “Assign”

End Assignment
Click Case Folder icon from FSFN desktop; Click “Assignment” Folder; Click your name (hyperlink) associated with your active assignment
Select the “End Assignment” Radio Button and click “Close”; Click “Yes” when asked to save changes before closing page

**Re-Open a Case for Administrative Purposes**

*Note* - It is only necessary to Re-Open a closed case to enter a case note in the following circumstances:

- The case note includes an RFA (this will add the case to your FSFN desktop), or
- The case note is being updated (it is not possible to update a case note in a closed case)

Click the Create menu item; select Service Referral
Enter all known information on the participant and click the “Search” button; all matching results are returned within the “Persons Returned” group box; Click the “Select” hyperlink next to the applicable person; click the Add Participants button; click “Continue” button.
In the “Intake Information” box, enter the current date and time, with AM/PM designation in the “Date/Time Intake Received” box and select the applicable County; in the “Participants” tab click the “Roles” hyperlink and select “Referral Name”; click the Continue button to return to the Participants tab; Open the “Referral Information” expand and select the Caller ID N/A checkbox.
Click the “Services” tab and from the “Services Referral” drop down box select “Re-Open Closed Case For Administrative Purposes”; Enter a brief narrative in the “Describe” text field; Click “Save”

Click the “Decision” tab; In the “Decision” box select “Screen In”; Click the “Create/Link Case” hyperlink; click “Yes” to the messages regarding saving and not compromising reporter identity
All Cases in which the intake participant is a case participant are displayed. Select the applicable radio button and click the Link button, which only becomes enabled after selecting an applicable radio button. Upon selecting the Link button the Maintain Case page is displayed.

Maintain Case page: Please note that the Status of the Case, which was previously closed, now shows “Reopen”; Click the “Save” button; If a message regarding updating participant addresses appears, select “No”; The case is now open and will display on your desktop, listing you as the Primary Worker; You may now create or update the Case Note.
Closing a Case

*NOTE- You should only close a case that you have re-opened in order to enter or update a case note. Do not close a case that you did not re-open.

From your FSFN desktop, click the Case Name hyperlink of the case you want to close-this will take you to the Maintain Case page.
From the Maintain Case page click the “Closing History” tab; From the Options drop down box select “Submit Case Closure Request”; Click “Go”

Select the “Request for Closure” box and in the “Reason” dropdown box select “Administrative Closure”; Enter a brief “Closure Summary”; click the Save button.
This will return you to the “Case Closure” screen; The “Closure Status” will say “Closure Requested”, Click “Close”

A new row will be inserted in the Case History group box with an associated “Pending” hyperlink. Once it passes the necessary edits successfully the “Pending” hyperlink will change to an “Accepted” hyperlink (takes up to an hour)
Once the hyperlink shows “Accepted,” click the “Accepted” hyperlink

From the “Options” drop down box select “Approval” and click “Go”
Select the “Approve” radio button and click “Continue”

Click “Close”
RFAs must be completed and tracked in FSFN. In the event a paper form is also needed, here is an example of a written RFA:

The designated liaisons as soon as the concern is noted. Circuit or CBC management staff must respond in writing to the QA team lead or manager no later than 48 hours upon receiving the concern.

Please Check One:

- Child Safety Concern  Response Due: ________________
- Administrative Concern  Response Due: ________________

Quality Assurance Reviewer’s Name: ____________________________________________
Review Date: __________________________

Case Name: __________________________________________
Report Number (when applicable): _______________________

Program:  
- Adoption  PS In-Home  PS Out-of-Home  Licensed FC
- Independent Living  Child Protective Investigation  Post Placement Supervision

CBC Agency: ________________________________________________________
Circuit: _______
Unit/County: ____________ / ______________

Presenting Concern(s):

Recommended Action(s):

A written response is due by ______________. Please document response on this form and submit to the Quality Assurance Manager identified below.

Submitted by: ___________________________________       Agency: ___________________________________
  Quality Assurance Reviewer                   Date

Reviewed by: __________________________________             Agency: ______ ____________________________
  Quality Assurance Reviewer                     Date
Annual Summary of Case Management Practice Trends

This section should address QA findings over time; it should address the agency’s strengths/promising practice trends and areas needing improvement. The summary is a self assessment and should be based on all of the data collected through various QA reviews and any other sources of information that measure local performance.

The summary must be evaluative in nature – not simply descriptive in a narrative format. It should not be a “cut and paste” of findings from the review tools or a re-hash of review questions in bullet fashion with performance shown by percent achieved for a standard.

*Evaluative Language:* Presents judgments; assesses status and outcomes; gauges, ranks, and rates performance over time. Using evaluative language allows the “Self Assessment” to address how well the agency is doing; is the agency’s policies and practices providing quality service delivery and producing positive outcomes for children and families? A combination of descriptive and evaluative language offers a reliable picture of the system of care. It shares a narrative story and outlines characteristics.

**Practice Trends**

The following grouping of practice trends should be addressed in the summary. The summary should provide an analysis and evaluation of performance trends across multiple service delivery and management factors.

1. Assessment
2. Family Engagement
3. Service Planning and Provision
4. Promoting Case Progress
5. Supervisory Review and Oversight

**Addressing Findings**

The summary should also describe how the CBC will react to the analysis of findings. It may be a simple reference that findings will be addressed as described in the annual update of the Quality Management Plan or in the local Quality Improvement Plans.
Reviewer’s Outline for Case Manager/Supervisor Debriefing

1. Discuss story as learned from family and team members about the child and family and clarify any gaps/questions.
   - Reason for services (Why are we involved with this child and family and what is known about child/family history?)
   - Goals that focus interventions provided (What are we trying to achieve in the case?)
   - Team member perspectives on strengths and needs of the child and family
   - Team member concerns and ideas for getting better results

2. Discussion of Next Steps
   - Ideas of Case Manager and Supervisor
   - Feedback on suggestions gathered from family and team members interviewed
   - Some reviewer ideas that may be an option

3. If the case manager and supervisor could make any system changes that would help to get better results for this child and family, what would they be?
Written Case Review Story

The final step in completing the QSR is writing the case review summary. The summary includes some basic demographics and facts about the child and family. The core of the summary describes the child’s and caregiver’s status, factors contributing to favorable or unfavorable statuses, to include some analysis of what’s working now and why as well as some practical steps to sustain success or overcome problems.

Child/Caregiver Status Summary

Facts about the Child and Family Reviewed
- Agency or Office
- Review Date
- Child’s Assigned Number
- Date of Report
- Reviewer’s Name
- Child’s Placement

Persons Interviewed during this Review
Indicate the number and role (child, caregiver, teacher, caseworker, therapist, etc.) of the persons interviewed.

Facts about the Child and Family [About 150 words]
- Family composition and situation
- Agencies involved and providing services
- Reasons for services
- Services presently needed and received

Child’s Current Status [About 250 words]
Describe the current status of the child and family using the status review findings as a basis. If any unfavorable status result puts the child at risk of harm, explain the situation. Mention relevant historical facts that are necessary for an understanding of the child and family’s current status. Use a flowing narrative to tell the “story” and make sure that the “story” supports and adequately illuminates the Overall Status rating.

Caregiver’s Status [About 150 words]
Because the status of the child often is linked to the status of the family, indicate whether the family is receiving the supports necessary to adequately meet the needs of the child and maintain the integrity of the home.

Factors Contributing to Favorable Status [About 100 words]
Where status is positive, indicate the contributions that child resiliency, family capacities, and uses of natural supports and generic community services made to the results.

Factors Contributing to Unfavorable Status [About 100 words]
Describe what local conditions seem to be contributing to the current status and how the child may be adversely affected now or in the near-term future, if status is not improved.

System Performance Appraisal Summary
Describe the current performance of the service system for this child and family using a concise narrative form. Mention any historical facts or local circumstances that are necessary for understanding the situation.
What’s Working Now [About 250 words]
Identify and describe which service system functions are now working adequately for this child and family. Briefly explain the factors that are contributing to the current success of these system functions. Florida Quality Service Review.

What’s Not Working Now and Why [About 150 words]
Identify and describe which service system functions that are not working adequately for this child and family. Briefly explain the problems that appear to be related to the current failure of these functions.

Six-Month Forecast/Stability of Findings [About 75 words]
Based on the current service system performance found for this child, is the child’s overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions that are likely to occur over this time period. Explain your answer.

Practical Steps to Sustain Success and Overcome Current Problems [About 100 words]
Suggest several practical “next steps” that could be taken to sustain and improve successful practice activities over the next six months. Suggest practical steps that could be taken to overcome current problems and to improve poor practices and local working conditions for this child and family in the next 90 days.

Report Length
Usually, the case summary usually should not exceed four typed pages, depending on the complexity of the case and the extent of supports and services being provided.
QSR Summary Report

The grid on the following page is automatically built by a spreadsheet that summarizes data in the QSR "summary" reports exported from the DCF QA Application on the Web Portal. This spreadsheet will only work with the QSR data. It will not work with the QPS CM or QPS CPI data. The Summary Reports are designed to be viewed as hard copies. They will be easier to read if printed.

Instructions for Quarterly Report

1. Log into the DCF Web Portal and open the DCF QA database.
2. In the QA database, select "Reports," then select the radio button above QSRCM Report Type.
3. Select the Period (Quarter) and level of detail for your report (Region, Agency, CMO or Unit).
4. At the bottom of the screen check the Excel box and click on "View Summary." Note that you must check the "Excel" box first.
5. A dialogue box will open asking if you want to Open or Save the document, select Open.
6. A dialogue box will open telling you the file is in a different format and may be corrupt, and ask you if you want to open it, select Yes.
   a. If the quarter is prior to Q3 2011-2012, select row 148 and select Insert Row from the Menu Bar. This should create a blank row for 148, and move everything else down one row. Be sure not to delete the information in 148, it should now appear in row 149. If the quarter is Q3 2011-2012 or later, skip this step and go to step 7.
7. Highlight the entire sheet by clicking in the upper left hand corner (see diagram 1).
8. With the document highlighted, hold down the Control key and press the letter C on your keyboard. This will copy the data.
9. Open the tab titled "Data_Rolling" in this spreadsheet and highlight the entire sheet by clicking in the upper left hand corner (see diagram 1).
10. With the sheet highlighted, hold down the Control key and press the letter V on your keyboard. This will paste the data from the QA database.
11. Open the "Summary_Rolling" tab and all of the fields should be calculated based on the data from the "Data Rolling" tab.

Creating a Multi-Quarter Report (Up to 4 quarters can be rolled up into one Summary Report only if the Agencies or Units being summarized are the same for each quarter. In other words, if in Quarter 1 CBC's A, B, and D have reviews, then these must be the same CBC's reviewed in each additional quarter being included in the Multi-Quarter Report)

1. Follow Steps 1 - 8 above, starting with the most recent of the quarters in the period. (e.g. if you are wanting to see FY 2011-12, select Q4 2012-2011 first).
2. Open the tab titled "Data_Rolling_Holding" in this spreadsheet and highlight the entire sheet by clicking in the upper left hand corner (see diagram 1).
3. With the sheet highlighted, hold down the Control key and press the letter V on your keyboard. This will paste the data from the QA database for the most recent quarter.
4. Follow Steps 1 - 6a above, with any other of the quarters in the period.

5. Highlight cell A1 and, while holding your mouse, drag down to cell 214. This should highlight all of the cells in the report.

6. With these cells highlighted, hold down the Control key and press the letter C on your keyboard. This will copy the data.

7. Open the tab titled "Data_Rolling_Holding" in this spreadsheet and click on cell A302.

8. With A302 selected, hold down the Control key and press the letter V on your keyboard. This will paste the data from the QA database.
   a. If you wish to add a third quarter, repeat steps 4 - 8, only replace cell A302 with cell A520 in steps 7 & 8. If you wish to add a fourth quarter, repeat steps 4 - 8, only replace cell A520 with cell A740 in steps 7 & 8.

9. Highlight the entire "Data_Rolling_Holding" spreadsheet by clicking in the upper left hand corner (see diagram 1).

10. With the document highlighted, hold down the Control key and press the letter C on your keyboard. This will copy the data.

11. Open the tab titled "Data_Rolling" in this spreadsheet and highlight the entire sheet by clicking in the upper left hand corner (see diagram 1).

12. With the sheet highlighted, hold down the Control key and press the letter V on your keyboard. This will paste the data from the Data_Rolling_Holding tab.

13. Open the "Summary_Rolling" tab and all of the fields should be calculated based on the data from the "Data_Rolling" tab.
### Child & Family Status Indicators

| 1 | Safety from Exposure to Threats of Har
| n | 83.3% |
| 1.1 | Home Environment | 98 | 95.9% |
| 1.2 | Other Environments | 96 | 91.7% |
| 1.3 | Child Specific Characteristics | 98 | 93.9% |
| 1.4 | Caregiver Capacity | 96 | 89.6% |
| 1.5 | Services & Efforts | 74 | 83.8% |
| 1.6 | Safety Concerns | 88 | 77.3% |

| 2 | Child Vulnerability | 76.2% |
| 2.1 | Child Characteristics | 98 | 83.7% |
| 2.2 | Child Behavior: Self Endangerment | 96 | 87.5% |
| 2.3 | Child Behavior: Risk to Others | 96 | 83.3% |
| 2.4 | Mitigation of Vulnerability | 90 | 77.8% |

| 3 | Stability | 76.2% |
| 3.1 | Stability in Living Arrangement | 98 | 83.7% |
| 3.2 | Stability in School Setting | 88 | 70.5% |
| 3.3 | Stability in Case Management | 98 | 61.2% |
| 3.4 | Stability in Service Provider | 90 | 68.9% |
| 3.5 | Risk of Disrupt. to Living Arrangement | 98 | 85.7% |
| 3.6 | Risk of Disruption to School Setting | 88 | 86.4% |
| 3.7 | Management of Risks to Stability | 94 | 74.5% |

| 4 | Living Arrangement | 87.8% |
| 4.1 | Appropriateness | 98 | 91.8% |
| 4.2 | Matching with Caregivers | 94 | 91.5% |
| 4.3 | Caregiver Capacity | 96 | 89.6% |
| 4.4 | Appropriat. of Educational Placement | 88 | 93.2% |
| 4.5 | Maintains Connections | 78 | 89.7% |
| 4.6 | Consistent with ICWA | 24 | 83.3% |

| 5 | Physical & Dental Health | 87.8% |
| 5.1 | Life-long Home & Family | 96 | 83.3% |
| 5.2 | Maintains Optimal Physical Health | 92 | 71.7% |
| 5.3 | Medication Management | 40 | 85.0% |
| 5.4 | Progress Toward Adoption | 22 | 90.9% |
| 5.5 | Beh. or Dev. Status (Interventions) | 92 | 87.0% |

| 6 | Parent & Caregiver Functioning | 87.8% |
| 6.1 | Physically Needs Med | 98 | 93.9% |
| 6.2 | Achieve Optimal Physical Health | 98 | 81.6% |
| 6.3 | Mother Capacity/Behavior | 58 | 27.6% |
| 6.4 | Father Capacity/Behavior | 40 | 10.0% |

| 7 | Emotional Well-Being | 80.3% |
| 7.1 | Attachment & Social Relationships | 98 | 85.7% |
| 7.2 | Coping & Adapting Skills | 96 | 68.8% |
| 7.3 | Progress Toward Adoption | 22 | 90.9% |

| 8 | Early Learning & Development | 80.3% |
| 8.1 | Ach. of Developmental Milestones | 38 | 100.0% |
| 8.2 | Dev. Status Consistent with Expect. | 38 | 84.2% |

| 9 | Academic Status | 76.7% |
| 9.1 | Educational Achievement | 60 | 76.7% |
| 9.2 | Engagement in School Activities | 60 | 76.7% |
| 9.3 | Educational Supports | 34 | 70.6% |

**Practice Indicators**

| 10 | Engagement Efforts | 71.2% |
| 10.1 | Strategies for Effective Relationships | 96 | 68.8% |
| 10.2 | Ongoing Efforts to Engage | 94 | 74.5% |
| 10.3 | Trauma Sensitivity | 96 | 68.8% |
| 10.4 | Engaging the Child | 52 | 88.5% |
| 10.5 | Engaging the Mother | 64 | 65.6% |
| 10.6 | Engaging the Father | 46 | 30.4% |

| 11 | Voice & Choice | 71.4% |
| 11.1 | Participant in Assessment & Goals | 40 | 85.0% |
| 11.2 | Participant in Service Selection & Del. | 40 | 65.0% |
| 11.3 | Mother Participant in Assmnt/Goals | 64 | 62.5% |
| 11.4 | Father Participant in Assmnt/Goals | 46 | 30.4% |
| 11.5 | Caregiver Participant in Assmnt/Goals | 86 | 74.4% |
| 11.6 | Fam. Participant In Sv. Selctn. & Del. | 88 | 56.8% |

| 12 | Quality of Visits | 66.7% |
| 12.1 | Home Environment | 98 | 95.9% |
| 12.2 | Other Environments | 96 | 89.6% |

| 13 | Assessment & Understanding | 70.4% |
| 13.1 | Initial Understanding of Child | 48 | 83.3% |
| 13.2 | Initial Understanding of Mother | 52 | 65.4% |
| 13.3 | Initial Understanding of Father | 38 | 31.6% |
| 13.4 | Initial Understanding of Caregiver | 58 | 75.9% |
| 13.5 | Update & Apply Understanding | 98 | 81.2% |

| 14 | Planning for Safe Closure | 67.7% |
| 14.1 | Individualized Planning | 98 | 69.4% |
| 14.2 | Effective Planning | 98 | 88.8% |
| 14.3 | Dynamic Planning | 98 | 39.2% |

| 15 | Planning Trans. & Life Adjustments | 65.6% |
| 15.1 | Transition Identification & Planning | 62 | 51.6% |
| 15.2 | Transition Implementation & Support | 52 | 57.7% |

| 16 | Implementation | 69.4% |
| 16.1 | Effective Strategies & Services | 98 | 57.1% |
| 16.2 | Adequate Array of Resources | 96 | 68.8% |

| 17 | Maintaining Quality Connections | 76.6% |
| 17.1 | Identifying Family Connections | 24 | 76.6% |
| 17.2 | Maintaining Family Connections | 82 | 82.9% |

**Percent of Points Earned on Child & Family Status Indicators**: 80.3%

**Percent of Points Earned on Practice Indicators**: 69.7%

**Total Percent of Points Earned**: 75.0%