

Window to Practice

SAFETY PERMANENCY FAMILY WELL-BEING CHILD WELL-BEING
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Table of Contents

SECTION 1: FEDERAL AND STATE LAWS RELATED TO QUALITY ASSURANCE AND MONITORING SYSTEMS	1
1.1 FEDERAL LAWS.....	1
1.2 STATE LAWS: THE DEPARTMENT, SHERIFFS, AND COMMUNITY-BASED CARE LEAD AGENCIES.....	2
SECTION 2: RESULTS ORIENTED ACCOUNTABILITY CQI PROGRAM	12
SECTION 3: FUNCTIONAL COMPONENTS OF FLORIDA’S CHILD WELFARE CQI SYSTEM	14
3.1 ADMINISTRATIVE STRUCTURE.....	14
3.2 DATA INTEGRITY	15
3.3 CASE RECORD REVIEW PROCESS.....	16
3.4 ANALYSIS AND DISSEMINATION OF INFORMATION	19
3.5 FEEDBACK TO STAKEHOLDERS, DECISION-MAKERS, AND ADJUSTMENT OF PROGRAMS AND PROCESS.....	19
3.6 ROLE OF SUPERVISORS: THE CORNERSTONE TO ENSURING QUALITY PRACTICE.....	20
3.7 STAFF DEVELOPMENT AND TRAINING	20
3.8 QUARTERLY QA MANAGERS’ MEETINGS.....	20
3.9 ROLE OF CONTRACT MANAGERS.....	21
3.10 EXECUTIVE AND LEADERSHIP REQUESTS FOR SPECIAL REVIEWS	21
3.11 FIDELITY REVIEWS.....	21
3.11.1 <i>Fidelity Reviews of Closed Cases</i>	21
3.11.2 <i>Risk Assessment Fidelity Reviews</i>	21
3.11.3 <i>Ongoing Fidelity Reviews</i>	21
3.12 FEDERAL CHILD AND FAMILY SERVICES REVIEW (CFSR)	22
3.12.1 <i>CFSR Systemic Factors</i>	22
3.13 ADMINISTRATION OF THE ONLINE MONITORING SYSTEM	25
3.13.1 <i>OMS Access and User Roles</i>	25
3.14 CFSR INSTRUMENTS, MANUALS AND GUIDES	27
3.15 CONFLICT OF INTEREST	28
3.16 CONFIDENTIALITY STATEMENT.....	28
SECTION 4: FLORIDA ABUSE HOTLINE	29
4.1 THREE HIT REVIEWS.....	29
4.2 WEEKLY CHILD FATALITY REVIEWS	29
4.3 MONTHLY SIDE-BY-SIDE PEER REVIEW	29
SECTION 5: CHILD FATALITY REVIEWS	30
5.1 CHILD FATALITY PREVENTION REVIEWS	30
5.2 CRITICAL INCIDENT RAPID RESPONSE TEAM (CIRRT).....	30
5.3 QA CHILD FATALITY REVIEWS –MINI CIRRT	32
SECTION 6: CHILD PROTECTIVE INVESTIGATIONS	33
6.1 RAPID SAFETY FEEDBACK REVIEWS – CHILD PROTECTIVE INVESTIGATIONS	33
6.2 KEY REQUIREMENTS.....	33
6.3 OPEN CASE REVIEW	34
6.4 CLOSED CASE REVIEWS.....	35
6.5 ITEM LISTING FOR OPEN AND CLOSED CASE REVIEWS	37

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

6.6	RATINGS: WHEN TO APPLY A <i>NOT RATED RESPONSE</i>	38
6.7	CONFERENCE CALLS WITH REGIONAL QA MANAGERS.....	39
6.8	REQUEST FOR ACTION (RFA) AND DOCUMENTATION	39
6.9	RFA UTILIZING THE SUPERVISORY CONSULTATION PAGE	40
6.10	FSFN LISTING REPORT	42
6.11	STRATIFICATION	43
6.11.1	<i>Tier One</i>	44
6.11.2	<i>Tier Two</i>	44
6.11.3	<i>Tier Three</i>	44
6.11.4	<i>Tier Four</i>	44
6.11.5	<i>Tier Five</i>	44
6.11.6	<i>Tier Six</i>	44
6.12	REVIEW PERIOD, DATA INTEGRITY AND DATA REPORTING PERIODS	45
6.13	REVIEW TOOLS.....	45
6.14	CASE CONSULTATIONS.....	45
6.14.1	<i>Documenting Case Consultations in FSFN</i>	46
6.15	RATINGS AND DATA INTEGRITY.....	46
6.16	CCSPE PRACTICE EXPERTS: TESTING REQUIREMENTS	46
6.16.1	<i>Background</i>	46
6.16.2	<i>Pre-requisites</i>	47
6.16.3	<i>Proficiency Assessment Levels</i>	47
6.16.4	<i>Competencies, Professional Behavior, and Performance Measures</i>	48
6.17	QA STAFF PROFICIENCY: TESTING REQUIREMENTS.....	50
6.17.1	<i>Competencies, Professional Behavior, and Performance Measures</i>	50
6.17.2	<i>Prerequisite</i>	50
6.17.3	<i>Proficiency Assessment Level</i>	50
6.18	ENTERING REVIEWS	50
6.18.1	<i>Reporting</i>	51
6.19	ANNUAL REGIONAL REPORTING AND PLANNING	51
6.19.1	<i>Annual Report</i>	51
6.19.2	<i>Annual Plan</i>	52
SECTION 7:	QA ACTIVITIES FOR SHERIFFS	53
7.1	PERFORMANCE STANDARDS AND OUTCOME MEASURES	53
7.2	PROGRAMMATIC PERFORMANCE EVALUATIONS.....	53
7.3	SAMPLE SIZES	53
7.4	EXIT CONFERENCES	53
7.5	STAKEHOLDER FEEDBACK	54
7.6	ANNUAL LEGISLATIVE REPORT	54
7.7	CCSPE PRACTICE EXPERTS: TESTING REQUIREMENTS (SHERIFF'S OFFICE)	54
7.7.1	<i>Pre-requisites</i>	54
7.7.2	<i>Proficiency Assessment Levels</i>	54
SECTION 8:	CASE MANAGEMENT QUALITY ASSURANCE REVIEWS	56
8.1	FLORIDA CQI REVIEWS	56
8.1.1	<i>Florida CQI Samples and Stratification</i>	58
8.1.2	<i>Sample Frame</i>	58
8.1.3	<i>Period Under Review</i>	59

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

8.1.4	Sample Sizes by CBC and Statewide.....	60
8.1.5	Case Related Interviews.....	61
8.1.6	Case Elimination Criteria.....	63
8.1.7	Secondary Oversight.....	64
8.1.8	Resources and Tools.....	66
8.2	RAPID SAFETY FEEDBACK REVIEWS: CASE MANAGEMENT IN-HOME SERVICE CASES	67
8.2.1	Key Requirements to Assessing Practice:.....	67
8.2.2	Rapid Safety Feedback Review Samples	68
8.2.3	Rapid Safety Feedback Review Sample Stratification	68
8.2.4	FSFN Business Objects Report Entitled Children Receiving In-Home Services Daily QA Listing.....	69
8.3	SCHEDULES AND CALENDARS	73
8.4	DATA INTEGRITY	73
8.5	DATA ENTRY.....	73
8.6	ANNUAL CBC REPORTING AND PLANNING	73
8.6.1	Annual Report.....	73
8.6.2	Annual Plan.....	74
8.7	REQUEST FOR ACTION	75
8.8	CASE CONSULTATIONS.....	76
8.9	FLORIDA CQI AND CFSR TRAINING.....	76
8.9.1	Children’s Bureau Certification Process	77

APPENDICES - Posted on the Center for Child Welfare

Appendix 1: Child Fatality Report Template

Appendix 2: CIRRT Template

Appendix 3: Mini CIRRT Template

Appendix 4: Case Management Case Consultation Guidance

Appendix 5: CFSR Conflict of Interest Form

Appendix 6: CFSR Confidentiality Statement

Appendix 7: FSFN Request for Action (RFA)

Appendix 8: Annual CQI Regional Report Template

Appendix 9: Qualtrics CPI Rapid Safety Feedback Review Tool User Guide

Appendix 10: Qualtrics Case Management Rapid Safety Feedback Review Tool User Guide

Appendix 11: OMS User Guide

Appendix 12: Recording CCSPE Proficiency Case Consultations Using OpenVoice Conferencing

Appendix 13: Annual CQI CBC Report Template

SECTION 1: FEDERAL AND STATE LAWS RELATED TO QUALITY ASSURANCE AND MONITORING SYSTEMS

The goal of child welfare is to promote, safeguard and protect the overall well-being of children, to intervene on behalf of abused and neglected children, 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 child welfare professionals, child protective investigators (CPI), and case managers carry out this goal.

Federal regulations require States to describe the quality assurance (QA) system they have in place to "...regularly assess the quality of services under the Child and Family Services Plan (CFSP) and assure that there will be measures to address identified problems" as part of the CFSP (45 CFR 1357.15(u)). In addition to the CFSP requirement, title IV-E requires title IV-E agencies to monitor and conduct periodic evaluations of activities conducted under the title IV-E program and to implement standards to ensure that children in foster care are provided quality services that protect the safety and health of such children (sections 471(a)(7) and 471(a)(22) of the Act (Social Security Act), respectively.

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 to monitor performance. QA staff must work to ensure that managers and supervisors throughout the agency use quantitative and qualitative data and information to engage all staff in the process of examining data and acting to make improvements.

1.1 Federal Laws

Titles IV-B and IV-E of the Act outline requirements related to QA and CQI in child welfare, including the following:

- (1) Pursuant to section 471(a)(7) of the Social Security Act, the title IV-E agency is required to monitor and conduct periodic evaluations of its title IV-E program. The operation of a Statewide QA is one acceptable method for complying with section 471(a)(7) of the Act.
- (2) A specific requirement that the title IV-E agency implement standards to ensure that children in foster care receive quality health and safety services in section 471(a) (22) of the Act. It is important to consider the full array of statutory and regulatory requirements relevant to quality health and safety services for children in foster care, including those related to screening, assessment and provision of medical, mental health and early intervention services as indicated in ACYF-CB-IM-12-04.
- (3) Title IV-B regulations require State agencies to utilize QA to regularly assess the quality of services under the CFSP and assure there will be measures to address identified problems. A description of this system must be a part of the State's CFSP (45 CFR 1357.15(u)) and must be updated annually through the Annual Progress and Services Report (APSR) (45 CFR 1357, 16(a)(1) – (5)).
- (4) Monitoring of the requirements of section 471(a) (22) of the Act and 45 CFR 1357.15(u) have been a focus of the CFSR since its inception (45 CFR 1355.34(c)(3)). ACF's expectations are that the QA system is:
 - a. Identifiable;
 - b. In place in all jurisdictions covered by the CFSP;
 - c. Able to evaluate the adequacy and quality of services under the CFSP and able to identify the strengths and needs of the service delivery system;
 - d. Able to provide reports to administrators on the evaluated services and needs for improvement, and
 - e. Able to evaluate measures used to address identified problems.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

- (5) Federal Regulations, 2CFR 200.331, requirements for pass-through entities requires monitoring of the activities of the sub-recipients as necessary to ensure sub-awards are used for authorized purpose and performance goals are achieved.

1.2 State Laws: The Department, Sheriffs, and Community-Based Care Lead Agencies

- (1) 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.
- (2) Section 39.201 (7), F.S., requires: The Department's quality assurance program shall review calls, facsimile reports, and web-based reports to the hotline involving three or more unaccepted reports on a single child, where jurisdiction applies, to detect such things as harassment and situations that warrant an investigation because of the frequency or variety of the sources 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, because of this review, that an investigation may be warranted.
- (3) Section 39.2015, F.S., Critical Incident Rapid Response Team requires: As part of the Department's quality assurance program, the Department shall provide an immediate multiagency investigation of certain child deaths or other serious incidents. The purpose of such investigation is to identify root causes and rapidly determine the need to change policies and practices related to child protection and child welfare.
- (4) Section 39.301 (11), F.S., requires: The Department shall incorporate into its quality assurance program the monitoring of reports that receive a child protective investigation to determine the quality and timeliness of safety assessments, engagements with families, teamwork with other experts and professionals, and appropriate investigative activities that are uniquely tailored to the safety factors associated with each child and family.
- (5) Section 39.303 (8), F.S., requires: The Department of Health Child Protection Team quality assurance program and the DCF Office of Child Welfare quality assurance program shall collaborate to ensure referrals and responses to child abuse, abandonment, and neglect reports are appropriate. Each quality assurance program shall include a review of records in which there are no findings of abuse, abandonment, or neglect, and the findings of these reviews shall be included in each department's quality assurance reports.
- (6) 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 Families. 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 Families 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.
- (7) Section 215.97 (7)(c), F.S., requires that any non-state entity who provides state financial assistance to a sub-recipient shall perform any other procedures specified in terms and conditions of the written agreement with the state awarding agency or non-state entity, including required monitoring of the sub-recipient's use of state financial assistance through onsite visits, limited scope audits, or other specified procedures.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

- (8) Section 402.7305(4), F.S., establishes contract monitoring requirements and process. The Department shall establish contract monitoring units staffed by career service employees who report to a member of the Selected Exempt Service or Senior Management Service and who have been properly trained to perform contract monitoring. At least one member of the contract-monitoring unit must possess specific knowledge and experience in the contract's program area. The Department shall establish a contract-monitoring process that includes, but is not limited to, the following requirements:
- a. Performing a risk assessment at the start of each fiscal year and preparing an annual contract-monitoring schedule that considers the level of risk assigned. The Department may monitor any contract at any time regardless of whether such monitoring was originally included in the annual contract-monitoring schedule.
 - b. Preparing a contract-monitoring plan, including sampling procedures, before performing onsite monitoring at external locations of a service provider. The plan must include a description of the programmatic, fiscal, and administrative components that will be monitored on site. If appropriate, clinical and therapeutic components may be included.
 - c. Conducting analyses of the performance and compliance of an external service provider by means of desk reviews if the external service provider will not be monitored on site during a fiscal year.
 - d. Unless the Department sets forth in writing the need for an extension, providing a written report presenting the results of the monitoring within 30 days after the completion of the onsite monitoring or desk review.
 - e. Developing and maintaining a set of procedures describing the contract monitoring process. Notwithstanding any other provision of this section, the Department shall limit monitoring of a child-caring or child-placing services provider under this subsection to only once per year. Such monitoring may not duplicate administrative monitoring that is included in the survey of a child welfare provider conducted by a national accreditation organization specified under s.402.7306 (1).
- (9) Section 402.7306, F.S., requires: Administrative monitoring of child welfare providers, and administrative, licensure, and programmatic monitoring of mental health and substance abuse service providers. The Department of Children and Families, the Department of Health, the Agency for Persons with Disabilities, the Agency for Health Care Administration, community-based care lead agencies, managing entities as defined in s. 394.9082, and agencies who have contracted with monitoring agents shall identify and implement changes that improve the efficiency of administrative monitoring of child welfare services, and the administrative, licensure, and programmatic monitoring of mental health and substance abuse service providers. For this section, the term *mental health and substance abuse service provider* means a provider who provides services to this state's priority population as defined in s. 394.674. To assist with that goal, each such agency shall adopt the following policies:
- 1) Limit administrative monitoring to once every three years if the child welfare provider is accredited by an accrediting organization whose standards incorporate comparable licensure regulations required by this state. If the accrediting body does not require documentation that the state agency requires, that documentation shall be requested by the state agency and may be posted by the service provider on the data warehouse for the agency's review. Notwithstanding the survey or inspection of an accrediting organization specified in this subsection, an agency specified in and subject to this section may continue to monitor the service provider as necessary with respect to:
 - a. Ensuring that services for which the agency is paying are being provided.
 - b. Investigating complaints or suspected problems and monitoring the service provider's compliance with resulting negotiated terms and conditions, including provisions relating to consent decrees that are unique to a specific service and are not statements of general applicability.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

- c. Ensuring compliance with federal and state laws, federal regulations, or state rules if such monitoring does not duplicate the accrediting organization's review pursuant to accreditation standards.
- 2) Limit administrative, licensure, and programmatic monitoring to once every three years if the mental health or substance abuse service provider is accredited by an accrediting organization whose standards incorporate comparable licensure regulations required by this state. If the services being monitored are not the services for which the provider is accredited, the limitations of this subsection do not apply. If the accrediting body does not require documentation that the state agency requires, that documentation, except documentation relating to licensure applications and fees, must be requested by the state agency and may be posted by the service provider on the data warehouse for the agency's review. Notwithstanding the survey or inspection of an accrediting organization specified in this subsection, an agency specified in and subject to this section may continue to monitor the service provider as necessary with respect to:
 - a. Ensuring that services for which the agency is paying are being provided.
 - b. Investigating complaints, identifying problems that would affect the safety or viability of the service provider, and monitoring the service provider's compliance with resulting negotiated terms and conditions, including provisions relating to consent decrees that are unique to a specific service and are not statements of general applicability.
 - c. Ensuring compliance with federal and state laws, federal regulations, or state rules if such monitoring does not duplicate the accrediting organization's review pursuant to accreditation standards.
- 3) Allow private sector development and implementation of an Internet-based, secure, and consolidated data warehouse and archive for maintaining corporate, fiscal, and administrative records of child welfare, mental health, or substance abuse service providers. A service provider shall ensure that the data is up to date and accessible to the applicable agency under this section and the appropriate agency subcontractor. A service provider shall submit any revised, updated information to the data warehouse within ten business days after receiving the request. An agency that conducts administrative monitoring of child welfare, mental health, or substance abuse service providers under this section must use the data warehouse for document requests. If the information provided to the agency by the provider's data warehouse is not current or is unavailable from the data warehouse and archive, the agency may contact the service provider directly. A service provider that fails to comply with an agency's requested documents may be subject to a site visit to ensure compliance. Access to the data warehouse must be provided without charge to an applicable agency under this section. At a minimum, the records must include the service provider's:
 - a. Articles of incorporation
 - b. Bylaws
 - c. Governing board and committee minutes
 - d. Financial audits
 - e. Expenditure reports
 - f. Compliance audits
 - g. Organizational charts
 - h. Governing board membership information
 - i. Human resource policies and procedures
 - j. Staff credentials
 - k. Monitoring procedures, including tools and schedules
 - l. Procurement and contracting policies and procedures
 - m. Monitoring reports.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

(10) Section 409.25575 (2) and (3) b, F.S., requires: The Department shall contract for the delivery, administration, or management of support enforcement activities and other related services or programs, when appropriate. 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. Section (3)(a) states: The Department shall establish a quality assurance program for the privatization of services. The program must include standards for each specific component of these services. The Department shall establish minimum thresholds for each component. Each program operated pursuant to contract must be evaluated annually by the Department or by an objective competent entity designated by the Department under the provisions of the quality assurance program. The evaluation must be financed from cost savings associated with the privatization of services.

The Department shall establish and operate a comprehensive system to measure and report annually the outcomes and effectiveness of the services that have been privatized. The Department shall use these findings in making recommendations to the Governor and the Legislature for future program and funding priorities in the support enforcement system.

(11) Section 409.986, F.S., provides Legislative findings and intent; child protection and child welfare outcomes; definitions.

1) Legislative Findings and Intent.

- a. It is the intent of the Legislature that the Department of Children and Families provide child protection and child welfare services to children through contracting with community-based care lead agencies. The community-based care lead agencies shall give priority to the use of services that are evidence-based and trauma-informed. Counties that provide children and family services with at least 40 licensed residential group care beds by July 1, 2003, and that provide at least \$2 million annually in county general revenue funds to supplement foster and family care services shall continue to contract directly with the state. It is the further intent of the Legislature that communities have responsibility for and participate in ensuring safety, permanence, and well-being for all children in the state.
- b. The Legislature finds that when private entities assume responsibility for the care of children in the child protection and child welfare system, comprehensive oversight of the programmatic, administrative, and fiscal operation of those entities is essential. The Legislature further finds that the appropriate care of children is ultimately the responsibility of the state and that outsourcing such care does not relieve the state of its responsibility to ensure that appropriate care is provided.

2) Child Protection and Child Welfare Outcomes. It is the goal of the department to protect the best interest of children by achieving the following outcomes in conjunction with the community-based care lead agency, community-based subcontractors, and the community alliance:

- a. Children are first and foremost protected from abuse and neglect.
- b. Children are safely maintained in their homes, if possible and appropriate.
- c. Services are provided to protect children and prevent their removal from their home.
- d. Children have permanency and stability in their living arrangements.
- e. Family relationships and connections are preserved for children.
- f. Families have enhanced capacity to provide for their children's needs.
- g. Children receive appropriate services to meet their educational needs.
- h. Children receive services to meet their physical and mental health needs.
- i. Children develop the capacity for independent living and competence as an adult.

3) Definitions— As used in this part, except as otherwise provided, the term:

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

- a. *Care* means services of any kind that are designed to facilitate a child remaining safely in his or her own home, returning safely to his or her own home if he or she is removed from the home, or obtaining an alternative permanent home if he or she cannot remain at home or be returned home. The term includes, but is not limited to, prevention, diversion, and related services.
- b. *Child or children* has the same meaning as provided in s. 39.01.
- c. *Community alliance or alliance* means the group of stakeholders, community leaders, client representatives, and funders of human services established pursuant to s. 20.19(5) to provide a focal point for community participation and oversight of community-based services.
- d. *Community-based care lead agency or lead agency* means a single entity with which the department has a contract for the provision of care for children in the child protection and child welfare system in a community that is no smaller than a county and no larger than two contiguous judicial circuits. The secretary of the department may authorize more than one eligible lead agency within a single county if doing so will result in more effective delivery of services to children.
- e. *Related services* include, but are not limited to, family preservation, independent living, emergency shelter, residential group care, foster care, therapeutic foster care, intensive residential treatment, foster care supervision, case management, coordination of mental health services, postplacement supervision, permanent foster care, and family reunification.

(12) Section 409.988, F.S., outlines lead agency duties; general provisions.

- 1) Duties— A lead agency:
 - a. Shall serve all children referred as a result of a report of abuse, neglect, or abandonment to the department's central abuse hotline, including, but not limited to, children who are the subject of verified reports and children who are not the subject of verified reports but who are at moderate to extremely high risk of abuse, neglect, or abandonment, as determined using the department's risk assessment instrument, regardless of the level of funding allocated to the lead agency by the state if all related funding is transferred. The lead agency may also serve children who have not been the subject of reports of abuse, neglect, or abandonment, but who are at risk of abuse, neglect, or abandonment, to prevent their entry into the child protection and child welfare system.
 - b. Shall provide accurate and timely information necessary for oversight by the department pursuant to the child welfare results-oriented accountability system required by s. 409.997.
 - c. Shall follow the financial guidelines developed by the department and provide for a regular independent auditing of its financial activities. Such financial information shall be provided to the community alliance established under s. 20.19(5).
 - d. Shall post on its website the current budget for the lead agency, including the salaries, bonuses, and other compensation paid, by position, for the agency's chief executive officer, chief financial officer, and chief operating officer, or their equivalents.
 - e. Shall prepare all judicial reviews, case plans, and other reports necessary for court hearings for dependent children, except those related to the investigation of a referral from the department's child abuse hotline and shall submit these documents timely to the department's attorneys for review, any necessary revision, and filing with the court. The lead agency shall make the necessary staff available to department attorneys for preparation for dependency proceedings and shall provide testimony and other evidence required for

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

dependency court proceedings in coordination with the department's attorneys. This duty does not include the preparation of legal pleadings or other legal documents, which remain the responsibility of the department.

- f. Shall ensure that all individuals providing care for dependent children receive appropriate training and meet the minimum employment standards established by the department.
- g. Shall maintain eligibility to receive all available federal child welfare funds.
- h. Shall maintain written agreements with Healthy Families Florida lead entities in its service area pursuant to s. 409.153 to promote cooperative planning for the provision of prevention and intervention services.
- i. Shall comply with federal and state statutory requirements and agency rules in the provision of contractual services.
- j. May subcontract for the provision of services required by the contract with the lead agency and the department; however, the subcontracts must specify how the provider will contribute to the lead agency meeting the performance standards established pursuant to the child welfare results-oriented accountability system required by s. 409.997. The lead agency shall directly provide no more than 35 percent of all child welfare services provided.
- k. Shall post on its website by the 15th day of each month at a minimum the information contained in subparagraphs 1.-4. for the preceding calendar month regarding its case management services. The following information shall be reported by each individual subcontracted case management provider, by the lead agency, if the lead agency provides case management services, and in total for all case management services subcontracted or directly provided by the lead agency:
 - 1) The average caseload of case managers, including only filled positions;
 - 2) The turnover rate for case managers and case management supervisors for the previous 12 months;
 - 3) The percentage of required home visits completed; and
 - 4) Performance on outcome measures required pursuant to s. 409.997 for the previous 12 months.

2) Licensure—

- a. A lead agency must be licensed as a child-caring or child-placing agency by the department under this chapter.
- b. Each foster home, therapeutic foster home, emergency shelter, or other placement facility operated by the lead agency must be licensed by the department under chapter 402 of this chapter.
- c. Substitute care providers who are licensed under s. 409.175 and who have contracted with a lead agency are also authorized to provide registered or licensed family day care under s. 402.313 if such care is consistent with federal law and if the home has met the requirements of s. 402.313.
- d. To eliminate or reduce the number of duplicate inspections by various program offices, the department shall coordinate inspections required for licensure of agencies under this subsection.
- e. The department may adopt rules to administer this subsection.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

- 3) Services— A lead agency must provide dependent children with services that are supported by research or that are recognized as best practices in the child welfare field. The agency shall give priority to the use of services that are evidence-based and trauma-informed and may also provide other innovative services, including, but not limited to, family-centered and cognitive-behavioral interventions designed to mitigate out-of-home placements.
 - 4) Lead agency acting as guardian—
 - a. If a lead agency or other provider has accepted case management responsibilities for a child who is sheltered or found to be dependent and who is assigned to the care of the lead agency or other provider, the agency or provider may act as the child's guardian for the purpose of registering the child in school if a parent or guardian of the child is unavailable and his or her whereabouts cannot reasonably be ascertained. In addition, if the child is suspected of having a disability and the parent is unavailable, the agency must seek appointment of a surrogate parent by the district school superintendent or the court.
 - b. The lead agency or other provider may also seek emergency medical attention for the child, but only if a parent or guardian of the child is unavailable, the parent's or guardian's whereabouts cannot reasonably be ascertained, and a court order for such emergency medical services cannot be obtained because of the severity of the emergency or because it is after normal working hours.
 - c. A lead agency or other provider may not consent to sterilization, abortion, or termination of life support.
 - d. If a child's parents' rights have been terminated, the lead agency shall act as guardian of the child in all circumstances.
- (13) Section 409.996, F.S., establishes the Duties of the Department of Children and Families. The Department shall contract for the delivery, administration, or management of care for children in the child protection and child welfare system. In doing so, the Department retains 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.
- 1) The Department shall enter into contracts with lead agencies for the performance of the duties delineated in s. 409.988. At a minimum, the contracts must:
 - a. Provide for the services needed to accomplish the duties established in s. 409.988 and provide information to the Department which is necessary to meet the requirements for a quality assurance program pursuant to subsection (18) and the child welfare results-oriented accountability system pursuant to s. 409.997.
 - b. Provide for graduated penalties for failure to comply with contract terms. Such penalties may include financial penalties, enhanced monitoring and reporting, corrective action plans, and early termination of contracts or other appropriate action to ensure contract compliance. The financial penalties shall require a lead agency to reallocate funds from administrative costs to direct care for children.
 - c. Ensure that the lead agency shall furnish current and accurate information on its activities in all cases in client case records in the state's child welfare information system.
 - d. Specify the procedures to be used by the parties to resolve differences in interpreting the contract or to resolve disputes as to the adequacy of the parties' compliance with their respective obligations under the contract.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

- 2) The Department must adopt written policies and procedures for monitoring the contract for delivery of services by lead agencies which must be posted on the Department's website. These policies and procedures must, at a minimum, address the evaluation of fiscal accountability and program operations, including provider achievement of performance standards, provider monitoring of subcontractors, and timely follow up of corrective actions for significant monitoring findings related to providers and subcontractors. These policies and procedures must also include provisions for reducing the duplication of the Department's program monitoring activities both internally and with other agencies, to the extent possible. The Department's written procedures must ensure that the written findings, conclusions, and recommendations from monitoring the contract for services of lead agencies are communicated to the director of the provider agency and the community alliance as expeditiously as possible.
- 3) The Department shall receive federal and state funds as appropriated for the operation of the child welfare system, transmit these funds to the lead agencies as agreed to in the contract, and provide information on its website of the distribution of the federal funds. The Department retains responsibility for the appropriate spending of these funds. The Department shall monitor lead agencies to assess compliance with the financial guidelines established pursuant to s. 409.992 and other applicable state and federal laws.
- 4) The Department shall provide technical assistance and consultation to lead agencies in the provision of care to children in the child protection and child welfare system.
- 5) The Department retains the responsibility for the review, approval or denial, and issuances of all foster home licenses.
- 6) The Department shall process all applications submitted by lead agencies for the Interstate Compact on the Placement of Children and the Interstate Compact on Adoption and Medical Assistance.
- 7) The Department shall assist lead agencies with access to and coordination with other service programs within the Department.
- 8) The Department shall determine Medicaid eligibility for all referred children and shall coordinate services with the Agency for Health Care Administration.
- 9) The Department shall develop, in cooperation with the lead agencies, a third-party credentialing entity approved pursuant to s. 402.40(3), and the Florida Institute for Child Welfare established pursuant to s. 1004.615, a standardized competency-based curriculum for certification training for child protection staff.

(14) Section 409.997, F.S., establishes the child welfare results-oriented accountability program.

- 1) The Department, the Community-based care lead agencies, and the lead agencies' subcontractors share the responsibility for achieving the outcome goals specified in s. 409.986(2).
- 2) In 2015, a plan was submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives that included:
 - a. Identification of essential data sets;
 - b. Assessment of the availability and validity of essential data;
 - c. Options for aggregating the available data;
 - d. Identification of valid and reliable measures for each outcome goal;
 - e. Description of specific steps and analytical procedures necessary for the computation of the outcome measures;

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

- f. Suggested formats, presentations, and other methods of disseminating the accountability information;
 - g. Description of specific activities and procedures for integrating the accountability information into the quality assurance and performance monitoring activities of the Department and its child welfare partner organizations;
 - h. Proposed timeline and work plan for implementation of the accountability program and an estimate of associated costs; and
 - i. Identification of other significant considerations that may have a material effect on the implementation of the accountability program required by this section.
- 3) The purpose of the results-oriented accountability program is to monitor and measure the use of resources, the quality and amount of services provided, and child and family outcomes. The program includes data analysis, research review, and evaluation.

The program shall produce an assessment of individual entities performance, as well as the performance of groups of entities working together on a local, regional, and statewide basis to provide an integrated system of care. Data analyzed and communicated through the accountability program shall inform the Department's development and maintenance of an inclusive, interactive, and evidence-supported program of quality improvement which promotes individual skill building as well as organizational learning.

Additionally, outcome data generated by the program may be used as the basis for payment of performance incentives if funds for such payments are made available through the General Appropriations Act. The information compiled and utilized in the accountability program must incorporate, at a minimum:

- a. Valid and reliable outcome measures for each of the goals specified in this subsection. The outcome data set must consist of a limited number of understandable measures using available data to quantify outcomes as children move through the system of care. Such measures may aggregate multiple variables that affect the overall achievement of the outcome goals. Valid and reliable measures must be based on adequate sample sizes, be gathered over suitable time periods, and reflect authentic rather than spurious results, and may not be susceptible to manipulation.
- b. Regular and periodic monitoring activities that track the identified outcome measures on a statewide, regional, and provider-specific basis. Monitoring reports must identify trends and chart progress toward achievement of the goals specified in this subsection. The accountability program may not rank or compare performance among community-based care regions unless adequate and specific adjustments are adopted which account for the diversity in regions' demographics, resources, and other relevant characteristics. The requirements of the monitoring program may be incorporated into the Department's quality assurance program.
- c. An analytical framework that builds on the results of the outcomes monitoring procedures and assesses the statistical validity of observed associations between child welfare interventions and the measured outcomes. The analysis must use quantitative methods to adjust for variations in demographic or other conditions. The analysis must include longitudinal studies to evaluate longer term outcomes, such as continued safety, family permanence, and transition to self-sufficiency. The analysis may also include qualitative research methods to provide insight into statistical patterns.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

- d. A program of research review to identify interventions that are supported by evidence as causally linked to improved outcomes.
 - e. An ongoing process of evaluation to determine the efficacy and effectiveness of various interventions. Efficacy evaluation is intended to determine the validity of a causal relationship between an intervention and an outcome. Effectiveness evaluation is intended to determine the extent to which the results can be generalized.
 - f. Procedures for making the results of the accountability program transparent for all parties involved in the child welfare system as well as policymakers and the public, which shall be updated at least quarterly and published on the Department's website in a manner that allows custom searches of the performance data. The presentation of the data shall provide a comprehensible, visual report card for the state and each community-based care region, indicating the current status of the outcomes relative to each goal and trends in that status over time. The presentation shall identify and report outcome measures that assess the performance of the Department, the community-based care lead agencies, and their subcontractors working together to provide an integrated system of care.
 - g. An annual performance report that is provided to interested parties including the dependency judge or judges in the community-based care service area. The report shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1 of each year.
 - h. Subject to a specific appropriation to implement the accountability program developed under subsection (2), the Department shall establish a technical advisory panel consisting of representatives from the Florida Institute for Child Welfare established pursuant to s. 1004.615, lead agencies, community-based care providers, other contract providers, community alliances, and family representatives. The President of the Senate and the Speaker of the House of Representatives shall each appoint a member to serve as a legislative liaison to the panel. The technical advisory panel shall advise the Department on the implementation of the results-oriented accountability program.
- (15) Section 402.7305, F.S., CFO must establish and disseminate uniform procedures to ensure that contractual services have been rendered in accordance with the contract terms.
- a. Must have a monitoring process that includes risk assessment, monitoring plan, monitoring procedures and criteria, evidence to support findings, Corrective Action, and follow-up on Corrective Actions.
 - b. Procedures must include reviewing and documenting recipient or sub-recipient performance for which payment is requested and provision of written certification by the grant manager of the agency's receipt of goods and services.

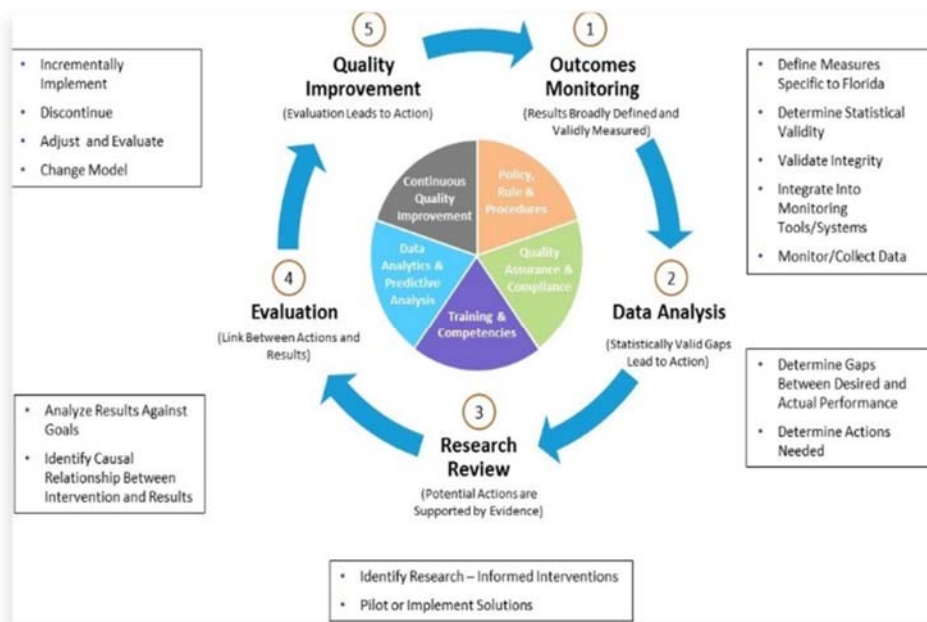
SECTION 2: RESULTS ORIENTED ACCOUNTABILITY CQI PROGRAM

In 2015, the Department created the Results Oriented Accountability (ROA) CQI Program within the Office of Child Welfare (section 409.997, F.S.) As outlined by statute, the purpose of ROA is to monitor and measure the use of resources, the quality and amount of services provided, and child and family outcomes operationalized within a cycle of accountability. The cycle of accountability relies on five key activity phases with the intention of operating on a continuous basis to support a theory the Child Welfare system is assessing performance on stated outcomes, finding new or promising interventions, reviewing both internal and external validity of interventions, and conducting continuous quality improvement to ensure the organization is learning and moving toward greater achievement of goals which are meaningful for children and their families. The cycle of accountability comprises the following activity phases:

- 1 **Outcomes Monitoring** includes activities required to define, validate, implement and monitor outcome measures throughout the Child Welfare Community. In this phase, outcome goals are defined, valid and reliable performance measures are constructed, and data is collected to evaluate and corroborate performance. This stage establishes *construct validity*, or the match between measures and the complex ideas or theories they are supposed to represent.
- 2 **Data Analysis** encompasses approaches and procedures required to critically analyze performance results to determine if variances noted are in fact issues that should be explored further. This phase is concerned with determining the *statistical validity* of the observed gap, i.e., is the variance spurious or is it an actual issue to be explored further, based on statistical tests?
- 3 **Research Review** is a series of activities employed to gather and to validate evidence to support interventions to address results not meeting expectations. Research Review assesses *external validity*, or the credibility of promising interventions in a variety of settings, with different populations.
- 4 **Evaluation** includes the activities and procedures required to consider promising interventions for children and families to determine if implementation on a wider basis is warranted. The Evaluation phase helps to establish *internal validity* of the intervention, through development of empirical evidence that the intervention is causally linked to the desired outcomes.
- 5 **Quality Improvement** is an interrelated series of actions required to implement interventions across new domains, or to challenge, modify and test new assumptions about the underlying goals supporting the Child Welfare practice model. Quality Improvement increases or validates *construct validity*, by creating a culture in which performance is tracked, actions are taken, and new strategies are developed. This phase reinforces organizational learning and reflexivity through double-loop learning, including regularly analyzing existing practices and exploring innovative solutions.

The ROA program design correlates to the cycle of accountability described above and includes defined processes for each of the phases of the cycle of accountability: Outcomes Monitoring, Data Analysis, Research Review, Evaluation, and Quality Improvement. Program oversight is accomplished via a governance committee including representatives from the Department of Children and Families (DCF), community-based care (CBC) lead agencies, Florida Institute of Child Welfare (FICW) and contract providers. The focus of the governance committee is to establish Program decision-making and prioritization of the use of limited resources to meet identified goals.

Windows into Practice Guidelines for Quality Assurance and Continuous Quality Improvement FY 2019/2020



The program creates accountability and transparency by incorporating processes and tools for timely dissemination of performance results to the Child Welfare Community through analytics and visualization capability embedded to the existing DCF website. Custom reports are available for other stakeholders who need views of the data specific to their roles in the child welfare community. The goal is to present accurate and timely information regarding performance, along with analysis of factors influencing trends for stakeholders to receive a true picture of the system and any potential needs for improvement.

Implementation of the ROA program is an opportunity to advance Florida's Child Welfare system to a level where decisions are informed by evidence, and outcomes for children improve. The ROA program encourages a system of accountability leveraging the shared efforts of the Child Welfare Community and incorporates many of the individual efforts that are achieving results but are not visible to others across the state. It will identify practices based on well-designed studies and broaden the base of evidence for interventions. Long-term results include better outcomes for children, a more proactive system, and development of stronger partnerships. To achieve these results, there must be a cultural shift across the child welfare community, with a major change in how performance of the system is assessed, and what actions are taken when outcomes do not meet expectations.

The data analytics initiatives and the ROA program are complementary efforts supporting each other in achieving improvement in safety, permanency, and well-being. For example, the data analytics initiatives review many seemingly unrelated sources of data to identify previously hidden patterns and trends. This can lead to identification of potential interventions as candidates for the measures, research, pilot, evaluation, and performance improvement activities of ROA. In addition, the data analytics initiatives can potentially provide timely information to front-line staff and management to make better decisions about specific situations for specific children. In contrast, the ROA program looks at the system as a whole to identify interventions, programs, and providers that are meeting pre-determined outcomes and associated measures. In this sense, data analytics initiatives provide insights and evidence which should be tracked in the ROA program.

SECTION 3: FUNCTIONAL COMPONENTS OF FLORIDA'S CHILD WELFARE CQI SYSTEM

The Department supports the guidance provided in the Administration for Children and Families, Children's Bureau Informational Memorandum¹ that outlines recommended components of a Continuous Quality Improvement (CQI) System. The Children's Bureau considers the following five components as essential to a State having a functioning CQI system in child welfare:

- 1) an administrative structure to oversee effective CQI system functioning;
- 2) quality data collection;
- 3) a method for conducting ongoing case reviews;
- 4) a process for the analysis and dissemination of data and performance measures; and,
- 5) a process for providing feedback to stakeholders and decision makers and as needed, adjusting State programs and process.

3.1 Administrative Structure

It is important for Florida to have strong administrative oversight to ensure that the child welfare CQI system is functioning effectively and consistently and is adhering to the process established by Department leadership. In 2015, the Department established the Office of Child Welfare Continuous Quality Improvement division to oversee data reporting, Quality Assurance, and data analytics. Evaluation, FSFN, and training were added in 2017. The Quality Assurance unit facilitates file reviews and related activities related to child protective investigations and case management services.

The Florida CQI Quality Assurance system includes:

- 1) Standardized QA instruments for the Florida Abuse Hotline, child protective investigations, and case management services.
- 2) Standardized training to ensure inter-rater reliability and that ratings are consistent with instrument instructions.
- 3) Standardized guidelines, Windows into Practice, that provide a clear process to collect and extract accurate quantitative and qualitative data.
- 4) Requirements for QA managers to be responsible for ensuring the process is consistently and properly implemented across the entire state through second level QA review of each case.

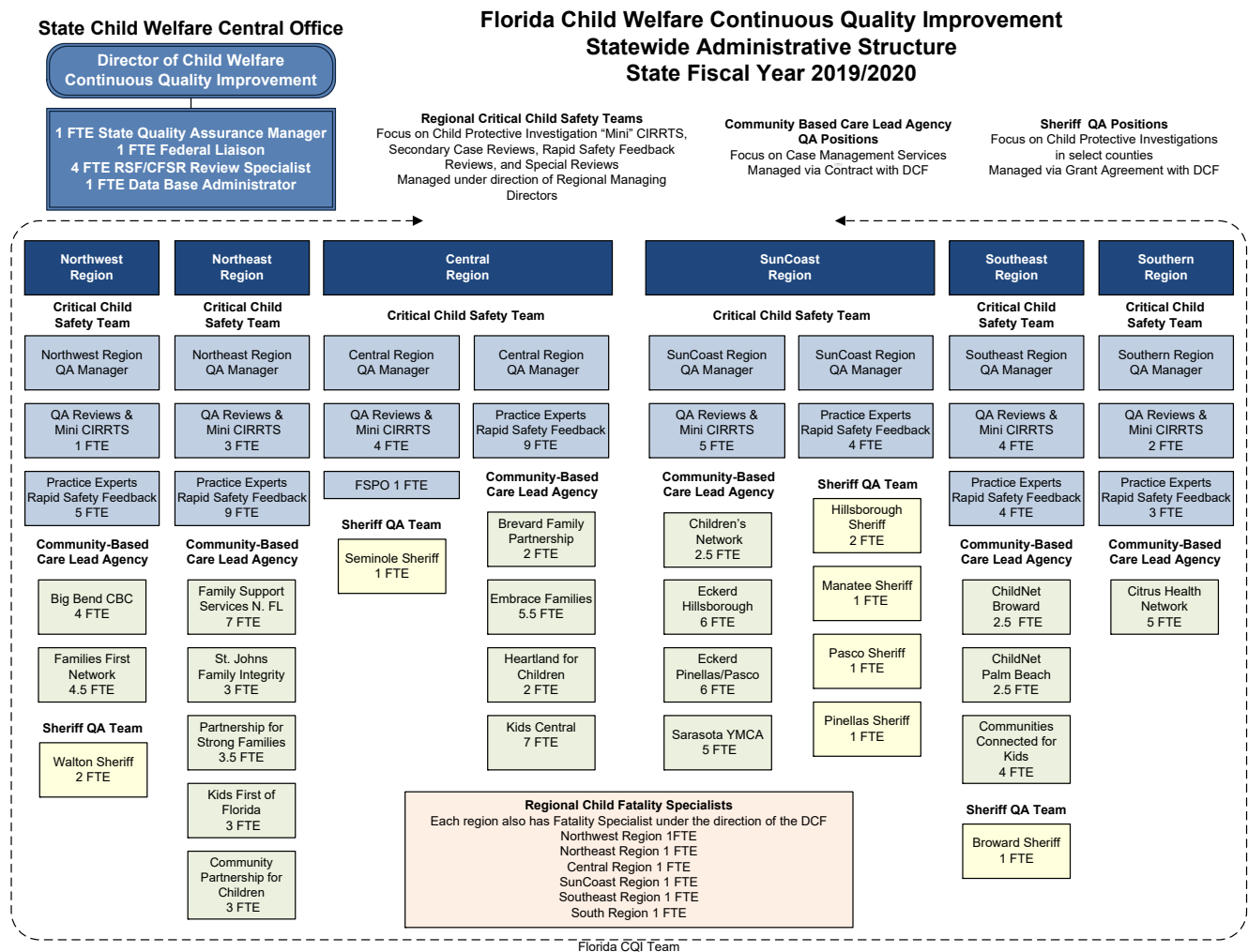
The table of organization on the following page represents the resources assigned to conduct case reviews in the DCF regions, Sheriffs, and community-based care lead agencies.

¹ Administration for Children and Families, Informational Memorandum, ACYF-CB-IM-12-02, August 27, 2012

Windows into Practice

Guidelines for Quality Assurance and Continuous Quality Improvement

FY 2019/2020



3.2 Data Integrity

In its broadest use, data integrity refers to the accuracy and consistency of data stored in Florida's Child Welfare Information System the Florida Safe Families Network (FSFN), DCF QA Web Portal and/or Qualtrics, and Florida CQI/CFSR Online Monitoring System (OMS). Data Integrity is often used as a proxy for data quality. Collecting quality data, both quantitative and qualitative, from a variety of sources is the foundation of CQI systems. Quality data is accurate, complete, timely, and consistent in definition and usage across the entire state. The Department uses data to identify areas of strengths and concerns, establish targeted strategies for improvement, and track progress toward desired outcomes.

The Department inputs, collects, and extracts data from various sources, including the FSFN, DCF-QA web portal and/or Qualtrics, OMS, and other sources of data. The Department uses this data to monitor the performance of the child welfare system and to gauge strengths and areas needing improvement in practice. Therefore, it is critical that all entities that input data work diligently to ensure data is accurate. The state uses this data for federal reporting for the Adoption and Foster Care Analysis Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) National Youth in Transition Database (NYTD), the Child and Family Services Plan (CFSP), Annual Progress and Services Report (APSR), Child and Family Services Review (CFSR), etc.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

There are processes at the state and local level to identify and resolve data quality issues and inform leadership and others. For example, there are processes to identify if data is being under/over-reported and/or not being entered into FSFN; evaluate if data entry is reliable or unreliable and if unreliable, why (e.g. clarity of instructions, definitions, and/or data entry screens). Examples include:

- Ongoing monitoring of existing federal requirements using the CFSR On-Site Review items and tools (training, procedures, and instruments) to ensure that data is accurate.
- Florida requires a manager to complete a Quality Assurance review of each case.
- Rapid Safety Feedback data is reconciled at the central office and errors corrected after case research with regional staff assistance.
- The AFCARS Assessment Review findings document and Florida AFCARS Improvement Plan (AIP), provide information on data integrity areas that need improvement.

3.3 Case Record Review Process

In addition to collecting and analyzing quantitative data from FSFN, Florida has an ongoing case review component that includes reading case files of children served by the agency under the title IV-B and IV-E plans and interviewing parties involved in the cases. Case reviews are important to provide an understanding of what is *behind* the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is influencing child and family functioning and outcomes. The graphs below depict the processes used to assess practice:

Case Review Components of the Florida QA Case Review System

INTAKE	CHILD FATALITY REVIEWS	
Florida Abuse Hotline • Target population: Intake calls, facsimiles, and web-based reports involving three (3) or more screened out reports on a single child. • Child fatalities where there has been a previous report screened out by the hotline. • Case review data is entered into a centralized database with reporting capabilities.	Critical Incident Rapid Response Team (CIRRT) • Target population: Child fatality with a prior report/investigation within the previous twelve months. • Conducted by a multi-agency team of at least five (5) professionals. • Case review data is entered into a centralized database for analysis. • Reports are posted on the DCF Child Fatality website.	QA Mini CIRRT • Target population: Child Fatality with a prior report/investigation within the previous five years, regardless of maltreatment finding. • Assessment will focus on the most recent involvement DCF had with the family. • Case review data is entered into a centralized database for analysis. • Reports are posted on the DCF Child Fatality website.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

CHILD PROTECTIVE INVESTIGATIONS

Child Protective Investigations Open Case Rapid Safety Feedback	Child Protective Investigations Closed Case Rapid Safety Feedback	Child Protective Investigations Closed Case Review Rapid Safety Feedback	Child Protective Investigations Fidelity Reviews
- Target population: Children under four (4) years of age with prior family history of substance abuse and domestic violence. - Case reviews are completed 30 days after receipt of the intake to ensure present danger is accurately assessed. - Case review data is entered into a centralized database.	- Target population: Children under four (4) years of age with prior family history of substance abuse and domestic violence. - Closed case reviews are completed after the investigation and must assess final actions related to child safety. - At least 25% of the cases will be reviewed each month. - Case review data is entered into a centralized database.	National child protection experts assess CCSPE findings for five (5) focus points of the review: ➤ Present Danger, ➤ Information Collection, ➤ Impending Danger, ➤ Safety Determination, ➤ Safety Planning.	Child Welfare experts conduct two types of fidelity reviews. - National child protection experts provide key findings for five (5) focus points of the review: ➤ Present Danger, ➤ Information Collection, ➤ Impending Danger, ➤ Safety Determination, ➤ Safety Planning. - Risk Assessment

**CASE MANAGEMENT SERVICES
IN-HOME AND OUT-OF-HOME CARE**

In-Home Services Open Case Rapid Safety Feedback	Florida CQI and CFSR/PIP Assessing Child and Family Outcomes System	Case Management Fidelity Reviews
- Target population: Children under four (4) years of age with a prior family history of substance abuse and domestic violence. - Each CBC reviews eight - ten cases each quarter for a total of 186 cases per quarter statewide. - Case review data is entered into a centralized database.	- Review sample: Children in out-of-home care and children receiving in-home services. - Florida adopted children in out-of-home care and children receiving in-home services. - Approximately 250 cases will be reviewed statewide each quarter. (Sample sizes will vary during the Federal CFSR PIP monitored case period). - Case review data is entered into a centralized database.	National child protection experts provide key findings for five (5) focus points of the review: - Ongoing Family Functioning Assessment Intervention Stages, - Information Collection, - Assessing and Scaling Caregiver Protective Capacities and Child Needs, - Case Plan Outcomes, Ongoing, - Safety Management, and Progress Evaluation.

Windows into Practice

Guidelines for Quality Assurance and Continuous Quality Improvement FY 2019/2020

It is important that managers utilize the information obtained through case readings and data derived from FSFN to identify areas needing improvement and seek solutions to improve practice. As a Department, managers must focus on Continuous Quality Improvement (CQI) as a process that is proactive and supports continuous learning. CQI involves the use of assessment, feedback and application of information to improve services in a proactive manner by continuously evaluating process and outcomes and the link between them to change services.²

Integrating CQI into daily practice begins with engaging child welfare staff and gradually expands 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 term 'stakeholders' is defined as courts, tribes, families, youth, caregivers, contracted providers, other public entities, community partners, and individuals within the child welfare organization including administrators, caseworkers, supervisors, and program, policy, and training staff.

The CQI process strives to ensure that:

- 1) Case reviews include a sampling universe of children statewide who are the subject of a child protective investigation; are or were recently in foster care; are or were served in their own homes. Samples are large enough to make statistical inferences about the population served. The universe of cases in the sample includes the title IV-B and IV-E child population directly served by the State agency or served through title IV-E agreements (e.g. with Florida Indian Tribes, juvenile justice, or mental health agencies).
- 2) Stratification reflects different age groups, case types, and other considerations, as appropriate.
- 3) The case review schedule takes into consideration representation of the populations served and all areas of the state.
- 4) Case-level data is collected to provide context and address agency performance.
- 5) Case reviews detect the quality of services for the children and families served and therefore focus on the assessment and monitoring of how child and family functioning is progressing in relation to the services provided.
- 6) A sample of the Florida CQI case reviews include the completion of interviews specific to each case, such as the child/youth, birth parent, caregiver, caseworker or supervisor, and as indicated, health, mental health and other service providers, educators, and guardian ad litem (or child's attorney).
- 7) All Program Improvement Plan (PIP) monitored case reviews include the completion of interviews specific to each case, such as the child/youth, birth parent, caregiver, caseworker or supervisor, and as indicated, health, mental health and other service providers, educators, and guardian ad litem (or child's attorney).
- 8) Staff complete a uniform training process and are qualified to conduct case reviews.
- 9) A process that prevents reviewer conflict-of-interest and includes second-party (unbiased) review of cases, i.e. cases are not reviewed by anyone responsible for cases or who had previous involvement in the cases, as well as those who may have a personal interest in the case.
- 10) Standardized guidelines (Windows into Practice) to provide the protocols, processes, and instructions to assist in standardizing, completion of the instruments, and the implementation of the case review process.

² Bickman, L. & Nasser, K. (1999) Meeting the challenges in the delivery of child and adolescent mental health services in the next millennium: The continuous quality improvement approach. *Applied and Preventive Psychology*, 8:247-255.

- 11) Second level review procedures are in place to ensure inter-rater reliability and consistency of case ratings among reviewers.
- 12) There is a process for conducting on demand and/or special reviews targeting specific domains when analysis and other data warrant such reviews.

3.4 Analysis and Dissemination of Information

The Child Welfare CQI Unit tracks and regularly analyzes information and results. Local and state level CQI systems must ensure that:

- 1) There are consistent mechanisms in place for gathering, organizing, and tracking information and results over time regarding safety, permanency, well-being outcomes and services (at the child, caseworker, office, regional and state level, as appropriate).
- 2) There is a defined process in place for analyzing data (both quantitative and qualitative), and training to staff to ensure they are qualified to conduct such analyses.
- 3) Statewide and local data is aggregated and made available to stakeholders for analysis.
- 4) Leadership, courts, tribes, and other stakeholders are involved in analyzing and understanding the data and in providing feedback on analysis and conclusions.
- 5) Results (trends, comparisons and findings) are translated for use by courts, tribes, and a broad range of stakeholders through understandable or reader-friendly reports, websites, etc.

3.5 Feedback to Stakeholders, Decision-Makers, and Adjustment of Programs and Process

Collecting information and analyzing results are important steps in CQI; however, the use of this information is a critical component to driving change and improving outcomes for children and families. The Child Welfare CQI system strives to ensure that:

- 1) Results (i.e., trends, comparisons and findings) are used by agency leadership and regional managers, CBC lead agencies, CBC Boards of Directors, community alliances, courts, tribes, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the Child and Family Services Plan (CFSP), Annual Progress and Services Report (APSR), improve practice, and ensure an appropriate service array is in place for children and families.
- 2) Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field staff to assess and improve practice.
- 3) Results inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems.
- 4) The CQI process is adjusted as needed as results indicate a need for additional study, information and/or analysis.

The regions, CBCs, and Sheriffs must work together to assure quality improvement efforts are in place that will address any improvement opportunities noted during the reviews. Regional directors, CBC directors, and Sheriffs need to ensure staff training includes methods for root cause analysis to identify and implement counter measures to remedy problem areas in real-time.

3.6 Role of Supervisors: The Cornerstone to Ensuring Quality Practice

Ensuring quality practice begins with supervisors. All staff members must understand each person has a role in assuring quality services are provided to children and families. Everyone must be responsible for taking immediate action when there is any evidence the life, safety, or health of a child may be threatened. Whether the evidence is observed in the field, identified through formal review, or heard in an interview or other discussion with knowledgeable case participants or stakeholders, personal integrity, professionalism, and responsibility require action.

Supervisors are responsible for ensuring that positive outcomes for children and families are achieved through the delivery of competent, sensitive, and timely services. The supervisor is the link between the front-line of service delivery and the upper levels of administration. Supervisory roles are accomplished through the following key activities:

- Communicating policies and practice guidelines to casework staff;
- Setting standards of performance for staff to assure high-quality practice;
- Assuring that all laws and policies are followed, and staying current with changing policies and procedures;
- Helping staff learn what they need to know to effectively perform their jobs through orientation, mentoring, on-the-job training, and coaching;
- Monitoring workloads and unit and staff performance to assure that standards and expectations are successfully achieved.

Supervisory 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 conduct regular case reviews and consultations with their staff at very specific times during an investigation and during the life of a case. Supervisory reviews require critical, reflective thinking and qualitative discussion between supervisors and staff creating learning opportunities and supporting quality casework practice.

3.7 Staff Development and Training

The Florida Child Welfare QA/CQI program requires QA reviewers to undergo training specific to conducting case reviews. Training includes specialized training for QA reviewers, specialized training for Critical Child Safety Practice Experts (CCSPEs) and proficiency testing, and CFSR training offered through the CFSR web portal. All staff who conduct CFSR/PIP reviews must complete QA training in the federal OMS, see Section 8.9- Florida CQI and CFSR Training for more information.

3.8 Quarterly QA Managers' Meetings

The Department of Children and Families is the single state agency that has oversight and authority over the implementation of the Florida CQI process. A core foundational component of the CQI system is supporting a statewide team of QA professionals working on behalf of the Department. These professionals include DCF QA staff allocated to the regions, Sheriffs and CBC lead agencies. This mixture of public and private professionals requires ongoing communication, collaboration, and consensus building. The QA managers for the regions, Sheriffs and CBCs are required to participate in monthly QA conference calls and quarterly QA meetings to ensure the Florida CQI system operates with fidelity to the model.

3.9 Role of Contract Managers

The role of the contract manager is to ensure Department contract providers comply with the administrative and programmatic terms and conditions of the contract (s. 402.7305, F.S.). Therefore, regional and CBC QA managers must keep contract managers informed of quarterly activities, to include review schedules, data analyses, summary reports, etc. Contract managers must be copied on annual CQI plans and annual reports.

3.10 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. This activity will likely require specially designed review tools and other specifically designed protocols depending on subject matter. The Department will collaborate with leadership in the DCF regions and CBCs prior to initiating a special statewide review.

3.11 Fidelity Reviews

National child protection experts review statistically significant samples on an annual statewide basis of cases starting with the child abuse hotline and continuing through child protective investigations and case management services.

3.11.1 Fidelity Reviews of Closed Cases

National child protection experts review a valid sample of closed child protective investigations that have been reviewed by the Critical Child Safety Practice Experts (CCSPEs) ensure the consistency of ratings of the CCSPEs in the Regions. These Closed Case Fidelity reviews use the closed case review tool that includes ten items and documents ratings and findings in a centralized database which is used to aggregate the data for reporting purposes.

3.11.2 Risk Assessment Fidelity Reviews

National child protection experts review a valid sample of child protective investigations on an annual basis to ensure that the instructions for the state's risk assessment model, Structured Decision Making, are applied with fidelity. One report is completed at the end of the fiscal year which shows whether each item on the risk assessment instrument was rated according to the instructions by the child protective investigator. The Office of Child Welfare posts the reports on the Center for Child Welfare's website.

3.11.3 Ongoing Fidelity Reviews

National child protection experts review a valid sample of cases through the state's child welfare system beginning with the call to the abuse hotline, through investigations and on to case management services. The sample of cases is stratified to ensure that each region is represented equally, and half of the investigations were closed with children moving into case management. Two (2) reviews are completed each year and the national child protection experts review the sufficiency of the documentation in the child welfare information systems around key practice model components including but not limited to: present danger plans, family functioning assessments, impending danger plans, and ongoing case planning. The reviews are documented in a centralized database and sent to the Office of Child Welfare through a secure password protected file sharing system. The Office of Child Welfare posts the reports on the Center for Child Welfare's website.

3.12 Federal Child and Family Services Review (CFSR)

Section 1123A of the Social Security Act (the Act) requires the Department of Health and Human Services to review state child and family services programs to ensure substantial conformity with the state plan requirements in titles IV-B and IV-E of the Act. The Children's Bureau conducts this review every seven (7) years. Through the reviews, the Children's Bureau assesses state programs implemented under titles IV-B and IV-E related to child protection, foster care, adoption, family preservation and family support, and independent living services. Reviews accomplish the following:

- 1) Support a state's capacity to self-monitor for child and family outcomes, systems functioning and improvement practices;
- 2) Better integrate the monitoring process with the state's five-year title IV-B Child and Family Services Plan (CFSP) and Annual Progress and Services Reports (APSR); and
- 3) Ensure data measures and methods used to establish national standards better reflect state practices and improvement efforts.

The overall goals of the reviews are to:

- 1) Ensure conformity with title IV-B and IV-E child welfare requirements using a framework focused on safety, permanency and well-being through seven outcomes and seven systemic factors;
- 2) Determine what is happening to children and families as they are engaged in child welfare services; and
- 3) Assist states in helping children and families achieve positive outcomes.

The reviews include a continued partnership of federal and state staff and involve a three-level process: (1) a statewide assessment, (2) system factor stakeholder interviews, and (3) an onsite review as required by 45 CFR 1355.33(a). After receiving the results of the review, states that are not in substantial conformity with title IV-B and IV-E requirements must enter a Program Improvement Plan (PIP) to address areas that the Children's Bureau determines require improvement (45 CFR 1355.34 and 1355.35).

CFSR reviews examine state programs from two (2) perspectives. First is an assessment of the outcomes of children and families served by the state's child welfare agencies detailed in Section 8.1- Florida CQI Reviews. Second is the examination of identified systemic factors that affect the ability of state agencies to help children and families achieve positive outcomes. The review process collects information from a variety of sources for the Children's Bureau to make determinations about a state's performance. These sources include the statewide assessment (and by cross-reference, the state's Child and Family Services Plan or Annual Progress and Services Reports); statewide data indicators; case records; case-related interviews with children, parents, foster parents, caseworkers, and other professionals; and interviews with Tribes, partners and stakeholders, as necessary. The CFSR manual and all related resources can be downloaded at:

<https://training.cfsrportal.acf.hhs.gov/resources/3105>.

3.12.1 CFSR Systemic Factors

In the first phase of the CFSR, the Office of Child Welfare, representatives from the Community, and other individuals deemed appropriate complete a statewide assessment, using statewide data indicators to evaluate the programs under review and examine the outcomes and systemic factors subject to review. The systemic factors (Items 19-36 in the CFSR item bank) are listed in the table below. Systemic factors must also be evaluated as specified in the CFSP and APSR.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

Systemic Factor	Item	CFSR Systemic Requirement
Statewide Information System	19	Statewide Information System: How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?
	20	Written Case Plan: How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?
Case Review System	21	Periodic Reviews: How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?
	22	Permanency Hearings: How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months?
	23	Termination of Parental Rights: How well is the case review system functioning to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?
	24	Notice of Hearings and Reviews to Caregivers: How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?
Quality Assurance System	25	Quality Assurance System: How well is the quality assurance system functioning statewide to ensure that it is: - operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, - has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), - identifies strengths and needs of the service delivery system, - provides relevant reports, and - evaluates implemented program improvement measures?
Staff and Provider Training	26	Initial Staff Training: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?
	27	Ongoing Staff Training: How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regards to the services included in the CFSP?

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

Systemic Factor	Item	CFSR Systemic Requirement
Staff and Provider Training	28	Foster and Adoptive Parent Training: How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regards to foster and adopted children?
	29	Array of Services: How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP? • Services that assess the strengths and needs of children and families and determine other service needs; • Services that address the needs of families in addition to individual children in order to create a safe home environment; • Services that enable children to remain safely with their parents when reasonable; and • Services that help children in foster and adoptive placements achieve permanency.
Service Array and Resource Development	30	Individualizing Services: How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?
	31	State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR: How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?
Agency Responsiveness to the Community	32	Coordination of CFSP Services with Other Federal Programs: How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

Systemic Factor	Item	CFSR Systemic Requirement
Foster and Adoptive Parent Licensing, Recruitment, and Retention	33	Standards Applied Equally: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?
	34	Requirements for Criminal Background Checks: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?
	35	Item 35: Diligent Recruitment of Foster and Adoptive Homes: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?
	36	State Use of Cross-Jurisdictional Resources for Permanent Placements: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

3.13 Administration of the Online Monitoring System

The Child and Family Services Reviews (CFSR) Online Monitoring System (OMS) was updated to include two new user roles: OMS State Administrator and Observer. The OMS State Administrator can set up and manage most aspects of review setup for the training site, the Florida CQI review site and the CFSR site.

The State OMS Administrator will function as an OMS single point of contact for the Children’s Bureau and their vendor, JBS International (JBS), and is responsible for sending to JBS the names and e-mail addresses of people who should have access to the OMS as well as those who should no longer have access. For CFSR sites and CQI sites, the State OMS Administrator will also ensure that cases are de-identified per an established schedule as soon as possible after they are finalized. De-identification of confidential information is an important step in fulfilling the security requirements. Cases should be finalized within 60 days of opening the review and de-identified within 14 days of finalization.

3.13.1 OMS Access and User Roles

States determine who should have access to each of their sites (CFSR, CQI, and Training). To obtain account access, an email request should be sent to the assigned OMS State Administrator within the Office of Child Welfare. The state provides that information to JBS, which creates a user name and password for each user limiting access to the Florida OMS Training site only. States also determine what each user can do in each site, and users are assigned the appropriate role in the OMS.

All users are required to complete training modules one (1) – three (3) and submit a copy of all training module certificates to the Office of Child Welfare OMS State Administrator prior to obtaining access to the Florida CQI review site or the CFSR review site (if applicable). Users who choose to complete the quiz for continuing educational credits (CEUs), may submit a copy of the CEU certificate in lieu of the training modules certificates. Users must be logged into the OMS Training review site to obtain certificates of completion for the training

Windows into Practice Guidelines for Quality Assurance and Continuous Quality Improvement FY 2019/2020

modules. For more information on obtaining certificates of completion, refer to Section 8.9.1- Florida CQI and CFSR Training.

The following is information about all user roles and what users in each of those roles can do within the OMS.

OMS State Administrator Role - While JBS will still set up users, the OMS State Administrator role will allow states to directly set up and manage most aspects of their training and CQI sites. If conducting their own case reviews, states also can manage their CFSR site with the OMS State Administrator role.

OMS State Administrator access and functionality include:

Training and CQI review sites:

- Perform all the functions of Reviewers and Site Leaders
- Manage users:
 - ❖ Activate or deactivate existing OMS state users
 - ❖ Assign or change user roles (Reviewer or QA/Site Leader)
 - ❖ Assign or change user assignments to the site locations where reviews are being conducted
- Manage the PUR: Add a fixed period under review (PUR) for the whole review or allow the PUR start date to remain open for rolling PUR
- Manage sites:
 - ❖ Add or re-name sites associated with the review
 - ❖ Change the title of existing sites
- De-identify cases and interviews (CQI review sites, not training sites)

CFSR and PIP Monitored Cases:

- Perform all the functions of Reviewers and Site Leaders
- Manage users:
 - ❖ Activate or deactivate existing OMS state users
 - ❖ Assign or change user roles (Reviewer or QA/Site Leader)
 - ❖ Assign or change user assignments to the site locations where reviews are being conducted
- Manage sites:
 - ❖ Add or re-name sites associated with the review
 - ❖ Change the title of existing sites

All OMS users accepted the OMS Rules of Behavior and User Agreement the first time they logged into the OMS. OMS State Administrators must accept a revised agreement, which contains all the information above, the first time they log into the OMS after being assigned the role of OMS State Administrator.

Reviewer Role - Individuals should be assigned the role of Reviewer in the OMS when they review cases using the Onsite Review Instrument and Instructions (OSRI). A Reviewer functionality includes:

- Create a case
- Mark a case for elimination
- Assign him- or herself as a Reviewer on a case
- Assign or change others to be a Reviewer
- Assign or change QA responsibility to those completing QA
- Enter and change data in the OSRI
- Create and edit QA notes until the OSRI for the case is finalized
- Submit the case for QA

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

- View and download case-level reports

Site Leader Role - Individuals should be assigned the role of Site Leader in the OMS when they perform quality assurance (QA) activities with Reviewers and/or participate in stakeholder interviews. Users in the Site Leader role can assign themselves to a Reviewer position in the OMS and do everything that Reviewer can do. Individuals in the Site Leader role can be assigned to the Initial QA or Second Level QA role in a case. Site Leader functionality includes:

- Create and edit case QA notes until the case is finalized
- Finalize a case or return it to the Reviewer
- View and download OSRI case and review-level reports
- Perform all the functions of Reviewers and Site Leaders
- Create, input information, and finalize Stakeholder Interview Guides (SIGs) for CQI and training sites
- Create and edit SIG interview notes until the interview is finalized for CFSR sites
- View and download SIG interview and SIG review-level reports.

Observer Role – functionality includes:

- View the case list and case content in read-only format
- View and download case-level and review-level reports

The Observer role is suitable for individuals who are not directly involved in case reviews or stakeholder interviews, but may be monitoring the review, reporting on the status of the review, or reporting results.

REFER TO APPENDIX 11, ONLINE MONITORING SYSTEM USER GUIDE

3.14 CFSR Instruments, Manuals and Guides

The following CFSR instruments, manuals and guides can be downloaded at <https://training.cfsrportal.acf.hhs.gov/resources/3105>.

- 1) Onsite Review Instrument and Instructions OSRI: This instrument is used to review cases during the onsite review component of the CFSRs. Note that while this document cannot be completed electronically, it can be printed and completed by hand.
- 2) Quick Reference Items List: This document briefly summarizes the 18 items in the Onsite Review Instrument and Instructions and the 18 systemic factor items.
- 3) Case Rating Summary: This is a one-page chart used for entering all OSRI item and outcome ratings for one case.
- 4) Case-Related Interview Guides and Instructions (available in English and Spanish): This document provides guidance on setting up and conducting case-related interviews for the OSRI.
- 5) OSRI Quality Assurance Guide (available in English and Spanish): This is a guide for QA staff that provides general and item-specific issues to consider when conducting QA on an OSRI.
- 6) Reviewer Brief - Understanding the Federal Expectations for Rating Cases (available in English and Spanish): This brief provides an overview for CFSR reviewers of the practices that may lead to a Strength rating in a case and the expectations or special considerations that should be given to particular case circumstances in evaluating case ratings.
- 7) Case Elimination Worksheet: States use this worksheet to list cases to be eliminated from the review sample, and the reasons for elimination.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

- 8) Statewide Assessment Instrument (available in English and Spanish): This instrument's four sections are designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.
- 9) Volume 1 CFSR Procedures Manual: This manual describes the structure and process of the CFSRs, including the overall framework, the statewide assessment, the onsite review, case sampling, stakeholder interviews, determinations of substantial conformity, collaborating during the CFSRs, statewide data indicators, and the planning conference call schedule.
- 10) Stakeholder Interview Guide (SIG): This instrument is used to conduct local and state-level interviews during the onsite component of the CFSRs. It identifies questions that may be asked during stakeholder interviews across seven systemic factor sections.
- 11) Supplemental for the SIG: This supplemental provides alternative language and phrases that interviewers can apply to all the Stakeholder Interview Guide questions, if needed.
- 12) Guidance on Potential Data and Information That Can Be Used to Assess Systemic Factor Functioning (available in English and Spanish): This document provides guidance and examples to assist states in providing relevant data to evaluate systemic factor functioning pursuant to the Child and Family Services Plan and the CFSR statewide assessment.

3.15 Conflict of Interest

A conflict of interest is defined as a circumstance in which a quality assurance reviewer or quality assurance manager's personal interests or direct professional involvement with a case and case participants materially affect the objectivity or capacity of the individual to serve as a quality assurance reviewer in carrying out the duties of the Department's quality assurance system. Any individual having a conflict of interest shall report the conflict to their QA manager/Local Site Leader and the Leader shall immediately re-assign the case. The QA manager/local site leader shall ensure that any individuals having a conflict of interest will not participate in any team or reviewer de-briefing of cases that affects ratings of cases.

All individuals participating on a Federal CFSR Review or PIP monitored case shall sign a Conflict of Interest Statement (OCW-CFSR Form 7; Appendix 5) for each case reviewed attesting that he/she has:

- 1) Never been directly or indirectly involved in casework activities related to this case or any of the participants in this case.
- 2) Not participated in decisions related to this case or any of the participants in this case.
- 3) No personal interest in this case or any of the participants in this case.
- 4) No direct professional involvement with the case or case participants under review.
- 5) A Conflict of Interest form is required for each case reviewed.

The Office of Child Welfare state CQI manager will resolve any questions or concerns about when a conflict of interest arises.

3.16 Confidentiality Statement

All stakeholders participating on a Federal CFSR Review shall sign a Confidentiality Statement (OCW-CFSR Form 3; Appendix 6) to acknowledge their understanding of the confidentiality for child welfare records and information.

SECTION 4: FLORIDA ABUSE HOTLINE

The Florida Abuse Hotline serves as the central reporting center for allegations of abuse, neglect, and/or exploitation for all children in Florida. The Hotline receives calls, faxes, and web-based reports from citizens and professionals with concerns of abuse, neglect, or exploitation of children. The Hotline assesses the information provided by the caller and determines if the information provided meets statutory criteria for the Department of Children and Families to investigate. Quality assurance activities for the Hotline are overseen by the Director for the Florida Abuse Hotline.

4.1 Three Hit Reviews

Pursuant to Chapter 39, F.S., hotline QA specialists review calls, fax reports, and web-based reports to the hotline involving three (3) or more unaccepted reports on a single child, where jurisdiction applies, to detect such things as harassment and situations that warrant an investigation because of the frequency or variety of the source of the reports. These reviews automatically trigger a supervisory review. In addition, hotline QA personnel review 100% of the Three Hit reviews received. The Program Director for Family Safety may refer a case for investigation when it is determined, because of this review, that an investigation may be warranted.

4.2 Weekly Child Fatality Reviews

Each week a staff member from the Office of Child Welfare (OCW) reviews each child fatality report determined not to meet the requirements for investigation and those in which a prior report was screened out for not meeting requirements for investigation by the hotline. The purpose of the review is to assess the sufficiency of information collection and decision-making. Each quarter a summary of this information is posted on the Department's Child Fatality Website at <http://www.dcf.state.fl.us/childfatality/>.

4.3 Monthly Side-by-Side Peer Review

Monthly reviews are completed jointly by OCW QA Specialist and hotline QA specialists to ensure inter-rater reliability in the findings, also known as collaboration meetings.

SECTION 5: CHILD FATALITY REVIEWS

The Department has implemented several processes to assess child fatalities. The following minimum requirements will apply to all child fatalities that come to the attention of the Department through a call to the hotline or notification that a child death occurred on an open case in which no abuse or neglect is suspected.

The review of child deaths can be very complex, depending on the circumstances of an individual case. However, all child deaths covered in this section require a Child Fatality Summary to be written regardless of circumstances. Information on child fatality prevention can be found at <http://www.dcf.state.fl.us/childfatality/>.

5.1 Child Fatality Prevention Reviews

The Region Child Fatality Prevention Specialist is responsible for writing a Child Fatality Summary for all cases in which an investigation is conducted following a notification through the hotline, as well as for any death on an open investigation or service case in which abuse/neglect is neither alleged nor suspected and no hotline report is warranted (e.g., an expected death due to long term medical issues). The areas to be addressed in each summary are as follows:

- Circumstances Surrounding the Death
 - Summary of what occurred
 - Action taken by law enforcement (if any)
 - Medical Examiner determination (or cause/manner of death listed on the Death Certificate if an autopsy was not completed)
 - Investigative results (findings and disposition of the case)
- Other Children in the Family
 - Did a removal occur?
 - What, if any, services were engaged with regards to the surviving siblings?
- Summary of Prior Agency Involvement with the Family³
 - A brief synopsis of the family's prior history, and
 - Reference, if applicable, the corresponding CIRRT or Mini CIRRT report, explained below, (if one was completed) which focuses on the assessment of the Department's prior involvement.

REFER TO APPENDIX 1, CHILD FATALITY REPORT TEMPLATE

5.2 Critical Incident Rapid Response Team (CIRRT)

The Critical Incident Rapid Response Teams (CIRRT) operate under the Director of Child Welfare Practice and assess fatality cases with a verified finding within the previous 12 months. This process requires the team or reviewer to conduct a root-cause analysis that identifies, classifies, and attributes responsibility for both direct and latent causes for the death or other incident, including organizational factors, preconditions, and specific acts or omissions resulting from either error or a violation of procedures.

The Critical Incident Rapid Response Teams are organized through the Statewide CIRRT Coordinator. The statutory requirements (s.39.2015, F.S.) are listed below:

³ While the focus of the child fatality summary is on the circumstances surrounding the death incident, these reports can be utilized in conjunction with other quality reviews such as CIRRT and Mini CIRRT reviews which focus on the Department's previous involvement with the family.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

- 1) As part of the Department's quality assurance program, the Department shall provide an immediate multiagency investigation of certain child deaths or other serious incidents. The purpose of such investigation is to identify root causes and rapidly determine the need to change policies and practices related to child protection and child welfare.
- 2) An immediate onsite investigation conducted by a critical incident rapid response team is required for all child deaths reported to the Department if the child or another child in his or her family was the subject of a verified report of suspected abuse or neglect during the previous 12 months. The secretary may direct an immediate investigation for other cases involving child death or serious injury to a child, including, but not limited to, a death or serious injury occurring during an open investigation.
- 3) Each investigation shall be conducted by a multiagency team of at least five (5) professionals with expertise in child protection, child welfare, and organizational management. The team may consist of employees of the Department, Community-based Care lead agencies, Children's Medical Services, and community-based care provider organizations; faculty from the institute consisting of public and private universities offering degrees in social work established pursuant to s. 1004.615; or any other person with the required expertise. The majority of the team must reside in judicial circuits outside the location of the incident. The secretary shall appoint a team leader for each group assigned to an investigation.
- 4) An investigation shall be initiated as soon as possible, but not later than two (2) business days after the case is reported to the Department. A preliminary report on each case shall be provided to the secretary no later than 30 days after the investigation begins.
- 5) Each member of the team is authorized to access all information in the case file.
- 6) All employees of the Department or other state agencies and all personnel from community-based care lead agencies and community-based care lead agency subcontractors must cooperate with the investigation by participating in interviews and timely responding to any requests for information. The members of the team may only access the records and information of contracted provider organizations that are available to the Department by law.
- 7) The secretary shall develop cooperative agreements with other entities and organizations as necessary to facilitate the work of the team.
- 8) The members of the team may be reimbursed by the Department for per diem, mileage, and other reasonable expenses as provided in s. 112.061. The Department may also reimburse the team member's employer for the associated salary and benefits during the time the team member is fulfilling the duties required under this section.
- 9) Upon completion of the investigation, the Department shall make the team's final report, excluding any confidential information, available on its website.
- 10) The secretary, in conjunction with the institute established pursuant to s. 1004.615, shall develop guidelines for investigations conducted by critical incident rapid response teams and provide training to team members. Such guidelines must direct the teams in the conduct of a root-cause analysis that identifies, classifies, and attributes responsibility for both direct and latent causes for the death or other incident, including organizational factors, preconditions, and specific acts or omissions resulting from either error or a violation of procedures. The Department shall ensure that each team member receives training on the guidelines before conducting an investigation.
- 11) The secretary shall appoint an advisory committee made up of experts in child protection and child welfare, including the Statewide Medical Director for Child Protection under the Department of Health, a representative from the institute established pursuant to s. 1004.615, an expert in organizational management, and an attorney with experience in child welfare, to conduct an independent review of

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

investigative reports from the critical incident rapid response teams and to make recommendations to improve policies and practices related to child protection and child welfare services. The advisory committee shall meet at least once each quarter and shall submit reports to the secretary which include findings and recommendations. The secretary shall submit each quarterly report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

REFER TO APPENDIX 2 FOR THE REPORTING FORMAT

5.3 QA Child Fatality Reviews –Mini CIRRT

A Mini CIRRT review operates under the Director of Child Welfare Policy and requires Quality Assurance staff members in the regions to conduct a comprehensive Quality Assurance review of all child fatalities in which there was a prior report within the previous five years (regardless of finding.) The goal is to prevent future child fatalities; apply lessons learned from past fatalities; improve safety and risk assessments to increase and maintain the safety of children during protective investigations and/or case management services; and to further support transparency and accountability with the comprehensive release of information and data regarding child fatalities.

The Mini CIRRT report focuses on the most recent contact the Department had with a child and family prior to the fatality. Because the purpose of the Mini-CIRRT is to assess the Department's last opportunity to intervene with the family, the review is to be completed by the region with the previous involvement. For example, if a death occurs in the Central Region but the prior reports occurred in the Northeast Region, then the Northeast Region would be assigned the review to assess their interactions with the family. In cases where multiple counties were involved, and the prior investigations were recent, an assessment may need to occur to ascertain where the most relevant interaction occurred. For instance, if the most recent prior report occurred when the child was visiting relatives in another region, however, there were other recent prior reports involving the family the reviewer may opt to focus on the more relevant prior reports. Regions are encouraged to work together if they identify shared responsibilities. This information will help the Department identify weaknesses within the local system that if addressed, may have prevented the child fatality. The report includes a (1) Practice Assessment; (2) Organizational Assessment, and (3) assessment of Service Array. The Department regional staff are responsible for completing Mini CIRRT reports and they are required to be reviewed and approved by the Regional Managing Director or designee.

REFER TO THE SPECIFIED REPORTING FORMAT FOR THIS REVIEW IN APPENDIX 3

SECTION 6: CHILD PROTECTIVE INVESTIGATIONS

6.1 Rapid Safety Feedback Reviews – Child Protective Investigations

Rapid Safety Feedback (RSF) is a case review process that targets open investigations of children under four (4) years of age in which there is at least one prior investigation on any member of the household and the current allegation is for substance misuse and Household Violence Threatens Child and Intimate Partner Violence Threatens Child. The CPI RSF case review tool focuses on CPIs casework activities related to child safety and family functioning. Research has uncovered several risk factors or attributes commonly associated with maltreatment. Children in families and environments where these factors exist have a higher probability of experiencing maltreatment. The RSF assessment items help CPIs working with children and families to identify safety issues and family strengths and needs and services that can be implemented to keep children safe. Common factors associated with increased risk of child maltreatment are:

- Parent or caregiver factors
- Child factors
- Family factors
- Community and environmental factors
- Risk factors for recurrence of child abuse and neglect
- Co-occurring risk factors

Critical Child Safety Practice Experts (CCSPEs) conduct the RSF reviews. Until a QA employee has been deemed proficient, reviews are considered Secondary Case Reviews. Although the review items are the same, proficiency as a practice expert ensures staff have the knowledge, skill, and ability to conduct reviews with fidelity to the practice model.

The key component of the RSF process is a case consultation in which the CCSPE engages the child protective investigator and supervisor to discuss the case. During the consultation, the investigator should demonstrate he/she understands the importance of information collection in child protective investigations through the application of the five (5) information collection competencies.

- 1) Knows what information must be collected and learned about a family.
- 2) Understands the purposes or reasons for needing to know information.
- 3) Demonstrates the ability to gather the information.
- 4) Demonstrates awareness of the need to reconcile and validate information.
- 5) Demonstrates the ability to discuss and write about the information collected logically, succinctly, and in a way that justifies the decision.

6.2 Key Requirements

The Key requirements of the RSF process are outlined below:

- 1) Each Region develops an upfront decision support process for all cases that meet the criteria for Rapid Safety Feedback.
 - a. This process includes defining the timing of the consultation, who will be included and how information will be documented in FSFN.
 - b. Documentation should be input into FSFN within two (2) working days of the consultation.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

- c. The upfront consultation will not include scoring of the RSF form for statewide tracking purposes.
- 2) Rapid Safety Feedback or Second Level Review (Can only be called a RSF if completed by proficient CCSPE) will be completed by CCSPE at day 30 or the first working day after the 30th day.
 - a. If documentation of case action does not appear to be in FSFN at this 30-day Review, CCSPE will notify Operations (to be determined by Region) and five (5) calendar days will be provided to update FSFN case notes and Family Functioning Assessment (FFA) information. Regions will put an escalation process in place if notes and all other relevant information is not added within five (5) days. At its discretion, the region may elect to consider verbal information provided during the debriefing; however, the burden of documenting that information will then be the responsibility of the CCSPE.
 - b. RSF tool is completed based upon information already documented in FSFN and information gathered at consultation.
 - c. RSF data is entered into the centralized data base such as Qualtrics or the DCF QA web portal within three (3) working days of the 30-day open case review and approved by manager within three (3) additional working days.
 - d. Regions establish an escalation process to address circumstances in which the CCSPE and Operations do not agree on actions needed and case direction.
 - e. Operations is responsible for ensuring recommended actions are completed prior to closure.
- 3) 25% of cases that received a *not rated* response for items 5.1-5.6, 6, 7, 8, and 9.1-9.3 in the open case RSF tool will be reviewed as closed case reviews. Reviews will focus on the following:
 - a. The Sufficiency of the Family Functioning Assessment (FFA).
 - b. Safety: Follow up of case recommendations from CCSPE consultation or other directions from Operations staff.
 - c. Safety: Regarding circumstances that arose either by case events or additional information gathered after case consultation.
 - d. CCSPE will request a review with Operations (to be determined by Regions) if safety concerns are identified and decisions regarding further action needed must be determined and documented in FSFN.

6.3 Open Case Review

A CCSPE deemed a practice expert or a CCSPE/QA Reviewer, pending proficiency as a practice expert will complete the case review using the open case review tool in the DCF-QA web portal and/or Qualtrics. The CCSPE proficiency process can be found on Florida's Center for Child Welfare website under training at <http://centerforchildwelfare.fmhi.usf.edu/ProficiencyProcess.shtml>. Local activities will align with the following process:

- 1) Complete a RSF review on 100% of all cases meeting Tier 1 and Tier 2 criteria, (defined in Section 6.12.1). A full RSF review is required on all qualifying cases regardless of the time the report first met Tier 1 or Tier 2 criteria.
- 2) Completed at or about day 30 or the first working day after the 30th day calculated from the date of intake. When a new allegation is added during the investigation that causes the intake to meet criteria, the case should be reviewed as soon as possible.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

- 3) Enter review findings into the centralized database within three (3) working days of the review/consultation.
- 4) CQI manager must conduct a final review of each report within three (3) working days and enter into statewide database.
- 5) Provide notification to operation staff designated by the region when documentation of case action is not in FSFN by day 30.
- 6) When information is lacking at the 30-day review five (5) calendar days from the date of the 30-day review may be provided for assigned staff to update FSFN to reflect case activities to date.
- 7) Implement the regional escalation process for FSFN notes not added within five (5) working days.
- 8) Assign ratings based upon information in FSFN and may include completed investigative information gathered but not yet documented in FSFN. Ratings based on information received during the case consultation which may include verbal information, require the CCSPE to write a narrative in their consultation note that describes the CPI's decision-making. The reviewer's narrative must reflect the discussion and actions taken by the CPI.
- 9) Implement the regional internal escalation process for situations in which the CCSPE and Operations personnel disagree on case direction and/or actions needed.

Although an investigation may take 60 days to close, the QA manager or designee must generate the RSF FSFN listing report frequently over the 60-day period to ensure the region can identify and conduct a RSF on investigations in which a new maltreatment was added late in the investigation.

Cases Identified Due to Added Maltreatment or Additional Intake:

- 1) In an open case should a case maltreatment be identified/generated more than 30 days from intake, the CCSPE will conduct an electronic review and offer a follow-up case consultation based upon documentation in FSFN, with operations. The review tool shall be completed within two (2) weeks of case assignment to the CCSPE.
- 2) Any cases that are identified with more than 45 days from intake should be made as a priority for staff to perform an electronic FSFN review and complete this review prior to the case closing on day 60.
- 3) If the case is identified with more than 55 days from intake, contact should be made with the PA/CPIS/CPI to ensure that the case is set up appropriately for closure and review should be completed as soon as possible with closure agreement upon assessment.

6.4 Closed Case Reviews

Closed case reviews use the RSF Closed Case Review Tool that includes core concepts and rating guidelines. The Office of Child Welfare will select the sample for closed case reviews. This document is available for download at the Center for Child Welfare's website at http://centerforchildwelfare.org/qa/QA_Docs/QA_ReviewTool-CPI.pdf. Local activities will align with the following process:

- 1) Twenty-five percent of cases with a 'yes' or 'no' rating for Item 11 will have a review following investigative closure.
- 2) The Office of Child Welfare will select the sample each month following completion of the monthly RSF data. A sample will be selected from investigations that have been closed for 60 days from the last day of the month in which the review occurred. For example, a case reviewed on April 1 would be in the July closed case sample.
- 3) Data will be entered into the centralized database using the closed case review tool.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

The closed case review will include a review of the entire closed case review instrument. During the review, the CCSPE/QA Reviewer will focus on the following:

- 1) Sufficiency of FFA;
- 2) Safety: Follow up of case recommendations from CCSPE consultation or other directions from Operations;
- 3) Safety: Regarding circumstances that arose either by case events or additional information gathered after case consultation;
- 4) CCSPE/QA Reviewer will request review with Operations (to be determined by Regions) if safety concerns are identified and decisions regarding further action needed must be determined and documented in FSN.

A CCSPE deemed a practice expert or a CCSPE/QA Reviewer pending proficiency as a practice expert must complete the case review using the closed case review tool in the centralized database (DCF-QA web portal and/or Qualtrics). Designated QA staff may conduct closed case reviews if they successfully complete the modified proficiency process outlined in section 6.17.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

6.5 Item Listing for Open and Closed Case Reviews

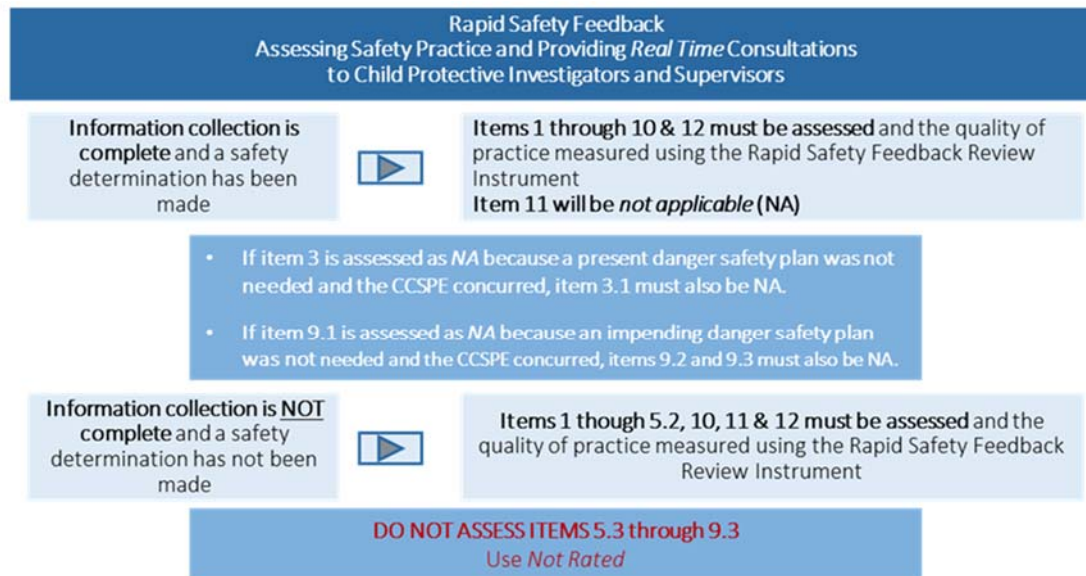
Rapid Safety Feedback CPI Case Reviews

	RSF 30-day Open Case Review	RSF Closed Case Review	RSF Closed Case Fidelity Review
Item 1	Are the prior child abuse and neglect reports, prior services and criminal history information accurately summarized and used to assess patterns, potential danger threats and the impact on child safety?	Are the prior child abuse and neglect reports, prior services and criminal history information accurately summarized and used to assess patterns, potential danger threats and the impact on child safety?	Are the prior child abuse and neglect reports, prior services and criminal history information accurately summarized and used to assess patterns, potential danger threats and the impact on child safety?
Item 2	Does the present danger assessment support present danger or the absence of present danger?	Does the present danger assessment support present danger or the absence of present danger?	Does the present danger assessment support present danger or the absence of present danger?
Item 2.1	BLANK	If new incidents of present danger occurred during the investigation, did the CPI complete a new or updated Present Danger Assessment?	If new incidents of present danger occurred during the investigation, did the CPI complete a new or updated Present Danger Assessment?
Item 3	Did the CPI implement a present danger safety plan that was sufficient to control the present danger threats identified?	Did the CPI implement a present danger safety plan that was sufficient to control the present danger threats identified?	Did the CPI implement a present danger safety plan that was sufficient to control the present danger threats identified?
Item 3.1	Is the present danger safety plan effectively managed and monitored by the CPI?	Is the present danger safety plan effectively managed and monitored by the CPI?	Is the present danger safety plan effectively managed and monitored by the CPI?
Item 4	BLANK	BLANK	BLANK
Item 5	The CPI collected sufficient information to inform the decision-making process related to the presence of impending danger threats, child vulnerability, and caregiver protective capacities as documented below in items 5.1 - 5.6.	The CPI collected sufficient information to inform the decision-making process related to the presence of impending danger threats, child vulnerability, and caregiver protective capacities as documented below in items 5.1 - 5.6.	The CPI collected sufficient information to inform the decision-making process related to the presence of impending danger threats, child vulnerability, and caregiver protective capacities as documented below in items 5.1 - 5.6.
Item 5.1	Extent of the alleged maltreatment?	Extent of the alleged maltreatment?	Extent of the alleged maltreatment?
Item 5.2	Nature of maltreatment?	Nature of maltreatment?	Nature of maltreatment?
Item 5.3	Child functioning?	Child functioning?	Child functioning?
Item 5.4	Adult functioning?	Adult functioning?	Adult functioning?
Item 5.5	Parenting general?	Parenting general?	Parenting general?
Item 5.6	Parenting discipline/behavior management?	Parenting discipline/behavior management?	Parenting discipline/behavior management?
Item 6	Did the CPI correctly identify impending danger threats at the conclusion of the Family Functioning Assessment?	Did the CPI correctly identify impending danger threats at the conclusion of the Family Functioning Assessment?	Did the CPI correctly identify impending danger threats at the conclusion of the Family Functioning Assessment?
Item 7	Is the assessment of caregiver protective capacities supported by information?	Is the assessment of caregiver protective capacities supported by information?	Is the assessment of caregiver protective capacities supported by information?
Item 8	Does the Family Functioning Assessment (FFA) drive the correct safety decision of safe or unsafe?	Does the Family Functioning Assessment (FFA) drive the correct safety decision of safe or unsafe?	Does the Family Functioning Assessment (FFA) drive the correct safety decision of safe or unsafe?
Item 9.1	Does safety planning analysis and justification clearly support the type of safety plan developed?	Does safety planning analysis and justification clearly support the type of safety plan developed?	Does safety planning analysis and justification clearly support the type of safety plan developed?
Item 9.2	Is the safety plan sufficient to control for the identified danger threat?	Is the safety plan sufficient to control for the identified danger threat?	Is the safety plan sufficient to control for the identified danger threat?
Item 9.3	Is the safety plan effectively managed and monitored by the CPI?	Is the safety plan effectively managed and monitored by the CPI?	Is the safety plan effectively managed and monitored by the CPI?
Item 10	Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making?	Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making?	Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making?
Item 11	The Investigation is ongoing and information collection is incomplete; however, the case is on the right track and the CPI has identified needed information and has a plan to acquire the information in a reasonable time frame that aligns with the case dynamics.	BLANK	BLANK
Item 12	Did a shelter occur during the RSF review process?	BLANK	BLANK

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

6.6 Ratings: When to apply a *Not Rated Response*

When the CPI indicates information collection is complete, and a safety decision is complete, the CCSPE will assess items 1 through 10 (follow chart process below). When information collection is not complete, and a safety decision has not been made, the CCSPE will use the *not rated* (NR) option for items 5.3-9.3 (follow chart process below) and answer item 11.



Item Number	Description
1	Are prior child abuse and neglect reports, prior services, and criminal histories accurately summarized and used to assess patterns, potential danger threats, and the impact on child safety?
2	Does the Present Danger Assessment support present danger or the absence of present danger?
3	Did the CPI implement a Present Danger Safety Plan that was sufficient to control the present danger threats identified?
3.1	Is the present danger safety plan effectively managed and monitored by the CPI?
4	Blank
5.1 - 5.6	The CPI collected sufficient information to inform the decision making process related to the presence of impending danger threats, child vulnerability, and caregiver protective capacities? 5.1 Extent of Maltreatment 5.2 Nature of Maltreatment 5.3 Child Functioning 5.4 Adult Functioning 5.5 Parenting General 5.6 Parenting Discipline
6	Did the CPI correctly identify impending danger threats at the conclusion of the Family Functioning Assessment?
7	Is the assessment of caregiver protective capacities supported by information?
8	Does the Family Functioning Assessment drive the correct safety decision?
9.1 - 9.3	9.1 Does safety planning and analysis clearly support the type of safety plan developed? 9.2 Is the safety plan sufficient to control for the identified danger threat? 9.3 Is the safety plan effectively managed and monitored by the CPI?
10	Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making?
11	When the investigation is ongoing and information collection is NOT COMPLETE: Is the case on the right track? Did the CPI identify information that is needed and does the CPI have a plan to acquire the information in a reasonable time frame that aligns with case dynamics?

The CCSPE must submit a **REQUEST FOR ACTION** in FSFN or in the supervisory consultation module when the CCSPE assessment is *no* to any of following items:

- Item 3 - Did the CPI implement a Present Danger Safety Plan that was sufficient to control the present danger threats identified?
- Item 8 - Does the Family Functioning Assessment drive the correct safety decision?
- Item 9 - Does safety planning and analysis clearly support the type of safety plan developed?

Note: When quarterly data reports for open case reviews are prepared, items *not rated* will be excluded. This data will be included in the subsequent closed case review.

6.7 Conference Calls with Regional QA Managers

The Office of Child Welfare will lead regularly scheduled statewide conference calls monthly as needed to discuss RSF issues. These calls provide a forum to discuss RSF issues among the regional CQI managers.

6.8 Request for Action (RFA) and Documentation

A RFA will be documented in FSFN using the RFA action in FSFN or in the Supervisory Consultation note in FSFN (available to practice experts only) on open and closed cases when safety concerns are identified. Once certified, CCSPEs are given a new security user profile, Supervisor Consultation-Rapid Safety Feedback, to access the new Rapid Safety Feedback functionality. The Office of Child Welfare CQI manager or designee's signature is required for the Rapid Safety Feedback FSFN profile to be assigned. Notification of approval will be forwarded to the designated security administrator.

CCSPEs will select Follow-Up Actions located at the bottom of the Supervisor Consultation Page for any guidance that does not require an Immediate Child Safety Action. Upon the identification of an Immediate Child Safety Action, the CCSPE will be required to document areas of concern and identify a CPI for notification. A system-generated email will be sent to the CPI, the CPI's supervisor, and the CPI's parent unit – supervisor for the Immediate Follow-Up Action to be completed. This immediate action must be resolved before the investigation can be approved for closure.

On the Child Investigation page, under the Supervisor Consultation Summary group box, the status of a Rapid Safety Feedback or Immediate Child Safety Action is documented. A Yes/No response under the Rapid Safety Feedback and/or Immediate Child Safety Action Follow-Up column indicates if a RSF review or an Immediate Child Safety Action Follow-up has been completed.

The RFA must also be documented in the open and closed case review tool in the centralized database, DCF-QA web portal/Qualtrics (see image of Qualtrics and FSFN screens below). By checking the RFA box next to the identified item, the Department can run data reports by item. The reviewer may check multiple items in the QA tool but only needs to complete one RFA in FSFN or the Supervisory Consultation.

REFER TO APPENDIX 7, FSFN REQUEST FOR ACTION FOR ADDITIONAL FSFN SCREEN SHOTS AND GUIDANCE.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

DCF-QA Qualtrics
Request for Action Documentation by Item

If an item is rated as *No*, the Request for Action (RFA) question will be displayed which the reviewer will be required to answer as noted in the example below.

The CCSPE will rate this item as NA when a present danger safety plan was not needed and CCSPE concurs.

- ☐ Yes
- ☒ No 
- ☐ NA - a present danger safety plan was not needed and CCSPE concurs

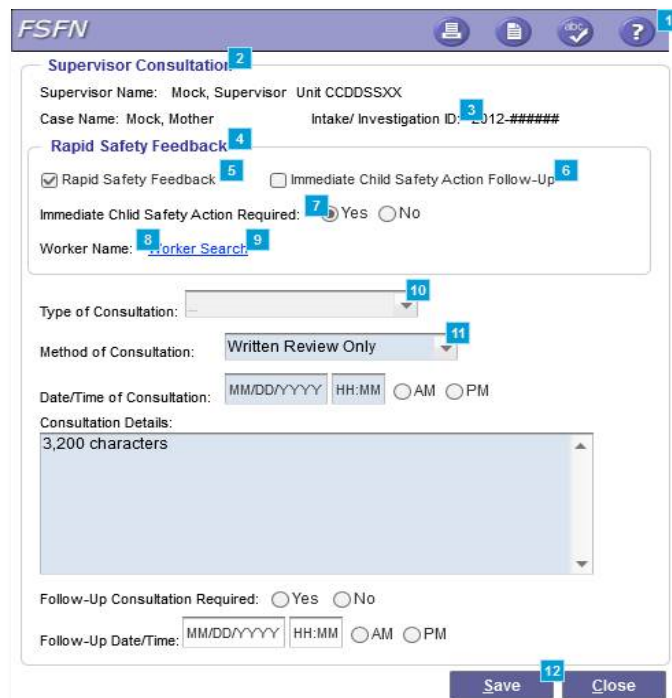
Q3.1.1. 3.1.1 Was an RFA completed? 

- ☒ Yes
- ☐ No
- ☐ No, issue(s) resolved

6.9 RFA Utilizing the Supervisory Consultation Page

The Supervisor Consultation page is accessible from the practice model Child Investigation (In-Home; Institutional and Other), FFA – Ongoing and Progress Update pages. Only CCSPEs deemed a practice expert have a security profile to use this functionality. See screenshot and table below.

FSFN Supervisory Consultation Page Information



The screenshot displays the FSFN Supervisory Consultation Page. It includes fields for Supervisor Name, Case Name, Intake/Investigation ID, and Worker Name. There are checkboxes for Rapid Safety Feedback and Immediate Child Safety Action Follow-Up. A section for Immediate Child Safety Action Required has Yes/No radio buttons. Below is a section for Type of Consultation, Method of Consultation (set to Written Review Only), and Date/Time of Consultation. A large text area for Consultation Details is present, followed by Follow-Up Consultation Required radio buttons and a Follow-Up Date/Time field. The page concludes with Save and Close buttons.

1. ? (Help icon)

2. Supervisor Consultation

3. Intake/ Investigation ID: 2012-####

4. Rapid Safety Feedback

5. ☒ Rapid Safety Feedback

6. ☐ Immediate Child Safety Action Follow-Up

7. Immediate Child Safety Action Required: ☒ Yes ☐ No

8. Worker Name: [Worker Search](#)

9. [Worker Search](#)

10. Type of Consultation: [Dropdown]

11. Method of Consultation: Written Review Only

12. Save

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

Overview of Supervisory Consultation Page for RSF Reviews

2	Supervisor Consultation	Supervisor Consultation page as reflected reflects RFA
3	Intake/Investigation ID	This label dynamically changes based on the page from which the Supervisor Consultation page is launched, while the Rapid Safety Feedback fields will display on Supervisor Consultations across all three pages.
4	Rapid Safety Feedback	A new group box labeled Rapid Safety Feedback contains the new fields identified.
5	Rapid Safety Feedback	Check box labeled "Rapid Safety Feedback" that is conditionally enabled and user selectable ONLY by proficient CCSPEs with the appropriate security AND only if the Immediate Child Safety Action Follow-Up check box is NOT selected; otherwise disabled.
6	Immediate Child Safety Action Follow-Up	Check box labeled "Immediate Child Safety Action Follow-Up" that is conditionally enabled and user selectable ONLY by proficient CCSPEs with the appropriate security AND only if the Rapid Safety Feedback check is NOT selected; otherwise disabled and grayed out; if the user has the appropriate security and Immediate Child Safety Action Follow-Up is enabled, it can only be selected and saved if a previous Supervisor Consultation exists associated to that specific Investigation ID, FFA - Ongoing ID or Progress Update ID, where the Rapid Safety Feedback check box was selected; if one does not exist, upon attempting to save the Supervisor Consultation page the user will receive a validation message that a previous Supervisor Consultation page must exist where the Rapid Safety Feedback check box is selected.
7	Immediate Child Safety Action Required	Field labeled Immediate Child Safety Action Required that has a Yes and No radio button selection; conditionally enabled and the selection of Yes or No is required to save the Supervisor Consultation page when the Rapid Safety Feedback check box is selected OR when the Immediate Child Safety Action Follow-Up check box is selected; otherwise disabled; no default value.
8	Worker Name	Worker Name which provides a Worker Search hyperlink; Worker Search hyperlink is conditionally displayed ONLY if the Immediate Action Required is Yes; otherwise the Worker Search hyperlink is NOT displayed.
9	Worker Search	This hyperlink only displays if the Immediate Action Required is Yes; upon clicking this hyperlink the standard Worker Search page is displayed; any worker can be searched and selected; in addition, once a worker is searched and selected, upon returning to the Supervisor Consultation page the worker name will be displayed in plain black text directly to the right of the Worker Name field label and the Worker Search hyperlink will be replaced with a Remove hyperlink; upon clicking the Remove hyperlink the worker selected will be removed and the Remove hyperlink will be replaced with the Worker Search hyperlink.
10	Type of Consultation	Drop down box: If the Rapid Safety Feedback or Immediate Child Safety Action Follow-Up check box is selected this drop down becomes disabled; otherwise enabled and required and works as it does today and the existing edits will remain in place unless specified to modify or remove; this field must accept a null value going forward when either of the identified check boxes is selected which results in this drop down being disabled.
11	Method of Consultation	Allows the value Written Review Only to the Method of Consultation drop down and it is ONLY displayed and available for selection if the Rapid Safety Feedback check box is selected; otherwise this value is hidden; all pre-existing functionality related to this drop down is maintained unless otherwise stated in this Functional Specification Document.
12	Save	Save processing so that it does the following in addition to enforcing the required fields, as well as maintaining any other existing edits upon Save: upon selecting Save if the Immediate Child Safety Action Required is Yes, but a Worker has not been searched and selected, a validation message is displayed indicating that a worker must be searched and selected when the Rapid Safety Feedback check box is selected; in addition, upon saving the following prompt must be displayed: You are saving the Supervisor Consultation page. All fields will be frozen, disabled. Do you wish to continue? <Yes><No>; if Yes is selected the processing will complete and page frozen, and user will remain on the Supervisor Consultation page; if No is selected, the user will remain on the Supervisor Consultation page with nothing saved and the page will remain enabled for modifications to be made; finally, upon clicking Save the edits and validations will be processed first and ONLY if all validations are met will the pop-up then be displayed asking if the user is sure they wish to save.

6.10 FSFN Listing Report

CCSPEs are required to review 100% of Tier 1 and Tier 2 intakes (defined below) each week. Cases to be reviewed will be selected using the business objects report titled "Daily V4MK Child Investigations and Special Conditions Listing." The report was developed to default to the profile needed for the QA sample selection but can be expanded for additional sample selections. The default profile includes all children under four (4) years of age (0 to 3 years and 364 days) where there is at least one prior report on the victim child or other child in the home or caregiver within the household. The report also defaults to Tier 2 intakes and age of the perpetrator; however, the age slider must be expanded to the highest age when running the report because perpetrator age is not a risk factor for this age group. The report also defaults to investigations with a QA note, therefore, the QA Note section must be expanded to *all values*. Once deployed the report can be launched inside the QA Portal and a user guide will be published.

The best practice would be to run the report daily to ensure all cases with added maltreatments or additional intakes are included for RSF review. The FSFN report will need to be run again updating the parameters to capture Tier 1 case. The directions for running the FSFN report are below. If a new maltreatment is added later in the investigation that causes a case to meet criteria, this information is only learned by continuing to generate the report back to the 1st day of the month (or earliest backlog) for the entire reporting period (60 days). The business objects report was programmed as a management tool and therefore there are capabilities to launch the report to obtain other data that may be needed. The other information available in this report that may be useful to the case review process includes:

- a. Number of Prior Investigations;
- b. Maltreatments on Prior Investigations;
- c. If there are adults in the home who are unrelated to at least one of the child/victims;
- d. Safety Determination;
- e. Youngest Alleged Perpetrator's Age;
- f. Quality Assurance Case Note;
- g. Second Tier Consultation;
- h. Safety Methodology;
- i. If the victims or children were open to services;
- j. Present Danger Threats;
- k. Present Danger Plan; and
- l. Safety Determination.

Windows into Practice

Guidelines for Quality Assurance and Continuous Quality Improvement

FY 2019/2020

The report is located in the FSFN Public Folder >Public Folder>Ad Hoc Shared Folder > Ad Hoc Investigations Status, titled "Daily V4MK Child Investigations and Special Conditions Listing," The report has adjustable filters that can be used to capture each tier of the Rapid Safety Feedback Reviews. See image of the screen below.

Daily V4MK Child Investigations and Special Conditions Listing Report

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM

FSFN - REPORTING

Welcome: 34578158

Home | Document List | Open | Send To | Dashboards | Help | Preferences | About | Log Out

Web Intelligence - Daily V4MK Child Investigations and Special Conditions Listing

Document | View | 100% | 1 / 1

Refresh Data

Input Controls - Listing

Map | Reset

Investigation Status

The list of values has changed. The selected values could be obsolete.

All values

Region

All values

OK

Circuit

All values

OK

County

All values

OK

Investigation / Referral Sub-Type

The list of values has changed. The selected values could be obsolete.

All values

OK

Youngest Alleged Victim Age

Total: Period: 9/1/2017 To 9/30/2017 Daily Child Investigations and Special Conditions Listing Page: 1

Region	Circuit	County	Unit	Primary Investigator Name	Case Name	Case Id	Intake Number	Intake CC Decision Date	Intake CC Decision Date
							Count:		

Listing

- 1) Exclusions: The sample will exclude:
 - a. children in a removal process;
 - b. institutional investigations;
 - c. child fatality maltreatment;
 - d. no jurisdiction cases;
 - e. special condition referrals; and
 - f. Investigations on families with open in-home supervision cases (Case Management Tier 1).

6.11 Stratification

Stratification is based on the targeted population of children under four (4) years of age. The CCSPE will target the Tier 1 and Tier 2 cases first and if time allows, proceed to other Tiers. Regional Decision Support processes will be implemented for Tier 1 and Tier 2 cases.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

6.11.1 Tier One

1. Youngest victim aged 0-3, AND
2. Allegations of Household Violence Threatens Child and/or Intimate Partner Violence Threatens Child AND
3. Allegations of any type of Substance Misuse (Substance Misuse, Substance Misuse-Alcohol, Substance Misuse-Illicit Drugs, Substance Misuse-Prescription Drugs), AND at least one of the following:
 - (a) Bone Fracture, or
 - (b) Burns, or
 - (c) Internal Injuries, or
 - (d) Sexual Abuse, any form (Sexual Abuse, Sexual Abuse-Sexual Battery, Sexual Abuse-Sexual Exploitation by Parent, Sexual Abuse-Sexual Molestation).

6.11.2 Tier Two

1. There is at least one prior report on the child victim, another child victim in the home, or a caregiver in the home AND
2. Youngest victim aged 0-3, AND
3. An allegation of Household Violence Threatens Child and/or Intimate Partner Violence Threatens Child AND
4. Allegations of any type of Substance Misuse (Substance Misuse, Substance Misuse-Alcohol, Substance Misuse-Illicit Drugs, Substance Misuse-Prescription Drugs).

****At Tier 3 and beyond the reviewer has the flexibility to do a random selection based on availability to review.

6.11.3 Tier Three

1. There is at least one prior report on the child victim, another child victim in the home, or a caregiver in the home AND
2. Youngest victim is under 12 months of age AND
3. Allegations of any type of Substance Misuse (Substance Misuse, Substance Misuse-Alcohol, Substance Misuse-Illicit Drugs, Substance Misuse-Prescription Drugs), AND
4. Allegations of physical injury maltreatment.

6.11.4 Tier Four

All children under 12 months regardless of maltreatment.

6.11.5 Tier Five

1. All children 12 months of age but less than four (4) years of age AND
2. Allegations of Household Violence Threatens Child and/or Intimate Partner Violence Threatens Child AND
3. Allegations of any type of Substance Misuse (Substance Misuse, Substance Misuse-Alcohol, Substance Misuse-Illicit Drugs, Substance Misuse-Prescription Drugs), AND
4. Allegations of physical injury maltreatment.

6.11.6 Tier Six

1. All children 12 months of age but less than four (4) years of age with Household Violence Threatens Child and/or Intimate Partner Violence Threatens Child, OR Substance Misuse Maltreatment.
2. At least one prior report on the child victim, another child victim in the home, or a caregiver in the home.

6.12 Review Period, Data Integrity and Data Reporting Periods

The QA manager is responsible for the accuracy of all information entered into the RSF tool. The QA manager must complete final reviews of RSF reports in the DCF-QA web portal/Qualtrics by the 10th day of each month or the first working day thereafter. The table below depicts the monthly dates for QA manager final reviews in the DCF-QA web portal. Cases that have not been marked as *final reviewed* by the dates listed in the table below will not be included in the RSF QA data extract used to populate the CPI RSF Dashboard.

Rapid Safety Feedback Review Period and Reporting Requirements

Intake Received Meeting RSF Criteria Includes added maltreatments between the date of receipt and investigation closure at 60 days out from receipt of the investigation	Final Date for QA Manager to Approve CCSPE RSF Review in the centralized database This is 70 days out from the last day of the month in which the investigation was received. This ensures investigations received in the review month that have maltreatments added later in the investigation are reviewed. Due the 10th day of the month or first working day thereafter.
04/01-04/30	07/10/19
05/01-05/31	08/12/19
06/01-06/30	09/10/19
07/01-07/31	10/10/19
08/01-08/31	11/12/19
09/01-09/30	12/10/19
10/01-10/31	01/10/20
11/01-11/30	02/10/20
12/01-12/31	03/10/20
01/01-01/31	04/10/20
02/01-02/28	05/11/20
03/01-03/31	06/10/20
04/01-04/30	07/10/20
05/01-05/31	08/10/20
06/01-06/30	09/10/20

6.13 Review Tools

Regional CCSPEs will use two review tools. The 30-day open case review tool is used to review open cases and the closed case review tool is used on 25% of closed investigations meeting the *Not Rated (NR)* criteria, Reference 6.4. Open case reviews are conducted using the RSF Open Case Review Tool that outlines core concepts and rating guidelines. This document is available for download at the Center for Child Welfare at http://centerforchildwelfare.org/qa/QA_Docs/QA_ReviewTool-CPI.pdf.

Open or closed cases not meeting Tier 1 and Tier 2 criteria and cases that were in backlog and reviewed outside the final review date, will be entered into the centralized database and are not considered in the statewide reviews.

6.14 Case Consultations

The case consultation is the most important part of the RSF process. Case consultations are held with the CPI supervisor, CPI, and operations manager or designee (if available) preferable in person or by phone within two (2) business days of the case review or as soon as possible. If an immediate safety issue is identified, a call will be conducted with the CPI supervisor or designee and the CPI, if available. If unavailable, the CCSPE will notify designated operations management for case escalation. This process is intended to coach or mentor

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

investigative staff and develop critical thinking skills, not to assume the supervisor's role or responsibilities. Consultations should never be conducted with a CPI only.

6.14.1 Documenting Case Consultations in FSFN

Critical Child Safety Practice Experts who are deemed proficient must document the secondary case review consultation using the case consultation module. All the secondary case reviews being done by the personnel who have not been deemed a practice expert will document the consultation using the chronological note type of *QA review*.

If an investigator provides detailed information that has not been documented in FSFN, the review should reflect such, and should require follow up with a date and time to be completed along with any other identified action that needs to take place. The QA manager and reviewer are responsible for conducting the reviews and correctly identifying any follow up action. Operations personnel are responsible for ensuring follow up actions have been completed or are no longer necessary.

6.15 Ratings and Data Integrity

Although the consultations are the critical part of secondary case reviews and rapid safety feedback, ratings are important as they provide the ability to conduct trend analysis over time. When applying a rating, the reviewer must follow the guidelines in the RSF standards. Ratings are based on documentation in FSFN and may include information obtained through the consultation; however, ratings based on verbal information require additional documentation by the CCSPE to capture the decision making of the CPI in the notes and how the additional information impacts the sufficiency of the information collection and danger threats.

6.16 CCSPE Practice Experts: Testing Requirements

Reviewer proficiency is vital to ensuring CPIs are practicing with fidelity to the child welfare practice model and addressing child safety threats with a sense of urgency. The proficiency process establishes the mandatory qualifications, training, and a formalized proficiency process for DCF employees conducting Rapid Safety Feedback reviews. The proficiency process ensures reviewers are subject matter experts in the child welfare practice model and have the knowledge, skills, and abilities for case analysis and feedback. This process identifies a broad set of proficiency areas related to child safety and case consultation. The proficiency process applies to staff who are responsible for Rapid Safety Feedback case reviews and case consultations.

6.16.1 Background

In January 2014, the Department implemented Rapid Safety Feedback (RSF) for child protective investigations (CPI) to highlight potential child safety threats for children under four (4) years of age who have multiple risk factors such as a parent's paramour in the home, parental substance abuse, and domestic violence history. Rapid Safety Feedback looks at CPI investigations in 'real time' while the investigation is open.

In February 2015, the Department determined that QA reviewers conducting RSF reviews must be experts in the child welfare practice model to ensure the consultative guidance provided to CPIs and supervisors supported the practice model and investigative safety decisions.

In April 2015, the Department transitioned 31 employees from the Field Support Consultant (FSC) positions to Sr. CPI positions. The vacant FSC positions were reclassified to Operations Review Specialist (ORS)/Critical Child Safety Practice Expert (CCSPE) positions. Six (6) positions remained in the FSC classification. The ORS/CCSPE positions were subsequently competitively advertised and filled.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

6.16.2 Pre-requisites

Staff appointed to a CCSPE position must have at least three (3) years of experience as a Florida child welfare professional and demonstrate good written and communication skills.

6.16.3 Proficiency Assessment Levels

CCSPE candidates must successfully complete all levels of proficiency testing in order to achieve permanent employment status. The employee is designated as a CCSPE once all testing has been successfully completed. This designation ensures practice experts have the proven skills to consult with CPIs and supervisors about patterns, potential danger threats, parental protective capacities, and child vulnerability. Their role is vital to ensuring CPIs are addressing child safety threats with a sense of urgency. All candidates will be granted two (2) attempts to reach 80% and must successfully complete all assessment levels prior to the end of their probationary status.

6.16.3.1 Level 1

CCSPE Proficiency: Must receive an overall passing score (80%) on a randomly selected Rapid Safety Feedback Review completed by the candidate that includes the recording of the case consultation with the CPI and CPI Supervisor. This assessment will evaluate the Reviewer's competencies and professional behaviors as demonstrated through the written analysis documented in a completed Rapid Safety Feedback tool. The reviewer will be observed (recording of telephone call) providing feedback to a CPI and supervisor. To achieve proficiency, the reviewer must be able to articulate and convey goal focused feedback with child welfare practice model concepts and constructs.

Two weeks prior to the anticipated testing date, the regional CCSPE manager will provide the Office of Child Welfare with at least three (3) case numbers that meet the Tier 1 or Tier 2 RSF criteria along with the date the final RSF review will be entered into the centralized database. The regional CCSPE must send the three (3) case numbers to the designated Quality Assurance Specialist within the Office of Child Welfare. The Office of Child Welfare will select one case at random for the recorded consultation. The region must ensure the call in the sample is recorded using OpenVoice Conferencing record features. See Appendix 12 for instructions. Upon receipt of the recorded consultation, the Office of Child Welfare will send the recorded call and a transcript of the written tool for review by a national expert.

6.16.3.2 Level 2 – CCSPE Expert

Step 1: Reviewer will demonstrate the ability to lead fidelity case consultation calls.

The reviewer will be observed (telephonically or recording) leading a randomly selected statewide fidelity call by a national expert. To achieve proficiency, the reviewer must be able to demonstrate the application of the child welfare practice model concepts/constructs and assist the field with identification of barriers and challenges.

Thirty (30) days prior to the anticipated testing date, the CCSPE's manager submits a request for call to the Office of Child Welfare with date and time. The Office of Child Welfare will request a case from a region other than the CCSPE's region.

Two (2) weeks prior to the anticipated testing date, the Office of Child Welfare will redact the confidential information from the case receiving the statewide consultation and provide the redacted case notes to the CCSPE candidate and national expert. The region must ensure the call is recorded using OpenVoice Conferencing record features. The statewide fidelity call will use the conference number provided by the Office of Child Welfare. See Appendix 12 for instructions.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

Step 2: Reviewer will demonstrate the ability to train the safety practice model.

The reviewer will be observed leading/training one learning circle 2-3 hours in length for frontline staff related to gaps identified through analysis of local secondary/rapid safety feedback reviews.

Thirty (30) days prior to the anticipated learning circle, the regional CCSPE manager will submit the training date, location, time, point of contact for training including name and contact number, and training materials to the Office of Child Welfare for submission to the national experts for material review. The Office of Child Welfare will contact The Center for Child Welfare to ensure availability of the requested training date and time. Upon approval of training material by the national experts, the Office of Child Welfare will confirm and schedule the learning circle with The Center for Child Welfare to video record the learning circle for submission to the national experts.

The CCSPE conducting the learning circle/training must ensure all participants sign a release so that the video recording can be used for other training purposes.

6.16.4 Competencies, Professional Behavior, and Performance Measures

This process establishes the mandatory qualifications, competencies and procedures required to be designated a practice expert. The proficiency process is established to ensure CCSPEs are subject matter experts in the child welfare practice model and have the knowledge, skills, and abilities necessary for case analysis and consultative feedback. This process identifies a broad set of proficiency areas in the practice model, case consultation, and feedback. This proficiency process applies to CCSPEs who are responsible for rapid safety feedback case reviews and case consultations.

The proficiency assessment measures the CCSPE's knowledge and skill set within the Child Welfare Practice Model. The proficiency assessment looks at three core skill areas — critical thinking, writing, and consultative feedback. To achieve proficiency as a practice expert, the CCSPE must also demonstrate the following core competencies associated with information collection.

1. Knows what information must be collected and learned about a family.
2. Understands the purposes or reasons for needing to know information.
3. Demonstrates the ability to gather the information.
4. Demonstrates awareness of the need to reconcile and validate information.
5. Demonstrates the ability to discuss and write about the information collected logically, succinctly, and in a way that justifies the decision.

PROFICIENCY ITEM	COMPETENCIES AND PROFESSIONAL BEHAVIOR Knowledge and skills in related areas of practice and in advanced proficiency.	PERFORMANCE MEASURE
Assessment of prior child abuse and neglect reports, prior services, and criminal history	RSF 1.0-01 Ability to determine how effectively the background information is used to assess patterns, potential danger threats, and the impact on child safety. RSF 1.0-02 Ability to assess if the investigator did or did not recognize an increase over time in the seriousness or frequency of the criminal history and prior abuse and neglect reports.	Accurate assessment of patterns, potential danger threats, parental protective capacities, and child vulnerability. Accurate assessment of the CPI understanding and recognition of the seriousness of the frequency of the criminal history and prior abuse and neglect reports.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

PROFICIENCY ITEM	COMPETENCIES AND PROFESSIONAL BEHAVIOR Knowledge and skills in related areas of practice and in advanced proficiency.	PERFORMANCE MEASURE
Present Danger Assessment	RSF 2.0-01 Ability to identify the correct danger threat. RSF 2.0-02 Ability to identify the present danger criteria.	Accurate assessment of the danger threat. Accurate identification of the present danger criteria.
Initiation of Present Danger Safety Plan	RSF 3.0-01 Ability to identify the protective response needed through initiation of a Present Danger Safety Plan.	Accurate assessment of the need for a Present Danger Safety Plan. Accurate identification of safety services needed to control and manage the danger threats.
Sufficiency of Information Collection	RSF 5.0-01 Knowledge of the Safety Methodology six information domains. RSF 5.0-02 Ability to identify sufficiency of information related to the presence of impending danger threats, child vulnerability, and parental protective capacities.	Accurate identification of information needed to describe what is happening in each domain. Accurate assessment of the sufficiency of information collection related to the presence of impending danger threats, child vulnerability, and parental protective capacities.
Identification of Danger Threats Related to Impending Danger	RFS 6.0-01 Knowledge of impending danger threats. RSF 6.0-02 Ability to identify danger threats in the child protective investigation.	Accurate identification of the correct impending danger threat. Accurate identification of the threshold criteria that must be present for impending danger to exist.
Assessing Caregiver Protective Capacity	RSF 7.0-01 Knowledge of personal behavioral, cognitive, and emotional characteristics associated with being protective. RSF 7.0-02 Ability to identify household members needing a caregiver protective capacity assessment. RDF 7.0-03 Ability to assess caregiver protective capacities.	Accurate description of caregiver protective capacities. Accurate identification of household members needing a caregiver protective capacity assessment.
Family Functioning Assessment and Safety Decisions	RSF 8.0-01 Ability to assess if a Family Functioning Assessment informs the determination of safe or unsafe.	Accurate assessment of the Family Functioning Assessment. Accurate identification of danger threats. Accurate identification of the impending danger safety decision.
Initiation of an Impending Danger Safety Plan	RSF 9.0-01 Knowledge of safety plans and actions needed to manage identified danger threats in the home. RSF 9.0-02 Ability identify when an impending danger safety plan is needed. RSF 9.0-03 Ability to identify safety services needed to control and manage the threats of safety in the home.	Accurate assessment of the safety planning analysis and justification. Accurate identification of the need to implement an impending danger safety plan when impending danger was identified. Accurate identification of the safety services needed to control and manage the threats of safety in the home.
Supervisory Consultation and Guidance	RSF 10.0-01 Knowledge of supervisory requirements for consultation. RSF 10.01-02 Ability to assess supervisory consultation, support, and guidance.	Accurate identification of the sufficiency of supervisory guidance related to information collection, assessments, and decision making.

6.17 QA Staff Proficiency: Testing Requirements

In July 2016, the Department approved regional quality assurance staff to review closed investigations in which a Rapid Safety Feedback had been completed but the investigation was incomplete. The proficiency process is established to ensure Reviewers are proficient in the Child Welfare Practice Model and have the knowledge, skills, and abilities necessary for case analysis and feedback. This process identifies a broad set of proficiency areas in the safety methodology, case consultation, and feedback.

This proficiency level only allows the QA staff person to complete Level 1 of the CCSPE Proficiency Process. This process builds internal capacity to fill CCSPE positions as they would not have to repeat Level One and only complete Level Two, steps one and two. The QA proficiency process depends on the availability of funding within each region.

6.17.1 Competencies, Professional Behavior, and Performance Measures

The proficiency assessment will measure the QA reviewer's knowledge and skill set within the Child Welfare Practice Model. The proficiency assessment looks at three core skill areas — critical thinking, written communication, and consultative feedback. Proficiency items, core competencies associated with information collection, professional behaviors, and performance measures are listed in 6.16.4 above.

6.17.2 Prerequisite

Staff appointed to a Quality Assurance position must have at least one year of experience as a Florida child welfare professional and demonstrate good written and communication skills.

6.17.3 Proficiency Assessment Level

Level 1 – Receive a passing score (80%) on a randomly selected Rapid Safety Feedback Review completed by the candidate that includes the recording of the case consultation with the CPI and CPI Supervisor. This assessment will evaluate the Reviewer's competencies and professional behaviors as demonstrated through the written analysis documented in a completed Rapid Safety Feedback tool. The reviewer will be observed (recording of telephone call) providing feedback to a CPI and supervisor. To achieve proficiency, the QA staff person must be able to articulate and convey goal focused feedback with practice model concepts and constructs. Staff are also assessed on their written analysis of the practice that is documented in DCF QA web portal/Qualtrics. Staff are granted two (2) attempts to successfully complete step one.

Two weeks prior to the anticipated testing date, the regional QA manager will provide the Office of Child Welfare with at least three (3) case numbers that meet the Tier 1 or Tier 2 RSF criteria along with the date the final RSF review will be entered into the centralized database. The regional QA staff person must send the three (3) case numbers to the designated Quality Assurance Specialist within the Office of Child Welfare. The Office of Child Welfare will select one case at random for the recorded consultation. The region must ensure the call in the sample is recorded using OpenVoice Conferencing record features. Refer to Appendix 12 for instructions. Upon completion of the recorded consultation, the Office of Child Welfare will send the recorded call and a transcript of the written tool for review by a national expert.

6.18 Entering Reviews

Critical Child Safety team members must enter Rapid Safety Feedback (RSF) reviews into the centralized database (DCF QA web portal/Qualtrics) using the region-specific tool accessed through the Qualtrics web link provided to each manager. Refer to Appendices 9 and 10 for detailed user instructions (CPI and CM user guides include instructions and graphics).

6.18.1 Reporting

Critical Child Safety team members and managers can access data reports using the region-specific reports in the centralized database and/or links (for Qualtrics) provided to each manager. Refer to Appendices 9 and 10 for detailed user instructions for CPI and case management instructions and graphics.

6.19 Annual Regional Reporting and Planning

The annual Regional Report and Plan are to be submitted to the Regional Managing Director or designee with a copy to the Office of Child Welfare no later than August 31st of each year. The report must include a summary of findings, an analysis of root causes, and action taken by the region to improve practice.

6.19.1 Annual Report

The Annual Report and Plan is divided into five (5) sections as outlined below and a template is included as Appendix 8. The assessment of performance must include qualitative and quantitative data analysis.

I. Introductory Section

Describe the region's capacity for performing QA and CQI tasks, including language on staffing, budget, performance and performance improvement goals, timeframes, and any organizational capacity resource tool employed to assess capacity.

Provide graphics and supporting language on the qualitative and quantitative outcome measures and performance metrics your agency measures towards the child outcome goals of safety, permanency, and well-being. Include the benchmark targets for each measure and metric such as national, statewide, or locally developed standards or targets.

II. Performance Improvement

Describe the region's systematic process to review practice trends and performance and employ performance improvement strategies including outcomes and measures routinely reviewed and with what frequency.

Provide supporting tables and graphs that provide an analysis and evaluation of performance trends (i.e. 3 to 5 years) across multiple service delivery and management factors as locally determined. The following grouping of practice trends should be addressed:

1. Safety
2. Permanency
3. Well-being
4. Local Practice Trends in response to RSF and other relevant data

III. Findings

Provide narrative and graphics that describe specific findings from the prior year of the outcome measures, performance metrics, and qualitative data measured against the benchmark targets. Include how findings are shared with operational leadership in order to ensure improvement activities are implemented.

Describe QA findings over time (i.e. 3 to 5 years). Address the agency's strengths/promising practice trends and areas needing improvement based on the synthesis of data collected through various QA reviews and any other sources of information that measure local performance.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

The summary must be evaluative⁴ in nature – not simply descriptive in a narrative format. It should not be a repeat of findings from the review tools or a listing of review questions in bullet fashion with performance shown by percent achieved for a standard.

IV. Gaps in Findings to Benchmarks

Describe the gaps in performance on metric(s) compared to benchmarks, and an analysis of the exploration of root causes for the underperformance of the metric(s). Explain any interventions that have been identified to correct, and any actions towards the implementation of intervention(s). Describe research and evidence-based sources to identify or suggest intervention(s).

V. Intervention findings

If intervention(s) was/were implemented to address gap(s), describe any correlative or causative affect in the improvement of the measured metric. Explain why correlation or causation was identified. Please describe any unintended consequences of the intervention implementation.

If interventions were not implemented to address gaps, describe how the region will react to the analysis of findings. For example, will the findings be addressed in the annual update of the Quality Management Plan or in the local Quality Improvement Plans?

6.19.2 Annual Plan

The Quality Management Plan will establish the activities, processes, and procedures for assessing child welfare practice. Plans must be submitted to the Office of Child Welfare no later than August 31st of each fiscal year.

Plan to Improve performance of the current year based on the findings from the prior year includes:

1. A description of QA/CQI staff resources,
2. A description of region:
 - a. Circuits
 - b. Number of CPI units
 - c. Number of intakes received each month
 - d. High-level discussion of turnover
 - e. Working Relationships with CBCs
 - f. Stakeholder involvement
3. A description of any other special reviews, discretionary reviews, systemic reviews planned or needed.
4. The schedule for conducting QA reviews for the current year
5. Efforts to improve statewide targeted initiatives
6. Local improvement initiatives
7. A description of training activities to be provided by the CQI team.
8. A description of strategies that will be used to improve practice and how those interventions were selected (evidenced-based, etc.)

⁴ *Evaluative Language* presents judgments; assesses status and outcomes; gauges, ranks, and rates performance over time. Using evaluative language addresses 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.

SECTION 7: QA ACTIVITIES FOR SHERIFFS

The sheriffs' offices in Broward, Hillsborough, Manatee, Pasco, Pinellas, Seminole, and Walton Counties are responsible for the provision of all child protective investigations in each respective county. Each year the Department and sheriffs' offices conduct a peer review of the practice related to child protective investigations. Peer reviews are scheduled for one week at each site and assess 65 closed investigations with determinations of unsafe children using a tool jointly agreed upon by the Department and Sheriffs.

The final report for each site will show a score for each part of the total 65 cases reviewed. Each Sheriff's Office will select a random case selection of closed cases listing for the sample period of primarily January 1 through July 31. Smaller Sheriffs' Offices may need to begin the sampling period sooner to generate the number of closed investigations meeting required criteria; however, the sample period should not begin prior to August 1st and ends with investigations closed on or before July 31st of the peer review year. Sheriffs' Offices extending the sample period should begin with including extra months beginning with December and moving backwards until the sample size is obtained in order to include the most recent cases as possible in the peer review. The sample will be generated from FSN to provide a list of investigations received and closed during the sampling period in which the determination that at least one child was *unsafe*. The reports to be used include:

- OCWDRU Report #1257, Child Welfare Dashboard Child Investigation Safety Methodology Listing
- OCWDRU Report #1204, Safety Determination and Services at Investigation Closure On-Demand Listing

7.1 Performance Standards and Outcome Measures

The sheriffs shall operate, at a minimum, in accordance with the performance standards and outcome measures established by the Legislature for protective investigations conducted by the Department of Children and Family Services. (Section 39.3065(3)(b), F.S.)

7.2 Programmatic Performance Evaluations

Program performance evaluations are based on criteria mutually agreed upon by the respective sheriffs and the Department of Children and Family Services. A team of peer reviewers from the respective sheriffs' offices that perform child protective investigations and representatives from the Department shall conduct the program performance evaluation.

7.3 Sample Sizes

For each sheriff's office, a team of QA reviewers consisting of the other sheriff's offices peer reviewers and two (2) DCF designated QA reviewers review 65 cases annually. These reviews are conducted between August and November each year. To conduct the review, each site is required to pull a random sample of investigations from FSN of investigations received after January 1st and closed prior to July 31st. (Smaller Sheriffs' Office may need to begin the sampling period as early as August 1st of the preceding year to generate the number of investigations required for review.)

7.4 Exit Conferences

Exit presentations are completed at each site summarizing the team's observations and areas for improvement with the site's determination of meeting attendees from their organization.

7.5 Stakeholder Feedback

The report of the 65 cases reviewed in each of the counties is shared with the other sheriff's offices and through their respective Child Protective Service (CPS) administration within the sheriff office. Information gathered during these peer reviews regarding procedures, service provision, forms and other relevant program improvements made during the past year are shared among the sheriff's office's team members to bring back to administration.

7.6 Annual Legislative Report

The Department of Children and Family Services submits 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 31st of each year the sheriffs are receiving general appropriations to provide child protective investigations. (Section 39.3065(3)(d), F.S.)

7.7 CCSPE Practice Experts: Testing Requirements (Sheriff's Office)

Reviewer proficiency is vital to ensuring CPIs are practicing with fidelity to the child welfare practice model and addressing child safety threats with a sense of urgency. While optional for the Sheriff's Offices, the proficiency process ensures reviewers are subject matter experts in the child welfare practice model and have the knowledge, skills, and abilities for case analysis and feedback. This process identifies a broad set of proficiency areas related to child safety and case consultation for Sheriffs' Offices that select to send staff members through the CCSPE process.

7.7.1 Pre-requisites

Sheriff's Office staff achieving the CCSPE status must have at least one year of experience as a Florida child welfare professional and demonstrate good written and communication skills.

7.7.2 Proficiency Assessment Levels

Sheriff's Office staff must successfully complete all levels of proficiency testing to become designated as a CCSPE. This designation ensures practice experts have the proven skills to consult with CPIs and supervisors about patterns, potential danger threats, parental protective capacities, and child vulnerability. Their role is vital to ensuring CPIs are addressing child safety threats with a sense of urgency. All candidates will be granted two (2) attempts to reach 80% and must successfully complete all assessment levels.

7.7.2.1 Level 1

CCSPE Proficiency: Must receive an overall passing score (80%) on a randomly selected Rapid Safety Feedback Review completed by the candidate that includes the recording of the case consultation with the CPI and CPI Supervisor. This assessment will evaluate the reviewer's competencies and professional behaviors as demonstrated through the written analysis documented in a completed Rapid Safety Feedback tool. The reviewer will be observed (recording of case consultation) providing feedback to a CPI and supervisor. To achieve proficiency, the reviewer must be able to articulate and convey goal focus feedback with child welfare practice model concepts and constructs.

The Sheriff's Office will select three (3) cases at random that meets the Tier 1 or Tier 2 RSF criteria. The Sheriff's Office must ensure each case consultation is recorded. Upon completion of the recorded consultations, the Sheriff's Office will send the three (3) recorded case consultations for review by a national expert. In addition, the candidate must complete the RSF tool for all three (3) cases in Qualtrics using the Department-approved tool.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

7.7.2.2 Level 2 - CCSPE Expert

Step 1: Reviewer will demonstrate the ability to lead fidelity case consultation calls.

The reviewer will be observed (telephonically or recording) leading a randomly selected statewide fidelity call by a national expert. To achieve proficiency, the reviewer must be able to demonstrate the application of the child welfare practice model concepts/constructs and assist the field with identification of barriers and challenges.

Thirty (30) days prior to the anticipated testing date, the Sheriff's Office submits a request for call to the Office of Child Welfare with date and time. The Office of Child Welfare will request a case from a region other than the CCSPE's region.

Two (2) weeks prior to the anticipated testing date, the Office of Child Welfare will redact the confidential information from the case receiving the statewide consultation and provide the redacted case notes to the CCSPE candidate. The Sheriff's Office must ensure the call is recorded using the conference number provided by the Office of Child Welfare. See Appendix 12 for instructions.

Step 2: Reviewer will demonstrate the ability to train the safety practice model.

The reviewer will be observed leading/training one learning circle 2-3 hours in length for frontline staff related to gaps identified through analysis of local secondary/rapid safety feedback reviews.

Thirty (30) days prior to the anticipated learning circle, the Sheriff's Office will submit the training date, location, time, and training material to the Office of Child Welfare. Training material is submitted for review and approval by national expert. The Sheriff's Office will video record the learning circle for submission to national expert. Upon completion of the video recorded learning circle, the Sheriff's Office will send the video recording via The Box upload for review by a national expert.

*****Note: Learning Circle videos cannot be altered and must capture the entire learning circle prior to submission and upload to The Box for expert review.***

The CCSPE conducting the learning circle/training must ensure all participants sign a release so that the video recording can be used for other training purposes.

SECTION 8: CASE MANAGEMENT QUALITY ASSURANCE REVIEWS

Community-based care agencies (CBCs) conduct on-going case reviews of cases to determine the quality of child welfare practice related to safety, permanency, and child and family well-being. These reviews include reading case files of children served under the title IV-B and IV-E plans and, in a designated sample, conducting case specific interviews with case participants. Case reviews provide an understanding of what is *behind* the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is affecting child and family functioning and outcomes.

The CBC QA manager or designee is responsible for assigning cases for review to trained QA Specialists employed by the CBC lead agency. It is permissible and encouraged for the CBCs to include trained QA reviewers from a sub-contracted case management organization (CMO) in the case review process contingent upon the CBC QA reviewer leading the review, CMO staff do not have a conflict of interest with the case under review, and the CBC lead reviewer makes final decisions about ratings. Although the CMO peer reviewer may offer feedback and input, the CBC must ensure the integrity of the information collected.

CBC CQI staff conduct case management reviews using two (2) case review instruments:

1. Child and Family Services Review (CFSR) Onsite Review Instrument and;
2. DCF Rapid Safety Feedback (RSF) Instrument.

8.1 Florida CQI Reviews

The Florida CQI system adopted the federal CFSR qualitative case review items and outcome measures and in FY 2015/2016, began using the federal Online Monitoring System (OMS) for the completion of Florida CQI reviews. The automated review instrument in the web-based OMS allows reviewers to enter information about case record reviews and case participant interviews using their tablet, laptop, or desktop computer. Review results are automatically calculated, ensuring efficient use of reviewer time and allowing the CBC and state to have real-time access to preliminary findings from the reviews through a variety of reports. The Florida CQI system provides ongoing trend data on child welfare practice for further analysis and reporting. Florida CQI includes 18 items related to child safety, permanency, and well-being. All reviews are completed using the federal Online Monitoring System (OMS) at <https://www.cfsrportal.acf.hhs.gov/oms>.

Related Outcome	Review Item	Item Description
Safety Outcome 1 Children are, first and foremost, protected from abuse and neglect.	Item 1	Timeliness of initiating investigations of reports of child maltreatment – Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?
Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate	Item 2	Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care – Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?
	Item 3	Risk and safety assessment and management – Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

Related Outcome	Review Item	Item Description
Permanency Outcome 1 Children have permanency and stability in their living arrangements	Item 4	Stability of foster care placement – Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interests of the child and consistent with achieving the child’s permanency goal(s)?
	Item 5	Permanency goal for child – Did the agency establish appropriate permanency goals for the child in a timely manner?
	Item 6	Achieving reunification, guardianship, adoption, or other planned permanent living arrangement – Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?
Permanency Outcome 2 The continuity of family relationships and connections is preserved for children.	Item 7	Placement with siblings – Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?
	Item 8	Visiting with parents and siblings in foster care – Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members?
	Item 9	Preserving connections – Did the agency make concerted efforts to preserve the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?
	Item 10	Relative placement – Did the agency make concerted efforts to place the child with relatives when appropriate?
	Item 11	Relationship with child in care with parents – Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?
Well-being Outcome 1 Families have enhanced capacity to provide for their children’s needs	Item 12	Needs and services of child, parents, and foster parents – Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?
	Item 13	Child and family involvement in case planning – Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?
	Item 14	Caseworker visits with child – Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?
	Item 15	Caseworker visits with parents – Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?
Well-being Outcome 2 Children receive appropriate services to meet their educational needs.	Item 16	Educational needs of the child – Did the agency make concerted efforts to assess children’s educational needs and appropriately address identified needs in case planning and case management activities?
Well-being Outcome 3 Children receive adequate services to meet their physical and mental health needs.	Item 17	Physical health of the child – Did the agency address the physical health needs of children, including dental health needs?
	Item 18	Mental/behavioral health of the child – Did the agency address the mental/behavioral health needs of children?

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

8.1.1 Florida CQI Samples and Stratification

CBCs use the most recent Adoption and Foster Care Analysis and Reporting (AFCARS) submission extract for out-of-home cases and the FSFN/Documents/Public Folder/OCWDRU Reports/Services/Management, titled "Children Receiving In-Home Services Daily QA Listing" report to select in-home cases. The Office of Child Welfare provides the AFCARS extract each reporting period through the Imaging Lite Filing System for the selection of out-of-home cases. Case selection criteria incorporates a proportionate split between out-of-home care and in-home services. CBCs will select the cases at random at the beginning of each quarter for Florida CQI reviews. The period under review is at least 12 months preceding the review, starting with the first day of the month of the quarter of the sample period and ending with the date of the case review.

Files selected for review from each sample are entered into the Florida CQI Section of the CFSR OMS by case name, last name first. All files reviewed in previous quarters may continue to appear on the sample list; however, are not reviewed again unless the prospective period under review does not overlap the prior review.

8.1.2 Sample Frame

The sample frame must ensure the cases reviewed represent the key program areas within the population. A clearly defined sampling frame is used to select a universe from which the review sample will be selected to ensure all cases in the sampling frame have an equal chance to be drawn and appear.

The target population is sampled using a clearly defined sampling frame, the actual set of units from which a sample will be drawn. In the case of a simple random sample, all units from the sampling frame have an equal chance to be drawn and to occur in the sample. The sampling frame coincides with the population of interest which the review is for; family unit for in-home cases and individual child in foster care cases.

The following criteria for the sample frame are outlined below.

1. Random samples are selected from the universe of all children in out-of-home care during the quarter. The universe is drawn from the state's AFCARS listing.
2. Random samples are selected from the universe of all family units receiving in-home services and screened to ensure the family received services for at least 45 consecutive days during the sampling period and no child in the family unit had been placed in out-of-home care longer than 24 hours during any portion of the period under review.
3. The CBC QA manager or designee completes the case selection using a random sample selection process.

8.1.2.1 In-Home Services Sampling Frames

The sampling frame for in-home services cases must include cases opened for services for at least 45 consecutive days. The case may open before or during the sampling period allowing for in-home services cases to complete the 45-day period after the sample period ends within the period under review. The CBC should eliminate a case in which any child in the family was in foster care for 24 hours or longer during any portion of the review period. The in-home sample is organized by case name, last name first.

1. Children removed from one parent and placed with another parent remain an in-home supervision case.
2. A child placed with a non-relative who is the father of a sibling is in an out-of-home care placement. A case meeting this criterion selected as an in-home case would be submitted for elimination and another in-home services case chosen for review in order to maintain in-home and out-of-home sample sizes.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

8.1.2.2 Out-of-Home Sampling Frames

The sampling frame for the state foster care population consists of the listing of children according to the state's most recent AFCARS report. Foster care cases will be stratified to achieve an adequate representation of cases in key program areas, ensure proportions consistent with any applicable federal requirements, and address the need to focus on state practice or populations.

Addendums to the Florida CQI reviews may be needed to capture additional items based on improvement plans or leadership priorities. There is a current addendum to the Florida CQI instrument which is to be entered into Qualtrics and/or the QA Portal to capture treatment services, caregiver notifications of their right to be heard in court, and timeliness of entering placement information into FSFN.

8.1.3 Period Under Review

The period under review will be at least 12 months preceding the case review, starting with the first day of the quarter of the period under review and ending with the actual date of the review.

Florida CQI and PIP Monitored Cases Period Under Review

Review Months	Periods Under Review (Time Period Covered for Case Review)
July 2019	7/1/2018 to Date of Review
August 2019	7/1/2018 to Date of Review
September 2019	7/1/2018 to Date of Review
October 2019	10/1/2018 to Date of Review
November 2019	10/1/2018 to Date of Review
December 2019	10/1/2018 to Date of Review
January 2020	1/1/2019 to Date of Review
February 2020	1/1/2019 to Date of Review
March 2020	1/1/2019 to Date of Review
April 2020	4/1/2019 to Date of Review
May 2020	4/1/2019 to Date of Review
June 2020	4/1/2019 to Date of Review

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

8.1.4 Sample Sizes by CBC and Statewide

FY 2019-2020 Each Six-Month Period During the Federal Program Improvement Plan Period

Community Based Care Lead Agency	Sample Sizes During the July 2019 - June 2020 PIP Monitoring Period							
	In-Home Children	Out-of- Home Care	Total	Florida CQI Reviews 6 Month Period		PIP Monitored Cases	Rapid Safety Feedback Case Reviews (6 months)	Total of PIP, Florida CQI, and RSF
	FSFN March 2019	FSFN March 2019		File Reviews	In-Depth Reviews	Each 6 Month Period	In-home Cases	6 Month Periods
Big Bend CBC	318	992	1310	20	1	3	20	44
Brevard Family Partnership	345	661	1006	20	1	3	20	44
ChildNet Inc. (Broward)	756	1611	2367	16	0	8	20	44
ChildNet Inc. (Palm Beach)	528	1131	1659	28	0	4	20	52
Children's Network of SW Florida	913	1400	2313	25	0	5	20	50
Citrus Health Network	515	1546	2061	16	0	8	20	44
Communities Connected for Kids	275	673	948	20	1	3	20	44
Community Partnership for Children	529	1214	1743	32	2	2	20	56
Eckerd Connects (Pinellas and Pasco)	621	2258	2879	25	0	5	20	50
Eckerd Connects (Hillsborough)	805	2427	3232	22	0	6	20	48
Embrace Families	812	1728	2540	22	0	6	20	48
Families First Network	807	1398	2205	28	0	4	20	52
Family Integrity Program	118	179	297	10	3	1	16	30
Family Support Services	741	858	1599	18	0	4	20	42
Heartland for Children, Inc.	614	1308	1922	28	0	4	20	52
Kids Central, Inc.	691	1728	2419	25	0	5	20	50
Kids First of Florida Inc	174	321	495	8	2	2	16	28
Partnership for Strong Families	444	742	1186	18	0	4	20	42
Sarasota YMCA	379	993	1372	20	1	3	20	44
Statewide	10385	23168	33553	401	11	80	372	864

The sample size per quarter should generally consist of half of the six-month period cases to be reviewed.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

8.1.5 Case Related Interviews

Case related interviews are conducted for all Florida CQI in-depth reviews.

8.1.5.1 Florida CQI Desk Reviews

Florida CQI reviews are conducted based on case documentation in FSFN, other electronic case file systems, or hard copy paper files. Interviews are not conducted on Florida CQI reviews with the exception of in-depth reviews as described in that section. When case documentation is insufficient to rate an item, the reviewer may allow time for the case manager to provide the documentation, generally the end of the business day that the reviews are being conducted. Quality Assurance Managers will schedule Florida CQI reviews to be completed within the quarter allowing sufficient time for the Manager to perform a quality review within five (5) days and have all corrections made prior to the deadline for all data to be entered. In the event the Headquarters Quality Assurance team is providing second level quality oversight, plan reviewer vacations accordingly to ensure the reviews are finalized by the date deadlines.

8.1.5.2 In-Depth Reviews

At least two (2) of the Florida CQI cases will be reviewed *in-depth* each quarter meaning the reviews will include case participant interviews stratified proportionally for in-home and out-of-home care cases. The reviewers should determine if other case participants not listed below should be interviewed to complete the review. The CBC should make reasonable efforts to seek the participation of key individuals in the case to ensure the validity of the random sample. Case review requirements may shift as part of the Program Improvement Plan (PIP) including stratification as required. Each PIP case will take the place of an in-depth review.

8.1.5.3 Required Interviews for In-Depth Reviews

In-Home Cases:

1. All children in the home (if age and developmentally appropriate). There is discretion to conduct a group interview if separate interviews would be problematic for the family or to ensure interviews can be completed.
2. The child's parent(s) – While it is preferred that both parents are interviewed, only an interview with the primary caretaker is required if attempts to interview the other parent are unsuccessful.
3. The family's caseworker. When the caseworker has left the agency, or is not available for an interview, the supervisor who was responsible for the caseworker assigned to the family should be interviewed.
4. Relevant service providers based on the circumstances around each case.
5. Any CPIs involved with the families during the PUR.

Out-of-Home Care Cases:

1. The focus child (if age and developmentally appropriate). Other children in the home may be interviewed if the reviewer believes there may be information helpful in completing the review.
2. The focus child's parent(s). Attempts should be made to interview all applicable parents in the case. Exceptions are listed in 8.1.5.2.
3. The focus child's foster parent(s), pre-adoptive parent(s), or other caregiver(s), such as a relative caregiver or group home houseparent.
4. The family's caseworker. When the caseworker has left the agency, or is not available for an interview, the supervisor who was responsible for the caseworker assigned to the family should be interviewed.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

5. Interviews will include the Guardian ad Litem (GAL) when assigned to a case.
6. If the focus child's primary placement was in a mental health or juvenile justice setting during the period of review, the assigned mental health or juvenile staff will be interviewed.
7. Placement personnel as appropriate to ensure sufficient information collection surrounding placement efforts.
8. Based on case circumstances, the attorneys from Children's Legal Services (CLS) or those for the children and parents may also be interviewed.
9. Any CPIs involved with the families during the PUR.

8.1.5.4 Acceptable Exceptions to Conducting Interviews for In-Depth Reviews

1. Only developmentally appropriate school-age children are interviewed, unless other arrangements are made. Cases involving pre-school age children may be reviewed but do not require an interview with the child. Instead, the reviewers might observe the child in the home while interviewing the birth parents, legal guardians, or foster parents.
2. The parents and/or child cannot be located (example: youth is missing) or are outside of the U.S.
3. There is a safety or risk concern in contacting any party for the interview. (For example, a parent has previously made threats to the agency.)
4. Any party is unable to consent to an interview due to physical or mental health incapacity.
5. Any party refuses to participate in an interview and the agency can document attempts to engage them.
6. Any party is advised by an attorney not to participate due to a pending criminal or civil matter.

8.1.5.5 Unacceptable Exceptions to Conducting an Interview for In-Depth Reviews

1. Arbitrary policies that do not consider a child's development capacity, for example, a policy of not interviewing children under age 12.
2. A party refused to participate in an interview and the agency did not make concerted engagement efforts.
3. A party has a pending criminal, civil, or procedural matter before the agency, for example, appealing a TPR. (Be sure to include the parents' attorneys in the scheduling process.)
4. The agency has not made attempts to locate a party for an interview.
5. Any party speaks a language other than English.
6. The party is only available to be interviewed by phone.

8.1.5.6 Interview Protocols for In-Depth Reviews

1. In person interviews are preferable. However, telephone interviews may occur if the interviewee is out of state, an interviewee would not be available for an in-person interview between 7 AM and 7 PM Monday-Friday, or it is determined that the interview would otherwise not be able to occur unless conducted by phone.
2. Children will be interviewed alone. Children residing with a parent or no longer in out-of-home care may be interviewed in the presence of the parent at the request of the parent; however, every effort should be made to engage the parent to allow for private interviews.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

3. If interviews are to be conducted in the home, they should take place in a room separate from other family members.
4. If the parent is unwilling to allow for a private interview with the child, the parent should be instructed to allow the child to respond to all questions and to not engage the child during the interview.
5. Interviews should be completed within three (3) business days after initiation of the review of the case.

8.1.6 Case Elimination Criteria

Decisions to discard a selected case from the sample list must be approved by the CBC QA Manager or designee, who must also document the Florida CQI basis for the decision as it relates to the 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. The CBC must use the Case Elimination Worksheet (OCW/CFSR Form 8). PIP monitored cases selected for elimination must be approved by DCF CQI Headquarters personnel and Children's Bureau personnel.

8.1.6.1 Criteria for Case Elimination

1. In-home services case open for fewer than 45 consecutive days during the period under review.
2. In-home services case in which any child in the family was in foster care for more than 24 hours during the period under review.
3. A foster care case in which the child is in foster care for fewer than 24 hours during the period under review.
4. An out-of-home case that was discharged or closed according to agency policy before the sample period.
5. A case open for subsidized adoption payment only and not open to other services.
6. A case open for non-relative caregiver payment only and not open to other services.
7. A case in which the target child reached the age of 18 before the period under review.
8. A case in which the selected child is or was in the care and responsibility of another state, and the state being reviewed is providing supervision through an Interstate Compact on the Placement of Children (ICPC) agreement.
9. A case appearing multiple times in the sample, such as a case that involves siblings in foster care in separate cases or an in-home services case that was opened more than one time during a sampling period.
10. An out-of-home case in which the child's adoption or guardianship was finalized before the period under review and the child is no longer under the care of the state child welfare agency.
11. A case in which the child was placed for the entire period under review in a locked juvenile facility or other placement that does not meet the federal definition of foster care.
12. A case in which the target child (foster care) or family (in-home) was subject of a prior Florida CQI case in which the periods under review would overlap for the current Florida CQI cases.
13. A case in which the target child (foster care) or family (in-home) was subject of a prior PIP Monitored case in which the periods under review would overlap for the PIP Monitored case.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

8.1.6.2 Cases Not to be Eliminated

1. Cases under out of county supervision will be INCLUDED in the sample population and assigned to the CBC of the primary worker.
2. Cases under in-home supervision (non-judicial and judicial) and in out-of-home placements are INCLUDED in the sample population.
3. Cases where Florida is the sending state on an Interstate Compact placement.
4. Children on runaway status should not be eliminated from the sample unless it has been determined that pertinent information needed to complete the Onsite Review Instrument cannot be obtained from other available parties, such as the guardian ad litem or other significant individuals.
5. A case previously reviewed as part of the Florida CQI or Rapid Safety Feedback process is not a reason for exclusion for a PIP monitored case.

8.1.6.3 Case Elimination Criteria During Scheduling

The CBC must record the reasons for eliminating cases from the sample while scheduling cases for review.

1. Cases in which the key individuals are unavailable or are unwilling to be interviewed, even by telephone. Note: The key individuals in a case are the child (if school age), the parent(s), the foster parent(s), the family caseworker, and other professionals knowledgeable about the case.
2. There may be cases that should not be eliminated even though key individuals are unavailable. Before eliminating these cases, the QA Manager should determine whether sufficient information and perspectives could be obtained from the available parties.
3. Cases involving out-of-county or out-of-state family members or services are considered on a case-by-case basis, depending on the availability of key individuals.
4. If an interview with a critical party to the case is cancelled at the last minute and results in insufficient information being available to review the case, the case should be eliminated from the sample after approval of the CBC QA Manager in Florida CQI cases and OCW QA for PIP monitored cases.

8.1.6.4 Other

1. A case originally included in the out-of-home care sample frame that is determined during the onsite review to be an in-home services case during the entire period under review may be reviewed as an in-home services case only when no alternative foster care cases can be scheduled, provided no child in the family was in foster care during the period under review for Florida CQI cases only.
2. An in-home case found with a foster care episode during the period under review may not be reviewed as a foster care case and should be submitted for elimination and another in-home case selected.

8.1.7 Secondary Oversight

8.1.7.1 First Level Review

1. CBC QA Managers (or qualified designee) provide first level QA oversight within two (2) business days of completion of the review of case subject to secondary oversight by the Office of Child Welfare to assure consistency across the reviews, accuracy of ratings and/or changed ratings, and resolution of disputed ratings. This includes all PIP Monitored cases and those Florida CQI cases selected for secondary oversight. The CBC QA Manager will notify the OCW QA team of any delays in conducting the first level QA review.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

2. QA Managers (or qualified designee) provide first level QA oversight within five (5) business days of completion of the review for Florida CQI cases not subject to secondary oversight by the Office of Child Welfare.
3. The focus of the first level QA oversight reviews is to cross-check information and decisions within each instrument to ensure that the reviewer is responding correctly to the instrument instructions including ensuring adherence to:
 - a. Instructions that apply across the instrument
 - b. Item specific instructions
 - c. Guidance applicable to common case dynamics (such as short-term foster care cases.)
4. Reviewers have two (2) business days to complete any recommended corrections.
5. In addition, CBC QA Managers are responsible for the following activities:
 - a. Fielding questions and conducting group debriefings with individuals conducting the quality assurance reviews
 - b. Ensuring review team provides input to any needed updates based on first or second level quality assurance oversight for PIP monitored cases
 - c. Communication with the Office of Child Welfare as rating issues arise for the Office of Child Welfare to provide statewide guidance
 - d. Update case status to 'QA in Progress' under 'case setup' in the OMS for cases subject to second level review.

8.1.7.2 Second Level Review

1. The Office of Child Welfare Quality Assurance Unit conducts second level reviews of all PIP monitored and selected Florida CQI cases within two (2) business days of submission to assure consistency across the review sites and the accuracy of ratings and/or changed ratings. The CBC QA Manager will notify the OCW QA team of any delays in conducting the first level QA review.
 - a. The Office of Child Welfare Quality Assurance Unit sends requests for clarification and updates to the CBC QA Manager upon completion of the second level review, selecting 'Return to Reviewer' in the case status under case setup in the OMS.
 - b. The CBC QA Manager will ensure the review team makes any needed corrections and re-submits to the OCW unit within two (2) business days of receiving the request for clarification and updates, again updating the case status to *QA in Progress*. The CBC QA Manager will notify the OCW QA team of any delays in completing revisions.
 - c. The OCW Quality Assurance Unit reviews submissions and continues working with the CBC QA Manager until the review is submitted for a third level of review with the Children's Bureau and/or finalized, notifying the CBC QA Manager of the finalization of the review.
2. All Florida CQI reviews conducted by the CBC during the quarter prior to the on-site monitoring by the Contract Oversight Unit receive a second level review by the Office of Child Welfare QA Unit.
 - a. The CBC Quality Manager completes the first level of review, following the same process under First Level Reviews above, and notifies the OCW QA Unit within one (1) business day of completing the first level review.
 - b. The OCW team conducts a second level of review and provides feedback to the CBC QA manager within two (2) business days of receipt of the notification from the CBC QA Manager.
 - c. The CBC QA Manager will ensure the review team makes any needed corrections and re-submits to the OCW unit within two (2) business days of receiving the request for clarification and updates.
 - d. The OCW QA Unit notifies the CBC QA Manager when it is appropriate to finalize the case in the OMS.

3. The OCW QA Unit is responsible for centrally tracking and resolving issues and sharing that information with the state's review teams.

8.1.8 Resources and Tools

See Appendices

- Appendix 4: Case Management Case Consultation Guidance
- Appendix 5: CFSR Conflict of Interest Form
- Appendix 6: CFSR Confidentiality Statement
- Appendix 7: FSFN Request for Action (RFA)
- Appendix 10: Qualtrics (or QA Portal) Case Management Rapid Safety Feedback Review Tool User Guide
- Appendix 11: OMS User Guide
- Appendix 13: Annual CQI CBC Report Template

8.2 Rapid Safety Feedback Reviews: Case Management In-Home Service Cases

The Case Management Rapid Safety Feedback process is designed to flag key risk factors that could gravely affect the safety of a child in an in-home services case. These factors have been determined based on reviews of other cases in which child injuries or tragedies have occurred. General factors include but are not limited to the age of the parents, the presence of a parent's paramour in the home, evidence of substance abuse, previous incidents of violence, criminal records, and prior abuse history. The critical component of the process is the case consultation in which the reviewer engages the case manager and supervisor in a discussion about the case. The case review focuses on five (5) overarching items listed below.

Item Listing for Case Management Rapid Safety Feedback Reviews	
Item 1 Family Assessments	
1.1	Is the most recent family assessment sufficient?
1.2	Is the most recent family assessment completed timely?
Item 2: Case Manager Visits	
2.1	Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?
2.2	Is the frequency of visits between the case manager and the child(ren) sufficient to ensure child safety and evaluate progress toward case plan outcomes?
2.3	Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?
2.4	Is the frequency of the visits between the case manager and the child's mother sufficient to ensure child safety and evaluate progress toward case plan outcomes?
2.5	Is the quality of the visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?
2.6	Is the frequency of the visits between the case manager and the child's father sufficient to ensure child safety and evaluate progress toward case plan outcomes?
Item 3: Background Checks and Home Assessments	
3.1	Are background checks and home assessments completed when needed?
3.2	Is the information assessed and used to address potential danger threats?
Item 4: Safety Management	
4.1	Is the safety plan sufficient?
4.2	Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?
Item 5: Supervisory Case Consultation and Guidance	
5.1	Is the supervisor regularly consulting with the case manager?
5.2	Is the supervisor ensuring recommended actions are completed?

8.2.1 Key Requirements to Assessing Practice:

The Key requirements of the CM RSF process include:

1. Each CBC will review a minimum sample of in-home cases as indicated in the Table included in Section 8.1.4 of this document.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

2. Reviews will be completed using the *Case Management Rapid Safety Feedback Case Review Instrument for In-Home Services Cases* (CM RSF Tool).
3. CM RSF review samples are selected from all children in an active living arrangement as of the report date, including children under post-placement supervision as indicated in Section 8.2.2 of this document.
4. In-Home CM RSF case reviews are entered into a centralized database (Qualtrics or QA portal) using the FSFN case identification number as applicable.
5. Date Parameters for Assessing Practice: CM RSF reviews assess practice for the most recent 30-60 day period.
 - a. To understand the family history, why the family was referred to services, and any services or interventions provided, the reviewer must review the case.
 - b. This case review should not go back more than six (6) months.

8.2.2 Rapid Safety Feedback Review Samples

1. The CBC QA Manager or designee will select a CM RSF sample of in-home cases at the beginning of each quarter and update the list periodically, if needed, during the quarter.
2. CM RSF samples are selected using the FSFN's *Children Receiving In-Home-Services Daily QA Listing Report* located in the FSFN Reporting section in the folder OCWDRU Reports/Services/Management which includes the following:
 - a. Children in an active living arrangement as of the report date including children under post-placement supervision
 - b. Children under four (4) years of age
 - c. Children for whom the parent or guardian has been an alleged perpetrator of Household Violence Threatens Child, Intimate Partner Violence Threatens Child, AND Substance Misuse. The allegations could be in a single or separate investigation
 - d. Input controls that will either further restrict or expand the listing of children displayed
3. Cases must be open at least 30 days to be included in the sample to assure that sufficient information is available for review.
4. In the event a CBC completes reviews on 100% of their eligible cases using the risk criteria/tiered stratification criteria included in Section 8.2.3 during a review quarter but have not met their total number of cases required to be reviewed, they may supplement the review sample with cases meeting locally identified risk factors, such as those identified by a child death review team.

8.2.3 Rapid Safety Feedback Review Sample Stratification

8.2.3.1 Tier 1 Stratification

1. Case Management cases with an open investigation involving a victim child or other child under the age of four (4) years containing Household Violence Threatens Child, Intimate Partner Violence Threatens child, and a substance misuse allegation regardless of prior reports.
 - a. The *investigation* involving open case management cases will need to have been open at least 30 days and continue to meet Rapid Safety Feedback Review criteria.
 - b. Case Management cases with an open investigation will be reviewed using the Case Management Rapid Safety Feedback Review Instrument.
 - c. Case Management cases meeting this criterion will be reviewed through the CM RSF process even if the CBC has already completed the number of CMS RSF reviews required as defined in Section 8.1.4.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

2. At least one prior report was received on the victim child or other child under four (4) years of age (0 to 3 years and 364 days).
3. The *Children Receiving In-Home-Services Daily QA Listing Report* will need to be updated several times throughout the quarter to ensure all Tier 1 cases are reviewed.

8.2.3.2 Tier 2 Stratification

If the CBC is unable to meet the contracted number of Rapid Safety Feedback reviews to be completed using Tier 1 stratification, the parameters of the *Children Receiving In-Home Services Daily QA Listing Report* can be expanded to include more cases.

1. 1st: Children under age 4 with an open investigation at the time of sample selections, regardless of maltreatment (Investigation should be open at least 30 days before the review).
2. 2nd: Children under age 4 where the caretaker has been an alleged perpetrator for Household Violence Threatens Child and Intimate Partner Violence Threatens Child and substance misuse.
3. 3rd: Children under age 4 where the caretaker has been an alleged perpetrator for Household Violence Threatens Child or Intimate Partner Violence Threatens Child or substance misuse.
4. 4th: All children under 12 months of age regardless of the maltreatment.
5. 5th: expand age of the child to *all*.

8.2.4 FSFN Business Objects Report Entitled Children Receiving In-Home Services Daily QA Listing

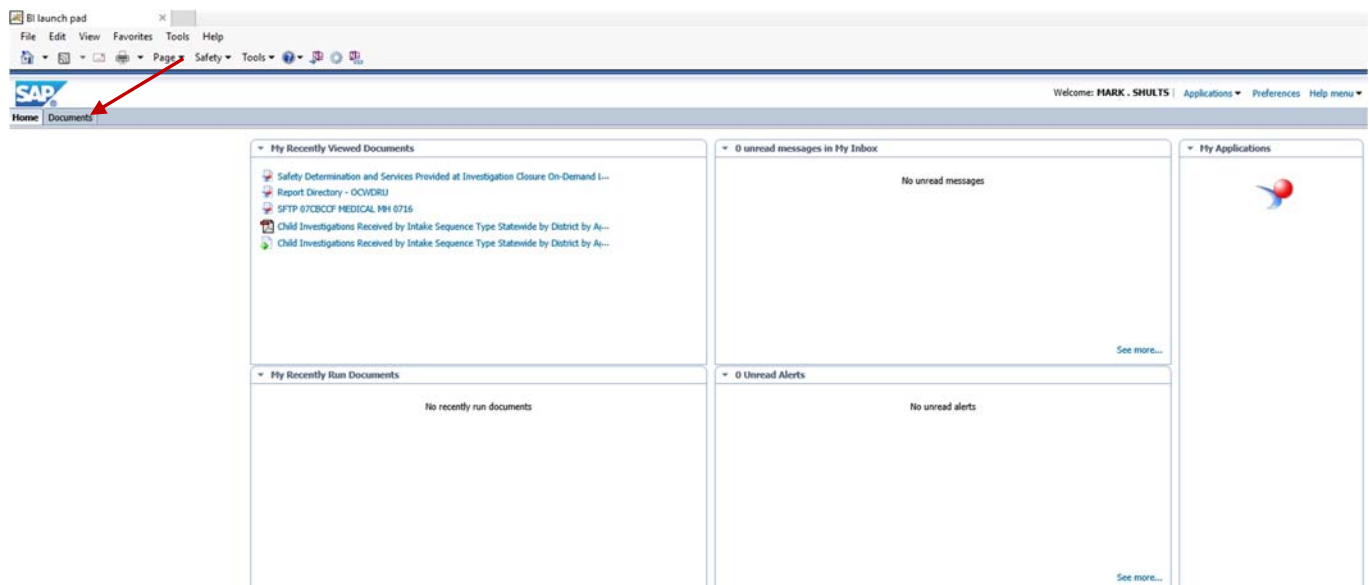
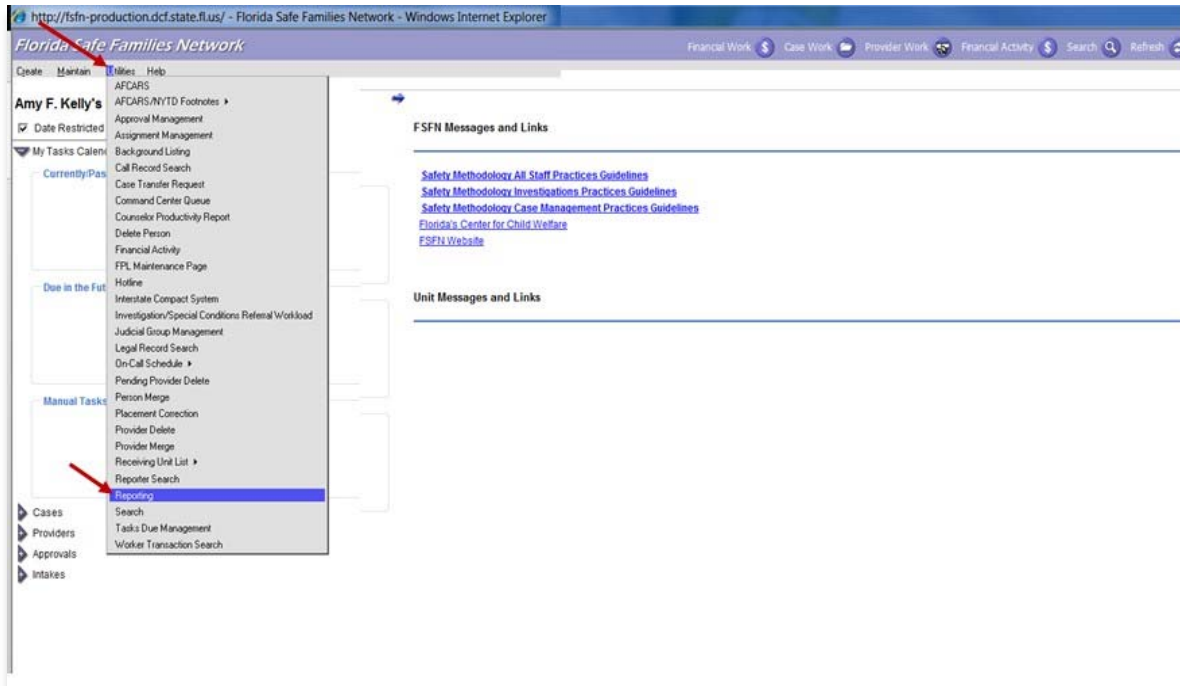
1. The report is located at Public Folder OCWDRU Reports/Services/Management, titled *Children Receiving In-Home Services Daily QA Listing*. The report includes a Report Description tab that gives detail about the report and a Listing tab that has the actual listing and all the input controls for filtering. The report includes the most recent court case number (provided one has been entered into FSFN). The report may be launched in the QA Portal once deployed.
2. The youngest caretaker age is available but the report defaults to all caretakers.
3. The two defaults (Child's Age and Household or Intimate Partner Violence and Substance Misuse) are grouped together.
4. The reviewer can select Household Violence Threatens Child, Intimate Partner Violence Threatens Child AND Substance Misuse; Household Violence Threatens Child and Intimate Partner Violence Threatens Child OR Substance Misuse; Neither; or All (i.e., all records regardless of the value). The default is set to Household Violence Threatens Child and Intimate Partner Violence Threatens Child AND Substance Misuse
5. Some children in the report do not have a date of birth entered for their caretaker(s). When this is the case, the default is set to the youngest caretaker age to 99 so that the records will still display unless the user adjusts the Input Control to be something else.
6. The current default is set for the child's age to less than one (i.e., 0 years of age).

Windows into Practice

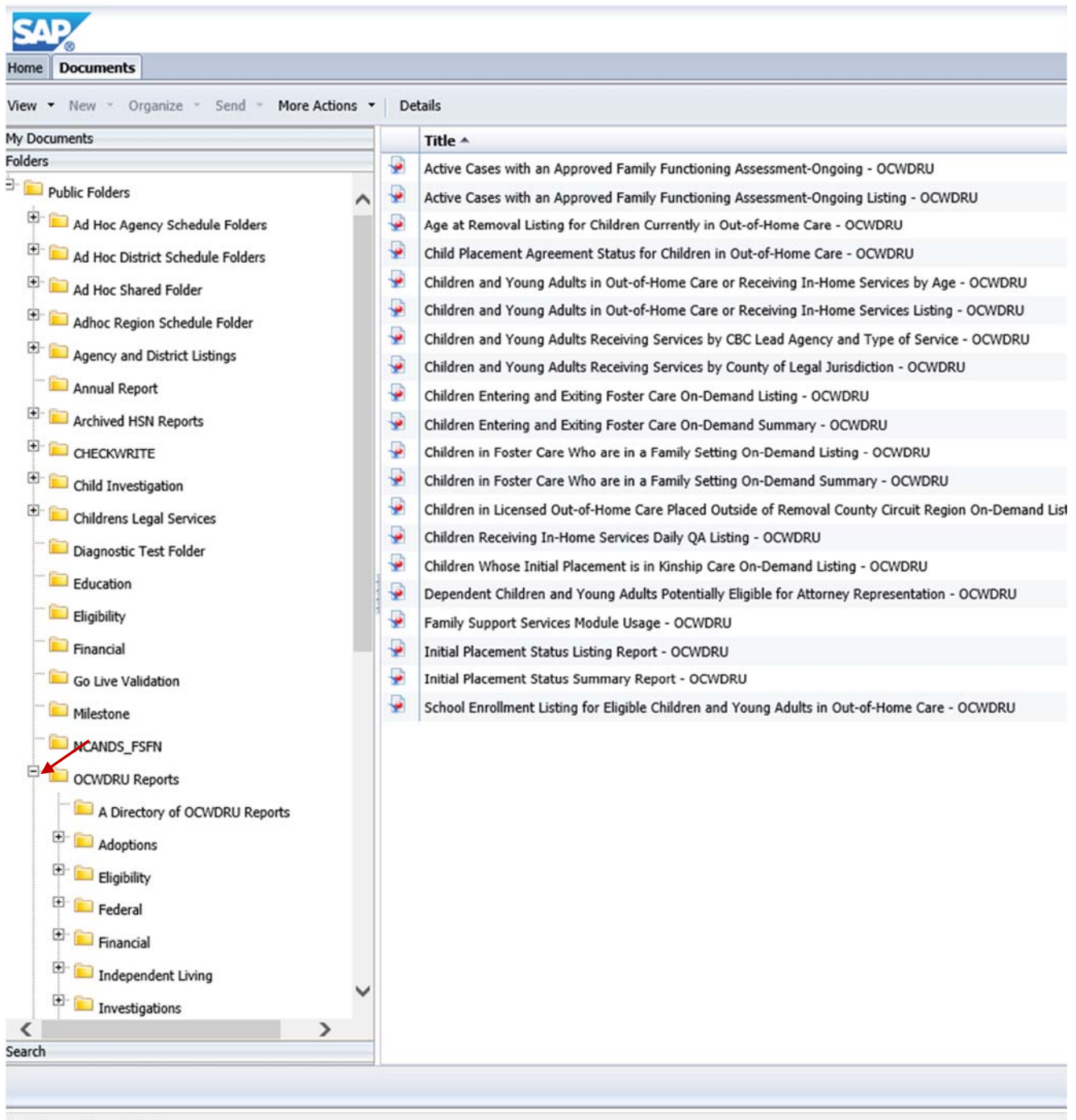
Guidelines for Quality Assurance and Continuous Quality Improvement

FY 2019/2020

The visualizations below show the location of the report in FSN.



Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020



Windows into Practice

Guidelines for Quality Assurance and Continuous Quality Improvement

FY 2019/2020

BI launch pad

File Edit View Favorites Tools Help

Page Safety Tools

SAP

Home Documents

View New Organize Send More Actions Details

My Documents

Folders

- Education
- Eligibility
- Financial
- Go Live Validation
- Milestone
- NCANDS_FSN
- OCWDRU Reports
 - A Directory of OCWDRU Reports
 - Adoptions
 - Eligibility
 - Federal
 - Financial
 - Independent Living
 - Investigations
 - Licensing
 - Medical Mental Health
 - Services
 - Management
 - Performance
 - Trend
 - Shortcuts
 - Temporary On-Demand Listing-CBC Scorec
 - Temporary On-Demand Listing-Other
 - Temporary On-Demand Summary-CBC Sco
 - Provider
 - Search Data Capture

Title ^	Type
Active Cases with an Approved Family Functioning Assessment-Ongoing - OCWDRU	Web Intelligence
Active Cases with an Approved Family Functioning Assessment-Ongoing Listing - OCWDRU	Web Intelligence
Age at Removal Listing for Children Currently in Out-of-Home Care - OCWDRU	Web Intelligence
Child Placement Agreement Status for Children in Out-of-Home Care - OCWDRU	Web Intelligence
Children and Young Adults in Out-of-Home Care or Receiving In-Home Services by Age - OCWDRU	Web Intelligence
Children and Young Adults in Out-of-Home Care or Receiving In-Home Services Listing - OCWDRU	Web Intelligence
Children and Young Adults Receiving Services by CBC Lead Agency and Type of Service - OCWDRU	Web Intelligence
Children and Young Adults Receiving Services by County of Legal Jurisdiction - OCWDRU	Web Intelligence
Children Entering and Exiting Foster Care On-Demand Listing - OCWDRU	Web Intelligence
Children Entering and Exiting Foster Care On-Demand Summary - OCWDRU	Web Intelligence
Children in Foster Care Who are in a Family Setting On-Demand Listing - OCWDRU	Web Intelligence
Children in Foster Care Who are in a Family Setting On-Demand Summary - OCWDRU	Web Intelligence
Children in Licensed Out-of-Home Care Placed Outside of Removal County Circuit Region On-Demand Listing - O	Web Intelligence
Children Receiving In-Home Services Daily QA Listing - OCWDRU	Web Intelligence
Children Whose Initial Placement is in Kinship Care On-Demand Listing - OCWDRU	Web Intelligence
Dependent Children and Young Adults Potentially Eligible for Attorney Representation - OCWDRU	Web Intelligence
Family Support Services Module Usage - OCWDRU	Web Intelligence
Initial Placement Status Listing Report - OCWDRU	Web Intelligence
Initial Placement Status Summary Report - OCWDRU	Web Intelligence
School Enrollment Listing for Eligible Children and Young Adults in Out-of-Home Care - OCWDRU	Web Intelligence

Search

8.3 Schedules and Calendars

At the beginning of each quarter, the CBC QA Manager or designee will update the calendar on the Center for Child Welfare website to reflect the dates case reviews are scheduled. Calendars are located on the Results Oriented Accountability Tab, CQI/Quality Assurance, Calendar of Reviews at:
<http://centerforchildwelfare.fmhi.usf.edu/QACalendars.shtml>.

8.4 Data Integrity

Data integrity assures the accuracy and consistency of data in the QA systems. Data integrity is the responsibility of the QA reviewer, QA manager, CFSR local site leader, and state level administrators.

8.5 Data Entry

QA staff must enter findings from Rapid Safety Feedback and Florida CQI reviews at least every three months by the following dates for the preceding quarter (or next working day):

- October 5
- January 5
- April 5
- July 5

CFSR PIP monitored cases must be entered within the timeframe established by the Administration for Children and Families.

8.6 Annual CBC Reporting and Planning

The annual CBC Report and annual Plan are to be submitted to the DCF CBC Contract Manager with a copy to the Office of Child Welfare no later than August 31st of each year. The report must include a summary of findings, an analysis of root causes, and action taken by the agency to improve practice. The annual report and plan may be combined at the discretion of the CBC.

8.6.1 Annual Report

The Annual Report is divided into five (5) sections as outlined below. The assessment of performance must include qualitative and quantitative data analysis. Appendix 13 is the template including the below:

I. Introductory Section

Describe the agency's capacity for performing QA and CQI tasks, including language on staffing, budget, performance and performance improvement goals, timeframes, and any organizational capacity resource tool employed to assess capacity.

Provide graphics and supporting language on the qualitative and quantitative outcome measures and performance metrics your agency measures towards the child outcome goals of safety, permanency, and well-being. Include the benchmark targets for each measure and metric such as national, statewide, or locally developed standards and/or targets.

II. Performance Improvement

Describe the agency's systematic process to review practice trends and performance and employ performance improvement strategies including outcomes and measures routinely reviewed and with what frequency.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

Provide supporting tables and graphs that provide an analysis and evaluation of performance trends (i.e. 3 to 5 years) across multiple service delivery and management factors as locally determined. The following grouping of practice trends should be addressed:

1. Safety
2. Permanency
3. Well-Being
4. Local Practice Trends in response to RSF and other relevant data

III. Findings

Provide narrative and graphics that describe specific findings from the prior year of the outcome measures, performance metrics, and qualitative data measured against the benchmark targets. Include how findings are shared with CBC and CMO operational leadership in order to ensure improvement activities are implemented.

Describe QA findings over time (i.e. 3 to 5 years). Address the agency's strengths/promising practice trends and areas needing improvement based on the synthesis of data collected through various QA reviews and any other sources of information that measure local performance.

The summary must be evaluative⁵ in nature – not simply descriptive in a narrative format. It should not be a repeat of findings from the review tools or a listing of review questions in bullet fashion with performance shown by percent achieved for a standard.

IV. Gaps in Findings to Benchmarks

Describe the gaps in performance on metric(s) compared to benchmarks, and an analysis of the exploration of root causes for the underperformance of the metric(s). Explain any interventions that have been identified to correct, and any actions towards the implementation of intervention(s). Describe research and evidence-based sources to identify or suggest intervention(s).

V. Intervention findings

If intervention(s) was/were implemented to address gap(s), describe any correlative or causative effect in the improvement of the measured metric. Explain why correlation or causation was identified. Please describe any unintended consequences of the intervention implementation.

If interventions were not implemented to address gaps, describe how the region will react to the analysis of findings. For example, will the findings be addressed in the annual update of the Quality Management Plan or in the local Quality Improvement Plans?

8.6.2 Annual Plan

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 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.

⁵ *Evaluative Language* presents judgments; assesses status and outcomes; gauges, ranks, and rates performance over time. Using evaluative language addresses 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.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

Plan to Improve performance of the current year based on the findings from the prior year.

1. The plan must include the lead agency's Program Improvement Plan to address areas needing improvement as a result of the CFSR and other federal reviews.
2. A description of how the agency will monitor improvement in the CFSR systemic factors that are being addressed by the lead agency.
3. A description of activities planned to address program improvement and monitoring of the National Data Indicators and CFSR/PIP/RSF case review items that are deemed an *area needing improvement*.
4. High-level discussion of turnover
5. Working relationships with CPIs and/or Sheriffs
6. Stakeholder involvement
7. A description of any other special reviews, discretionary reviews, systemic reviews planned or needed
8. The schedule for conducting QA reviews for the current year
9. Efforts to improve statewide targeted initiatives
10. Local improvement initiatives
11. A description of training activities to be provided by the CQI team
12. A description of strategies that will be used to improve practice and how those interventions were selected (evidenced-based, promising practice, etc.)

8.7 Request for Action

If at any time the reviewer noted immediate child safety concerns, the CBC QA manager or designee must immediately report such findings to the agency responsible for action and resolution. The reviewer must document the RFA referral in FSFN within 24 hours of identification of the concern and document subsequent actions in FSFN within 24 hours of notification. Appendix 7 provides a sample form and instructions on completing an RFA in FSFN.

The Request for Action process was implemented in 2008 following the Courtney Clark disappearance. The Task Force on Child Protection recommended changes and then-Secretary Butterworth required development of a formal process. In 2011, the Department was cited during a SACWIS review for not including this process in our FSFN system. The RFA process was subsequently built into FSFN.

The Request for Action (RFA) may be issued for two purposes:

1. **Immediate Child Safety (RFA Required)**— During a QA monitoring of CPI or case management files, the reviewer may identify that a child appears to be in imminent danger and immediate action must be taken to address the issue. For example, case file documentation may indicate the caretaker responsible has access to the child in violation of court orders or an injunction. Such access may pose an immediate threat to child safety and would need attention if there is no solid documentation that the CPI and/or case manager has addressed the issue. In another example, the reviewer may identify immediate child safety concerns during an interview with the child and/or the family.
2. **Administrative Review (RFA Optional)**— During a QA monitoring of CPI or case management files, the reviewer may determine the need for an administrative review of the case based on several findings or concerns which, while they do not rise to the level of child safety, do have an impact on overall quality of performance and may indicate system-wide issues needing resolution. Concerns regarding incorrect or missing case record information, such as misspelled names, incorrect demographic information,

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

missing court documents etc. should be noted on the case review tool, rather than through an RFA form and should be provided to operations staff for review and follow-up. Examples of administrative concerns may include case file documentation found to be in significant conflict with information provided during in-depth interviews conducted during a review of CBC case management files. In another example, the reviewer may find documentation in the case file that is inappropriate, judgmental and/or perhaps unprofessional.

REFER TO APPENDIX 7, FSFN REQUEST FOR ACTION

8.8 Case Consultations

After case reviews are completed, the reviewer should schedule a case consultation to discuss review findings. The consultation should always include the case manager and the supervisor. Others can be invited at the QA Manager's discretion. Face-to-face consultations 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. Case consultations should be conducted as soon as possible upon completing the review.

REFER TO APPENDIX 4, CASE CONSULTATION CASE MANAGEMENT

8.9 Florida CQI and CFSR Training

The Children's Bureau provides online training in the CFSR process. All CQI staff conducting Florida CFSR reviews are required to complete the training. The training is designed to provide QA reviewers, partners, and stakeholders with information relevant to the ongoing case management reviews (Florida CQI) and the federal Child and Family Services Reviews (CFSRs). The training is divided into three courses for a total of five modules and includes:

Course 1: Online Training for States (Required)

- **Module 1: The OSRI** - In addition to a downloadable copy of the *Onsite Review Instrument and Instructions* (OSRI), this module contains a series of seven videos that provide an overview of the instrument, its layout, and key elements for each of its outcomes. The module also contains a video that provides an overview of the quality assurance (QA) process used to ensure accurate completion of the OSRI.
- **Module 2: Shawntese Jordan** - This module contains a complete foster care mock case that can be used to practice applying the OSRI. Users may find it useful to download and complete the OSRI so that they can record how they would rate and document their findings in the case. The module also contains a downloadable answer key for the mock case, so individuals may check their own work, and a video series that provides detailed explanations for arriving at these answers.
- **Module 3: Marsha Taylor** - This module contains a complete in-home services mock case that can be used to practice applying the instrument. Users may find it useful to download and complete the instrument so that they can record how they would rate and document their findings in the case. The module will also contain an interactive training focused on approaching case-related interviews and incorporating interview information into review findings.

Course 2: Foster Care Mock Case II

- **Module 4: David Clement** — This module contains a second complete foster care mock case that can be used to practice applying the OSRI. Users may find it useful to download and complete the instrument so that they can record how they would rate and document their findings in the case. The module also contains an interactive video depicting a mock case-related interview that allows users, at

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

critical points in the interview, to select the best or most appropriate follow-up question from a variety of options and receive immediate feedback on their selection.

Course 3: Foster Care Mock Case III

- **Module 5: Javier Diaz** — This module contains a second complete foster care mock case that can be used to practice applying the OSRI. Users may find it useful to download and complete the instrument so that they can record how they would rate and document their findings in the case. The module also contains a downloadable answer key for the mock case, so individuals may check their own work, and a video series that provides detailed explanations for arriving at these answers

Modules 4 and 5 of the Online Training for States each provide an additional opportunity for practicing a case review using a mock case. They can be used as standalone modules or as follow-up training for users who have completed Course 1 Modules 1–3.

8.9.1 Children's Bureau Certification Process

The Children's Bureau has established a two-tiered certification system on the CFSR E-Training Platform's Online Training for States. To earn a certificate or CEUs, the user must be logged in to the portal at <https://www.cfsrportal.acf.hhs.gov/>. Refer to Section 3.13.1 OMS Access and User Roles, to obtain account access. Once logged in, click the E-Training Platform tab to access the five core modules:

Course 1: Online Training for States (Required)

Module 1: The Onsite Review Instrument (OSRI): 2 hours

Module 2: Foster Care Mock Case (*Shawntese Jordan*): 8.5 hours

Module 3: In-Home Services Mock Case (*Marsha Taylor*): 4 hours

Course 2: Foster Care Mock Case II

Module 4: Foster Care Mock Case II (*David Clement*): to be determined

Course 3: Foster Care Mock Case III

Module 5: Foster Care Mock Case III (*Javier Diaz*): to be determined

8.9.1.1 Continuing Education Units (CEUs)

Continuing Education Unit (CEU) certification are available for individuals to apply to their professional licensure requirements after completion of all three modules, passing a quiz with a minimum score of 80 percent, and completing the course evaluation. Individuals will earn 14.5 [Social Work] continuing education contact hours approved by the National Association of Social Workers.

To earn CEUs, the user must complete and check all three steps within all the core modules. Once all the modules and all steps are completed, a new box titled *Next Steps* will automatically appear in the right-hand column. The link in this section provides access the CEU certification quiz, and instructions. As previously noted, the trainee must pass this 80-question quiz with a score of 80 percent or better to be eligible for CEUs. Upon successful completion of the quiz, the trainee will be directed to an online evaluation form. Once the trainee completes this, JBS International will receive automatic notification of his/her eligibility for CEU certification and, upon confirmation, will deliver the certificate via e-mail.

Since a CEU certificate indicates completion of all required units, it is not necessary to request individual Certificates of Completion for each module if the trainee is pursuing the CEU certification.

Questions or concerns regarding this should be directed to JBS International at:
etpfeedback@jbsinternational.com.

Windows into Practice
Guidelines for Quality Assurance and Continuous Quality Improvement
FY 2019/2020

8.9.1.2 Certificate of Completion

To earn a Certificate of Completion, the user must complete all the steps within one of the required core modules and mark each step as complete by clicking the green *Mark this activity as complete* link. A check mark will display to indicate that this step has been completed. The reviewer will send an e-mail to etpfeedback@jbsinternational.com (or use the *contact us* link located at the bottom of the page) when all a module's steps have been completed. Provide the trainees portal username, the module completed, and a full name as it should appear on the certificate. Once JBS International has confirmed the module's completion, JBS will deliver the certificate via e-mail. The certification system offers all registered CFSR Information Portal users the ability to obtain, free of charge, Certificates of Completion for individuals who complete a module and want proof of that completion for their personal use or to provide to the state agency or other party as evidence of completion.

8.9.1.3 Documentation Requirements

Training hours are to be documented according to each Region and/or Community-based Care Lead Agency's Procedures for each employee.