
Quality Assurance 2008 Workgroup Report

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Introduction

In September 2008, the Department established a workgroup to review the quality assurance process to determine if it produces desired outcomes and if it is being done effectively and efficiently. Consideration would be given to duplication of tasks, budget restrictions and eliminating subjectivity, to the extent possible, while maintaining the integrity of the review and its analysis of Department programs.

Structure

Quality Assurance is a statutorily mandated process (F.S. 985.632) by which all programs and direct services to youth operated by the Department or under contract with the Department are evaluated. Standards of quality care have been developed based on state law, Department policy, administrative rule, and evidence-based best practices by which these programs and services are evaluated. The Quality Assurance Office was established in 1994 as part of the Juvenile Justice Reform Act. Florida is recognized as a national leader in using highly skilled juvenile justice practitioners to evaluate the quality of its programs. Many other states view the Department as truly innovative and have attempted to implement similar processes.

The mission of the Bureau of Quality Assurance is to promote continuous improvement and accountability in juvenile justice programs and services.

QA consists of 35 positions located throughout the state in five regional offices and the headquarters office in Tallahassee. Reviews are conducted annually. In 2008, the office conducted 190 reviews statewide (79% of total agency programs). Review teams consist of quality assurance staff and peer reviewers certified in the quality assurance process.

Initial Steps

The workgroup included department employees from each program office that directly or indirectly played a part in the process itself. This group set out to look at defining the purpose of QA and what we as an agency hope to achieve through the QA review process. The intent was to determine if we were looking at the right things when evaluating a program's ability to meet minimum standards. Discussions were held to determine who the stakeholders were and what was important to them. That combined list of needs was analyzed and ranked according to importance and risk. The items were also grouped under common headings to make the list more manageable. Coincidentally, the overall categories resulting from this prioritization activity were exactly the same as the current standards. This exercise validated that for the most part the current QA standards themselves need not be changed.

Standards currently exist for each of the different program types: Residential, Detention, CINS/FINS, PACE, Conditional Release, Probation, IDDS and Day Treatment. This larger workgroup was primarily focused on reviewing residential standards. Additional smaller workgroups were assigned the task of reviewing the other program types. That being the case,

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the next step of the workgroup was to begin looking at the indicators within each standard to see if there were any indicators missing or perhaps that could be eliminated. In order to qualify for elimination the validation of performance being checked during the QA review would have to be captured elsewhere by another entity or process. For example, food health certification is done by the Department of Health so it was not deemed necessary to be validated again by DJJ. While no indicators were added to the existing standards a number of indicators were eliminated. It is important to understand however, that while being eliminated from the scoring process, observations or information gathered during a QA review on those indicator topics will still be reported to the appropriate program Assistant Secretary if the results were either outstanding or drastically below standards. For example, youth will still be asked survey questions regarding the quality of food served at the facility. While this indicator has been eliminated from the scoring process, information may still be reported to department and program management based on survey responses. Once the initial recommendations for revised standards and indicators were completed by the workgroup, the proposed list was posted for review and comment on the agency's website.

Workgroup Sessions

Because our providers are such an integral part of DJJ operations, it was essential that the review and potential changes to the QA process be vetted through the providers and stakeholders. The subsequent series of five workgroup meetings were open to the public and representatives from the following groups attended various meetings:

Beth Davis, Director, Program Accountability
Bob Dale, Director, Research & Planning
Jeff Wenhold, Bureau Chief, Quality Assurance
Mike McCaffrey, Director Staff Development & Training
Rosemary Erwin, Health Services
Joan Wimmer, Residential Services
Mike Baglivio, Program Specialist, Programming & Technical Assistance
Lora Deckerhoff, Administrative Secretary, Quality Assurance
Cathy Craig-Myers, Florida Juvenile Justice Association
Beverly King, Troy Community Academy
Melissa McBride, Sunshine Youth Services
Mary Francis Megan, Sunshine Youth Services
Debbie Watts, Center for Drug-Free Living
Mary Louise Cole, Bay Point Schools
Darryl Olson, Assistant Secretary Residential
Gerri Dolan, Bay Point Schools
Richard Kline, Residential Services
Peter Plant, G4S
Meg Bates, Florida Network Services
Jeff Kaplan, Gulf Coast Youth Treatment Inc.
Debbie Moroney, PACE

Quality is the result of a carefully constructed cultural environment. It has to be the fabric of the organization, not part of the fabric.
Phil Crosby

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Matt Hefelfinger, Detention Services
Donnie Read, Twin Oaks Juvenile Development Inc.
Frank Alarcon, Henry & Rilla White Youth Foundation
Rex Uberman, Asst. Secretary Probation
Dorothy Xanos, Youth Services International, Inc.
Richard Semanick, Sunshine Youth Services
Steve Bushore, Program Administrator, Quality Assurance – Area One
Mike Marino, Program Administrator, Quality Assurance – Area Two
Donna Connors, Program Administrator, Quality Assurance – Area Three
Rick Burkhart, Program Administrator, Quality Assurance – Area Four
Patrick Morse, Program Administrator, Quality Assurance – Area Five

Several different aspects of the QA process were reviewed and discussed during the meetings.

Residential Indicators

The first agenda item was to review the proposed revised residential indicator listing. Some discussion was held on the weighting of indicators but it was determined that that undertaking was a bit more than this group could tackle in our short time frame and that topic was tabled for the 2009 meeting agendas. Good discussion was held regarding the proposed eliminations; and, explanations were provided as to how those items would be accounted for in the future. While it was noted that the eliminated indicators were those that the providers generally scored well on and benefited them in their overall scoring, there was consensus that the indicators be eliminated. Indicators, where consistent across program types, will also be eliminated for 2009.

Residential indicators to be eliminated for 2009 are:

- Incident Reporting
- Escape Notifications
- PAR Reports
- Treatment Environment
- Delinquency Intervention and Treatment Services
- Youth Hygiene/Dress Code
- Youth Communication
- Sexual Predator Screening
- Youth Records
- Meal Quality
- Visitation
- Release Procedures
- Orientation
- Licenses and Certifications
- Nutritionally Balanced Meals

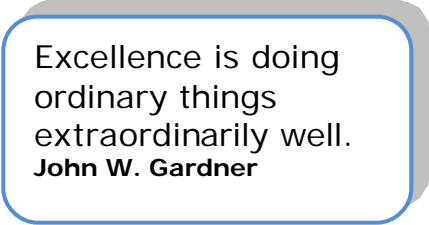
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The Office of Health Services was consulted regarding the Health Services and Mental Health and Substance Abuse standards to determine if there could be any modifications in that area. Dr. Turner's recommendation was that no changes be made at this time, but the topic would be added to the agenda for 2009.

NOTE: Detention standards and indicators were reviewed by the full workgroup; however revisions were proposed by the Detention program office and posted for review and approval. Day treatment, IDDS, PACE and Probation standards are not being modified at this time except for the elimination of the common indicators referenced previously. CINS/FINS are still being revised and should be complete by January. A small workgroup is working directly with Florida Network staff to complete revisions.

Prevailing Practice

It was suggested that a clear understanding of what is meant by prevailing practice be determined and that it be consistently applied across the state for all reviews. While the definition of prevailing practice itself may be clear, the application of time span may not have been consistently used by different review teams. After much discussion, it was decided that the application of prevailing practice for QA reviews would consistently be the six months prior to the scheduled review. The exception would be in the case that an incident for that indicator is nonexistent during that 6 months then the review team could go back as far as the date of the last QA review, but not to exceed twelve months. The hope is to obtain three instances of a particular process/practice to appropriately determine prevailing practice. (NOTE: This could result in a varying timeline of 6 months to a year depending on when the last review was completed.) The exception would only be applicable to the particular indicator where the incident was not evident during the six month period and not to all indicators.



Excellence is doing
ordinary things
extraordinarily well.
John W. Gardner

The QA teams will monitor the success of this application during the first half of the 2009 review period. If monumental workload issues occur they will be brought to the attention of the workgroup at meetings conducted during 2009 for further discussion.

Scoring

It was agreed by the workgroup that the current 10 point scoring system allowed for subjectivity and resulted in challenges within a level of performance. By assigning a single number to each of the scoring categories both these issues would be minimized. Different options were reviewed and analyses conducted to compare scores using the existing scoring method vs. new options. After review, the workgroup agreed to the following: 0 Non-Performance, 5 Partial Performance, 7 Satisfactory Performance, and 10 Superior Performance.

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Additional discussion was held regarding the 100% grading scale used for the overall program performance: 0-59%, Failed; 60-69%, Minimal; 70-79% Acceptable; 80-89%, Commendable; and 90-100%, Exceptional. There were some suggestions that the overall grading scale be four levels similar to the individual indicator four levels. After looking at the pros and cons and testing options, it was decided to not change the overall grading scale at this time. Further discussion on this topic will be conducted during the 2009 workshops.

Challenge Process

The challenge process was discussed to determine if any changes needed to be made. On rare occasion QA receives extensive challenge documents requiring almost a complete reanalysis of the entire review completed by the team. While this is the exception rather than the rule, there is workload associated with the challenge response. It is anticipated that the changes to the scoring will eliminate some of the more extensive challenges that often involve disagreement with a score within a performance category rather than the category itself. This topic will be reevaluated during the 2009 workshops after the new scoring process has time to be implemented.

CORE Updates

In addition to looking at the elimination of indicators, the workgroup also looked at ways to improve the process of QA reviews for each of the indicators. One area discussed is the review of staff files for training requirements. It was determined that with a few enhancements to the CORE training system, that training validation could be completed off site through CORE reports with only discrepancies addressed on site. Staff Development and Training worked with the training developers to make slight modifications to the CORE tracking system. Providers can now accurately document training received and reports accessed by QA can be used to determine if requirements are met, eliminating the need to verify this information in the employee's file.

It should be noted that during the 2009 review cycle providers will not be held accountable for incomplete accounting of training in the CORE system. Information missing in CORE will be requested from the provider in hard copy to validate the training. However, programs will be advised that during the 2010 cycle only training documented in CORE will be reviewed and scores for programs not entering information in CORE may be affected accordingly.

Compliance vs. Performance

The original residential standards included eight indicators that were scored as compliance vs. performance. With the elimination of the Sexual Predator Screening, Licenses and Certifications, and Incident Reporting indicators, there were five indicators left classified as compliance indicators. By reducing the scoring points from a 10 to a 4 point scale the need to distinguish between compliance and performance was questioned. Each of the remaining five compliance indicators was reviewed and discussion was held to see if in fact they could be scored as performance indicators. The group consensus was that there is room for

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superior performance and the 4 point grading scale would lend itself to an accurate measure for these indicators. As a result, all indicators for the 2009 review period will be scored on performance.

Sample Size

The current sample size for files and records is 10 or 10% of the population. This practice was used to ensure that enough records are being reviewed to ensure a prevailing practice is evident. It was discussed however, that reviewing 10 files for a 10 or 15 bed program did not make much sense but that 10% for facilities with over 100 beds does make sense. In an effort to reduce time spent in a facility it was agreed that sample sizes should be adjusted. The most labor intensive analysis involves the Health Services and Mental Health and Substance Abuse standards. Reviewing a minimum of 10 files for those two standards alone takes at least 4 days to complete.

After much discussion, the workgroup recommended the sample size should be a percentage based on the population of the facility. The following sample sizes will be used for the 2009 review cycle:

- 0 to 10 beds 3 files
- 11 to 30 beds 5 files
- 31 to 65 beds 7 files
- 66 - up 9 files

Scoring Definitions

Because the scoring will be revised based on four performance categories, it is important that the definitions of those categories be as precise as possible to ensure both the QA reviewers and the providers have a clear understanding of what they mean. Future challenges will specifically outline how the facility feels they should be scored higher based on evidence that meets the definition. For example, if the program scored satisfactory and they feel they should have been superior, they must clearly show how their performance (items, documentation or actions) was either innovative or exceptional and is efficient, effective, and readily apparent with very few exceptions.

Performance stands out like a ton of diamonds. Nonperformance can always be explained away.
Harold S. Geneen

Superior Performance: The program consistently meets and a majority of the time exceeds the requirements of the indicator. The items, documentation and/or actions necessary to accomplish the requirements of the indicator are completed with either an innovative approach or exceptional performance that is efficient, effective, and readily apparent. There is evidence of very few exceptions to this.

Satisfactory Performance: The program consistently meets the requirement of the indicator. The items, documentation and/or actions necessary to accomplish the requirements of the indicator are completed as required, though a few exceptions may occur.

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Partial Performance: The program does not consistently meet the requirements of the indicator. Frequent and/or significant exceptions occur or the program is ineffective in completing the items, documentation and/or actions necessary to accomplish the requirements of the indicator.

Non-Performance: The items, documentation and/or actions necessary to accomplish the requirements of the indicator are missing, done so poorly that they do not contribute to accomplishing the requirements of the indicator, or include falsified documentation.

One additional point discussed on this topic by workgroup members is that it may not be the performance definitions themselves that cause the cloudiness over what meets a particular performance level. Instead the guidelines themselves may need to be better written so as to more clearly define what it takes to be superior, satisfactory, etc. Due to the limited time to make major changes to guidelines for 2009 review cycle, it was agreed that this work effort would be tabled for the 2009 workgroup sessions. It was noted that the guidelines for the indicators changed from compliance to performance many need changes for the upcoming year since they are currently written with compliance terminology. The QA office agreed to address this issue at its December staff meeting and will publish any changes to the guidelines by the first of January.

Detention

A smaller sub-workgroup met with Detention staff to review their standards and determine what if any indicators could be eliminated and how we could improve the QA process. The following indicators will be removed from the review process for the 2009 cycle for detention facilities:

- Incident Reporting
- Documentation- reports
- PAR Reports
- Parental Notification
- Holding Cells
- Youth Files
- Detention Environment
- Daily Programming
- Visitation
- Youth Correspondence
- Protective Action Response
- Releases
- Nutritionally Balanced Meals
- Meal Quality
- Licenses and Certifications
- Escape Notification

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In addition, Detention staff developed a new module in the Detention Facilities Management System (DFMS) specifically for use by QA staff when conducting reviews. The new module can be accessed on line and produces reports that address specific indicator measures of performance. QA will use these reports to conduct their analysis and only have to address exceptions or noted discrepancies with the facility staff on site. By using this system QA will be able to look at all instances for an indicator during the prevailing practice sample period of six month instead of looking at a sampled number of records.

As with CORE training documentation, it should be noted that during the 2009 review cycle facilities will not be held accountable for incomplete information being entered into DFMS. Information missing in DFMS will be requested from the facility supervisor in hard copy for validation. However, facility staff will be advised that during the 2010 cycle only information documented in DFMS will be reviewed and scores for facilities not entering information in DFMS may be affected accordingly.

IDDS and Day Treatment Programs

Due to the limited time for a complete review of the standards for these programs prior to the 2009 cycle, it was decided that no changes would be made at this time except for the following: IDDS standards are revised to coincide with new contract amendments; Day Treatment revised to be consistent with Florida Administrative Code; and both standard types eliminated the common indicators referred to above. These standards and indicators will undergo a complete review during the workgroup sessions in 2009.

CINS/FINS Programs

Staff from the Office of Program Accountability and Bureau of Quality Assurance met with staff from the Florida Network of Youth and Family Services to review their standards and determine what if any indicators could be eliminated and how we could improve the QA process. The following indicators will be removed from the review process for the 2009 cycle for CINS/FINS facilities:

- Incident Reporting
- DCF Licensure Requirements
- Youth Records
- 24-hour Access
- CINS/FINS Services
- Program Orientation
- Daily Programming
- Youth Hygiene
- Visitation/Correspondence/Telephone Calls
- Nutritionally Balanced Meals
- Meal Quality
- Food licenses and certifications

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Additional collaboration was successful in terms of consolidating and merging indicators where it made sense to do so. The 2009 QA indicators will flow better through the continuum of CINS/FINS services. It was agreed that QA would request certain documentation to review prior to arriving on site. QA will use these documents to conduct their analysis and only have to address exceptions or noted discrepancies with the facility staff once arriving on site.

Other Items

Some other changes to be implemented for the 2009 review cycle are:

- Elimination of the facility tour
- 7 days vs. 5 days advance notice to programs
- Automated surveys for staff and youth (optional)
- Coinciding JJEEP reviews when possible
- Reinstated Deemed policy
- Inclusion of contract monitors on review teams
- Improved report writing
- Emailing of all annual, 30-day and 7-day notifications

What's next?

The improvements and changes made during these 2008 QA workgroup sessions were made with overall consensus of the group members. It is believed these changes will improve the effectiveness and efficiency of the review process. The workgroup will continue to meet during 2009 to address outstanding issues and further improve the quality assurance process. Meetings are scheduled to begin in March 2009 to allow time for some reviews to be completed and any issues resulting from changes made can be addressed with the workgroup members.

Items to be addressed by the group in 2009 include:

- Possible weighting of standards
- Review of Health, Mental Health and Substance Abuse standards
- Review of IDDS/Day Treatment standards
- Clarification of guidelines for indicators
- Improve expenditure collection process for CAR reporting
- Possible inclusion of outcome standards
- Review of Tier II evidence based standards

The Office of Program Accountability and the Bureau of Quality Assurance thank all those who took time out of their busy schedules to attend the workgroup meetings. All members worked cohesively together with the ultimate goal of making the review process effective and efficient while not forgetting accountability and quality. We look forward to continued progress on this effort in 2009.