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ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES QUALITY IMPROVEMENT ASSESSMENT

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Summary

This report describes the quality improvement functions taking place throughout the Department of Human Services (DHS), and uses the Council on Accreditation's (COA) Performance and Quality Improvement standards to frame the discussion of how DHS currently manages quality improvement. It discusses best practice approaches and provides benchmarking information about what similar organizations to DHS are doing. As its goal, this effort provides a summary and analysis of activities within DHS so that senior leadership can understand better the current state of quality improvement at DHS and make recommendations about how to address the Department's overall quality improvement needs and directions.

A broad definition of quality improvement was used for this project. Quality improvement was defined as: "an activity, system or program for evaluating and improving performance in the delivery and quality of services provided to consumers, providers, and the community."

With the assistance and guidance of office representatives and staff, the Office of Data Analysis, Research and Evaluation (DARE) identified more than 100 quality improvement activities and initiatives within the Department. Each of the DHS offices engages in quality improvement projects, initiating both large and small efforts to evaluate and improve the work that they do. Some of the Quality Improvement (QI) activities were small components of the office's overall business process, while a few offices in particular had

woven a formal quality improvement methodology into the fabric of their planning and operations processes.

The Quality Improvement activities and functions in the offices vary from one another in their focus, scope, and intensity. There is considerable variance in what each office targets for quality improvement, how extensive that activity is, and how much time and resources are devoted to the process. DHS has strong capabilities throughout the program offices, deployed for similar purposes, but not integrated strategically to address higher-level organizational goals. Doing so is further complicated by the fact that DHS does not have a strategic plan guiding its organizational direction. Consequently, DHS cannot link office, program, and staff performance directly to Department goals.

The quality improvement activities nested within each program office are effective in meeting the needs of the offices they serve; however, they typically do not contribute by design to organizational knowledge and growth overall. They often do not provide outcomes feedback to the front-line staff whose work impacts those results, locally and Department-wide. However, the significant quality improvement work being done in the department creates a valuable opportunity to improve coordination and communication of existing resources, and as a result, improve outcomes for DHS.

Background

ASSESSMENT DESIGNED TO INFORM PLANNING

During the fall of 2008, the Office of Data Analysis, Research and Evaluation (DARE) undertook a project to assess the quality improvement activities/functions occurring throughout the Department of Human Services' (DHS) program and support offices. This project was initiated to support the planning for a DHS-wide quality improvement unit. Taking into account the size of the organization's personnel, the following approach was taken:

- Establishing a work-group of individuals representing each program and support office.
- Using the knowledge of the work-group participants to identify personnel within their respective offices who have quality improvement functions.
- Conducting meetings with identified persons to discuss quality improvement activities occurring within their office. On average, the meetings took an hour to complete and the conversations were guided by a protocol of questions on the subject.

This report describes the quality improvement functions taking place throughout the department, and uses the Council on Accreditation's Performance and Quality Improvement standards to frame the discussion of how DHS currently conducts quality improvement. The report discusses best practice approaches and provides benchmarking information about what similar organizations are doing.

Methodology

DEFINING THE PROJECT

In October 2008, the Office of Data Analysis, Research and Evaluation (DARE) undertook a project to assess and inventory the quality improvement activities or initiatives within the Department of Human Services (DHS). As its goal, this effort provides an accounting of activities within DHS so that senior leadership can better understand the current state of quality improvement at DHS and make informed decisions about how to address the Department's overall quality improvement needs and directions.

It is important to emphasize that a guiding principle of DHS is to provide high quality services, which means that the services provided and the organization's performance overall reflect best practice standards. In essence, this project's goal is to learn how the organization operates under that guiding principle by detailing the quality improvement activities taking place. Further, a broad definition of quality improvement was used for this project. Quality improvement was defined as: "an activity, system or program for evaluating and improving performance in the delivery and quality of services provided to consumers, providers, and the community."

Benchmarking

DARE researched organizations similar to DHS in structure and function to identify benchmarks. DARE reviewed the quality improvement functions and organizational structure of the following organizations:

- Arkansas Department of Human Services
- Connecticut Department of Social Services
- El Paso County, Colorado Department of Human Services
- Texas Department of Public Health and Human Services

The findings are briefly summarized here. A more thorough review of the benchmarks is included in Appendix A. While helpful to our understanding, we also found – as is often the case – that the benefits of benchmarking are limited by the dissimilarities of comparison organizations. The DHS structure and purpose has few exact matches to serve as comparables. Alternatively, we will continue to explore pieces of quality improvement practices that are working well in other jurisdictions.

Methodology

In the benchmark organizations discussed here, the quality improvement functions typically were housed in support offices, bureaus or divisions, having equal authority with the programs they supported. In one case of a state operated human services department, quality improvement personnel operated out of the administration bureau.

The roles and responsibilities varied greatly within each organization. In Arkansas, the Quality Improvement (QI) unit was integral to developing human services priorities, developing standards of performance, reviewing and approving management decisions, and monitoring the department's operating budget. In other cases, the QI units conducted financial audits to identify consumer and provider fraud, and to evaluate program cost-effectiveness. Consumer grievances and complaints were often addressed by QI units in which they provided dispute reporting, mediation, and resolution services.

Quality Improvement Best Practices

A scan of quality improvement standards was conducted to identify a framework that best fits the structure and operations of Allegheny County's Department of Human Services. The scan identified the Council on Accreditation's (COA) Performance and Quality Improvement framework as an appropriate fit for the Department.

COA is an international, independent, not-for-profit, child- and family-service and behavioral healthcare accrediting organization. As its mission, COA partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards. It was founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Children and Families). COA currently accredits over 45 different service areas. Among the service areas are substance abuse treatment, adult day care, services for the homeless, foster care, and inter-country adoption.

COA's Performance and Quality Improvement (PQI) standards encourage agencies to use data to identify areas of needed improvement and implement improvement plans in support of achieving performance targets, program goals, client satisfaction, and positive client outcomes.

Methodology

COA promotes a broad-based, agency-wide process inclusive of staff and stakeholders, as a vital, necessary management tool. The PQI standards reflect what experts know about what it takes to start, and maintain, a useful quality improvement program. Taken together, the standards include practices that counter the tendency of agencies to place responsibility for quality improvement and results in one or a few individuals. As such, the standards recognize the value of involving staff at all levels of the agency.

COA's PQI standards provide significant guidance directed at the role of leadership, support for measurement, use and communication of improvement results, and staff training and support practices that reach the full agency. The standards promote wide support and full participation in the improvement process.

The PQI standards support the following practices:

- **Leadership Endorsement of Quality and Performance Values.** The agency's leadership promotes a culture that values service quality and ongoing efforts by the full agency, its partners, and contractors to achieve strong performance, program goals, and positive results for service recipients.
- **Existence of a Foundation for Broad Use of PQI.** The infrastructure that supports performance and quality improvement is sufficient to identify agency-wide issues, implement solutions that improve overall efficiency, and promote accessible, effective services in all regions and sites.
- **Support for Performance and Outcomes Measurement.** An inclusive approach to establishing measured performance goals, client outcomes, indicators, and sources of data ensures broad-based support for useful performance and outcomes measurement.
- **Analyzing and Reporting Information.** The PQI plan describes how measurable data will be obtained and used on a regular basis to further monitor actual versus desired outcomes.
- **Use and Communication of Quality Information to Make Improvements.** Findings based on improvement efforts are disseminated to personnel and stakeholders and are used to improve programs and practice.
- **Staff and Stakeholder Support.** Staff and stakeholders receive information and support that increases their capacity to participate in, conduct, and sustain performance and quality improvement activities.

A complete outline of the COA standards is provided in Appendix B.

Data Analysis

QUALITY IMPROVEMENT WITHIN THE DEPARTMENT OF HUMAN SERVICES (DHS)

With the assistance and guidance of office representatives and staff, the Office of Data Analysis, Research and Evaluation (DARE) identified more than 100 Quality Improvement (QI) activities and initiatives within the Department. Each of the DHS offices engages in quality improvement projects, initiating both large and small efforts to evaluate and improve the work that they do. Some of the QI activities were very small components of the office's overall business process, while a few offices in particular had woven a formal quality improvement methodology into the fabric of their planning and operations processes. The many activities of each office are briefly summarized below. Please see the Quality Improvement Activities Report in Appendix C for more details about the individual initiatives.

Area Agency on Aging (AAA)

The Area Agency on Aging has adopted and implemented an office-wide approach to quality improvement, applying this approach in order to selectively and systematically improve the services it provides. AAA has applied this process to improve protective services for the elderly; to improve front desk operations and customer service; to develop a fair, consistent and effective interviewing and hiring process; to increase employee retention; to establish a relationship of mutual accountability with providers; to develop and monitor quality standards for care management, senior centers and domiciliary care facilities; to develop mentoring programs; to create advisory boards to hear complaints and appeals; and to improve program leadership within the AAA office.

Office of Behavioral Health (OBH)

The Office of Behavioral Health has undertaken QI projects to improve the quality of client and service data within DHS' information systems; to evaluate service provision in specific programs; and to simplify and expedite the contracting process with its service providers. In 2007, OBH assembled an Excellence Team to address ways to improve staff relations and performance, initially addressing communication and supervision standards. OBH monitors the quality of its service providers through three contract monitoring units.

Office of Children, Youth and Families (CYF)

The Office of Children, Youth and Families monitors quality through its Case Practice, Policy and Contract Monitoring Units. The Case Practice Unit reviews files for compliance with state regulations, agency policies and best case practice.

Data Analysis

It monitors family progress to meet court requirements through Permanency Planning Meetings, and serves as a resource for caseworkers and staff regarding state regulations or agency policy. The Policy Unit researches and writes policies to address operational and legal situations confronting caseworkers and CYF. The Contract Monitoring Unit ensures regulatory and contractual compliance of service providers contracted by CYF.

Office of Community Services (OCS)

The Office of Community Services has undertaken quality improvement activities to better understand and improve the program monitoring functions conducted in each of its four bureaus: Outreach and Prevention, Homeless and Hunger, Family and Community Services, and Employment and Training.

Office of Mental Retardation/Developmental Disabilities (MR/DD)

The quality improvement projects of the Office of Mental Retardation/Developmental Disabilities help to ensure compliance with the requirements of the Pennsylvania Department of Public Welfare Office of Developmental Programs (ODP). Those requirements include:

- Develop a plan to support and improve the state's priorities across six outcome areas
- Qualify MR service providers to provide services; monitor state and county contracts
- Assess client satisfaction as part of a Nationwide Core Indicators data collection project
- Approve, review, and investigate all consumer critical incidents that occur within the county

MR/DD's quality improvement activities are well integrated with its responsibilities and goals.

QUALITY IMPROVEMENT WITHIN DHS SUPPORT OFFICES

In addition to the program offices, the Department of Human Services has four support offices with distinct responsibilities and functions that contribute to the Department's efforts. Each of the support offices has quality improvement functions that may not be as consumer focused as those within the program offices but are still an integral part of ensuring that the Department is providing high-quality services.

Office of Administration

The Office of Administration provides administrative support to DHS as well as budget and fiscal oversight of the agency and its external contract partners across all program offices.

Data Analysis

Support and oversight is provided through the following Bureaus: Financial Management & Reports; Budget, Contract & Compliance; Human Resources/Payroll & Training; and Facilities Management. The Administration's financial management functions support quality improvement by reconciling agency expenses and contract payments. The office prevents and identifies instances of fraud and takes appropriate measures to address them.

Office of Community Relations (OCR)

In addition to the primary function of providing information about the Department to the public and consumers, the Office of Community Relations has an integral quality improvement function. By receiving and investigating requests, concerns and complaints from the community, the Office of Community Relations' Director's Action Line (DAL) provides a DHS-wide quality improvement function. Additional QI processes support this activity by tracking cases, resolution time and a consumer-rated satisfaction level. The DAL also conducts a survey to verify that families involved in the child welfare system receive the DHS Parent Handbook. Operationally, OCR uses consumer surveys and self assessments to assess the quality of work provided by its many programs. The results of these assessments are shared with the Executive Director in a monthly and annual report.

Office of Data Analysis, Research, and Evaluation (DARE)

The Office of Data Analysis, Research, and Evaluation supports and conducts research to evaluate, advise, and improve policy-making and practice at DHS. The office has a DHS Research Product process to provide structure and uniformity to the research/evaluation work being completed by analysts and to ensure that compiled reports go through an internal and external peer review process before being distributed. DARE's role will also be expanded to include quality improvement activities for direct service and to publish a comprehensive report on quality improvement across the agency.

Office of Information Management (OIM)

The Office of Information Management consists of the Bureau of Decision Support Services and the Bureau of Information Systems. Within Decision Support Services, client and provider data is collected, managed and analyzed into a format used by DHS managers to support their efforts.

The quality improvement functions identified within this Bureau include:

- Ongoing projects focused on improving data quality within DHS' data systems and at the point of entry; and
- Requests for reports (e.g., Mayview Hospital monthly updates, Adoption and Foster Care Analysis and Reporting System (AFCARS), Medical Assistance Transportation Program (MATP) transportation, and etc.).

Data Analysis

The Bureau of Information Systems has quality improvement functions to evaluate the operations and functionality of DHS-supported applications, track equipment purchase requests, monitor help desk activities, test applications, and protect data systems from corruption and/or data loss.

Executive Office

Quality improvement functions in the Executive Office occur within the Independent Living Initiative (ILI) and the High Fidelity Wraparound program. The ILI uses youth data to track and improve outcomes for the youth they serve. The High Fidelity Wraparound program will soon begin implementing measures to track service provider commitment to the High Fidelity Wraparound model, and to better understand family satisfaction with it. The Executive Office also has responsibility for the DHS Grant Management System which automates the exchange of funding and budget records; provides a single point of access to obtain meaningful and pertinent information; monitors the location and status of grant applications; and tracks reporting deadlines. These activities ensure better internal efficiency of grant preparation and maintenance, and consistency of communication with external funders.

DIRECT AND INDIRECT SERVICES

Since its formation in 1996 consolidating six former county departments into a single Department of Human Services, DHS has made great strides to integrate its once disparate programs into one unified organization serving the vulnerable populations of Allegheny County. This consolidation presented challenges as each of the departments, now known as offices, brought different requirements and approaches to service delivery. The degree to which each of these offices provides direct services is one distinction that has significant implications for performance and quality improvement.

An important tenet of quality improvement is the impartiality and objectivity of the quality improvement activity or evaluator. For the indirect services that it contracts to provide, DHS acts as a legitimate impartial and objective evaluator of service performance and outcomes. When DHS program staff begins evaluating its own direct service provision the objectivity and impartiality of the activity becomes complicated, if not compromised. Consequently, as the Department begins to consider an approach to quality improvement, it must first identify which programs administer direct services, understanding that those programs require different considerations.

Below is a list of those programs identified as providing direct services or partially providing direct services. In this case, direct service is defined as a type of support or clinical intervention designed to address the specific human services needs of a child, adult and/or family. The service can be provided only once or over a course of time, as determined by the child, adult, and/or family, based on assessment of needs and eligibility criteria.

Data Analysis

Programs Providing Direct Services

Office of Administration

- None

Area Agency on Aging

- Information and Referral (partially contracted) - responds to the consumer questions, sends them information, connects them with other AAA staff for further assistance, or refers them to another source of help outside the AAA
- Entry Intake and Assessment - provides assessments for consumers beginning the process of developing their individualized care plans and arranging for services.
- Ombudsman - advocates for nursing home and personal care home residents, helping them to resolve problems related to their rights and quality of care.
- Nursing Home Transition – Program for older adults and people with disabilities who reside in a nursing facility, providing the alternative to live in a home environment with the assistance of home and community based services.
- Long Term Living Counseling – counseling for nursing home and personal care home residents.
- Waiver Care Management – coordination of personal care, home health, home maintenance, housekeeping and other services for individuals remaining in their own homes
- Domiciliary Care – adults who are not able to live alone reside with and are cared for by families in private homes.

Office of Behavioral Health

- Justice Related Services - services aimed at reducing the involvement of persons with mental illness and/or substance use disorders in the criminal justice system.
- System of Care Initiative (SOCI) - coordinated network of services for children and youth with serious emotional disturbance(s).
- Partnerships for Youth (PYT)
- Starting Early Together (SET)
- Community Connections for Families (CCF)
- Educational Advocacy Program - direct assistance and advocacy services provided to children and parents in developing individualized education plans for children and adolescents with emotional problems.
- Maximizing Participation Program (MPP)- offers intensive case management-centered programming to assist clients with diagnosed or undiagnosed barriers to participation and self-sufficiency. After five years of (Temporary Assistance to Needy Families) TANF participation, clients who are exempt or have good cause for not working are required to participate in MPP.

Data Analysis

Office of Children, Youth and Families

- Intake Services (Child Protective Services, Lexington Office and General Protective Services, Regional Offices) - receive and process all suspected child abuse reports; initiate protective custody; provide emergency shelter; provide protection and prevention counseling; provide emergency medical services; and supervise the placement of children maintained in other family environments.
- Foster Care Services (at Lexington Office) – care provided for a child until his or her parent(s) can resume full responsibility, or until a permanent home is found
- Adoption Services (at Lexington Office) - finds permanent homes for children who cannot be reunited with their biological parents.
- Family Services (in each Regional Office) - provides services for children and families after an intake assessment determines that a level of risk exists, requiring ongoing services by the agency.
- Family Group Decision-making (currently provided from the East, Central, and Mon Valley Regional Offices) is to be expanded to all regional offices)

Office of Community Relations

- The Link (Disability Connection) – provides information on all services available to help older adults and people with disabilities to maintain their independence, dignity, and quality of life.
- The Source (Project Prom) - Project Prom provides evening attire to high schools students receiving services or eligible to receive services from the Department of Human Services through donations from retail establishments and the general public.
- Director's Action Line – phone line to register concerns and complaints or request information about any aspect of DHS.

Office of Community Services

- Medical Assistance Transportation Program - provides non-emergency medical transportation, benefiting Allegheny County residents receiving Medical Assistance (MA), for the purpose of receiving non-emergency medical services.
- Low Income Home Energy Assistance Program - helps low-income households through energy assistance grants.

Office of Data Analysis, Research and Evaluation

- None

Data Analysis

Executive Office

- Independent Living Initiative (ILI) - assist youth in foster care, who are interested and qualified to pursue post-secondary education, apply for: admission to academic, vocational or other institutions for post-secondary education; employment and vocational training; housing; and financial aid and scholarships. ILI also helps youth enroll in programs and services to enhance post-secondary success.
- Systems Integration – Link multiple systems to provide coordinated care to meet all of a consumer’s needs.
- High Fidelity Wraparound
- Youth Support Partners
- Family Support Partners

Office of Information Management

- None

Office of Mental Retardation / Developmental Disabilities

- Medicaid Waiver Assessment (Intake and Registration) - Determine eligibility for MR services and complete personal planning.

DHS’ ANALYSIS OF PRIMARY INFORMATION SOURCES

As indicated in the discussion of best practices in Appendix B, a Performance and Quality Improvement program advances efficient, effective service delivery and achievement of strategic goals by aggregating and analyzing an organization’s primary information sources to identify patterns. These primary information sources include:

- Case record review reports
- Incidents, accidents and grievances
- Customer satisfaction, outcomes data, and internal/external evaluations
- Management and operations data and reports

Case Record Review Reports

Typically, case record reviews are conducted by contract monitoring or other practice units within each office. These units work independently of each other to evaluate the programmatic quality and regulatory compliance of services specific to each office. They use monitoring instruments developed within each office or tools endorsed and/or designed by administrative oversight agencies.

Data Analysis

Administration

The Office of Administration's Bureau of Contracts and Compliance monitors the financial compliance of providers across all of the program offices. The monitoring staff review case files as part of that process. This review does not focus on the programmatic quality aspects of the individual's services; rather the files are used to compare the services each person received with those attributed to or billed to DHS. Typically 10-25% of the case files are reviewed. For fee-for-services programs, the files are compared to services reported to DHS in the Electronic Client and Provider System (eCAPS). The files for program funded providers are viewed in aggregate to understand those served in relation to the allocation of funds. Further, the cases are examined to ensure that the services provided comply with the specific requirements and limitations of the funding source.

AAA

The Area Agency on Aging conducts case record reviews as part of its contract monitoring process, and, in the case of services provided directly, conducts internal reviews to monitor quality.

Contract monitoring of AAA providers is conducted by AAA program areas. The following programs independently monitor service providers: Each of the programs uses unique tools to conduct their evaluation. The sample size for case record review varies by unit.

- The Options/Waiver In-Home and Adult Daycare Service Providers are monitored by the Bureau of Service Provider Administration.
- Information & Referral services are monitored by the Bureau of Entry. Prime Time Health, Nutrition, and Home Delivered Meal services are monitored within the Bureau of Independent.
- Transportation services are monitored jointly by the Bureaus of Entry and Independent.
- Service Providers for Protective Services, Care Management, and Guardianship are monitored within the Bureau of Advocacy Protection and Care Management.

Senior Centers, Home Delivered Meals, Nutrition, Prime Time Health

On a monthly basis, AAA sends a data verification report generated from the state information system, the Social Assistance Management System (SAMS), to all senior center and home delivered meal providers showing the data they entered by service categories. Providers run their own reports and respond with discrepancies.

Data Analysis

Options/ Waiver In-Home and Adult Daycare

The Bureau of Service Provider Administration does annual reviews of In-Home and Adult Daycare providers to ensure compliance with program standards as required and outlined in the Pennsylvania Department of Aging Home and Community Based Services (HCBS) Procedures Manual. The review examines consumer and direct care worker files, insurance coverage, complaints/incidents, employee training, and fiscal documents to assess compliance with Pennsylvania regulatory requirements and the Allegheny County scopes of service. Case data is queried and evaluated from the SAMS database. The sample size for consumer case records and personnel records has been pre-established by the bureau in a document entitled "Sample Size for Monitoring Visits." The size is contingent on the total service provider population being reviewed.

Information and Referral (I & R)

Data is entered and queried by monitors from the I & R information system, Beacon. On a monthly basis, providers submit electronic reports on activity not already captured in AAA's Information systems. All of this information is reviewed as part of the monitoring process.

Transportation Services

Transportation Services are monitored jointly by the Bureaus of Entry and Independent, using similar processes used to evaluate Senior Centers.

Protective Services

The Protective Services monitor conducts monthly onsite monitoring with each of the three protective services providers, using a state developed "Protective Service Monitoring Tool." The monitor ensures compliance with all federal and state directives concerning older adults and protective services. The monitor will measure performance outcomes, outputs, efficiency and cost effectiveness by conducting desk audits using information available in information systems and on-site audits to evaluate performance. Case files are reviewed typically looking at one substantiated and one unsubstantiated case per investigator. There are a total of ten investigators across the three providers. The incident and case files are submitted and reviewed electronically in the SAMS database.

Guardianship

The Guardianship monitor ensures compliance with all federal and state directives concerning older adults and protective services and evaluates provider performance according to the requirements and responsibilities set forth in the Guardianship scope of service. Case records are reviewed to evaluate the maintenance of legal documents

Data Analysis

(Referrals, Petitions, Affidavits of Incapacity, Act 77, court orders etc.), inventory and tracking of financial management transactions, property and medical care. The monitor devotes one day per month doing on-site monitoring. The quantity of records reviewed is determined by time available in that day to review files.

- Care Management

The monitoring functions for Care Management providers are conducted on a day-to-day basis, verifying that individuals' care plans are within the \$714.60 cost cap and approving and reviewing the appropriateness and documentation of care. The monitoring process includes a review process where AAA nurses verify and approve all Level of Care Assessments (LOCA), Care Management Instruments (CMI), and Care Plans for Nursing Facility Clinically Eligible (NFCE) consumers. Client records are reviewed electronically in SAMS to determine how proficient providers are in completing the assessments. A score is given to each record to identify providers that may be struggling in this area.

- Direct Services

AAA provides some care directly to aging consumers through its care management and assessment services. As part of a verification process, new care plans developed by AAA are managers are reviewed by AAA supervisors and an AAA nurse to assess the appropriateness of the proposed care services. (As discussed above, the same approval process is also followed by service providers.) Any change in consumer circumstances requires that an explanation of the case be sent to supervisors and may be reviewed by the Department of Public Welfare's Office of Long-Term Living. These reviews assess clinical appropriateness as opposed to the structure, content, and compliance of the case files. Additionally, the Pennsylvania Department of Aging uses SAMS to conduct spot and routine reviews of AAA cases and data for completion and service quality.

OBH

The case review function for the Office of Behavioral Health is assigned to three distinct units within OBH: the Bureau of Drug and Alcohol Services, The Bureau of Children and Adolescent Services, and the Bureau of Adult Mental Health Services.

- Drug & Alcohol

In the Bureau of Drug and Alcohol Services, cases are reviewed as part of an annual monitoring review of its contracted service providers. Monitors visit each site using a state developed tool, the SCA-Provider Monitoring Tool, to assess compliance with state regulations and contractual responsibilities.

Data Analysis

The monitoring tool has a distinct instrument for reviewing adult case files and adolescent case files. The tools look for proper screening, case management determination, assessment procedures, consent for treatment, case notes, grievance and appeal notification and liability determination. Typically, 10% of provider case files are reviewed. Any provider receiving more than \$10,000 in funding is monitored. A follow-up and a provider corrective action plan is required if non-compliance issues are identified.

- Adult Mental Health Services

All providers in the Bureau of Adult Mental Health Services are monitored annually. OBH handles the case management and non-licensed residential portion and the Office of Mental Health and Substance Abuse Services (OMHSAS) handles the remainder. Typically, 5% of the case records are reviewed during the monitoring visit. A checklist tool is used to evaluate case records, looking for client rights documents, assessments, psychiatric evaluations, service documentation, and closure charts. A report is given to the provider enumerating any issues found in the case files. Issues of non-compliance require the provider to submit a plan of corrections. These plans are then monitored. Case reviews are also conducted as needed to investigate reported concerns, grievances or critical incidents.

- Mental Health Direct Services

The majority of OBH services are provided indirectly through contracted service providers. The office does provide direct Justice Related Services aimed at reducing the involvement of persons with mental illness and/or substance abuse disorders in the criminal justice system. OBH does not currently conduct routine client case record reviews of its Justice Related Services (JRS), with the exception of the Justice Related Support Services Program. Because this program is billed through Medical Assistance, case files are reviewed as part of the Medical Assistance monitoring process. JRS expects to expand MA billing to include the MH Court, CROMISA (Community Re-Integration of Offenders with Mental Illness and Substance Abuse), and State Support programs; consequently, case record reviews will begin for those programs as well. Exceptional cases having critical incidents are reviewed as necessary.

- Child and Adolescent Services

The Bureau of Child and Adolescent Services typically collaborates with the MH Adult Bureau in conducting their monitoring reviews. These reviews are led by the PA Office of Mental Health and Substance Abuse Services. Case records are reviewed using state monitoring instruments to assess compliance with state regulations and service quality.

Data Analysis

Site visits and chart audits vary from once a year to monthly. The state provides a report to each service provider and the Bureau that identifies any issues of non-compliance and includes suggestions for service improvement. The provider must submit plans of correction for areas of non-compliance. The Child and Adolescent Services Monitoring unit provides the follow-up and technical assistance on the suggestions.

CYF

The primary responsibility for case record reviews within the Office of Children, Youth and Families is divided between its Case Practice and its Contract Monitoring units. The Case Practice unit focuses on the internal direct child welfare operations. It conducts periodic file reviews typically prior to the annual state audit in November. Files within all of the regional CYF offices are reviewed for compliance with state regulations, agency policies and best case practice to ensure that each case is being handled properly and in a timely manner. The case practice unit does not have authority to discipline or censure caseworkers who do not meet basic requirements. Personnel concerns are referred to and addressed by the regional office directors. The process is not governed by a formal documentation process requiring, for example, plans of improvement to be completed by caseworkers. The case practice unit may or may not learn of the action taken and outcome of the issue.

The Contract Monitoring unit focuses on external child welfare operations, looking at the case records of service providers contracted to provide services to children and families. It views its monitoring role as a partnership with contracted providers to ensure that children are safe with their families or substitute caretakers. The unit monitors approximately 83 agencies (135 programs), reviewing client, child, family, foster family and personnel records to evaluate service delivery as specified in the county contract. Recommendations are given to each agency and issues of non-compliance are identified in a report given to the provider. Providers must then provide a plan of improvement for the identified issues. Providers who do not resolve issues can be placed on "referral freeze" and not given additional clients, or receive censure at the discretion of the Deputy Director of CYF and the Executive Director of DHS.

Data Analysis

In the event of a child death or near death, the family's case is retrospectively reviewed to seek lessons in policy, case practice and cross-systems communication. All deaths and near deaths that have had any child welfare involvement are first reviewed by a group comprised of internal Office of Children, Youth and Families staff, chaired by the Deputy Director of the Office of Children, Youth and Families. Based on the conclusions arrived at this internal review and in accordance with the law, selected cases are reviewed by a multi-disciplinary review team. The meetings are chaired by Dr. Mary Carrasco, a nationally renowned pediatrician and child-abuse expert, and standing committee members, including senior representatives from law enforcement, the Medical Examiner's Office. Critical review and cross-systems communication in these meetings create opportunities for formal and informal system improvement.

Since early 2006, the National Governor's Association has been working in partnership with the Casey Family Programs on the initiative, "Safely Reducing the Number of Children in Foster Care". Pennsylvania is one of six states working on this project, and Allegheny County has instituted a significant number of initiatives to achieve the outcomes of foster care reduction, one of which is an intensive case record review and presentation process. Marc Cherna, Executive Director of Allegheny County Department of Human Services and Richard Gold, Deputy Secretary for the Pennsylvania Office of Children, Youth and Families, co-chair monthly case presentations that provide a comprehensive and critical review of randomly selected cases that represent four categories of service: adoption; in care six months or longer; entry into care; and exit from care. The assigned casework staff presents the case in detail, with the assistance of the DHS Quality Improvement staff from the DHS Department of Data Analysis, Research and Evaluation. The focus is on achieving the federal outcome of permanency, although child safety and child/family well being are also addressed.

OCS

The Office of Community Services conducts case record reviews as part of the contract monitoring process for each of its four bureaus.

- The Bureau of Homeless and Hunger reviews participant files to determine open, closed or terminated cases.
- The Bureau of Employment and Training reviews participant files for completeness, accuracy, attendance and employment verification.
- The Bureau of Outreach and Prevention verifies eligibility, completeness, compliance and documentation.
- The Bureau of Family and Community Services reviews case files for completeness and compliance.

Combined, the office reviews 373 programs annually.

Data Analysis

MR/DD

In the Office of Mental Retardation / Developmental Disabilities, the On-Site Monitoring and Contract Management Team (CMT) conducts an annual review of approximately 48 providers (211 sites) and four support coordination units. The review includes an overall agency review as well as a review of a selected sample of individuals receiving services from each agency. Generally 10% of the agency census or 15 total individual records are selected for review for each provider.

Service notes are reviewed to ensure that the provider's billed units match those provided and that they comply with requirements for waiver services. The monitors verify that the goals data matches the Individual Support Plan (ISP) outcomes and also review staff ratios.

The review also verifies that required documentation such as an ISP; Social, Emotional, Environmental Support Plan (SEEP); and Restrictive Procedure Plan (RPP) are included in the file and reviewed appropriately. Monitors review health, medication and appointment information, the physical site, documentation of fire safety training, and individual finance records. Additionally, they conduct individual interviews to assess the consumer's basic quality of life.

Incidents, Accidents and Grievances

The Department has created several mechanisms for collecting and analyzing reports of incidents, accidents and grievances from its consumers. Several program offices have incident reporting requirements created by oversight agencies to track and address incidents for consumers receiving services from contracted providers. These processes typically have well documented policies and procedures for immediate reporting and investigation when necessary. For items outside of these program offices, or outside of these procedures, the Department has created the Director's Action Line (DAL), a single point of contact to report incidents of concern or discuss grievances.

OCR

The Director's Action Line was implemented in the fall of 1996. DAL was created to resolve issues for families and children served by DHS. Hospitals, social workers, DHS and county staff can use the line to raise concerns about consumer issues. Callers may register concerns and complaints or request information about any aspect of DHS. DAL specialists research and respond to callers' needs, often contacting representatives within the program offices, support offices, and the county law department to address given concerns. Staff assists callers and explains procedures for obtaining help. They answer questions, investigate concerns regarding DHS, and inform callers of the results.

Data Analysis

A follow-up call is made to all callers to determine their satisfaction with the resolution provided. Recently, DAL began managing the non-compliance process in child welfare. CYF caseworkers can now report complaints against child welfare providers who are not complying with regulatory requirements or their contractual responsibilities.

Calls to the Director's Action Line are entered into a dedicated information system, Dialtrac. This information is used for statistical analysis to evaluate DAL policies and procedures and to identify trends in reporting that could necessitate or benefit from programmatic policy changes. Measures, such as the time from report initiation to close, are tracked and analyzed to improve future service.

AAA

The Area Agency on Aging is required to track and report incidents for two of its programs: Protective Services and Aging Waiver. The reporting and tracking of Aging Waiver incidents began in January 2009.

The Pennsylvania Department of Aging plans to implement additional incident-reporting requirements for the remaining aging programs in the future.

- Protective Services

Protective Services are activities, resources and supports to detect, prevent, reduce or eliminate abuse, neglect, financial exploitation and abandonment of older adults. These services are initiated when any individual who suspects an older person is at risk calls to file a "report of need." The service phone line is available 24-hours a day, 365 days a year. If the criteria are met for an eligible report, it is documented and assigned to a caseworker for investigation. The protective service worker will conduct a face-to-face visit with the older person within 24 to 72 hours, depending on the urgency. The criteria for an eligible report are the following:

- o Reside within the jurisdiction of the Commonwealth of Pennsylvania
- o Be 60 years of age or older
- o Have no responsible caregiver
- o Be incapacitated (unable to perform or obtain services necessary to maintain physical or mental health)
- o Be at imminent risk of danger to person or property

Data Analysis

The report is investigated within 20 days, and assistance is offered to the older person. Services may include a care plan for in-home services, financial management services or, in extreme circumstances, arranging for court-ordered intervention or guardianship determination. Anyone who has mental capacity has the legal right to refuse services.

- Aging Waiver

The procedure for reporting incidents for Aging Waiver participants was established in an aging program directive issued by the Commonwealth of Pennsylvania Department of Aging effective January 2009. The directive provides interim guidelines for a reporting procedure that will become part of a comprehensive system of collecting, analyzing, aggregating and reporting incident data. Allegheny County AAA uses SAMS to record reportable incidents. Reportable incidents include:

- o Death, injury or hospitalization as a result of waiver services or the absence of waiver services documented on the participant's ServicePlan
- o An allegation of abuse, neglect, exploitation or abandonment
- o Misconduct by any Aging Waiver service provider or its representative
- o Elopement
- o Any accident or injury that requires treatment beyond first aid
- o Any incident that results in temporary or permanent service termination that may place the Aging Waiver participant at risk

These incidents are reported to AAA care managers. They must be documented in SAMS within two business days of the occurrence or discovery of the incident by the AAA. The investigative action taken in response to the incident must be documented within five business day of the occurrence or discovery. The resolution and recommendation should be recorded no later than 30 days after initial notification of the incident. If patterns or trends are identified by the state, the AAA will be required to take appropriate timely action to make system corrections.

OBH

Different regulatory requirements govern the reporting of incidents for clients receiving Mental Health services and for those receiving Drug and Alcohol services in the Office of Behavioral Health.

- Adult Mental Health Services

Data Analysis

OBH requires that every mental health provider have an incident management plan to address prevention and reporting of incidents. Critical incidents for Mental Health clients are reported by phone to the Information Referral and Emergency Services (IRES) unit of OBH. They are to be reported immediately after stabilization of the incident (within 24 hours from the time of the incident), and followed by a written report via fax.

The details of the event are entered into the Electronic Client and Provider System (ECAPS) by IRES staff. When completed, an email notification of this incident is distributed to select OBH leadership and programmatic staff, notifying them of the incident and what occurred.

Providers must report the following categories of incidents:

- Missing Person
- Death
- Fire
- Suicide Attempt
- Abuse – physical/sexual
• treatment)
- 'Duty to Warn'/other mandated requirement(s)
- Client injury due to restraint/seclusion
- Client injury due to accident or intentional action (by self or another) requiring more than first aid
- Community MH hospitalization (CHIPP/CSP Consumers Only)
- State hospitalization (CHIPP/CSP Consumers Only)
- Medical inpatient admission to hospital (CSP/Residential client only) Medical/treatment errors (including medication error requiring additional medical
- Misuse of client's funds
- Outbreak of contagious disease
- Police/Fire Department response (when called to a county funded residential program)
- Serious nature/Other (determined by program director)

All of the adult MH incidents are entered into a database maintained by Allegheny County Health Choices Initiative (ACHCI). Incidents for Children in MH are not stored in this database. According to OBH internal policy a follow-up must be completed within 10 business days. Providers complete the follow-up and submit a final report to the county.

Data Analysis

MH staff conducts a weekly conference call with Community Care Behavioral Health Organization (the managed care organization managing services for Medicaid recipients) to review incidents and identify which incidents require a Root Cause Analysis (RCA). The basic concept of a RCA is to conduct a peer directed, detailed evaluation of the circumstances of an event until the specific cause and the relevant system cause are identified. OBH may request a meeting based on the details of that report to examine or resolve any systemic issues.

- Child and Adolescent Services

The Bureau of Child and Adolescent Services and its contracted service providers abide by the same regulations. Incidents involving children receiving MH services are forwarded from IRES to four individuals within the Bureau, including the Bureau Administrator. These incidents are entered into a database and managed by one individual. The Bureau analyzes reports to look for opportunities for service improvement and crisis response. There is a direct feedback loop between critical incident review/reporting and contract monitoring.

- Drug and Alcohol

The Bureau of Drug and Alcohol Services requires that all critical incidents which occur while clients are receiving drug and alcohol treatment be reported in a timely manner. Each provider that contracts with the County Drug and Alcohol Program to provide drug and alcohol services (including the Drug and Alcohol Services Unit) must develop policies and procedures which comply with this policy.

For those incidents that require verbal notification, the D&A provider must make a report to the County office within twenty four hours of the occurrence. Providers may wait until regular hours to make these reports unless a provider administrator determines that a more prompt reporting is necessary.

To make a verbal report, providers call a designated DHS number and report the initial information to the secretary and refer it to the Quality improvement Coordinator of the DHS Drug and Alcohol Services Unit.

For those critical incidents which require a written report, the drug and alcohol provider is required to submit to the County office a written report within seventy two (72) hours of the incident occurrence. The report is submitted to the Deputy Administrator of D&A, the Associate Director of D&A, and/or the Quality improvement Coordinator of the Drug and Alcohol Services Unit.

Data Analysis

The Single County Authority (SCA), Bureau of D&A assigns a D&A Program representative to coordinate any follow up activities with the provider involved. The provider must provide the following information to the representative within seven (7) days of the occurrence of a critical incident:

- A summary report of all follow up actions taken since the incident occurrence, including additional and pertinent services arranged for the clients.
- A Plan of Action addressing how the provider intends to prevent similar incidents from occurring in the future. (The County office may determine that there is no need for a Plan of Action based on the circumstances of the incident; if so, the County will notify the provider that this requirement is not necessary).

If the incident was the death of a client due to natural causes, a follow up report is not necessary.

The summary report and plan of action will be reviewed by the representative and then presented to the Administrator of Drug and Alcohol (SCA). The representative will highlight reports involving repeated unusual incidents at a provider agency, as well as any unusual incidents concerning deaths, fire, the police, alleged abuse, missing persons, the media, or any other report determined to be of a serious nature requiring immediate action. The Deputy Administrator will review the incident report to determine if an investigation or other immediate action is warranted. The Deputy Administrator will have the authority to direct an immediate investigation at his/her discretion.

If an investigation by the County office is necessary, it will be conducted by OBH Program Evaluation and Contract Compliance staff.

Incidents which require both verbal notification and a written report to the County office include:

- A drug and alcohol client residing in a treatment facility (non hospital rehabilitation, including reentry programs, halfway house, and detoxification programs) who is missing for more than 24 hours, or who may be in immediate jeopardy if missing at all
- The death of a client residing in a drug and alcohol treatment facility, if the death is not due to natural causes. The County coroner shall be notified of any sudden, violent or suspicious death
- Any fire at a drug and alcohol treatment facility requiring the evacuation of clients

Data Analysis

- The arrest of a drug and alcohol client for a felony, or for an incident which would be of concern to the general public
- Any other incident involving a drug and alcohol client in which an agency administrator determines that the incident requires immediate notification of the County office

Incidents which require only a written report to the County office:

- Abuse or suspected abuse (including sexual abuse) of a drug and alcohol client residing in a treatment facility
- Staff firings due to employee misconduct or abuse of responsibility for clients
- Injury, trauma, or physical illness requiring medical inpatient hospitalization of a drug and alcohol client
- Any suicide attempt or self-inflicted injury by a drug and alcohol client, whether or not medical treatment is required
- Misuse or alleged misuse of a client's funds or property while residing in a treatment facility
- The outbreak of a contagious disease at the treatment facility as specified in 28 PA Code CH. 27: Communicable and Non Communicable Diseases; Section 27.2: Reportable Diseases. Outbreak means more than one client or staff in the treatment facility has the disease
- A negative report or violation report from the Allegheny County Health Department, the City of Pittsburgh's Bureau of Building Inspection, or the Pennsylvania Department of Labor and Industry
- Any other incident involving a drug and alcohol client in which an agency administrator determines that the incident requires immediate notification of the County office

Incidents which require only that the provider have internal procedures to address the incidents but do not require reporting to the County office:

- Medication or treatment errors
- Procedural or administrative errors
- Accidents where there is property damage but no injury to a person.

CYF

Critical incidents must be reported by phone to the Department of Public Welfare Office of Children, Youth and Families within 24 hours if the incident involves a fire that requires relocation of children, an unexpected death of a child or a missing child (police notified).

Data Analysis

Providers must document all reportable incidents using the Electronic Home and Community Services Information System (HCSIS), a web-based system developed by the Department of Public Welfare. The report must be completed within 24 hours of the following occurrences or knowledge of the occurrence:

- A death of a child
- A physical act by a child to commit suicide
- An injury, trauma or illness of a child requiring inpatient hospitalization (applying to injury, trauma, and physical or mental illness)
- A serious injury, trauma, or illness of a child requiring outpatient treatment at a hospital (not including minor injuries, such as sprains or cuts and including serious injury and trauma, such as breaks and lacerations that require stitches)
- A violation of a child's rights
- Intimate sexual contact between children, consensual or otherwise as defined by vaginal or anal penetration, oral sex, direct (skin to skin) touching of sexual organs or intimate body parts while under staff supervision
- A child's absence from the premises for four hours or more without the approval of staff persons (but not including late returns from home visits), or for 30 minutes or more without the approval of staff persons if the child may be in jeopardy
- Abuse or misuse of a child's funds
- An outbreak (as defined by two or more children or staff who have contracted the same disease since being served or since working at the facility) of a serious communicable disease as outlined in Section 28 PA Code 27.2 (related to reportable diseases).
- An incident requiring the services of the fire (not including false alarms) or police departments (including any time the police are involved to investigate an actual or alleged criminal action) at a Provider
- Any condition which results in the closure of a Provider's facility (not including vacations or planned closures)

When an incident is child-specific, the provider must notify the child's family immediately following the incident, and not longer than within 24 hours of the occurrence, or knowledge of the occurrence, unless restricted by applicable confidentiality statutes, regulations, or court. If the incident involves other children, staff must maintain strict confidentiality of those children's names.

Data Analysis

All submitted HCSIS incident reports are maintained and reviewed on the web site by designated county and state personnel. Each of these departments will either accept the report or request further information, which, when requested, will be added by designated provider staff. The completed HCSIS report is printed and filed into the client record.

The provider must assess the incident and determine if there are newly identified health and safety issues that need to be addressed in a revision to the "Contact Safety Assessment Form."

When required, the provider must initiate an internal investigation of a reportable incident immediately following the report of the incident and must complete the investigation within 10 working days, unless there is agreement between provider and DPW that additional time is needed. If the incident is registered as a report of suspected child abuse, the provider does not initiate an internal investigation until the child protection service investigative agency authorizes the provider to do so.

The provider must submit a final report to DPW and placing agencies immediately following the conclusion of the internal investigation with Senior Program Manager's approval. If the initial report does not require further investigation, a final report is not required, and the initial report is marked "final report."

MR/DD

For the Office of Mental Retardation / Developmental Disabilities, the primary goal of the incident management process is to ensure that when an incident occurs, the response will be adequate to protect the health, safety and rights of the individual. The reporting requirements are set forth in 55 Pa. Code. All providers who receive funds from the mental retardation system, either directly or indirectly, to provide services for individuals must file incident reports when critical events occur to the individuals served. Providers must report the following categories of incidents:

- Abuse
- Death
- Disease
- Emergency closure of home or facility
- Emergency Room visit
- Fire
- Hospitalization

Data Analysis

- Individual-to-individual abuse
- Injury
- Law enforcement activity
- Medication error
- Missing person
- Misuse of funds
- Neglect
- Psychiatric hospitalization
- Restraints
- Rights violation
- Suicide attempt

Once the individual's health and safety are assured, a report of qualifying incidents is submitted electronically to HCSIS. All reports must be submitted within 24 hours, except for medication errors and restraints, which can be submitted within 72 hours after occurrence of the incident. Incidents of abuse, neglect, rights violations, misuse of funds, death, hospitalization, ER visits, injury, and individual-to-individual abuse may require investigation by the provider, the county and/or the Office of Mental Retardation of the Department of Public Welfare. Investigations are completed by trained and certified investigators. The summary of their findings are entered into the HCSIS Incident Report. DHS MR/DD monitors the submission to ensure that appropriate actions are being taken, and conducts a management review process to approve or not approve each incident report.

MR providers must submit quarterly reports to DHS' MR/DD that describes the analysis of incidents and the systemic interventions implemented to improve the health and safety protections for individuals. The county in turn provides a semiannual report to ODP based on the provider reports, providing an overall analysis of incidents and interventions. MR/DD also independently conducts case reviews to identify trends and look for ways to prevent further incidents.

Customer Satisfaction, Outcomes Data and Internal/External Evaluations

For most DHS offices, the collection and evaluation of customer satisfaction and outcomes data is initiative specific, and very often driven by the requirements of the oversight organizations of each office. Few offices have formalized this process to collect consistent and congruent data to track client results that can be compared across programs and further across DHS. Typically this work is done to inform external constituencies or to inform a specific quality improvement initiative.

Data Analysis

An inventory of the customer satisfaction and outcomes projects is included in the Quality Improvement Catalog in Appendix C. The analysis of these activities will be considered in future activities and reports outside of this scan.

Contract Monitoring - Management and Operations Data and Reports

Each of the program offices within DHS has contract monitoring units to evaluate the compliance and service quality provided by contracted service providers. A majority of the offices have more than one monitoring unit. These units monitor programs particular to a specific funding stream or programs of a certain type. These units work independently of each other to evaluate the programmatic quality of services specific to each office. They use monitoring instruments developed within each office or tools endorsed and/or designed by administrative oversight agencies.

While providers may provide services that span offices, for example an organization providing both Behavioral Health and Child Welfare services, they are approached independently and at separate times by contract monitoring units to evaluate the portion of their service portfolio contracted to that office. While the providers' programmatic activities are evaluated by separate monitoring units in each office, the financial diligence and compliance of service providers is monitored across program offices by the Office of Administration's Bureau of Contracts and Compliance.

AAA

Contract monitoring within the Area Agency on Aging is conducted by program areas. The following programs independently monitor service providers:

- The Options/Waiver In-Home and Adult Daycare Service Providers are monitored by the Bureau of Service Provider Administration.
- Information & Referral services are monitored by the Bureau of Entry.
- Senior Centers, Prime Time Health, Nutrition, and Home Delivered Meal services are monitored within the Bureau of Independent.
- Transportation services are monitored jointly by the Bureaus of Entry and Independent.
- Service Providers for Protective Services, Care Management, and Guardianship are monitored within the Bureau of Advocacy Protection and Care Management.

Data Analysis

Each of the programs uses unique tools to conduct its evaluation. This process can create monitoring overlap, so that AAA representatives may arrive at the same provider at different times with different requirements to conduct their reviews. AAA recently initiated a quality improvement process to review its contract monitoring process to develop a consistent approach to monitoring across all programs. Decisions as to the changes to be made are pending at this time.

- Senior Centers, Home-Delivered Meals (Preparation and/or Delivery), Nutrition, Prime Time Health

Contract monitoring for Senior Centers, Prime Time Health, Home Delivered Meals and Nutrition is conducted within the Independent Bureau. Three individuals within the bureau share this responsibility. Each provider must complete an Annual Validation Protocol in August of each year. In this document, the agency must declare the validation status for each criterion in the Validation Report and submit copies of recent environmental health inspections, occupancy permits, fire inspections and staff food safety training documentation. The AAA team reviews the submitted Validation Report and related documents and, if necessary, schedules an on-site visit. The on-site visit is to support the provider in a positive validation of the criteria. The AAA team must perform an on-site monitoring of all meal sites, whether at senior centers (sites serving the congregate meals and packaging and delivering home delivered meals) or at meal commissaries (sites preparing the meals for senior center meals and home delivered meals). The AAA will request in advance documents needed for the on-site visit.

On a monthly basis, AAA sends a data verification report from SAMS to all senior center and home-delivered meal providers showing the data they entered by service categories. Providers run their own reports and respond with discrepancies.

- Options/Waiver In-Home and Adult Daycare

The Bureau of Service Provider Administration does annual reviews of In-Home and Adult Daycare providers to ensure compliance with program standards as required and outlined in the Pennsylvania Department of Aging Home and Community Based Services (HCBS) Procedures Manual. Providers are given a copy of the monitoring tool and acceptable evidence document which explains what is required at a minimum to satisfy each element being monitored.

Data Analysis

It also details the weight of this requirement as being of low, medium or high importance. The review examines consumer and direct care worker files, insurance coverage, complaints/incidents, employee training, and fiscal documents to assess compliance with Pennsylvania regulatory requirements and the Allegheny County scopes of service. Case data is queried and evaluated from the SAMS database. The sample size for consumer case records and personnel records has been pre-established by the bureau in a document entitled "Sample Size for Monitoring Visits." The size is contingent on the total service provider population being reviewed. A progressive intervention approach is taken with providers having issues of non-compliance, including corrective action plans and more frequent site visits.

- Information and Referral

Information and Referral services are monitored by the Entry Bureau. The monitoring process is the same as that for the Senior Centers, using an Annual Validation Protocol and on-site follow-up visits as necessary. Data is entered and queried from the Beacon information system. On a monthly basis, providers submit electronic reports on activity not already captured in AAA's information systems.

- Transportation Services

Transportation Services are monitored jointly by the Bureaus of Entry and Independent, using the validation protocol process used to evaluate Senior Centers.

- Protective Services

The Protective Services monitor conducts monthly on-site monitoring with each of the three protective services providers, using a state-developed "Protective Service Monitoring Tool." The monitor ensures compliance with all federal and state directives concerning older adults and protective services. The monitor will measure performance outcomes, outputs, efficiency and cost effectiveness by conducting desk audits using information available in information systems and on-site audits to evaluate performance. The monitoring unit provides technical assistance and education on best practices. Case files are reviewed by typically looking at one substantiated and one unsubstantiated case per investigator. There are a total of 10 investigators across the three providers. The incident and case files are submitted and reviewed electronically in the SAMS database. A final report is submitted to the state and the provider. Any issues of non-compliance require a corrective action plan.

Data Analysis

- Guardianship

The guardianship monitor ensures compliance with all federal and state directives concerning older adults and protective services and evaluates provider performance according to the requirements and responsibilities set forth in the Guardianship Scope of Service. Case records are reviewed to evaluate the maintenance of legal documents (Referrals, Petitions, Affidavits of Incapacity, Act 77, court orders etc.), inventory and tracking of financial management transactions, property and medical care. The monitor devotes one day per month doing on-site monitoring. The quantity of records reviewed is determined by time available in that day to review files.

- Options Care Management

The Options Care Management unit monitors four contracted providers. The monitoring functions are conducted on a day-to-day basis, verifying that individuals' monthly care plans are within the \$714.60 cost cap and approving and reviewing the appropriateness and documentation of care. The monitoring process includes nurses who must sign off on all Level of Care Assessments (LOCA), Care Management Instruments (CMI), and Care Plans for Nursing Facility Clinically Eligible (NFCE) consumers. Client records are reviewed electronically in SAMS to determine how proficient providers are in completing the above assessments. A score is given to each record to identify providers that may be struggling in this area.

OBH

Contract Monitoring for the Office of Behavioral Health is assigned to three distinct units within OBH: the Bureau of Drug and Alcohol Services, The Bureau of Children and Adolescent Services, and the Bureau of Adult Mental Health Services.

- Drug and Alcohol Services

Contract monitors for the Bureau of Drug and Alcohol Services visit each site, to assess compliance with state regulations and contractual responsibilities. They use a state-developed tool, the SCA-Provider Monitoring Tool, to do this assessment. The tool looks at administrative requirements such as payment of taxes, sub-contractual relationships, record and document maintenance, travel expense procedures, and insurance coverage. It evaluates the screening and assessment process, the protection of confidentiality, the coordination and management of cases, prioritization of populations, approach to outreach and HIV early intervention efforts.

Data Analysis

It provides a standard tool for reviewing client files for both adolescents and adults. Any provider receiving more than \$10,000 in funding is monitored. A follow-up and a provider corrective action plan is required if non-compliance issues are identified.

Pennsylvania's Department of Health's Bureau of Drug and Alcohol Programs (BDAP), Division of Program Monitoring conducts its own Quality Improvement Assessments (QIAs) to evaluate the work of the Single County Authority (SCA). The QIA process is designed to assess DHS administratively, fiscally and programmatically. The QIA is a weeklong, on-site process that is conducted annually using a team approach. The purpose is to obtain information that will assure that a quality service system exists that provides timely access to, and appropriate utilization of services for all drug and alcohol clients within their respective communities.

- Adult Mental Health Services

All providers in the Bureau of Adult Mental Health Services are monitored annually. Adult MH has eight contract monitors, and shares the monitoring responsibility with the state. OBH focuses on case management services and non-licensed residential providers. The state conducts reviews for licensed services such as outpatient and psychiatric rehabilitation. The adult MH monitors participate in this review process. The monitors review:

- o Case Records
- o Case Rosters
- o Closure Charts
- o Consumer Satisfaction Surveys
- o On-call Schedules
- o Personnel Files
- o Personnel Manuals
- o Policy and Procedures Manuals
- o Quality Improvement Information
- o Staff Rosters
- o Supervision and Training Logs
- o Unusual Incident Reports

Typically 5% of the case records are reviewed. A report of the findings is provided to the provider and the state. For state-lead reviews an internal report is completed and OBH receives a copy of the state's findings. Providers must respond to issues of non-compliance with plans of corrections.

Data Analysis

These plans are reviewed, approved and monitored. For serious issues, OBH may recommend to the state that provider licenses be issued provisionally or for 6 months only with additional monitoring. Community Treatment Teams are monitored as well within this process to assess their adherence to the ACT (Assertive Community Treatment) model. This involves site visits and interviews with personnel. Teams that are not meeting standards are removed from the provider and the provider has to submit a plan of corrective action. Monitoring becomes more intensive and frequent.

- Child and Adolescent Services

The monitoring unit of the Bureau of Child and Adolescent Services typically collaborates with the MH Adult Bureau in conducting its monitoring reviews. These reviews are led by the PA Office of Mental Health and Substance Abuse Services and can include a representative from Community Care Behavioral Health Organization. Approximately 60 service providers are reviewed using state monitoring instruments to assess compliance with state regulations and service quality. Site visits and chart audits vary from once a year to monthly. At the conclusion of the review, the state provides a report to each service provider and the Bureau that identifies any issues of non-compliance and includes suggestions for service improvement. The provider must submit plans of correction for areas of non-compliance. The Child and Adolescent Services Monitoring unit provides the follow-up and technical assistance on the suggestions. Although occurring infrequently, service providers that are dangerously, flagrantly or chronically out of compliance can be censured by the state, CCBHO and Allegheny County. Responses could include a cut or freeze in referrals, or a removal of clients.

CYF

The Contract Monitoring unit of the Office of Children, Youth and Families focuses on external child welfare operations at service providers contracted to provide services to children and families. It views its monitoring role as a partnership with contracted providers to ensure that children are safe with their families or substitute caretakers. The unit monitors approximately 83 agencies (135 programs), reviewing client, child, family, foster family and personnel records to evaluate service delivery as specified in the county contract. Monitors review training records for such things as CPR and First Aid training. They verify state and federal clearance documentation for hired personnel. Recommendations are given to each agency and issues of non-compliance are identified in a report given to the provider. Providers must then provide a plan of correction for the identified issues. Providers who do not resolve issues can be placed on "referral freeze" and not given additional clients or receive censure at the discretion of the Deputy Director of CYF and the Executive Director of DHS.

Data Analysis

OCS

The Office of Community Services has a dedicated contract monitoring unit for each of its four bureaus. The Bureau of Homeless and Hunger monitors approximately 159 programs annually, visiting each program 1-3 times per year. The Bureau of Employment and Training monitors approximately 83 programs, visiting each program anywhere from 2-155 times per year. The Bureau of Outreach and Prevention monitors approximately 129 programs visiting 3-12 times per year. The Bureau of Family and Community Services monitors two programs visiting each program 16 times per year. Each of the monitoring units uses a unique monitoring instrument. The scope of monitoring varies by department:

- Homeless and Hunger
 - Participant Files
 - Physical living units
 - Regulatory compliance
 - Health and safety compliance
 - Confidentiality
 - Budget and staffing expenses
 - Food quality
 - Verification of number of participants served
 - Exit interview to review findings
 - Written follow-up report to agency
- Employment and Training
 - Participant files
 - Program meetings at sites
 - State data reports
 - Participant reports by program
 - Technical assistance and support to programs to make corrections and improvements
 - ADA compliance
 - Document deficiencies
 - Client outcomes including employment retention
- Outreach and Prevention
 - Participant files
 - Health and safety of program site
 - Technical assistance
 - Program compliance with work statement
 - Program compliance with budget

Data Analysis

- o Participant and staff interview
 - o Observation of program activities and staff/participant interaction
 - o Written follow-up findings to agency including corrective actions
- Family and Community Services
 - o Participant files
 - o Program site compliance (health and safety)
 - o Program compliance (education)

Two external state agencies, the PA Department of Public Welfare and the PA Department of Community and Economic Development, monitor the Human Services Development Fund (HSDF) and the Community Services Block Grant (CSBG), respectively.

MR/DD

In the Office of Mental Retardation/Developmental Disabilities, the On-Site Monitoring and Contract Management Team (CMT) conducts an annual review of approximately 48 providers (211 sites) and four support coordination units. The review includes an overall agency review as well as a review of a selected sample of individuals receiving services from each agency. Generally 10% of the agency census or 15 total individual records are selected for review for each provider. This includes individual interviews with consumers. It evaluates service delivery, quality of service provision, and health and safety of individuals receiving services. CMT conducts both announced and unannounced visits. The majority of unannounced monitoring visits were completed as part of Allegheny County's normal business process; however a few were completed as a result of a Director's Action Line call, MR Duty call, DHS audit or Service Coordination Unit correspondence. The CMT provides an exit interview upon completion of the monitoring review and a written summary of findings within 30 days of completion. Upon receipt of the summary report, the agency has 30 days to provide a written response regarding anything requiring follow-up.

Administration

While each office has responsibility for monitoring the programmatic quality and regulatory requirements of its providers, the Office of Administration's Bureau of Contracts and Compliance monitors the financial compliance of providers across all of the program offices. On-site reviews (announced and unannounced) of DHS service providers are conducted based on the reasons noted below:

Data Analysis

- State/Federal Mandates – fulfillment of state and federal requirements for funding oversight
- Recommendations to initiate an audit by DHS senior management, the Bureau of Financial Management or by program staff
- Provider not required to submit a certified audit – contracts for under \$500,000
- Findings or management comments included in the certified audit received by DHS
- DHS cyclical review schedule
- Results of risk assessment
- Director Action Line (DAL) concerns

The Bureau of Contract and Compliance notifies the program office Deputy Directors and respective program monitors in each office before fiscal monitoring field work begins and asks if they have any concerns or issues with the service provider. During the on-site review, monitors review internal accounting controls; fee-for-service program controls; fee-for-service billings; expenditures; compliance with contract terms; funding regulations such as PA Bureau of Drug and Alcohol (BDAP) and Labor and Industry; personnel action plans for MH, DH and MR service providers; current year agreement; Board of Directors composition and meeting minutes.

The Office of Administration uses a risk assessment process to identify providers posing the greatest financial risk to DHS. These service providers are classified as either high or low risk. At a minimum, high risk providers are monitored annually. Low risk providers are monitored once every three years. The financial compliance monitoring is conducted using a fiscal monitoring work program and produces a report submitted to the service provider, County Manager, DHS Director, and program office Deputy Director. The service provider must submit a Corrective Action Plan (CAP) within two weeks for any areas of concern. The CAP is reviewed to determine if it appropriately addresses the findings of the report. If it does not, the fiscal monitor can request additional information. An acceptance letter is sent once the CAP is approved.

Like the providers, DHS is subject to on-site monitoring visits by various state and federal funding agencies. The state and federal reviews for each office are:

Office of Community Services (OCS)

Data Analysis

- Three Rivers Workforce Investment Board Monitoring of Workforce Investment Act (WIA) Contracts - Annually
- Federal Department of Health and Human Services Administration for Families, Region III - Every 3 years
- PA Department of Labor and Industry, Governor's Office of Citizen Services PennSERVE - Annually
- PA Department of Community and Economic Development (CSBG) - Every 2 years
- PA Department of Public Welfare (Medical Assistance Transportation Program) - Annually
- PA Department of Labor and Industry - Annually

Office of Children, Youth and Families (CYF)

- o Social Security Administration (SSI and SSA) - Annual on-going review
- o PA Auditor General (IV-E, TANF and 148 Invoices) - Annually
- o Federal Title IV-E (Eligibility determinations and documentation) - Every 3 years

Office of Behavioral Health (OBH) and Office of Mental Retardation and Developmental Disabilities (OMR/DD)

- o Department of Public Welfare (Title XIX) - Periodic
- o Bureau of Drug and Alcohol Programs (All D&A fund types and programs) - Annually

Area Agency on Aging (AAA)

- o Corporation for National Service (Senior Companion Program) - Every 2 years
- o Senior Service America (Senior Employment Programs) - Annually
- o Pennsylvania Department of Aging (block grants, Aging Waiver and Title V) - random, periodic reviews

Conclusions

DHS QUALITY IMPROVEMENT ORGANIZATIONAL CAPACITY

Quality Improvement (QI) activities and functions within offices vary from one another in focus, scope and intensity. There is considerable difference in what each office targets for quality improvement, how extensive that activity is, and how much time and resources are devoted to it. DHS has strong capabilities, as well as many opportunities for improvement. The paragraphs below enumerate those areas in broad terms; understanding, however, that in many cases these do not describe individual offices or programs.

Capabilities

- DHS has a wealth of leadership and staff with quality improvement and assurance skills from which DHS can draw to develop and implement a departmental QI process.

Conclusions

- There are more than 100 quality improvement activities and initiatives within the Department. QI initiatives are functioning throughout the department and helping to improve the many processes being evaluated.
- Because in most instances the quality improvement processes were initiated by the leadership and staff at the operational level of each individual office, they most appropriately address and reflect the needs of that office. They do not attempt to apply a universal, centralized approach to address specific and defined needs. In this way they are efficient and demand only as much staff and resource utilization as each purpose demands.

Improvement Opportunities

- Many DHS office staff who were interviewed know, understand and embrace the vision of DHS; however, the Department does not have a strategic plan to connect that vision to DHS-wide organizational goals.
- Staff performance reviews do not focus on the desired outcomes or targets defined by DHS or clearly link staff roles with the goals of the department, office and program.
- While often valued, quality improvement is rarely regarded as an integral part of DHS business processes, rather it is often a small component to evaluate an individual activity. DHS does not demonstrate an overall quality improvement mentality or culture evidenced when staff discusses their roles at DHS in improvement terms.
- Each office operates under significantly different constraints and opportunities. Realities such as budget size, severity of service population, public expectations, and the oversight, regulation and competency of government authorities present a singularly unique context in which each office must initiate and operate quality improvement efforts. Consequently, the progress of each office is achieved differently.
- DHS has no generally accepted QI model by which the entire department operates and consequently does not have a common language to discuss QI.
- The QI successes and failures are not known outside of each program office, so the innovations and lessons learned do not contribute to the overall growth and maturity of the organization.
- Data is scattered and is not uniformly reported within DHS or to the public.
- Consistent with accepted quality improvement practices, program staff should not self-evaluate their own direct services – an impartial unit or entity outside of the target program should conduct and review the performance of direct services. For example, reviews of CYF case files should not be conducted by individuals working within the CYF office.

Conclusions

- The frontline staff upon which much of the data reflect (both within DHS and contracted providers) rarely see the results, the data collected and the resulting analysis of QI processes
- In many instances, leadership within DHS does not regularly communicate with staff and stakeholders about achievements relative to desired outcomes, indicators, benchmarks or targets as part of a comprehensive QI plan to achieve strategic and operational goals.
- Oftentimes the loop between results and accountability is not closed. Feedback about performance may be provided to the responsible party, but that party is not advised or required to respond to it, or the resulting action of the party is not tracked to determine what, if anything, has been changed since the provided feedback.
- While the QI initiatives are narrowly focused to support the needs of each office, they may overlook opportunities where existing QI efforts might benefit or inform the entirety of DHS
- There is no formal QI training for new hires explaining DHS' QI functions and structure.

Recommendations

- DHS should develop an agency-wide quality improvement process that serves as a vital management tool that assesses DHS' progress toward meeting its defined goals, identifies barriers to this progress, and brings leadership and staff expertise to bear to resolve problems and to improve programs and systems. The process should:
 - Give a common voice and language to quality improvement processes.
 - Create a broader, more unified organizational perspective so that the lessons learned in one DHS program or office can be shared and so that all may avoid pitfalls and seize opportunities.
 - Produce an agency-wide quality improvement report that integrates data from throughout the agency and that speaks to the goals outlined in the strategic plan in terms of the health, safety and well-being of DHS consumers.
 - Share and review this report, as well as other program evaluations, with line staff who have the greatest potential to influence outcomes and to suggest system improvements.
 - Track progress and service trends over time, improving accountability for service provision.
 - Develop a formal employee training program on quality improvement.

Recommendations

- DHS should create a single QI unit for DHS direct services. Working in partnership with the program offices, this unit should:
 - Draw upon the expertise of QI professionals throughout the organization to develop quality improvement plans for each of the direct service areas with a timeline for implementation.
 - Use already existing QI expertise to validate and improve direct services' functions and processes.
 - Consist of line and support staff from each department and conduct its work before a broad group of stakeholders.
 - Maintain all summary QI data for the Department and produce an annual report on the findings.
 - Participate, when possible, in QI activities throughout the agency, serving as a bridge for QI organizational knowledge so that mistakes are not repeated and opportunities are identified and explored. Unit representatives should engage in major QI initiatives, such as case reviews.
 - Meet regularly to share lessons learned.
 - Regularly publish improvement documents, such as ActionAlerts, community public service announcements, and staff development materials that highlight cross-system issues, educate DHS staff on promising practices' research, and communicate 'lessons learned' across DHS and within the community at large.

Resources

FOOTNOTES

1. Information was obtained from the following webpage: <http://www.arkansas.gov/dhs/chilnfam/Legislative%20analysis.htm>
2. DCFS acts in accordance with law 45 CFR Part 1355 title IV-E Foster Care Eligibility Reviews and Child and Family Services State Plan Reviews; Final Rule requires that the state operate an identifiable quality improvement system to monitor and ensure implementation of standards which ensure that children in foster care placements are provided quality services that protect their safety and health. Section 1355.34 (c)(3) requires that there must be an identifiable quality improvement system that is in place in the jurisdictions within the State where services are provided, is able to evaluate the adequacy and quality of services provided, is able to identify the strengths and needs of the service delivery system it evaluates, provide reports to agency administrators on the quality of services evaluated and needs for improvement and evaluates measures implemented to address identified problems.

Resources

3. Information cited from the State of Connecticut Department of Social Service website: <http://www.ct.gov/dss/cwp/view.asp?a=2349&q=304850>
4. <http://dhs.elpasoco.com/>
5. Information obtained from: <http://dhs.elpasoco.com/CAPS>
6. Information obtained from: <http://dhs.elpasoco.com/NR/exeres/725F334B-F2B1-4193-971D-94FF612E7A7C,frameless.htm>
7. Process follows the Code of Colorado Regulations General Information and Policies, Section 5, 7.000-7.000.94, concerning County Responsibilities, Client Rights, Confidentiality, Evidentiary Hearings and State Appeal and The Child Welfare Grievance Resolution process, Section 7.200.3.
8. El Paso County of Colorado Department of Human Services, Quality improvement Program.
9. Conduct is defined as “alleged behaviors or actions that are contrary to state or federal law or regulations, or are allegedly dangerous, malicious, or negligent to/toward the well being of the complainant. It does not include the conduct a prudent, reasonable professional would use in similar circumstances.”
10. El Paso County of Colorado Department of Human Services, Quality improvement Program.
11. El Paso County Citizen Review Panel is an advisory body appointed by the Board of County Commissioners.
12. All information available at <http://www.dphhs.mt.gov>
13. <http://www.dphhs.mt/gov/qad/index.shtml>

Appendix A: Benchmark Organizations

FOUR COMPARABLE ORGANIZATIONS BENCHMARKED

DARE researched organizations similar to DHS to identify benchmark organizations – those similar in structure and function to DHS. DARE reviewed the quality improvement functions and organizational structure of these organizations: The Arkansas Department of Human Services, the State of Connecticut Department of Social Services, the El Paso Department of Human Services, and the Montana Department of Public Health and Human Services.

Arkansas Department Of Human Services

The Arkansas Department of Human Services (ADHS) is a state agency that provides human services to the residents of Arkansas. An estimated 700,000 people receive services annually through the department, which has the following structure/divisions:

- Division of Aging and Adult Services
- Division of Behavioral Health Services
- Division of Child Care
- Division of Children and Family Services
- Legislative Analysis, Research and Planning Office
- Division of County Operations
- Division of Developmental Disabilities Services
- Division of Medial Services
- Division of Services for the Blind
- Division of Volunteerism
- Division of Youth Services

In addition, there are the following five support offices:

- Office of the Director
- Office of Chief Council
- Office of Finance & Administration
- Office of Quality improvement
- Office of Systems and Technology

Among the support offices listed above is the Office of Quality Improvement (OQA). As stated on the organization's website, this office "is responsible for developing and establishing work priorities, standards of performance, reviewing and approving managerial decisions, and monitoring budgetary needs and expenditures." Further, the OQA is comprised of the following:

Appendix A: Benchmark Organizations

- Quality improvement Analysts—improves standardization, coordination and information-sharing across ADHS.
- Senior Data Analyst—coordinates the multiple databases maintained by ADHS to analyze and monitor the efforts of the department.
- Fraud Investigations Section—investigates fraud allegations related to public assistance programs administered by the department. Programs include, Transitional Employment Assistance, Food Stamps, Medicaid, etc. Internally, the department has the Internal Affairs unit investigate allegations.
- Audit Section—conducts performance, compliance and a portion of the financial audits. Further, the unit provides consultation on operational and program related issues.

Within the Division of Children and Family Services (DCFS), the Department also has the Legislative Analysis, Research and Planning office which has the following units¹:

- Policy—develops, updates/revises, and distributes the policies, procedures, publications, and forms to ensure compliance with the State Laws that govern the DCFS.
- Planning and Research — “engage[s] in comprehensive, broad-based program planning with a goal of improvement of child and family services in the DCFS.” This occurs in two stages: pre-implementation planning and operational planning.
- Child Welfare Agency Licensing — monitors and inspects child welfare agencies (residential, emergency, psychiatric, and placement), as well as sexual offender programs. Monitoring and inspections are done in accordance with the Minimum Licensing Standards for Child Welfare Agencies.
- Professional Development — “coordinates and monitors the title IV-E training contacts with the University Partnership and the MSW Educational Leave/Child Welfare Stipend programs.”
- Quality Improvement — “maintain[s] a system of quality improvement, through the use of both qualitative and quantitative measures, which will facilitate the organizational commitment to continuous quality improvement through review and evaluation of the quality of child welfare practice on the part of both DCFS direct services staff and contracted service providers.”²

Also, this division received Council on Accreditation approval in 2004.

Appendix A: Benchmark Organizations

State Of Connecticut Department Of Social Services³

The Connecticut Department of Social Services (CDSS) is the entity responsible for administering social services to Connecticut's vulnerable population. The department is led by the Commissioner of Social Services who is assisted by deputy commissioners for Administration and Programs. There are also regional administrators responsible for each of the three service regions. Further, there is a statewide advisory council to the Commissioner and each region has an advisory council. The Department operates with the following divisions/offices:

- Adult Services
- Affirmative Action
- Aging Services
- Bureau of Rehabilitation Services
- Central Processing Division
- Certificate of Need and Rate Setting
- Electronic Benefit Transfer
- Family Services
- Financial Management and Analysis
- Human Resources
- Legal Counsel, Regulations and Administrative Hearings
- Management Information Services
- Medical Administration Policy
- Medical Administration Operations
- Organizational and Skill Development
- Public and Government Relations
- Strategic Planning
- Social Work and Prevention Services

In addition, the CDSS has an Office of Quality Improvement which is housed within the Bureau of Administration. The mission of the office is to “maximize the resources available to families and individuals that need assistance by assuring quality, accuracy, efficiency and effectiveness in the delivery of DSS programs.” Specifically, the Office of Quality Improvement works to ensure that: adequate internal controls are in place and functioning; fraud is deterred and cases of fraud are pursued; overpayments to providers and clients are reduced or recouped; and unnecessary costs are avoided. Further, the Office of Quality Improvement is divided into the following units:

- Audit Area—comprised of the Medical Audit Division, the External Audit Division, and the Internal Audit Division.

Appendix A: Benchmark Organizations

- o Medical Audit Division: handles federally mandated audits of medical providers and reports providers who are suspected of committing Medicaid fraud to the Chief State's Attorney.
- o External Audit Division: handles audits of state-funded General Assistance programs; audits and close-out of department grants; and audits of department contracts with outside vendors.
- o Internal Audit Division: reviews the administrative and programmatic functions of the Department. Additionally reviews the data processing systems and audits the banks that distribute Food Stamps.
- Quality Control Unit—conducts the federally required reviews of AFDC, Food Stamps, and Medicaid cases. The reviews are completed to assess the Department's compliance with federal eligibility and program requirements. The Quality Control Unit conducts 5,000 reviews per year and the process includes eligibility checks and home visits with consumers.
- The Fraud and Recoveries Unit—ensures that DSS is the last resource used to pay client's medical expenses. This is done by investigating what third-party resources the client has at his or her disposal; determining whether there are any monetary recovers from liens, mortgages, or property sale; deterring welfare fraud and recovering any overpayments made. The work of this unit is divided into three areas: Client Fraud, Third Party Liability, and Benefit Recoveries.

El Paso County, Colorado Department Of Human Services

The El Paso County Department of Human Services' (EDHS) mission is to “strengthen families, assure safety, promote self-sufficiency, eliminate poverty, and improve the quality of life in our community.”⁴ The mission is carried out by administering State and Federal assistance programs to El Paso County families. The programs are categorized by target population and include the following:

- Family Programs—includes prenatal care, Medicaid (child only), disabled children, Children's Health Plan Plus, and Parent Plus
- Adult Financial—includes Aid to Needy Disabled (AND), Aid to the Blind (AB), Old Age Pension (OAP), and Home Care Allowance (HCA)
- Colorado Works—includes Temporary Assistance to Needy Families
- Long Term Care Services—includes Assisted Living and Home and Community Based Services (HCBS)
- Child Care—Child Care Assistance and Low Income Care
- Adult Medical Programs—SSI Medicaid, OAP Health and Medical Leave, and Medicare Savings Program
- Refugee Assistance Program

Appendix A: Benchmark Organizations

EDHS also has a Child and Adult Protective Services unit. This unit conducts the following⁵:

- Child Protective Intake Services —“assesses and checks child abuse and/or neglect allegations.” Staff reference protocols about how to handle the situations they encounter. There are an average of 9,000 reports made annually.
- Child Protective Ongoing Services —“provides home-based services to families who have allegations of physical abuse, neglect or are at high risk for these factors.” A reported 900 families receive services annually.
- Adult Protective Services—“focuses on at-risk adults who are elderly or disabled and in danger of abuse, neglect or financial exploitation.” A reported 947 allegations of abuse and neglect are made annually.

Quality Improvement functions are guided through the Department’s Quality Improvement Program. The program was created as a means of “ensuring quality services for all persons who come in contact with El Paso County Department of Human Services.”⁶ The program also seeks to improve service delivery. The quality improvement process abides by the codes and regulations set by the State.⁷ Additionally, there is a Quality Improvement Coordinator who works as a liaison between consumers and the Department to resolve issues from an objective stance and to find an amicable solution to any issues. Lower-level quality improvement issues typically can be resolved by staff or a supervisor and do not progress to a point where intervention is needed by the Quality Improvement Coordinator. If the consumer is not satisfied with the resolution offered, he or she is able to file a written grievance and go through the Quality Improvement Process. Furthermore, any issues that cannot be resolved by the Quality Improvement Coordinator are transferred to the Director of the Department. The Director, with assistance from staff, will investigate the issue and provide his/her findings within 20 working days. The specific complaint procedure that consumers follow is detailed below:

General Complaint Procedure⁸

1. “Obtain ‘Consumer Service Form’ from the Quality Improvement Coordinator, the personnel at the front desk, or other staff persons within the Department of Human Services.”

Appendix A: Benchmark Organizations

2. "Contact the Quality improvement Coordinator who will coordinate the development of a solution to or options for resolving the problem with the appropriate division. The Quality Improvement Coordinator through the Director or his/her designee will relay the solution/options to the consumer."
3. "Complaints that cannot be informally resolved by the Quality Improvement Coordinator working through the appropriate division will be referred to the Director of the Department of Human Services or his/her designee."
4. "In the event an individual disagrees with a county action (Citizen Review Panel), they may appeal to the State Department of Human Services."

The Department also allows grievances to be filed by consumers against employees. Filing a grievance indicates that the consumer feels that the conduct⁹ of an employee is unacceptable. The procedures for filing a grievance are as follows:

Employee Conduct Grievance Process¹⁰

1. "The Complainant will contact the Quality Improvement Coordinator. The Quality Improvement Coordinator will attempt to resolve all grievances informally with the complainant. Any grievance not resolved informally within 10 working days will be forwarded to the Director or his/her designee."
2. "Any complainant wishing to file a formal grievance will fill out an 'Employee Grievance Form.' This form requires that the complainant specify the nature of the grievance, including the alleged misconduct of the employee. The process can only be initiated when this written complaint form has been completed, signed, and submitted to the Quality Improvement Coordinator."
3. "Once the Director or his/her designee has received the form, he or she will have 20 calendar days to act on the grievance."

If the Director is able to resolve the grievance to the complainant's satisfaction, he/she will issue a written decision setting for the resolution. If a decision is not made, an additional option for the complainant is to request that the grievance is forwarded to the Citizen's Review Panel¹¹ and within 40 days the Panel can issue a response to the Department on the matter. If that proves unsuccessful as well, the grievance can progress up a level to the Board of County Commissioners which has an additional 40 days to try to come up with a resolution.

Appendix A: Benchmark Organizations

Montana Department Of Public Health And Human Services¹²

The Montana Department of Public Health and Human Services (MDPHHS) is the government agency responsible for providing health and human services to residents of Montana. The organization provides services through the following divisions/offices:

- Addictive and Mental Disorders
- Business and Financial Services
- Child and Family Services
- Child Support Enforcement
- Disability Services
- Health Resources
- Human and Community Services
- Public Health and Safety
- Senior and Long Term Care
- Technology Services

In addition, the MDPHHS has the Quality Improvement Division (QAD) which was created to “protect the safety and well-being of Montanans by monitoring and ensuring the integrity and cost-effectiveness of programs administered by the department.” As detailed on the QAD webpage¹³, the division performs the following duties:

- Licensing and/or certifying health care, child care, and residential agencies
- Investigating fraud allegations and overpayments to recipients of Temporary Assistance to Needy Families (TANF), Medicaid and Food Stamp programs
- Conducting federally required quality-control reviews of the Medicaid and Food Stamp program
- Reducing Medicaid costs by identifying other entities responsible for paying a beneficiary’s medical expenses
- Performing internal and independent audits of department programs
- Reviewing Medicaid provider claims
- Assessing the necessity for prior authorization of medical services and equipment
- Providing hearings for clients and providers
- Monitoring and evaluating Health Maintenance Organizations for quality improvement and network adequacy

Appendix A: Benchmark Organizations

- Maintaining a certified nurse aid registry
- Approving and monitoring nurse aid training programs
- Operating the Certificate of Need program
- Ensuring department compliance with the Health Information Portability and Accountability Act (HIPPA)

The work of the QAD is organized into the following five bureaus and each has financial, administration and technical support staff:

1. Audit Bureau
2. Certification Bureau
3. Licensure Bureau
4. Office of Fair Hearings
5. Program Compliance Bureau

Furthermore, the Montana Department has processes that allow for clients/ consumers to file a complaint against an agency that is licensed or certified by the department. To file or report a complaint, clients are asked to either call the Certification Bureau or the Licensure Bureau to speak with someone who will provide assistance. To file a complaint electronically, the Montana Department has a Complaint Procedures webpage that has complaint forms for health care facilities, child day care facilities, Medicare/Medicaid Certified facilities, and Licensed Residential Facilities.

Appendix B:

COUNCIL ON ACCREDITATION (COA) Performance and Quality Improvement Standards

STANDARDS

COA's Performance and Quality Improvement (PQI) standards encourage agencies to use data to identify areas of needed improvement and implement improvement plans in support of achieving performance targets, program goals, client satisfaction, and positive client outcomes.

COA is an international, independent, not-for-profit, child- and family-service and behavioral healthcare accrediting organization. As its mission, The Council on Accreditation partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards. It was founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Children and Families). COA currently accredits over 45 different service areas. Among the service areas are substance abuse treatment, adult day care, services for the homeless, foster care, and inter-country adoption.

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COUNCIL ON ACCREDITATION (COA) Performance and Quality Improvement Standards

COA promotes a broad-based, agency-wide process inclusive of staff and stakeholders, as a vital, necessary management tool. The PQI standards reflect what experts know about what it takes to start, and maintain, a useful quality improvement program. Taken together, the standards include practices that counter the tendency of agencies to place responsibility for quality improvement and results in one or a few individuals. As such, the standards recognize the value of involving staff at all levels of the agency.

COA's PQI standards provide significant guidance directed at the role of leadership, support for measurement, use and communication of improvement results, and staff training and support practices that reach the full agency. The standards promote wide support and full participation in the improvement process.

PA-PQI 1: Leadership Endorsement of Quality and Performance Values

The agency's leadership promotes a culture that values service quality and ongoing efforts by the full agency, its partners, and contractors to achieve strong performance, program goals, and positive results for service recipients.

Presented below is an outline of the COA's PQI Standards:

PA-PQI 1.01

The agency's leadership sets forth quality expectations and broad goals that merit ongoing monitoring.

PA-PQI 1.02

The agency head endorses:

1. A culture that promotes excellence and continual improvement
2. Implementation of an agency-wide PQI framework
3. Constructive use of data to promote a high-learning, high-performance, results-oriented agency
4. Involvement of a wide range of managers and staff in the PQI process
5. Inclusion of external stakeholders and community members
6. An annual scorecard or summary reports of gains made against goals

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COUNCIL ON ACCREDITATION (COA) Performance and Quality Improvement Standards

Interpretation: COA encourages agencies that are establishing a PQI program to fully consider current reporting obligations, organizational performance and service delivery outcomes, indicators, and targets, so a PQI program can be placed within, or accomplished through, existing efforts.

PA-PQI 1.03

Senior managers promote a culture of quality by:

1. Using short-term/annual plans that support long-term strategic quality goals
2. Setting expectations for use of quality and performance improvement results to change policy and practice
3. Encouraging service delivery processes that have been shown to contribute to good outcomes
4. Focusing on customer satisfaction and outcomes
5. Recognizing staff contributions to performance and quality improvement

PA-PQI 1.04

Sufficient resources are allocated to lead and facilitate collection and analysis of data.

PA-PQI 2: The Foundation for Broad Use of PQI

The infrastructure that supports performance and quality improvement is sufficient to identify agency-wide issues, implement solutions that improve overall efficiency, and promote accessible, effective services in all regions and sites.

PA-PQI 2.01

The PQI program takes into account all of the agency's regions and sites, and all individuals and families served.

PA-PQI 2.02

A PQI plan which operationalizes the agency's PQI program:

1. Assigns responsibility for implementation and coordination of PQI activities and technical assistance

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COUNCIL ON ACCREDITATION (COA) Performance and Quality Improvement Standards

2. Sets forth the purpose and scope of PQI activities
3. Establishes a periodic review of essential management and service delivery processes consistent with quality priorities
4. Outlines methods and timeframes for monitoring and reporting results
5. Includes provision for an assessment of the PQI program's utility, including any barriers to and supports for implementation

PA-PQI 2.03

The agency in its PQI plan defines its stakeholders and specifies how different stakeholder groups will be involved in the PQI process.

PA-PQI 2.04

The agency describes the steps in an improvement cycle, including determining if an implemented change is an improvement.

PA-PQI 2.05

Staff responsible for PQI are qualified by education and experience to:

1. Engage people throughout the agency
2. Systematically collect information and analyze data
3. Communicate results and recommendations to various key audiences

PA-PQI 3: Support for Performance and Outcomes Measurement

An inclusive approach to establishing measured performance goals, client outcomes, indicators, and sources of data ensures broad-based support for useful performance and outcomes measurement.

PA-PQI 3.01

Senior managers and supervisors set forth performance and outcome expectations in a supportive manner and allay concerns about possible repercussions of identifying areas in need of improvement.

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COUNCIL ON ACCREDITATION (COA) Performance and Quality Improvement Standards

PA-PQI 3.02

Staff throughout the agency and stakeholders, including partners and contractors, work together to:

1. Develop key outcomes and outputs
2. Develop relevant qualitative and quantitative indicators
3. Identify data sources, including measurement tools and instruments

PA-PQI 3.03

The agency selects performance measurement indicators that relate to operations and management, program results, and client outcomes.

PA-PQI 4: Analyzing and Reporting Information

The PQI plan describes how measurable data will be obtained and used on a regular basis to further monitor actual versus desired:

1. Functioning of operations, that influence the agency's capacity to deliver services
2. Quality of service delivery
3. Program results
4. Client satisfaction
5. Client outcomes

PA-PQI 4.01

Collection of service delivery information focuses on key quality factors, including:

1. Appropriateness
2. Effectiveness
3. Any or all of the dimensions of quality

PA-PQI 4.02

The agency aggregates and reviews several sources of information to identify patterns and trends, including:

1. Quarterly case record review reports
2. Quarterly review of incidents, accidents, and grievances
3. Customer satisfaction data, usually annually
4. Customer outcomes data, usually annually
5. Management and operations data and reports

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COUNCIL ON ACCREDITATION (COA) Performance and Quality Improvement Standards

PA-PQI 4.03

Quarterly reviews of case records:

1. Evaluate the presence, clarity, quality and continuity of required documents using a uniform tool to ensure consistency
2. Include a random sample of both open and closed cases

PA-PQI 4.04

The agency integrates the findings of external review processes, including licensing reviews, information related to compliance with federal, state, and department requirements, governmental audits, accreditation, and other reviews into its PQI process, where appropriate.

PA-PQI 5: Use and Communication of Quality Information to Make Improvements

Findings based on improvement efforts are disseminated to personnel and stakeholders and are used to improve programs and practice.

PA-PQI 5.01

The agency:

1. Reviews results
2. Identifies areas of needed improvement
3. Implements and evaluates improvements on a small or broad scale
4. Modifies implemented improvements as needed
5. Keeps staff informed and involved throughout the cycle

PA-PQI 5.02

Senior managers regularly review and discuss PQI reports to:

1. Identify areas of needed improvement
2. Set improvement activity priorities
3. Manage their operations and programs

PA-PQI 5.03

Internal and external stakeholders review performance data and outcomes results in order to:

1. Identify strengths and areas of positive practice
2. Provide feedback about areas of needed improvement

Appendix B:

COUNCIL ON ACCREDITATION (COA) Performance and Quality Improvement Standards

PA-PQI 5.04

The agency's leadership, including advisory members, and PQI personnel communicate with staff and stakeholders about achievements relative to desired outcomes, indicators, and benchmarks or targets.

PA-PQI 6: Staff and Stakeholder Support

Staff and stakeholders receive information and support that increases their capacity to participate in, conduct, and sustain performance and quality improvement activities.

PA-PQI 6.01

Information about the agency's PQI program is provided to stakeholders that:

1. Describes the agency's PQI philosophy
2. Explains how PQI is structured
3. Defines stakeholders and how they participate in the PQI process
4. Includes a brief summary description of what the agency is measuring

PA-PQI 6.02

PQI training for personnel includes:

1. An overview of the agency's PQI program at new staff orientation
2. Specialized and/or ongoing training, as appropriate to individual roles and responsibilities

PA-PQI 6.03

Senior managers, and department and program heads:

1. Include PQI relevant short and long-term goals in their work plans
2. Keep PQI on the agenda of staff meetings

Appendix C: Quality Improvement Activities Report

QA Activity/Initiative	Program	Description
18-month Leadership Development		18 month, 4 module plan to increase leadership skills of supervisory staff. Hired agency "Meadowcroft." Taught all how to learn to manage better and more effectively and how to discipline in a positive manner.
Aging Waiver CQI Project	Aging Waiver	Process to identify ways to increase employee retention.
Care Management, Senior Center and I&R/Outreach Quality Standards	OPTIONS, Dom Care, Aging Waiver, Senior Community Center and non-Senior Community Center Outreach Programs	Collaborative effort between providers and AAA to develop quality standards. The Quality Improvement Plan process involves an annual quality improvement plan, plan goals and plan benchmarks. AAA and providers work on two quality standards annually with a goal of achieving the effective or exemplary benchmarks on the standards. Two meetings a year for plan evaluation.
Case Review	Aging Waiver	Every Tuesday there is a case conference call with four providers of in-home and adult day care services. Calls are to go over any concerns that the providers or consumers have. Consumers are invited to participate in conference--most don't due to age and access. Discuss new strategies and best practices. Once a year they meet face-to-face with a larger group (up to 150)

Appendix C: Quality Improvement Activities Report

QA Activity/Initiative	Program	Description
Consumer Satisfaction Survey Enhancement	Service Provider Administration	Conversion from a manual to an electronic survey tool and scoring used for both Waiver and OPTIONS programs.
Data Verification Report	Senior Community Center and Home Delivered Meals	Monthly document shared with providers showing the total services and consumers recorded in the SAMS data system and reported to the State. The Provider verifies or challenges the data and both AAA and provider assure data accuracy in this monthly process.
Dom Care Provider Advisory Team	Dom Care Unit	Dom Care providers who volunteer to be part of an advisory team to give feedback on Quality Improvement Plan, to promote program improvement and to offer suggestions on training topics and other activities. Meets 4 times a year.
Front Desk Procedure CQI Project	AAA Overall	Process to improve the front desk operations at AAA including the mail, phone, and package delivery processes.
Home certification and re-certification process (updating CPR, FA, etc..)	Dom Care Unit	Inspection and certification process consisting of checking homes and of ensuring providers are in compliance with regulatory requirements.

Appendix C: Quality Improvement Activities Report

QA Activity/Initiative	Program	Description
Home certification and re-certification process (updating CPR, FA, etc..)	Dom Care Unit	...Care Mangers inspect for health and safety issues twice a year using home reassessment forms. Health Dept. does thorough inspection related to building structure, furnaces and electrical once a year. Process is completed w/no charge. Ongoing care management--watching for safety of consumer to ensure that provider is doing his/her job and to ensure that the consumer is not too much for the provider to handle due to consumer and/or provider issues (health).
In-Home Services CQI	Service Provider Administration	Process to standardize the monitoring of OPTIONS and Waiver in-home service providers; monitoring that is done in a method that is transparent and consistent.
Learning Circles	Dom Care Unit	A part of leadership development--formed small groups led by senior managers where issues that may arise are worked through using tools that include but are not limited to architect cards.
Licensed Nutritionist	Senior Community Center and Home Delivered Meals	Nutritionist meets w/ AAA 4 times a year to review and approve proposed menu per federal and state nutritional guidelines.

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QA Activity/Initiative	Program	Description
Monthly Performance Reports		Each Bureau Chief completes reports detailing their accomplishments, barriers, challenges and numbers related to intake and assessments using SAMS. Each Bureau Chief submits to Mildred who then submits a summary report to Marc.
Mutual Accountability	All	Process applied to projects that specifies responsibilities and deadlines for providers and for AAA to assume accountability.
No Wrong Door	Dom Care Unit	Basis is rooted in customer service and helping a consumer even if the number they called isn't the right number. No transferring of calls until staff finds out who the right person is for the consumer to speak w/and that person is available to speak w/consumer at that moment. Developed a communication policy that details phone etiquette, removing messages, and updating calendar and out-of-office settings. Training is provided for specific jobs and people rotate through the department to learn the details of other offices.
OPTIONS LOCA Training CQI Project	OPTIONS	A process to improve the consistency of the training of care managers related to the LOCA evaluation.

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QA Activity/Initiative	Program	Description
Performance Evaluation		Deloitte and Touche worked w/DHS to develop performance evaluations for staff based on their job requirements. This was done to try and equalize staff titles and pay. Annual and mid-year evaluations are completed in a more 'conversational style with input from the person being evaluated.
Protective Services CQI Project	Protective Services	Process to improve protective services for the elderly population to more effectively and efficiently respond to its needs.
Quality Improvement Plan	Dom Care Unit	Dom Care Unit focuses on specific standards each year. This year's focus is on risk management and crisis management. Care managers serve as the quality assurance "enforcers" as it relates to placements and Dom Care homes. Specific action steps in QIP address risk reduction in Dom Care homes and potential crisis situations.
Retention and Interview Process	AAA Overall	Process to evaluate and revise existing interview process to ensure fair, consistent, and effective interviewing, hiring and retention.
Review of SAMS Reports in support of Performance Based Funding	NHT Program	Reports are generated on consumer transition activity, completion, and follow-up monitoring.

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QA Activity/Initiative	Program	Description
Review Team	Dom Care Unit	An advisory board that hears complaints and appeals and provides feedback on program activities and initiatives. Consists of individuals from agencies outside of Dom Care. Hears appeals of decertifications or denial of providers if they don't meet regulations. Meets three times a year.
Risk Management Advisory Board	Aging Waiver	Consumers often have multiple issues that need to be addressed so this board was formed to include people across program offices w/ different skill sets. The purpose was to create a resource bank so that when certain issues/needs would arise, there was a team that could be contacted for help.
Satisfaction Survey	Dom Care Unit	A satisfaction survey is done periodically. Survey is completed with consumers and providers on satisfaction with program and care giving. Sometimes difficult to complete due to consumers level of comprehension. Done periodically.
Staff Mentoring	Aging Waiver	Supervised mentoring program where seasoned staff help new staff become acclimated to their job. 8 weeks of formal training using a protocol. Mentors meet to discuss issues and to brainstorm about things.

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QA Activity/Initiative	Program	Description
Strategic Problem Solving Initiative	All	Process that lays out procedure for strategic problem solving.
Training Initiatives	Service Provider Administration	Strengths-Based Approach; conflict resolution; customer service; team building; project management; soft skills (communication) and clinical observations.
Validation Process	Senior Community Center and Home Delivered Meals	Process that lays out the Provider responsibilities and expectations and references the Federal, State, and County requirements related to each responsibility and expectation. The goal is to have providers achieve 100% compliance annually.
Case and Caseload Investigations	Case Practice	Investigate complaints on individual cases or caseworkers, and make recommendations for corrective action if necessary.
Caseworker Support and Communication	Case Practice	Case practice staff offer advice and guidance, answering caseworker questions about state regulations or agency policy, or about how to handle particular situations.
Child/family home Visits	CYF Contract Monitoring	Monitors visit children/youth and their families who are receiving in-home services. Meeting to determine whether provider is providing services to their expectations.

Appendix C: Quality Improvement Activities Report

QA Activity/Initiative	Program	Description
Contract Monitor Managerial Meetings	CYF Contract Monitoring	Meeting with managers and monitors to have an interface on what's going on, share information, and learn from each other.
Contract Monitoring	CYF Contract Monitoring	Visit to providers to determine compliance with regulations. Read records, determine whether stated goal is adequate, and seek child/youth response. Providers are visited at least monthly and there are 9 providers per contract monitor. Further, each provider may have multiple programs. The contract monitors are assigned to an agency based on their skill set and the agency population. A team goes to the agencies 1 to 2 times a year to find systemic issues. The visits are announced and the agency is expected to be prepared to provide the personnel and child records requested. Contract monitoring serves as a mechanism to ready agencies for DPW reviews/visits. If provider is in non-compliance and not able to become compliant, there may be a referral freeze placed on agency.

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QA Activity/Initiative	Program	Description
File Reviews	Case Practice	Periodic file review typically prior to the annual state audit in early November. Files are reviewed for compliance with state regulations, agency policies, and best case practice to ensure that each case is being handled properly and in timely manner.
Monthly Reports on Providers	CYF Contract Monitoring	Contract monitors compile a report on their assigned provider agency's each month.
Permanency Planning Meetings	Case Practice	Meetings conducted every three months to ensure that families are on track to rectify the circumstances that brought them into child welfare system and to meet the goals of their Family Service Plan (FSP) within the 15-month timeframe required by the Adoption Safe Families Act (ASFA).
Policy Development	Policy Unit	Policy unit researches and writes policies to address operational and legal situations confronting caseworkers and the CYF office.
CANS--Child and Adolescent Needs Assessment	High Fidelity Wrap Around	CANS is a tool that assesses the needs of a child/youth. Input is gathered from child welfare, MR/DD (if applicable), and juvenile probation (if applicable). The families' satisfaction with the process is gauged through focus groups and phone surveys.

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QA Activity/Initiative	Program	Description
ICSP Database	Independent Living Initiative	Database is used to track youth outcomes and is used as a means of communication between caseworkers and Educational Liaisons. Reports are maintained within database.
Quarterly Outcome Reports	Independent Living Initiative	Providers submit quarterly reports providing counts regarding general information referrals; information about program; Casey Life Skills score; housing; education and training; employment; health and wellness; and direct service requirements.
Satisfaction Survey	High Fidelity Wrap Around	Surveys administered to families to gauge their experience with the High Fidelity Wraparound process
Wrap Around Fidelity Index	High Fidelity Wrap Around	Ensures that families are receiving high fidelity services. Too early in the process to test fidelity as of now, but there is a commitment to making sure that staff will understand the process and be properly trained in High Fidelity Wraparound. Conversations will occur between family and team members and there are 4 phases to the training process

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QA Activity/Initiative	Program	Description
Administrative Entity Oversight	ODP Oversight	Process to measure MR/DD's compliance of state (ODP) requirements set forth in operating agreement.
Administrative Entity Quality Management Plan and Compliance Activities	ODP Oversight	Plan required by operating agreement that supports and seeks to improve state priorities across six outcome areas. Beyond the requirements of the plan, MR/DD reviews objectives every quarter and HCSIS data, evaluating what can be done to strengthen supports coordination, staff development, etc.
Incident Management / Risk Management	ODP Oversight	Process to approve and review all consumer critical incidents that occur within the county and initiate investigations. Each provider must provide an analysis of their incidents. A summary report for the state is completed by the county. MR/DD also independently conducts case reviews, to identify trends, and look for ways to prevent further incidents.
Independent Monitoring for Quality (IM4Q)	ODP Oversight	Satisfaction survey on sample of MR/DD consumers conducted by an impartial party and part of a Core Indicators project collecting data nationwide and with regional QI councils.

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QA Activity/Initiative	Program	Description
Provider Qualifications and On-Site Monitoring	ODP Oversight	Process of qualifying MR service providers to provide services and monitoring/enforcing the state contract with each provider having a headquarters in Allegheny County.
Annual Contract Allocation Review	Bureau of Contracts and Compliance	After program office decides upon an allocation amount, the information is reviewed by fiscal staff to ensure that the cumulative amount cannot exceed the amount of money coming in. After review, the information is sent to the Deputy.
Contract Compliance	Bureau of Contracts and Compliance	Perform fiscal reviews and audits of programs. In cases where improprieties arise, the District Attorney is alerted and situation is remedied through that office's recommendations.
Contract Review Process	Bureau of Contracts and Compliance	Every contract is reviewed by the Contracts Manager prior to going to the law department. Once forwarded and read by the law department, it is sent to the County Controller. Turnaround process is 30-days from time sent to provider and an additional 30-days for negotiations and 3 to 6 weeks for County review.

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QA Activity/Initiative	Program	Description
Limited Scope Review	Bureau of Contracts and Compliance	Providers who have not had a personal visit from the Bureau have their contracts and invoices reviewed to see if anything causes an alert.
Project Management	Project Management	New Bureau within Office of Administration that is intended to help DHS staff become more efficient with the projects undertaken. Bureau was created to help develop a core level of standards across offices and to help the organization implement projects with clear goals and the right personnel at the helm.
Annual Evaluation Report	Bureau of Drug and Alcohol	Report submitted after each fiscal year to BDAP to determine whether goals are being met. The Performance Based Prevention System (PBPS) is used for data extraction. Report addresses federal strategies and risk factors-- community based process, environmental, alternative activities, education, problem ID and referral. Report is an analysis of the outcomes for the year and an assessment of whether goals were met.

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QA Activity/Initiative	Program	Description
Annual monitoring reviews	Bureau of Drug and Alcohol	Site visits using a State developed tool. Focus is on the programmatic physical state of the facilities and on assessing performance/service delivery. Any provider who receives over \$10k is monitored. A follow-up is performed if there are non-compliance issues and the provider must present a corrective plan of action.
Behavioral Health Transportation Survey	Behavioral Health Transportation Program	Survey of a program administered by Travelers Aid Society that provides bus passes at a discounted price to individuals who need travel assistance to their MH and DA therapy appointments.
Benchmarks Standards for Excellence	Benchmarks Standards for Excellence	Deputy (P. Valentine) wanted a staff generated effort for excellence team assembled to address ways to improve staff relations and performance. The establishment of conduct across the office is the goal. Started with team building, communication standards, and supervisor standards. A survey was administered to all staff members to assess standards.

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QA Activity/Initiative	Program	Description
CCR POMS	CCR POMS	Working with the State to clean the data and apply an identification number to each consumer receiving MH services as part of a MA program. eCaps needs to be cleaned for this process to be successful. Goal is to get better data and track data on the DPW side of things.
Community Evaluation Team (CET)	SOCI	Group of parents of children with SED trained in evaluation and quality assurance. They meet monthly about various agendas which have included reviewing publications from a family perspective, helping in the development of the original CANS Tool, developing ad hoc surveys for SOCI, and responding to / interpreting data results.
Community Treatment Team	CTT	Community Treatment Team providers are assessed to monitor their adherence to ACT model (based on a project pilot in Washington State). Tool used to measure for assertive community treatment. The site visiting tool is used along w/interviews w/ personnel, consumers, team leaders, staff.

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QA Activity/Initiative	Program	Description
Community Treatment Team	CTT	...Consumers also assess providers using a scale w/a rating of 1 to 5. If the providers are not meeting standards, a community treatment team is removed from the provider and the provider has to submit a plan of corrective action and they are monitored on a routine basis, intensively. Team is assessed on a weekly basis.
Consumer Satisfaction	Justice Related Services	Worked with CART to develop consumer satisfaction survey for JRS Support Program to be given to consumers.
Contract Adherence	Bureau of Drug and Alcohol	Contract language is looked at on a random basis.
Contract Monitoring - Adult MH Services		Audit of provider licenses to ensure they're in compliance. Technical assistance is provided as needed. All providers are audited annually. OBH handles the case management portion and the State handles the remainder. Follow-up is done and plan of corrections are monitored.
Contract Monitoring - Bureau of Child and Adolescent Services	Bureau of Child and Adolescent Services	Service providers are reviewed using state monitoring instruments to assess compliance with state regulations and service quality. Site visits and chart audits vary from once a year to monthly.

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QA Activity/Initiative	Program	Description
Contract Monitoring - Bureau of Child and Adolescent Services	Bureau of Child and Adolescent Services	At the conclusion of the review, the state provides a report to each service provider and the Bureau that identifies any issues of non-compliance and includes suggestions for service improvement. The provider must submit plans of correction for areas of non-compliance.
Contracting and Process Efficiencies	Contracting and Process Efficiencies	Project to expedite the contract process and create standard language for work statements. There's a need for contracts/statements that use language that can be understood across the board.
Data Evaluation Performance Group	Data Evaluation Performance Group	Staff working on data evaluation issues meet to share resources, skill sets, and work through data and evaluation issues that arise.
Incident Management	Bureau of Child and Adolescent Services	Process to review, follow-up and manage all consumer critical incidents that occur within the county. Incidents are reported to IRES, entered into ECAPS and distributed to key staff. Reports are analyzed to identify opportunities to improve safety and crisis response.

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QA Activity/Initiative	Program	Description
Information Exchange	Information Exchange	Program/tool will allow providers to batch client information (primarily contact information) and the updates will feed into MCI. This will assist with data quality and help OBH with finding/tracking clients/consumers.
Internal Reporting	SOCI	Reports from eCAPS are run monthly to monitor referral, enrollment and disenrollment trends. This data is used for planning and quality improvement in these areas.
Justice Related Services - Data Collection	Justice Related Services	Evaluate potential for new eCAPS module to eliminate spreadsheets and create consistency in reporting. Overall goal is to use data better and improve upon the quality of data. Additional efforts include collection of recidivism data and other outcome measures.
Making Waves Outcome Report	SOCI	Pre/Post outcome data, demographics and process data results are compiled and distributed to stakeholders. Quality assurance recommendations were made based on findings.
Mayview Consumer Tracking	Bureau of Adult MH Services	Tracking of services and outcomes of consumers who have left the Mayview State Hospital.

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QA Activity/Initiative	Program	Description
Mayview Regional Service Area Plan	Bureau of Adult MH Services	Plan directed by a 33-member steering committee that includes behavioral health professionals, representatives from all five counties, administrators from Mayview State Hospital, consumers, and Pennsylvania Department of Public Welfare representatives. The goal of the plan is to strengthen the behavioral health systems in Allegheny, Beaver, Greene, Lawrence, and Washington counties.
Outcomes Process	Bureau of Child and Adolescent Services	Project to improve and assure quality by developing a logic model of service activities and goals, and to identify desired outcomes, measurable indicators of those outcomes, and an appropriate data system to collect the information.
Performance Based Contract Monitoring	SOCI	Still in development and started 5 years ago. Based on policies and procedures to monitor fidelity to system care principles through a variety of data collection techniques including focus groups with parents and document review in each SOCI partner community. Community review is conducted annually with 9 communities. Service plans/files are reviewed at that time. Plans of correction are written and monitored following reviews if needed.

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QA Activity/Initiative	Program	Description
Policy Development	Justice Related Services	Development of a policy and procedures manual that all JRS staff must read, complete a checklist, and sign.
Prevention Quarterly Report	Bureau of Drug and Alcohol	State developed report format in which County bureau of drug and alcohol meets with the 13 providers to collect required information.
SCA (Single County Authority) Treatment Report	Bureau of Drug and Alcohol	Part of quality assurance initiatives that are driven by State standards. BDAP sets the language used in contracts and policies set forth by policy bulletins. Submit treatment plan each year to state, and assess fidelity to that plan. Some of the QA indicators do not assess client satisfaction and unless that information is asked to consumers then it's not collected/ reported. On occasion, consumers and providers are surveyed using the Consumer Advocate Reporting Team (CART).
Single Point of Accountability		A 5-year initiative changing contract language to address recovery oriented services, as well as, expectations regarding SPA initiatives.
SOCI Communication	SOCI	Surveys and interviews administered to SOCI staff members and partners to assess communication effectiveness across the program.

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QA Activity/Initiative	Program	Description
Student Assistance Program (SAP) Quarterly Report	Bureau of Drug and Alcohol	Meet with providers of SAP program on a quarterly basis to ensure that they are following the mandated practices. Number of consultations, referrals and assessment are collected. Site visits occur. Providers are expected to complete an annual report and include additional curriculum information.
Training and Technical Assistance	SOCI	Training/Technical Assistance Coordinator works with SOCI central and each partner community to identify, plan and offer training and technical assistance opportunities that will improve the quality of services and supports. These opportunities are also driven by data results, performance based contract plans of correction, community cultural competence plans and social marketing plans.
Closed Case Report	Director's Action Line	Report tracks the number of cases processed, time to process and satisfaction level rated by consumer.
Consumer Satisfaction	The Link	Consumer satisfaction survey is mailed w/reply envelope to consumers who contacted the office for help. The survey assess the level to which the consumer feels their issued was resolved. If contact information is provided, someone will contact the consumer if there was a problem w/the service they received. Surveys are sent to the state and typically receive a 10% response rate.

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QA Activity/Initiative	Program	Description
Director's Action Line	Director's Action Line	The Director's Action Line was implemented in the fall of 1996 to address the concerns and issues of individuals, families and children served by the Allegheny County Department of Human Services (DHS). Callers may register concerns and complaints or request information about any aspect of DHS. DAL specialists research and respond to callers' needs. They answer questions, investigate concerns regarding DHS, and inform callers of the results. Calls to the Director's Action Line are also used to generate data for statistical analysis to help evaluate policies and procedures.
Issue and Statistics Report	Director's Action Line	External reports of issues and utilization given to Allegheny County Council on quarterly bases for review and oversight purposes.
Monthly & Annual Outcomes Report	OCR	Monthly and annual accounting of OCR activities and outcomes including press releases, reporter contact, articles in print, publications, money raised, trainings, events, DAL and Link calls. Report given to DHS director and other stakeholders.
Parent Handbook Survey	Director's Action Line	A survey administered to CYF-involved families to verify that individuals received the DHS parent handbook.

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QA Activity/Initiative	Program	Description
Self Assessment	The Link	A self administered program assessment is completed and presented to advisory committee.
Staff Training	The Link	Staff are asked to complete personal knowledge assessment and are trained when they start their employment and are given the opportunity to attend public benefit trainings, DPW trainings and other trainings as available and appropriate. On a monthly basis, someone who specializes in caring for people w/ Alzheimer's comes and provides trainings related to dementia as needed.
Employment and Training Program Monitoring	Bureau of Employment and Training	Program monitoring function. Reviews participant files for completeness and accuracy, includes program meetings at sites, state data reports, participant reports by program, technical assistance to programs to make corrections and improvements, ADA compliance, and client outcome tracking.
Family and Community Services Program Monitoring	Bureau of Family and Community Services	Program monitoring function to assess health and safety compliance, program compliance and completeness, and compliance of participant files.

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QA Activity/Initiative	Program	Description
Homeless and Hunger Program Monitoring	Bureau of Homeless and Hunger	Program monitoring function to ensure regulatory compliance, health and safety compliance, confidentiality, food quality, and number of consumers served. Reviews participant files, physical living units, and provides a written follow-up report to agency.
Outreach and Prevention Program Monitoring	Bureau of Outreach and Prevention	Program monitoring function to assess health and safety of program site, program compliance with work statement, compliance with budget. Reviews participant files, provides technical assistance, conducts participant and staff interviews, observes program activities and staff/participant interaction, and provides written follow-up of finding to agency including corrective actions.
Application Health Check	Bureau of Information Systems	Daily process to evaluate the operation and functionality of DHS-supported applications such as eCAPS, KIDS, MCI, MPI, and DialTrac. An email is sent each morning to OIM supervisors detailing the status of each.
Data Quality	Bureau of Decision Support Services	Ongoing projects to improve data quality within the logic of DHS' data systems and at the point of data entry.

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QA Activity/Initiative	Program	Description
Disaster Plan and System Backup	Bureau of Information Systems	Process to protect applications and data systems from corruption and/or data loss.
Evaluation Report	Bureau of Decision Support Services	Ad hoc evaluation reports including Mayview monthly status, MATP Transportation, AFCARS, CFSSR, CCR POMS, etc.
Help Desk Tracking	Bureau of Information Systems	Help desk QA to account for staff time allocation and to whom it is allocated.
OIM Request	Bureau of Information Systems	System to monitor and track equipment purchases to ensure accountability and timeliness within the process.
User Acceptance Testing	Bureau of Information Systems	Application and system testing by developers and by internal customers to assess operability and fidelity to business process requirements.

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