Introduction

To

Quality Improvement

Promoting accountability and continuous improvement in juvenile justice programs and services.

April 2012
Florida’s Department of Juvenile Justice (DJJ) became formally operational in 1994, however, there were activities relating to quality assurance occurring several months earlier. In September 1993, DJJ and Florida State University entered into a contract for the university to assist in the design and piloting of the quality assurance system. Quality assurance standards, by which program services were measured, were developed based on the principles of Total Quality Management (TQM). TQM was founded on the concept of continuous improvement, while focusing on processes and outcomes directed toward achieving program goals and objectives. A basic principle of TQM is that it is more cost-effective to improve current programs, if possible, than to recreate them. Often, if root problems are not identified and resolved, merely recreating a new program or service will result in the same problems. It was this approach that set the stage for reviewing juvenile justice services from a new perspective. The resulting design of DJJ’s quality assurance system set high standards of performance for juvenile justice programs and services based upon best practice, rather than the minimum standards established for compliance monitoring or licensing systems.

The Bureau of Quality Improvement was created to conduct reviews, based on criteria that correlate with youth outcomes, of the services and programs that comprise the Department’s juvenile justice system. Initially known as the Bureau of Quality Assurance, the Bureau of Quality Improvement was established by the Florida Legislature in 1994 as part of the Juvenile Justice Reform Act. The quality assurance system addressed the need to hold programs accountable against a set of performance standards based on contract terms and conditions and department policies. Over time, the need arose to relate program performance measures to youth outcomes in a clear and unambiguous way. In 2006, the Programming and Technical Assistance Unit was formed to provide on-site evaluations of, and follow-up technical assistance related to, a program’s delinquency intervention practices and behavior management strategies, as well as to determine whether the culture and infrastructure is conducive to evidence-based programming and best practices.

In 2011, after several meetings with Department staff and providers of juvenile programs and services, the decision was made to combine the functions of the Bureau of Quality Assurance and the Programming and Technical Assistance Unit, to form the Bureau of Quality Improvement. By incorporating the initiatives of Quality Assurance and Programming and Technical Assistance, the Bureau of Quality Improvement is in an enhanced position to promote accountability and continuous improvement in juvenile justice programs and services. The Bureau of Quality Improvement has been formed to promote continuous program improvement through Department feedback. This process includes starting with evaluation followed by technical assistance, which in turn helps programs to improve and/or validates the need to modify a program’s design.

The feedback process summarized above is in accordance with a renewed vision toward the quality improvement of services provided within Department programs, rather than compliance-oriented measures. This youth outcome-based focus will assist the Department with moving research-based and best practices to the next level throughout all four program areas, detention services, prevention and victim services, probation and community intervention services, and
residential services. The Bureau of Quality Improvement reinforces this mission of juvenile justice system improvement.

**STATUTORY AUTHORITY**
The Department’s creation of the Bureau of Quality Assurance is in accordance with Section 985.632 (5), Florida Statutes:

(5) The department shall:

(a) Establish a comprehensive quality assurance system for each program operated by the department or operated by a provider under contract with the department. Each contract entered into by the department must provide for quality assurance.

(b) Provide operational definitions of and criteria for quality assurance for each specific program component.

(c) Establish quality assurance goals and objectives for each specific program component.

(d) Establish the information and specific data elements required for the quality assurance program.

(e) Develop a quality assurance manual of specific, standardized terminology and procedures to be followed by each program.

(f) Evaluate each program operated by the department or a provider under a contract with the department and establish minimum thresholds for each program component. If a provider fails to meet the established minimum thresholds, such failure shall cause the department to cancel the provider’s contract unless the provider achieves compliance with minimum thresholds within 6 months or unless there are documented extenuating circumstances. In addition, the department may not contract with the same provider for the canceled service for a period of 12 months. If a department-operated program fails to meet the established minimum thresholds, the department must take necessary and sufficient steps to ensure and document program changes to achieve compliance with the established minimum thresholds. If the department-operated program fails to achieve compliance with the established minimum thresholds within 6 months and if there are no documented extenuating circumstances, the department must notify the Executive Office of the Governor and the Legislature of the corrective action taken. Appropriate corrective action may include, but is not limited to:

1. Contracting out for the services provided in the program;
2. Initiating appropriate disciplinary action against all employees whose conduct or performance is deemed to have materially contributed to the program’s failure to meet established minimum thresholds;
3. Redesigning the program; or
4. Realigning the program.

The department shall submit an annual report to the President of the Senate, the Speaker of the House of Representatives, the Minority Leader of each house of the Legislature, the appropriate
substantive and fiscal committees of each house of the Legislature, and the Governor, no later than February 1 of each year. The annual report must contain, at a minimum, for each specific program component: a comprehensive description of the population served by the program; a specific description of the services provided by the program; cost; a comparison of expenditures to federal and state funding; immediate and long-range concerns; and recommendations to maintain, expand, improve, modify, or eliminate each program component so that changes in services lead to enhancement in program quality. The department shall ensure the reliability and validity of the information contained in the report.

OVERVIEW OF QUALITY IMPROVEMENT REVIEWS
The Bureau of Quality Improvement’s reviews are significantly different from traditional compliance-oriented monitoring, in which reviewers use checklists and follow narrow guidelines to conduct reviews of the program or services. By its design, the quality improvement review process differs from a compliance review in the following ways:

- Focusing more on a broader assessment of a program’s current service system and less on punitive sanctions for past or minor infractions that are limited in scope, not systemic in nature, and do not impact the health or safety of the youth.
- Taking into consideration whether exceptions are systemic, and whether appropriate corrective action has been effectively implemented and sustained for a period of time, at the time of review.
- Utilizing a collaborative review process in which a team of professional certified reviewers discuss the findings of the review daily, share their findings with the program staff, and allow the program the opportunity to respond to any exceptions that were identified.
- Reporting all findings that result from the reviews, whether positive or negative, in a detailed report.
- Keeping in mind that the review is to offer a ‘snapshot in time’ of the activities as they are during the QI review week, not as a historical perspective of events since the program’s last quality improvement review.

The quality improvement review process also emphasizes the use of multiple data sources to document a program’s policy, procedure, and practice. During a quality improvement review, the certified reviewers observe program operations, examine records and files, conduct interviews with staff, and complete surveys with youth and staff, in an effort to document the processes being carried out by the program. This design is intended to provide a complete picture of a program’s compliance with state policy, administrative code and statutes, as well as any efforts the program has made to correct any exceptions. The final score should reflect the program’s practice at the time of the quality improvement review.

QUALITY IMPROVEMENT STANDARDS
In 1994, after the development of program goals and objectives for juvenile justice services, program standards were created for each of the Department’s four main program areas: detention services, prevention and victim services, probation and community intervention services, and residential services. The standards for the various program types are program
type specific and include requirements called “indicators.” These indicators are reviewed by quality improvement staff while on review. After the standards were created, a program was identified to pilot test the proposed standards. Over the years, there have been several revisions to the standards; what has not changed in the standards are the requirements mandated by Florida Statute, Florida Administrative Code, and/or Department policies.

**BUREAU OF QUALITY IMPROVEMENT ORGANIZATION**

Under the current structure, there are seventeen quality improvement specialists and five program administrators assigned to carry out the Bureau of Quality Improvement mission and responsibilities. The staff coordinate the quality improvement reviews in their respective areas, which are located in five regional offices across the state: Tallahassee, Jacksonville, Orlando, Tampa, and Ft. Lauderdale.

The Programming and Technical Assistance (PTA) Unit of the Bureau of Quality Improvement has five specialists and one headquarters office programming specialist. The technical assistance specialists are located in Pensacola, Tallahassee, Daytona Beach, Tampa, and Venice. The technical assistance specialists form a collaborative partnership with each assigned program to identify and resolve programming issues and to identify and implement evidence-based and best practices. The technical assistance specialists also conduct training on evidence-based and promising practices. As a follow up to this specialized training, the technical assistance specialists monitor and coach trained staff to support delivery of the evidence-based and promising practices, in accordance with each developer’s requirements. Additionally, technical assistance specialists participate as peers on quality improvement reviews, providing support to quality improvement review staff.

The Bureau of Quality Improvement’s Bureau Chief, as well as supervisory and administrative support staff located in the headquarters office, provides expertise and technical support to out-posted quality improvement and technical assistance specialists, enabling them to work independently in an unbiased manner. Having these staff located in a program’s geographical area helps to establish effective, collaborative relationships with local service providers and Department staff, and allows the Bureau of Quality Improvement to allocate resources in the most cost-effective, efficient manner.

**THE QUALITY IMPROVEMENT TEAM APPROACH**

The quality improvement system uses a team approach to review and rate programs and services, providing a broader and more balanced perspective than a review using a single evaluator. The Bureau trains Department and provider staff to become certified reviewers, and relies on these reviewers to work with Bureau of Quality Improvement staff to provide comprehensive assessments. There are hundreds of certified reviewers who volunteer to serve as partners on these teams, without whom, the reviews could not be conducted. These collaborative partnerships effectively evaluate and report on the quality of Florida’s juvenile programs and services.

The roles and expectations of each team member on a quality improvement program review
include, but are not limited to:

- **Lead Reviewer:** A staff member of the Bureau of Quality Improvement, responsible for representing the Department during a review, providing leadership to the review team, and coordinating pre- and post-review responsibilities. Prior to the review, the lead reviewer contacts the certified reviewers to provide logistical information and to assign the standards to be reviewed. The lead reviewer ensures that each certified reviewer receives all evaluation training, instruction, and material. Other responsibilities include learning and understanding applicable quality improvement standards, Florida Administrative Rule requirements, and Department manuals, policies, and procedures. Prior to the start of the review, the lead reviewer conducts a meeting with the team members to ensure that all members of the team are aware of their assignments. The lead reviewer is responsible for conducting entrance and exit conferences, as well as daily debriefing meetings with the team and program staff in attendance. The lead reviewer ensures that the reviews are conducted fairly and professionally, in accordance with Department policy, Bureau procedures, and established methodology. The lead reviewer prepares a final written report based on the team’s findings, which is submitted to the program and ultimately posted on the Department’s website.

- **Certified Reviewer:** An employee of the Department or a provider program, who has been certified, upon completion of the Bureau of Improvement’s training curriculum, to participate on reviews. In order to become a certified reviewer, staff must attend two days of training, and pass three examinations. During a review, the primary responsibility of the certified reviewer is to adhere to the guidelines, review the assigned standards, and submit written narratives of their findings to the lead reviewer for inclusion in the report. In an effort to provide a fair and balanced review, the Bureau of Quality Improvement staff carefully consider certified reviewer assignments to avoid possible conflicts of interest.

- **Program Monitor:** For probation and community intervention services and residential services programs, the assigned program monitors are included as team members. The program monitors are knowledgeable about their assigned programs as a result of their monitoring activities, and are therefore able to provide a special insight into their program’s successes and challenges.

**QUALITY IMPROVEMENT REVIEWS**

Quality improvement reviews are conducted on site. The quality improvement team may be on site for two or three days to assess the program’s policies, practices, and procedures, by reviewing files, observing interactions between the staff and youth, conducting interviews, and attending programmatic events such as treatment teams and youth intakes.

For residential services and detention services programs, the quality improvement team is authorized to be on site for up to three days to complete a review. For probation and community intervention services programs, the quality improvement team is authorized to be on site up to two days to complete a review.
As of the FY 2011-12 review cycle, the Bureau of Quality Improvement is not conducting reviews on Children in Need of Services (CINS) shelters or Practical and Cultural Education (PACE) Center for Girls programs.

In an effort to provide the programs with a more formalized structure, the following is the format in which two- and three-day reviews are conducted:

Two-Day Reviews:

- **Day 1:**
  - The lead reviewer conducts a pre-review team meeting with the certified reviewers to provide instructions, assign standards, provide and review evaluation materials, and obtain certified reviewer signatures on required affidavits.
  - After the pre-review team meeting, the team members meet on site for the entrance conference with program staff by 9:00 a.m.
  - The team members will commence their initial day of reviewing after the entrance conference.
  - The review will conclude at approximately 3:00 p.m. and team members will draft daily debriefing forms to summarize their findings.
  - The lead reviewer will present copies of the debriefing forms, which highlights areas of strength and exceptions, to the program director.
  - The lead reviewer will conduct a debriefing meeting at approximately 4:00 p.m. with review team members and program staff.

- **Day 2:**
  - The review team will continue gathering information, placing their remaining findings on a daily debriefing form.
  - The review team will convene for a daily debriefing at 10:00 a.m., at which time the program staff will present written responses to the findings from the previous day. By this time, all of the standards should have been rated, and the program staff should have received this information.
  - After the second debriefing, the program staff is allotted two hours to provide a written response to the remaining indicators.
  - At the conclusion of the two-hour period, the lead reviewer will discuss the responses with the quality improvement team and will formulate a response for the program.
  - The QI team and program staff will meet for an exit conference, which will include a brief synopsis of the program’s responses, and a time for the QI staff to conclude the review.

Three-Day Reviews:

- **Day 1:**
  - The lead reviewer conducts a pre-review team meeting with the certified reviewers to provide instructions, assign standards, provide and review
evaluation materials, and obtain certified reviewer signatures on required affidavits.

- After the pre-review team meeting, the team members meet on site for the entrance conference with program staff by 9:00 a.m.
- The team members will commence their initial day of reviewing after the entrance conference.
- The review will conclude at approximately 3:00 p.m. and team members will draft daily debriefing forms to summarize their findings.
- The lead reviewer will present copies of the debriefing forms, which highlights areas of strength and exceptions, to the program director.
- The lead reviewer will conduct a debriefing meeting at approximately 4:00 p.m. with review team members and program staff.

**Day 2:**

- The review team will convene for a debriefing at 10:00 a.m., at which time the program staff will present written responses to the findings from the previous day.
- After the morning debriefing, the lead reviewer will discuss the responses with the quality improvement team, and will formulate a response for the program.
- The review will conclude at approximately 3:00 p.m. and team members will draft daily debriefing forms to summarize their findings.

**Day 3:**

- The review team will continue gathering information, placing their remaining findings on a daily debriefing form.
- The review team will convene for a daily debriefing at 10:00 a.m., at which time the program staff will present written responses to the findings from the previous day. By this time, all of the standards should have been rated, and the program staff should have received this information.
- After the second debriefing, the program staff is allotted two hours to provide a written response to the remaining indicators.
- At the conclusion of the two-hour period, the lead reviewer will discuss the responses with the quality improvement team and will formulate a response for the program.
- The QI team and program staff will meet for an exit conference, which will include a brief synopsis of the program’s responses, and a time for the QI staff to conclude the review.

**SCORING DEFINITIONS AND GUIDELINES**

Following are the definitions for the three ratings used during the Quality Improvement process.

**Satisfactory Compliance**

**Definition:** There are no exceptions to the requirements of the indicator; or there are limited, unintentional, and/or non-systemic exceptions that do not result in reduced or
substandard service delivery; or exceptions with corrective action that has already been applied and demonstrated.

**Guideline:** There is a readily apparent system in place, and this system is familiar to applicable staff. There is evidence, through documentation or observation, that the facility adheres to the identified practices. In the event of variance from the standard process, corrective action was applied, or the exception was limited in scope and did not affect the overall care, custody, or services provided to the youth.

**Limited Compliance**

**Definition:** There are exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.

**Guideline:** There is a readily apparent system in place to meet the requirements of the indicator. There are exceptions, however, that impact the overall care, custody, or services provided to the youth. There is evidence that the system or practice, as it exists, is not sufficient to address the requirements, and that changes to the practice are needed in order to provide appropriate care, custody, or services to the youth.

**Failed Compliance**

**Definition:** The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.

**Guideline:** There is a systemic breakdown that has the potential to endanger youth in the care of the program. Immediate corrective action must be taken by management to ensure that the practice or service is changed to conform with requirements. The missing elements are critical and pose a liability to the program and the Department.

Standard-level and overall failure will occur in the following situations:

1. If 25% or more indicators are rated as ‘failed compliance.’
2. At least 15% of indicators are rated as ‘failed compliance’ and 30% of indicators are rated as ‘limited compliance.’
3. At least 5% of indicators are rated as ‘failed compliance’ and 50% of indicators are rated as ‘limited compliance.’
4. 65% or more indicators are rated as ‘limited compliance’ or ‘failed compliance.’

*For a more detailed description of the ratings, definitions, and guidelines, please refer to the Quality Improvement website.*

**QUALITY IMPROVEMENT REPORTS**
The quality improvement team’s findings are documented and detailed in a report which is submitted to the program staff and the Department. The report provides an overall view of the
program, including any innovative or exceptional practices, as well as exceptions in areas in which the program could improve. Upon review by the program staff and the Bureau Chief, the report is posted to the Bureau of Quality Improvement website. The findings take into consideration whether the noted exceptions are systemic, and whether appropriate corrective action had been effectively implemented and sustained prior to the quality improvement review. This will serve to broaden the focus of the review of each program’s service delivery system, and be less punitive in rating the exceptions.

Upon conclusion of the review, the lead reviewer will complete a draft report, comprised of standard overviews as well as narratives for each of the indicators. The certified reviewers will provide their indicator narratives to the lead reviewer by close of business on the Tuesday following a review. The draft report will then be reviewed and edited by the QI program administrator of the area in which the review took place. In an effort to ensure consistency throughout the state, a final review of the draft report is conducted by the Bureau Chief. After finalizing the report, the Bureau Chief will send the draft report to the program director and the report will be posted on the quality improvement website.

After the review, the lead reviewer may also complete a Technical Assistance Recommendations Form. The purpose of the form is to alert the Bureau of Quality Improvement technical assistance specialists of program deficiencies discovered during the review as they relate to the implementation of evidence-based and best practices. Quality Improvement Headquarters staff forward the form, as an attachment to a letter recommending the program request technical assistance for the identified items, to the program director. The purpose of the letter and the Technical Assistance Recommendations Form is to alert the program to the availability of technical assistance in areas proven to lead to better program outcomes.

**APPEAL PROCESS**

The quality improvement process depends upon each team’s professional judgment about the quality of programs. As such, it is a system that has room for differing conclusions. Therefore, the Department provides a reasonable means for providers to question and/or appeal the findings of a quality improvement review. It is the intent that any disagreements are resolved at the lowest level possible, meaning that the program should attempt to address and resolve issues while the team is on site. If a resolution is not possible, the program administrator may be contacted for a determination. Providers have the opportunity to question, take action, and/or appeal a finding each day that the team is on site, and during the draft phase of the report. The program’s representative shall submit an appeal, if in disagreement with the ratings and/or information displayed in the draft report, to the Bureau Chief, who will review the report to determine whether the rating should be revised. This review will include any justification provided by the program or its representative, and will be limited to a review of the documentation provided to the team during the review. If the program disagrees with the result of the appeal, the issue may be appealed to the Director of Program Accountability, and the Assistant Secretary of the respective program area, for a final decision.
CERTIFIED REVIEWER TRAINING

In 1996, the Secretary of the Department of Juvenile Justice mandated that all reviewers would be trained and certified. Therefore, prior to the 1996 review cycle, the Bureau of Quality Assurance, at the time, scheduled certification training sessions throughout the state. All of the quality assurance staff received training at the initial session; the remaining sessions included employees from state- and provider-operated programs. Since that time, the Bureau has conducted at least four training sessions each year, in various locations across the state, in order to maintain an adequate number of certified reviewers. Currently, there are over 3,300 professionals listed on the statewide database that have been certified to participate on reviews.

The Bureau of Quality Improvement’s Certified Reviewer training teaches the basic skills and provides the information necessary to conduct a review of the Department’s programs and services, including those that are contracted. It is intended for the training to be comprised of supervisory and management staff from the various program types. The training agenda includes goals and objectives of the quality improvement process, getting familiar with the review instruments, learning how to conduct on-site reviews, collecting thorough documentation, and writing summaries, narratives, and justifications. Additionally, skill practice activities and competency-based assessments are conducted throughout the training sessions to ensure that the participants comprehend and can apply the material learned in the training. There are three written examinations that must be passed in order to become a certified reviewer.

The training begins with an overview of the quality improvement system, including its history and philosophy. The participants are encouraged to develop an understanding of the goals and objectives which led to the development of the standards, and how those goals and objectives are represented in the current standards and indicators. The participants are also presented with information on the processes of conducting a quality improvement review, and become acquainted with the three fundamental components of a review: interviews, observations, and documentation. Through various exercises, the participants learn to write indicator summaries and collect pertinent data, as well as gain a better understanding of the responsibilities involved with being a certified reviewer. The training concludes with a discussion of general implementation issues and a question-and-answer session. Upon the successful completion of all requirements, including the written exams, the participants are certified by the Bureau Chief, which allows them to be a member of a quality improvement team. To remain a certified reviewer, staff are required to complete a quality improvement reviewer refresher course that is available through the Department’s Learning Management System (CORE). This course should be completed annually, based on a July 1 to June 30 fiscal year, prior to participating on a review.

TECHNICAL ASSISTANCE PROCESS

The primary objective of the technical assistance process is to accurately and efficiently coordinate and monitor the implementation and delivery of evidence-based and promising delinquency interventions, best practices, and effective behavior management strategies with the goal of achieving the Department’s mission. In order to accomplish this goal, the technical assistance specialists conduct on-site assessments of programs and services and reports the
documented findings to the Department.

On-site technical assistance generally takes several weeks, and often a few months, to complete. Programs are referred and then assistance is scheduled according to highest priority. Technical assistance specialists collaborate with program staff to identify issues, develop an implementation plan, and work closely with the program to achieve implementation plan objectives. While on site, specialists evaluate the program’s delinquency intervention procedures and practices and behavior management system, as well as whether the culture and infrastructure are conducive to evidence-based and best practices.

Quality improvement standards, annual reports, and individual program reports for juvenile justice programs and services, as well as this publication, can be downloaded at: http://www.djj.state.fl.us/partners/QI

Any reports that are not available via the quality improvement website can be obtained from:

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