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Information Brief

Juvenile Justice Can Improve Its Quality Assurance and Program Monitoring Processes

at a glance

The Department of Juvenile Justice's quality assurance (QA) process uses appropriate standards that are similar to those used by national accreditation organizations. Due to differences in the timing and thoroughness of the QA and accreditation processes, accreditation should not substitute for QA reviews.

The department can improve and streamline its program monitoring and QA processes by

- strengthening the correlation between QA scores and key outcomes such as escapes and injuries that can indicate management problems;

- using a process for the security portion of the QA process similar to that used by the Juvenile Justice Educational Enhancement Program;

- using a risk-based system of determining when to conduct monitoring visits;

- incorporating performance outcomes into corrective actions plans; and,

- strengthening the training and guidance it provides to program monitors.

Scope————————

This review examines the quality assurance and contract monitoring processes for Department of Juvenile Justice residential programs. As required by Ch. 2003-397, *Laws of Florida*, the review assesses the appropriateness of the department's quality assurance review standards, compares the standards to those used by national accreditation organizations, and assesses the efficiency and effectiveness of the quality assurance and program monitoring processes.

Background—————

The purpose of the Department of Juvenile Justice is to protect the public by reducing juvenile crime and delinquency. Within the department, the Division of Residential and Correctional Facilities operates and contracts for residential programs that provide 24-hour supervision of serious juvenile offenders. Ch. 2003-397, *Laws of Florida*, appropriated the division $289 million and 1,195 full-time equivalent employees. [1] In Fiscal Year 2002-03, department residential programs had an average daily population of 6,585 and served 14,662 youth.

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[1] Due to budget reductions and increased privatization, the division currently has 1045.5 FTEs.

Residential programs are highly privatized. Most of the division's residential programs are provided by contractors: 136 of the department's 157 (87%) residential programs are operated by for-profit or not-for-profit organizations. The division's five regional offices are responsible for managing contracts for residential services. The regional offices employ program monitors who also serve as contract managers. The program monitors are responsible for ensuring that state and contracted programs provide services in accordance with department standards, approving payments for services rendered, providing technical assistance to programs, and investigating complaints or incidents within residential programs.[2] For Fiscal Year 2003-04, the division has 33 program monitors. Each of the five regional offices also has a security monitor, who is trained in safety and security techniques and provides technical assistance to residential programs. Security monitors investigate incidents such as escapes that involve security breaches and conduct annual security audits.

The department's quality assurance program reviews program quality. To oversee and ensure the quality of all juvenile justice programs, s. 985.412, *Florida Statutes,* requires the department to establish a quality assurance (QA) process for all DJJ programs. This process evaluates programs' internal processes to ensure that they meet established standards. These standards are designed to ensure appropriate services are being provided and to protect the program and state against liability for poor treatment of the youth in custody.[3] They also are designed to ensure that programs meet constitutional requirements and adhere to departmental policies and state law.

The QA process also helps the state address issues that arise in litigation. For example, QA standards were revised in 2000 to incorporate new mental health requirements that resulted from a stipulated settlement in a lawsuit against the state, M.E. vs. Bush. The revisions to the QA process help ensure that programs are providing clients with the necessary and appropriate mental health and substance abuse treatment. As a result the legal action was dismissed in 2003.

In the QA process, most programs are reviewed annually. However, programs that receive commendable or exceptional ratings are given deemed or special deemed status for two to three years during which they receive either no QA reviews or abbreviated reviews.[4] Programs that fail QA reviews receive a second review within six months. If contracted programs fail this second review, the department must cancel their contracts unless there are documented extenuating circumstances. In addition, the department may not contract with the same provider for the cancelled service for a 12-month period. Similar action is taken against any state-operated program that fails twice.

The QA process is overseen by the Bureau of Quality Assurance. For Fiscal Year 2003-04, the bureau received a budget for $1,937,606 and 37 full-time equivalent employees. During the 2002 review cycle, the bureau conducted 318 QA reviews.[5] The bureau has 5 employees in the central office and 32 employees located in five regional offices.[6]

The employees in the central office schedule and oversee the review process; review and publish quality assurance reports; publish an annual report to the Legislature; train the regional reviewers; and, with input from providers, annually review and revise QA standards to streamline them and reflect

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[2] This process includes approving corrective action plans for programs that need to change their service delivery systems to meet department standards or contract requirements.

[3] This type of liability frequently leads to costly litigation. The state has been involved in three lawsuits centering on maltreatment of youth in custody: Bobby M., Costello, and M.E. vs. Bush.

[4] Unless the results of abbreviated reviews show the need for a full review, deemed status programs receive abbreviated reviews for a two-year period after receiving deemed status and special deemed programs receive no review for the first year and abbreviated reviews for the next two years. Abbreviated reviews typically last one day and cover the most important aspects of a program's operations.

[5] This excludes the 152 probation units reviewed as a part of the 20 judicial circuit reviews. Of the 318 reviews, 136 were conducted on residential programs and boot camps.

[6] Twenty-two of these employees are regular QA reviewers, five are regional QA supervisors, and five are clerical staff.

changes in department policy, state law, or program requirements. QA employees in regional offices conduct reviews and draft reports. The reviews are conducted by teams that include the regional QA staff and certified peer reviewers, who are staff from department programs or agencies under contract with the department. The department's contract provisions require each contracted program to provide a peer reviewer for at least one QA review a year.

Quality assurance reviews are conducted in partnership with the Juvenile Justice Educational Enhancement Program (JJEEP). JJEEP is under contract with the Department of Education to conduct quality assurance reviews of educational services in Florida's juvenile justice programs, provide technical assistance, and identify promising educational practices. JJEEP publishes a separate report, but its results are included in the programs' QA scores.

Findings————————————

Accreditation should not substitute for QA reviews

One of the issues that has arisen regarding the department's oversight of contracted residential programs is whether accredited programs should be exempt from the QA process. We concluded that this should not occur. Although the department's QA and accreditation standards are similar, accredited programs do not always perform well on QA reviews. This is likely due to differences in the length of time between the reviews and the thoroughness of the reviews. Due to these differences and the potential risks that programs pose to the state when they do not adequately care for youth in their custody, exempting all accredited programs from QA review is not in the best interest of the state.

QA standards are similar to accreditation standards. Several national organizations accredit juvenile justice programs including the American Correctional Association (ACA), Commission on Accreditation for Rehabilitation

Facilities (CARF), Council on Accreditation (COA), and Joint Commission on Accreditation of Health Organizations (JCAHO).

Although the department does not require residential programs to become accredited, it gives extra points to accredited programs during the contracting process. In addition, some programs believe that becoming accredited improves their services and strengthens their ability to attract resources. We identified 39 accredited residential programs contracted with DJJ.

The QA and accreditation processes are similar. Each assesses the quality of services by determining whether programs meet good practice standards. Our review of the QA standards and standards used by national accreditation organizations indicates that the subject matter is similar. This similarity suggests that QA standards are appropriate indicators of program quality.

Under both the QA and accreditation processes, program adherence to standards is assessed during a site visit in which peer reviewers examine the program's policies and practices. Because of the similarities between these processes, some contracted program providers consider them duplicative. These providers would like the department to allow them to substitute accreditation for quality assurance reviews.

Accredited programs should not be exempt from QA. Despite their similarities, the QA and accreditation processes have significant differences that would make it unwise to substitute accreditation for QA reviews. These include the time period between reviews and thoroughness of the reviews.

QA reviews occur more frequently than accreditation reviews. With the exception of reviews for deemed programs, QA reviews occur annually while accreditation reviews generally occur once every three years. Extending the time period between reviews could be problematic because many programs have high staff turnover and changes in program staffing often precede quality problems. In addition, longer time periods

between reviews can allow programs to become less diligent. For example, data provided by the Bureau of Quality Assurance showed that 80% (20 of 25) of the deemed residential programs failed to maintain their deemed status when they went through their next full review.

QA reviews also appear to be more thorough than accreditation reviews. Program providers who had undergone both QA and accreditation reviews told us that QA reviews looked at more records and delved further into program practices than accreditation reviews. Their observations are supported by the difference in the resources used for QA and accreditation reviews. QA reviews typically last for 4.5 days and involve four to five reviewers, while accreditation reviews typically last 2 to 3 days and involve from one to three reviewers.

Finally, accredited programs do not always perform well on QA reviews. As shown in Exhibit 1, accredited programs tend to receive higher ratings than non-accredited programs in QA reviews. More than half of them have total scores that are high enough to achieve deemed or special deemed status, which exempts them from full scale reviews for a two- to three-year period. [7,8] However, 10.3% (4 of 39) of the accredited programs scored at a minimal level, indicating that they needed substantial improvement. Substituting accreditation for QA thus could result in some program deficiencies not being identified for corrective action. Because of the risk programs pose to the state if they do not adequately care for the juveniles in their custody, exempting all accredited programs from QA reviews is not in the best interest of the state.

Exhibit 1
Most Accredited Programs Do Well in QA

QA Rating	Accredited Programs (N = 39)	Non-Accredited Programs (N = 92)
Failed to Meet Standards	0%	2.2%
Minimal Performance	10.3%	14.1%
Acceptable Performance	35.9%	43.5%
Commendable Performance	51.3%	39.1%
Exceptional Performance	2.5%	1.1%

Source: OPPAGA analysis of 2002 QA data.

QA reviews could substitute for accreditation reviews. Although we do not believe that accreditation reviews should take the place of QA reviews, there is an opportunity to reduce the number of reviews programs that wish to become accredited must undergo. The department is working with the American Correctional Association (ACA) to develop agreements under which programs that score well on QA reviews could become eligible for accreditation at a reduced cost without undergoing a separate review. This would eliminate the need for programs that wish to become accredited by ACA to undergo two separate reviews.

The QA process is reasonably effective but can be improved

The QA process has improved residential services and reduced the risk that youth in the department's custody will not receive adequate services. In addition, the Bureau of Quality Assurance has worked with contracted program providers to improve the QA process. However, additional changes could make the QA process more effective and efficient. These include analyzing the relationship between QA scores and incident reports to better ensure that indicators are linked to outcomes, incorporating security reviews into the QA process, and more closely coordinating the QA and JJEEP portions of the review process.

QA improves program performance. Our interviews with program representatives indicate that the majority of them believe that the QA process has improved the quality of

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[7] Programs achieving special deemed status are exempt from QA review in the following year and receive an abbreviated review for then next two years. Programs achieving deemed status receive an abbreviated review for two years.

[8] Six accredited programs had high enough scores (80% or above) but did not achieve deemed status because at least one standard was in the minimum performance range or the program did not achieve a high enough score on the educational standard.

their services. Even programs that are critical of the QA process believe that QA forces them to look closely at their programs and improve program services. In addition, some programs noted that QA helps them lower their risk of lawsuit. Many programs commented that other states are beginning to replicate Florida's QA process.

The improvement in program services can be seen in the manner in which QA scores have improved over time. From 1999 to 2002, the percentage of residential programs that ranked acceptable or better has increased from 78% to 85.5%. Most of this improvement occurred in the early years of the process, but these early gains have persisted over time.

Past problems addressed. In the past, providers were concerned about too frequent reviews of programs with strong performance, an over-reliance on provider staff to serve as QA reviewers, and inadequate time given to prepare for a review.

In response, the Bureau of Quality Assurance developed forums to work with providers to improve the QA standards and process. These forums include the department's Administrative Efficiencies Workgroup, its Quality Assurance Advisory Council, a QA Symposium, and its Annual Standards Review Workshop meeting. Working with these provider forums, the bureau has

- implemented deemed and special deemed status to reward programs with high QA scores by lengthening time between full-scale review of these programs;
- collaborated with the department's program monitors, security monitors, and other oversight staff to participate in QA reviews, which has reduced the need for provider staff to serve as QA reviewers;
- increased the notification time frame for QA reviews from 3 working days to 30 working days; and
- posted the revised QA residential standards on its website by September of each year to give providers time to make changes before the review cycle begins in February.

Programs are concerned about consistency in QA ratings. Despite improvements in QA processes, many providers express concern about lack of consistency in the QA review ratings. They complain that from year-to-year, reviewer-to-reviewer, and region-to-region, the bureau is inconsistent in the manner in which it rates programs. Without rating consistency, providers are not certain about which aspects of their program will be acceptable or how to achieve deemed status. If there were rating inconsistencies, they would be a problem to providers because QA results are used to exempt programs from full review and to award points during the contract selection process.

The Bureau of Quality Assurance has taken a number of steps to address these concerns, including requiring region- and state-level reviews of QA reports, increased training, and establishing annual reviews that regional supervisors jointly conduct to ensure consistency across regions. [9] In addition, the bureau has established a system in which it posts answers to questions about QA policies posed by programs and QA reviewers on the department's website.

However, because the QA rating process depends to some extent on professional judgment, concerns about inconsistencies remain. In response to these concerns, in 2003, the Bureau of Quality Assurance piloted a formal process that programs can use to challenge QA ratings. Under this process, programs can formally challenge their QA rating at the regional and state level. If regional supervisors or the QA bureau chief are not able to resolve their concerns, programs can request mediation. In this process, two of the department's assistant secretaries who are not involved in the case and the chief of staff examine the challenged report and conduct a formal mediation conference with the provider to discuss the issues. They make their recommendations to the assistant secretary for administration, who makes the final decision.

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[9] Perceived problems with year-to-year consistency are partly due to changes in QA standards. These changes are usually made to reflect changes in state law or department policy and recommendations from providers.

During 2003, 44% of the residential programs challenged their rating on one or more QA standards. For 63% of the programs making a challenge, the department agreed to change the rating for at least one challenged indicator. [10] According to QA officials, some of these changes in ratings were made because programs provided QA supervisors with additional information. However, some changes were also made to address consistency problems.

Over time, the challenge process should help improve the consistency in QA ratings. According to department officials, the challenge process has spurred QA teams to take extra care when reaching their conclusions. However, the bureau needs to monitor challenge results over time to identify and address areas in which consistency problems remain.

QA could better reflect program outcomes. A program's QA rating has little correlation with the primary goal of DJJ programs, which is reduced recidivism. This is not surprising since the primary objective of QA is risk management.

However, the overall QA rating also may have little correlation with incidents, such as escape or injury, to which the program was a contributing factor. For example, despite overall QA scores in the acceptable performance range, the Florida Institute for Girls was involved in two highly publicized incidents in which employees broke the arms of the youths they were trying to subdue.

In this case, the overall QA score did not accurately reflect the potential danger the program posed to youth in its custody because high scores on other parts of the QA review masked poor performance in the area of behavior management. The Florida Institute for Girls failed to meet standards in the behavior management portion of the QA review three years in a row. Strengthening the linkage between QA scores and key indicators such as escapes and injuries would enhance the department's ability to take stronger action to correct such situations.

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[10] Only one of these challenges went to mediation. It resulted in the score being changed.

Overlapping reviews could be streamlined. The department could streamline its program review processes by combining QA reviews and security audits. Currently, residential facilities must undergo the two review processes separately. The QA reviews cover safety and security standards that are similar to security audit standards. Thus, programs undergo two separate security reviews when one would suffice.

According to department employees, the reason for separate QA reviews and security audits is scheduling problems and workload related to other duties. In each region, the department has one security monitor, who is responsible not only for safety and security audits but also for investigating escapes and other security lapses and for providing technical assistance. When their schedules permit, the security monitors are supposed to serve as QA reviewers and, when this occurs, the QA reviews can substitute for security audits. However, in many instances, security monitors are not coordinating their audits with QA reviews, so the separate and duplicative reviews continue.

To eliminate this unnecessary duplication and to avoid inconsistencies in who rates safety and security standards, the department could use a process for security similar to that used by JJEEP for educational services. This would require the security monitor to rate the program's safety and security standards at the same or very close to the same time that the QA review is being conducted. This change would help ensure that the safety and security portion of the QA review is rated by someone specifically trained in that field who would have the final say over the security score. The security monitors would conduct their audits simultaneously, and would still be required to attend to other security issues as they arose throughout the year.

The department has expressed concerns about this model creating a perceived conflict of interest because security monitors would be responsible for providing technical assistance to the same programs they rate. However, we believe that this model is feasible because JJEEP

has been able to objectively rate the same programs for whom it provides technical assistance.

Program monitoring and contract management could be streamlined and made more effective

Improving the efficiency and effectiveness of the QA process will have a limited effect on program services unless program monitoring and contract management processes are also effective. Department program monitors are responsible for ensuring that the department obtains services required by the contract; requiring programs to take any needed corrective action; and, when necessary, taking steps to reduce payment or discontinue the contract. If they do not follow up on problems discovered in QA reviews or fail to identify problems during their site visits, programs can continue to operate in a manner that does not meet standards and leaves the state vulnerable to lawsuits.

In 2002 and 2003, several entities, including OPPAGA, the comptroller, and the department's inspector general issued reports criticizing the department's program monitoring and contract management processes. These reports found that the department was not adequately monitoring outsourced programs to ensure that they were providing services in accordance with their contracts. The reports recommended that the department develop standard monitoring forms and training for program monitors; reduce payment for non-compliant providers; and develop a more rigorous invoice approval system.

The department has taken steps to improve oversight of contracted services. In response, the department took several steps to improve its process. These steps included those described below.

- Incorporating outcomes into the contract selection process. Under new contracting procedures, approximately one-fifth (23% for in-state providers and 16% for out-of-state providers) of the possible points that can be awarded is based on outcomes including QA scores, escapes, recidivism rates, recommendations from other states, and certifications. This helps ensure the quality of the providers who receive contracts, but does not otherwise affect the QA or program monitoring process.

- Combining the program monitoring and contract management processes. Program monitors are now responsible for all aspects of contract management, including making recommendations about whether to renew contracts and approving payments. These functions were previously performed by separate employees who were not always communicating information about program performance.

- Developing a guide for program monitoring staff to use when visiting programs. The guide requires program monitors to visit programs monthly. Over the course of a year, these monitoring visits are to cover all aspects of program performance including compliance with contract provisions. Because this could create potential duplication between program monitoring and the QA and security audit processes, the new guide recommends program monitors avoid visiting programs in the same months as QA teams or security monitors unless the monitors need to conduct an investigation or track progress on a corrective action plan. It also provides that program monitors should not monitor areas covered by a QA review in the following month unless a corrective action plan is needed.

- Providing monthly video-conference calls to better train program monitors. The central program office organizes these calls, which cover such topics as how to evaluate proposals, how different regions carry out their program monitoring responsibilities, and the role of program monitors in the QA process.

- Withholding payment when providers do not deliver all required services or requiring them to pay for services provided by the department. In early 2002, the department changed contract language to clarify its authority to deny payment when contracted programs do not deliver specified services or meet quality standards. During 2002 and 2003, the department withheld a portion of contract payment to two providers, one for failure to provide the vocational education services specified by the contract, the other for failure to provide the capacity specified by contract. In addition, the department billed four providers for services it provided them. Two of these involved inventory replacement and facility repair that should have been handled by the contractors; the other two involved the cost of placing department employees in the program to correct deficiencies.

Program monitoring needs to be more efficient and effective. Although these actions have improved the department's oversight efforts, the department needs to better standardize its monitoring activities. Currently, the monitoring activities vary from region to region, which contributes to problems and inconsistencies in the monitoring process. Problems with program monitoring include those discussed below.

- Program monitors are not always providing consistent monthly oversight of programs. A recent file review was conducted in one region by central office employees. The review showed that of the five monitors' files reviewed, three had not completed the monthly site visit reports. [11] Because they approve invoices monthly, program monitors should have some oversight of the services programs have provided each month. [12] To avoid overlap with QA visits,

this oversight could involve a desk review of key information rather than a monthly monitoring visit.

- Some program monitors are not always following up on indications of problems. When program monitors investigate complaints against programs, they should not only research the specific allegation but should also determine whether the problem is more widespread. For example, a program monitor responding to a parental complaint that a youth is not receiving mental health treatment should not only examine the mental health files for that youth, but also inspect the files for other youth to ensure that there is not a more widespread problem. When they do not look for wider patterns of problems, program monitors may fail to detect substandard services.

- Some program monitors are not conducting unannounced visits or visits outside of normal working hours. According to central office officials and the department's description of the role of contract monitors, some program monitoring should occur without notice or outside of normal working hours. This allows program monitors to observe a more natural situation than they might otherwise see. Program monitors who always schedule visits with programs or who only observe the day shift may not notice service delivery problems.

- In some cases, program monitors are allowing programs to develop a series of corrective action plans without resolving underlying problems. When a program is experiencing problems, program monitors are responsible for approving a corrective action plan the program is to implement. In some cases corrective action plans fail to solve the problem, but instead of taking more decisive action, program monitors continue to approve new corrective action plans without ever resolving the problem.

- Some program monitors are not consistently checking contract requirements or recommending sanctions when contracted programs fail to meet requirements. Some program monitors we interviewed did not know that they could recommend financial

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[11] The central office employees conducted the file review by looking at two files from each monitor. The purpose of the review was to determine if monthly site visit reports were being completed and reviewed by the supervisor.

[12] Department guidelines allow QA reviews, security audits, or inspector general investigations to substitute for monitor visits. In addition, when monitors perform investigations, they are encouraged to carry out their program monitoring functions during the same visit.

penalties for violations of contract terms; central office officials stated that these monitors evidently had either failed to read the contracts they are managing, which contain provisions for these penalties, or did not know how to apply them. This poor contract management raises the risk that the state will pay for services it is not receiving.

- Some program monitors are not participating in QA reviews and do not appear to be thoroughly familiar with QA standards. This occurs in part because the central office has not taken steps to enforce its mandate that program monitors participate in QA reviews. In addition, program monitors and QA reviewers have little interaction and do not routinely meet to discuss department standards and expectations for programs. This leads to situations in which programs receive conflicting information about the department's expectations because program monitors and QA reviewers have different interpretations of program requirements. For example, QA reviewers cited an incident in which the program monitor believed that a program that did not perform well on a previous QA review had substantially improved. However, the following QA review showed little improvement. In an effort to help programs prepare for QA reviews, some program monitors are conducting "mock reviews." However, their conclusions about program performance do not always agree with the conclusions of QA reviewers. Programs thus receive mixed messages and are understandably frustrated with lack of consistency in the department's QA and program monitoring systems.

In addition, monitoring visits can in some cases duplicate work performed by QA or security auditors. Although program monitoring guidelines provide that monitors should not conduct routine site visit in months when facilities receive QA reviews, this guideline is not enforced. According to department officials and program monitors we interviewed, some program monitors have established strict schedules for their site visits to residential facilities and follow these schedules even in months when the facilities are subject to QA or

security audits. This highly structured, predictable monitoring process is intended to ensure that they review all aspects of a program's operations within a year's time. However, it also can lead program monitors to ignore potential risks that come up in areas not on their monitoring schedule or that are present only during non-regular working hours. It also can create unnecessary duplication between monitoring visits, QA reviews, and security audits. Program representatives complain that excessive monitoring visits take away from their ability to serve youth.

The department is beginning to correct some of these problems. Central office officials have begun to systematically look at documentation of program monitoring visits to determine what problems exist. In addition, the Division of Residential and Correctional Facilities is considering ways to consolidate a program's corrective action plans and incorporate outcome measures into the plan. The division is also planning to work with the regions to develop statewide operating procedures for program monitors. It also is considering training regional directors on the department's expectations for its program monitors. This should reduce the regional variation in the manner in which program monitors do their work. However, more action may be needed, including allowing monitors to reduce the number of monitoring visits they make for providers who are not likely to pose problems and cross training QA reviewers and program monitors.

Recommendations–––––

Recommendations for QA. To ensure that the QA challenge process helps address programs' concerns with consistency, we recommend that the Bureau of Quality Assurance monitor the process's results and determine whether successful challenges occurred as a result of inconsistencies between reviewers. If the bureau finds consistency problems, it should take steps to address them by strengthening its training process and clarifying QA standards.

To better ensure that QA scores accurately reflect risks, we recommend that the Bureau of Quality Assurance analyze the relationship between QA scores and program performance in terms of incidents, escapes, and other negative outcomes. If the bureau identifies QA standards that are strongly correlated with negative outcome incidents, we recommend that QA place greater emphasis on such indicators during the scoring process, either by assigning them greater weight or by requiring that programs receive a minimum score on those standards before being given a satisfactory performance rating.

To eliminate unnecessary duplication between QA reviews and safety and security audits and to enhance rater consistency, we recommend that the department use a process for the security portion of the QA process similar to that used by JJEEP for educational services. Security monitors should continue to investigate incidents involving security problems and provide technical assistance to programs.

Recommendations for program monitoring and contract management. The department is considering a number of steps to improve the program monitoring/contract management function, including developing a procedures manual, consolidating and incorporating outcome measures into providers' corrective action plans, and training regional directors on the department's expectations for its program monitors. To ensure that it follows up on these steps, we recommend that the department establish a schedule and work with program providers to implement these improvements within the next fiscal year. In developing the procedures manual, the department should specify program monitor responsibilities for reading contract and imposing penalties if providers are not providing contracted services.

To reduce the number of monitoring visits the department makes to providers who are not likely to have problems, we recommend that the department develop a system for risk-based monitoring. The department could

implement this by requiring program monitors to review monthly performance data such as the number of complaints, incidents, and abuse investigations; staff turnover, especially in key positions; and other factors that may indicate performance problems. [13] If programs have good QA scores and no outstanding corrective action plans, program monitors would visit them less often (such as bimonthly or quarterly) unless the indicators suggest that they pose greater risk. This would reduce the burden program monitoring places on programs that are providing high-quality services. It also would allow program monitors to devote more time to programs that need help in resolving performance issues.

To ensure that program monitors and quality assurance reviewers are using the same standards and criteria when judging program performance, we recommend that the department cross train these employees. All program monitors should participate in the quality assurance process. In addition, QA reviewers and program monitors should periodically meet and discuss the department's standards and expectations for residential programs. Program monitors should consult with QA reviewers when they approve corrective action plans in response to issues raised during a QA review.

Agency Response─────

In accordance with the provisions of s. 11.45(7)(d), *Florida Statutes,* a draft of our report was submitted to the Secretary of the Department of Juvenile Justice for review and response. The Secretary's written response is included in Appendix A.

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[13] Much of this information is available on various databases the department currently maintains. The department should consolidate this information and make it available to program monitors. Providers would have to submit data for the remaining information.

Appendix A

FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Governor Jeb Bush   Secretary W.G. "Bill" Bankhead

December 18, 2003

Mr. John W. Turcotte, Director
Office of Program Policy Analysis and Government Accountability
Claude Pepper Building, Room 312
111 West Madison Street
Tallahassee, Florida 32399-1475

Dear Director Turcotte:

A critical priority for the Department is to monitor the quality of services provided in state-operated and contracted programs. The two areas audited in this review were the statewide Quality Assurance process (legislatively mandated in 1994) and the residential commitment program monitoring, for which statewide guidelines were implemented in May 2002.

Pursuant to section 11.513(3), Florida Statutes, the Department has provided a written explanation concerning each of the recommendations from the Special Review of the Department of Juvenile Justice Quality Assurance and Program Monitoring Processes.

Recommendations for QA:

"To ensure that the QA challenge process helps address programs' concerns with consistency problems, we recommend that the Bureau of Quality Assurance monitor the process's results and determine whether successful challenges occurred as a result of inconsistencies between reviewers."

Response: The Department agrees that the challenge process should be monitored for various reasons. The process was piloted between March 1, 2003, and August 31, 2003. During that time, the Bureau of Quality Assurance closely tracked all challenges, formal and informal, successful and unsuccessful. The data showed that the overwhelming majority of successful challenges did not result in a change of overall rating category (i.e. Minimal, Acceptable, Commendable etc.) or large increases in overall percentage ratings.

"To better ensure that QA scores accurately reflect risks, we recommend that the Bureau of Quality Assurance analyze the relationship between QA scores and program performance in terms of incidents, escapes, and other negative outcomes. If the Bureau identifies QA standards that are strongly correlated with negative outcome incidents, we recommend that QA place greater emphasis on such indicators during the scoring process either by assigning them greater weight or by

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requiring that programs receive a minimum score on those standards before being give a satisfactory performance rating."

Response: The Department agrees to analyze the relationship between QA scores and negative outcomes. The Department also agrees to explore processes and methods to emphasize any standards that are found to correlate strongly with negative outcomes.

"To eliminate unnecessary duplication between QA reviews and safety and security audits, and to enhance rater consistency, we recommend that the department use a process for the security portion of the QA process similar to that used by JJEEP."

Response: The Department is willing to consider this recommendation. However, our current practice of conducting security audits and QA reviews has been instrumental in providing greater public safety through the reduction of facility escapes from 333 in 2000 to 173 in 2002. The Bureau of Quality Assurance and Residential & Correctional Facilities will coordinate scheduling of QA reviews and security audits so that security monitors are members of QA teams as much as workload permits. If the security monitor is not able to participate on a residential QA review, before publishing the report, the QA lead reviewer will be required to contact the security monitor to discuss findings to ensure consistency. Other avenues of cooperation and coordination will also be explored. These will include: routine meetings between QA managers, security monitors and program monitors; mandatory report sharing; including security monitors in development of the Safety and Security QA standards for 2005; and developing a better way to highlight critical issues, to assure timely and appropriate corrective action.

"In addition, the department should modify the QA process to allow the security portion of the review to be performed in a shorter time period and to give security monitors greater say over the final scores provider receive in this area."

Response: In the event a security monitor conducts the QA security portion of the review, the Department will reduce the amount of required on-site time, as long as the findings are adequately discussed to ensure no conflicts or problems exist, particularly as they relate to other QA standards that may be impacted by the security area and subsequent findings.

Recommendations for program monitoring and contract management:

"The department is considering a number of steps to Improve the program monitor/contract management function, including developing a procedures manual, consolidating and incorporating outcome measures into providers' corrective action plans, and training regional directors on the department's expectations for its program monitors. To ensure that it follows up on these steps, we recommend that the department establish a schedule and work with contracted program providers to implement these improvements within the next fiscal year. In developing the procedures manual, the department should specify program monitors responsibilities for reading contracts and imposing penalties if providers are not providing contracted services. To reduce the number of monitoring visits the

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department makes to providers who are not likely to have problems, we recommend that the department develop a system for risk-based monitoring."

Response: One of the steps referred to above: developing a Procedures Manual, was accomplished through the posting of a proposed policy, entitled "Contract Management/Program Monitoring for Residential & Correctional Programs." Contracted providers will have an opportunity to review the policy and participate and contribute to any appropriate changes. This draft policy does include the need for monitors to ensure provider compliance with contractual requirements and provision of services before invoice approval. Based the findings of this report, the Department recently pulled this draft policy to make accommodating revisions and appropriate edits. The policy will be re-posted in the near future.

The residential regional directors meet on a regular basis and there has been, and will continue to be, monitor training provided, particularly as it relates to statewide consistency with monitoring requirements and standards.

The Department is very interested in exploring the feasibility of risk-based monitoring. The Department will identify a team who will work on this and other monitoring issues. The team will begin meeting in early 2004.

During the review, the Department developed and piloted an outcome-based corrective action plan in a South Region residential program. The Department intends to revise and refine this process and to determine its applicability statewide.

"To ensure that program monitors and quality assurance reviewers are using the same standards and criteria when judging program performance, we recommend that the department cross train these employees. All program monitors should participate in the quality assurance process. In addition, QA reviewers and program monitors should periodically meet and discuss the department's standards and expectations for residential programs. Program monitors should consult with QA reviewers when they approve corrective action plans in response to Issues raised during a QA review."

Response: The Department agrees that the QA reviewers and residential monitors should meet regularly to discuss the Department's standards and expectations for residential programs. A key meeting that includes a number of contracted Providers and Department staff (many of whom are monitors) has been occurring for a number of years. It is the annual QA meeting each summer, which addresses proposed QA standard changes and comments

In addition to this forum, during a recent monthly video teleconference (9/23/03) the participants included QA central office staff and Regional QA staff and residential monitors and the discussion included the scope of the Quality Assurance process, the roles and responsibilities of residential program monitors, and how the two entities interact and blend. The Department can and will conduct one to two of these video teleconferences annually to address QA and residential monitoring (contract and program) issues. The Department will further explore this recommendation through the use of regularly scheduled video teleconferences.

Cross training opportunities currently exist for both QA reviewers and residential monitors, but this could also be met through regular video teleconferencing opportunities.

Residential monitors should be reviewing the QA report and ensuring that any deficiencies noted therein are accurately and appropriately remedied in the Corrective Action Plan. This may or may not include consultation with QA reviewers before approval of corrective action plans.

The Department will actively pursue the Office of Program Policy and Government Accountability's (OPPAGA's) recommendations to improve operations. If you need further information, please contact Charles Chervanik, Assistant Secretary for Residential and Correctional Facilities, at 921-4188, or John Criswell, Bureau Chief for Quality Assurance, at 921-6343.

Cordially,

/s/ W. G. "Bill" Bankhead
Secretary

WGB/CRC/jg

cc: Charles R. Chervanik, Assistant Secretary, Residential & Correctional Facilities
        Mary Mills, Director of Contracts

The Florida Legislature

Office of Program Policy Analysis and Government Accountability
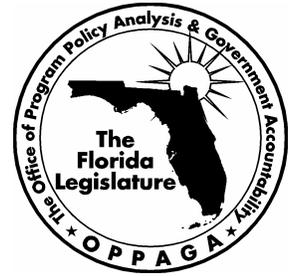
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