Quality Assurance and Monitoring Plan for Direct Service Providers in Virginia

Developed for The Virginia Department of Juvenile Justice (DJJ) Transformation Project

ABSTRACT

In collaboration with DJJ, the Regional Service Coordinators (RSCs) developed and manage a Quality Assurance process to ensure that referred youth experience safety, connection, purpose, and fairness of services through subcontracted Direct Service Providers (DSPs). This process is intended to ensure high quality services are provided to youth and their families by appropriately qualified, trained, and supervised professionals throughout the Commonwealth.

Developed

In Collaboration by the Regional Service Coordination Agencies, AMIkids (AMI) and Evidence-Based Associates (EBA)

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Introduction, Purpose, and Goals

In collaboration with the Virginia DJJ, the RSCs (AMI and EBA), manage and monitor a provider network of sub-contracted DSPs as part of a Regional Service Coordination Model that aims to reduce reliance on the deep-end juvenile justice system by ensuring quality services are available in the community. The purpose of this Quality Assurance and Monitoring Plan for Direct Service Providers is to outline quality assurance and quality improvement activities and describe ways in which the RSCs will monitor and engage DSPs to provide services that align with DJJ practices and process to include risk, need and responsivity, promote the use of evidence-based practices and principles, and improve outcomes. Incorporated throughout this manual are DJJ's Guiding Principles, the Eight Principles for Effective Youth Offender Interventions, and Trauma-Informed Care Principles. To ensure quality services are provided to DJJ youth receiving services, the RSCs have developed a QA process that will:

1. Identify and select DSPs who can address the criminogenic needs of youth and adequately address responsivity, as well as reduce barriers faced by court-involved youth and their families;
2. Monitor service delivery on a range of performance metrics and key quality indicators;
3. Ensure that all programs and services use evidence-informed principles;
4. Ensure programs are delivered with fidelity to EBMs and assess program delivery process, outputs, and outcomes;
5. Provide feedback to DSPs and introduce and implement a QA approach and QI process;
6. Introduce and monitor QIPs to identify and leverage strengths and address areas of meaningful deficiency; and
7. Promote informative, periodic reporting on key performance measures to DJJ.

The RSC will engage DSPs in various CQI activities including but not limited to on-site and remote reviews, feedback sessions, on-site coaching, virtual meetings to discuss goals for improving services and service delivery, and/or regional DSP meetings to discuss overall practice improvement. The type of CQI activity may be guided by usage, number of SIRs, quality of monthly reporting, referral feedback, and/or DSP service innovation.

DJJ Guiding Principles

SAFETY

Youth and staff need to feel safe in their environment and need a sense of physical and emotional well-being.

CONNECTION

Youth and staff need to feel connected to supportive and caring adults, whether they are family, staff, or coworkers.

PURPOSE

Youth and staff need to have goals to strive toward, skills to hone, and a sense that they have a valuable role to play in the lives of people and the community around them.

FAIRNESS

Youth need to perceive their environment and interactions as fair and transparent. They need to be held accountable in a manner proportionate to their offense and offense history, and similar to other youth in their situation. Staff need to feel that they are treated fairly, compensated adequately, and supported in their efforts to meet the expectations of the department.

Terminology

The following acronyms are utilized throughout this QA Plan:

ACE: Adverse Childhood Experiences
AMI: AMIkids
ART: Aggression Replacement Training
CAP: Central Admission and Placement
CBI: Cognitive Behavioral Intervention
CPA: Child Placing Agency
CPS: Child Protection Services
COI: Certificate of Insurance
CQI: Continuous Quality Improvement
CSU: Court Service Unit
DBHDS: Virginia Department of Behavioral Health and Developmental Services
DJJ: Virginia Department of Juvenile Justice
DSS: Virginia Department of Social Services
DBT: Dialectical Behavior Therapy
DSP: Direct Service Provider
EIN: Employer Identification Number
EBA: Evidence Based Associates
EBM: Evidence Based Model
EMDR: Eye Movement Desensitization and Reprocessing
EPIS: Evidence-based Prevention and Intervention Support Project
FFT: Functional Family Therapy
HFW-ICC: High Fidelity Wraparound-Intensive Care Coordination
IIH: Intensive In-Home
MPT: Monitoring Prioritization Tool
MST: Multi-Systemic Therapy
PIDR: Program Implementation Dashboard Review
PIR: Program Implementation Review
PREA: Prison Rape Elimination Act
QA: Quality Assurance
QAR: Quality Assurance Review
QIP: Quality Improvement Plan
RFQ: Request for Qualifications
RSC: Regional Service Coordinator
RNR: Risk-Needs-Responsivity
SAMHSA: Substance Abuse and Mental Health Services Administration
SD: Standard Deviation
SIR: Serious Incident Report
SWAM: Small, Women-Owned, and Minority-Owned
TF-CBT: Trauma Focused-Cognitive Behavioral Therapy
TIC: Trauma-Informed Care
TYPE: Tri-Yearly Performance Evaluation
VDOE: Virginia Department of Education
YASI: Youth Assessment and Screening Instrument

SECTION ONE: PROVIDER CONTRACTING

I. DSP Onboarding Procedures

A. SCOPE

To ensure DSPs are aware of the Regional Service Coordination Model, RSC processes, contract expectations, and reporting requirements. The RSC will also meet with DSP key staff, tour the DSP's facility/office, and learn about contracted services.

B. PROCESS

1. Provider Application/Proposal: All applicants will submit information about their program/services directly to the RSC. At a minimum, the prospective provider shall send the following items, as applicable:
    a. Provider background description, including a brief history of the organization, current mission/vision statement, and the agency's current/most recent annual report with performance outcomes, as available;
    b. Overview of services offered;
    c. Sample evaluation report template(s);
    d. Defined service coverage area, indicating office locations, service provision, and regions served;
    e. Tax registration: Federal EIN (for corporate entities) or W-9 (for individuals);
    f. Current valid business license and/or professional license(s) for individuals (e.g., DBHDS, IIH program, DSS CPA-Licensed, DOE);
    g. COI which meet the minimum contractual requirements or, if the provider is a government entity, Liability Certificate of Coverage (see https://www.trs.virginia.gov/drm/state.aspx);
    h. SWAM Business Approved; and
    i. EBM licensure or certification.
2. Review and Approval:
    a. The RSC will review and respond to all submitted contractual items on a monthly basis;
    b. The DSP will complete and submit the Background Check Affidavit, either before or during the contracting process. In addition, the DSP will ensure staff background checks are completed in accordance with internal policies and licensing requirements;
    c. The DSP will develop a logic model for services offered, either before or during the contracting process. If a model already exists, the DSP will review and ensure their program is in alignment with the model. (Refer to Section Two for additional information);
    d. The RSC will submit the provider's information to DJJ for approval or denial; and
    e. The RSC will finalize the contracting process.
3. Contract Orientation: Within thirty (30) days of a signed contract, the RSC will meet with the DSP either in person or via video conferencing to review the following:
    a. Regional Service Coordination Model;

b. Referral process;
c. Billing process;
d. Documentation requirements;
e. Reporting requirements;
f. Ongoing communication expectations;
g. CQI; and
h. Other ongoing contractual requirements.

4. The DSP will submit updated documents (e.g., license, COI, service area forms), as needed, to remain in contractual compliance.
5. The DSP will complete a new Background Check Affidavit with each contract renewal. Additionally, an Affidavit will be requested in conjunction with the QAR process. An Affidavit may also be requested for PREA audits, following a serious incident, in conjunction with staff turnover, and/or randomly at the request of the RSC or DJJ.
6. The RSC will review necessary DSP documents for contractual compliance annually.

C. RELATED DOCUMENTS

DSP Background Check Affidavit (refer to RSC website)

SECTION TWO: SERVICE PROVISION

Eight Principles for Effective Youth Offender Interventions

This manual attempts to incorporate the Eight Principles for Effective Youth Offender Interventions that are foundational to the Transformation Plan. DJJ and the RSCs believe that an organization or system that is most successful in initiating and maintaining interventions and supervision practices consistent with these principles will likely realize the greatest net improvements in public safety impact. While we recognize that simply expounding on scientific principles is not sufficient to guide the ongoing organizational change needed, an organizational effort to implement these principles in a meaningful fashion may be. The eight principles for effective youth offender interventions are as follows:

1. **Assess Actuarial Risk/Needs:** Use reliable, valid, and an empirically-based assessment of youth's risks and needs to guide case decisions and service goals.
2. **Enhance Intrinsic Motivation:** Identify and enhance the intrinsic motivation of youth by using motivation interviewing, strength-based approaches, rewards (and sanctions), and evidence-based interventions to keep youth engaged and initiate change.
3. **Target Interventions*:*** Use RNR guidelines which allow for the ability to prioritize who to target, what to target, and how to target the needs effectively to get the best possible outcomes.
    a. Risk Principle: Match supervision, treatment modality, service intensity, and dosage to the youth's risk level.
    b. Need Principle: Provide services and interventions that target dynamic criminogenic risks and needs.
    c. Responsivity Principle: Be responsive to temperament, learning style, motivation, culture, and gender when aligning services and providing interventions.
4. **Skill Train with Directed Practice:** Skills training with multiple opportunities for practice (and feedback). Use of CBI allows for instruction and opportunities to model, practice, and role-play exercises.
5. **Increase Positive Reinforcement:** Consistent with a Positive Youth Behavior model, learning should take place in a positively reinforcing environment. When learning new skills and making behavioral changes, youth (and families) respond better and maintain learned behaviors for longer periods of time when approached with carrots rather than sticks. Behaviorists recommend applying a much higher ratio of positive reinforcements to negative reinforcements in order to better achieve sustained behavioral change.
6. **Engage Ongoing Support in Natural Communities:** Strengthen the influence of the pro-social community ties to allow for more sustainable and long-term change. Ideally, youth should receive services where they live – at home and in their community.
7. **Measure Relevant Processes/Practices:** Ensure services are delivered with techniques that are true to the model and service design. Staff should receive proper training and supervision and programs should use fidelity tools to ensure programming is implemented as intended and data has proven it to be successful. Documentation, effective measurement tools, and monitoring are key.
8. **Provide Measurement Feedback:** Program evaluations should be an ongoing process that includes timely, accurate, and predictable feedback. Data should be used to guide actions and make adjustments.

I. Logic Models

A logic model framework provides a visual summary that shows the relationship between the program's resources, activities, outputs, and outcomes. Because of their utility, logic models have become widely used in social service programs and have become a critical feature of program planning and evaluation. The logic model framework highlights the program's underlying theory, components, interventions, targeted risk factors, and intended outcomes.

A. SCOPE

It is important for all parties (i.e., DJJ, RSCs, and DSPs) to align RNR principles with service matching based on the logic models developed for EBMs, agency developed clinical and non-clinical program models, and residential programs. The completed logic models will be utilized in the following ways:

a. To serve as an important and necessary foundational element as part of the larger quality assurance and quality improvement work to ensure that each service/program is well defined;
b. To engage DSPs in a planning activity to determine how the DSP's program and services support the goals of DJJ;
c. To ensure that all DSP services include targets, goals, and outcomes and the description of each are aligned with DJJ's risk-needs tool and model of practice;
d. To collectively serve as an informational resource for DJJ staff and stakeholders; and
e. Assist in the development of a service matching matrix.

Note: Logic models are not needed for clinical services that are based on an individual case-conceptualization (e.g., outpatient, substance abuse, youth sexualized behavior).

B. PROCESS

1. DSPs will develop logic models for services, as appropriate.
2. Logic models will be developed for the following services:
    a. EBMs utilizing the logic models developed by EPIS and then tailored to the DSP's service, as needed;
    b. Agency developed clinical and non-clinical programs; and
    c. Residential programs.
3. The RSC and assigned DJJ QA staff will collaboratively review logic models to ensure the model supports DJJ goals and utilize RNR. Feedback will be provided to the DSPs, as needed.
4. Once the DJJ QA Unit accepts the logic model as final, the DSPs will post logic models on their respective websites. Additionally, the RSC will either post the logic model on their website or post a link to the DSP's logic model webpage.
5. The RSCs and DSPs will provide DJJ referring staff with an explanation of individual logic models, as needed.
6. DJJ referring staff will use the logic models to help inform case planning, referrals for services, and placement recommendations.
7. The DSP should update logic models any time program interventions are modified and reviewed during the QAR process to ensure continued alignment with offered services.

C. RELATED DOCUMENTS

Logic Model Template – Sample (see appendix)

II. Adoption of Trauma-Informed Practices

A. SCOPE

AMI and EBA will support the Virginia DJJ and Commonwealth's efforts to align with TIC principles. In June 2018, the Governor formed a Trauma-Informed Care for Children Working Group to accomplish work directed by the 2018 Appropriations Act, as well as Executive Order 11. Interim Recommendation #1 states: "Virginia's child and family-serving agencies should adopt the SAMHSA definition and framework of trauma-informed care." Read more here.

The shared definition, outlined by the state, has adopted the framework of the SAMHSA. SAMHSA provides a framework for defining trauma-informed care and services in the behavioral health sector but can be adapted to other child and family serving sectors such as child welfare, education, criminal and juvenile justice, primary health care, the courts, and housing. According to SAMHSA's concept of a trauma-informed approach, a program, organization, or system that is trauma-informed:

1) Realizes the widespread impact of trauma and understands potential paths for recovery;
2) Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3) Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4) Seeks to actively resist re-traumatization.

Stakeholders, including DJJ, RSCs, and DSPs, will seek to serve youth in a manner that aligns with TIC, as defined by SAMSHA. TIC is a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

The Guiding Principles of Trauma-Informed Care:

1) **Safety:** Throughout the organization, staff, and the people they serve feel physically and psychologically safe.
2) **Trustworthiness and transparency**: Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.
3) **Peer support and mutual self-help**: These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.
4) **Collaboration and mutuality**: There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and

decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

5) **Empowerment, voice, and choice**: Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff's, clients', and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.
6) **Cultural, historical, and gender issues:** The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

B. PROCESS

1. The RSCs will post resources for TIC principles on their respective websites and share resources through workshops, webinars, and courses, as available.
2. The referral packet from DJJ should include the ACE score and identify known trauma history within the responsivity section of the referral form as it relates to the requested service provision.
3. Referrals for services will be reviewed and processed by the RSC utilizing a trauma-informed lens that aligns with the TIC principles (e.g., reduce duplication in assessments, prevent placement out of the home if possible, removing cultural barriers, avoid re-traumatization).
4. When trauma symptoms (or a trauma-related diagnosis) are present, the referring DJJ staff and RSC will match the referral to a trauma-informed DSP or trauma-related service type (e.g., TF-CBT, FFT, EMDR, DBT), as applicable.
5. The DSPs will strive to utilize TIC practices to serve youth and families.
6. The RSC will include a sample of TIC questions in the QAR Self-Review Tool to identify DSP alignment with TIC principles (the alignment with TIC principles should increase over time).

C. RELATED DOCUMENTS

Self-Review Tool (available upon request)

III. Review of DSP Monthly Reports and Discharge Reports

A. SCOPE

DSPs shall submit reports to the RSCs, including youth monthly progress reports, evaluations and assessments, and discharge summaries. These reports will provide communication about a youth's progress, ensure quality services and accuracy of billing, and be included summarily in RSC data reporting to DJJ. All reports shall meet the terms outlined in the RSC Agency Subcontractor Agreement.

B. PROCESS

1. An individual monthly progress report, including documentation of all services, is due to the RSC monthly with billing for each youth and service, unless otherwise specified. The purpose of these reports is to provide a summary of the services provided and an assessment of the youth's progress, as applicable per the terms of the RSC contract requirements.
2. The RSC will provide a monthly report template for the DSPs to utilize, ensuring compliance with the contract and RNR principles. The DSP is not required to utilize the provided template if their agency progress reports have been approved by the RSC for use with DJJ referred youth.
3. The DJJ referring staff will review reports for each billing cycle to verify the invoiced services occurred, assess the youth's progress, service goal alignment with criminogenic needs, and completeness.
4. The RSC will review reports to ensure they meet contracted requirements and that services delivered align with the RNR principles, with the appropriate dosage of the model, and/or RSC approved purchase order for services. The RSC will utilize a rubric to score monthly reports. For reports resulting in a low score, the RSC will follow up with the DSP to provide additional guidance and education to improve the quality of the reports moving forward. Reports will also be reviewed at the following intervals:
    a. Initial batch of reports from the first billing cycle for newly contracted DSPs;
    b. Extension requests;
    c. During the QAR process (Tier 2 and Tier 3);
    d. For EBM oversight;
    e. When there are concerns about the quality of the report and/or services;
    f. When there are billing discrepancies; and
    g. Random selections at the discretion of the RSC.
5. The RSC will include a summary of monthly report reviews in the quarterly report to DJJ.
6. Discharge summaries are due to the RSC and DJJ referring staff within twenty (20) calendar days of a youth's discharge from a service. At a minimum, these reports will include a summary of services, completion status, status of goals, and recommendations for continuing care/services (e.g., relapse prevention plan, safety plan).

C. RELATED DOCUMENTS

Monthly Report Template (refer to RSC website)

IV. Incident Reporting Procedures

A. SCOPE

All serious incidents, actual or alleged, relating to a DJJ referred youth shall be reported by the DSP and reviewed by the RSC agency. According to DJJ procedures, serious incidents include, but are not limited to: death; fire; alleged child abuse or neglect; serious juvenile injury or illness; serious staff injury or illness; juvenile on juvenile assault; juvenile assault on staff; staff arrest or serious

misconduct; and any other serious occurrence out of the ordinary course of operations that is that is likely to attract attention of the media or the general public or that could result in litigation.

B. PROCESS

1. The RSC will provide training for the DSPs on incident reporting requirements for DJJ youth based on the instructions and incident definitions provided by DJJ.
2. The DSP will complete the DJJ-approved IR form and submit according to the applicable instructions whenever an incident occurs. *Note: Reporting incidents to the RSC and DJJ does not preclude the DSP from mandatory reporting to licensing agencies and CPS, as applicable.*
3. The RSC will acknowledge the receipt of the IR, review and log the information, and follow up with the DSP, as needed, about contractual requirements and/or missing information. Reports submitted to the RSC that do not rise to the level of an IR will be logged as a non-reportable.
4. The RSC will subsequently forward all direct care and non-direct care IRs to the DJJ Statewide Program Manager, DJJ QA Manager, and assigned DJJ QA staff.
5. Case specific questions that arise following the incident will be directed to the RSC. The RSC will immediately notify the DJJ Statewide Program Manager of case specific time-sensitive information as it becomes available in an IR review.
6. The RSC will complete a QA Incident Review for all direct care and non-direct care incidents within seven (7) calendar days, with one of the following dispositions:
    a. No further action needed.
    b. Awaiting more information. This may include gathering information from the DSP regarding action steps, results of an internal and/or external investigation (i.e., root cause analysis), or follow up action from a treatment team meeting, as needed.
    c. Further action needed. This may include a temporary hold on referrals/placements, on-site visit, QIP, and/or utilization of the Four Step Process (See Appendix).
    Note: DSP QIPs may be requested by the RSC and are due within ten (10) calendar days of the date requested. This may include actions specific to the individual involved, and/or agency changes in processes, policies, or procedures. Examples include staff trainings, staff changes, additional supports provided for youth, team meetings, and/or policy revisions. The RSC shall acknowledge receipt of the submitted items and provide feedback to the DSP, as needed. QIPs will be monitored until completion.
7. The RSC will send the QA Incident Review to the assigned DJJ QA staff to review the process. The RSC and DJJ QA staff will review the IR reporting process (e.g., form completion, timeliness of reporting, individuals notified) for systemic program and service delivery issues related to the IR, rather than isolated incidents of youth behavior. The RSC will follow up with the DSP and include the DJJ QA staff if further action is needed based on the disposition. The DJJ QA staff will review the QA Incident Review within seven (7) calendar days of submission.
8. The RSC will include a summary of IRs quarterly to the DJJ Statewide Program Manager and DJJ QA Manager and attach the IR logs to explore trends and patterns (e.g., DSP specific patterns, patterns of overall placement types).

C. RELATED DOCUMENTS

Four Step Process (see appendix)
DJJ Direct Care IR Guidelines and Form (refer to RSC website)
DSP Community Based/Non-Secure Incident Report Guidelines and Form (refer to RSC website)

SECTION THREE: OVERSIGHT AND QUALITY IMPROVEMENT

I. Gathering and Reviewing Data and Fidelity of Evidence-Based Models

A. SCOPE

The RSC will incorporate model fidelity reports when a DSP utilizes an EBM with monitoring through an oversight agency. They include reports such as:

1. FFT TYPE Report;
2. MST PIRs and PIDRs; and
3. For EBMs (e.g., HFW-ICC, TF-CBT, ART) which do not provide a model-wide fidelity reports, the RSC will review compliance adherence through the QAR process to review certifications and model compliance. The RSC will utilize the model descriptions and fidelity measures, and may develop service specific measures or checklists to align with service descriptions. The RSC may develop a contract addendum and additional checklists (as they become available) based on the model developers' fidelity measures/strategy.

B. PROCESS

Many of these EBMs provide a fidelity report on behalf of the model and completed by the oversight agency. The RSC will collect and review fidelity reports and participate in the formal review with the DSPs, led by the oversight agency, for DJJ started teams and non-DJJ teams that serve a majority of DJJ referred youth (more than 55% DJJ). DSPs are expected to follow through with recommendations or QIPs, as indicated on the fidelity report, as led by the oversight agency.

1. FFT Teams:
    a. The FFT TYPE Reports will be completed by the FFT Consultant on a tri-annual basis (every four months) and will be submitted by the DSP to the RSC. Upon receipt, the RSC will subsequently forward the reports to the DJJ Statewide Program Manager and DJJ QA Manager.
    b. The RSC will review the TYPE report and follow up with the FFT Supervisor, as needed. If there are significant concerns (e.g.,, pattern of non-compliance, repeated poor data or a QIP), the RSC will review with the FFT Supervisor and Consultant.
    c. Follow up calls with the DSP will be held to review priority items and highlighted areas of concern (e.g., treatment pacing, completion percentages, therapist fidelity scores, assessment collection), according to need.
    d. FFT TYPE Reports will be used as collateral information to inform DSP QIPs, as needed (but not intended to the duplicate the efforts and guidance of the Consultant).
2. MST Teams:
    a. The PIR Reports (including the Stakeholder PIDR and Instrumental Outcomes) will be completed by an MST National Partner and MST Expert and submitted by the DSP to the RSC every six months. Upon receipt, the RSC will subsequently forward the reports to the DJJ Statewide Program Manager and DJJ QA Manager.

b. The RSC will review the PIR Report and discuss data and recommendations, as needed, with the MST Supervisor. If significant concerns are noted, the RSC, MST Supervisor, and MST Expert will review the PIR together.
c. The RSC will facilitate ongoing calls to review recommendations, data dissemination plans, related fits, utilization, dashboards and ongoing priority items, as needed.
d. MST PIR Reports will be used as collateral information to inform DSP QIPs, as appropriate and needed, in concert with the Consultant and model.
e. The RSC agencies will work jointly to collaborate with MST National Partners to review dashboards and statewide areas of concern quarterly.

3. Other EBMs:
   a. The RSC will review case files of the EBM service based on EBM requirements or certification during the QAR process. DSPs will be reviewed for adherence to the EBM fidelity and file requirements (and as appropriate and required by the QAR).
   b. DSP certifications of the service will be included in the contractual process, with licenses submitted by the DSP that meet the standards outlined for the service.
4. The RSC will develop internal documentation and/or tracking methods to capture EBM oversight activities. The RSC will provide DJJ with a summary of oversight activities and overview of DSP EBM fidelity within the quarterly reports to DJJ, and attach reports received during the applicable timeframe, as appropriate.
5. The RSC will monitor DSPs with deficient areas identified in the fidelity reports (e.g., this may include work with the Model Expert, tracking of DSP action or incremental measurements).

C. RELATED DOCUMENTS

Quality Improvement Plan – Sample (see appendix)

II. Periodic On-Site Monitoring Visits

A. SCOPE

The RSC will conduct periodic on-site, virtual, and/or regional CQI sessions with DSPs, as needed and/or demonstrated by performance, trends, changes, and initiatives. The RSC may conduct additional monitoring to include file reviews, on-site reviews, and periodic visits to ensure safety, quality, compliance, and performance. An on-site visit may occur at the request of DJJ, after a complaint, after a serious incident (e.g., client death, serious client injury, absconding from a residential program, allegations of staff physical or sexual abuse), or as a follow-up from a QAR.

B. PROCESS

1. The RSC will either schedule an on-site monitoring visit with the DSP or complete an unannounced visit, as appropriate.
2. The RSC will coordinate the visit with the assigned DJJ QA staff.
3. Periodic on-site monitoring visits may include the following actions:
   a. Interview with the DSP Chief Executive Officer or designee;

b. A review of any video footage of the incident, if available;
c. A review of internal investigations and related documentation;
d. A review of the IR submitted and any attachments;
e. Interviews with staff and/or supervisors involved in the incident;
f. Interviews with other DJJ youth in the program/receiving services;
g. A tour of the physical plant;
h. Review of related DSP policies and procedures; and/or
i. An exit interview will be conducted with the same DSP Chief Executive Officer or designee to summarize any findings and concerns.

4. The RSC will request any follow-up documentation, including copies of any CPS findings if reports of abuse or neglect were made.
5. Once the on-site visit concludes and any additional documentation is reviewed, the RSC may request a QIP to improve processes and/or service delivery.
6. The RSC will provide a summary of CQI activities and on-site monitoring in the quarterly report to DJJ.

C. RELATED DOCUMENTS

Quality Improvement Plan – Sample (see appendix)

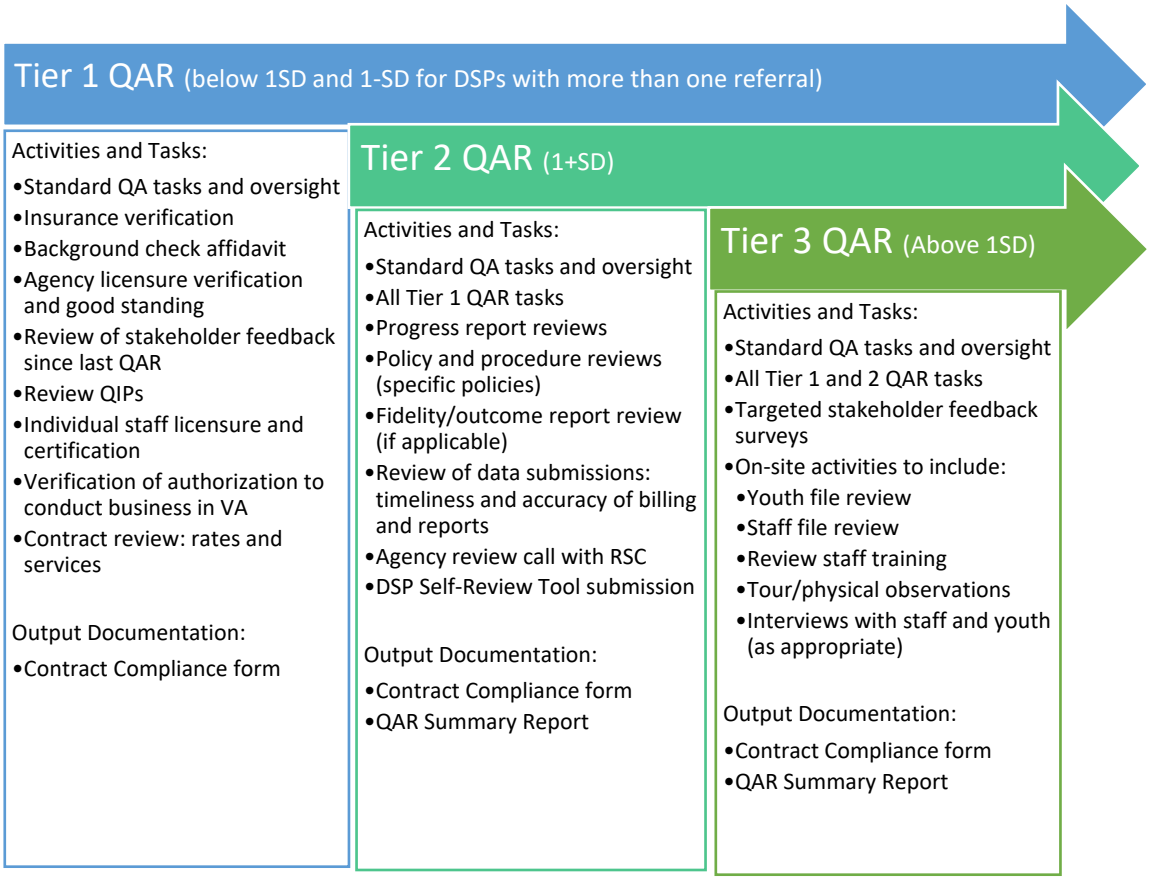
III. Monitoring Prioritization Tool (MPT)

A. SCOPE

The MPT shall be utilized by the RSC to categorize the DSPs into three tiers for the QARs. As part of the QA process and prioritization of DSP programs and services, the RSCs will use the MPT to identify the DSPs' overall risk by assessing: complexity of the types of services provided, referral volume, average monthly billing amounts, and serious incident report volume.

B. PROCESS

1. The MPT will assess DSPs using a scoring rubric based on four areas of risk: utilization, billing, service type, and incidents. The completed MPT will assign each DSP a numeric score that will determine the DSP's overall risk. The DSPs will be divided into three tiers of review categories for each RSC agency based on the SD of the MPT scores:



2. The RSC will complete the MPT for all DSPs annually during the month of May, assessing the previous twelve (12) months of activities.
3. EBA and AMI will share the aggregate scores for DSPs contracted with both agencies. The RSCs will work collaboratively to develop a QAR schedule for the upcoming fiscal year, which will identify the DSPs' level of review and the planned quarter for the review. The dates for these reviews will take into account the DSP's location and utilization, and time since previous QAR. DSPs requiring a Tier 3 QAR for both RSC agencies will have one joint RSC on-site review with one RSC agency assigned as the lead.
4. The QAR schedule and a summary of the results will be submitted to the DJJ Statewide Program Manager and the DJJ QA Manager no later than June 15th.

C. RELATED DOCUMENTS

Monitoring Prioritization Tool (available upon request)

IV. Quality Assurance Reviews (QARs)

A. SCOPE

Using the results of the MPT, the RSC will follow the QAR procedure to determine each DSP's monitoring method and schedule. The QAR is intended to look at DSPs in areas of safety, compliance, quality, and performance. The QAR will also review the overall process of service request alignment with the RNR principles, ongoing monitoring, and participation in the service from a 360º review (e.g., participation in treatment planning process, DJJ staff should be completing YASI reassessments every 90 days, these updated reassessments should be shared with the DSPs). The QAR process may be accomplished by a combination of processes, forms, as well as through RSC reviews of reports and documentation submitted by the DSP and input from stakeholders. Re-reviews will be determined by severity of incidents and/or deficiencies captured during the QAR process.

B. PROCESS

Tier 1 QAR:

1. The RSC will review DSP documents to ensure they are in compliance with contract requirements.
2. The DSP will complete a Background Check Affidavit. A more detailed list of staff names, dates of hire, and background check verifications may be requested by the RSC during this QAR process.
3. The RSC will review all information and complete the Compliance Review form to ensure the DSP is meeting all contractual requirements.
4. The RSC will request copies of any missing documents or supplemental information from the DSPs, as needed, and inform the DSP if additional action is warranted.
5. The RSC will continue to maintain routine oversight and ongoing standard quality assurance activities as described throughout this QA Plan.

Tier 2 QAR:

1. The RSC will complete all Tier 1 activities for DSPs assigned to Tier 2.
2. The RSC will provide identified DSPs with a Self-Review Tool during the identified month on the QAR schedule. The Self-Review Tool may be modified/shortened based on the DSP's completion of the Tool from prior QARs.
3. The RSC will review a sample of monthly progress reports using the rubric scale.
4. The DSP will submit the completed Self-Review Tool and the requested supplemental documentation to the RSC by the deadline identified (allowing at least two weeks but no more than 30 days from receipt).
5. The RSC will review the completed Self-Review Tool, highlighting areas of strengths and/or deficiencies or concerns.
6. Based on the results of the Self-Review Tool, the RSC may request additional information to be submitted by the DSPs. The additional information or items shall be reviewed by the RSC in a desk review format and may include: insurance coverage, log books, staff background and CPS checks, staff educational credentials, individual clinical licensures, licensure status by overseeing licensing authority, certifications for EBM, and/or staff training certificates.
7. The RSC will schedule a call with DSP leadership to review the Self-Review Tool and discuss the submitted documents, along with CQI trends and tasks completed throughout the year.

Tier 3 QAR:

1. The RSC will complete all Tier 1 and 2 activities for DSPs assigned to Tier 3.
2. The RSC will provide identified DSP with written notice of a need to conduct an on-site visit.
    a. The RSC, DSP, and assigned DJJ QA staff will collaborate to establish a date for the on-site visit and identify staff involved.
    b. The RSC will provide a final date and time to all parties.
3. The RSC will send the Self-Review Tool (original or adjusted, based on prior Self-Review completion) to the DSP, providing at least two (2) weeks for completion but no more than 30 days.
4. The DSP will submit the completed Self-Review Tool to the RSC by the date specified in the request.
5. The RSC and assigned DJJ QA staff will review the completed Self-Review Tool and all documentation submitted prior to the on-site visit, highlighting areas of strength and/or deficiencies or concerns prior to the on-site visit. The DJJ QA staff will provide feedback and/or guidance to the RSC in order for the RSC to finalize the plan for the on-site visit.
6. At least two (2) weeks prior to the on-site visit, the RSC will review the following:
    a. Items needed for the on-site visit;
    b. The prior year's monitoring report and QIP (if applicable);
    c. EBM dashboard items (e.g., electronic data, fiscal, review PIRs, TAM, MST, FFT);
    d. Feedback from stakeholders (e.g., CSUs, CAP Staff, Consultants);
    e. A list of services provided by the DSP; and
    f. The list of youth referred to the DSP based on the MPT's timeframe (generally prior fiscal year) and youth currently receiving services to identify which of those cases that will be reviewed. A minimum of four (4) case files will be reviewed and the type of files will be based on the utilization of services to include both terminated and active cases.
8. The RSC will send the final schedule, list of cases to review, and a checklist to the DSP and assigned DJJ QA staff one week prior to the on-site visit and confirm the time/location.
9. The RSC will conduct the on-site visit utilizing monitoring forms and the guidelines set forth:
    a. Meet with the DSP staff to review agenda and answer any questions.
    b. Review all documentation submitted prior to the on-site visit.
    c. Review staff files to verify credentials, training certificates, and background checks.
    d. Verify the DSP's compliance with policies and procedures.
    e. Youth case files will be reviewed in accordance with DJJ's guiding principles and utilization of services.
        1) The DSP is responsible for ensuring the youth files contain the documentation outlined in the Subcontractor Agreement, and as applicable per licensing, and model requirements, if applicable.
        2) The RSC will utilize a standardized Youth File Review form to document completeness, accuracy, best practices, and quality of services.
        3) The RSC and assigned QA staff will review DJJ's electronic data collection system to gain additional information on each youth's case.

4) The assigned QA staff will compare the youth cases to the data submitted for the RSC performance measures.
5) The RSC will account for DSPs providing an EBM. Each model has specific electronic data requirements entered into their specific data system (i.e., MST Website, FFT CSS System, and BSFT System). The model documentation should include:
   a) FFT - Progress Notes, Contact Sheet, OQ/YOQ, FFT Discharge Report.
   b) MST – Safety Plan, Weeklies, Fit Circles, MST Discharge Report during the On-Site.

f. Collect all updated required information for the contract file (e.g., insurance, employee contact).
g. Interview youth, as appropriate and applicable. Youth interviews, formal and informal, should be incorporated into all residential program on-site QARs.
h. Interview DSP leadership and/or staff, as needed.
i. Conduct an exit interview verbally highlighting areas of strengths and/or deficiencies or concerns based on preliminary findings.

QAR Feedback

1. QAR Summary Report:
   a. Tier 2 and Tier 3 reports will be submitted to the DSP, copying the assigned DJJ QA staff, within thirty (30) calendar days of the review.
   b. A copy of the QAR Summary Report will be maintained with the contract file. The QAR Summary Report will be used during follow-up site visits. The report will include:
      1) A cover letter summarizing the QAR activities and participants;
      2) A findings report that details a summary of all the areas reviewed, highlighting the areas of strengths and areas needing improvement, and may request a QIP along with a submission deadline;
      3) If action is not required, the letter will reflect the DSP's compliance with the QAR and a congratulations; and
      4) A template for a QIP, as needed.
   c. A follow-up/debriefing meeting will be held with the DSP to review the results, as needed. The assigned DJJ QA staff will be invited to participate in the meeting and will be copied on correspondence. Following the debrief, the RSC will summarize the outcome of the debriefing via email to the DSP and assigned DJJ QA staff.
2. QIP Submission: The DSP will submit the QIP within fourteen (14) calendar days of notification of need. This notice will be made by the RSC at the time of the on-site visit or through the QAR Summary Report, based on the severity of the identified need. The RSC and/or assigned DJJ QA staff may assist in the development of the QIP, as needed.
3. QIP Approval: The RSC will review the DSP's QIP within ten (10) calendar days of receipt to ensure all areas needing improvement are addressed. If the plan is complete, the RSC will notify the DSP via email that the plan has been approved. If the RSC does not approve the plan, the RSC will schedule a meeting with the DSP to review the plan. Together, the RSC and DSP will agree on the final plan with identified completion dates based upon the individual DSP needs. A copy of the final plan will be forwarded to the assigned DJJ QA staff.

4. QAR Follow-up: The RSC will ensure the DSP implements the QIP to correct any findings or deficiencies, including the potential for withholding or reducing payment and cancellation of the subcontractor agreement for documented non-compliance. The RSC will monitor the DSP until the identified measures in the QIP are resolved. The RSC will schedule a QAR follow-up or on-site monitoring visit, if indicated. The RSC and assigned DJJ QA staff may continue with periodic on-site monitoring visits.
5. RSC Quarterly Reports: The RSC will provide a summary of all QAR activities and outcomes in the quarterly reports to DJJ.

C. RELATED DOCUMENTS

Compliance Review Form (available upon request)
DSP Background Check Affidavit (refer to RSC website)
Self-Review Tool (available upon request)
Staff File Review Tool (available upon request)
Youth File Review Form (available upon request
Quality Improvement Plan – Sample (see appendix)

SECTION FOUR: FEEDBACK LOOPS

I. Information Sharing

A. Scope

It is important that all parties, DJJ, DSPs, and RSCs, collaborate and share information on a consistent basis to allow for the best outcomes of the Regional Service Coordination Model. All surveys, feedback, and initiatives will be included in a collaborative manner to address challenges and changes to ensure effective communication with and dissemination of information to the DSPs.

B. PROCESS

1. DJJ will provide ongoing communication to the RSCs on DJJ initiatives, objectives, procedures/protocols, and outcome data as it relates to the Regional Service Coordination Model and/or overlapping initiatives.
2. The RSCs will share information with DSPs and help disseminate information via email about trainings, webinars, notices, staff meetings, and/or collaborative meetings.
3. The RSCs will provide training opportunities for the DSPs and DJJ to include YASI, RSC processes, service description training, performance measures, data collection/reporting, and other locality/provider specific needs, as needed and applicable.
4. The RSCs will schedule CQI sessions/discussions at least quarterly (in person, via phone, or virtually). CQI sessions may be held with individual or groups of DSPs, as needed.
5. The RSC will provide updates about DSP events and CQI activities within the Quarterly Reports to the DJJ Statewide Program Manager and DJJ QA Manager.

C. RELATED DOCUMENTS

None.

II. Feedback on DSP Service Quality

A. SCOPE

To gather ongoing informal as well as regularly scheduled, formal structured stakeholder (i.e., referring DJJ staff) feedback to assess the quality of DSP services through the CQI process. The RSC will utilize a 360º approach to providing DSP feedback, which incorporates two important components:

1. Feedback is gathered formally and informally from multiple qualitative and quantitative sources to enhance validity and robustness. Sources may include but are not limited to, referral source surveys, quantitative performance data, and progress in meeting performance goals and data collection from other sources (e.g., licensure reviews/inspections).

2. Feedback is strength-based and focuses on continually strengthening and building the capacity for the competencies needed for collaboration, excellence in service delivery and innovation in programming that reduces recidivism.

B. PROCESS

1. The RSC will maintain ongoing open communication with the referring DJJ staff (CSU or CAP).
2. The RSC will respond to informal DSP feedback through ongoing communication with stakeholders via phone, email, and face-to-face meetings.
    a. Routine informal concerns are generally issues or concerns that can be resolved quickly, in a single email or phone call. These will not be tracked by the RSC.
        For example: The CSU reaches out to say a report is missing. The RSC will contact the DSP. The DSP responds promptly with the report and the RSC sends it to the CSU staff.
    b. Significant informal concerns require the RSC to intervene or follow up with the DSP to reach a resolution. This may include a single issue or a pattern of concerns with a single DSP. These concerns will be tracked by the RSC.
        1) The RSC will review all information that is gathered and may utilize the Four Step Process for complex concerns.
        2) Items or concerns that need follow up action (e.g., information gathering, clarification, resolution) will be monitored until resolution.
        3) The RSC will summarize significant informal concerns, follow up action(s), and resolutions in the RSC quarterly report to DJJ.
        For example: If a CSU reports the DSP's monthly report was poorly written or incomplete, the RSC will document this concern, review the deficient report, follow up with the DSP, coach the DSP with the contractual requirements, confirm the CSU staff receives an updated report, and will review the updated report to ensure adherence to the standard.
3. Formal stakeholder feedback will be gathered through targeted surveys as a part of the QAR process and/or at the discretion of the RSC. (See Section Three for additional information on the QAR process.)
    a. Formal stakeholder feedback will be focused on satisfaction of the identified DSP outputs with standard questions to include:
        1) Referral responsiveness and communication;
        2) Promptness with service initiation;
        3) Service goals addressing targeted priority need areas as identified by the YASI;
        4) Engagement with youth and family;
        5) Quality and timely monthly reports;
        6) Accurate billing;
        7) Consistency of sessions; and
        8) Open ended response to share any strengths or concerns about a specific DSP.
    b. Results of the surveys will be reviewed and shared with the DSP and DJJ QA Unit.
    c. Results will also be summarized in the QAR feedback report and RSC quarterly reports to DJJ, and utilized as part of the CQI process (e.g., inform individual DSP follow up, training development).

4. A QIP may be developed based on the feedback. These may be driven as a regional/global need or on an individual DSP level.
5. All DSPs will engage in some form of CQI process at least once annually.

C. RELATED DOCUMENTS

Four Step Process (see appendix)
Quality Improvement Plan – Sample (see appendix)
Targeted DSP Feedback – Sample (see appendix)

III. Stakeholder Feedback on RSC Centralized Process

A. SCOPE

To gather ongoing informal and annually scheduled formal structured stakeholder feedback to assess the functionality and effectiveness of the Regional Service Coordination Model. Informal feedback will be processed through the RSCs and the annual survey will be issued by the DJJ QA Unit, in collaboration with RSCs. The feedback should capture information about DJJ referring staff understanding of the processes, service matching, training needs, and other recommendations to improve efficiency of the model.

A 360º feedback approach facilitates a system-wide view of the effectiveness, efficiency, and equity of the Regional Service Coordination Model at improving youth outcomes and reducing recidivism. The RSCs will solicit feedback assessing how all involved stakeholders (e.g., DSPs, DJJ, other service partners) are doing in jointly implementing the Regional Service Coordination Model. The RSCs may utilize surveys, questionnaires, interviews, and/or focus groups to ascertain this information. The purpose is to provide a feedback loop in order to enhance system learning and modifications, which support DJJ's Transformation and a reduction in recidivism. The RSCs play an essential role in facilitating and supporting continuous, two-way communication.

B. PROCESS

1. DJJ leadership and DJJ referring staff will maintain open communication with the RSCs about processes, successes, and challenges.
2. Informal Feedback Processes:
    a. The RSC will gather informal stakeholder feedback through ongoing communication (e.g., phone, email, face-to-face, regional meetings with DJJ and DSPs).
    b. Items or concerns that need follow-up action such as information gathering, clarification, or resolution will be shared with the DJJ Statewide Program Manager and other RSCs during routine calls.
    For example, CSU or DSP staff may share concerns or confusion regarding processes including procedures, barriers, service gaps, reporting, and/or timeliness.
3. Formal Feedback Process:
    a. The DJJ QA Unit, in collaboration with the RSCs, will develop formal Stakeholder Feedback Surveys to send annually via an online platform.

   b. Structured surveys for DJJ referring staff and DSPs will include (1) what's working, (2) knowledge processes, (3) identify learning needs, and (4) understanding of RNR principles and DJJ's Guiding Principles.
   c. Results will be gathered and reviewed between the DJJ QA Unit, DJJ Statewide Program Manager, and RSCs to collaboratively identify trends for further development. Results will subsequently be shared with the DSPs.
4. The RSCs will follow-up with the DSP and/or DJJ staff in an effort to resolve stakeholder concerns.
5. DJJ referring staff will maintain ongoing communication with DSPs to resolve case-specific challenges.
6. The RSCs will track informal stakeholder feedback on the RSC Issues Log, which includes the date, issue/concern, individual(s) notified, follow-up action needed, and whether the issue/concern was resolved.
7. The RSC will provide detailed solution-focused recommendations regarding practices that impair or impede the referral process or service delivery to the appropriate individuals who can address the concerns and take the necessary action.

C. RELATED DOCUMENTS

Annual Stakeholder Feedback Survey – Sample (see appendix)
RSC Issue Log (available upon request)

SECTION FIVE: PERFORMANCE MEASURES

I. Data Submissions

A. SCOPE

Data submitted from the DSPs to the RSC will be reviewed for accuracy, completeness, and timeliness, and subsequently compiled for DJJ.

B. PROCESS

1. The DSP will submit data (e.g., billing, service completion, reports) per contractual requirements and identified deadlines.
   a. Submit billing no later than the 5th of each month or per the terms of the DJJ fiscal calendar.
   b. Service termination/completion forms should include completed cases, incomplete cases, and cases that never began, as well as termination status, service start date, service termination or completion date, and youth progress and termination. This is required on the 5th of each month for AMI and the 15th of each month for EBA.
2. Actionable items may require troubleshooting with the DSPs and may result in denial of funding for services or reduction/suspension of referrals/placements until resolution, as appropriate.
3. The RSCs will submit the following reports to DJJ:
   a. Data file for performance measures should be submitted no later than the 25th of each month to the DJJ Research Unit, DJJ Statewide Program Manager, and DJJ QA Manager;
   b. Quarterly utilization report, looking at referral and authorization trends by service type, locality, and DSP, should be submitted according to the calendar year to the DJJ Statewide Program Manager and DJJ QA Manager;
   c. Quarterly QA Reports, to include a synthesized summary of QA activities, any follow up responses to QA activities to include a 360º approach, should be submitted according the fiscal year to the DJJ Statewide Program Manager and DJJ QA Manager;
   d. Fiscal report (6 month data collection and projections) should be submitted no later than February 1st to the DJJ Statewide Program Manager; and
   e. EBM Fidelity Reports should be submitted annually in the 4th quarter of the fiscal year to the DJJ Statewide Program Manager and DJJ QA Manager. A summary of the EBM data may be incorporated into the Quarterly QA Report.

C. RELATED DOCUMENTS

None.

II. Performance Measures

A. SCOPE

The RSCs will collect data about referrals and services, submitting a single data file to the DJJ Research Unit to review and process the questions identified in the RSC performance measures. DJJ and the RSCs will jointly review the data collected during the performance measures submissions to review statewide utilization and effectiveness of the model. With the support of the DJJ Research Unit, the seven (7) questions identified in the performance measures process will be reviewed. Additionally, the RSCs will work collaboratively with the DJJ QA Unit and DSPs to create performance measures for the DSPs.

B. PROCESS

1. The RSCs will gather all data in a centralized manner.
2. The RSCs will submit the data file for performance measures no later than the 25th of each month to the DJJ Research Unit, DJJ Statewide Program Manager, and DJJ QA Manager.
3. Data will be reviewed for accuracy and consistency by the RSC and DJJ Research Unit. The DJJ QA Unit will also spot check data during the QAR process.
4. The DJJ Research Unit will compile the submitted data at least bi-annually and review the data with the RSCs to accurately capture the effectiveness of the Regional Service Coordination Model.
5. Performance measure data points will be refined to address deficiencies.
6. Proposals may be made for system wide changes (e.g., service matching matrix, education, provider specific drivers).

C. RELATED DOCUMENTS

RSC Performance Measures (see appendix)

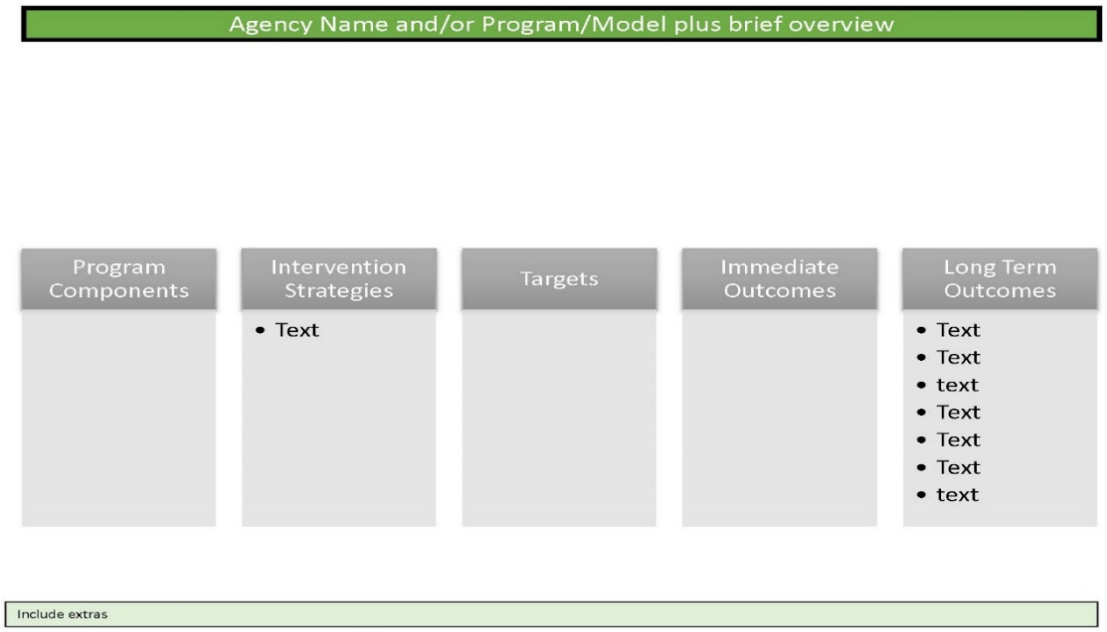
Documents Library

Quality Assurance and Monitoring
Related Documents and Forms

VIRGINIA AMI Kids
Separating a troubled past from a bright future.

evidence-based associates®
SUPPORTING FAMILIES, STRENGTHENING COMMUNITIES.

Logic Model Template (Power Point format)



Program Components	Intervention Strategies	Targets	Immediate Outcomes	Long Term Outcomes
• Include Broad Program Components or Techniques • Include Program Delivery Model (Target Age, # weeks, etc)	• Focus on what is being done with the individual receiving services • Specific Strategies, Modalities, Methods, techniques to accomplish goals	• What behaviors are you targeting? • Include Risk and Protective Factors • Include YASI criminogenic risk factors	• Targeted Outcomes the program is designed to impact immediately following program completion	• Outcomes impacted by the program months / years following program completion that have been demonstrated by research

Four Step Process

Purpose: The Four Step Process outlines the RSC's role with regard to the monitoring and management services delivered to youth and families through the Regional Service Coordination Model. This may include resolution of significant stakeholder concerns, serious incidents, or adherence to model fidelity. A challenging aspects of DSP oversight is the coordination of communication among a wide range of stakeholders who have a vested interest in the outcome of the project. The RSC shall utilize this process to ensure transparency and collaboration in gathering, reviewing and resolving challenges that arise.

To address those challenges, the RSC may find it effective to focus on the following four steps:

1. Gather the data and verify accuracy: "Feedback" on project oversight may come in various forms (e.g., serious incident, complaint from CSU, adherence data from MST or FFT). The first task of the RSC is to validate the accuracy of the data and to share it with the involved DSP in an effort to verify that the data is complete and accurate. If inaccurate or out-of-date data are being shared, the first step is to discuss the concerns with the stakeholder and address the issue by providing accurate information.

    a. Deliverable: The RSC will correspond (via phone call or email) with the DSP to confirm the accuracy of the data in question and invite them to a conference call/meeting to discuss and establish an action plan (AP). The data gathered will be shared, as needed, with stakeholders, which may include the other RSC agency (AMI/EBA), DJJ QA Unit, and/or other DJJ staff.

2. Acknowledge strengths and discuss the "fit" of any problems identified: Consistent with the nature of MST, it is important to keep perspective on the problem being identified by creating or establishing a strengths-focused environment for the conversation. As with the FFT model, creating and maintaining a strength-based perspective is critical to obtaining engagement in the process and motivation to proceed. The RSC will collaborate with the DSP and other stakeholders (e.g., the EBM model consultant, DJJ QA Unit, DJJ referring staff) that may be contributing to the poor outcome reflected by the data/situation. In MST parlance, this is similar to assessing the "fit" of the problem. *For incident reports, the focus may identify two categories, youth specific or large-scale agency actions (e.g., a suicide attempt may result in the need for an individual safety plan or may result in a larger program modifications).*

    a. Deliverable: Completed assessment and analysis (e.g., a Fit Circle) of the identified problem (based on the data) that also indicates consensus by the stakeholders on:

        i. The major factors causing the poor results (e.g., high recidivism); and

        ii. Priorities among those factors – those that will be targeted first for intervention.

3. Develop a plan based on the precipitating factors (or "fit") of the identified problem specific to the service to ensure quality improvement, including steps for ongoing monitoring and follow-up: The key to success in this step is ensuring that, following the assessment of the "fit," the most important priorities are identified, and a relevant action item is attached. (Note: The RSC must work closely with the stakeholders to ensure a plan is developed. The plan shall be developed by and approved by the stakeholders (including the DJJ QA Unit). In the event the DSP does not assume the primary role to develop the plan, the RSC will coordinate with the DSP, the model consultant, or other stakeholders in the development of the plan. The RSC must ensure that a plan is developed and that each party is clear about any responsibilities assigned and a monitoring plan with timeframes for completion is established.

a. Deliverable: A QIP or AP will be developed by and approved by all key stakeholders and will include:

   i. Monitoring (i.e., plan for continuing to gather relevant data that approximates the data originally in question) identify the roles and activity that will be included in the monitoring process.

   ii. Evaluation (i.e., benchmarks for knowing when intervention has been successful, and interventions can begin to fade out)

   iii. Ongoing dialogue (i.e., monthly meetings)

4. Meet at regular intervals to implement a monitoring plan until problem is resolved (as needed): It may be necessary to have several follow up meetings to ensure that all prioritized issues are addressed. This also allows for data to be collected regarding the impact of the group's effort on the target measures and ensure that progress is being made and maintained for EBMs.

   a. Deliverable: The RSC will schedule monthly meetings and send the agenda, attachments, and updated data prepared and disseminated to participants at least 48 hours in advance of each meeting.

Quality Improvement Plan – Sample

To be completed by the RSC Agency:

Provider Name:	Click or tap here to enter text.	Date of Request:	Click or tap here to enter text.
QIP Due Date:	Click or tap here to enter text.	RSC Agency:	Click or tap here to enter text.
Reason for QIP:	Click or tap here to enter text.		

To be completed by the DSP:

QIP Prepared By:	Click or tap here to enter text.	Title:	Click or tap here to enter text.
Date of Initial QIP:	Click or tap here to enter text.		

Desired Outcomes	Topic	Identified Drivers/ Root Cause	Action Steps	Person Responsible	Goal Date
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Review date and progress with goal: Click or tap here to enter text.					
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Review date and progress with goal: Click or tap here to enter text.					
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Review date and progress with goal: Click or tap here to enter text.					
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Review date and progress with goal: Click or tap here to enter text.					

To be completed by RSC Agency Following DSP Submission:

Approval:	Click or tap here to enter text.	Date:	Click or tap here to enter text.
RSC Response/Next Steps:	Click or tap here to enter text.		

Targeted DSP Feedback Survey – Sample

Note from EBA/ AMI…. Our records indicate you have utilized this DSP ____ times in the last year. We request that youth

1. Do you use the same DSP through other funding sources?
   *YES/*NO If Yes check all that apply:
   - ☐ Medicaid
   - ☐ Insurance
   - ☐ CSA
   - ☐ VJCCCA
   - ☐ Other: _____
2. What Services did you utilize this DSP for?
3. How would you rank the following on a scale of 1 to 5 (Poor to Outstanding)
   - ☐ Prompt in Starting Services 1------2------3------4-----5
   - ☐ Frequent Communication 1------2------3------4-----5
   - ☐ Service Plan Development (includes YASI and Criminogenic Needs) 1------2------3------4-----5
   - ☐ Engagement with Family and Youth 1------2------3------4-----5
   - ☐ Consistency of Sessions 1------2------3------4-----5
   - ☐ Quality and Timely Monthly Reports 1------2------3------4-----5
   - ☐ Accurate Billing 1------2------3------4-----5
   - ☐ Responsiveness with Referral Receipt
   - ☐ Accessibility of Services
4. Any areas of Strength you would like to recognize for this Provider?
5. Any areas of improvement you would like to see for this Provider?

Annual Stakeholder Feedback Survey - Sample

1. Which of the following best describes your role?
   Drop Down: Provider/ CSU staff/ CAP staff
2. Check your Region:
   Check Box: Central/Northern/Western/Southern/Eastern
3. How well does the RSC model meet your needs?
   - ☐ *Extremely Well*
   - ☐ *Very Well*
   - ☐ *Somewhat Well*
   - ☐ *Not so well*
   - ☐ *Somewhat Well*
   - ☐ *Not well at All*
4. How many referrals have you sent/received from the RSC within the last fiscal year?
   Sliding Scale: 0-10
5. Overall, how satisfied are you with the communication with the EBA/AMI RSC?
   - ☐ *Extremely Satisfied*
   - ☐ *Satisfied*
   - ☐ *Somewhat Satisfied*
   - ☐ *Undecided*
   - ☐ *Somewhat Dissatisfied*
   - ☐ *Dissatisfied*
   - ☐ *Extremely Dissatisfied*
6. Please rate the characteristics of the RSC staff in the following areas:
   Scale: Not/Occasionally/Sometimes/Consistently/Extremely
   - ☐ Knowledgeable
   - ☐ Responsive
   - ☐ Reliable
   - ☐ Efficient
   - ☐ Helpful
   - ☐ Creative

   Elaborate here:
7. Overall, how satisfied are you with the responsiveness of the EBA/AMI RSC?
   - ☐ Extremely Satisfied
   - ☐ Satisfied
   - ☐ Somewhat Satisfied
   - ☐ Undecided
   - ☐ Somewhat Dissatisfied
   - ☐ Dissatisfied
   - ☐ Extremely Dissatisfied
8. Overall, how satisfied are you with the professionalism of the EBA/AMI RSC?
   - ☐ Extremely Satisfied
   - ☐ Satisfied
   - ☐ Somewhat Satisfied
   - ☐ Undecided

- Somewhat Dissatisfied
- Dissatisfied
- Extremely Dissatisfied

9. Tell us how we are doing! Please provide feedback below about staff and/or processes. We welcome comments about what is working well and suggestions for improvements in the new year.

   Scale: Unknown/Needs Work/Not a Fan/It Works/Like It/Love iT!

   - Referral Process
     Explain:
   - Communication
     Explain:
   - Billing/Invoice Process
     Explain:
   - Provider Directory
     Explain:
   - RSC Newsletter
     Explain:

10. Do you want to keep the dialogue going?
    - ☐ If you would like a staff member to contact you about your responses, please indicate below and add your contact information.

11. I would appreciate training on:

    Multiple choice 1) Risk- Need- Responsibility 2) PREA 3) DJJ Facilities 4) Family Engagement

RSC Performance Measures

1. **Quantity/Instance:** How many juveniles are receiving services?
   - % of referred youth that begin services.
   - % of referrals denied.
   - % of youth receiving services by supervision status (e.g., probation, parole, direct care)
   - % of youth receiving services proportionate to the number of youth on probation, parole, or in direct care.

2. **Efficiency of Referral Process/Service Initiation:** How quickly are services being offered?
   - % of referrals made at least 30 days prior to anticipated early release date (direct care only).
   - % of services that began within 10 days of referral (for cases in the community).
   - % of services that began within three days of return to the community (parole only).
   - % of non-residential referrals for which the RSC authorizes the referral within five business days.
   - % of residential applications for which the RSC authorizes the application within five business days of the residential referral date.
   - % of referrals for evaluations / assessments delivered on or before target dates (particularly court dates and dates established by CAP Unit)
   - % of referrals for court-ordered evaluations / assessments sent to RSCs at least 20 days prior to target date (e.g., court date)

3. **Completion & Progress:** Once in service, are those services being completed? Did they make progress?
   - % of services ended with at least some progress.
   - % of youth who ended services with at least some progress (exclude monitoring services and evaluations)
   - % of services completed
   - % of youth who completed at least one service (exclude monitoring services and evaluations)

4. **Intervention Targets/Service Matching:** Are youth receiving the appropriate services?
   - % of youth who are receiving services related to their primary YASI risk priorities.
   - % of youth (low, moderate, and high risk) receiving appropriate intensity and # of dosage hours based upon YASI overall risk to reoffend.
   - % of youth's DSP service plans that prioritize the criminogenic need area(s) identified at time of referral as the target.

5. **Behavior Change:** How do youth change while in the system?
   - % of youth successfully discharged from services will demonstrate an increase in their overall dynamic protective score.

- % of youth successfully discharged from services will demonstrate a reduction in their overall dynamic risk score.
- % of youth successfully discharged from services will demonstrate a reduction in the dynamic risk score of at least one of the criminogenic need domains identified on the referral form as the priority area to target during the service/intervention
- % of youth will not move into more intensive services (e.g., residential)

6. Cost/Cost Effectiveness: How much do services cost? Which services are the most cost-effective? (produce the most return on investment)
   - The average cost per juvenile.
   - The total cost of billed services.
   - The average cost per service.

7. Recidivism: What are the measures of success for interventions designed to effect behavior change (excluding monitoring programs and evaluations and assessments)?
   - % of youth receiving services will not be arrested for a delinquent / criminal act that occurred during the time of their enrollment in that service. (BY SERVICE)
     - add reconviction
     - look at juvenile non-compliance violations separately
     - look at diminishing offense severities
     - look at offenses related to service
   - % of youth discharged from RSC services will not be rearrested at 1, 2, and 3-year follow-up period from the youth's final RSC discharge date.
     - look at breakout of who completed at least one vs not and those with at least some progress vs not
     - Break out for probation, direct care, and parole as the status at the time of the final discharge date
   - % of youth discharged from RSC services will not be reconvicted at 1, 2, and 3-year follow-up period from the youth's final RSC discharge date