



PARTNERSHIP FOR  
**STRONG**  
FAMILIES

Contract Monitoring,  
Performance and  
Quality Management  
Annual Report  
(FY 2018-2019)  
& Plan  
(FY 2019-2020)

## TABLE OF CONTENTS

### **I. Introductory Section:**

- Describe the agency's capacity for performing QA and CQI tasks, including language on staffing, budget, performance and performance improvement goals, timeframes, and any organizational capacity resource tool employed to assess capacity.

Provide graphics and supporting language on the qualitative and quantitative outcome measures and performance metrics your agency measures towards the child outcome goals of safety, permanency, and well-being. Include the benchmark targets for each measure and metric such as national, statewide, or locally developed standards and/or targets.

### **II. Performance Improvement:**

- Describe the agency's systematic process to review practice trends and performance and employ performance improvement strategies including outcomes and measures routinely reviewed and with what frequency.

Provide supporting tables and graphs that provide an analysis and evaluation of performance trends (i.e. 3-5 years) across multiple service delivery and management factors as locally determined. The following grouping of practice trends should be addressed:

1. Safety
2. Permanency
3. Well-Being

Local Practice Trends in response to RSF and other relevant data

### **III. Findings:**

- Provide narrative and graphics that describe specific findings from the prior year of the outcome measures, performance metrics, and qualitative data measured against the benchmark targets. Include how findings are shared with the CBC and CMO operational leadership in order to ensure improvement activities are implemented.

Describe QA findings over time (i.e. 3-5 years). Address the agency's strengths/promising practice trends and areas needing improvement based on the synthesis of data collected through various QA reviews and any other sources of information that measure local performance.

The summary must be evaluative in nature – not simply descriptive in the narrative format. It should not be a repeat of findings from the review tools or a listing of review questions in bullet fashion with performance shown by percent achieved for a standard.

### **IV. Gaps in Findings to Benchmarks**

Describe the gaps in performance on metric(s) compared to benchmarks, and an analysis of the exploration of root causes for the underperformance of the metric(s). Explain any interventions that have been identified to correct, and any actions towards the implementation of intervention(s). Describe research and evidence-based sources to identify or suggest intervention(s).

### **V. Intervention Findings**

- If intervention(s) was/were implemented to address gap(s), describe any correlative or causative affect in the improvement of the measured metric. Explain why correlation or causation was identified. Please describe any unintended consequences of the intervention implementation.

If interventions were not implemented to address gaps, describe how the region will react to the analysis of findings. For example, will the findings be addressed in the annual update of the Quality Management Plan or in the local Quality Improvement Plans?	
<b>Annual Plan:</b> <b>The Quality Management Plan will establish the activities, processes, and procedures for ensuring quality child welfare practice. The purpose of this plan is to: ensure quality is planned, define how quality will be managed by the CBC, and define QA and CQI activities. Each CBC lead agency will create and update their individualized plans for conducting quality assurance and improvement activities for the upcoming fiscal year.</b>	
<b>Plan to improve performance of the current year ('19-'20) based on the findings from the prior year ('18-'19):</b>	
<b>I.</b>	Lead agency's Program Improvement Plan to address areas needing improvement as a result of the CFSR and other federal Reviews.
<b>II.</b>	A description of how the agency will monitor improvement in the CFSR systemic factors that are being addressed by the lead agency.
<b>III.</b>	A description of activities planned to address program improvement and monitoring of the National Data Indicators and CFSR/PIP/RSF case review items that are deemed an "area needing improvement."
<b>IV.</b>	High-level discussion of turnover
<b>V.</b>	Working Relationships with CPIs
<b>VI.</b>	Stakeholder involvement
<b>VII.</b>	A description of any other special reviews, discretionary reviews, systemic reviews planned or needed.
<b>VIII.</b>	The schedule of conducting QA reviews for the Current Year.
<b>IX.</b>	Efforts to improve statewide target initiatives
<b>X.</b>	Local Improvement Initiatives
<b>XI.</b>	A description of training activities to be provided by the CQI team
<b>XII.</b>	A description of strategies that will be used to improve practice and how those interventions were selected (evidenced-based, promising practice, etc.)

## **Introduction**

Partnership for Strong Families (PSF) is the Child Welfare Community Based Care (CBC) agency for thirteen (13) counties within judicial circuits 3 and 8 in North Central Florida. PSF provides services in Alachua, Bradford, Baker, Union, Gilchrist, Dixie, Levy, Columbia, Suwannee, Hamilton, Lafayette, Taylor and Madison Counties. PSF's catchment area consists of one (1) urban county (Alachua County) and twelve (12) rural counties. The makeup and mostly rural nature of PSF's catchment area poses unique challenges for service development, procurement, implementation and maintenance. PSF embraces these challenges and makes every attempt to provide services designed to meet the needs of each individual county considering each county's population, social, and economic makeup.

The information contained within this report and plan provides detail on the efforts made over the past fiscal year to enhance our system of care, and on the identification of new opportunities for the current fiscal year. The contents should be viewed as a snapshot of data and information and is by

no means a total picture of all of Partnership for Strong Families (PSF) continuous quality improvement activities for the fiscal year 2018-2019 or a limit for identifying additional areas of focus for the 2019-2020 fiscal year. This report is designed to provide a review of some key activities implemented and new activities identified, related to performance. This information combined with other ongoing activities provide the basis for PSF's ongoing analysis of progress within the system of care. Data is, just that, data, and although important as it guides and assists with providing information for further analysis, the numbers themselves, separate and alone, do not tell the whole "story" of progress within the system of care. This report/plan will provide compliance data for several processes and summarize the findings leading to areas addressed during the 2018-2019 fiscal year and those that will be addressed during the 2019-2020 fiscal year. PSF is continuously looking for ways to make improvements to the system of care and in services provided to children and families. PSF works in conjunction with system partners and stakeholders to review data, identify areas of need and to create action plans for improvement.

To assist with the identification of needs and to enhance collaboration with the various counties, PSF established five (5) Children's Partnership Councils in Perry, Live Oak, Lake City, Trenton and Starke which are inclusive of all thirteen (13) counties under PSF's oversight. The Councils are comprised of community leaders and representatives from community agencies, civic groups and businesses that share the goal of serving at-risk youth and their families. During meetings members network and collaborate across systems that serve children and families within their communities. This allows for coordination to participate in county-wide events, receive input from a continuum of providers for county-wide strategic planning, and coordinate services through a community resource center. The goals of the Children's Partnership Councils are to:

- Establish and maintain prevention-based programs
- Identify and fill service gaps
- Establish enriching and rewarding summer programs for at-risk youth
- Recruit and support partner and adoptive families
- Identify and act as mentors for at-risk youth and their families
- Encourage collaboration across systems

PSF will continue to utilize the Children's Partnership Councils as a means by which to gain insight and to collaboratively work on the individualized needs of the counties it serves.

Partnership for Strong Families is focused on making changes and doing what is in the best interest of children and families. PSF's contract management, quality control, quality assurance and continuous quality improvement system allows PSF and our partners to recognize and react to emerging trends at various levels within the agency and within the system of care. PSF works closely with the above mentioned Children's Partnership Councils, the PSF Board of Directors (including the Quality Assurance Sub-Committee), Department of Children and Families (DCF) Administration, sub-recipient Case Management Agencies (CMA) and vendors, service providers and other stakeholders to review performance to focus on and prioritize the safety, permanency, and well-being of children. Communication and collaboration are key factors where transparent, open, and honest discussions occur in and between the various parties within the system. This approach allows information and data to be shared on an ongoing basis in a safe environment focused on learning from past and current performance and practice to inform and motivate collective and collaborative change.

PSF has a centralized data collection system used to support the contract and quality management system. Data is shared and analyzed on an ongoing basis by the various parties within PSF, the Board

of Directors (including the Quality Assurance Committee), DCF Administration, sub-recipient providers, other contracted service providers, and stakeholders to support system-wide planning and correction of problem areas.

PSF's administrative, financial, programmatic monitoring and quality assurance/improvement activities are completed on an ongoing basis throughout the year. PSF utilizes a variety of tools, approaches and mechanisms to collect and analyze data and information, report findings, and address issues as they arise.

Utilizing the resources mentioned for information collection and need identification, this document outlines a few of the ways in which PSF accomplishes relevant tasks and how PSF plans to utilize information to promote needed change for the future. Specifically, this includes the use of data addressing caseload trends for PSF for the last four fiscal years, and performance with scorecard measures, case file reviews and other significant quality assurance/improvement activities. Caseload information continually requires reviewing/analyzing data for trends, identifying potential barriers, and ongoing decision making and planning. PSF and its system partners review this data on an ongoing basis and strive to make changes in processes and programs in an effort to limit the number of cases coming into services, especially the number of children brought into out-of-home care. It is important to safely maintain children in their own homes with as little intrusion into their families as possible. PSF has implemented quarterly calls with its case management partner agencies to review, assess and address caseload trends, staffing support issues and other areas where improvements can be made. Co-constructed action plans are created and reviewed to determine if identified actions are having the desired impact and if not, new ideas and actions are implemented and reviewed until the issue is resolved. PSF and its system partners continue to strive to provide the best services to children and families to meet their individually identified needs. As previously noted, PSF covers 13 counties, most rural, within Judicial Circuits 3 and 8. Working together with system partners PSF continues to enhance services and make improvement in performance in a collaborative approach while focusing on the safety, permanency and well-being of the children served. It is PSF's goal to continually identify and address opportunities for improvement.

Partnership for Strong Families Quality Assurance Department is constructed of three Quality Assurance Monitors and a Director. However, PSF promotes the philosophy that everyone is a member of the contract monitoring and continuous quality assurance/improvement team. This includes stakeholders, families, children, caregivers, partner family parents, PSF staff, the PSF Board of Directors (including the Quality Assurance Sub-Committee), and sub-recipient provider staff at all levels. Data is regularly gathered and analyzed, and improvements are made to services and processes when compliance is not met or when safety/security issues arise. Information is shared to increase collaboration and knowledge and to promote best practice. All parties work together to identify and address areas in need of improvement, create action plans for improvement, monitor progress, and adjust when the data indicates the changes have not had the desired impact. PSF has four dedicated positions (three QA Monitors and one director) for performing QA and CQI activities. Agency capacity is addressed to include budget, performance and performance improvement goals, and timeframes.

This document will outline how PSF's philosophy on quality assurance leads to the identification of opportunities that have been addressed collaboratively over the past fiscal year, as well as those to be address over the current fiscal year. PSF believes that quality assurance is a constant. It is our

collective job to utilize all resources available to identify and address opportunities for improvement that impact safety, permanency and well-being for all families served.

## **GUIDING PRINCIPALS**

**MISSION:** PSF's mission is to enhance the community's ability to protect and nurture children by building, maintaining, and constantly improving a network of family support services.

**VISION:** PSF's vision is to be a recognized leader in protecting children and strengthening families through innovative, evidence-based practices and highly effective, engaged employees and community partners.

**CORE COMPETENCIES:** PSF strives to achieve excellence in the following core competencies:

**Core Competency #1: Services to Protect Children & Strengthen Families** - PSF will provide services that protect children and strengthen families. We will model a family centered, strength-based approach in working collaboratively with those we serve. We will make available individualized, flexible services to meet the unique needs of children and families.

**Core Competency #2: Innovative, Evidence-Based Practices** - PSF will focus on providing innovative, evidence-based child welfare practice approaches within the system of care. This will include both making evidence-based practice a priority and developing effective methods to assess and document practice outcomes internally. Innovations will support the improvement of PSF's overall system of care and strive for improved outcomes. This will include the progressive use of technology within our practice in secure yet responsive ways.

**Core Competency #3: Recognized Leadership** - PSF will engage the larger community in the organizational vision and become known on local, state, and national levels for excellence in child welfare service provision.

**Core Competency #4: Highly Effective, Engaged Employees and Community Partners** - PSF will develop an effective, engaged workforce through collaborative efforts with its staff and community partners. We will create an organizational culture that promotes a supportive yet stimulating work environment and encourages open, meaningful communication with employees, community partners and families.

## **STRATEGIC PLAN 2016-2019**

In 2015 PSF Executive Leadership, in collaboration with PSF staff at all levels, community stakeholders, and the Board of Directors, created PSF's Strategic Plan 2016-2019. This Strategic Plan was developed utilizing information gathered via community stakeholder surveys and a SWOT (Strength – Weakness – Opportunity – Threat) analysis process. PSF's Strategic Plan 2016-2019 includes updates/results for the goals outlined in the Strategic Plan 2013-2014-2015. PSF's Strategic

Plan 2016-2019 and accompanying Action Plan are designed to move PSF forward in meeting its Core Competencies. The goals of the Strategic Plan 2016-2019 are as follows:

- Goal #1** Formalize assessment and accountability measures for PSF's contracted case management partners by utilizing the annual contract management process to identify and incentivize or penalize contractors based upon those stated goals and priorities.
- Goal #2** Work with DCF and key system partners who serve these high-trauma youth to explore programs, services and partnerships that could improve short and long-term outcomes for these youth while also lessening the resource burden and risk assumed by PSF.
- Goal #3** Take a lead in working to enhance the relationship between Partner Families, PSF, DCF, Children's Legal Services and contracted provider agencies, ensuring all system partners esteem these families as professional members of the team.
- Goal #4** Expand upon the network of current homes to ensure there are a variety of placement options available so that children and families are matched in a way that meets their individual needs and does not strain these critical relationships.
- Goal #5** Provide opportunities to inform PSF's workforce of each team's critical function and how their role contributes to the agency's ability to achieve its mission while also exploring opportunities for cross-training and sharing of information capital within teams.
- Goal #6** Explore additional funding streams that can support the agency's mission in addition to the agency's contract as a lead agency. This should include an exploration of an independent arm of the agency that can generate its own funds through marketing of PSF's unique and innovative approaches to common child welfare needs.
- Goal #7** Ensure PSF has a Board of Directors and Advisory Board members who are involved well-trained and a diverse representation of the counties served by the agency. (Advisory board members, who do not have to meet the full requirements of active board participation as stated in PSF Bylaws, help PSF ensure geographical coverage and career field representation and contribute to the agency's governance knowledge.)
- Goal #8** Increase the community visibility and engagement of PSF's Board of Directors by enhanced representation in community and civic groups or community advisory boards.
- Goal #9** Implement a recognition program or activity for PSF and its contracted case management agencies to demonstrate the Board's appreciation for their work and increase interaction between front-line staff and the governing body.

PSF is in the process of generating a new Strategic Plan and accompanying action plans. During the first half of the 2019 calendar year PSF conducted a SWOT analysis within each department. The results of the department specific SWOT analyses were reviewed collectively by leadership and a Strategic Plan was outlined, representative of the shared themes within each department. PSF is

currently working on development of the action plans that will accompany the Strategic Plan for the next three years.

## **INVOLVEMENT IN THE PROCESS**

PSF promotes the philosophy that everyone is a member of the contract monitoring, continuous quality assurance/improvement team. This includes stakeholders, families, children, caregivers, partner family parents, PSF staff, the PSF Board of Directors (including the Quality Assurance Sub-Committee), and sub-recipient provider staff at all levels. Data is regularly gathered and analyzed with improvements made to services and processes when compliance is not met or when safety/security issues arise. Information is shared to increase collaboration, knowledge and to promote best practice. All parties work in unison to identify and address areas in need of improvement, create action plans for improvement, monitor progress, and make adjustments as indicated by the data.

## **QUALITY ASSURANCE AND CONTRACT MANAGEMENT STAFF**

The responsibility for managing PSF's contract monitoring and quality assurance/quality improvement efforts resides with the PSF Director of Program Quality and Contract Management. The Director of Program Quality and Contract Management reports directly to the Chief Financial Officer. The Director of Program Quality and Contract Management supervises three (3) Quality Assurance Monitors and two (2) Contract Managers who are dedicated to activities related to administrative, financial and programmatic monitoring, and continuous quality assurance/improvement activities. PSF Executive Leadership Team, Board of Directors (including the Quality Assurance Sub-Committee), and individual departments support ongoing contract monitoring and quality assurance/improvement efforts.

PSF Quality Assurance staff members are required to have at a minimum, a bachelor's degree in counseling, social work or related field from an accredited college or university with experience working in child welfare programs. PSF's Contract Managers are required to have at a minimum, a bachelor's degree in business, management, human services or related field from an accredited college or university with experience in contract management, budgeting, accounting, financial planning, or related analytical work.

## **SUB-RECIPIENT CASE MANAGEMENT AGENCIES**

PSF sub-contracts with Case Management Agencies (CMA) to provide case management services to clients. These agencies are as follows (subject to change as needed based on performance and identified need):

Devereux Advanced Behavioral Health- Agency responsible for delivering services to at risk families who reside within Columbia, Levy, Gilchrist, and Dixie Counties.

Camelot Community Care, Inc. - Agency responsible for delivering services to at risk families who reside within Suwannee, Hamilton, Lafayette, Madison, Taylor, Union, Baker, Bradford, and Alachua Counties.



CDS Behavioral – Agency responsible for delivering services to Independent Living and Extended Foster Care case management services in all thirteen (13) counties.

Each CMA has collective and agency specific targeted measures for performance and reports on a quarterly basis progress on goals and information on identified barriers. The sub-recipient Case Management Agencies are integral partners in contract monitoring and quality assurance/improvement activities. Quality assurance works closely with Contract Management to ensure that CMAs are achieving the established measures, initiate new measures, and facilitate needed support with each CMA.

#### SUB-RECIPIENT SERVICE PROVIDERS

- Resolutions Health Alliance – Family Connections
- Children's Home Society – Family Connections
- Haven's Open Arms – Residential Group Care
- Florida United Methodist Children's Home – Residential Group Home
- Florida Sheriff's Youth Ranch – Residential Group Home
- Twin Oaks – Residential Group Home
- Ignite Refugio – Emergency Shelter
- Meridian Behavioral Healthcare – Emergency Shelter

#### CONTRACTED SERVICE PROVIDERS (VENDOR CONTRACTS)

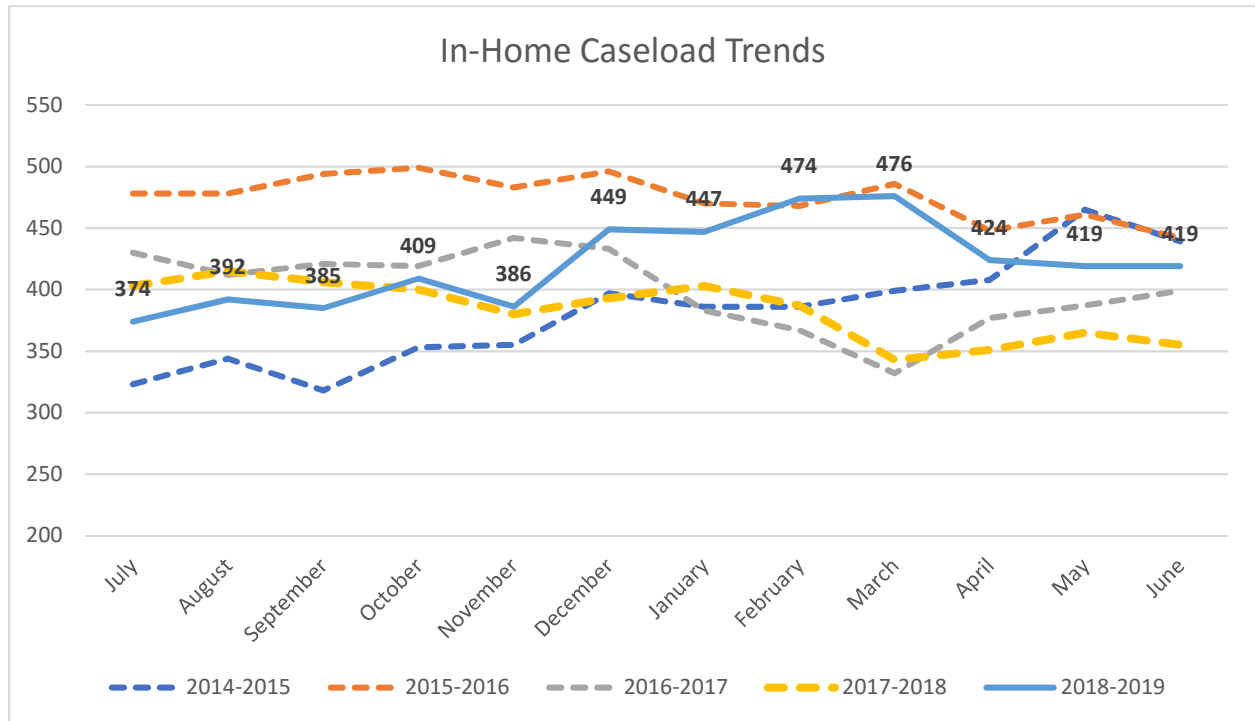
- Brehon Institute for Family Services – In-Home Family Support Program
- Resolution Health Alliance – In-Home Parenting Classes and Support
- Children's Home Society – Family Visitation Center
- Creative Counseling Services – Therapeutic Service Provider
- Village Counseling Center – Therapeutic Service Provider
- Meridian Behavioral Healthcare – Therapeutic Service Provider
- Meridian Behavioral Healthcare – Rapid Response Services
- One More Child – Foster Home Recruitment and Licensing
- CDS Family & Behavioral Health Services – Independent Living

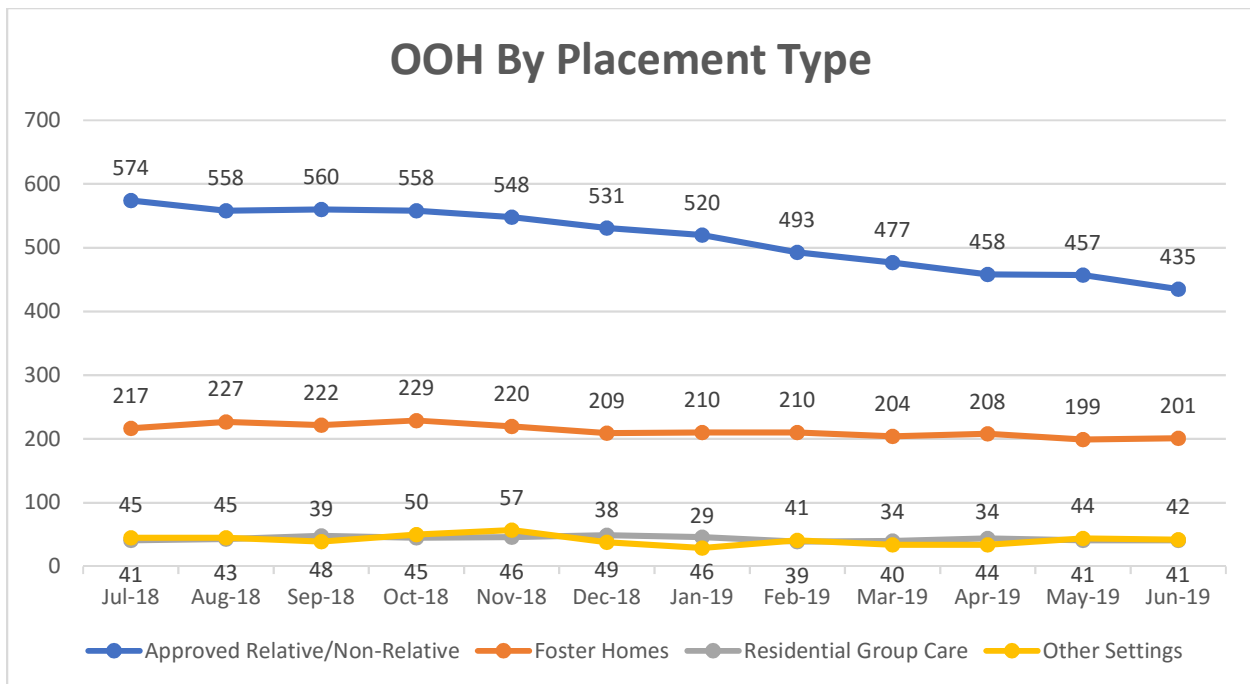
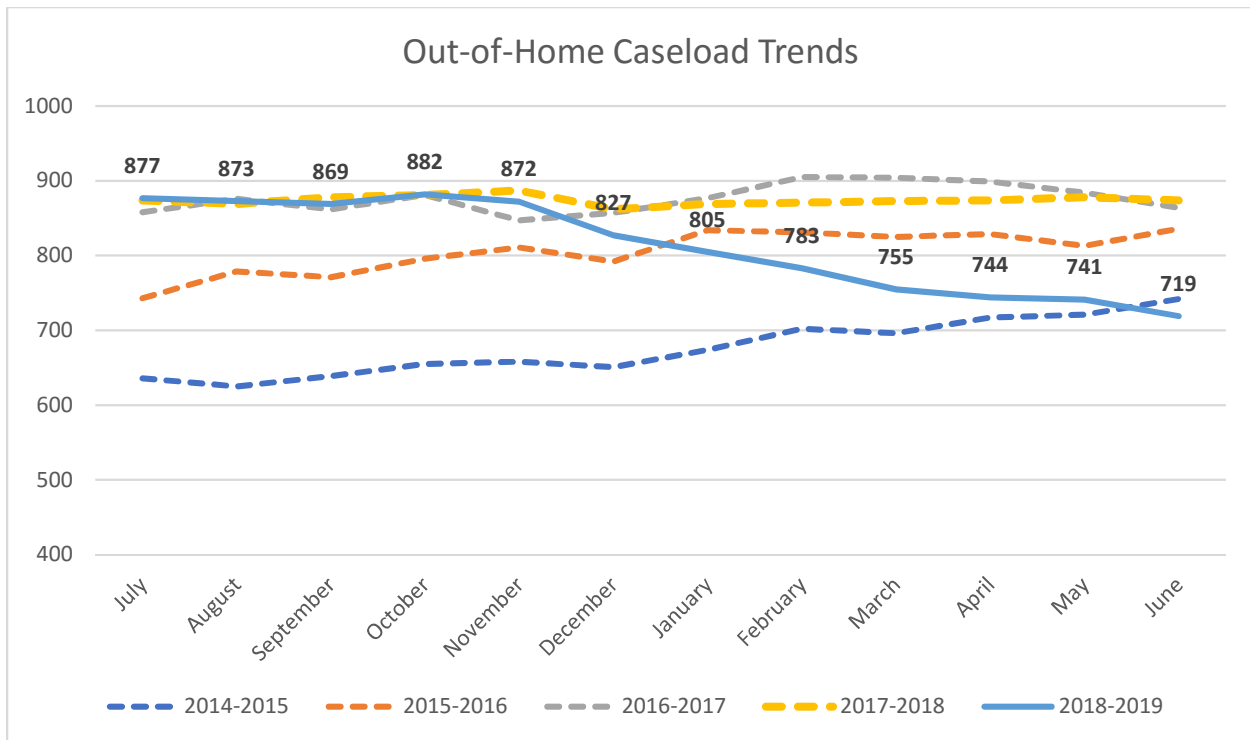
#### PARTICIPATION

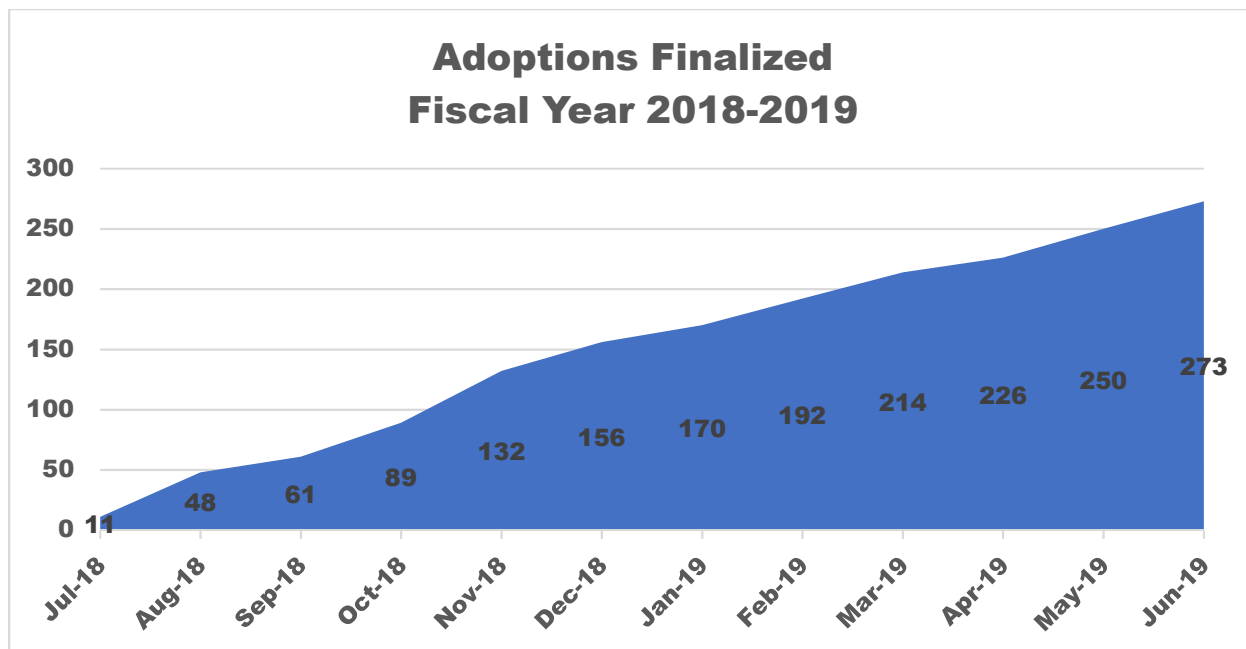
PSF works collaboratively with the Board of Directors (including the Quality Assurance Subcommittee), DCF Administration (including Contract Management), sub-contracted CMAs, service providers, and stakeholders (including but not limited to Courts, Guardian ad Litem, Children and Families, Partner Family Parents, Caregivers, Children's Legal Services, Department of Juvenile Justice, and Children's Partnership Councils) to define the evidence of success, to review and enhance contract, quality management data collection, reporting system/processes, and to review performance and institute changes at the system/process and case levels. PSF, in partnership with the various stakeholders, strives to provide a well-established evidence and trauma informed system of care that assesses and serves the needs of the local communities and the children and families served.

Information is collected and shared using multiple mediums including, but not limited to, Florida Safe Families Network (FSFN), DCF Information Portal, DCF FSFN Business Objects Reports, DCF Scorecard Reports, DCF Child Welfare Key Indicators Monthly Reports, PSF data systems, meetings, email, Power Point presentations, and Excel spreadsheets. PSF utilizes continuous quality

improvement approaches to build on what is learned to enhance action plans previously implemented. PSF works side-by-side with the CMAs, providers, and other stakeholders to improve the quality of services provided both internally to one another and externally to the families we serve. Additionally, PSF works in conjunction with the DCF Contract Manager to identify and address strengths and areas in need of improvement.





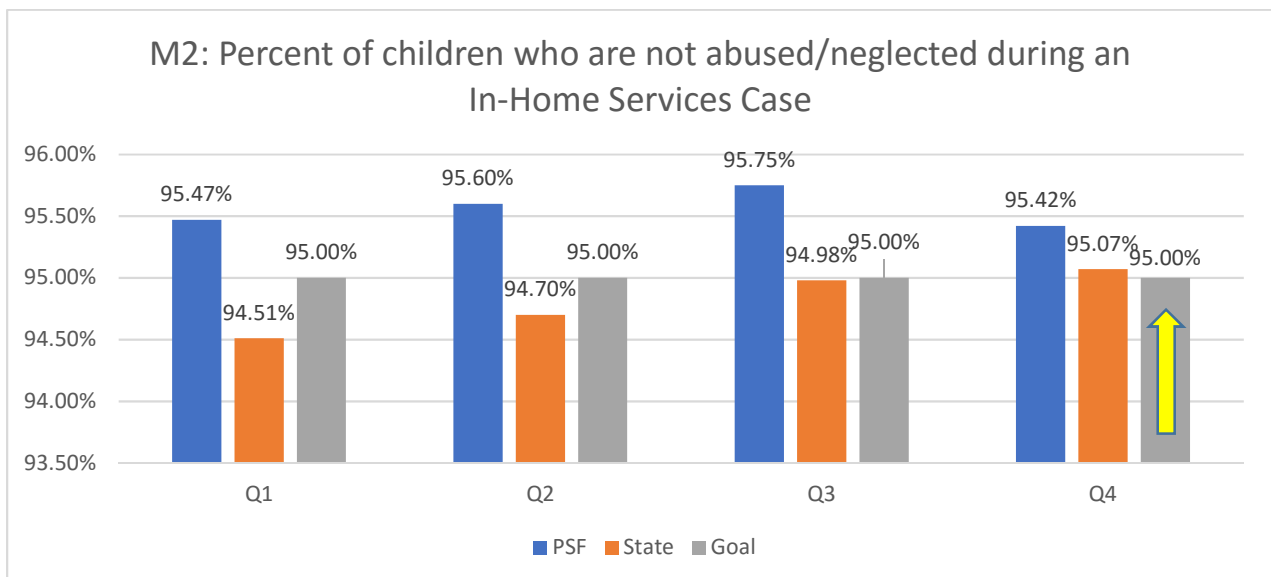
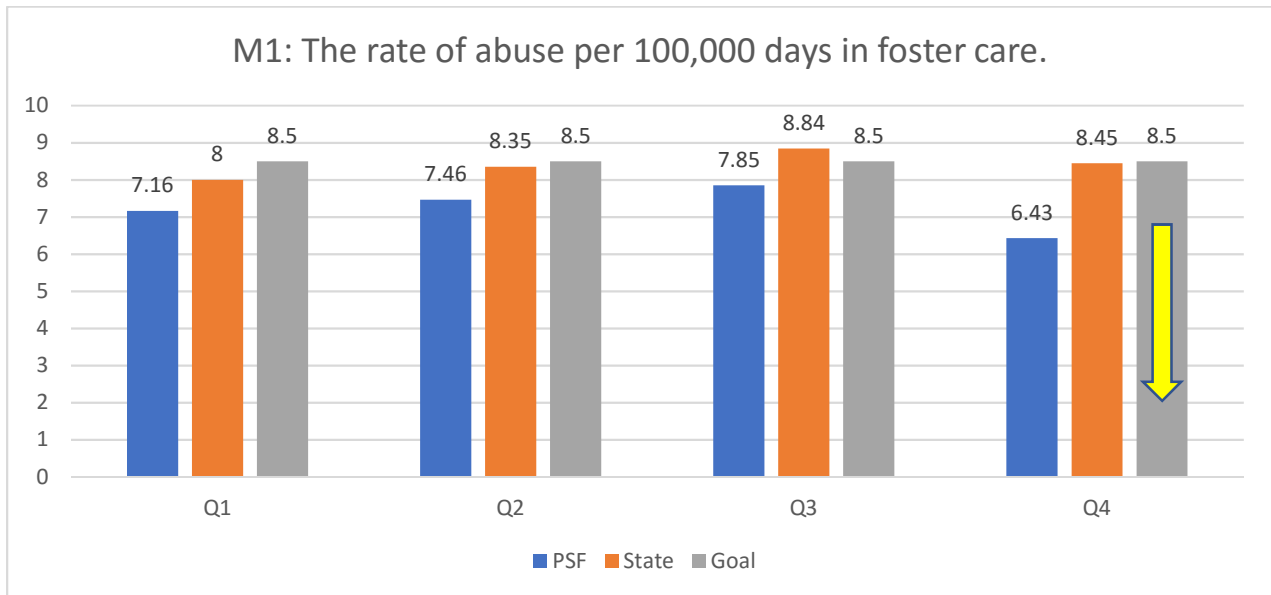


### SCORECARD MEASUREMENTS FISCAL YEAR 2018-2019

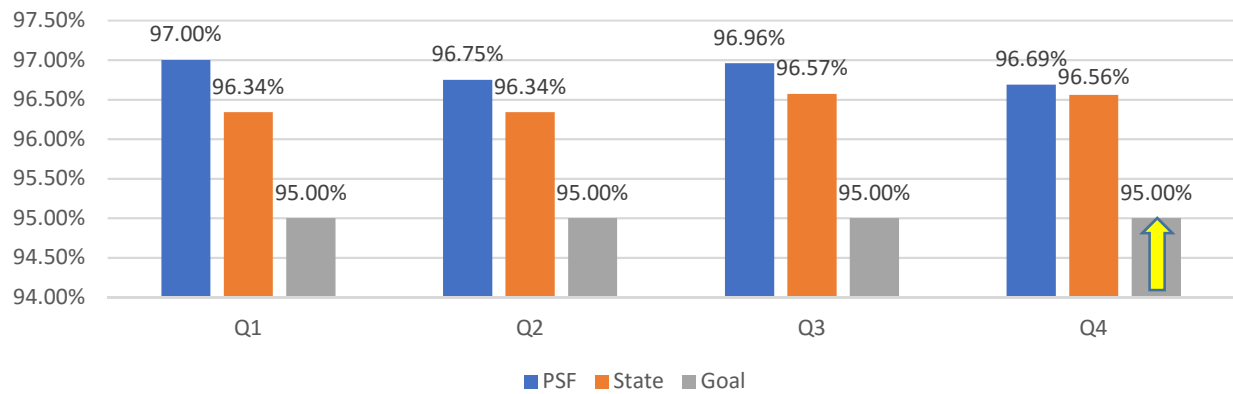
The following measures are compiled quarterly, and the exact measures and percentages are subject to change:

1. Rate of abuse per 100,000 days in foster care (Federal Measure) – 8.50 or less
2. Percent of children who are not neglected or abused during in-home services – 95.0% or higher
3. Percent of children who are not neglected or abused after receiving services – 95.0% or higher
4. Percent of child under supervision who are seen every 30 days – 99.5% or higher
5. Percent of children exiting foster care to permanent home within 12 months of entering care (Federal Measure) 40.40% or higher
6. Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months (Federal Measure) – 43.70% or higher
7. Percent of children who do not re-enter care within 12 months of moving to a permanent home (Federal Measure) – 91.7% or higher
8. Placement moves per 1,000 days in foster care (Federal Measure) – 4.12 or less
9. Percent of children in foster care who received medical services in the last 12 months – 95.0% or higher
10. Percent of children in foster care who have received dental services in the last 7 months – 95.0% or higher
11. Percent of young adults exiting foster care at age 18 who completed or are enrolled in secondary, vocational or adult education – 80% or higher
12. Percent of sibling groups where all siblings are placed together – 65.0% or higher

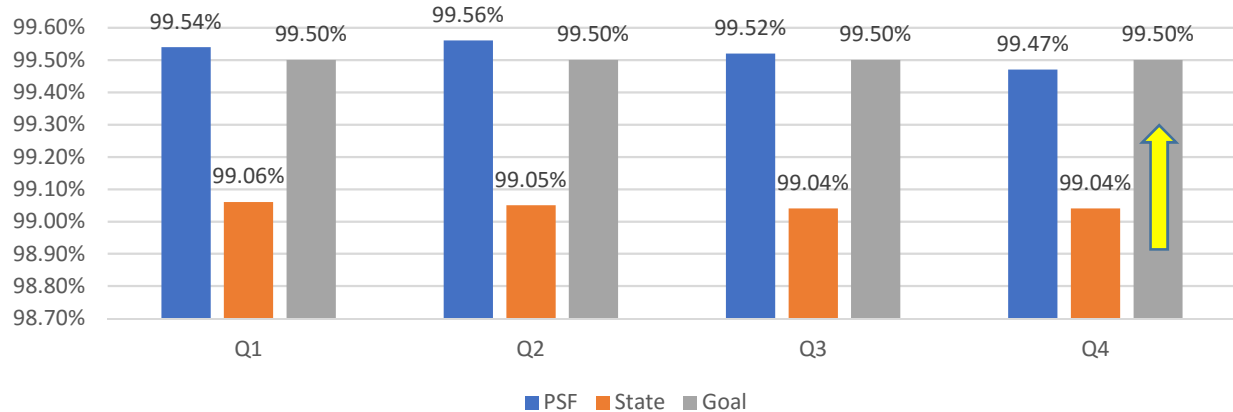
The following tables (M1 – M12) detail Partnership for Strong Families’ (PSF) performance for FY 2018-2019 Scorecard Measurements. The tables are broken out by quarter and include PSF performance, statewide performance and performance standards/goals.



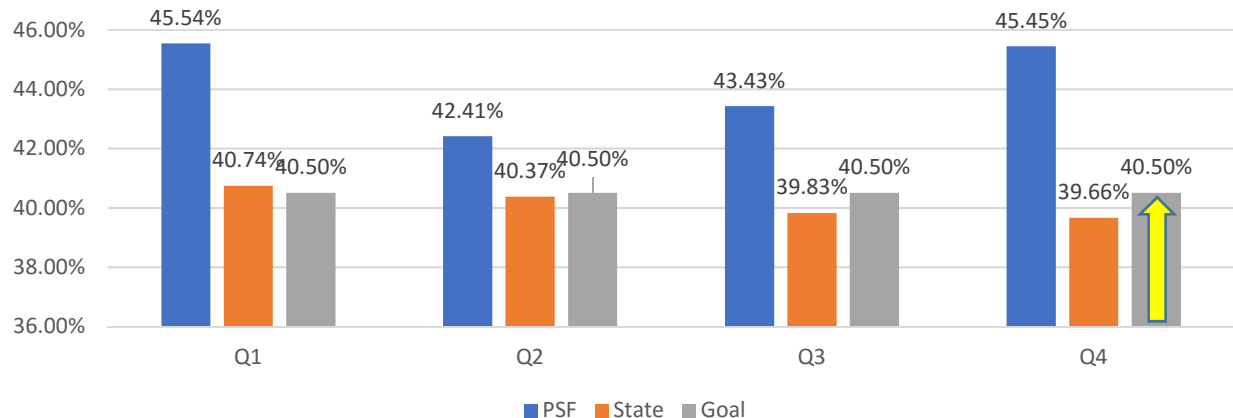
M3: Percent of children who are not neglected or abused after receiving services



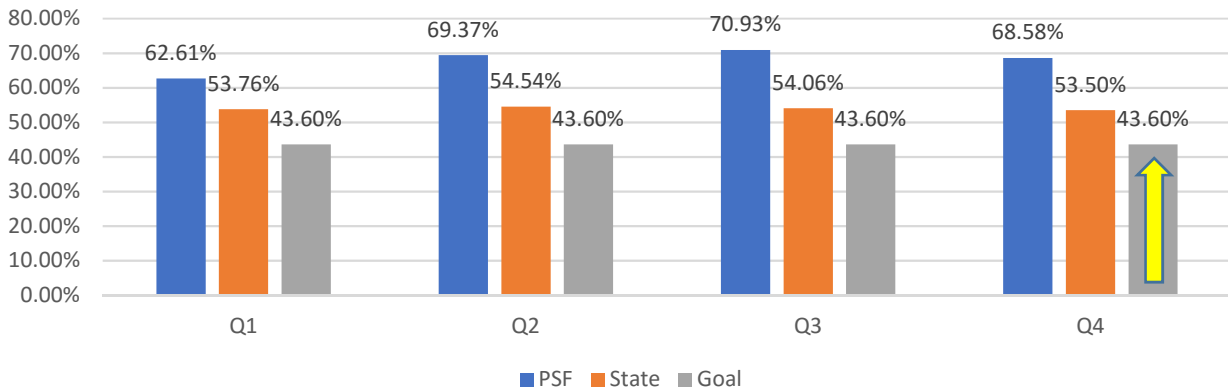
M4: Percent of children under supervision who are seen every 30 days



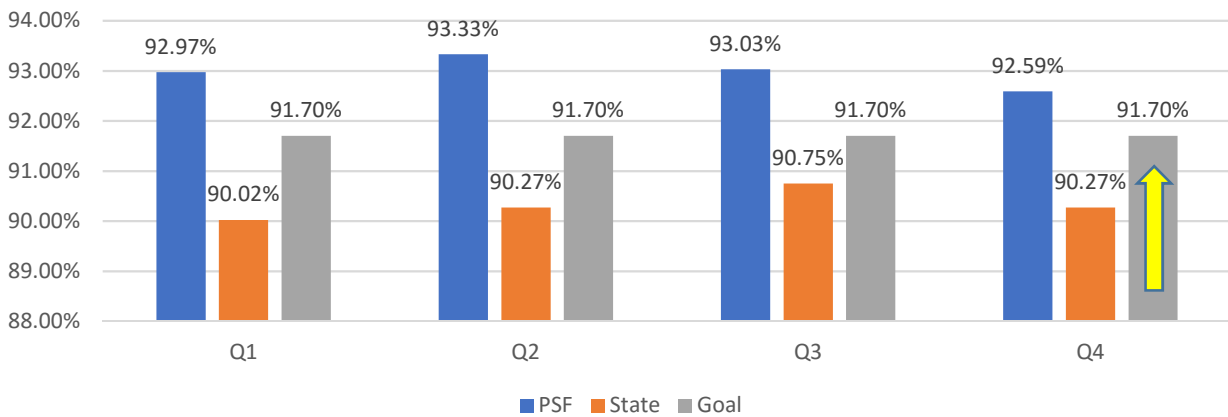
M5: Percent of children exiting to a permanent home within 12 months of entering care



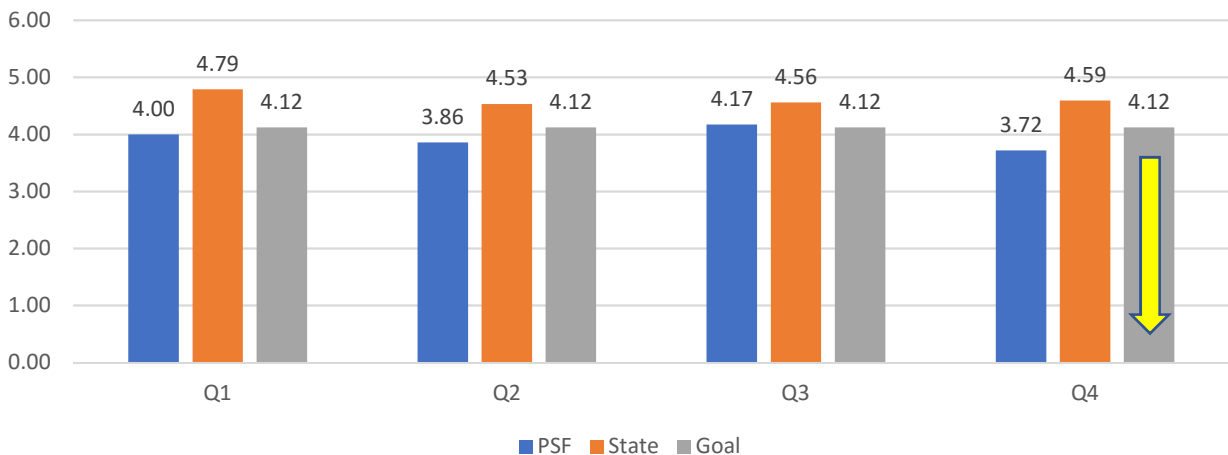
M6: Percent of children exiting to a permanent home within 12 months for those in care 12-23 months



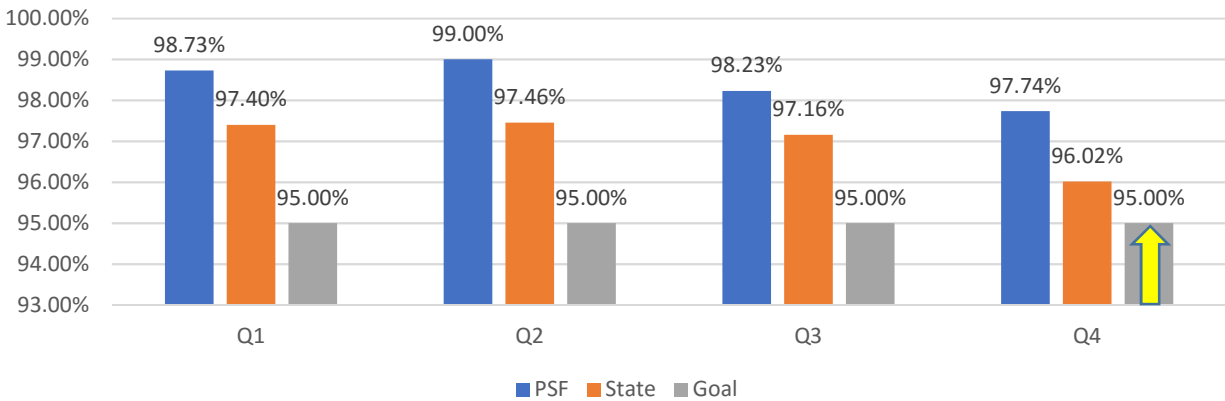
M7: Percent of children who do not re-enter care within 12 months of moving to a permanent home



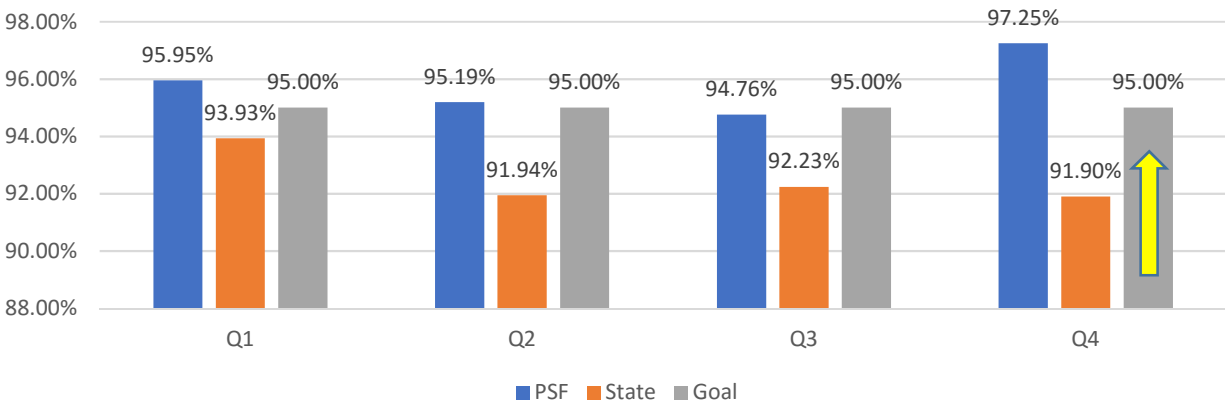
M8: Placement moves per 1,000 days in foster care



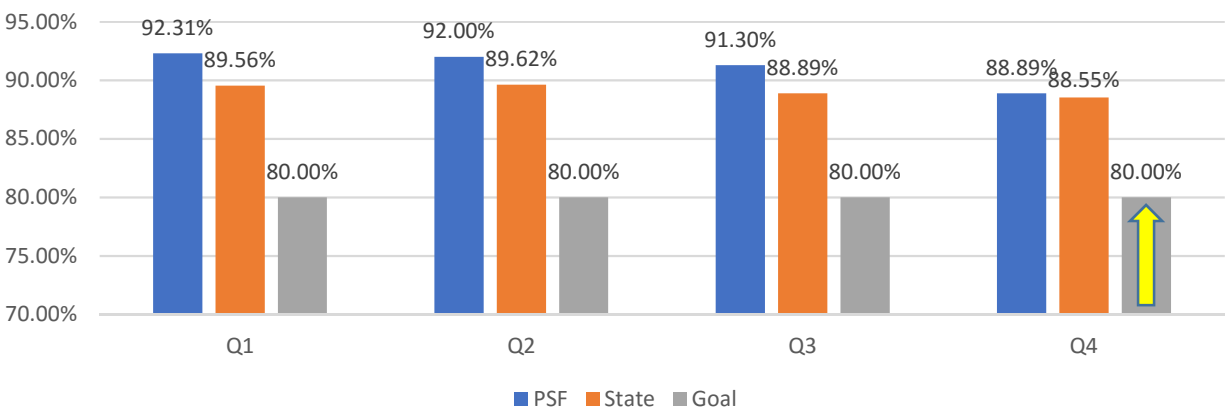
M9: Percent of children who received a medical service within the last twelve months



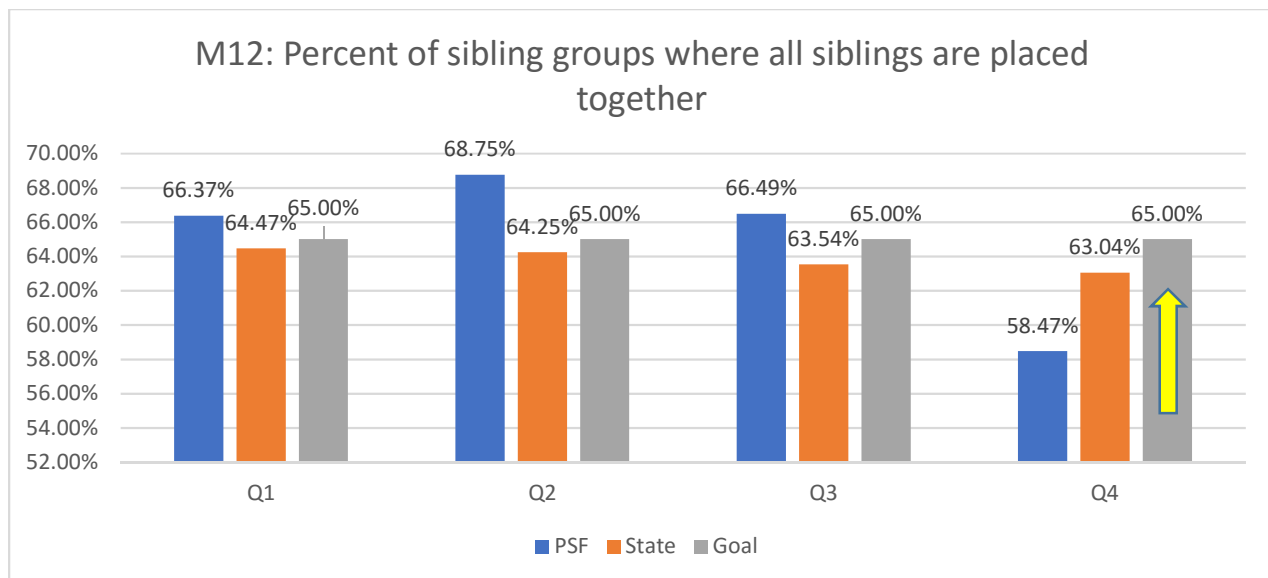
M10: Percent of children who received a dental service in the last seven months



M11: Percent of young adults exiting foster care at age 18 completed/are enrolled in sec. ed., voc. ed., or adult ed.







#### TEAMS/COMMITTEES/MEETINGS (subject to change as needs change and system evolves)

PSF has established Continuous Quality Improvement Teams/Committees/Meetings to create learning environments and drive system improvement. The teams responsible for reviewing performance and risk data include, but are not limited to, the Executive Leadership Team (ELT), PSF Leadership Team Meeting, Barrier Busters Meeting, DCF QA Manager's Meeting, Quality Team Meeting (QTM), PSF-CMA Partners' Meeting, Resource Center Quarterly Meeting, Risk Management Sub-Committee Meeting, Clinical and Community Services Department Meeting, PSF Service Provider Meeting, Quality Assurance Board Subcommittee meeting, and the PSF Board of Directors Meeting. These teams/committees/meetings evaluate various data and direct decision-making, to implement changes at both the system and case levels. Appropriate lessons, and process changes are translated into new or enhanced policies, procedures, and/or protocols, and shared with sub-contracted CMAs, stakeholders, and other vested parties as indicators of solution-focused thinking and processing. Examples of the topics for these meetings are listed in the Meetings Designed to Review and Address Quality Performance section below.

- Executive Leadership Team (ELT): PSF Senior Executive Staff meet weekly to discuss issues pertaining to PSF as the Lead Agency for Circuits 3 and 8.
- PSF Leadership Team Meeting: Quarterly meeting with PSF with Supervisors, Managers, Directors and Executive Leadership. Issues addressed include: Budget, New Initiatives, Legislation, Processes, Performance, and Updates from each Department. This meeting is being evaluated for a possible structure change to help encourage innovation, change and information sharing.
- Barrier Busters Meeting: Monthly meeting held with PSF Staff, DCF Management, Child Protective Investigations, Child Legal Services, PSF CMA Program Directors, Provider staff, and Managing Entity staff. During this meeting, interagency issues and processes are addressed. The meeting is a networking meeting and is collaborative in nature. This meeting allows for an

opportunity for all parties involved to bring forth issues, provide input and assist with the decision-making process and formulate the next steps.

- Quality Team Meeting (QTM): Monthly meeting between PSF Quality Operations Managers and the CMAs. Each agency has its own meeting. During the meeting the following issues are addressed (topics subject to change):
  - Placement – Group care; SIPP step down planning; separated siblings, runaway, pregnant teens
  - Performance data – fingerprints, birth verifications, photos, case closures, reunifications
  - Length of Stay by Child

The Operations Team provides a variety of data to the Case Management including topics such as:

- Children not seen – daily
  - Scorecard data and listings – monthly
  - Key indicator data – as needed
- 
- Incident Report Review Committee: Monthly meetings include staff from PSF QA, PSF Placements, PSF Partner Family Licensing, and other local licensing agencies to review incidents related to Partner Family homes and other DCF licensed placements for children, such as facility complaints and/or abuse and neglect incidents. The committee reviews allegations and follow-up taken by Child Protective Investigations (CPI), Family Care Counselors (FCC) and/or Licensing staff to determine how to address the issue/concern/complaint, and to help formulate plans for action.
  - Human Trafficking Review Team (HTRT): Monthly meetings of a multi-disciplinary team, chaired by PSF, review cases where children have been identified or suspected victims of human trafficking. The HTRT serves to improve interdisciplinary information sharing with internal and external stakeholders and to promote collaboration in working with the youth. The team includes representatives from local, state and federal law enforcement agencies and the Department of Juvenile Justice, Department of Children and Families, Child Protection Team, Guardian ad Litem, Children's Legal Services, Child Advocacy Center and CDS Behavioral Health. New reports involving allegations of human trafficking are staffed to follow up as needed. Children involved in open dependency cases who are victims of human trafficking are also followed to assess level of care, treatment services, safety planning and ongoing information sharing to coordinate their care.
  - Scorecard Meeting: Bi-weekly conference calls in which PSF and CMAs use the goals detailed in the PSF Scorecard and work in conjunction with one another to review and validate data, identify systemic or data entry/extraction issues, and to create action plans as needed. The action plans are designed to improve knowledge and performance. PSF and the CMA staff discuss (subject to change per need):
    - Most recent scorecard results – detailed by agency and PSF totals
    - Data and performance/systemic issues and strategies and efforts to address identified issues.
    - Each agency develops and presents on action plans aimed at improvement.

- DCF Regional Director PSF Performance Review Meeting: This quarterly meeting includes discussions that include information related to (subject to change at the request of the DCF Regional Director):
  - Children who have been in out of home care for 24 months or longer
  - Cost of out-of-home care
  - Permanency
    - Children in out-of-home care 12-23 months
    - Children in out-of-home care 24+ months
    - Adoptions
  - Group Homes
    - Children under 12 in group homes
    - Children in group homes out of CBC jurisdiction
  - Foster Home
    - Number of foster homes
    - Target
    - Number of foster homes licensed
    - Number of foster homes for teens
    - Number of medical foster homes
    - Location of foster homes
  - Independent Living and Extended Foster Care
  - Psychotropic Medications
  - Lockouts
  - QA Snapshot
  - Caseloads
  - Case Management/Retention/Turnover rates
  
- DCF QA Manager's Meeting: DCF Office of Child Welfare hosts these quarterly meetings to include DCF Regional, Sheriff's Office and CBC QA staff to collaborate on federal and state quality assurance initiatives and processes.
  
- PSF Board of Directors Quality Assurance Subcommittee Meeting: This meeting provides a platform for discussion of CBC and CMA quality assurance topics between PSF and PSF Board members. Data, findings and actions to address findings are all discussed to ensure that PSF's Board has a full understanding of all areas of success and those requiring improvement.
  
- PSF Board of Directors Meeting: The By-laws dictate the schedule of these meetings. (Topics discussed included are not exhaustive and are subject to change):
  - Guest Presentations
  - Board Chair Report
  - CEO Report
  - Finance Committee Report
  - Quality Assurance Committee Report
  - Executive Committee Report

- Community and Government Relations Committee Report
- PSF-CMA Partner's Meeting: On a quarterly basis PSF meets with the CMAs' Program Directors, Quality Assurance staff and Supervisors. The meeting serves as a vehicle in which information is shared to focus on the empowerment of supervisors and to ensure supervisors are given the information needed to increase their knowledge and skills to enhance their supervision and support of their case managers. During the quarterly meetings, PSF provides training, information regarding form and policy updates, and addresses changes in practice. Additionally, PSF works together with the CMAs to gather the information and understanding needed to make changes to processes, policy, services, and practice when needed. The meeting is collaborative in nature and information is shared regarding areas in need of improvement and best practice initiatives/processes. It is also a vehicle in which staff can share challenges, initiatives, and evidence informed practices. Issues reviewed include (subject to change per need):
  - PSF's and Each CMA's compliance with contracted scorecard and case reviews
  - PSF's Performance Improvement Plan.
  - Other data analysis information such as incident reports, child placement agreements, exit interviews, psychotropic medications, etc.
  - Programmatic and service processes, issues, and initiatives
  - Updates to policy and protocol
  - News Updates
  - Planning for improvement
  - Training
  - Collaborating planning and problem solving related to challenging measures
- PSF Service Provider Meeting: This meeting is held quarterly, and. issues reviewed include (subject to change with identified need):
  - Sharing of relevant information related to critical updates and changes within the Child Welfare System as well as updates around the delivery of best practice services
  - Discuss topics of mutual interest
  - Obtain and gain feedback from providers
  - Communicate changes in procedures

This meeting is being evaluated for changes that will help foster greater engagement, innovation and discussion.
- Clinical and Community Services Department Meeting: These quarterly meetings allow opportunities for department staff to discuss the following topics:
  - Sharing relevant information between the departments that fall under Clinical and Community Services (Utilization Management, Clinical Services, Community Relations, Recruitment and Resource Centers)
  - Work toward agency and departmental goals collaboratively
  - Find new and innovative ways to overcome barriers to serving children and families
- Resource Center Quarterly Meetings: These quarterly meetings allow opportunities for various resource center partners to share existing and new programs/services and discuss community

needs. Quarterly Resource Center data and updates are also shared with an opportunity for partner feedback.

- Risk Management Sub-Committee: The committee meets monthly to discuss identified incidents and/or risks for each PSF department. Discussions focus on brainstorming ideas to address issues raised in an effort to mitigate future risks. Additionally, the group reviews topics, including but not limited to, CBC Risk Management Work Group outcomes, the electronic event reporting system, severity scales, and areas of the PSF Risk Management Plan.

## **PSF CONTRACT MONITORING, PERFORMANCE AND QUALITY MANAGEMENT ACTIVITIES/PROCESSES**

The following are examples of PSF's contract monitoring and continuous quality improvement activities/processes. These are by no means an exhaustive listing of all activities conducted by the agency, but simply highlight some of PSF's systematic and ongoing administrative, financial, programmatic, and quality assurance/improvement monitoring activities and processes.

### **QUALITY MANAGEMENT REPORT & QUALITY MANAGEMENT PLAN**

Each year PSF completes an Annual Report and an Annual plan in accordance with Windows into Practice. Traditionally the report and plan were separate documents submitted to the Office of Child Welfare. However, the documents have now been merged into a single document that covers all the areas outlined with Windows into Practice. Ultimately, the document outlines all the data and accompanying work that was done over the past fiscal year to achieve agency and state goals related to safety, permanency and well-being. Additionally, the plan for addressing ongoing or newly defined goals is also addressed for the coming fiscal year.

## **CASE FILE REVIEWS FISCAL YEAR 2018-2019**

PSF Quality Assurance department completed a total of 84 file reviews in FY 2018-2019. The Rapid Safety Feedback tool was used for 40 reviews and the Child and Family Services Review tool was used with 36 file reviews and 8 additional PIP reviews. The scope and breadth of the review types are covered in the subsequent sections.

As indicated in Windows into Practice: "Community-based care agencies (CBCs) conduct on-going case reviews of cases to determine the quality of child welfare practice related to safety, permanency, and child and family well-being. These reviews include reading case files of children served under the title IV-B and IV-E plans, and in a designated sample, conducting case specific interviews with case participants. Case reviews provide an understanding of what is "behind" the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is affecting child and family functioning and outcomes."

### Schedule of Reviews

Reviewers complete file reviews on a quarterly basis, taking time to complete in-depth analysis on a case by case basis as opposed to a predetermined schedule for reviews while remaining compliant with the required timeframes detailed in Windows into Practice. Below is a chart of all scheduled reviews for FY 2019-2020.

<b>Quarter</b>	<b>Review Type</b>	<b>Review Dates</b>
Quarter 1 FY 2019-2020	Rapid Safety	July 1, 2019 – September 30, 2019
Quarter 1 FY 2019-2020	Florida CQI Reviews	July 1, 2019 – September 30, 2019
Quarter 1 FY 2019-2020	Florida CQI-PIP Monitored Review	July 10, 2019 – July 12, 2019
Quarter 1 FY 2019-2020	Florida CQI-PIP Monitored Review	August 20, 2019 – August 22, 2019
<b>Quarter</b>	<b>Review Type</b>	<b>Review Dates</b>
Quarter 2 FY 2019-2020	Rapid Safety	October 1, 2019 – December 31, 2019
Quarter 2 FY 2019-2020	Florida CQI Reviews	October 1, 2019 – December 31, 2019
Quarter 2 FY 2019-2020	Florida CQI-PIP Monitored Review	October 8, 2019 – October 10, 2019
Quarter 2 FY 2019-2020	Florida CQI-PIP Monitored Review	November 5, 2019 – November 7, 2019
Quarter 3 FY 2019-2020	Rapid Safety	January 1, 2020 – March 31, 2020
Quarter 3 FY 2019-2020	Florida CQI Reviews	January 1, 2020 – March 31, 2020
Quarter 3 FY 2019-2020	Florida CQI-PIP Monitored Review	January 21, 2020 – January 23, 2020
Quarter 3 FY 2019-2020	Florida CQI-PIP Monitored Review	February 18, 2020 – February 20, 2020
Quarter 4 FY 2019-2020	Rapid Safety	April 1, 2020 – June 30, 2020
Quarter 4 FY 2019-2020	Florida CQI Reviews	April 1, 2020 – June 30, 2020
Quarter 4 FY 2019-2020	Florida CQI-PIP Monitored Review	April 14, 2020 – April 16, 2020
Quarter 4 FY 2019-2020	Florida CQI-PIP Monitored Review	May 12, 2020 – May 14, 2020

### **RAPID SAFETY REVIEWS**

Windows into Practice states: “Rapid Safety Feedback is a process designed to flag key risk factors in in-home services cases that could gravely affect a child’s safety. These factors have been determined based on reviews of other cases where child injuries or tragedies have occurred. Factors include but are not limited to the parents’ ages, the presence of a boyfriend in the home, evidence of substance abuse, or previous criminal records, and prior abuse history. The critical component of the process is the case consultation in which the reviewer engages the child case manager and the supervisor in a discussion about the case.”

Rapid Safety Feedback (RSF) case reviews are completed for randomly selected in-home cases, which are currently open at the time of review. Eligible cases include children (from birth until age 5) reunified with their parent(s) or residing in the home with their family, where the family has a history of substance abuse and domestic violence. A Quality Assurance Monitor reviews documentation available in Florida Safe Families Network (FSFN) and rates the work in five different items which are broken up into sub-item ratings (listed as Items 1-5 below). This tool captures participants separately and addresses frequency and quality of contacts with participants in sub-item measurements detailed below. 40 RSF reviews were completed during FY 2018-2019.

PSF completes the specified number of RSF reviews per quarter as indicated in the Windows into Practice document or another official documents/memorandum from DCF. For fiscal year 2019-2020 PSF is required to do 10 RSF reviews per quarter. PSF will complete an RSF review on any case which meets Tier 1 of stratification (see below) which has an open abuse report involving both substance abuse and domestic violence. If PSF has not completed the 10 required RSF reviews, these cases will take precedence in the sample, if the 10 required RSF reviews have been completed, these cases will be reviewed additionally.

Cases are randomly selected for the reviews via the state approved random sampling and stratification processes outlined in Windows into Practice or other DCF official documents/memorandum. The sample is chosen from the total sample of eligible cases provided by a DCF report. The cases are selected randomly with PSF attempting to have all case management units have at least one review in the quarter. In order to eliminate the issue of a CBC not having enough eligible cases for RSF reviews Windows into Practice provides a Tiered stratification process of case requirements to obtain the quarterly review sample. Tier 1 includes all open in-home cases with children under the age of 4 who have been the victim of at least one prior report and caregivers under age 27 with a history of both Substance abuse and family violence. Tier 2 of reviews is stratified into four stages: (a) Children under the age of 4 with an open investigation at the time of the sample selection, regardless of maltreatment, (b) Children under the age of 4 where the caretaker has been an alleged perpetrator for family violence and substance misuse, (c) Children under the age of 4 where the caretaker has been an alleged perpetrator for family violence or substance misuse, (d) All children under 12 months of age regardless of the maltreatment. After these two Tiers of stratification protocols are followed, the sample may be further stratified if needed to focus reviews on specific areas of local practice.

Each item in the RSF review is rated as either a Strength, Area of Need or Not Rated. Following the review of documentation available in FSFN or the case record and completion of the tool, the reviewer meets with the current primary Family Care Counselor and Family Care Counselor Supervisor to discuss the case situation, how documentation rated for each measurement, and how to improve practice-model fidelity and documentation. These consultations are collaborative opportunities to educate and enhance performance for the Family Care Counselors.

All RSF reviews are completed by the end of the quarter in which the case was assigned for review. The reviews are completed in the format approved by DCF and entered into the DCF web-based tool. After completing each review, the Quality Assurance Monitor who completed the review holds a case consultation with the current primary Family Care Counselor and Family Care Counselor Supervisor. These consultations are collaborative, with discussions of findings from the review and discussions of the casework activities that might not have been documented. While the information gathered in

these consultations does not usually lead to changes in the file review tool, they are used as teaching opportunities for staff to further enhance their abilities to provide quality case management services.

Rapid Safety Feedback Item	
<b>1</b>	<b>Are family assessments of danger threats, child vulnerability, and family protective capacities sufficient to identify safety concerns and case plan actions needed to effectively address caregiver protective capacities and child needs?</b> <ul style="list-style-type: none"> <li>• (1.1) Is the most recent family assessment sufficient?</li> <li>• (1.2) Is the most recent family assessment completed timely?</li> </ul>
<b>2</b>	<b>Are visits between case managers, children, and parent(s) or legal custodian(s) sufficient to ensure child safety and evaluate progress toward case plan outcomes?</b> <ul style="list-style-type: none"> <li>• (2.1) Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?</li> <li>• (2.2) Is the frequency of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?</li> <li>• (2.3) Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?</li> <li>• (2.4) Is the frequency of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?</li> <li>• (2.5) Is the quality of visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?</li> <li>• (2.6) Is the frequency of visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?</li> </ul>
<b>3</b>	<b>Are background checks and home assessments sufficient and responded to with a sense of urgency when needed to address potential danger threats?</b> <ul style="list-style-type: none"> <li>• (3.1) Are background checks and home assessments completed when needed?</li> <li>• (3.2) Is the information assessed and used to address potential danger threats?</li> </ul>
<b>4</b>	<b>Is a sufficient safety plan in place to control danger threats to protect a child?</b> <ul style="list-style-type: none"> <li>• (4.1) Is the safety plan sufficient?</li> <li>• (4.2) Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?</li> </ul>
<b>5</b>	<b>Is the supervisor regularly consulting with the case manager?</b> <ul style="list-style-type: none"> <li>• (5.1) Is the supervisor regularly consulting with the case manager?</li> <li>• (5.2) Is the supervisor ensuring recommended actions are followed up on?</li> </ul>

The chart below details the results of the FY 2018-2019 RSF reviews. Although there are still several areas that present opportunities for improvement, PSF has improved in many items since FY 2017-2018. Case management was able to demonstrate improvement in 9 out of the 14 measures contained in the tool (highlighted in green). PSF hopes to continue this trend of improvement through the next fiscal year. The areas that continue to be of issue are focused around engagement of both parents (especially fathers), related to both frequency and quality of contact. PSF has been working very diligently to emphasize the importance of meaningful conversations with parents. We have provided data and suggestions through discussion, as well as the roll-out of our contact sheets and other single page tools that highlight practice expectations and tips to achieve quality contacts. Safety plans are another issue, and tie into the previous issue. We find that sometimes the frequency of contact with a parent changes based on case circumstances, but the frequency identified in the safety



plan is not updated accordingly. This creates a problem with both the plan and the frequency of visits. We are working to create a new tip sheet with strategies for avoiding common pitfalls such as this. PSF QA and Staff Development are frequently in contact about new strategies for addressing these common issues.

<b>Item 1.1</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2018-2019</b>	<b>Area of Need FY 2018-2019</b>
Is the most recent family assessment sufficient?	0%	100%	30%	70%	44.4%	55.6%	20%	80%	24%	76%
<b>Item 1.2</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2018-2019</b>	<b>Area of Need FY 2018-2019</b>
Is the most recent family assessment completed timely?	0%	100%	10%	90%	22.2%	77.8%	80%	20%	29%	71%
<b>Item 2.1</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2018-2019</b>	<b>Area of Need FY 2018-2019</b>
Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	11.1%	88.9%	40%	60%	22.2%	77.8%	30%	70%	26%	74%
<b>Item 2.2</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2018-2019</b>	<b>Area of Need FY 2018-2019</b>
Is the frequency of visits between the case manager and the child(ren) sufficient to	22.2%	77.8%	30%	70%	66.7%	33.3%	60%	40%	45%	55%

ensure child safety and evaluate progress toward case plan outcomes?										
<b>Item 2.3</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2018-2019</b>	<b>Area of Need FY 2018-2019</b>
Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	0%	100%	30%	70%	12.5%	87.5%	10%	90%	14%	86%
<b>Item 2.4</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2018-2019</b>	<b>Area of Need FY 2018-2019</b>
Is the frequency of the visits between the case manager and the child's mother sufficient to ensure child safety and evaluate progress toward case plan outcomes?	66.7%	33.3%	50%	50%	75%	25%	70%	30%	65%	35%
<b>Item 2.5</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2018-2019</b>	<b>Area of Need FY 2018-2019</b>
Is the quality of the visits between the case manager and the child's father sufficient to address issues pertaining to safety and	0.0%	100%	0%	100%	0%	100%	0%	100%	0%	100%

evaluate progress toward case plan outcomes?										
<b>Item 2.6</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strengt h FY 2018-2019</b>	<b>Area of Need FY 2018-2019</b>
Is the frequency of the visits between the case manager and the child's father sufficient to ensure child safety and evaluate progress toward case plan outcomes?	0%	100%	14.3%	85.7%	0%	100%	20%	80%	9%	91%
<b>Item 3.1</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strengt h FY 2018-2019</b>	<b>Area of Need FY 2018-2019</b>
Are background checks and home assessments completed when needed?	22.2%	77.8%	30%	70%	66.7%	33.3%	10%	90%	32%	68%
<b>Item 3.2</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strengt h FY 2018-2019</b>	<b>Area of Need FY 2018-2019</b>
Is the information assessed and used to address potential danger threats?	22.2%	77.8%	40%	60%	88.9%	11.1%	10%	90%	39%	61%
<b>Item 4.1</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strengt h FY 2018-2019</b>	<b>Area of Need FY 2018-2019</b>
Is a sufficient safety plan in place to control danger threats to protect a child?	11.1%	88.9%	20%	80%	22.2%	77.8%	30%	70%	21%	79%
<b>Item 4.2</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strengt h</b>	<b>Area of Need</b>

									FY 2018- 2019	FY 2018- 2019
Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?	0%	100%	30%	70%	33.3%	66.7%	10%	90%	18%	82%
<b>Item 5.1</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strengt h FY 2018-2019</b>	<b>Area of Need FY 2018-2019</b>
Is the supervisor regularly consulting with the case manager?	22.2%	77.8%	40%	60%	77.8%	22.2%	50%	50%	47%	53%
<b>Item 5.2</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strengt h FY 2018-2019</b>	<b>Area of Need FY 2018-2019</b>
Is the supervisor ensuring recommended actions are followed up on?	0%	100.0%	10%	90%	22.2%	77.8%	20%	80%	13%	87%

## CHILD AND FAMILY SERVICE REVIEWS

### FLORIDA CQI

PSF will complete Florida CQI reviews as outlined in Windows into Practice. Florida CQI review items are focused on aspects of the case related to safety, permanency and well-being. This file review process utilizes the federal CFSR tool and the following items are rated to federal standards:

Related Outcome	Review Item	Item Description
<b>Safety Outcome 1</b> Children are, first and foremost, protected from abuse and neglect.	Item 1	<b>Timeliness of initiating investigations of reports of child maltreatment</b> - Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?
<b>Safety Outcome 2</b> Children are safely maintained in their homes whenever possible and appropriate	Item 2	<b>Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care</b> - Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?
	Item 3	<b>Risk and safety assessment and management</b> - Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?
Related Outcome	Review Item	Item Description
<b>Permanency Outcome 1</b> Children have permanency and stability in their living arrangements	Item 4	<b>Stability of foster care placement</b> - Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?
	Item 5	<b>Permanency goal for child</b> - Did the agency establish appropriate permanency goals for the child in a timely manner?
	Item 6	<b>Achieving reunification, guardianship, adoption, or other planned permanent living arrangement</b> - Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?
<b>Permanency Outcome 2</b> The continuity of family relationships and connections is preserved for children.	Item 7	<b>Placement with siblings</b> - Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?
	Item 8	<b>Visiting with parents and siblings in foster care</b> - Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?
	Item 9	<b>Preserving connections</b> - Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?
	Item 10	<b>Relative placement</b> - Did the agency make concerted efforts to place the child with relatives when appropriate?
	Item 11	<b>Relationship with child in care with parents</b> - Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?
Related Outcome	Review Item	Item Description
<b>Well-being Outcome 1</b>	12	<b>Needs and services of child, parents, and foster parents</b> - Did the agency make concerted efforts to assess the needs of and provide

Families have enhanced capacity to provide for their children's needs		services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
	13	<b>Child and family involvement in case planning</b> - Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?
	14	<b>Caseworker visits with child</b> - Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?
	15	<b>Caseworker visits with parents</b> - Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?
<b>Well-being Outcome 2</b> Children receive appropriate services to meet their educational needs.	16	<b>Educational needs of the child</b> - Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?
<b>Well-being Outcome 3</b> Children receive adequate services to meet their physical and mental health needs.	17	<b>Physical health of the child</b> - Did the agency address the physical health needs of children, including dental health needs?
	18	<b>Mental/behavioral health of the child</b> - Did the agency address the mental/behavioral health needs of children?

Each quarter a random sample of cases, both in-home and out-of-home, primary to the services units will be selected for these review processes. The sample will be chosen by utilizing a listing provided by DCF with sampling requirements in Windows into Practice being followed. PSF completes the specified number of Florida CQI reviews per quarter as indicated in the Windows into Practice document or other DCF official documents/memorandum. All Florida CQI reviews are completed by the end of the quarter in which the case was assigned for review. Florida CQI reviews are completed utilizing the State approved tools and are entered into the CFSR portal at: <https://www.cfsrportal.org/>

For Fiscal Year 2018-2019, the PSF Quality Assurance department reviewed 36 cases using the federally developed Child and Family Service Review process. PSF additionally completed eight (8) PIP CFSR reviews during the fiscal year. There was a total of 44 reviews completed using the CFSR tool.

PSF completed 36 case reviews utilizing only documentation located within FSN and PSF's electronic case file. However, the quarterly roll-up report produced by the office of child welfare only indicates 35 cases, which are represented in the chart below. This is believed to be an error created by a case that was not picked up in the data sets between Q3 and Q4. The Office of Child Welfare has stated they would review the data to try to find the case missing from the data set. Eight (8) additional cases were reviewed utilizing both documentation and interviews with case participants (PIP reviews). After each review, a case consultation is held with the PSF Quality Assurance Monitor and the current or most recent primary Family Care Counselor and Family Care Counselor Supervisor. For PIP specific cases CPI, CPI supervisor and CMA program director are also included. The consultations are also open for other CPI and CMA staff to attend and learn. These consultations are

collaborative with discussions of findings from the review and discussions of the Family Care Counselor and Family Care Counselor Supervisor's casework activities that might not have been documented. These consultations are teaching opportunities for staff to further enhance their abilities to provide quality case management services.

PSF saw great improvement in CFSR scores for FY 2018-2019. Almost all measures showed some level of improvement. However, PSF still sees opportunities for continued improvement. Much like the RSF reviews, PSF QA staff found that case management staff often struggle with engaging fathers. Additionally, when service provisions are identified for parents, children, and caregivers, case management does a great job of referring for services to meet the identified needs. However, there is often a lack of follow-up with service providers or other collaterals to ensure engagement, identify barriers, and re-engage to overcome barriers. This is addressed in the new single page tool PSF QA has developed to address common practice pitfalls. Another identified issue is case planning. It appears that case planning is commonly viewed as a single point in time practice that involves the formulation of a case plan document. PSF QA has been working with case management staff to help broaden the understanding of what constitutes as "case planning". We are working to ensure that staff understand that all activities from case inception and ongoing, that are focused around achieving a goal (even if not formally adopted) are part of case planning. Often case managers are able to verbally indicate discussions around case planning with parents and children (such as asking children about their feelings towards a specific goal or goal change), but it is not always captured in documentation.

PSF QA is working on a discussion/training for CMA staff. The idea is to meet with individual units to engage staff along with their direct supervisor. In this setting questions can be answered and tips for quality practice can be provided. The idea is to have a larger impact on a smaller audience, ultimately leading to an increase in practice around safety, permanency and well-being. We believe that the supervisor has to be engaged with their staff to have a lasting impact on the front line work being done.

Performance Item or Outcome		Performance Item Ratings		Outcome Ratings			
		Strength	Area Needing Improvement	NA	Substantially Achieved	Not Substantially Achieved	NA
Safety Outcome 1	Children are, first and foremost, protected from abuse and neglect.			85.7% n=18		14.3% n=3	n=14
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	85.7% n=18	14.3% n=3	n=14			
Safety Outcome 2	Children are safely maintained in their homes whenever possible and appropriate.			85.7% n=30		14.3% n=5	n=0

Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	100% n=17	0% N=0	n=18	
Item 3	Risk and Safety Assessment and Management	85.7% n=30	14.3% N=5	n=0	

Performance Item or Outcome		Performance Item Ratings			Outcome Ratings		
		Strength	Area Needing Improvement	NA	Substantially Achieved	Not Substantially Achieved	NA
Permanency Outcome 1	Children have permanency and stability in their living situations.				81.8% n= 18	18.2% n=4	n=13
Item 4	Stability of Foster Care Placement	90.9% n=20	9.1% n=2	n=13			
Item 5	Permanency Goal for Child	90.9% n=20	9.1% n=2	n=13			
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	90.5% n=19	67% n=2	n=14			
Permanency Outcome 2	The continuity of family relationships and connections is preserved for children.				90.9% n=20	9.1% n=2	n=13
Item 7	Placement With Siblings	80% n=8	20% n=2	n=25			
Item 8	Visiting With Parents and Siblings in Foster Care	86.7% n=13	13.3% n=2	n=20			
Item 9	Preserving Connections	68.8% n=11	31.2% n=5	n=19			
Item 10	Relative Placement	95.5% n=21	4.5% n=1	n=13			



Item 11	Relationship of Child in Care With Parents	75% n=9	25% n=3	n=23			
Performance Item or Outcome		Performance Item Ratings			Outcome Ratings		
		Strength	Area Needing Improvement	NA	Substantially Achieved	Not Substantially Achieved	NA
Well-Being Outcome 1	Families have enhanced capacity to provide for their children's needs.				60% n=21	40% n=14	n=0
Item 12	Needs and Services of Child, Parents, and Foster Parents	74.3% n=26	25.7% n=9	n=0			
Item 12A	Needs Assessment and Services to Children	97.1% n=34	2.9% n=1	n=0			
Item 12B	Needs Assessment and Services to Parents	67.9% n=19	32.1% n=9	n=7			
Item 12C	Needs Assessment and Services to Foster Parents	85.7% n=18	14.3% n=3	n=14			
Item 13	Child and Family Involvement in Case Planning	65.6% n=21	34.4% n=11	n=3			
Item 14	Caseworker Visits With Child	74.3% n=26	25.7% n=9	n=0			
Item 15	Caseworker Visits With Parents	58.6% n=17	41.4% n=12	n=6			
Well-Being Outcome 2	Children receive appropriate services to meet their educational needs.				87.5% n=14	12.5% n=2	n=19
Item 16	Educational Needs of the Child	87.5% n=14	12.5% n=2	n=19			
Well-Being Outcome 3	Children receive adequate services to meet their physical and mental health needs.				67.9% n=19	32.1% n=9	n=7
Item 17	Physical Health of the Child	73.9% n=17	26.1% n=6	n=12			

Item 18	Mental/Behavioral Health of the Child	76.9% n=10	23.1% n=3	n=12	
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### FLORIDA CONTINUOUS QUALITY IMPROVEMENT (CQI)-PERFORMANCE IMPROVEMENT PLAN (PIP) MONITORED REVIEWS

PSF will also complete State assigned file reviews as part of the Performance Improvement Plan with the Federal Government. These reviews will involve one PSF Quality Assurance staff member and one staff member from DCF. Specific cases have been selected with specific dates of file reviews, PSF has been selected to complete eight of these reviews over the course of FY 2019-2020, being divided up with two in each quarter.

These file reviews will involve a review of the documentation but will focus mainly on interviews which will be completed with case participants. These interviews will include Family Care Counselors and Supervisors, Child Protective Investigators and Supervisors, Guardian ad Litem, Child Legal Services, service providers, parents, children, caregivers, and other case participants as possible.

#### QUALITY ASSURANCE SECONDARY REVIEW

For all file reviews, the PSF Director of Program Quality and Contract Management will complete a second party review. The secondary review is completed to review documentation and decisions made to assist with accuracy and consistency.

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### **SCORECARD AND CASE REVIEW ANALYSIS**

A direct correlation cannot be made between the scores on case file reviews and outcomes on scorecard measures. Although PSF has seen improvement in both Rapid Safety Feedback and CFSR/Florida Continuous Quality Improvement case reviews, there are still several areas of practice that require additional enhancement. Despite the identified areas with the RSF and CFSR tools, PSF continuously scores very well on the scorecard's measures, and meets almost all targets on a quarterly basis. Although a direct correlation cannot be drawn, each process, separately, provides input into the system as a whole and provides data PSF and system partners utilize to identify both strengths and areas in need of improvement.

**Scorecard Analysis:** PSF had another strong scorecard performance year (Fiscal Year 2018-2019) highlighted by many of the measures being met each quarter. Although the layout for the scorecard

has changed, and the measures are now inclusive of a rolling twelve months, PSF has continued to demonstrate stellar performance. When compared to the overall State performance, PSF did very well throughout the 2018-2019 FY. Throughout the entire fiscal year, the targets for measures M4, M8, M10, and M12 were only missed once each. This means that for a total of 48 quarterly measures, PSF only missed meeting or exceeding the goals 4 times, while meeting the goals 92% of the time.

During the 2018-2019 FY the subcontracted case management agencies showed greater consistency month to month, in comparison to previous years. PSF monitors each case management agency's performance and compliance on a bi-weekly, monthly and quarterly basis. Additionally, internal monitoring takes place within subcontracted case management agencies. PSF collects data for analysis utilizing the data reports associated with each of the scorecard measures. This data is sorted to highlight each scorecard measure by subcontracted case management agency and for PSF as a whole. PSF analyzes this data and shares this data with each case management agency and requests feedback from them regarding actions for improvement and areas of best practice.

As noted above there were only a few measures that PSF did not exceed the target for the 2018-2019 FY. For M10, percent of children who received dental services in the last seven months, PSF failed to meet the target of 95% for Q3. PSF was at 94.76% for that quarter. We believe that the lack of a Medicaid Dental Bus, which was previously active in Columbia County, impacted the ability of families to access dental services. A new Medicaid dental provider was established in Columbia County and the Bus began providing services, again. In Q4 PSF met the goal and hit 97.25%, more than five percentage points above the state average and more than two percentage points above the target.

PSF had consistently met the target for M12 for the first three quarters of the 2018-2019 FY. However, in Q4 PSF saw a steep decline, only achieving 58.47%. After reviewing the data and trends within the agency, PSF believes that this is attributed to at least a few different factors. Although the number of shelters did not increase in Q4, the number of children coming into care did. This is due to several large sibling groups that came into care. Additionally, some of the larger sibling groups also have children with some complex behaviors/conditions, which can limit the ability to place all the siblings together. Additionally, there were also several instances where newborns were born into a family where the siblings were already residing with a relatives/non-relative, who was unable to safely take on the care of an additional child. PSF continues to work on ensuring that siblings are placed together whenever possible. PSF is also consistently working to enhance the network of Partner Homes available to youth in care. As we work to expand that network we will continue to focus on families for teens and sibling groups.

**Case Review Analysis:** Rapid Safety Feedback (RSF) and Child and Family Service Review (CFSR/FL CQI) data does not always paint an accurate picture when reviewed over time or statewide, due to issues including:

- Changes in the Rapid Safety Feedback tool
- Improvements made in statewide understanding and reviewing cases utilizing the CFSR and RSF tools
- Inconsistent population criteria based on available cases in each circuit
- Inter-rater reliability issues

- Statistically insignificant sample size locally

Any comparison of data sets across time should only be considered as a starting point for understanding practice. Due to the issues noted above, it is difficult to compare over time or area with any confidence. Although data across years is not completely comparable, the case consultations and outcome of the cases have been telling and have led to areas in need of improvement related to safety, permanency and well-being case practice. Additionally, the data does help to provide a high-level identification of areas for focus and additional exploration.

Case consultations typically demonstrate that case documentation is not an accurate total reflection of case work activities being conducted. Although there are times information that should be known is not known, it is more often the case that the Case Manager knows the information but has not properly documented the information. Requests for Action (RFA) are implemented when there are safety concerns on a case that need action and tasks are given when there are administrative issues pertaining to case documentation, etc., that need to be addressed. PSF QA maintains a tracker of all assigned RFAs and tasks and follow-up with the Case Manager until each action is completed. RFAs are documented in FSN as required.

Based on trends identified through the completion of the review tools, PSF QA partners with PSF Quality Operations, Contracts and/or Staff Development to plan for ways to address the noted trends. Collectively, areas such as parent engagement (specifically around engaging fathers), safety planning, contact quality, etc. have been discussed and different strategies implemented to address the deficiencies. As areas of focus appear through individual reviews, QA staff reach out to other agency team members and discuss ways to address individualized findings or the higher-level trends. Analyzing and understanding case review trends requires a team approach and a collective response to address and enhance practice.

Areas of strength and areas for improvement have been identified through scorecard performance, case file review consultations and via other continuous quality improvement activities. Areas of strength and need of improvement include, but are not limited to:

### **Safety:**

#### **Strengths:**

- One of the highest performing in the State for timely completion of safety plans.
- Increased knowledge and utilization of safety plans
- Increased utilization of safety services both formal and informal (especially FIS)
- Increased quality of risk and safety assessments throughout case progression

#### **Areas for Improvement:**

- Increase quality of safety plans to reflect safety actions designed to manage the identified danger threats.

- Updating safety plans during critical junctures as the case progresses including frequency of monitoring.
- Documentation of ongoing communication with safety monitors to ensure the ongoing effectiveness of the safety plan.
- Obtaining and utilizing background checks for case participants and safety service providers

### **Permanency:**

#### **Strengths:**

- Permanency goals are established in a timely manner and are appropriate to the status of the case
- Children receive permanency in a timely manner
- The number of adoptions per year has continued to increase (186 to 271)
- Children have stability in their placements
- A majority of the children in out-of-home care placement are placed with relatives or non-relatives.
- Placement of siblings in the same placement (although this was an issue in FY 2018-2019 Q4)

#### **Areas for Improvement:**

- Documentation of efforts to maintain a child's connections to their community when removal is necessary
- Documentation of child's visits with siblings and parents when in out-of-home care and separated from siblings
- Documentation of efforts to achieve permanency in a timely manner
- Documentation of ongoing communication among case participants regarding joint efforts to achieve timely permanency

### **Well-Being:**

#### **Strengths:**

- Obtaining medical care for children in out-of-home care
- Assessment of the needs of children and caregivers in out-of-home care
- Children who are required to be seen every 30 days are seen at least every 30 days
- Improvement in the number of children receiving timely dental care in out-of-home care

#### **Areas for Improvement:**

- Documentation of engagement of father in services
- Engagement of parents in ongoing decision making for their children and in meeting their needs outside of visitation

- Documentation of engagement of fathers and children in ongoing case planning
- Documentation of efforts to re-engage parents in services, especially those that relapse
- Documentation of seeing children one on one during home visits from age one on
- Documentation of efforts to see parents including those incarcerated
- Documentation of seeing children who are required to be seen more frequently than every 30 days, being seen as required

## **OTHER AREAS OF CONTINUOUS QUALITY IMPROVEMENT**

PSF utilizes a variety of data collection methods to prompt and guide quality assurance practices from individual employees, members of the community, providers, clients, community partners & stakeholders.

The PSF Quality Assurance and Contract Management staff, in conjunction with all other departments within PSF, manage a system for collecting and reporting data on performance indicators and outcome measures on a monthly, quarterly, and annual basis. The elements are outlined below and are subject to change based on contract requirements, scorecard measures, DCF QA process, and from local identification of new issues to be addressed.

PSF Contract Managers oversee contracting processes on an ongoing basis throughout the fiscal year. Contract Managers complete continuous quality improvement and monitoring activities related to sub-recipient/vendor contracts and provider agreements. Such activities include, but are not limited to:

- Executing, managing and maintaining contract procurement processes.
- Preparing documentation for contract negotiations processes.
- Executing, managing and maintaining invoice payment processes.
- Reviewing and verifying elements within sub-recipient Case Management Agencies' budgets on a quarterly basis to ensure expenditures are in accordance with approved annual budgets.
- Managing and maintaining contract financial and administrative monitoring processes.
- Executing, managing and maintaining monthly, quarterly, and annual contract reporting processes.
- Reviewing, requesting and processing providers' annual credentialing documentation. Examples include, but are not limited to, licenses and accreditations, monitoring reports, insurance coverage, compliance certifications and affidavits. As appropriate to the provider, conducting activities related ongoing financial, administrative and programmatic monitoring, including but not limited to:
  - review of performance measures
  - review of third-party reports
  - onsite & offsite monitoring
  - random sampling reviews
  - contract amendments and rate agreement adjustments
  - creation and administrations of corrective action plans as needed

## PSF MONTHLY REPORT

This report is completed monthly with data related to (items subject to change):

1. Total number of out-of-home care clients
2. Number of children in out-of-home care by placement type
3. Total in home and out of home clients for PSF and by Circuit
4. Adoptions finalized
5. CPI shelters
6. Investigations received
7. Total shelters
8. Removals by reason
9. Removals by placement secured
10. Child abuse rate

## SB 1666 COMPLIANCE REPORT

1. Case Worker Average Case Loads by Agency
2. % of Required Home Visits Completed by Agency
3. % Case Management Turnover Rate by Agency

## **DEVELOPMENT OF THE PSF CFSR PERFORMANCE IMPROVEMENT PLAN (CFSR PIP)**

The State of Florida completed Child Family Service Reviews with the Children's Bureau during the 2015-2016 Fiscal Year which did not meet Federal Standards. During the 2016-2017 Fiscal Year, a Performance Improvement Plan was developed and approved for implementation during the 2017-2018 and 2018 - 2019 Fiscal Years.

PSF's Performance Improvement Plan has the following three goals set forth:

**Goal 1:** Children are first and foremost protected from abuse and neglect; safely maintained in their homes, if possible and appropriate; and provided services to protect and prevent removal from their home.

**Goal 2:** Children have permanency and stability in their living situations and the continuity of family relationships and connections is preserved for children.

**Goal 3:** Families have enhanced capacity to provide for their children's needs and the well-being of children is improved through services to meet their education, physical health, and mental health needs.

PSF Quality Assurance used the following: performance and quality improvement data; information gathered throughout the years; PSF Training; PSF Operations; and subcontracted Case Management Agencies to identify ways to improve case documentation. The outcome of strategic planning

sessions and workgroups was to develop a way to facilitate and document purposeful contacts with children and families. Purposeful contact sheets were developed to capture interactions between workers, parents, caregivers, providers, and children. Multiple contact sheets were developed to cater to the case type to include In-Home Cases, Out-of-Home Cases, and Parental Contact for Out-of-Home Cases. Additionally, extra child addendums and a provider contact sheet were also developed.

The intent is for Case Managers to utilize these contact sheets to assist with having and documenting purposeful communication during home visits and contacts with parents and service providers. These sheets assist Case Managers in meeting with the case participants to address and document ongoing engagement of participants in case planning, services and needs identification.

A pilot group of several Case Managers from each of the Case Management Agencies began piloting these sheets in April 2017. PSF QA conducted meetings with each of the Case Managers piloting the sheets, during which PSF was able to address the purpose of the sheets, review the questions, purpose of the questions for each of the sheets and to address concerns or issues related to the utilization of these sheets. The sheets were piloted, and feedback received during that piloting period.

After the pilot period was complete, PSF QA met with the program directors to discuss large scale implementation. It was identified that there were considerations for using physical sheets, which were leading to duplication of work with some CMA's. Additionally, there was concern around incentivizing the use of the sheets to encourage the enhancement of skills.

It was determined that the first item could be addressed through the creation of digital sheets that were accessible in the field and in the office. PSF QA worked with the team at Mindshare to add the sheets to the RDC app and to the desktop environment. The sheets were added to the desktop environment and went live for the first two units on February 11<sup>th</sup>, 2019. Unfortunately, the system has been plagued with bugs and interface issues. Many of the bugs have been worked out, but users are continuing to experience interfacing issues due to the size of the sheet. Mindshare is currently working on a fix, which involves sectioning the sheet. This has delayed larger scale implementation.

The second item was addressed through the creation of a proficiency evaluation. The PSF QA team developed a tool to assess for proficiency in information gathering and documentation. The review tool identifies items related to safety, permanency, and well-being, and provides the ability to see where those items relate back to RSF and CFSR reviews. If an individual can demonstrate proficiency in documentation, they would no longer need to use the forms. However, if a later review indicates that documentation is not up to the standard, they would need to initiate the use of the forms once again. This will be explored further once full implementation occurs.

PSF's goal is that the forms will serve as helpful guides for what to address and document for home visits and contact with case participants. It is believed if the information on these forms is obtained and documented the scores for our Child and Family Services Reviews and Rapid Safety Reviews will greatly improve. PSF additionally believes the information gathered on the forms could also be utilized by Case Managers to document other tasks such as completing progress updates, updating medication tabs, updating education tabs, completing judicial reviews, etc.

This continuous quality improvement activity is being implemented as a part of PSF's CFSR PIP and is being completed in collaboration with Case Managers who are doing the work with the children and families. As part of the Plan, Do, Check, Act continuous quality assurance process, PSF will monitor



the use of the tools and adjust as necessary. PSF has also developed a tool to help understand information gathering proficiency, and includes a crosswalk tying the information collected to the RSF and CFSR tools.

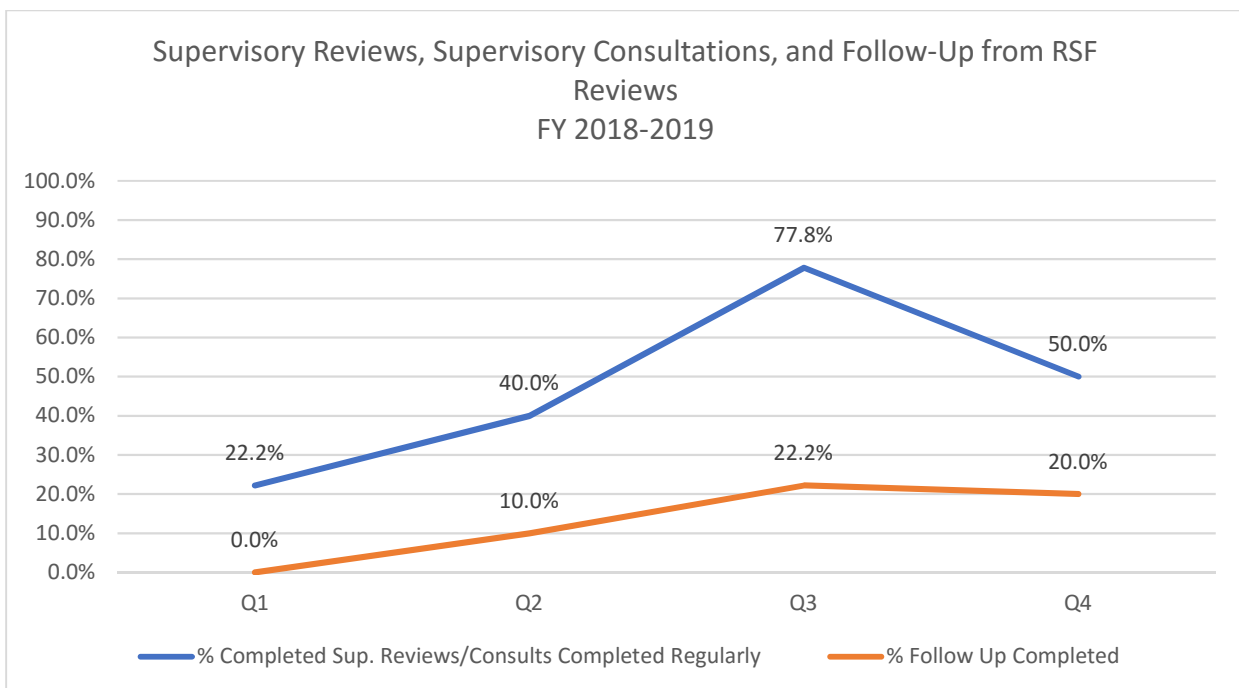
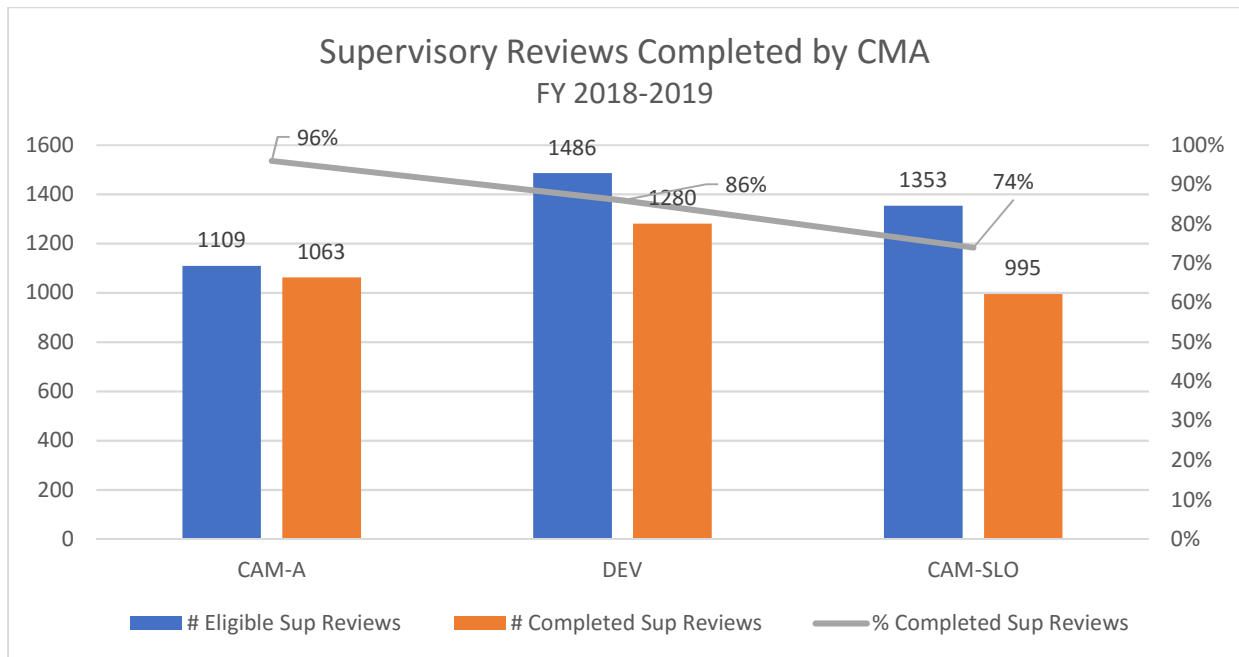
Conversations that have occurred at recent Statewide QA Managers meetings have opened the possibility of including additional participant feedback on non-PIP cases that are reviewed. This would change the dynamic of the review from a documentation only review to one that is more flexible. If this occurs, the impact of the sheets on CFSR scores may be somewhat diminished, and the PSF may need to re-evaluate what will create the biggest impact on performance for permanency, safety and well-being.

## **SUPERVISORY REVIEWS**

PSF QA Department completes analysis of supervisory reviews. For compliance, a report is pulled outlining the number and percent of supervisory reviews completed and listed by supervisor and agency. The findings of the data are presented at the Quarterly Partner's Meeting.

Quality of supervisory reviews are included in the case file review process. Cases chosen for the file reviews have an assessment for quality completed on all supervisory reviews present during the period under review. If a supervisory review was not yet due, the information will be non-applicable, however if a supervisory review was due during the period under review it is to be reviewed. The completed supervisory reviews are compared to the information noted during the case review and are evaluated for quality. Wrapping supervisory reviews into the case review process provides the reviewer with the case information needed to make an informed decision regarding the quality of the supervisory review. PSF believes this improves the evaluation of the quality of supervisory reviews and provides individual supervisors with feedback and recommendations for improvements. Where determined necessary, this is included as a contractual measure for agencies underperforming in this area.

Supervisory reviews provide an opportunity for supervisors to assess and guide front line casework. Supervisors are required to complete a Supervisory Review regarding every child primary to their unit, every 90 days. PSF employs two avenues to monitor the Supervisory Reviews for both compliance and ensuring that follow-up on any recommended task(s) assigned during the review is completed. For compliance, a report is generated on a quarterly basis detailing each supervisor's status on completing the required number of reviews, from which the percentage of supervisory reviews completed is formulated. Regarding follow up, when Rapid Safety Feedback (RSF) reviews are completed by the Quality Assurance Monitor, the review process entails checking the case file to see if supervisory reviews and/or supervisory consultations were completed during the review period and if follow up pertaining to any assigned tasks from those supervisory reviews or consults were completed.



Supervisory Reviews continue to be monitored throughout the year by PSF Quality Assurance to improve compliance and follow-up with assigned tasks related to safety, permanency and well-being. Supervisory reviews are discussed following case file reviews, at inter-agency meetings and following the completion of each quarter. The performance information is gathered by PSF Quality Assurance and disseminated to each case management agency and broken down into both item compliance and unit performance. Supervisors are able to respond to their ratings in the event any corrections or updates are necessary.

One CMA was tasked with a contract measure, with performance incentives, to address compliance with Supervisory Reviews. Data indicates that the agency that was tasked with a contractual measure showed the highest overall compliance with the measure, while the other CMA's showed decreased compliance with this measure. Discussion has occurred as to whether this measure should be added to all case management contracts to ensure that the supervisory reviews are being completed. The absence of compliance is not necessarily indicative of an absence of knowledge, worker supervision, or an accurate reflection of a supervisor's understanding of Safety Methodology. However, as Supervisory Reviews are the only way to measure the above-mentioned items, PSF Quality Assurance continues to provide guidance, feedback, and information to prompt supervisors in meeting the compliance requirements.

Once completed, Supervisory Reviews tend to meet many standards for quality such as assessment of the safety plan, quality of notes and frequency of contacts. Supervisors need to continue to improve in overall compliance, meeting all quality standards, and ensuring that follow-up for any tasks assigned occurs with case documentation of their completion.

#### **Strengths:**

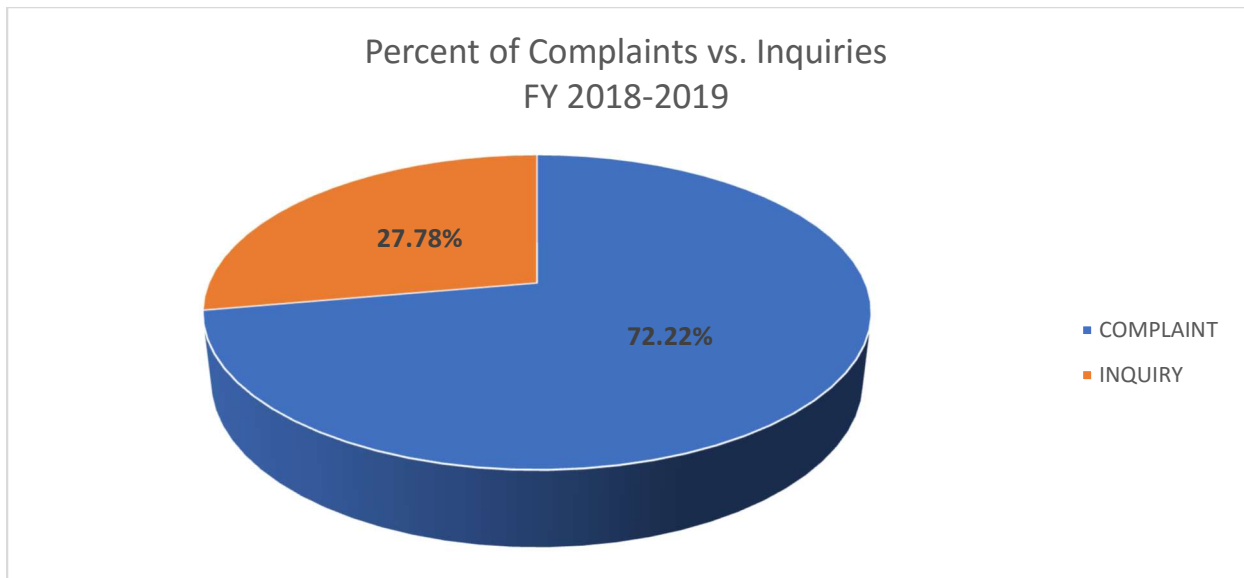
- This was added as a measure for one of the case management contracts, with incremental quarterly improvement. The CMA demonstrated increased compliance each quarter and had the highest compliance rate of all three CMAs for the fiscal year.

#### **Opportunities for Growth:**

- Follow-up with tasks noted in supervisory reviews is not always completed and/or documented.

### **COMPLAINTS, GRIEVANCES, & INQUIRIES**

Complaints are processed as received by the PSF QA staff. Complaints are logged into and tracked through completion via the PSF automated data system. PSF QA staff review the complaint, assign the complaint to the appropriate agency/staff to address, provide guidelines and timeframes for responses and review and approve completed responses. Data is shared with the subcontracted case management agencies and the PSF Board of Directors as needed.

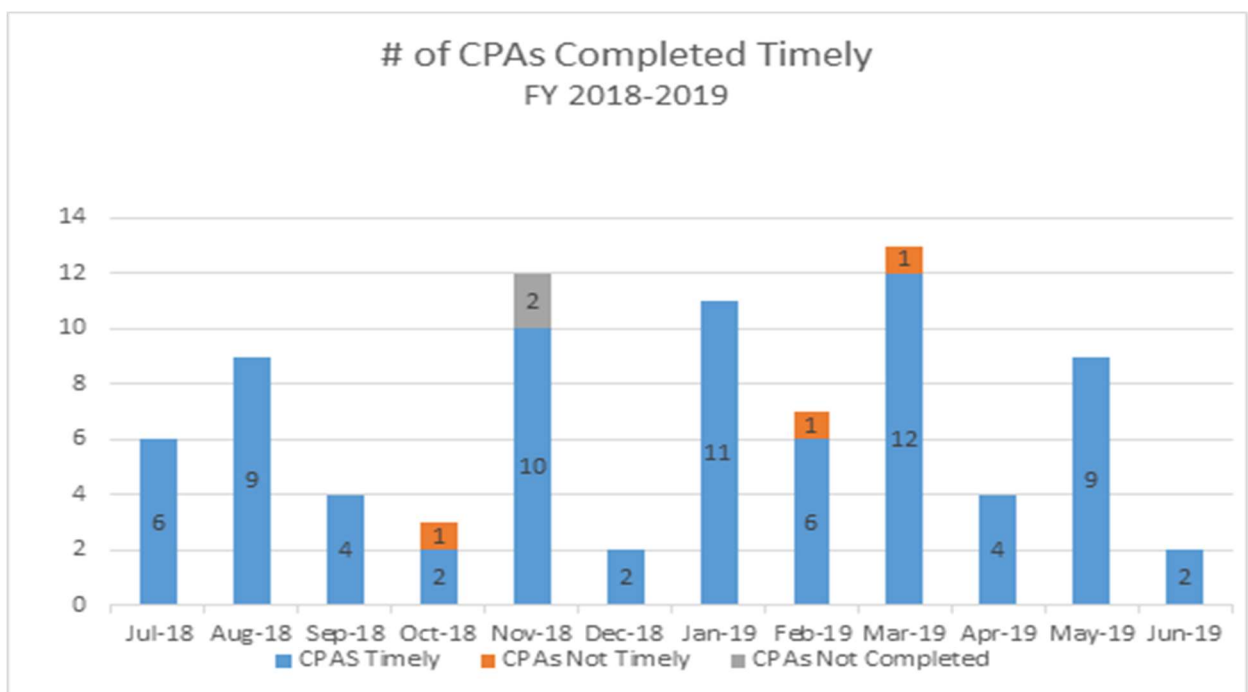
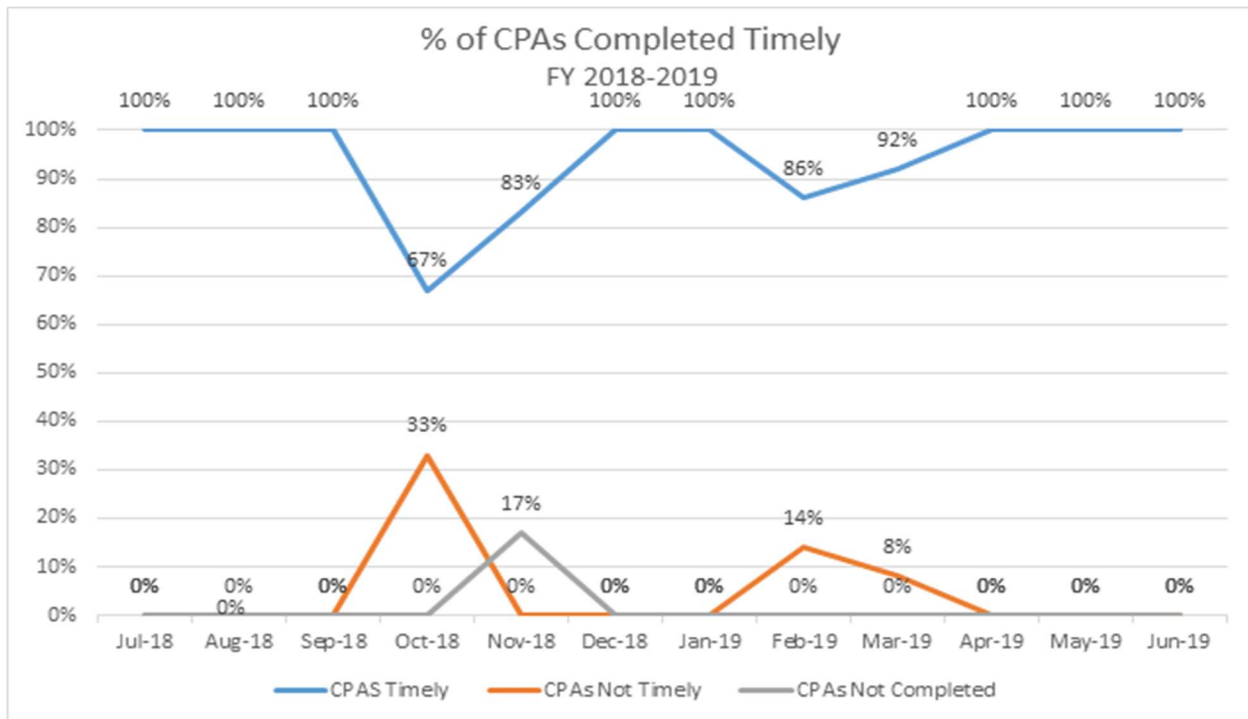


For FY 2018-2019 PSF received 15 inquiries and 39 Complaints. All complaints requiring a response to DCF were resolved and responses were provided to DCF within 2 days. There were no findings for any of the complaints received during FY 2018-2019.

### **CHILD PLACEMENT AGREEMENTS**

PSF QA staff monitor child placement agreements on a weekly basis. PSF Quality Assurance staff utilize the web-based P-kids system to obtain a weekly report regarding children who are sexual abuse victims and/or who have acted out sexually who have had a placement change or a new incident. From this listing PSF QA staff review the case in FSN to locate a placement agreement for the child and placement/event. The report of these reviews is sent to the CMAs on a weekly basis to ensure the agreements are in FSN as required. PSF reports on compliance to each CMA, the PSF Board of Directors and DCF Contract Manager as needed.

Partnership for Strong Families continues to review and focus quality improvement activities and efforts toward Child Placement Agreements (CPA). Children in need of CPAs, whether it be a Care Precaution Plan or a Behavior Management Plan, have unique situations and issues that must be addressed in order to keep them, other children, caregivers and other case participants safe. PSF continues to monitor compliance with CPAs by reviewing data on a weekly and monthly basis.



**FY 2018-2019 Data:**

- Data indicates a trend in timely compliance of Child Placement Agreements throughout the fiscal year.
- Placements in Department of Juvenile Justice, Baker Act, and Medical Facilities do not count towards measure as these facilities may not be able to abide by placement restrictions and are not contracted with the Agency.

### **System Barriers:**

- Notice of a child moving by his/her therapeutic provider is not consistently given, resulting in a delay for Child Placement Agreement implementation.

### **Strengths:**

- Overall quality of Child Placement Agreements has improved.
- Change in CFOP has provided allowance for verbal agreement by caregiver to be documented on date of placement and signatures to be obtained within 5 days in order for CPAs to be considered timely.

### **Opportunities for Growth:**

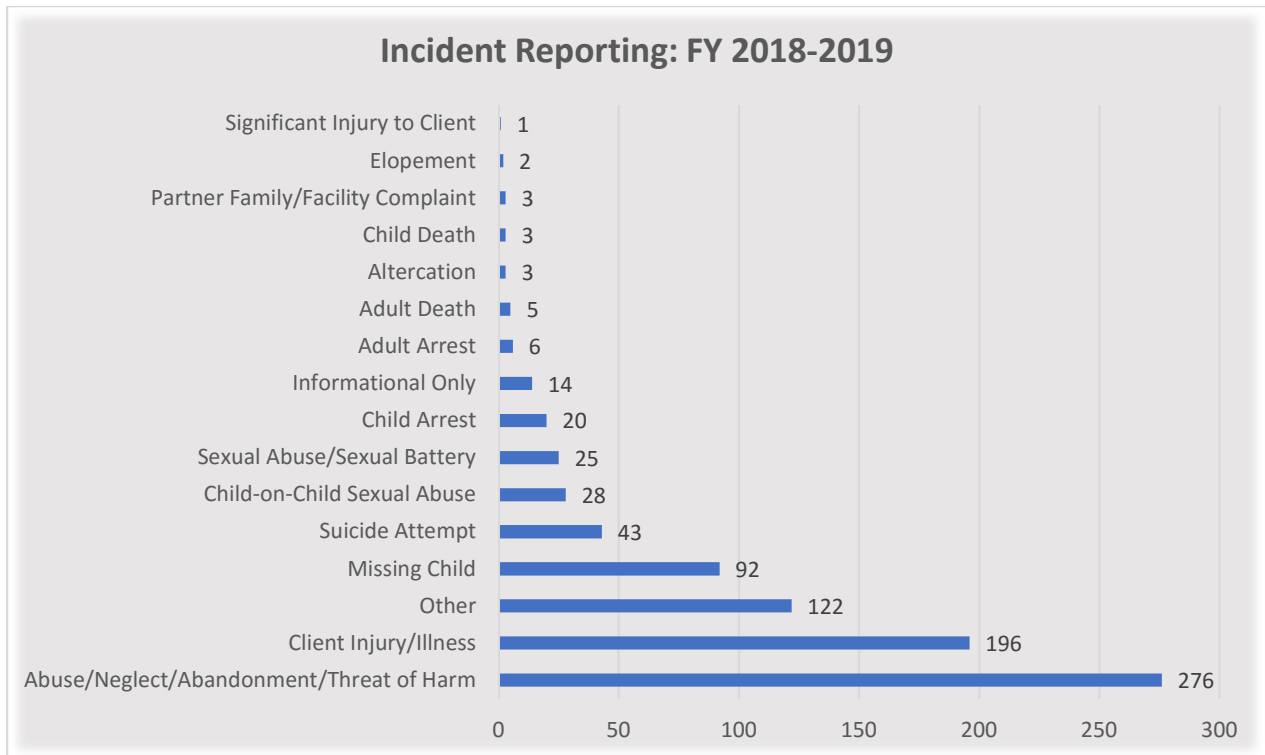
- Continue activities designed to reinforce the need to complete Child Placement Agreements for children in out-of-home care with significant behavioral issues, activities to promote Case Manager understanding and management of Child Placement Agreements, utilizing the services of qualified evaluators to gauge the ongoing need for agreements and if changes can/should be made to agreements as situations change for the child.
- PSF QA has been working with PSF's IT department to create a new P-Kids report to be able to track needed CPAs in real time. There is currently a delay due to a FSFN technical issue.
- CMAs to ensure that when a child is no longer required to have a Child Placement Agreement, this information is conveyed to PSF and the flag for the child is removed to effectively track the actual number of CPAs required by the CMA.

## **INCIDENT REPORTING**

Partnership for Strong Families requires incident reports to be completed on critical incidents related to twenty separate categories (see chart below). PSF tracks data monthly regarding the number of incidents per category, the number of incidents required to be entered into the DCF Incident Report and Analysis System (IRAS) and the number entered in to the DCF IRAS system in a timely manner.

In cases of abuse or neglect allegations regarding actions of a Partner Family or when there is a Partner Family/Facility complaint, these issues are reviewed at the monthly PSF Incident Report Meeting and, if necessary, at the monthly DCF Foster Care Review Committee. When an incident of abuse or neglect is alleged to have occurred in a licensed Partner Family home or DCF licensed group care setting a "no new placement hold" will be generated for the placement. The no new placement hold will remain in effect until the case is staffed at the Incident Report Meeting or until the completion of the DCF Child Protective Investigator's investigation and an agreement by the appropriate members to lift the hold. Outcomes for a partner family can be no findings or further concerns, counseling one-on-one the licensing agency, a support plan, corrective action plan, an PSF internal and permanent no new placement hold, and in extreme and/or repeat cases revocation of the license. Outcomes for a partner facility complaint can be no findings, not substantiated, or verified. Depending on the findings and the relationship between PSF and the provider, PSF can address the issue either in the contract, with DCF Licensing, or with an internal and permanent no new placement hold on the facility. As

needed, a report is completed and submitted to the CMA and the PSF Board of Directors outlining the types of incidents reported and the timeliness of incident reports being entered into the DCF IRAS system.



Partnership for Strong Families continues to process Incident Reports in the above-mentioned categories. As in both the current Fiscal Year and prior Fiscal Years, most incident reports are related to a new abuse report or client illness & injury. For the 2018-2019 Fiscal Year, PSF Quality Assurance also included incident reports from Diversion cases to help capture the depth and scope of incidents within the PSF catchment area.

#### **Strengths:**

- PSF Quality Assurance continued to provide guidance and feedback to case management agencies to necessitate quick processing of Incident Reports received.
- PSF Quality Assurance continues to share information including a quick reference sheet about Incident Reports during Post Service training sessions for all new staff.
- A new version of the Incident Reporting system began the “pilot” faze in Starke on August 1, 2019. Roll out to the remaining 12 counties in the catchment area is expected by October 1, 2019.

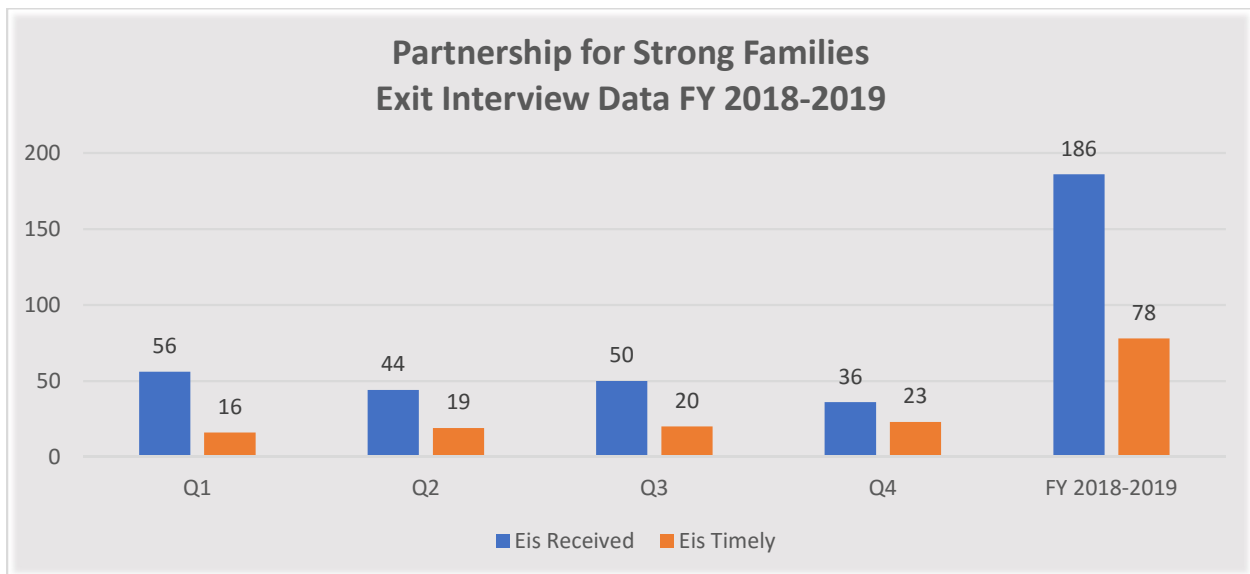
#### **Opportunities for Growth:**

- Timely Incident Reporting has become a Case Management contract measure in an effort to improve timely processing of incident reports.

## **EXIT INTERVIEWS**

Exit Interviews are submitted to PSF QA for any child leaving a licensed placement after 30 days. PSF maintains an automated data system which houses information related to exit interviews due, completed and not needed. Once an exit interview is received by PSF, it is reviewed to ensure it is fully and sufficiently completed. Information from completed exit interviews is entered into the PSF database and the Exit Interview is sent to the licensing agency for the placement. Additionally, the exit interview is sent to DCF licensing to be sent to the local licensing authority. Data from the automated system is used by PSF and the CMA as a management tool to assist with oversight of this process. PSF QA staff members also use the automated system to collect a list of exit interviews which are due, this list is sent to the CMAs on a weekly basis. This process allows the agencies the opportunity to stay current and minimize untimely exit interviews from being completed. As needed a report is completed and submitted to the CMAs and the PSF Board of Directors outlining compliance with the timeliness of exit interviews being completed with children. PSF is currently exploring creating and implementing a web-based exit interview submission program, designed to assist with data collection efforts and improvements in quality control.

Exit Interviews provide insight and feedback on the quality of the placement of children (ages 5 -18) in licensed out-of-home care. PSF gathers data on the number of exit interviews completed and the number completed timely with the child.



For FY 2018-2019 PSF processed 186 exit interviews. Of the 186 Exit Interviews processed 78 were completed with the child with the required timeframe (41%).



**Strengths:**

- PSF Quality Assurance continued to provide guidance and feedback to case management agencies to necessitate quick processing of Exit Interviews received.
- PSF Quality Assurance continues to share information including a quick reference sheet about Exit Interview during Post Service training sessions for all new staff.

**Opportunities for Growth:**

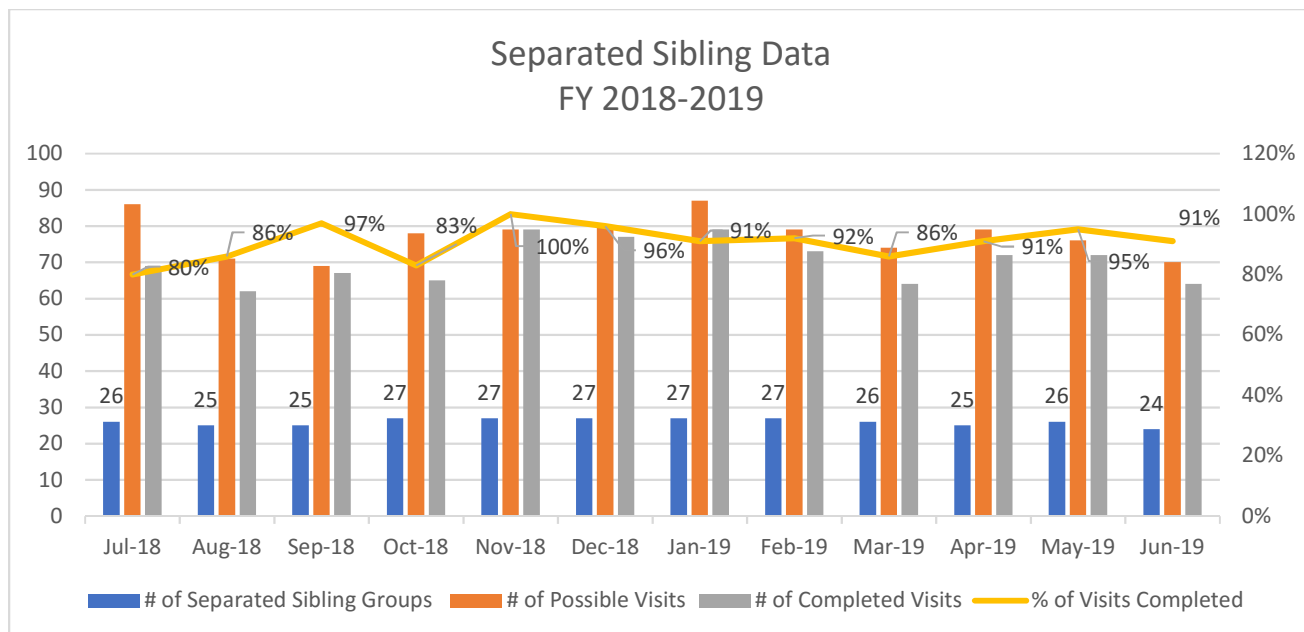
- Family Care Counselors should continue to ensure all Exit Interviews are completed in person, alone and within required time frames.
- Only 41% of Exit Interviews with the child have occurred within 5 days of leaving the placement. During the next year this measure will be a focus during Partner meetings with the case management agencies to develop strategies to change the trend on this measure.

### **SATISFACTION SURVEYS**

On an annual basis PSF conducts satisfaction surveys with children age 9 and over (in home and out-of-home), caregivers (relative and non-relative), Partner Family Parents, parents (with children in home and with children out-of-home), service providers and community stakeholders. The results of the surveys are reviewed, and actions taken when necessary to address identified issues. Results are shared as needed with CMAs, PSF departments and the PSF Board of Directors. In addition, each of PSF's resource centers collect patron satisfaction surveys monthly and aggregate as part of their monthly reports. These reports are shared with all resource center partners and stakeholders. PSF started the re-accreditation process with COA, The Council on Accreditation, during FY 2018-2019. This process requires the use of surveys, reaching similar demographics to the surveys conducted by PSF. As a result of the extensive amount of surveys already being obtained through COA, DCF and PSF agreed that it would not be necessary to send out a second round of surveys during the fiscal year. For FY 2018-2019, the COA surveys were the only surveys used. For FY 2019-2020, PSF is planning to utilize our agency surveys once again.

### **SEPARATED SIBLING VISITATION**

PSF tracks visitation between separated siblings in out of home care. PSF gathers and provides the data to case management agencies at the beginning of each month to review for updates and corrections as needed. While no longer on a DCF Contract Oversight Unit Corrective Action Plan for this measure, PSF still provides this data to DCF on a quarterly basis.



Visits between siblings was an area previously identified by the Contract Oversight Unit as needing improvement. PSF Quality Assurance developed a reporting tool to capture the amount of visitation taking place to document case management activities regarding separated siblings in out of home care.

Following the completion of the initial tool and subsequent correspondence with case management agencies, PSF Quality Assurance added additional measurements to capture the result of visits completed, and data points to capture on-going efforts to complete visitation between siblings, identify barriers, to include other forms of contact when traditional face to face contact is not possible. PSF Quality Assurance continues to review the data provided and works with the Case Management Agencies to continuously review the process and practice and to collect data. Additionally, PSF added measures within the case management agency contracts to provide additional accountability for each agency. This is measured quarterly and attached to penalties and/or incentives. The case management agencies have shown great improvement in this measure over the past fiscal year.

## **PSF DEPARTMENTAL CONTINUOUS QUALITY IMPROVEMENT AREAS OF FOCUS**

### **HUMAN RESOURCES:**

PSF recognizes that the key to providing quality services and support to the communities we serve is to have an engaged and effective workforce. The Human Resource (HR) Department oversees recruitment and hiring, performance management and compensation, updates and reviews job descriptions, and negotiates a competitive benefits package. The HR Department continues its

efforts to maintain a stimulating and inclusive work environment by empowering and supporting each employee in his/her efforts and in building a structured environment for staff members in a supervisory role.

In line with our efforts to support employees, PSF continues to support the Employee Relations Committee (ERC) and the Partner for Wellness Program in 2019-2020. The ERC brings forth suggestions by employees, creates social events, and responds to concerns as reported. The Partner for Wellness Program works with local community providers and offers seminars and programs to reduce stress and offer healthy and supportive habits for employees. The HR Department continuously reviews and updates other employee-related programs and offerings to assure employee engagement and retention.

The HR Department continues to monitor Federal and State regulatory bodies for changes that may impact PSF or employees including the Department of Labor's FLSA guidelines. We work with external legal counsel and subject matter experts to assure compliance and fair and equitable employment practices. Our supervisors are trained every other year on sexual harassment and discrimination in the workplace.

PSF has viable security measures in place to protect its staff as entry is locked by electronic entry and a bullet proof window has been added in the reception area. Due to increased incidents of workplace violence in 2017, our employees completed active-shooter training which was taught by Gainesville Police Department and all new hires complete this training on their first day of hire.

### **STAFF DEVELOPMENT:**

Staff Development assists PSF, DCF, and CMA Employees by providing education, mentoring, and coaching. Each year, the department manages current programs and presents new initiatives based on changes in legislation, certification processes, and policy. PSF's Staff Development department is an approved C.E.U. provider through the Florida Certification Board. Three trainers hold the International Credential Certified Professionals in Learning and Performance through the Association for Talent Development.

The Staff Development team partners with FSS and DCF in the NE region conducting Pre-Service and In-service trainings and field supervision to CPIs in the region as part of the Regional Integrated Training Alliance (RITA).

The following is not an exhaustive list from the many different aspects of Staff Development that impact CQI, but more so a highlight of changes, updates, and new strategies to have educated staff deliver and support services to client.

- Certification Program & On-Going Efforts for Success: Family Care Counselors and Supervisors are certified through the Florida Certification Board. PSF offers a Pre-Service Cycle that is approximately two months in length and covers material related to Child Welfare, Safety Practice Model & Trauma Informed Care. Following the successful completion for CM of the program, new incumbents participate in post-service training. Post-service training is an integration of local practice, forms, and policy which then steers the new case manager to PSF Departments to have

the employee understand how each department will interact with case management. During the first year of provisional certification, newly hired case management employees also receive a mentor within their unit and their initial cases are a mixture of varying child and family dynamics.

- Assessment of Needs: During provisional certification, the new incumbent receives coaching and mentoring by the Staff Development Specialists. This includes the observation of two interactions with birth parents and a review of the corresponding FSFN narrative. The Staff Development Specialist also selects a case from the new case manager's case assignment to review. The review is based on Florida's Safety Practice Model and the seven professional practices identified by the Office of Child Welfare. The review is conducted by the supervisor and the new incumbent using the C.A.R.T (Case Assessment and Review Tool) developed by PSF Staff Development. Case Managers and Supervisors develop an IDP (Individual Development Plan) which the new incumbent utilizes to achieve gaps in knowledge and skills.

Engagement of Senior Staff: PSF is proud to say that many employed with case management have several years of experience and have seen many Practice Models in place prior to the implementation of Safety Methodology. In order to increase fidelity to the current Practice Model, supervisors have received Safety Methodology in-service courses, review C.A.R.T. assessments in Practice Huddles, provided Job Aides, developed by the Staff Development team, and conducted Safety Methodology Trivia Challenges. Over the next few months the Staff Development Team has a diverse in-service calendar including QPR: Question. Persuade. and Refer: Suicide Prevention Training, Strengths Based Supervision, Youth Mental Health First Aid, De-escalation, Cultural Competency, Safety Planning and Conditions for Return, Legislative Update, GAP, as well as Interviewing and Information collection.

- Table Talk Tuesdays: Staff Development has reached out to community providers to offer a collaborative environment in which the provider educates PSF staff about their services available to children and families. Participants can learn how they can safety plan and case plan with local providers such as Early Learning Coalition, Another Way, Early Steps, Hospice, UF PALs and more.
- Training and Performance Needs Analysis: Evaluating the learning impact is an activity necessary to prove the value of training. PSF Staff Development established a Training and Performance Needs Analysis process to help apply the correct improvement solutions to the root cause of performance, knowledge and skills gap. Rather than offer generic trainings which cover an array of topics, supervisors and managers perform a Training and Performance Needs Analysis to address performance gaps and identify skills needed. With this approach, the organization can evaluate the learning impact to courses offered.
- 360° Caregiver Protective Capacities Initiative: We continue this program which gives birth parents the opportunity to assess their own caregiver capacities. It increases transparency about what must change, provides birth parents with a tool to measure and document changes directly related to caregiver protective capacities and establishes reasonable efforts for the case manager. PSF has successfully included the Adverse Childhood Experience questionnaire in the self-appraisal.

- Information Resources: The Staff Development team continually explores new ways to disseminate information staff. The Team utilizes a "team site" developed by PSF IT. This is a learning website where legislative updates, information on upcoming training and job aides. The site also includes Supervisor Resources, sample assessments and FSN tips.
- PRIDE Community of Practice is an established partnership with the Child Welfare League of America. It is comprised of a variety of agencies throughout the United States who share in complementing and promoting PRIDE competencies within the local agencies in planning, development, and strategic preparation of PRIDE training of trainers, foster and adoptive parents.
- PRIDE competencies are integrated into Child Welfare post-service training for case managers and other professionals. By integrating PRIDE into post-service PSF seeks to increase role clarity, enhance engagement skills of case managers, ultimately leading to retention of foster families.
- 360° Caregiver Self-Appraisal Internships: This program offers tremendous benefits to our organization. Interns are assigned to CMA units to work directly with birth parents in assessing their caregiver protective capacities. They participate in staffings, help facilitate visits and receive weekly supervision.
- PSF has recently started a trauma informed initiative utilizing Trust Based Relational Intervention. TBRI is an evidenced based, trauma informed care, integrated approach to working with children from hard places. TBRI utilizes three (3) principles, Connection, Empowerment, and Correction. Utilizing these skills ensures promotion of the well-being of our children and families we serve.

### **FINANCE AND ELIGIBILITY:**

Partnership for Strong Families, Inc. (PSF) subcontracts its financial services from Service Management Solutions for Children, Inc. (SMS). SMS Financial Services Department, in conjunction with our contracted fiscal agent James Moore and Company, develops and manages all aspects of the agency's budget and financial services to make informed evidence-based projections based upon past data and current trends. SMS Finance oversees the funding associated with the contract between DCF and PSF, managing the financial reporting requirements for any funding sources received. PSF also manages Client Trust fund accounts in conjunction with the Social Security Administration and adheres to Federal SSA master Trust spending requirements. All invoices as well as all Adoption and Foster Care Subsidies presented for payment are processed within a departmental approval workflow. SMS Finance department in conjunction with our fiscal agent, James Moore and Company, undergoes several internal and external auditing processes associated with PSF annually, which include SSA federal audit, independent external financial audit, DCF Quarterly desk reviews, Office of Inspector General audits, Office of the Auditor General audits, COA accreditation review and annual COU on site audits. The department promotes cross training to ensure timely responses to inquiries. Each Department is responsible for managing their own budget for each Fiscal Year. SMS Financial Services will provide oversight and support to each department on a regular or as needed basis.

Finance staff review information with PSF department staff to assess actual expenditures versus budgeted projections. The Accounting Manager oversees the invoice payment processes and monitors these processes for compliance with the Cost allocation Plan. Invoices are approved for payment by

the purchasing departments through the Perceptive Content routing queues. SMS Finance staff also oversee vendor payments and adheres to policy as it relates to requirements established in rate agreements and contracts, state and federal guidelines. Should an immediate need be identified for a child, Finance staff are able to issue an emergency check to ensure the service or need is covered and to promote positive outcomes for clients served. Credit Cards are used for purchases whenever a check cannot be issued for specific purchases. Credit card purchases by PSF staff require the submission of accompanying receipts for verification of purchase and appropriate use.

PSF Eligibility Department ensures all clients receiving TANF and Title IV-E funding meet the DCF and federal eligibility requirements. Medicaid and Eligibility processes are managed under the Finance Services Department and operates interactively with DCF and in the state FSN information database system. Specialists meet monthly with the DCF region group and other Community Based Care Agencies to discuss challenges, for training purposes and to receive updates. Specialists also participate in workgroups to stay informed on current builds, understand alternative approaches to technical issues and receive updates on new solutions implemented. The department actively monitors for eligibility determination utilizing quality assurance methodologies approved by DCF. One such methodology includes a comprehensive review of eligibility determinations for Maintenance Adoption Subsidies to be issued from Title IV-E and TANF funding sources. This is an annual review and results are reported to the Office of Child Welfare by September 30. Overall, the Finance department employs innovative and prescriptive quality monitoring and improvement approaches in an ongoing and continuous manner, to complement and adhere to DCF policy and procedures, as well as General Accepted Accounting Principles guidelines, and state and Federal regulations.

## **CLINICAL AND COMMUNITY SERVICES:**

**Clinical Services** - During the 2018-2019 fiscal year, the Clinical Services team began or improved on several initiatives aimed at enhancing the care coordination for children's medical and mental health care, as well as improving the stability and safety of children served by PSF.

The Clinical Services team is comprised of several distinct roles designed to manage the medical and behavioral health of children served by PSF, in addition to the IPT diversion initiative aimed at keeping children safely in the home with their caregivers.

- **Behavioral Health Coordinator**- Serves as the Single Point of Access (SPOA) designee for facilitating care coordination for behavioral health services for children in the child welfare system. This position provides clinical insight and assistance for children identified as having mental health needs, oversees referrals for Comprehensive Behavioral Health Assessments (CBHA), processes all referrals for Qualified Evaluations (QE) and any subsequent recommendations for higher levels of care. This position is integral in identifying the mental and behavioral health needs of the children in care, identifying services to meet those needs, and coordinating with Medicaid MMAs to cover the cost of those services. Identifying needs and coordinating care for this high-risk population of children is essential in providing safety, stability and well-being.

- **Clinical Specialist**- Responsible for the oversight and management of compliance for children prescribed psychotropic medication. The specialist provides coaching and consultation to caseworkers in the oversight of psychiatric services, compliance with psychotropic medication requirements, and works with staff and providers to address systemic issues. In addition, this professional is the point of contact for all children receiving case management services who are under a Baker Act and coordinates multi-disciplinary Baker Act staffings within 3 days of these children's discharge from the CSU. These staffings have been instrumental over the past fiscal year in using a multi-disciplinary staffing format to address and identify any child safety, permanency or well-being needs, and to develop a plan to ensure ongoing therapeutic and placement needs are being met for each child discharging from a Baker Act placement.
- **Clinical Staffing Coordinator** – Coordinates and facilitates Multi-disciplinary staffings to determine a child's therapeutic needs including appropriate levels of care and funding options. This position also reviews referrals for therapeutic out of home care, obtains authorizations for care, and manages clinical processes including suitability assessments. This position is instrumental in maintaining continuity of care for children in care with higher level mental and behavioral health needs.
- **Nurse Care Coordinator** – Provides care coordination, medical and disease education, and outreach services for children in the child welfare system. This is accomplished through attendance at medical neglect staffings, as well as MDTs, LRTs and Permanency staffings as appropriate, and through reviewing Comprehensive Behavioral Health Assessments (CBHA) to ensure any medical needs identified receive the recommended services and support. This position also assists with medically complex cases including service coordination and/or provider issues. This position coordinates HRAs and HEDIS measures, provides immunization reports from FloridaShots upon request, reviews requests for MMA insurance plan changes, and assists in locating providers for health and dental services. This position plays a vital role in clarifying the complex medical needs of the children in care, identifying services to meet those needs, and coordinating with Medicaid MMAs to cover the cost of those services. Identifying needs and coordinating care for this medically high-risk population of children is essential in providing safety, stability and well-being.
- **Integrated Practice Team** – The goal of the IPT is to keep families from entering the formal child welfare system or from moving deeper into the system. The IPT includes an assigned DCF Family Advocate, an assigned PSF Facilitator, the referral source and any other community partners or service providers who may be able to collaborate to develop a plan to keep the family intact. Referrals for the program are received from DCF investigations, in-home cases, PNAs, post-adoption, re-open cases, or community stakeholders. Since the implementation of IPT in August 2018, 128 IPT staffings have been completed (involving 196 children) with a 91.4% diversion success rate. The success of IPT in diverting families from entering or moving deeper into the child welfare system has had a profound effect on child safety, permanency and well-being through resolving needs and concerns which enables the caregivers to maintain the children safely within their homes.

The 2018-2019 fiscal year in addition to the implementation of the Integrated Practice Team and Baker Act Staffings, the Clinical team resumed coordinating and facilitating quarterly **Psychotropic Medication Meetings** with CLS, GAL, Case Management QA and leadership, and PSF

interdepartmental staff. The focus for these meetings is identifying and resolving systemic barriers and ensuring regulatory standards are being met. Regular meetings have also assisted in creating and implementing protocols that improve Case Management Agency compliance with psychotropic medication measures.

2019 also brought an AHCA (Agency for Health Care Administration)-initiated freeze on children enrolling in the Sunshine Health Child Welfare Specialty Medicaid plan, which stemmed from a breakdown of contract negotiations between Sunshine Health and Shands/UF Health providers. Without having Shands/UF Health in-network, there were no in-network pediatric specialty providers taking new patients, nor enough Primary Care Providers in PSF's Medicaid region to adequately serve the children in care. As a result, Clinical staff worked diligently with PSF's Eligibility team along with representatives from the various MMA plans to maintain continuity of medical and behavioral health care for the children affected by these changes. The greatest concern for staff was minimizing any threat of treatment disruption for the children caused by an inability to access specialty services at Shands/UF Health or resulting from sudden changes in MMA plans.

Areas of focus for the Clinical Team during the upcoming 2019-2020 fiscal year:

- The addition of a grant-funded Care Coordinator position within the Clinical Team will utilize High Fidelity Wraparound to address the needs of children with acute and on-going mental health and behavioral health needs. The hope is that the utilization of a Wraparound model of care with this high-risk population of youth and their caregivers, will assist in developing and maintaining placement stability, continuity of therapeutic treatment, and a decrease in the utilization of high level mental health interventions such as Baker Acts/CSU admissions or SIPP (Statewide Inpatient Psychiatric Program) admissions.
- The Clinical Team will continue to offer on-going psychotropic medication training in order to increase compliance with psychotropic medication measures. These trainings will target Case Management Agencies and will ideally include training facilitated by a Pediatric Psychiatrist in addition to training offered by the Clinical Specialist. In addition, the Clinical Team will continue to facilitate the quarterly Psychotropic Medication Meetings described above.
- The Clinical Team will continue to monitor trends including the utilization of higher-level mental health treatment, patterns in the number of children prescribed psychotropic medication while in dependency care, and ways to assess necessity of the medication on-going.

**Utilization Management** - In FY 18-19, Utilization Management enhanced our process for ensuring funding and resources were maximized for authorized services, thereby strengthening PSF's ability to continue to provide a quality array of services for children and families. One example has been Utilization Management's increase in consistent documentation of eligibility for use of 100806 funds for purchase of therapeutic services for children by working with case management to increase awareness of requirements for allowable expenditures for eligible children and services. Utilization Management has also worked collaboratively with provider agencies and child welfare staff to advance provider report management with the electronic referral authorization system. FY 18-19 showed a significant increase in provider report uploads to the system. Working with the Information



Technology department, reporting was developed and enhanced to meet case management agency needs for timely notification of provider report and document uploads. Increased accountability in the sharing of information and adherence to reporting standards lends to increased child welfare and behavioral health integration in working to achieve desired outcomes in permanency, safety, and well-being.

PSF utilizes Family Connections for Family Support Services for eligible families in Circuits 3 and 8. Family Connections is a multi-faceted, community-based program that works with vulnerable families in their homes, in the context of their neighborhoods, to help them meet the basic needs of their children to prevent child maltreatment, increase positive family functioning, and achieve successful outcomes. Family Connections provides a continuum of services that offer help to families that need assistance to stabilize and strengthen their families and provide for their children's safety and stability, thereby preventing the need for out-of-home care. The program is evidence-based and outcomes-oriented. The program incorporates fidelity reviews. This is consistent with DCF's practice model. Services are targeted to families referred by DCF, when DCF assesses children as safe and the DCF risk assessment assesses family risk level for future abuse or neglect as high or very high. FC strives to reach families early, before problems become deeply entrenched or have evolved to the point of needing further intervention in the child welfare system or entry into care. A fidelity review will be finalized early in FY 19-20. Results are shared with providers for continuous feedback for practice and program services to be delivered to a high degree of fidelity.

Utilization Management plans in FY 19-20 include implementing and refining processes related to changes associated with the loss of Florida's Title IV-E Waiver. Utilization Management plans to maintain continuous review of evidence-based services and programs in the service array, especially as it relates to planning for the implementation of the Family First Prevention Services Act. This also ensures continuous assessment of service array and ability to respond timely to the service needs of children and families as they arise, filling any gaps. Starting FY 19-20 for example, Utilization Management is directing efforts to ensure that applied behavior analysis services are available and accessible across the catchment area when indicated as a need.

**Community Relations and Recruitment (CRR)** – Overseeing strategies related to community engagement, public relations and communication, the CRR department is responsible for ensuring PSF's mission and goals are strategically marketed to several key target audiences. Utilizing data-driven and best practice methods, CRR works to increase support and resources for youth in care, recruit quality foster and adoptive families across 13 counties and communicate the spectrum of PSF's services, including our Resource Center Model for child abuse prevention, to the community. In the 2019-2020 year, CRR is planning for several key initiatives. These include enhancing our recruitment strategies in our rural areas through a focus on "Foster Care and Adoption Info Nights," increasing our capacity to serve youth in care through grant and other fund development opportunities and managing crisis communications by continuing to develop relationships with our local media. CRR will also actively engage with legislators, both in Tallahassee and in their local offices, during the 2019-2020 session to ensure the voices of our youth are heard and the needs of our families are met. Finally, CRR will work with Resource Center staff enhance our audiences' understanding of the Resource Center Model and its efficacy in reducing rates of verified child maltreatment.

Starting of the 19/20 fiscal year, PSF hopes to build on the success we saw in 18/19. Our recruitment efforts were strong, resulting in 49 new licensed foster homes – exceeding our DCF-set goal of 48. We had more than 70 strategic recruitment initiatives and found Info Nights to be one of our most successful recruitment efforts with more than 60% of our newly licensed homes having attended an Info Night. These efforts reached all of our thirteen counties.

The 18/19 fiscal year also brought in new funding opportunities. CRR helped garner \$80,000 in grant funding from the United Way of North Central Florida to support three distinct programs, two of which are new to our system of care. This funding is expected to continue for three consecutive years. We also earned a \$76,000 from Sunshine Health/CBCIH to implement High Fidelity Wraparound, a state recognized high quality method for providing wraparound services for youth in care. This is in addition to the more than \$13,000 in grant and fundraising support earned in the 18/19 year to support our Resource Centers and normalcy efforts. In the 19/20 fiscal year, CRR will continue to seek support that helps meet the needs of our local youth while focusing on making the most effective use of funds earned in 18/19.

**Resource Centers** – PSF’s network of Resource Centers are designed to strengthen families and prevent abuse and neglect of children by providing centralized locations for families to seek needed community services and supports in a non-threatening environment. PSF currently operates four Resource Centers, three in Gainesville and one in Chiefland, serving Dixie, Gilchrist and Levy counties. Beginning in February 2019, PSF is participating as part of a Social Emotional Development Pilot Project in Alachua County. Through this county-funded project, PSF has been contracted to provide two Early Childhood Family Support Facilitators, also part of the Resource Center team, who provide high quality family support services at five high-risk early learning centers.

The Resource Centers are heavily reliant upon community volunteers and interns to assist with daily operations, in compliance with relevant policy (1128-Volunteers). Additionally, all volunteers/interns participate with an orientation process and on-going coaching opportunities to help ensure they are aware of relevant policies, including customer service and confidentiality. The Resource Centers work closely with over 75 community partners to offer a range of free services and supports through the various locations. All partners who provide on-going, on-site services have a fully executed Service Provision Agreement in place, as monitored by PSF’s Contracts Department. A policy (1511-Significant Occurrence Reporting) is also in place to provide guidelines for monitoring and reporting significant occurrences at the resource centers that do not reach the level of needing a full incident report.

Data related to patron demographics and service utilization is collected and reported on a quarterly basis with a focus on identifying and meeting potential service gaps. Additionally, satisfaction surveys are offered to patrons at each visit and are reviewed on a regular basis to help guide on-going practices. Beginning in 2017, an annual Resource Center Partner Survey is conducted, and results shared with partners to help ensure quality partnerships and improved practices. Zip code-level data related to verified child maltreatment reports is reviewed on an annual basis and has shown promising results regarding a reduction in the number of verified reports in communities surrounding the Resource Centers.

The Resource Center team has recognized a need to provide more prevention-focused training opportunities. As such, in December 2018, PSF, through grant funding provided by Casey Family

Programs (CFP), hosted the 2-day *Living the Protective Factors* training series for Resource Center staff, along with a limited number of volunteers and partner agencies; 13 partner agencies were represented at this training. Additional grant funding, also through CFP, has been provided for FY19 to support high level, peer learning opportunities by allowing select staff to attend learning sessions at other national sites who are successfully providing prevention services. PSF will also continue to host other communities/states to share about the success of our Resource Center Model for potential replication purposes. During FY18-19, PSF hosted visitors from other communities within Florida, along with national visitors from Maryland, Pennsylvania, Wisconsin, Nebraska, Alaska and New Hampshire.

## **OPERATIONS:**

The Operations Department is composed of Quality Operations Management, Adoptions, Licensing, and Placements. Each team acts to guide the care children and families receive directly or indirectly. Each team has a set of checks and balances which optimize best practices for clients within the PSF catchment area and support practice with our Case Management Partners.

**Quality Operations Management** – The Quality Operations Team is comprised of 2 Directors of Quality Operations, 5 Quality Operations Managers, 1 Quality Care Coordinator, 1 Youth Champion, 1 Kinship Care Coordinator, 1 Out of County Specialist; 1 ICPC Specialist and 2 Administrative Assistants. PSF utilizes Directors of Quality Operations for Circuits 3 & 8 to oversee quality review activities, enforce practice in line with Florida's Child Welfare Practice Model with the following methods including, but not limited to:

- Case Transfer and Assignment – review and oversight of incoming cases to ensure smooth transition from Investigation to Ongoing Case Management
- Schedule and Facilitate Staffing's to include Permanency Staffing's, Safety Review Staffing's, New Abuse Report Staffing's, and New Baby Staffing's
- Review and Performance evaluation of Key Data Indicators utilizing available data
- Review and Performance evaluation of Scorecard Measures utilizing available data

With each of these functions, the Operations team is focused on quality practice and performance improvement.

**Adoptions** – The Adoptions Team is comprised of 1 Director of Adoptions; 2 Adoptions Supervisors; 9 Adoption Case Managers; 2 Adoptive Family Liaisons; 1 Wendy's Wonderful Kids Recruitment Specialist; 1 Post-Adoption Liaison; 1 Diligent Search Specialist and 1 Administrative Assistant. PSF's Adoption Program strives for child-centered best practices and timely permanency for children through adoption. The Adoption Program is responsible for the recruitment, adoption preparation activities and finalization for children with the goal of adoption. As a part of the adoption activities, decisions are made to promote the best interest of the child regarding separation of siblings and match with adoption placements. The Adoption Applicant Review Committee may review cases when challenging issues present and in circumstances required by law. PSF also provides post-adoption support to families through a dedicated position with functions including information and referral for post-adoption families to community and network providers, maintaining data relating to

post-adoptions service needs locally, tracking, and monitoring adoption disruptions, communication, and outreach to support families through social media and quarterly newsletters.

**Licensing** – The Licensing Team is comprised of 1 Director of Licensing; 1 Licensing Manager; 2 Licensing Supervisors; 12 Licensing Counselors; 1 Partner Family Advocate; 1 Retention Specialist; 1 Administrative Assistant; 1 Licensing Analyst. PSF's Licensing Team provides support to families in obtaining and maintaining licensure for Levels 1-5. The Licensing Team provides educational support and completes licensure activities with Partner Families. Recruitment is a collaboration between the Licensing team and PSF's Community Relations Team utilizing Info Night events to share information about fostering opportunities and requirements. A dedicated position, the Partner Family Advocate, acts as a liaison for Partner Families and various departments within PSF to ensure foster families are supported, children's needs are met, and communication is strong. The Licensing Analyst, tracks, and implements Corrective Actions Plans and Support plans to assist licensed Foster Families. The Retention Specialist focuses on creative and effective ways to retain foster homes through the organization of holiday parties and appreciation events. This position also develops articles for the quarterly newsletters and serves as backup to the Licensing Specialist.

**Out of Home Care Placement** – The Placement Team consists of 1 Placement Manager and 4 Placement Specialists. PSF's Placement Team oversees placement assessment, matching, and management of children in licensed out of home care. The following processes are in place to support quality practice, but not limited to:

- Schedule and Facilitate Placement Assessment and Placement Stability Meetings
- Placement Matching Child's Needs with Foster Home Skills/Strengths
- Daily Placement Review Meetings to review recently placed children and address systematic barriers
- Referrals and Oversight for Specialized Care and matching with specialized providers including medical foster care, therapeutic foster care, therapeutic residential group care and statewide inpatient psychiatric provider
- Prepare and manage Over-Capacity Waivers

Each of these functions supports quality placement practices to match children's needs with licensed families' abilities.

PSF Operations Team routinely reviews data and performance measures to identify trends and areas of practice improvement. Monthly scorecard calls are held with case management partners to review scorecard data by Case Management Agencies (CMA). Monthly meetings to review performance data are also held with each service site leadership at Quality Team Meetings (QTM). QTM topics include:

- Placement – Group care; SIPP step down planning; separated siblings, runaway, pregnant teens
- Performance data – fingerprints, birth verifications, photos, case closures, reunifications
- Length of Stay by Child

The Operations Team provides a variety of data to the Case Management including topics such as:

- Children not seen – daily

- Scorecard data and listings – monthly
- Key indicator data – as needed

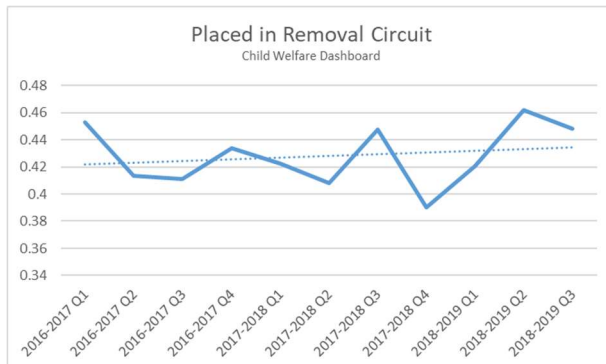
Data and collaboration within PSF Operations Team and other PSF departments as well as collaboration with agency partners is an ongoing part of the department management strategy.

### *Well-being*

The Operations Team has been focused on improving performance to keep children placed in their own community, county, and circuit. PSF implemented several strategies aimed at improving in or near a child's home county. These strategies include:

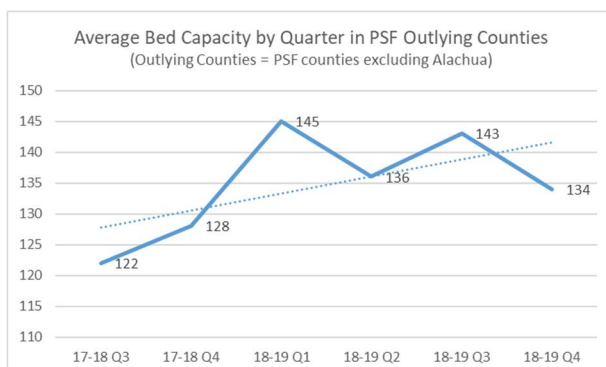
- Operations and Placement team review of child in licensed placement and new placements for options to keep children in their home county or circuit.
- Increasing the number of Level II Partner Families, specifically in the rural counties and Circuit 3.
- Regular review of Key Indicators Data on Children placed in County.
- Placement Assessment and Level of Care

While the very rural nature of the PSF catchment area and lack of resources in outlying counties makes it difficult to place children in their home county, PSF was able to improve the number of licensed children placed in their home circuit.



Trend line data shows an improvement in placement of Children in their Removal Circuit.

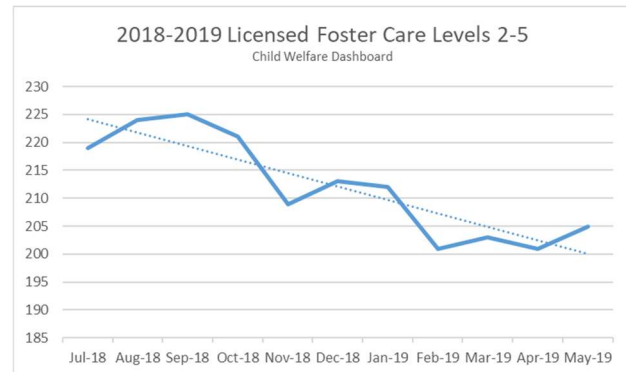
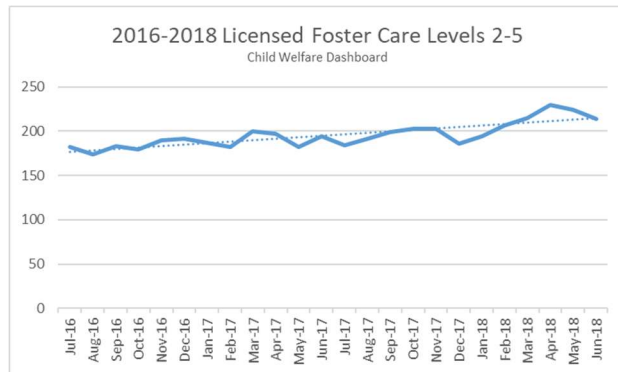
PSF focused recruitment efforts on our outlying areas and specifically Circuit 3 to create additional placement capacity for licensed care. Twelve Info Nights were held in PSF outlying counties along with advertising, flyer distribution and social media campaigns to increase rural capacity.



Rural County recruitment shows gains in bed capacity in the last year which provides a for children to have greater placement opportunity with their home communities. Adoptions by licensed foster parents account for 25% of the adoptions in the last year which results in some loss of bed capacity.

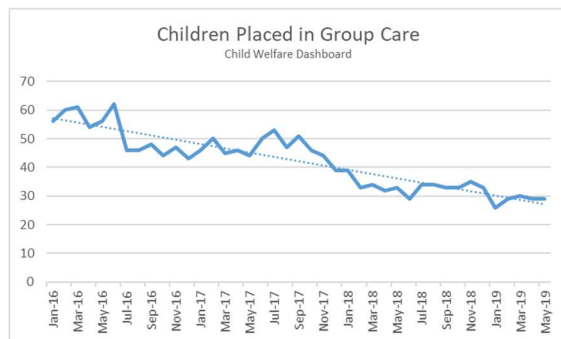
## Permanency

The Operations Team focused on the rising number of Children in Out of Home Care (OHC). Several strategies were put in place to target a reduction in climbing OHC numbers.



PSF saw an increase in children placed in Licensed Foster Care settings (Levels 2-5) in 2016 & 2018. The strategies put in place show a reduction in Children placed in Licensed Foster Care settings during the 2018-2019 period.

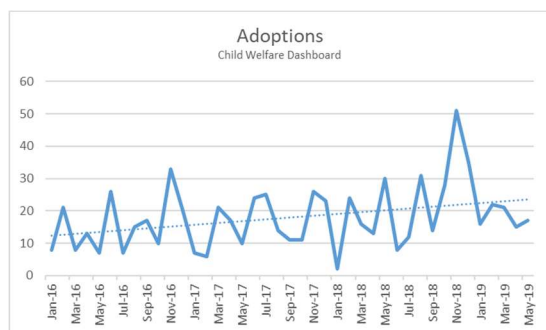
The Quality Operations Team in conjunction with the Placement Team have focused on reduction of children in licensed care, particularly aimed at reduction of the use of group placements in favor of more family-like settings.



Data shows a steady decline in PSF utilization of group care setting for children in out of home care.

To assist with the focus on reduction in group care use, the Licensing team increased focus on recruitment for teen foster homes. Data collected during the first six months of 2018 compared to data collected in 2019 reflects an overall increase in bed capacity. PSF averaged 122.33 beds in the first quarter of 2018 and 128.33 beds in the second quarter of 2018. In the first quarter of year 2019, PSF averaged 143 beds and in the second quarter PSF averaged 134 total beds. This data also shows an increase number in the number of teen homes. In June 2018 PSF had a total of 19 teen homes, whereas in June 2019 PSF had 26 teen homes.

The Adoptions Team also saw an influx of children available for adoption beginning in 2016 and have increased the number of adoptions finalized to reduce the backlog of children awaiting adoption finalization.



Trend line data shows an increase in the number of children discharged to Adoption. Based on numbers of children free for adoption, PSF expects to continue to see a higher proportion of children discharged to Adoption.

The PSF Operations Team will continue to focus on reduction of Children in Out of Home Care in the coming year. To further reduction in Out of Home Care, the following strategies have been put in place:

- Quality Operations Team –PSF added a Quality Care Coordinator position in 2017 that focuses on kinship placement for children who enter licensed care. This position has been helpful to identify kinship placement opportunities early in the case to promote placement stability as well as keeping children in least restrictive placements.
- Adoptions Team - Adoption Case Activities staffings are held to review the status of each case with an adoption goal and set plans in place to address barriers to finalization as well as to prepare Adoption Case Activities Reports toward Judicial Reviews. Recruitment staffings are held every 60 days to discuss all waiting children without identified placements considering local approved adoptive families toward identifying matches. Match staffings involving children with more than one prospective family identified (e.g. competing relatives, foster parents) have been incorporated into the Adoptions Applicant Review Committee to improve efficiency and per best practices encouraged by the Office of Child Welfare. The Adoptions Department also has a special project implemented in May of 2019 in which additional Operations staff are assisting with adoption home studies to increase the capacity of PSF to finalize adoptions for waiting children in identified placements.
- Placement Team – Continue to focus on least restrictive placement settings and keeping siblings together through participation in the monthly QTM meetings at each site.
- Licensing Team – Continue recruitment efforts focused on creating additional Level II licensed capacity in PSF's outlying counties as well as overall capacity for teen placements.

The focus for the year moving forward will be to continue with strategies above that have been put in place to reduce the number of children in out of home care and improve the number of children placed in their home circuit. The Operations Team hold bi-monthly meetings to review placement capacity, data on children placed in area, and recruitment strategies. Additionally, the Operations Team is focused on implementation of Level 1 Licensing and Guardianship Assistance Program (GAP) to improve services for kinship care families as a part of our initiative to ensure children who must be in out of home care are served in the most family like and familiar setting available while

receiving supports to promote placement stability. Implementation meetings for Level 1 and Guardianship assistance are held to review data, identify trends and address any barriers.

### **CONTRACT MANAGEMENT:**

PSF's Contract Management Team recognizes that all components within the organization contribute to the safety, permanency and well-being of children and families served. With the focus of improving communication and services with staff, Executive Leadership, partners, service providers, and stakeholders, Contracts implemented the following initiatives during FY 2018-2019.

- **Contract Review Cover Sheet** – To confirm all departments are aware of contracts and agreements being established with partners, a Contract Review Cover Sheet is forwarded to each Executive Leadership Team member so they can review and agree with all terms stated in the contract. To expedite the process, each member of the Executive Leadership Team is asked to electronically sign the Contract Review Cover Sheet or provide feedback for requested changes.
- **Inventory Report** – As a result of a prior COU finding, and in an effort to submit mandated reports to DCF by the required due date, Contracts has added the Property and Vehicle Inventory Report to the annual calendar. An email reminder is sent to the IT Dept on May 1 since the report is due May 31.
- **Performance Measures** – To provide detailed information to the Case Management Agencies (CMA), Contracts works closely with the QA department to generate a thorough quarterly report for each of the case management agencies. The initial report provides each agency time to submit any corrections prior to the report being finalized. Once the quarterly report is finalized, it is then submitted to the agency's President/CEO or other designated person and discussed during quarterly calls with CMA leadership.
- **COA Process** – PSF is accredited by the Council on Accreditation (COA) every three years. PSF's current accreditation was valid through June 30, 2019 and was extended through September 26, 2019. PSF is currently in the process of re-accreditation and the Contracts department has led the activities associated with this activity.
- **Policies and Procedures** – To ensure written policies and procedures are in alignment with current practice, the Contracts Dept reviewed and submitted numerous policies and procedures with the designated departments for feedback. Once the final round of revisions was received, the policies were sent to the Executive Leadership Team, Board Committees, and Board of Directors for review and approval as appropriate. After receiving Board approval, dates were entered on the policies and procedures to reflect the most recent revisions and approval. In addition, language that reflects PSF's focus on the Risk Management Plan was incorporated into the policy's description.
- **On-Site Monitoring** – PSF's Contract Management Department completes Annual Site Visits with sub-recipient service providers to ensure state and federal standards are being met, facilities are safe and appropriate, and mutual families served receive the appropriate services from qualified individuals.



## **INFORMATION TECHNOLOGY DEPARTMENT:**

Partnership for Strong Families contracts with Service Management Solutions (SMS) for Information

Technology services including but not limited to software development, reporting, network infrastructure and end user support.

During the 2018-2019 Fiscal Year, among the many projects to aid PSF in continuous quality improvement activities. The department summaries below are the ongoing and current projects for each area.

- **Systems Administration (SMS)** - On behalf of PSF, SMS maintains the stability, integrity, and security of the included IT systems, limits system access to authorized users and provides technical support and training to system users as ongoing services. Below are last fiscal year's accomplishments:
  - Implemented new remote access system for all staff members
  - Implemented phish testing and security awareness training
  - Relocated servers in Trenton when service center moved buildings
- **Data Management (PSF)** - Data Management is responsible for providing technical assistance and quality oversight of FSFN and P-kids utilization. Data Management trains and manages data processes within these systems. Data Management is also responsible for the Document Imaging, classification, and storage of Child Case Records. The Data Management unit uses an electronic document information system, Perceptive Content, to store the case file in conjunction with FSFN and the FSFN File Cabinet. Perceptive Content can read and categorize all the different file types, to include both sound and video, with no constraints to file size or expiration of storage time. The unit will continue to be responsible for the following:
  - Generating CEO Monthly Report
  - Provide Monthly Training on the use of FSFN
  - Review Case Transfer Packets
  - Participate in FSFN Based Workgroups
  - Participate in Barrier Buster Meetings between community partners and PSF
  - Process documents submitted to Perceptive Content
- **Records Management (PSF)** - The Records Management unit is responsible for the analysis of business processes and records protocols to identify, draft and promote improvements, for providing technical assistance and quality oversight of records systems, for publishing intranet resources, for standardizing proposed form templates, for training users to use the agency's electronic records system, for training users to perform paperless work, for managing user permissions to the agency's electronic records system and secure FTP accounts, for accessing archived paper records, for effecting the secure destruction of records that have reached the end of their retention period pursuant to proper authorization, for transferring case files between jurisdictions, for processing all records sets not processed by Data Management, Human Resources or other departments, and for the redaction and release of records for required disclosures and in response to records requests. Recent accomplishments include:
  - the redesign and implementation of the PKIDS Foster Homes applications
  - the redesign and implementation of the PKIDS Adoption application

- replaced a redaction specialist and started training for several staff members to learn the redaction software and processes
- Updated policies and procedures
- **Database Administration (SMS)** - The database administration area is responsible for the entire database infrastructure that handles client data. Some applications include Pkids, Perceptive Content (ImageNow), Community Resource Modules, etc.
  - Started preparing for upgrading database & document imaging infrastructure, to be deployed FY 19-20
  - finalized conversion from third-party DocVault application to PKids FHL application
  - worked with DCF on a variety of data related issues in FSN
  - started discussion on CWIS conversion

## **SUBCONTRACTED CASE MANAGEMENT CONTINUOUS QUALITY IMPROVEMENT AREAS OF FOCUS**

### **CAMELOT – ALACHUA COUNTY**

As of February 2018, Camelot Community Care has been providing case management services to Alachua County. The sub-contracted provider is comprised of a Program Director, Assistant Program Director, a Quality Assurance Specialist (QAS), six Case Management Units, and several support staff. The case management agency promoted and instituted several activities during the past Fiscal Year which promoted Continuous Quality Improvement (CQI) in the areas of Safety, Permanency & Well-Being.

The following is not an exhaustive list of activities, but a highlight of some of the activities planned for the upcoming Fiscal Year.

**Safety:** Camelot will continue to utilize their Safety Specialist and Safety Support Worker to address safety planning within their agency. The professionals in these positions are auditing, monitoring and mentoring workers to ensure that each case has a quality safety plan, can act as formal safety service monitors on cases and assist with quality assurance regarding psychotropic medications. They coordinate cases which re-open and assist with secondary assignment of cases to better partner with the Department of Children & Families (DCF). Camelot is also meeting regularly with Children's Legal Services (CLS), judges, Parents' Attorneys, etc. to enhance partnerships with stakeholders and address systematic and programmatic issues.

**Permanency & Well-Being:** Camelot made gains in the most recent Fiscal Year because of investing in their employees and will continue to do so in the 2018-2019 Fiscal Year. Preliminary results indicate improvement in the well-being measures such as seeing children timely and ensuring dental and physical exams are completed timely as well as achieving permanency sooner. Improvement is due, in part, to case assignment and worker support. Supervisors are provided data to guide new case assignments, so caseload numbers allow for quality work to be completed and have new employees

matched to their units. Each new worker is assigned to an individual mentor, who can assist in developing the new worker as an asset to the agency. Additionally, cases are matched to an individual worker's strengths. What this means in practice is workers who show strong competencies in certain areas of child welfare are matched with families who need a worker with those strengths. Furthermore, once it's known by management that a worker has certain interests of child welfare, there is a deliberate and coordinated effort to ensure the worker receives as much support and training as needed to enhance his/her skillset: investing in their employees' goals to help achieve the best outcomes for children. Camelot has also initiated the pilot for the Rapid Reunification Track, which is designed to provide increased supervision and oversight for cases that are assessed and justified for expeditious reunification, when that can be done safely. The track is a collaborative effort between Camelot, CLS, parents' attorneys and the Court. Cases that might be ideal for Rapid Reunification are identified prior to and during the case transfer staffing process and the worker will be responsible for justifying to the Court why the case is suitable for the track. As a part of the process, the Conditions of Return (COR) and expectations are discussed with the parent and the parent must complete a COR-Self Assessment prior to the court accepting the case for the track. Once it is agreed that the case is ideal for the track, the Court reviews the case more frequently than others to assess when unsupervised and overnight visitation can commence and reunify the children with their parents when deemed appropriate. This track encourages parent accountability with the reward of early reunification of the family. Camelot has made vast improvements in completing timely supervisor reviews. Supervisor reviews are a matter of child safety and must be prioritized. In April 2016, the agency's total percentage for supervisor reviews was 14.25%. This has been improved to a total of 100% during the recent quarters. Another area of focus has been sibling visitations. While this was a challenging area for the agency, extraordinary efforts and accountability have been put into place and improvements were made as a result. Additionally, a hard push for timely court documents was needed. With tenuous efforts, Camelot has resolved the lag time in filing needed items for court. The judiciary has made note of the efforts made to ameliorate the previous barriers.

Camelot has also worked diligently over the last year to improve compliance with psychotropic medication measures. The agency developed trackers to help supervisors and case managers know what items and tasks were completed and what is still outstanding. Camelot developed a Point of Contact person who all case managers could reach out to for guidance and mentoring about medication issues. The QAS worked closely with all new case managers to ensure they had a better understanding of the requirements and attend medication appointments with them to model the questions and information that should be gathered. QAS reviews all physician's reports before submission to CLS to help eliminate commonly made mistakes in court orders. In the future, Camelot will continue to work to evolve the trackers developed to meet the areas in which case managers struggle. Mentorship of new case managers will continue to help form a better understanding of psychotropic medications.

Camelot will use the upcoming Fiscal Year to continue to strengthen partnerships and maintain a qualified and passionate workforce to help meet the needs of clients served using solution & data-based methods.

## CAMELOT – SUWANNEE, HAMILTON, LAFAYETTE, MADISON, TAYLOR, BRADFORD, BAKER, AND UNION COUNTY

Camelot Community Care provides case management services at the Live Oak Regional Partnership Office, Madison DCF Office & Starke Regional Partnership Office Locations. The Live Oak Office provides services to families residing in Suwannee, Lafayette, Hamilton, Madison & Taylor Counties. The Starke Office provides services to families within the areas of Baker, Bradford, & Union Counties. The agency covers 8 of the 13 counties in the Partnership for Strong Families' catchment area. All these counties are located in rural northern Florida. The agency consists of a Program Director, a Quality Assurance Specialist, four case management units, and various support staff.

Camelot engages in several on-going continuous quality improvement activities which will continue into the 2019-2020 Fiscal Year. In addition to monitoring performance as it relates to Scorecard Performance Measures, Camelot continues to develop on-going practices in child welfare to maintain and enhance casework related to the areas identified in the most recent Corrective Action Plan through the Contract Oversight Unit. The following list represents some of activities occurring by the case management agency in the following child welfare measures:

- Separated Siblings: The Program Director has taken this measure on to manager herself. The monthly list of newly separated siblings is furnished to her from the supervisors. She checks FSFN several times per month to ensure the required visits have occurred and are documented. In addition, after receiving the monthly report from the Quality Assurance department, a review is completed of the case to make sure any corrections or exemptions are completed prior to the final submission of the monthly report to DCF.
- Psychotropic Medication Compliance: In October 2017, a new Quality Assurance Specialist joined the Camelot team. He quickly developed an extensive tracking system to ensure compliance with this critical measure. This measure continues to be personally managed by the QA Specialist.
- Pre-consents for Psychotropic Medication: The QA Specialist also manages compliance with this measure. This measure was recently changed to include all children receiving two or more psychotropic medications (prior only up to 10 years old).
- Child Placement Agreement Compliance: This measure is a shared responsibility for the entire team. The Family Care Counselor sends an email to alert the Supervisor, QA Specialist and Program Director about a child moving. The QA Specialist checks to make sure the CPA is updated with each move. If any are missed and caught by PSF QA, the Specialist is quick to make the correction and inform PSFQA. Since this is a weekly assignment from PSF QA they are not out of compliance more than a few days.

Camelot management tracks, monitors and looks to identify patterns and trends where performance did not meet standards to close gaps. Using the recent performance scorecard, the Specialist developed a checklist for placement changes that will trigger many of the monthly measures in one place. Use of this checklist should reflect improvement in any of the areas needing attention from the previous year.

Additionally, Camelot has developed a good system for ensuring Incident Reports are processed timely following identification from the Family Care Counselor. This measure is managed by the supervisors who have made this a priority during a previous FY. The supervisors track notification of incidents and set timeframes for submissions which are then followed to ensure compliance. Due to changes with the Baker Act incidents, Camelot is developing a tracking system to capture data regarding the required staffing. We are also piloting the new IR system in P-Kids.

Camelot management uses a team approach to managing performance measures from the supervisors to the Program Manager. They all work together to break down barriers when known and are using past information to indicate a way to move forward and continue to improve performance. The data shows this attention to detail has resulted in improvement in measures across the board for Camelot Live Oak/Starke.

## DEVEREUX

Devereux Florida provides case management services at both the Lake City Regional Partnership Office & Trenton Regional Partnership Office Locations. The Lake City Office provides services to families within the Columbia County area. The Trenton Regional Partnership Office provides services to families within the areas of Gilchrist, Dixie, and Levy Counties. The agency consists of a Program Director, a Quality Assurance Specialist, five case management units, and various support staff.

Three of Devereux's case management units are in the Lake City Regional Partnership Office and two are in the Trenton Regional Partnership Office. One unit located at the Lake City Regional Service Site, specializes in providing services to at risk families who receive services in the home. This design allowed for Family Care Counselors to specialize in implementing practices to allow children to safely remain in the home. As a benefit and byproduct of this model, secondary assignment, prior to case transfer from DCF to the Case Management Agency, goes well. Workers have a strong rapport with Child Protective Investigators and this working relationship allows investigators to have a single point of contact to promote a positive partnership and increase timely case closures.

To address systemic barriers indicated in Windows Into Practice, Devereux will utilize their Quality Assurance Specialist in conjunction with continued partnership with Children's Legal Services and PSF's Quality Operations Department to address timely completion of case plans, judicial reviews, permanency hearings, and termination of parental rights' hearings (as applicable). Devereux tracks the above detailed information on a regular basis and analyzes gaps in performance to address issues. Devereux's parent corporation also completes a number of quality practice audits and the Program Director has monthly CQI calls with Devereux administration and other Devereux Program Directors around the state.

During the 2018-2019 Fiscal Year, Devereux performed well in meeting the scorecard measurements and will continue to make efforts to meet criteria. Additionally, Devereux will continue to regularly focus on meeting the most recent areas of focus identified by the Contract Oversight Unit as to Child Placement Agreements, Psychotropic Medication, and Separated Sibling Compliance. Devereux has worked to utilize the reports regularly provided by PSF Quality Assurance Department to ensure the Case Worker Supervisors are able to ensure the contract measures are met on a regular basis in regard to Separated Siblings and Child Placement Agreements. One change Devereux has made in regard to Separated Sibling Compliance was trainings for Family Support Workers to improve documentation of visits and to ensure sibling visitations occurred even when parents canceled parental visitation. Devereux had a specific case worker who was focused on Psychotropic Medications, attending appointments and ensuring documentation was completed to help improve their performance, but due to staff over-turn they have had to eliminate this focus, but hope to re-implement it when fully staffed again.

Staff recruitment and retention problems are a challenge for every case management agency, but Devereux will continue to provide support and strength to their workers to maintain a consistent workforce.

CDS BEHAVIORAL- CDS Behavioral provides Extended Foster Care, Postsecondary Educational Services and Support, Aftercare Services and other Independent Living Services in all counties served by PSF. The provider works with PSF to maintain quality controls related to eligibility and payments. The provider assists clients in enrollment in secondary educational services and monitors to assist if any systematic or programmatic issues arise. This agency also provides secondary case management services for children in licensed care ages 16 and 17 to assist them with their transition to adulthood and in developing a transitional plan.

Record keeping and data management have been identified as areas needing improvement. CDS has been working with PSF Data Management to ensure appropriate and timely input into FSFN and accurate data captures. CDS is continuing to provide services that must be continually monitored, and activities tracked within electronic record systems.

## **ANALYZING, UTILIZING, SHARING RESULTS & COLLABORATIVE CHANGE**

Plan, Do, Check and Act; these are the processes PSF utilizes to analyze and use data and information to promote change. As stated throughout the plan, PSF works with the various departments within PSF, and with CMAs, DCF and other stakeholders to identify and address areas of strength and areas in need of improvement. This is accomplished via multiple avenues from data analysis to meetings designed to address partnering and processes. This partnered approach is designed to look at issues related to quality and performance at both the system/process and case levels. By looking at issues at both the system/process and at the case level, progress can be made for the whole system and for the individual children and families served. Data and information are used with created management tools to assist with being proactive with data collection, analysis and outcomes.

FSFN and DCF portal reports as well as CMA and PSF management tool reports are used to provide information and focus improvement efforts. PSF utilizes the data collected during meetings and via the scorecard, management reports, case file reviews, and other quality assurance and improvement activities to identify evidence of success, areas in need of improvement and to develop action plans for improvement. Action plans for improvement include tasks such as management reports, changing/updating processes and training designed to address the change. Finally, the data and information gathered and assessed is utilized to determine if the changes and action plans put into place have yielded the desired outcomes and if not, the process begins again.

Data and information are shared via multiple avenues for a variety of reasons. Data/information is shared for ongoing management, control and improvement actions within continuous quality improvement activities. Data is shared via reports and meetings. Weekly, monthly, quarterly and annual reports are utilized to share data, action plans and outcomes with PSF staff, DCF (including the DCF Contract Manager), PSF Board of Directors, subcontractors and other stakeholders.

## **CONTRACT OVERSIGHT UNIT REVIEW -**

### **CORRECTIVE ACTION PLAN ITEMS**

PSF received a preliminary version of the Contract Oversight Unit Desk Review in June 2019. There were 14 findings noted in the review. Upon examination of the findings, PSF contested 11 of the 14 findings, and acknowledged 3 of the findings. The agency response was sent to the DCF contract manager for review and final determination. PSF did receive a final plan with final findings, detailing RSF Item 2.3 and CQI Items 12B and 13 as “Areas in Need of Action”. Additionally, RSF Item 4.1 was identified in “Opportunities for Improvement”. PSF is currently working on the development of the Corrective Action Plans associated with these findings.

**RSF 2.3: Is the quality of visits between the case manager and the child’s mother sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes? Over the past two fiscal years, PSF has performed below the statewide performance. See Report for more.**

For FY 2018-2019, PSF received a strength on 14% of cases for item 2.3. Although this number is very low, it is up from the 8% strength rating for PSF in FY 2017-2018. We do believe that visits with parents in general are an area where PSF has an opportunity for improvement. Often the case managers are meeting with mothers and having discussions that address many of the concerns that brought the family to the attention of the Department. However, they are not always addressing all the concerns, or they are addressing them in terms of compliance and not behavioral change. PSF is working to enhance conversations with parent through our contact sheets, tip guides and training efforts. We believe that the 6% increase from last fiscal year to this fiscal year does demonstrate some improvement, and we are hopeful that our continued efforts will generate an even greater increase for FY 2019-2020.

**CQI Item 12B: Did the agency make concerted efforts to assess the needs of and provide services to parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family? Over the past 2 fiscal years, PSF has not met the target or the PIP goal and performance declined during FY 17/18.**

Although PSF was able to demonstrate improvement during FY 2018-2019, this item was still identified as an “Area in Need of Action”, requiring a CAP. PSF is typically strong with identification of needs, service identification and service referral. However, we do see opportunities to improve our verification of engagement. We do not always follow up to verify engagement, address barriers, or re-engage when barriers are identified.

**CQI Item 13: Did the agency make concerted efforts to involve the parents and children in the case planning process in an on-going manner? Over the past two fiscal years, PSF has not met the target or the PIP goal. Performance improved 8.5% during FY 17/18, however scores remain significantly low.**

Although PSF did not meet the PIP standard during FY 2018-2019, CQI results show that PSF was able to achieve a strength on 65.6% of our reviewed cases for FY 2018-2019. This is well above the state average of 54% for Q4, and an improvement over PSF FY 2017-2018 results. However, PSF does believe that more can be done to involve parents and children in the case planning process. This has been an item on Partners Meeting agendas and is being included in a reference sheet that will be provided to all CMA staff. We will continue to work to include parents and children in initial and ongoing case planning formally and informally.

**RSF 4.1: Is a sufficient safety plan in place to control danger threats to protect the child? Over the past 2 fiscal years, PSF's performance has significantly been below the statewide performance. See Report for more**

Current Office of Child Welfare data, prepared through FSN, indicates that PSF is one of the leaders in the state for the completion and updating of safety plans. It is clear that PSF's subcontracted case management agencies are completing safety plans and updating safety plans. However, through case reviews it is also evident that those plans are not always updated with current information to control for the danger threats. In some instances, plans indicate a required level of contact that is contradictory to the approved level of contact noted in notes or staffing forms. PSF QA has also found issues with plans not always addressing all the necessary safety related concerns. There are also times that completed plans were missing signatures or background checks for safety monitors. PSF is continuing to address this issue. It is an area of focus within staff development, and QA is also working to provide additional resources to enhance the quality and consistency of the safety plan content.

## **ACCREDITATION, THIRD PARTY AUDITS & DCF REVIEWS**

PSF is accredited by the Council on Accreditation (COA). The current accreditation is valid through June 30, 2019. PSF has applied to begin the reaccreditation process through COA. PSF utilized various third-party agencies for ongoing auditing of financial and operational practices. PSF complies with the Department of Children and Families Annual Child Placing Licensure Audit and Contract Oversight Unit Review. PSF responds to any identified issues in a systematic and timely manner making changes when necessary.



## **SUMMARY**

PSF has continued to focus on Quality Assurance as a responsibility that is shouldered by all within the agency. As a result of the collective efforts of every department within PSF, we have continued to see the agency meet and exceed child welfare standards. Innovation and integrity drive those within PSF to develop comprehensive and effective strategies to meet the ever-changing landscape within this field.

This report has outlined the many efforts implemented over the past fiscal year, and details some of the new initiatives that are in place for the new fiscal year. PSF anticipates that the activities outlined will be fluid, and will continue to change, grow and adapt to changes within Florida's Child Welfare System and ongoing performance.

As noted, PSF has, and will continue, to work with our subcontracted case management agencies, services providers, board of directors, community stakeholders, and others to achieve continual progress and improvement. Within the past FY PSF has been able to demonstrate continued improvement and through planning and execution within each department, increased scorecard performance, CQI performance, and RSF performance highlight the agencies continued focus on improving our system to better serve families around safety, permanency and well-being.

Although PSF has seen continued improvements in many areas, there are still several opportunities that exist for further growth as an agency. Specifically, we are working with our case management agencies to continue to focus on how we engage families, especially fathers, how we case plan with parents and children and how to effectively partner and safety plan with families. PSF also knows that staff retention and succession planning are integral to continued success and will continue to be a focus for the current FY.

Information sharing and tool development are also critical for success. PSF has always worked to be innovative in how we collect, culminate and disseminate data/information. Open and transparent information sharing is key to understanding our practice, families and communities. When we are all able to see the same strengths and weaknesses, we are more apt to find collective strategies for improvement and to be working towards our goals together rather than apart. PSF's ability to integrate Florida Safe Families Network data with other available data sources has led to more accurate and robust data tracking. Our ability to transfer the data into complex tracking mechanisms and tools for our CBC and CMA staff are critical to our continued quality assurance and positive performance.

below is a list of initiatives that have been established to improve agency response for safety, permanency and well-being. This list is not exhaustive and is continuously evaluated and adapted to fit system needs. Additionally, below the initiatives are the areas that PSF will provide additional focus on during the current FY. This list is also not a complete list, but a snapshot of some of the critical areas of opportunity that will continue to drive our agency to greater performance, ultimately providing better outcomes for children and families.

Some initiatives established in an effort to improve and sustain performance include, but are not limited to:

- **Secondary Assignment** – PSF has implemented a program with CMAs being assigned to case in a secondary role to assist Child Protective Investigator with safety plan oversight and to initiate engagement of parents/families early in the dependency process.
- **Safety Reduction Workgroup** - The Safety Reduction Workgroup was implemented during the 2016-2017 Fiscal Year to identify children with excessive lengths of stay. The Workgroup looked at ways to break down barriers to permanency by assessing child safety, training case party participants to provide safety, and working in collaboration with Children’s Legal Services (CLS) to address legal issues.
- **Worker Incentives** - Sub-Contracted Agencies routinely offer additional incentives to support employees completing quality work and encourage performance with employees needing improvement.
- **Quality Parenting Initiative Meeting** – Meetings between PSF, subcontracted case management agencies (CMA), local service providers, and Partner Family parents were held to enhance the collaboration and teamwork of staff and Partner Family.
- **Partner Family Mentoring** - To aid with recruitment and retention and capacity for matching children to the best families, certain PSF Partner Family parents have been identified as mentors to provide support and assistance for newly licensed Partner Families.
- **Sibling Visitation Tracking** - CMAs have implemented new tracking measures to encourage frequent and quality visitation occurs between siblings placed in separate placements while in out of home care.
- **Separated Sibling Staffing Pilot** – PSF QA and Camelot Community Care worked collaboratively to establish a staffing form and process to review cases where siblings are separated. The staffings focused on current circumstances to ensure we are meeting the needs of children in care and to explore all possibilities for reunifying children with their siblings.
- **Targeted Training Initiatives** – PSF Staff Development has developed and implemented trainings for CMA supervisors, mentoring and coaching programs for new staff through the certification process, table talks, and Practice Model skill enhancement trainings.
- **Resource Center Services** - PSF has four active resource centers which aid prevention and diversion efforts which have shown significant impact on the rates of abuse in their respective areas.
- **Placement Stability Meetings** – PSF Operations department has opportunities for parties involved to assess, discuss and develop working action plans to meet the needs of children in out of home care.
- **Quality Assurance Team Meetings** – The QA department conducts team meetings to review information related to reviews, ongoing projects, and areas of focus as they arise.
- **Case Contact Forms** – Development and implementation of Case Contact form continuous quality improvement activity. Digital implementation is being rolled out for FY 2019-2020 to provide greater access in the field and in the office.

- **CMA Contract Measures** – Measure were added to the CMA contracts. Some measures are tied to incentives and penalties. These measures are continually monitored, and incentives/penalties assessed quarterly.
- **New Incident Reporting and Risk Management System:** PSF has been working with other CBCs to develop a new Incident Reporting and Risk Management System. The system has been created and tested. PSF began rolling out the new system in August, 2019. We are hopeful to gather additional data to better assess risk.
- **COA Re-Accreditation:** PSF is in the process of being re-accredited through The Council on Accreditation. This process helps PSF identify agency strengths and opportunities for improvement.

### **FISCAL YEAR 2019-2020 AREAS OF FOCUS**

Continuous quality assurance activities, as described in the document above, will be used to gather and analyze data and to utilize information to inform any needed practice/process changes.

In addition to the efforts and focus of change listed above, some additional identified areas of focus for 2019-2020 include but are not limited to the following:

- Quality of Engagement with Children & Families to Include Case Planning
- Engagement with Fathers
- Case Management Agency staff retention
- Cross Training and Succession Planning
- Caseload Trends
- Practice Model Fidelity
- Completion and Quality of Safety Plans (Increased Eligibility and Safety)
- Documentation Sufficiency (Contact Sheets)
- Out of County/Out of Circuit Child Placements
- Rate of Children Exiting Care Through Reunification as Opposed to Adoption, PG, etc.
- Continue to Improve PSF's Ability to Locate Placements for Difficult to Place Teens.
- Completion and Quality of Home Studies
- More Comprehensive Incident Reporting and Risk management
- CFSR and RSF coaching support