



PARTNERSHIP FOR
STRONG
FAMILIES

Contract Monitoring, Performance and Quality Management Plan

FY 2018-2019

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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 taking into account each county's population, social, and economic makeup.

In an effort 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. PSF's Contract Monitoring, Performance and Quality Management Plan outlines a few of the ways in which PSF accomplishes these tasks and how PSF plans to utilize information to promote needed change.

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 2016-2017-2018

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 2016-2017-2018. This Strategic Plan was developed utilizing information gathered via community stakeholder surveys and a SWOT (Strength – Weakness – Opportunity – Threat) assessment process. PSF's Strategic Plan 2016-2017-2018 includes updates/results for the goals outlined in the Strategic Plan 2013-2014-2015. PSF's Strategic Plan 2016-2017-2018 and accompanying Action Plan are designed to move PSF forward in meeting its Core Competencies. The goals of the Strategic Plan 2016-2017-2018 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.

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 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 of Florida- 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 operates with the same 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.

SUB-RECIPIENT SERVICE PROVIDERS

- Resolutions Health Alliance – Family Connections
- Children's Home Society – Family Connections

CONTRACTED SERVICE PROVIDERS

- Brehon Institute - In-Home Family Support Program
- Children's Home Society - Family Visitation Center
- Creative Counseling Center - Therapeutic Service Provider
- Village Counseling Center - Therapeutic Service Provider
- Resolutions Health Alliance - Therapeutic Service Provider
- Meridian Behavioral Health Care, Inc. - Therapeutic Service Provider
- Haven Open Arms - Residential Group Care
- Madison Youth Ranch - Residential Group Care
- Florida Sheriffs' Youth Ranch - Residential Group Care
- Ignite - Emergency Shelter

PARTICIPATION

PSF works collaboratively with the Board of Directors (including the Quality Assurance Sub-Committee), 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.

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, 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.
- 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):
 - Incoming Cases and Case Closures
 - Missing Children
 - Pregnant Teens in LFC
 - Placement Disruptions
 - Enhanced Rate, Specialized Therapeutic Foster Care and Residential
 - Agency for Persons with Disabilities Children
 - Department of Juvenile Justice involvement
 - Post Placement Supervision
 - Separated Siblings
 - Length of Stay
 - Fingerprints, Birth Verification, and Photographs

- 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.
- 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
 - Final PSF Issues to Regional Managing Director
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- 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 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
 - 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 every two months, 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
 - 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

Each year PSF completes an Annual Report, in compliance with directives in Windows into Practice, or other mutually agreed upon requirement. This Report will be submitted to the Department of Children and Families Office of Child Welfare no later than August 15. The report will include data from case reviews and Continuous Quality Improvement (CQI) activities which are analyzed to inform practice, identify trends and detail findings in the following areas as detailed in Windows into Practice:

- Introductory Section

- Performance Improvement Section addressing Safety, Permanency, Well-being, and Local Practice Trends
- Findings
- Gaps Between Findings and Benchmarks
- Intervention Findings

QUALITY MANAGEMENT PLAN

Each year PSF, in compliance with directives in Windows into Practice or other mutually agreed upon requirement, will complete a Quality Management Plan. This Plan will be submitted to the Department of Children and Families Office of Child Welfare no later than August 30th. The plan will describe PSF's quality assurance processes, data collection, analysis, reporting of findings, and processes/actions aimed at performance improvement. The plan will include local initiatives/innovations and how the agency is working within the community to better serve and strengthen families. In keeping with Windows into Practice the Quality Management Plan will at a minimum include:

- Introduction
 - Description of QA/CQI staff resources
 - Description of QA/CQI infrastructure
 - Lead agency and sub-contracted provider agencies
 - Involvement of the contract managers
- Schedule
 - Description of planned QA/CQI activities scheduled per quarter
- Other
 - The plan must include the lead agency's annual Program Improvement Plan to address areas needing improvement as a result of the CFSR and other federal reviews. This plan must include:
 - A description of how the agency will monitor improvement in the CFSR systemic factors that are being addressed by the lead agency.
 - A description of activities planned to address program improvement and monitoring of the National Data Indicators and CFSR case review items that are deemed an "area needing improvement" by the Children's Bureau.
- Description of other special reviews, discretionary reviews, systemic factor reviews planned or needed
- Description of how results of any or all QA/CQI findings will be used for program improvement

CASE FILE REVIEWS

Case File Review Overview

For the 2018-2019 Fiscal Year, the Quality Assurance & Contract Management Department will complete file reviews as detailed in Windows into Practice for the purpose of understanding practice in the field and the resulting impact to child and family outcomes. In order to review cases, PSF Quality Assurance staff completed all available certification training offered by the Department of

Children and Families and the Office of Child Welfare. For the 2018-2019 Fiscal Year, PSF will complete Rapid Safety Feedback Reviews, Florida CQI Reviews, and CFSR PIP Reviews.

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.”

PSF completes case reviews using the state approved review instruments and enters the reviews into the approved online tools.

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.

Quarter	Review Type	Review Dates
Quarter 1 FY 2018-2019	Rapid Safety	July 1, 2018 – September 30, 2018
Quarter 1 FY 2018-2019	Florida CQI Reviews	July 1, 2018 – September 30, 2018
Quarter 1 FY 2018-2019	Florida CQI-PIP Monitored Review	July 10, 2018 – July 12, 2018
Quarter 1 FY 2018-2019	Florida CQI-PIP Monitored Review	August 21, 2018 – August 23, 2018
Quarter	Review Type	Review Dates
Quarter 2 FY 2018-2019	Rapid Safety	October 1, 2018 – December 31, 2018
Quarter 2 FY 2018-2019	Florida CQI Reviews	October 1, 2018 – December 31, 2018
Quarter 2 FY 2018-2019	Florida CQI-PIP Monitored Review	October 9, 2018 – October 11, 2018
Quarter 2 FY 2018-2019	Florida CQI-PIP Monitored Review	November 6, 2018 – November 8, 2018
Quarter 3 FY 2018-2019	Rapid Safety	January 1, 2019 – March 31, 2019
Quarter 3 FY 2018-2019	Florida CQI Reviews	January 1, 2019 – March 31, 2019
Quarter 3 FY 2018-2019	Florida CQI-PIP Monitored Review	January 22, 2019 – January 24, 2019
Quarter 3 FY 2018-2019	Florida CQI-PIP Monitored Review	February 19, 2019 – February 21, 2019
Quarter 4 FY 2018-2019	Rapid Safety	April 1, 2019 – June 30, 2019
Quarter 4 FY 2018-2019	Florida CQI Reviews	April 1, 2019 – June 30, 2019
Quarter 4 FY 2018-2019	Florida CQI-PIP Monitored Review	April 16, 2019 – April 18, 2019
Quarter 4 FY 2018-2019	Florida CQI-PIP Monitored Review	May 14, 2019 – May 16, 2019

Rapid Safety Feedback Reviews (RSF)

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.” The goal is to monitor and assess completion of case practice activities, adherence to standards, and that quality services are being provided to the children and families served.

RSF reviews target children under the age of 4 receiving in-home services whose family has a history of substance abuse and domestic violence. PSF uses the state approved Rapid Safety Feedback Case Review Instrument In-home Service Cases Tool and Interpretive Guidelines to conduct Targeted Case Reviews.

Rapid Safety Feedback Item	
1	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? <ul style="list-style-type: none">• (1.1) Is the most recent family assessment sufficient?• (1.2) Is the most recent family assessment completed timely?
2	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? <ul style="list-style-type: none">• (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?• (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?• (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?• (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?• (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?• (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?
3	Are background checks and home assessments sufficient and responded to with a sense of urgency when needed to address potential danger threats? <ul style="list-style-type: none">• (3.1) Are background checks and home assessments completed when needed?• (3.2) Is the information assessed and used to address potential danger threats?
4	Is a sufficient safety plan in place to control danger threats to protect a child? <ul style="list-style-type: none">• (4.1) Is the safety plan sufficient?• (4.2) Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?

5

Is the supervisor regularly consulting with the case manager?

- (5.1) Is the supervisor regularly consulting with the case manager?
- (5.2) Is the supervisor ensuring recommended actions are followed up on?

PSF completes the specified number of RSF reviews per quarter as indicated in the Windows into Practice document or other official documents/memorandum from DCF. For fiscal year 2018-2019 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.

FLORIDA CONTINUOUS QUALITY IMPROVEMENT CHILD & FAMILY SERVICE REVIEW (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
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Safety Outcome 1 Children are, first and foremost, protected from abuse and neglect.	Item 1	Timeliness of initiating investigations of reports of child maltreatment - 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?
Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate	Item 2	Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care - 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	Risk and safety assessment and management - 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
Permanency Outcome 1 Children have permanency and stability in their living arrangements	Item 4	Stability of foster care placement - 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	Permanency goal for child - Did the agency establish appropriate permanency goals for the child in a timely manner?
	Item 6	Achieving reunification, guardianship, adoption, or other planned permanent living arrangement - Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?
Permanency Outcome 2 The continuity of family relationships and connections is preserved for children.	Item 7	Placement with siblings - 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	Visiting with parents and siblings in foster care - 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	Preserving connections - 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	Relative placement - Did the agency make concerted efforts to place the child with relatives when appropriate?
	Item 11	Relationship with child in care with parents - 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
Well-being Outcome 1	12	Needs and services of child, parents, and foster parents - Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services

Families have enhanced capacity to provide for their children's needs		necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
	13	Child and family involvement in case planning - 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	Caseworker visits with child - 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	Caseworker visits with parents - 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?
Well-being Outcome 2 Children receive appropriate services to meet their educational needs.	16	Educational needs of the child - Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?
Well-being Outcome 3 Children receive adequate services to meet their physical and mental health needs.	17	Physical health of the child - Did the agency address the physical health needs of children, including dental health needs?
	18	Mental/behavioral health of the child - 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/>

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 2018-2019, 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.

CASE CONSULTATION

Regardless of the type of review taking place, cases reviewed are followed by a case consultation. During case consultations the reviewer, worker, and supervisor meet to engage in a discussion which centers on the known documentation, but also includes the worker's perspective on the overall case, challenges, and successes. Consultations almost always provide additional information of the family with more context and clarity than what was seen in documentation alone. Case consultations provide an opportunity to have discussions regarding how to build upon a worker's strengths and minimize challenges.

REQUESTS FOR ACTION (RFA)

During Rapid Safety Feedback and Florida CQI reviews, should a reviewer make the determination a safety concern exists, the Quality Assurance Monitor will initiate an RFA. This process includes immediate notification of the Case Management Agency (CMA), documentation in FSN and follow-up until the issue has been resolved.

DISCRETIONARY REVIEWS

PSF will comply and complete all assigned discretionary reviews as received. PSF Leadership will review the request and will assign appropriate staff to review, collect information and to report the information as requested.

PROGRAM IMPROVEMENT PLAN

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 Program Improvement Plan was developed and approved for implementation during the 2017-2018 and 2018 - 2019 Fiscal Years.

PSF's Program 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.

In preparation to meet the goals detailed in the Program Improvement Plan, PSF has developed and piloted updated Parent and Child Contact sheets and data collection measures to be available for use in the 2018-2019 Fiscal Year. The use of the sheets prompts workers to collect and document engagement with families which can address the Areas Needing Improvement detailed above. In addition to sheets that capture home visit information, additional sheets were devised to capture information around other contacts (such as provider contacts). The forms are also being made available in digital format for the 2018-2019 FY. This will allow field staff to complete comprehensive information collection through a mobile app in the field or a desktop application in the office.

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.

SCORECARD & 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.

CONTRACTS

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 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 monitoring
- random sampling reviews
- contract amendments and rate agreement adjustments
- creation and administration 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

SCORECARD MEASURES

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

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.

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.

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.

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 are 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.

INCIDENT REPORTING

PSF QA staff processes incident reports as they are received through the P-Kids Incident Report system. Incident reports are reviewed for timeliness, accuracy, and quality of information. PSF QA enters information into the DCF Incident Reporting and Analysis System (IRAS) as required.

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.

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 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, negotiates a competitive benefits package, and assures agency compliance with relevant federal and state employment laws. 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 2018-2019. 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.

STAFF DEVELOPMENT

Staff Development assists both PSF 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 and as of the 2016-2017 Fiscal Year, trainers have earned the International Credential Certified Professionals in Learning and Performance through the Association for Talent Development.

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 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 FSN 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 booster courses, Practice Huddles, Job Aides, developed by the Staff Development team, launched Safety Methodology Scavenger Hunts and conducted Safety Methodology Trivia Challenges on a regular basis. During the next four months, the Staff Development Team have set up Safety Practice Pit Stops within each service center for the purpose of offering technical assistance in Family Functioning Assessments, Safety Plans, Conditions of Return and FSFN Tips & Tricks.
- 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, Bikers Against Child Abuse, 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 is able to evaluate the learning impact to courses offered.
- 360° Caregiver Protective Capacities Initiative: This newly developed pilot program 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. This year, Partnership for Strong Families has 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 FSFN tips.
- PRIDE Community of Practice is a newly 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 training will be 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 5 CMA units to work directly with birth parents in assessing

their caregiver protective capacities. They participate in staffing, help facilitate visits and receive weekly supervision.

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. PSF Eligibility Department ensures all clients receiving TANF and Title IV-E funding meet the eligibility requirements. SMS Finance oversees the funding associated with the contract between DCF and PSF as well as 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 processes all invoices presented for payment as well as all Adoption and Foster Care Subsidies. 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 periodic desk reviews and annual COU on site audits. The department promotes cross training so quick inquiries receive timely responses. Each Department is responsible for managing their own budget for each Fiscal Year. SMS Financial Services will provide oversight and support for each department on a regular or as needed basis. During this time, Finance reviews information with staff to assess actual expenditures versus projections.

SMS Finance oversees vendor payments and adheres to policy as it relates to requirements established in rate agreements and contracts. Invoices are approved for payment by the purchasing departments through the Perceptive Content routing queues. Should an immediate need be identified for a child, Finance can issue an emergency check to ensure the service or need is covered and to promote positive outcomes for clients served.

Medicaid and Eligibility is managed under the Finance Services Department and works heavily with DCF and FSFN. Specialists meet monthly with the region and other Community Based Care Agencies to discuss challenges and 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 maintains ongoing and continuous quality improvement approaches to complement and adhere to DCF policy and procedures, as well as General Accepted Accounting Principles guidelines.

CLINICAL AND COMMUNITY SERVICES

The Clinical & Community Services Department oversees activities that directly impact children and families using collaborative strategies. The team utilizes research to inform, to guide, and impact preventative and reactive measures.

Community Relations and Recruitment (CRR) - The unit operates to develop a climate of awareness and acceptance for Partnership for Strong Families (PSF) by creating and communicating clear, concise and consistent professional messages to community stakeholders, agency staff and network providers. For the 2018-2019 Fiscal Year, Community Relations will use a robust marketing plan to

increase the positive agency awareness and recruit quality foster and adoptive parents. To meet the need of quality foster parents, CRR will utilize social media marketing, external presentations at churches, schools, organizations and businesses in our catchment area, and create and display marketing materials to include video, photographs and graphics at strategic locations throughout the community. The CRR team ensures that recruitment and outreach includes a target demographic that is representative of the children served. Recruited families are then screened to ensure they support the needs of the children in the system. To increase the engagement and community awareness of the agency, the department will continue to facilitate the five Children's Partnership Councils in the 12 regional counties PSF serves. The CRR team strives to address the community's resource gaps and bring additional partners to the table to meet these needs. Additional duties include the active pursuit of grants for the agency to support emergency services, recruitment, normalcy and prevention efforts at PSF's Resource Centers. Finally, CGR will support the children in care and the families served by organizing annual drives such as Back to School supply drive and the Wish Upon a Star holiday toy drive.

Utilization Management - The department operates to identify providers, initiate the contracting process, match individualized client needs, provide service consultation, authorize client services, and evaluate the effectiveness of services delivered. Family Service Facilitators review referrals for accuracy and comprehensiveness, ensure packets are complete and appropriate when sent to providers, track authorizations, and act as liaisons between the workers, and provider staff. Family Service Facilitators maintain a working knowledge of available providers, understand the complexity of each service and assist in making collaborative service decisions to assist families. Utilization Management also tracks service delivery and other key data points to assist in invoicing and performance measures. Much of the authorization, reporting and invoicing process has been linked electronically to centralize information for both PSF and for the provider agency. Utilization Management has also worked collaboratively with the Information Technology department to integrate provider report collection/management into the electronic referral system. This is critical in creating accountability and maintaining reporting standards amongst child welfare staff and provider staff.

Clinical Services - The unit operates to manage the medical and behavioral health of children served by PSF.

- Behavioral Health Coordinator - Oversees referrals for Comprehensive Behavioral Health Assessments (CBHA), provides supervision and support for children identified as having mental health needs, and processes all referrals for Qualified Evaluations (QE) and any subsequent recommendations for higher levels of care.
- Clinical Specialist - The professional is responsible for the oversight and management of compliance for children prescribed with psychotropic medication. The specialist works with caseworkers to improve compliance with the requirements surrounding the psychotropic medications process, and actively works with staff and providers to address systemic issues. Monthly meetings with stakeholders are held to resolve systemic barriers. This group reconvenes as needed to new processes or procedures needed.
- Nurse Care Coordinator - The position attends all case staffings of medical neglect, reviews Comprehensive Behavioral Health Assessments (CBHA) to ensure any medical needs identified

receive the recommended services and support. The nurse also assists with medically complex cases and assists with service coordination or provider issues.

- Clinical Staffing Coordinator - This role acts to review referrals for therapeutic out of home care, obtains authorizations for care, staffs cases to determine the level of need of the child and ensure any identified services are received. This professional also supports the community LRT process in identifying resources for services and support to families.
- Family Team Conferencing - Professionals meet with families to identify needs and provide options and develop a plan on how best for the family to have their needs met and safely care for their children.
- Family Connections Collaborative Initiative - PSF continues to use this program to target diversion efforts for a specialized population. Investigators refer families who are classified as high/very high risk, but in safe and stable environments. A provider is identified to go into the home on a weekly basis to provide individualized interventions that will help meet treatment goals. Family Connections is an evidence-based program, and fidelity reviews are conducted on a regular basis to ensure the model for the program is followed to fidelity.

Resource Centers - PSF's network of resource centers help 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. Data received indicates that the centers are effective in reducing the number of abuse reports where centers are located. Data related to patron demographics and service utilization is collected and reported on a quarterly basis. Additionally, satisfaction surveys are offered to patrons at each visit and are reviewed on a regular basis to help guide on-going practices. In 2017, a Resource Center Partner Survey was conducted and this became an annual practice to help ensure quality partnerships and improved practices. 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. With a heavy reliance upon volunteers/interns for daily operations, the Resource Center staff are aware of and compliant with relevant policies related to volunteers (1128-Volunteers). Additionally, all volunteers/interns participate in an orientation process and on-going coaching opportunities to help ensure they are aware of relevant policies and procedures and adhere to requirements related to our customer service approach and confidentiality.

OPERATIONS

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

Quality Operations Management - PSF utilizes Directors of Quality Operations for Circuits 3 & 8 to oversee quality review activities, enforces practice in line with Florida's Child Welfare Practice Model with the following methods including, but not limited to:

- Case Transfers and Assignments
- Quality Control Compliance Coordination
- Maintaining, Tracking & Reviewing Key Data Indicators

- Provide Oversight for Permanency Roundtables
- Facilitate Crisis Support Team Meetings
- Initiate Family Team Conference Preparation Staffings
- Schedule and Facilitate Permanency Meetings
- Schedule and Facilitate Safety Review Meetings
- Schedule and Facilitate New Abuse Report Staffings
- Schedule and Facilitate New Baby Staffings
- Schedule and Facilitate Quality Team Management Meetings (QTM)
- Schedule and Facilitate Scorecard Meetings
- Secondary Assignment for Case Management Agencies

Adoptions – Partnership for Strong Families’ Adoption Program strives for child-centered best practices and timely permanency for children through adoption. The adoption unit functions under the Operations Department and is responsible for overseeing the recruitment, the process and finalization of children with a goal of adoption. It is during this process that match decisions are made and separation of siblings’ issues are addressed in an effort to promote the best interests of the children available for adoption. Additionally, cases are reviewed by the Adoption Applicant Review Committee if required by law or presenting challenging issues.

Post-Adoption Support – PSF provides post-adoption support to families with a dedicated full-time position with functions including providing information and referrals for post-adoption services in the community or among PSF’s network of providers, maintaining data relating to post-adoption service needs in our Circuits, tracking and monitoring adoption disruptions, maintaining communication and support to families by way of continuous outreach through quarterly newsletters and social media. PSF’s post-adoption liaison also sees to the fulfillment of Department initiatives such as the one-year post-adoption communication requirement.

Licensing - Partner Families are licensed through PSF after successful completion of the PRIDE curriculum and an approved home study. PSF Licensing oversees local Quality Parenting Initiative (QPI) Meetings to address local concerns and build a bridge between Partner Families and stakeholders to include breakout sessions with Children’s Legal Services (CLS), other licensing providers and Case Management Agencies. QPI serves as an opportunity to keep Partner Families up to date on guidelines and to discuss normalcy activities. . PSF Licensing will continue to collaborate with Community Relations Management to assist with recruitment efforts. The unit also employs the use of a Partner Family Advocate who acts as a liaison for Partner Families and various departments within PSF to ensure families are supported, children’s needs are met, communication remains strong, and that support is available to Partner Families new and old at any time. PSF Licensing also documents, tracks, and follows up on any Corrective Action Plans and Support Plans in place for PSF licensed Partner Families.

PSF also employs the use of PKids (an electronic imaging system) to allow for a comprehensive view of each Partner Family. From the time an inquiry is made, a Partner Family file is created in PKids which stores the documents associated with their family to include, but not limited to their license, stage of re-licensure, and any over-capacity waivers.

Out-of-Home Care (Placements) - The Placement Unit oversees the placement assessment, the 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 - Upon receipt of a completed Child Information Form (CIF) and Placement Agreements if applicable, Specialists review the homes available and match each child or sibling group per Partner Family preference and the needs identified in the CIF.
- Daily Placement Review Meetings - The unit meets daily to review children recently placed in licensed foster care, children in need of a placement match and to address on-going systemic barriers.
- Referrals for Specialized Care- The unit oversees and initiates referrals for children identified as needing specialized care such as medical foster care, therapeutic foster care, therapeutic residential group home (TGH), or statewide inpatient psychiatric provider (SIPP).
- Over-Capacity Waivers - Specialists evaluate the child and prospective licensed family's needs and abilities and compose waivers which are then reviewed by management and submitted to PSF's CEO for approval or denial.

INFORMATION TECHNOLOGY

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.

Systems Administration – 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.

During the 2017-2018 Fiscal Year, among the many projects to aid PSF in continuous quality improvement activities during the 2018-2019 Fiscal Year included:

- Technical Support Specialist Position filled
- Upgraded production and development environments to the latest Oracle Apex version
- Upgraded document imaging system, ImageNow to the latest version, Perceptive Content. This required significant database and virtualized environment modifications. This has resulted in a more responsive user experience and better disaster recovery options
- Started converting the PKIDS Clients application to a modernized version
- Designed and implemented the Foster Home Licensing customized web application to replace DocVault
- Significant changes to the following web applications: Facesheets, Clients, Providers, Incident Reports, Adoption Checklists, Training, Community Center

Data Management - 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 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

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.

Records Management – The Records Management unit is responsible for analysis of business processes and records protocols to identify and promote improvements, for providing technical assistance and quality oversight of records systems, for publishing intranet resources, for standardizing proposed form templates, for processing systems access records, for accessing archived paper records, for obtaining permission to destroy records that have reached the end of their retention period, for transferring case files between jurisdictions, and for the redaction and release of records in response to required disclosures and records requests.

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 and can act as formal safety service monitors on cases. They also 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 now 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 begun 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 Family Team Conferencing (FTC) 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 82.87 during the recent quarter. Another area of focus has been sibling visitations. While this is a challenging area for the agency, extraordinary efforts and accountability have been put into place and improvements continue to be 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 also developed a Point of Contact person who all case managers could reach out to for guidance and mentoring about medication issues. The QAS also 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 also 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.

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 2017-2018 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.

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 of these counties are located in rural northern Florida. The agency consists of a Program Director, a Quality Assurance Specialist, three case management units, and various support staff.

Camelot engages in several on-going continuous quality improvement activities which will continue into the 2018-2019 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 the 2017-2018 Fiscal year. 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.

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.

CDS BEHAVIORAL

CDS Behavioral provides Extended Foster Care and 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.

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.

FISCAL YEAR 2018-2019 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 2018-2019 include but are not limited to the following:

- Quality of Engagement with Children & Families
- Engagement with Fathers
- Case Management Agency staff retention
- Caseload Trends
- Practice Model Fidelity
- Quality of Safety Plans
- Documentation
- Out of County/Out of Circuit Child Placements
- Case Contact Sheets for the Child and Family Service Review Performance Improvement Plan