# Quality Management Plan FY 2015-2016

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#### Performance Measures, DCF Scorecard and Other Areas of Focus

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#### Quality Analysis & Improvement/Utilization of Data, Planning and Implementation

- Meetings Designed to Review and Address Quality and Performance
  - Executive Leadership Meeting (ELT)
  - PSF Leadership Team Meeting
  - System of Care/Operations Team Meeting
  - Total Quality Management Meeting (TQM)
  - Incident Report Review Committee
  - Human Trafficking Review Team (HTRT)
  - Clinical Review Team (CRT)
  - Scorecard Meeting
  - Meeting with Department of Children and Families (DCF) Regional Director to Review Community Based Care (PSF) Performance
  - Quarterly Meeting/Training with DCF Quality Assurance Staff
  - PSF Board of Directors Meeting
  - Quarterly PSF and Subcontracted Case Management Agency (CMA) Provider Meeting
  - Partnership for Strong Families (PSF) Clinical and Community Services Department and Service Provider Meeting
  - LGBTQ Taskforce

#### Targeted Efforts for Improvement for FY 2015-2016

- Pages 28 through 38
- Pages 38 and 40
**Philosophy**

Partnership for Strong Families (PSF) is an agency focused on making changes and doing what is in the best interest of the children and families we serve. PSF’s 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 Board of Directors, Department of Children and Families (DCF) Administration, sub-contracted Case Management Agencies (CMA), service providers and stakeholders to review performance and focus on safety, permanency and well-being of children as priorities. Communication and collaboration are key factors and transparent, open and honest discussions occur in and between the various parties within the system. This approach allows information and data to be shared in a safe environment focused on learning from both strengths and areas in need of improvement as well as informing and motivating collective and collaborative change. As trends are identified action plans are put in place to address systemic, internal and/or contracted issues. Performance is reviewed at multiple levels utilizing the data and information gathered to focus actions for change. Process and Case level reviews are completed to conduct root cause analysis activities. By looking at issues at the process and case levels problem areas can be identified and progress can be made for individual children and families served, which will improve the system as a whole over time. Utilizing the plan, do, act, and check functions of continuous quality improvement processes, root cause issues and trends are identified and action steps are put in place to address both case specific and systemic issues. This approach allows for ongoing analysis of established trends and for making improvements and/or updates to existing action plans if the data does not support improvement. In addition, this approach allows for the establishment of new action plans for emerging trends identified through the various levels of continuous quality improvement.

PSF has a centralized data collection system used to support the quality management system. Data is shared and analyzed on an ongoing basis by the various parties within PSF, the Board of Directors, Department of Children and Families (DCF) Administration, sub-contracted Case Management Agencies, service providers and stakeholders which supports system-wide planning and in correcting problem areas.
PSF’s Quality Management Plan outlines the management, control and improvement strategies conducted as a part of ongoing continuous quality improvement practices.

**Guiding Principles**

PSF’s leadership and the Board of Directors expect and model a culture focused on continuous quality improvement. This is set forth via PSF’s Mission, Vision, Core Principals, Core Competencies and Strategic Plan.

**Mission**

To enhance the community’s ability to protect and nurture children by building, maintaining and constantly improving a network of family support services.

**Vision**

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 Principles**

- To provide a safe environment for all children
- To make prevention of child abuse and neglect a community priority
- To individualize services to meet the needs of children and families
- To respect the inherent dignity of children and families with permanency in mind
- To recognize that more can be done with communities and families as partners
- To respect the diversity of all children and families in the community
- To commit to accountability using outcomes to measure performance and improve practice
- To maintain children in their own homes whenever safely possible

**Core Competencies**

Core Competency #1: Services to Protect Children and 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, evidenced-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 2013, 2014 and 2015**

- **Priority One: Mission Effectiveness**
  
  Goal #1 Improve placement capacity for foster children in the local community by increasing the number of Partner Families in our network.

  Goal #2 Prevent child abuse and neglect by promoting cost-effective and research-based prevention and intervention programs that are focused on the 0-5 age population.

- **Priority Two: Building and Sustaining Community Partnerships**

  Goal #3 Increase presence and outreach to PSF’s rural service areas.

  Goal #4 Increase community engagement by raising public awareness and visibility of PSF beyond immediate system stakeholders.

  Goal #5 Create formal and informal partnerships with other entities that serve a population similar to PSF’s.

- **Priority Three: Sustainability**

  Goal #6 Continue primary DCF contract in good standing by offering best value and through advocacy and strong partnerships.

  Goal #7 Ensure sufficient funding to meet community need through government advocacy, fundraising and grants.
Goal #8

Diversify PSF funding so that 25% of total budget is from sources other than current PSF contract within 5 years.

**Involvement in the Process**

**Participation:** PSF promotes the philosophy that everyone is a member of the Continuous Quality Assurance and Quality Improvement team, including stakeholders, families, children, caregivers, Partner Family Parents, PSF, the PSF Board of Directors, and provider staff at all levels. Data is continuously gathered and analyzed and improvements are made to services and processes when compliance is not met or when safety/security issues arise. Information is shared in an effort to eliminate duplication and to increase collaboration and knowledge. All parties work together to identify and address areas in need of improvement, create action plans for improvement, monitor progress and make adjustments when the data indicates the changes have not had the desired impact. Information related to performance, areas in need of improvement and evidence of success is shared to facilitate the plan, do, act, check protocols of continuous quality improvement.

PSF works collaboratively with the Board of Directors, DCF Administration, sub-contracted Case Management Agencies, 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, Children’s Partnership Councils, and the Circuit 3 and 8 Community Alliance - when the Alliance is functioning and holds meetings) to define the evidence of success; review and enhance quality management data collection and reporting system/process, and to review performance and institute changes at the system/process and case levels, to drive improvement. 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.
Quality Management Plan FY 2015-2016

Information is collected and shared using multiple mediums such as Florida Safe Families Network (FSFN), DCF Information Portal, DCF Dashboard, PSF Data Systems, meetings, email, Power Point presentations, Excel spreadsheets, etc. PSF utilizes these approaches building on what we learn to enhance action plans previously implemented. PSF works side-by-side with the Case Management Agencies, Providers and other stakeholders to improve the quality of services provided both internally to one another and externally to the families we serve.

**Teams/Committees/Meetings:** PSF has established Continuous Quality Improvement Teams/Committees/Meetings designed to create learning experiences and drive system improvement. The teams responsible for reviewing performance and risk data include (subject to change): the Executive Leadership Team, Quality Operations Team, Total Quality Management Meetings, Incident Report Review Committee, PSF Case Management Agency Supervisors Meeting, Scorecard Meeting, System of Care Meeting, Clinical Review Team, PSF Clinical and Community Services Department and Service Provider Meeting, PSF Board of Directors Quality Assurance Subcommittee and the PSF Board of Directors. These teams/committees/meetings evaluate information/data and direct decision-making to implement changes at both the systemic and case levels. Appropriate lessons and process changes are translated into new or enhanced policies and procedures, and are shared with sub-contracted Case Management Agencies, stakeholders, and other interested parties as indicators of solution-focused thinking and processing. Examples of the topics for these meetings are listed in the Quality Analysis & Improvement/Utilization of Data, Planning and Implementation section below.

**PSF Quality Assurance Staff:** The responsibility for managing PSF’s Quality Assurance and Quality Improvement efforts resides with the PSF Director of Program Quality and Accreditation. The Director of Program Quality and Accreditation reports directly to the Senior Vice President of Finance and Administration. The Director of Program Quality and Accreditation supervises three (3) Quality Assurance Monitors who are dedicated to continuous quality assurance and improvement activities. The efforts of these staff members are supported by every department within PSF, the PSF Executive Leadership Team and the PSF Board of Directors. 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.

The PSF Finance and Administration staff supports performance through standardized quality assurance activities to evaluate evidence of success and compliance. Additionally, the Finance and Administration department provides technical assistance to the Quality Improvement teams, agencies, and individuals as necessary.

PSF sub-contracts with case management agencies who are charged with administration and implementation of case management activities. As documented throughout the body of this plan, PSF works in conjunction with the CMAs to complete continuous quality improvement initiatives and activities. PSF also works closely with the DCF contract manager keeping the contract manager abreast of data, ongoing changes, initiatives, areas of improvement and evidence of success.

**PSF Continuous Quality Improvement Activities/Processes**

The following are examples of PSF Continuous Quality Improvement Activities/Processes. These are by no means an exhaustive listing of all quality improvement activities conducted by the agency, but simply highlight some of the contracted areas and other areas of focus that are a part of PSF’s continual quality improvement processes.

**Targeted Case Reviews/Child and Family Service Reviews:**

As per Windows into Practice: “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 impacting child and family functioning and outcomes.”

Case reviews are completed by PSF Quality Assurance staff. In order to complete reviews, PSF QA staff participate and complete all required certification training offered by the Department of Children and Families Office of Child Welfare and meets the requirement for training outlined in Windows into Practice.
PSF does not have scheduled weeks or days for the reviews, the reviewers complete the reviews throughout the quarter taking the amount of time needed for each case specifically. However, reviews requiring interviews have scheduled dates (approximately one or two consecutive days in the quarter) during which time the interviews are conducted with case participants. This approach allows the reviewers time in between reviews to do other quality assurance/improvement tasks and to come to each review refreshed. PSF ensures all reviews are completed within the required timeframes. All reviews are completed in the State approved tools as outlined in Windows into Practice.

For fiscal year 2015-2016 there are two types of case reviews:

- **Rapid Safety Feedback (RSF):** RSF reviews are designed to evaluate the quality of case management practices and processes utilized in service delivery. Windows into Practice states: “Rapid Safety Feedback is a process designed to flag key risk factors in in-home services cases that could gravely impact 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.

PSF uses the state approved Outcome Items for Child Welfare Qualitative Case Reviews Tool and Interpretive Guidelines to conduct the Targeted Case Reviews. RSF reviews target population is children 0-4 years of age receiving in-home services. Applicable items from the state approved tool:
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<th>Item #</th>
<th>Rapid Safety Feedback Item</th>
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<tbody>
<tr>
<td>1</td>
<td>Services to Prevent Removal: Were concerted efforts made to provide services to the family to prevent children’s entry into out-of-home care or re-entry after a reunification?</td>
</tr>
<tr>
<td>2</td>
<td>Initial and Ongoing Assessments: Were initial and on-going assessment conducted to assess emerging/impending danger relating to the child (ren) in their home?</td>
</tr>
<tr>
<td>3</td>
<td>Safety Planning: If safety concerns were present, did the agency develop an appropriate safety plan with the family?</td>
</tr>
<tr>
<td>4</td>
<td>Monitoring the Safety Plan: If safety concerns were present, did the agency continually monitor the safety plan as needed including monitoring family engagement in any safety related services?</td>
</tr>
<tr>
<td>5</td>
<td>Background Checks and Home Assessment: Are background checks and home study or assessment sufficient and responded to appropriately?</td>
</tr>
<tr>
<td>6</td>
<td>Caseworker Visits with Child: Is the frequency and quality of visits between case managers and the child (ren) in the case sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals?</td>
</tr>
<tr>
<td>7</td>
<td>Caseworker Visits with Parents: Is the frequency and quality of visits between case managers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?</td>
</tr>
<tr>
<td>8</td>
<td>Safe Case Closure: Does planning for case closure provide a sequence of strategies, interventions, and supports that are organized into a coherent service process providing a mix of services that fits the child and family’s evolving situation?</td>
</tr>
<tr>
<td>9</td>
<td>Supervisory Case Consultation: Is there evidence the case management supervisor is regularly consulting with the case manager, recommending actions when concerns are identified, and ensuring recommended actions are followed up on urgently?</td>
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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. Currently for quarters 1, 2 and 3 fiscal year 2015-2016 PSF has 10 RSF reviews to complete per quarter. The State will provide additional specifications for the number of cases to be reviewed during quarter 4 of fiscal year 2015-2016.

RSF cases are randomly selected via the state approved random sampling processes outlined in Windows into Practice or other DCF official documents/memorandum. The sample is chosen randomly from the total sample of eligible cases provided by DCF report. In order to eliminate the issue of a CBC not having enough eligible cases for Rapid Safety Feedback reviews Windows into Practice provides guidelines for making adjustments to initial parameters utilized to obtain the quarterly review sample. After these initial stratification protocols are followed, the sample may be further stratified if needed to focus reviews on specific areas of local practice. 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. RSF reviews are completed and entered into the DCF web-based tool at:  

- **Florida Child and Family Service Reviews (FCFSR):** There are two FCFSR review processes being completed by the Community Based Care Lead Agencies throughout the State of Florida. One process is the review of the case file only and the second process consists of reviewing the case file and conducting interviews with case participants. Child and Family Service review items are focused on aspects of the case related to safety, permanency and well-being.

The FCFSR review items are listed in the table below:

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<th>Item #</th>
<th>Florida CFSR Item</th>
<th>Related Outcome</th>
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<tr>
<td>1</td>
<td>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?</td>
<td>Safety Outcome 1</td>
</tr>
<tr>
<td>2</td>
<td>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?</td>
<td>Safety Outcome 2</td>
</tr>
<tr>
<td>3</td>
<td>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?</td>
<td>Safety Outcome 2</td>
</tr>
<tr>
<td>4</td>
<td>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)?</td>
<td>Permanency Outcome 1</td>
</tr>
<tr>
<td>5</td>
<td>Did the agency establish appropriate permanency goals for the child in a timely manner?</td>
<td>Permanency Outcome 1</td>
</tr>
<tr>
<td>6</td>
<td>Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?</td>
<td>Permanency Outcome 1</td>
</tr>
<tr>
<td>7</td>
<td>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?</td>
<td>Permanency Outcome 2</td>
</tr>
<tr>
<td>8</td>
<td>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?</td>
<td>Permanency Outcome 2</td>
</tr>
<tr>
<td>9</td>
<td>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?</td>
<td>Permanency Outcome 2</td>
</tr>
<tr>
<td>Item #</td>
<td>Florida CFSR Item</td>
<td>Related Outcome</td>
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<tr>
<td>10</td>
<td>Did the agency make concerted efforts to place the child with relatives when appropriate?</td>
<td>Permanency</td>
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<td></td>
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<td>Outcome 2</td>
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<tr>
<td>11</td>
<td>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?</td>
<td>Permanency</td>
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<td>Outcome 2</td>
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<tr>
<td>12</td>
<td>Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?</td>
<td>Well-being</td>
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<td></td>
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<td>Outcome 1</td>
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<tr>
<td>13</td>
<td>Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?</td>
<td>Well-being</td>
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<td>Outcome 1</td>
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<tr>
<td>14</td>
<td>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?</td>
<td>Well-being</td>
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<tr>
<td></td>
<td></td>
<td>Outcome 1</td>
</tr>
<tr>
<td>15</td>
<td>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?</td>
<td>Well-being</td>
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<td></td>
<td></td>
<td>Outcome 1</td>
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<tr>
<td>16</td>
<td>Did the agency make concerted efforts to assess children’s educational needs, and appropriately address identified needs in case planning and case management activities?</td>
<td>Well being</td>
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<td></td>
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<td>Outcome 2</td>
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<tr>
<td>17</td>
<td>Did the agency address the physical health needs of children, including dental health needs?</td>
<td>Well-being</td>
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<td>Outcome 3</td>
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<td>18</td>
<td>Did the agency address the mental/behavioral health needs of children?</td>
<td>Well-being</td>
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<td>Outcome 3</td>
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Each quarter a random sample of cases primary to the services units will be selected for this review process. 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 FCFSR reviews per quarter as indicated in the Windows into Practice document or other DCF official documents/memorandum. Currently for quarters 1, 2 and 3 of fiscal year 2015-2016 PSF is to complete 13 FCFSRs per quarter for the case file review only and 2 FCFSRs per quarter including the case file review and interviews. The State will provide additional specifications for the number of cases to be reviewed during quarter 4 of fiscal year 2015-2016 at the time when the federal FCFSR process will begin. FCFSR reviews where interviews are conducted will be completed in teams of two. All FCFSR reviews (both with and without interviews) are completed by the end of the quarter in which the case was assigned for review. FCFSR reviews are completed utilizing the State approved FCFSR tool and are entered into the FCFSR portal at: [https://www.cfsrportal.org/oms](https://www.cfsrportal.org/oms)
Case Consultations: A case consultation will be held, as appropriate, with the Family Care Counselor and Family Care Counselor Supervisor after each case review. Other staff may be invited. Case consultations for Rapid Safety Feedback Reviews are to be held within 48 hours of the case being reviewed, although there may be times there are exceptions to this timeframe. Case consultations for Florida Child and Family Services Reviews will be conducted as soon as possible after the case is reviewed.

Case consultations are an important part of the case review process. PSF utilizes these consultations to gather feedback from case management, discuss the case and to provide insight and information identifying strengths and areas in need of improvement. Any resulting tasks and requests for action are formulated during the case consultation. PSF’s expectations with documentation in the case file and expressed during case consultations are designed to assist with making improvement to the case review items as well as to assist subcontracted case management staff with gathering the data and information needed to practice fidelity to the safety practice model (methodology).

Requests for Action: Requests for action (RFA) will be initiated by PSF QA staff when, during the course of a case review, immediate safety concerns are noted. PSF QA staff will notify the CMA responsible for the case and will document actions needed to resolve the issue. Requests for action will be entered into FSFN under the case being reviewed and will remain open until actions to resolve the noted issues have been completed.

QA Manager Final Review: All case reviews will have a second party review conducted by one of the PSF QA staff. The staff person completing the second party review will not have conducted or participated in the initial review. Second party reviews are a checks and balances system to identify data entry errors and to review comments and ratings to see that they are properly aligned.

- 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.
Annual Reporting: PSF Finance and Administration, Quality Operations, Clinical and Community Services (CCS), and Information Technology (IT) Departments, in conjunction with CMA and other stakeholders, analyze the data collected overall and identify trends/root causes, effective practices, and areas of concern, synthesizing the information to demonstrate and discuss PSF practices and performance. The findings and analysis are shared with PSF CEO and Executive Leadership, DCF Regional Director, DCF QA, DCF Contract Manager, CMA Program Directors, and QA Staff. Each Subcontracted Case Management Agency is responsible for addressing deficiencies and items warranting quality improvement activities.

An Annual Report is created, reviewed, and approved by PSF Board of Directors. This report is then submitted to DCF 45 days after the end of the fiscal year (August 15). As per Windows into Practice: Annual reporting includes information from Rapid Safety Feedback and Florida CFSRs. Once all cases have been reviewed, CBC QA staff must internally analyze the data collected overall and identify trends, effective practices, and areas of concern, synthesizing the information to demonstrate and discuss CBC practices and performance. This “window into practice” opportunity provides management with timely and important information in which to react, especially when areas of concern have been identified or there is a downward trend in a particular practice that could be remedied with immediate interventions. At a minimum, the report must address findings and trends in the areas listed below.

Safety - This section will include data and analysis using Rapid Safety Feedback Data Items and Florida CFSR Data from Safety Outcomes 1 and 2 (items 1-3).

Permanency - This section will include data and analysis using the Florida CFSR Data for permanency outcomes 1-2 (items 4-11)

Well-being - This section will include data analysis using the Florida CFSR data for well-being outcomes 1-3 (items 12-18)

Systemic Factors - The report must also include discussion about the CBCs performance in the 7 CFSR Systemic factors.
Federal Child and Family Service Reviews: PSF will be an active participant in the Federal CFSR case review process. PSF will follow the guidelines and requirements set forth for these reviews in Windows into Practice and/or other memorandum/document from the DCF Office of Child Welfare. PSF will complete the number of Federal CFSR reviews, including case participant interviews, by the required timelines and will enter the completed reviews into the appropriate tool.

Performance Measures, Scorecard, & Other Areas of Focus

The PSF Finance and Administration 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 with changes to the contract requirements, scorecard measures, DCF QA process, and from local identification of new issues to be addressed.

- **PSF Scorecard: Monthly (Items and percentages are subject to change as DCF makes changes to scorecard measures)**
  1. Rate of abuse per 100,000 days in foster care (Federal Measure) – 8.04 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 children 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) 40.4% or higher
  6. Percent of children achieving permanency in 12 months for children in foster care 12 to 23 months (Federal Measure) – 43.7% or higher
  7. Percent of children who do not re-enter foster care within 12 months of moving to a permanent home (Federal Measure) – 91.7% or higher
8. Children’s placement moves per 1,000 days in foster care (Federal Measure) – 4.12 or less
9. Percent of children in out-of-home care who have received medical services in the last 12 months – 95.0% or higher
10. Percent of children in out-of-home care who have received dental services in the last 7 months – 95.0% or higher
11. Percent of young adults in foster care at age 18 who have completed or are enrolled in secondary education, vocational training, and/or adult education – 80.0% or higher
12. Percent of sibling groups where all siblings are placed together – 65.0% or higher

- **Contract Performance Measures: Quarterly (items are subject to change based on contract with DCF - these performance measures were taken from the 2014-2015 Fiscal Year)**
  1. The percentage of children served in out-of-home care who are not maltreated by their out-of-home caregiver shall be at least 99.68%
  2. Percentage of children in out-of-home care twenty-four (24) months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30, 2016 shall be at least 29.1% or higher (annualized measure)
  3. Number of children with finalized adoptions between July 1, 2015 and June 30, 2016 shall be at least 122
  4. Percentage of children in out-of-home care eight days to 12 months with two or fewer placements shall be at least 86%
  5. Placement moves per 1,000 days in care – TBD
  6. Percentage of children under supervision who are required to be seen every thirty (30) days, who were seen a minimum of once every thirty (30) days shall be at least 99.5%
  7. Percentage of children in out-of-home care who received medical service in the last 12 months shall be at least 95%
  8. Percentage of children in out-of-home care who received dental service in the last 7 months shall be at least 85%
9. Percentage of children ages 5-17 in out-of-home care currently enrolled in school shall be at least 95%.

10. Percent of young adults in foster care at age 18 who have earned a high school diploma or GED or are enrolled in a secondary education program - TBD

11. Percent of young adults in Extended Foster Care who have monthly contact with their case managers – TBD

12. Percentage of young adults who have exited Extended Foster Care who have earned a high school diploma or GED - TBD

- **Other PSF Areas of Focus** (subject to change regarding analysis of need)

- **PSF Monthly Report** – Report and data related to (items subject to change):
  1. Number of investigations and number of shelters (monthly)
  2. Total number of out-of-home care clients (monthly)
  3. Number of children in out-of-home care by placement type (monthly)
  4. Caseload number trends (monthly)
  5. Re-entry into out-of-home care percentages PSF and Statewide (quarterly)

- **PSF Weekly Reports** – Reports and data related to operations – information/spreadsheets and database information are shared with the CMA for their utilization to manage their caseloads and activities. Items include but are not limited to and are subject to change:
  1. Visits - Children Seen/Not Seen Report
  2. Finger prints, Birth Certificate and Photo
  3. Medical, Dental and Immunizations
  4. K-12 report card
  5. Parent Contact
  6. Supervisory Reviews
  7. FSFN Weekly Notes and Lag Time
  8. Placement Error Report
  9. RDC Utilization
  10. Face-Sheet Compliance
  11. Reduction in Out of Home Care
Supervisory Reviews - Quarterly review:
1. Number and percent of supervisory reviews completed by supervisor. Number and percent will be representative of the previous quarter’s supervisory reviews.
2. Number and percent of supervisory reviews completed by agency. Number and percent will be representative of the previous quarter’s supervisory reviews.
3. Quality of supervisory reviews will be wrapped into the case file review process. Cases chosen for the RSF and CFSR reviews will also have a review of the last supervisory review completed. 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 will be reviewed. The completed supervisory review will be compared to the information noted during the case review and will be reviewed to address the quality of the supervisory review. Information and data will be representative of the last supervisory review completed during the period under review. 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 will improve the evaluation of the quality of supervisory reviews and will provide individual supervisors with specific guidance and recommendations for improvements.

Complaints - Complaints are processed on an as received basis by the PSF Quality Management staff. Complaints are logged into and tracked through completion via the PSF automated data system. As part of the process the PSF Quality Management 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.

Exit Interviews - Exit Interviews are submitted to PSF QA staff members who review for completeness and to note any questions answered denoting an area in need of attention. PSF maintains an automated data system which houses information related to exit interviews. Information includes exit interviews that are due, exit interviews completed and exit interviews not needed. Once an exit interview is received by PSF it is processed and
information from the exit interview is entered into the PSF automated database. Additionally, the exit interview is sent to DCF to be sent to the local licensing authority over the placement being addressed in the exit interview. 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 pull data on exit interviews due each Monday and send this information to the sub-contracted case management agencies. This process allows the agencies to stay current and helps prevent exit interviews from being completed late.

- **Sexual Abuse Prevention Safety Plans** - PSF QA staff monitor sexual abuse prevention safety plans on a weekly basis. PSF QA staff utilizes P-kids to obtain a weekly report regarding children who are sexual abuse victims and/or who have acted out sexually and who have had a placement change or a new incident. From this listing PSF QA reviews the case in FSFN to locate a safety plan for this child and placement/event. PSF sends to the CMA the results of the reviews and requests follow-up as needed.

- **Incident Reports** - Incident reports are processed by PSF QA staff as they are received. Incident reports are reviewed for timeliness and accuracy and quality of information. Incident reports are entered into the DCF IRAS system as required and all incidents are generated and/or entered in the PSF automated incident report database within p-kids. When there are abuse/neglect allegations regarding actions of Partner Family home or when there is a Partner Family home facility complaint these issues are reviewed at the Incident Report meeting and if necessary by the Foster Care Review Committee. No new placement holds are put on Partner Family homes with open reports of abuse/neglect. Issues are reviewed and followed until the issue has been addressed. Results can be no findings, counseling 1:1 with the Partner Family parent, support plan, corrective action plan and in extreme and/or repeat cases revocation of the license.
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- **Satisfaction Surveys** – On an annual basis PSF conducts satisfaction surveys of 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.

- **Clinical and Community Services (CCS)** -

  1. Family Service Facilitators (FSF) refer children and families for appropriate services as a result of family planning, case plan development, ongoing family assessment, and individual needs by reviewing supporting documentation for the service request to verify referrals for services occur as a result of family planning developed in coordination with the family team, assessments, court orders, or other appropriate means.

  2. The CCS Department / FSF require the referral requestor to complete a Service Request Form which details referral source contact information, case and client information, information surrounding the family functioning domains, requested services, and information about children’s needs and desired outcomes if applicable.

  3. The CCS Department requires a referral requestor requesting a high-end assessment or evaluation to complete an Assessment/Evaluation Request Form which details specific information regarding the purpose and type of information needed from the assessment or evaluation to ensure the request is appropriate and provide detailed information to the provider around the referral question. Management staff within the CCS Department review and approve requests in addition to the FSF to ensure quality and appropriateness of request.

  4. FSF include supporting documentation with referral requests to verify there is justification for the need for the services and provide background information to providers to assist with treatment planning.
5. FSF make certain the providers receive approved referral packets complete with information regarding client contact, case details, referral source contact, service authorization, and invoicing, to ensure the provider will be informed and prepared to meet the client’s needs.

6. FSF specialize in knowledge regarding the available services in the areas PSF serves and coordinate referrals based on client strengths and needs, provider specialization, provider location, provider capacity, and client preferences.

7. FSF routinely review requests for additional, ongoing services to determine if additional services are appropriate and remain relevant to the client and/or family’s progress, goals, and objectives.

8. FSF attend the initial case staffing and other multi-disciplinary staffings as requested to offer support and information regarding service and provider information as well as service engagement history.

9. Utilization Management (UM) staff partners with service providers and referral sources to afford support and assistance in their work with children and families as well as helping with reducing logistical concerns involving referrals, invoicing, communication of information, and general problem-solving on any issues.

10. Prior to establishing a formal relationship with a community provider, PSF evaluates the need for the services to be rendered and determines if there is a gap in the current service array that can be filled through having a formal relationship with a new provider.

11. When considering new providers, UM staff request and receive a summary of services along with a fee schedule, an active license or certification (if applicable), professional insurance, appropriate tax information, Professional Resumes/CVs, and clear background screening documents (if current within last 5 years and Licensing credentials
may substitute for background screening as determined by Utilization Management staff).

12. UM staff use the P-Kids automated data management system to authorize all services with provider information, discrete units of service, length of service delivery, eligibility information, rate of service, and other relevant information ensuring quality in one consistent location.

13. UM staff routinely review data obtained from the P-Kids automated data management system to track and analyze trends in service utilization, improve the provision of services, manage available resources, and monitor expenditures.

- **UM Coordinator**

  1. Multidisciplinary staffings for each child in Specialized Therapeutic Foster Care (STFC), Therapeutic Group Care (TGC) and Statewide Inpatient Psychiatric Programs (SIPP), funded by Medicaid or one of the 4 MMA plan in our area (Sunshine, United, Prestige, Staywell), at least once every 90 days. Multidisciplinary staffings discuss the current behaviors and treatment of each child, the team also makes a recommendation for continued care.

  2. Monthly status check on all current Comprehensive Behavioral Healthcare Assessment (CBHA) referrals and open assessments.

  3. Assists PSFIH and Medicaid with their yearly monitoring of all in area STFC providers (currently only FL Mentor Gainesville).

  4. Reviews no less than 5 CBHAs per month at random to assess quality and thoroughness.
5. Sends two CBHAs per month at random to PSFIH to review for quality and thoroughness.

6. Monitors monthly tracker for all dependent children placed in TGC or SIPP to schedule 90 day suitability assessments timely.

7. Monitors all current CBHA assessors to ensure they meet yearly requirements.

8. Reviews and monitors all new CBHA assessors.

- **Clinical Specialist** – A clinical specialist position has been established at PSF in 2013. This position is currently responsible for the oversight of the Psychotropic Medication processes. The clinical specialist reviews the cases of the children on psychotropic medications and monitors for compliance. In addition, the clinical specialist serves as a resource to the family care counselors providing them with technical assistance with all aspects of the process, training partner families, GAL, and legal/judiciary staff, and also to providers in educating them about the legislative requirements and assistance with systemic barriers.

- **Children’s Partnership Councils (CPCs)** – Five CPCs have been established to ensure PSF is meeting the needs and having sufficient community presence in all of the regional areas outside of Alachua County. These CPCs have a limited amount of funding allocated annually to spend on community-based prevention services that meet unmet community needs. All funds spent through the CPCs meet the standards of “Reasonable, Allowable and Necessary,” as set by PSF’s contract with DCF. In approving expenditures, especially those for rent or utility assistance, much care is taken to ensure the family has a plan for paying their bills going forward and that they have pursued other funding options before utilizing CPC funds. Council funds are reserved for prevention purchases only and are not available to families currently involved in the dependency system.
• **Florida’s Family Connection Collaborative** – PSF’s UM conducts regular quality assurance and model fidelity reviews for Florida’s Family Connection Collaborative.

1. In collaboration with PSF’s Quality Assurance Department, UM will review fidelity instruments completed by PSF’s subcontracted providers, and complete self-assessments for the purpose of maintaining program fidelity.

2. Quality Assurance and UM will complete reviews on a sample number of cases to ensure inter-rater reliability on cases reviewed by the subcontracted agencies.

3. PSF will enforce any necessary changes required by PSF or its subcontracted agencies to adhere to model fidelity and quality improvement.

4. Designated Clinical and Community Services staff will complete standardized intakes for the Family Connections program. The intakes will also be utilized for fidelity purposes to ensure that adequate information is leading to appropriate decisions around program admittance.

• **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.

1. The Resource Center Manager or FSF help to ensure services provided to patrons have successfully met identified needs by conducting follow-up contacts with the patrons, as needed. The resource center team is continuing to work on methods to better document and track when these contacts have occurred or been attempted, along with outcomes.

2. All resource center patrons are provided with an opportunity to complete an anonymous, satisfaction survey related to their visit. The collective results of these surveys are reviewed on a minimum of a quarterly basis.

3. A report including the number of resource center visitors, types of services provided, visitor demographics and level of visitor satisfaction is completed on a quarterly basis. This information is used internally to guide decisions related to resource center
programming and daily operations and is also shared with various partners and providers to promote transparency.

4. There are currently plans to complete a Resource Center-Partner Survey within the next year (2015-2016); results will be analyzed and a summary shared with resource center partners and other stakeholders, along with an action plan to address any potential areas of concern.

**Partner Family Licensing** - PSF prepares all licensing packets in accordance with the Attestation Model per administrative code. DCF will issue the license upon approval. As stated in the Incident Report section, when there are abuse/neglect regarding actions of the Partner Family parents or when there is a Partner Family facility complaint these issues are reviewed at the Incident Report meeting and if necessary by the Foster Care Review Committee. No new placement holds are put on Partner Families with open reports of abuse/neglect. Issues are reviewed and followed until addressed. The outcome of a Partner Family facility complaint can vary from 1:1 counseling with the Partner Family, support plan, to corrective action plan. Extreme and/or repeat findings could result in revocation of the license.

- **Staff Development** - Training and professional development is an integral area of focus towards meeting PSF’s organizational goals. PSF’s Staff Development department is an approved C.E.U. provider and we encourage each trainer to maintain national qualifications through the Association for Talent Development.

  PSF’s Staff Developers are required to provide coaching to each new case manager for one year after Child Welfare Pre-service Training. During this time the Staff Development Specialists accompanies the new case manager on two field visits and reviews FSFN documentation. Staff Development Specialists will also commence a random case selection 6 months post training to ascertain how the new incumbent is applying the classroom knowledge and to ensure that gaps in performance are addressed early.
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- **Mentors** - Each case management agency must have one trained mentor in each unit. Mentors must complete the PSF Mentor Course. Mentors work closely with Supervisors and trainers in developing the skills of the new case managers.

- **Certification and Renewals** - While the Florida Certification Board requires 40 hours of training in Child Welfare related courses, Partnership for Strong Families, additionally, requires a minimum of 2 hours of Legal and 2 hours of Ethics annually. Furthermore, all employees are required to maintain 12 hours of training annually. Successfully delivering and facilitating informal and formal learning solutions that increases organizational performance include:
  1. Training Think Tank – TTT
  2. Grow Your Mind Series
  3. Leadership Series
  4. Myers Briggs Certified Facilitator
  5. Self-Care Institute that includes, Stress Recognition, Self-Defense, Verbal Judo
  6. Compassion Fatigue Educator
  7. Individual Training Plans (outlines a set of courses, consultations)
  8. Partnership with Saint Leo University
  9. CSEC Specialist
  10. Behavioral Health Learning Collaboration

Each trainer has met the requirements for Safety Methodology Safety Practice Experts (SPE).

- **Human Resources (HR)** – Annually PSF completes HR & Benefits audits to ensure policies and procedures not only comply with required federal and state laws but also support the needs of our organization. Policies and procedures are reviewed and revised as needed. In addition, the employee handbook is revised as needed to reflect current federal/state requirements and organizational needs.
• **Finance and Eligibility** - PSF contracts with an outside agency at least once a year to complete a Fiscal Audit. The auditors review records and data and complete a report of findings. Any identified areas in need of improvement are noted and PSF develops and implements action plans to address such areas.

• **Overcapacity Reviews and Approvals** - PSF Placement staff prepare all documents related to overcapacity waiver requests. These requests are reviewed and approved or denied by the PSF CEO. When the PSF CEO is not available these requests are reviewed and approved by the CEO’s designee.

• **Document Imaging** - PSF Policy and procedures as well as Document Imaging training and user guides are designed to promote and achieve consistency in filing practices in ImageNow and in FSFN. PSF uses document type names that are logical, avoids redundant document types for the same information, and takes into account the needs of staff that need to locate specific information sets. A knowledgeable Document Imaging Specialist reviews 100% of all documents filed by trainees to ensure that they have been filed correctly. Document Imaging Staff audits are completed to ensuring documents submitted for filing have been filed correctly.

### Quality Analysis & Improvement
**Utilization of Data, Planning & Implementation**

Meetings Designed to Review and Address Quality and Performance (subject to change as need changes):

- **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.
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- **System of Care /Operations Team Meeting:** Quarterly meeting held with PSF Staff, DCF Management, Child Protective Investigations, Child Legal Services, and PSF CMA Program Directors. During this meeting interagency issues and processes are addressed. The meeting is a networking meeting that is collaborative in nature. This meeting allows for an opportunity for all parties involved to bring forth issues, provide input and assist with decision making and next steps.

- **Total Quality Management Meetings (TQM):** Monthly meeting between PSF Quality Operations Managers and the Sub-Contracted Case Management Agencies. Each agency has its own meeting. During the meeting the following issues are addressed (topics subject to change):

  **TQM under Age 17:**

<table>
<thead>
<tr>
<th>Incoming Cases</th>
<th>Case Closures</th>
<th>Missing Children</th>
<th>Pregnant Teens in LFC</th>
</tr>
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<tbody>
<tr>
<td>Placement Disruptions</td>
<td>Enhanced Rate, Specialized Therapeutic Foster Care and Residential</td>
<td>Agency for Persons with Disabilities (APD) Children</td>
<td>Department of Juvenile Justice</td>
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<tr>
<td>Post Placement Supervision</td>
<td>Separated Siblings</td>
<td>Length of Stay</td>
<td>Fingerprint, Birth Verification and Photographs</td>
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  **TQM for 17 Year Olds:**

<table>
<thead>
<tr>
<th>Primary Assignment Census</th>
<th>Closures and Assignments</th>
<th>30 Day Visits</th>
<th>Judicial Reviews</th>
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<tbody>
<tr>
<td>Supervisory Reviews</td>
<td>Family Assessments</td>
<td>Educational Report Cards</td>
<td>Physical/Dental/Immunizations</td>
</tr>
<tr>
<td>Separated Siblings</td>
<td>Fingerprint, Birth Verification and Photographs</td>
<td>Missing Children</td>
<td>Pregnant Teens in LFC</td>
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<tr>
<td><strong>Teen Mothers in LFC</strong></td>
<td><strong>Placement Disruptions</strong></td>
<td><strong>Exit Interviews</strong></td>
<td><strong>Safety Plans</strong></td>
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<td>Permanency Round Table</td>
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<td>APD Children</td>
<td>Special Needs/Disabilities</td>
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<tr>
<th><strong>Enhanced Rate, Specialized Therapeutic Foster Care and Residential</strong></th>
<th><strong>Psychotropic Meds</strong></th>
<th><strong>17 Year Old Transition Plans</strong></th>
<th><strong>Out of County Supervision</strong></th>
<th><strong>Age Out Plan</strong></th>
<th><strong>Interstate Compact</strong></th>
<th><strong>Adoption Activities</strong></th>
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- **Incident Report Review Committee:** For incidents related to Partner Family homes and other DCF licensed placements for children, such as facility complaints and/or abuse and neglect incidents alleged in licensed Partner Family care, the PSF Finance and Administration Department, via the Incident Report Meeting, reviews allegations and follow-up taken by Child Protective Investigations (CPI), Family Care Counselors (FCC) and Licensing staff to determine what actions need to be taken. When an incident of abuse and neglect is alleged to have occurred in a licensed Partner Family 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 to lift the hold is reached between DCF licensing, PSF Finance and Administration Department, PSF Partner Family Licensing, PSF Operations and PSF Placement staff.
Human Trafficking Review Team: This multi-disciplinary team is chaired by PSF to 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 promote collaboration in working with the youth. The team includes local, state and federal law enforcement agency representation, 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 of involving allegations of human trafficking are staffed with follow up as needed. Children in ongoing case management 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. Meetings are held monthly.

Clinical Review Team (CRT): Using a thorough review process along with clinical-based discussion, the goal of the CRT is to identify strategies and develop clinical recommendations designed to promote stability and success for the identified children. Additionally the goal is to take a more proactive approach to meeting these children’s specific and unique needs through a thorough review process and clinical-based discussion. By accessing the knowledge base of a diverse group of clinical-based professionals, this team will be able to develop child-specific service plans based on the information provided and discussed, promoting stability for the child. The Clinical Review Team first met in November 2012 and is currently meeting the third Wednesday of every month. Follow up meetings for each child are scheduled approximately one month later and are designed to discuss progress with initial recommendations/plan, child updates, additional recommendations, etc. Additional follow-up meetings may be scheduled, as determined necessary, based upon a child’s specific situation and needs; the FCC is also encouraged to share on-going updates and concerns with Behavioral Health Coordinator and/or clinical team staff for informal assistance and team input, as needed.

The core members of the CRT consist of various community mental health professionals (familiar with the child welfare system, but from varying backgrounds and expertise) who volunteer their time to participate on the team, as well as, PSF representatives from Community & Clinical Services, Operations, Utilization Management and Placement. Other child-specific
members include the Family Care Counselor, Family Care Supervisor, Child Legal Services and other professionals identified as having knowledge of and being a support to the child.

- **Scorecard Meeting:** PSF and its CMA take the PSF Scorecard seriously and work in conjunction with one another to review data, validate data, identify systemic or data entry/extraction issues and to create action plans designed to improve knowledge and performance. PSF and the CMA staff meet on a bi-weekly basis (subject to change according to need) to:
  - Review most recent scorecard results – by agency and PSF totals
  - Identify data and performance/systemic issues and discuss strategies and efforts to address identified issues
  - Each agency presents updates on action plans developed as a result of the prior meeting – Discuss changes to action plans and what is to be presented at the next meeting

- **Meetings with DCF Regional Director to review PSF Performance:** Discussions include information related to (subject to change at the request of the DCF Regional Director):
  - Contract Performance Measures/Scorecard Discussion
  - Corrective Action Plan Update
  - Children Not Seen
  - Independent Living/Extended Foster Care Update/Plan
  - Keys to Independence Numbers
  - Voluntary Services for Out-of-Home Placements Over 30 Days
  - Cost of Out-of-Home Care
  - Permanency
    1. Children in OHC 12-23 months
    2. Children in OHC 24+ months
    3. Adoptions
    4. Group Homes
    5. Partner Family Homes
  - Children Over 24 Months in Out-of-Home Care
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- Family Functioning Assessments
- Group Homes
- Lockouts
- APD
- Safe Harbor Act Plan Update
- Caseloads
- Case Management Retention/Turnover Rates
- Retention Strategy
- Quality Assurance Process Update and Improvement Strategies
- Mentor Program for Teens
- Grants and Donations Quarterly Update
- Final PSF Issues to Regional Managing Director

- Quarterly Meetings/Training with DCF Quality Assurance Staff - These meetings occur quarterly as allowed by DCF funding availability. Meeting with PSF quality assurance staff and the Department’s quality assurance staff to collaborate on federal and state quality assurance initiatives.

- PSF Board of Directors Meeting - This meeting occurs as scheduled via the by-laws. Topics discussed include are not exhaustive and are subject to change:
  - CEO Report
  - Finance Committee Report
  - Quality Assurance Committee Report
  - Executive Committee Report
  - Community and Government Relations Committee Report
Quarterly PSF and CMA Provider Meeting - This meeting occurs once a quarter. Issues reviewed include (subject to change according to need):

- PSF’s and Each CMA’s compliance with contracted performance measures, scorecard, case reviews
- Other data analysis information such as incident reports, sexual abuse prevention safety plans, exit interviews, psychotropic medications, visitation, etc
- Programmatic and service processes and issues
- Initiatives
- Updates to policy and protocol
- News Updates
- Planning for improvement
- Training

On a quarterly basis PSF meets with the CMA, specifically with their Program Directors, Quality Assurance staff and Supervisors. The meeting serves as a vehicle through which information is shared to focus on the empowerment of supervisors and that supervisors are given the information needed to increase their knowledge and skills and to enhance their supervision and support of their case managers. During the quarterly meeting PSF provides training, information regarding form and policy updates and addresses changes in practice. Additionally, PSF works together with the sub-contracted Case Management Agencies to gather the information and understanding needed to effect change and to make changes to processes, policy, services, and practice when needed. The meeting is collaborative in nature and information is shared (including best practice initiatives/processes), action plans are created and practice is enhanced. These are system wide changes that take into account the unique situations of each of the 13 counties PSF covers. These meetings are vehicles through which PSF shares new initiatives, services and updates to policy and procedure. It is also a vehicle through which staff can share challenges, initiatives, and evidence informed practices.
Quality Management Plan FY 2015-2016

- **PSF Clinical and Community Services Department and Service Provider Meeting** – Held every two months. Issues reviewed include:
  - 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

- **LGBTQ Taskforce** – This meeting occurs at least once every two months. The taskforce is comprised of PSF staff, providers, judiciary, and partner families to bring forth concerns or issues encountered by LGBTQ youth in our system. The taskforce members also look to bring in training opportunities for and disseminate information to staff.

**Analyzing, Utilizing, Sharing Results and 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 the PSF, with the CMA, 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 system as a whole and for the individual children and families served. Data and information are used in proactive ways with management tools created 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, performance measures, data management report, the 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, PSF Board of Directors, subcontractors and other stakeholders.

Information shared (not an exhaustive list):

- Information posted on the PSF website as required by Senate Bill 1666 and Florida Statute 409.988 (1) (d) includes: Salaries of the President/CEO, COO and CFO, Current Budget, Monthly Performance Measures and PSF Scorecard Measures.
- PSF's Mission, Vision, Core Concepts, Core Competencies, and Strategic Plan are all posted on the PSF website as well.
- Weekly reports are sent to the CMA for their use as management reports to manage caseloads and activities
- Supervisory Reviews – data shared on a quarterly basis with each supervisor within the CMA that indicates:
  - The number and percent of supervisory reviews completed
  - Quality compliance ratings provided as a part of the case file review process
- Case File Reviews – quarterly and annual reports to CMA, DCF and the PSF Board of Directors regarding performance. Information and data used to develop and monitor effectiveness of actions for improvement.
- Performance Measures – quarterly and annual reports to CMA, DCF and the PSF Board of Directors regarding performance. Information and data are used to develop and monitor effectiveness of actions for improvement.
• Scorecard – quarterly report to CMA and PSF Board of Directors regarding performance. Information and data used to develop and monitor effectiveness of actions for improvement.

• Satisfaction Surveys – Annual collection of results from surveys to children, parents, relative caregivers, non-relative caregivers, Partner Families, service providers and other stakeholders. The results of the surveys are shared with case management agencies and with PSF staff. Results are reviewed and actions taken when necessary to address identified issues.

• Sexual Abuse Prevention Safety Plans and Psychotropic Medications – data and reporting shared with case management agencies and DCF to address management of the process, improving processes and making positive change focused on safety issues for children/teens.

• Utilization Management Reports and Data – shared with CMA, DCF and service providers. Results are reviewed and actions taken when necessary to address identified issues.

• Financial – Audit completed at least annually by an outside agency. Any areas identified as needing improvement are noted and PSF develops and implements actions to address. The data and information is shared with PSF staff, DCF and the PSF Board of Directors.

PSF will continue with the established Quality Improvement Committees/Meetings and Teams designed to create learning experiences and drive system improvement. Appropriate lessons and process changes are translated into new or enhanced policies and procedures, and shared with network agencies, stakeholders, or other interested parties as indicators of solution-focused thinking and processing.

PSF will also continue to utilize these approaches throughout this new fiscal year, building on what we have learned and enhancing action plans previously implemented. PSF will continue to work side-by-side with the Case Management Agencies, Providers and other stakeholders to improve the quality of services provided both internally to one another and to the families we serve. PSF will, when appropriate, continue to use the system and case level data/root cause review approach along with the trend analysis approach. In doing so, PSF will continue to review the data and participate in the collaborative monthly and quarterly meetings with the Case Management Agencies. The Case
Management Agencies will continue to discuss performance, initiatives, lessons learned and evidence of success.

**Targeted Efforts for Improvement for FY 2015-2016**

Through the analysis of the FY 2014-2015 data, information gathered from meetings with stakeholders and review of ongoing performance, PSF has identified the following areas for focus for the FY 2015-2016.

1. Strategic Plan –
   a. PSF uses a Strategic Plan to guide operations. It is the document that advises decision making and reminds PSF of what to prioritize when pursuing its mission and vision. PSF’s current strategic plan will expire at the end of 2015. Thus, PSF has begun the initial planning process for organizing company-wide efforts to construct the next strategic plan for 2016-17-18. Strategic Planning is only as strong as those who implement it, thus each and every staff member plays a critical role. Every layer of the agency should have a voice in contributing to their departmental strategic plan. All staff will be given this opportunity as PSF proceeds with planning.

   b. While PSF is already recognized as a leader in the state, there is always room for improvement. PSF would like the 2016-17-18 Strategic Plan to propel PSF into the next level. To inform this process, PSF has partnered with a local consulting agency that will facilitate the process from start to finish. An analysis within departments, to determine strengths, weaknesses, opportunities, and threats (SWOT) will be completed to help PSF identify areas of potential growth. The PSF Board of Directors has developed a Strategic Planning Committee to oversee this process. One board member will work with each department to guide the training and SWOT data analysis.
2. Increased Number of Children In Out-of-Home Care – PSF’s total caseloads have continued to increase for both in-home and out-of-home cases. A workgroup, inclusive of PSF and DCF staff was created to assess the recent rise in removals and children in out of home care. The high number of children in out of home care has taxed our resources and forced a budget amendment to absorb the cost associated with these children. PSF will continue working with DCF to identify root causes for increases in removals and to strategize about what can be done to achieve earlier engagement with families to prevent removals in open investigations. It is hoped that with improvement in both investigator and case manager ability to create sufficient and feasible in-home safety plans, fewer children will need to be removed while information is gathered for the family functioning assessment as part of the safety methodology. It is expected to take a year or more to dig out from under the recent increases, but it is hoped the recent downward trends continue.

3. Safety Methodology Practice and Fidelity – It is becoming evident there is a gap in the time between the determination of present danger (by Child Protective Investigators) and the provision of services for a family through Case Management/PSF. This gap often produces more shelters since families are not being provided needed safety services to allow the children to remain in the home while the family functioning assessment is completed. Earlier engagement with families should reduce the number of removals as the family will have safety supports in place while the investigation is being finished. Additionally, better information gathering will occur when the case manager develops a relationship with the family from the outset. Exploring this earlier engagement has become a priority for PSF. PSF has a small pilot going in Columbia and Gilchrist Counties to try early engagement by case management and test the outcomes for success. To date, the results are promising. PSF will continue to address this issue throughout the FY 2015-2016, will gather data, analyze the data and make changes accordingly.
4. **Trauma Responsive Management** – Understanding the trauma a child has endured, and learning how to appropriately respond to certain behaviors they exhibit, is essential to being able to provide them with adequate services/care to help them heal. This came into sharp focus for PSF during fiscal year 2014-2015 as PSF dealt with disruptive teens at the office (there due to suspension from school, having to spend the day with their Case Managers). PSF wants to correct disruptive behavior but also eliminate the potential for re-traumatization when interacting with them. To meet this goal, PSF began delivering trainings on “conscious discipline.” This is part of PSF’s greater goal to become a trauma-responsive organization, which is crucial to providing the best outcomes for individuals and to address the trauma histories of parents as part of their healing process. PSF will continue the work toward meeting these goals within this next fiscal year and ongoing.

5. **Evidence Informed/Based Services** –
   a. Work with experts and program originators to ensure that PSF’s service array consists of Best Practice and Evidence Based services
   b. Participate in local workgroups to review service delivery and evaluate best practice in respective service fields
      i. Participation in the Domestic Violence/Child Welfare Workgroup, and like DV advocacy groups
      ii. Participation in Evidence Based Parenting initiative
   c. Delivery of Evidence Based practices, such as Family Connections, within fidelity of the model

6. **Documentation** – Documentation is a vital part of case actions. It is extremely important that case actions be properly documented and information filed properly. The case file must be complete and provide an accurate reflection of the case work being done. Errors and/or a lack of proper documentation can lead to safety issues, prolonged permanency and missed opportunities to properly address a child’s well-being. Documentation must reflect case actions taken and support decisions made. PSF will continue to work internally and with the subcontracted case management agencies to improve documentation.