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**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, DCF Administration, sub-contracted Case Management Agencies, 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.
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 Principals

- 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

- **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 CBC contract within 5 years.

Involvement in the Process

PSF Quality Assurance Staff:

The responsibility for PSF’s Quality Assurance and Quality Improvement efforts reside 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 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 increased success and compliance. Additionally, the Finance and Administration department provides technical assistance to the Quality Improvement teams, agencies, and individuals as necessary.
Participation:
PSF promotes the philosophy that everyone is a member of the Quality Assurance and Quality Improvement team, including stakeholders, families, children, caregivers, Partner Family Parents (for PSF these are foster parents), PSF 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. We 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 successes and best practices 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 indicators 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.

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 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 Management 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 Continuous Quality Improvement Activities/Processes

The following are examples of PSF 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.”
Targeted Case Reviews (TCR) are designed to evaluate the quality of case management practices and processes utilized in service delivery. 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. The review tool is comprised of standards assigned to Safety, Permanency and Well-Being.

PSF completes the specified number of TCR reviews per quarter as indicated in the Windows into Practice document or other official documents from DCF. Currently, PSF has 36 TCR reviews to complete per quarter. Cases are randomly selected via the state approved random sampling processes outlined in Windows into Practice or other DCF official memorandum. The sample is chosen randomly from the total sample of eligible cases provided by DCF/Business Objects Reports. After the initial stratification, the sample may be stratified further if needed to focus reviews on specific areas of local practice. There are three review types PSF can choose from when completing TCR reviews. PSF has the option to do a sample of all three or to choose one or a combination of the three that meets the needs of PSF. The three review types are:

1. Rapid Safety Feedback – Target Population: Children 0-4 years of age receiving in-home services. Applicable items from the TCR tool: Item 1, 2, 3, 4, 5, 16 17, 21, 22, 23, 24 and 25.


3. Preventive Permanency Feedback – Target Population: Children 13-17 years of age who entered out-of-home care at the age of 13 and above and who have been in out-of-home care for six months. Applicable items from the TCR tool: 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 21, 22, 23, 24 and 25.
All 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 (electronically or paper format). The review periods outlined in Windows into Practice are also utilized for the Targeted Permanency Feedback and Targeted Well-Being Feedback reviews – currently this indicates the review period for these is the time frame beginning the first day of the 6th month prior to the beginning of the review period, up to the date of the review.

**Child and Family Service Reviews (CFSR):** This review is a process consisting of a case file review and interviews with case participants or community stakeholders. PSF completes the specified number of CFSR reviews per quarter as indicated in the Windows into Practice document or other DCF official documents. Currently PSF is to complete 2 CFSRs per quarter. Each quarter a random sample of 2 open 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. Sampling requirements in Windows into Practice are followed.

All reviews will be completed in teams of two. Reviews consist of documentation review, case interviews and debriefings with the Family Care Counselor and the Family Care Counselor Supervisor.

**Scheduling, Use of the Tool and Reporting:** PSF completes all TCRs and CFSRs throughout the quarter. PSF ensures the reviews are all completed by the required timeframes. 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. They schedule the CFSR interviews for set dates (approximately one or two consecutive days in the quarter). This approach allows the reviewers time in between reviews to do other quality assurance/improvement tasks and to come to each review refreshed. All reviews (TCR and CFSR) will be completed and entered into the DCF web-based tool at: [http://apps1.dcf.state.fl.us/WebSecurity/login.aspx](http://apps1.dcf.state.fl.us/WebSecurity/login.aspx).
Case Consultations:
A case consultation will be held 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. Case consultations for Targeted Permanency, Targeted Well-Being and Child and Family Services Reviews will be conducted as soon as possible after the case is reviewed. During consultations PSF QA staff review the questions and findings with the CMA staff and discuss the case, what information was documented, what information appeared to be missing, listen to the case manager and supervisor, share expectations and recommendations for improving documentation and case practice, and create any tasks to be completed and/or requests for action. PSF staff address with CMA staff actions they did well and also address actions needing improvement/modification. PSF QA utilizes these reviews to assist with the transition into the safety methodology framework and to bring about change.

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 four 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 balance system to catch data entry errors and to review comments and ratings to see that they are properly aligned.
Annual Reporting:

CBC QA staff in conjunction with PSF Quality Operations staff, PSF Information Technology staff and with the subcontracted Case Management Agency staff members analyze the data collected overall and identify trends/root causes, effective practices, and areas of concern, synthesizing the information to demonstrate and discuss CBC practices and performance. The findings and analysis are shared with PSF CEO, PSF Senior Vice President of Administration and Finance, Senior Vice President of Operations, DCF Regional QA Manager, DCF Contract Manager and the Sub-contracted Case Management Agency Program Directors. Each Case Management Agency is responsible for addressing deficiencies and items warranting Quality Improvement activities.

An Annual Report is to be submitted to DCF 45 days after the end of the fiscal year (August 15). The Annual Report must include, at a minimum the findings and trends associated with:

- Safety, Permanency, Wellbeing
- Supervisory Consultations
- Safe Case Closure

**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.

**Performance Measures, DCF 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, DCF QA process and from local identification of new issues to be addressed.
• CBC Scorecard: Monthly (Items and percentages are subject to change as DCF makes changes to scorecard measures)

1. No Verified Maltreatment During In-Home Services – 97% or higher
2. No Verified Maltreatment within 6 Months Termination of In-Home and Out-of-Home Services – 95% or higher
3. Children in Care 8 Days – 12 Months with No More than Two Placements – 86% or higher
4. Children Achieving Permanency within 12 Months of Entering Care - 75% or higher
5. Children Achieving Permanency after 12 or More Months in Care – 55% or higher
6. Children Not Re-entering Out-of-Home Care within 12 Months of Achieving Permanency - 92% or higher
7. Children in Licensed Out-of-Home care Age 12 and under in DCF-licensed Family Foster Homes – 95% or higher
8. Former Foster Youth Ages 19-22 with Diploma or GED – 65% or higher

• Contract Performance Measures: Quarterly (items are subject to change based on contract with DCF - these performance measures were taken from the proposed Attachment 1)

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. The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 76.2%
3. The percentage of children who re-entered out-of-home care within 12 months of the latest removal shall not exceed 9.9%
4. The percentage of children who were adopted who were adopted within 24 months of the latest removal shall be at least 36.6%
5. The percent of children in out-of-home care twenty four (24) months or longer on July 1 who have achieved permanency prior to their 18th birthday by June 30, 2015 shall be at least 31%
6. The percentage of children in out-of-home care 24 months for at least eight days, but less than 12 months, who had two or fewer placement settings, shall be at least 86%

7. The number of children with finalized adoptions between July 1, 2014 and June 30, 2015 shall be at least TBD

8. The percent of children under supervision who are required to be seen a minimum of once every 30 days, who are seen a minimum of once every 30 days shall be at least 99.5%

9. The number of new foster homes licensed between July 1, 2014 and June 30, 2015 shall be at least TBD

10. Percent of youth who have aged out of care completing high school or GED by 20 years of age. – Baseline

11. Percent of youth who have completed high school or GED and are involved in post-secondary education. – Baseline

12. Percent of youth ages 18 and over receiving Independent Living services who have a job (including joining the military) - Baseline

13. Percent of young adults in safe housing. - Baseline

14. Percent of 17-year-old youth in licensed out-of-home care who had a transition plan signed by the youth and filed with the court. - Baseline

15. Percent of youth ages 16-22 who are employed part-time or full-time. - Baseline

○ Other CBC Areas of Focus (subject to change regarding analysis of need)

○ PSF Monthly Report – Report and data related to (items subject to change):
  ▪ Reduction in Out-of-Home Care
  ▪ Caseload Number Trends
  ▪ The Percentage of Children Not Abused or Neglected During Services
  ▪ No More Than 1% of Children Served in Out-of-Home Care Shall Experience Maltreatment During Services
  ▪ Re-Entry Into Out-of-Home Care
  ▪ The Percentage of Children Reunified Who Were Reunified within 12 Months of the Latest Removal
  ▪ The Percentage of Children with Finalized Adoptions Whose Adoptions Were Finalized within 24 Months of the Latest Removal

- Number of Adoptions Finalized
- Number of Children in Out-of-Home Care 12 Months or More
- Children Seen
- Percentage of Clients with 2 or Fewer Placements, Since Removal, in Care for 12 Months or Less
- Shelters – Intakes – Investigations
- Ages of Children In-Home and Out-of-Home

- Management Reports – Reports and data related to operations – information/spreadsheets and database information are shared with the subcontracted Case Management Agencies 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. Face-Sheet Compliance
  10. Reduction in Out of Home Care

- Supervisory Reviews - Quarterly review of (by supervisor):
  - Number and percent of supervisory reviews completed by supervisor
  - Number and percent of supervisory reviews completed by agency
  - Percent compliance by supervisor with quality reviews of data related notes including discussions of (6 randomly selected notes per supervisor) safety, permanency, and well-being.

- **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.

- **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.

  - **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 subcontracted case management agencies as a management tool to assist with oversight of this process.

  - **Incident Reports** - Incident reports are processed by PSF QA staff as they are received. Information from incident reports are entered into the DCF IRAS system as required and all incidents are entered into the PSF automated database. When there are abuse/neglect 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.

- **Sexual Abuse Prevention Safety Plans** - Partnership for Strong Families Quality Assurance staff monitors 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 sub contracted case management agencies the results of the reviews and requests follow-up if needed.

- **Utilization Management Services**
  - Family Service Facilitators refer children and families for appropriate services as a result of family planning, case plan development, on-going 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.
  - The Clinical and Community Services Department / Family Service Facilitators 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.
  - The Clinical and Community Services 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 Clinical and Community Services Department review and approve requests in addition to the Family Service Facilitators to ensure quality and appropriateness of request.
Family Service Facilitators 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.

Family Service Facilitators 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.

Family Service Facilitators 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.

Family Service Facilitators 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.

Family Service Facilitators 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.

Utilization Management 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.

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.

When considering new providers, Utilization Management 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).
Utilization Management 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.

Utilization Management 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**

- 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.

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

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

- Reviews no less than 5 CBHAs per month at random to assess quality and thoroughness.

- Sends two CBHAs per month at random to CBCIH to review for quality and thoroughness.

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

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

- Reviews and monitors all new CBHA assessors.

- **Clinical Specialist** – A clinical specialist position has been established at PSF. 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 technical assistance with all aspects of the process.

- **Florida’s Family Connection Collaborative** – PSF’s Utilization Management conducts regular quality assurance and model fidelity reviews for Florida’s Family Connection Collaborative.
  - In collaboration with PSF’s Quality Assurance Department, Utilization Management will review fidelity instruments completed by PSF’s subcontracted providers.
  - Quality Assurance will complete reviews on a sample number of cases to ensure inter-rater reliability on cases reviewed by the subcontracted agencies.
  - PSF will enforce any necessary changes required by PSF or its subcontracted agencies to adhere to model fidelity and quality improvement.

- **Partner Family Licensing** - PSF prepares all licensing packets in accordance with the Attestation Model. Additionally, PSF has a licensing specialist whose duties are to review Partner Family licensing packets for accuracy and completeness. These two processes serve as a checks and balance system for Partner Family licensing. 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 the issue has been addressed. Results can be no findings, counseling 1:1 with the Partner Family, support plan, corrective action plan and in extreme and/or repeat cases, revocation of the license.

- **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.

### Quality Analysis & Improvement

#### Utilization of Data, Planning & Implementation

Meetings Designed to Review and Address Quality and Performance:

- **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.

- **System of Care /Operations Team Meeting**: Quarterly meeting held with PSF Staff, DCF Management, Child Protective Investigations, Child Legal Services, and PSF Subcontracted Case Management Agency 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>Issue</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incoming Cases</td>
<td>Case Closures</td>
</tr>
<tr>
<td>Placement Disruptions</td>
<td>Enhanced Rate, Specialized Therapeutic Foster Care and Residential</td>
</tr>
<tr>
<td>Post Placement Supervision</td>
<td>Separated Siblings</td>
</tr>
</tbody>
</table>

  **TQM for 17 Year Olds:**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Assignment Census</td>
<td>Closures and Assignments</td>
</tr>
<tr>
<td>Supervisory Reviews</td>
<td>Family Assessments</td>
</tr>
<tr>
<td>Separated Siblings</td>
<td>Fingerprints, Birth Verification and Photographs</td>
</tr>
</tbody>
</table>
### Quality Management Plan FY 2014-2015

<table>
<thead>
<tr>
<th>Teen Mothers in LFC</th>
<th>Placement Disruptions</th>
<th>Exit Interviews</th>
<th>Safety Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced Rate, Specialized Therapeutic Foster Care and Residential</td>
<td>Permanency Round Table</td>
<td>APD Children</td>
<td>Special Needs/Disabilities</td>
</tr>
<tr>
<td>Psychotropic Meds</td>
<td>Out of County Supervision</td>
<td>Interstate Compact</td>
<td>Adoption Activities</td>
</tr>
<tr>
<td>17 Year Old Transition Plans</td>
<td>Age Out Plan</td>
<td>Extended Foster Care</td>
<td></td>
</tr>
</tbody>
</table>

- **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.
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 first 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 UMC and/or CTL 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 Subcontracted Case Management Agencies take the CBC 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 Subcontracted Case Management Agency staff meet on a bi-weekly basis (subject to change according to need) to:

- Review most recent scorecard results – by agency and CBC totals
- Identify data and performance/systemic issues and discuss strategies and efforts to address identified issues
By Agency present 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 CBC Performance: Discussions include information related to (subject to change at the request of the DCF Regional Director):
  - Performance Measures
  - Psychotropic Medication
  - Children Not Seen
  - Independent Living Update/Plan
  - Cost of Out-of-Home Care
  - Permanency
  - Children in OHC 12-23 months
  - Children in OHC 24+ months
  - Adoptions
  - Group Homes
  - Partner Family Homes
  - Safe Harbor Act Plan Updates
  - Caseloads
  - Case Management Retention/Turnover Rates
  - Education Data Sharing – K-12 Report Card RDC
  - Quality Assurance Results
  - Partners for Promise Update
  - Mentor Program for Teens
  - Corrective Action Plan Updates
  - CBC Legal Actions
  - CBC Issues

- **Quarterly Meetings/Training with DCF Quality Assurance Staff** - These meetings occur quarterly as allowed by DCF funding availability. Meeting with CBC 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 Subcontracted Case Management Agency Provider Meeting** - This meeting occurs once a quarter. Issues reviewed include (subject to change according to need):
  - PSF’s and Each Subcontracted Case Management Agencies’ compliance with contracted performance measures and planning for improvement
  - Programmatic and service processes and issues
  - Initiatives
  - Updates to policy and protocol
  - News Updates
  - Training

On a quarterly basis PSF meets with the subcontracted Case Management Agencies, specifically with their Program Directors, Quality Assurance staff and Supervisors. During this meeting data, findings and action plans from the monthly meeting with the Program Directors is reviewed. 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 best practices.

- **PSF Clinical and Community Services Department and Service Provider Meeting** — Held every two months. Issues reviewed include:
  - Sharing of relevant information
  - Discuss topics of mutual interest
  - Obtain and gain feedback from provides
  - Communicate changes in procedures

### 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 CBC, with the subcontracted Case Management Agencies, 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 areas of best practice, areas in need of improvement and to develop action plans for improvement. Action plans for improvement include tasks such as changing 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, for analysis and for sharing progress and outcome. 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 CBC Scorecard Measures.
- PSF’s Missing, Vision, Core Concepts, Core Competencies, and Strategic Plan are all posted on the PSF website as well.
- Weekly reports are sent to the subcontracted case management agencies for their use as management reports to manage caseloads and activities
- Supervisory Reviews – data shared on a quarterly basis with each supervisor within the subcontracted case management agencies that indicates:
  - The number and percent of supervisory reviews completed
  - Percent of compliance by supervisor with quality of the reviews for 6 randomly selected notes

- Case File Reviews – quarterly and annual reports to subcontracted case management agencies, 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 subcontracted case management agencies, DCF and the PSF Board of Directors regarding performance. Information and data are used to develop and monitor effectiveness of actions for improvement.

- Scorecard – monthly report to subcontracted case management agencies 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 subcontracted case management agencies, 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 discuss performance, initiatives, lessons learned and best practices.

**Targeted Efforts for Improvement for FY 2014-2015**

Through the analysis of the FY 2013-2014 data and information gathered from performance measures, the scorecard, and case reviews and other quality assurance activities PSF has identified the core performance areas listed below as areas in need of quality improvement activities for the FY 2014-2015. PSF plans to address these areas through training, coaching, mentoring, case consultations and other activities to improve case manager’s knowledge, skills and practice.

1. **Safety Plans** -
   a. Developing safety plans with the family and their support system
   b. Developing safety plans that address diminished protective capacities and control for dangers
   c. Understanding and identifying appropriate safety management services/strategies
   d. Proper contact with safety managers
   e. Ongoing discussion of safety plan activities at home visits and other contacts with the family

2. **Quality Home Visits**
   a. Proper documentation of home visits
   b. Meeting with children separately from parent/caregiver
   c. Discussions of family dynamics and interactions
   d. Discussions of child development, education and well-being

e. Discussion of parental behavior change and changes to parental protective capacities (what are they learning in treatment, how are they applying what they have learned into their lives/living, what stressors do they identify and how are they coping with the stressors, what do they see going well and why do they think it is going well, what does the family see as changing and what remains to be changed, what do they need assistance with and what has the case worker assisted the family with (including the outcome of the assistance)

f. Discussion of safety plan effectiveness and making changes as needed

g. Identification of and addressing emerging dangers

3. Frequency of Home Visits –
   a. Reunification home visits to occur as required by statute and rule related to child age and length of post placement supervision timeframe.
   b. Home visits with in-home cases to occur as specified in supervision and case staffings. That home visits frequency is tied to the case specifics and the needs of the family.

4. Two Way Communication with Service Providers –
   a. Frequent contact focused on service needs, observations of the service provider and case worker, identification of behavioral change related to the service, recommendations, follow-up and case planning.

5. Out of home care cases – Engaging mothers and fathers in:
   a. Ongoing assessment of their needs
   b. Ongoing case planning
   c. Participating and making decisions related to their children’s well-being, social activities, etc
   d. Visitation with their children and proper documentation of those visits