



PARTNERSHIP FOR  
**STRONG  
FAMILIES**

**Contract Monitoring,  
Performance and  
Quality Management  
Annual Report  
(FY 2019-2020)  
& Plan  
(FY 2020-2021)**

## TABLE OF CONTENTS

### I. Introductory Section:

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

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

### II. Performance Improvement:

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

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

1. Safety
2. Permanency
3. Well-Being

Local Practice Trends in response to RSF and other relevant data

### III. Findings:

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

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

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

### IV. Gaps in Findings to Benchmarks

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

### V. Intervention Findings

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

If interventions were not implemented to address gaps, describe how the region will react to the analysis of findings. For example, will the findings be addressed in the annual update of the Quality Management Plan or in the local Quality Improvement Plans?

<b>Annual Plan:</b>	
<b>The Quality Management Plan will establish the activities, processes, and procedures for ensuring quality child welfare practice. The purpose of this plan is to: ensure quality is planned, define how quality will be managed by the CBC, and define QA and CQI activities. Each CBC lead agency will create and update their individualized plans for conducting quality assurance and improvement activities for the upcoming fiscal year.</b>	
<b>Plan to improve performance of the current year ('20-'21) based on the findings from the prior year ('19-'20):</b>	
<b>I.</b>	Lead agency's Program Improvement Plan to address areas needing improvement as a result of the CFSR and other federal Reviews.
<b>II.</b>	A description of how the agency will monitor improvement in the CFSR systemic factors that are being addressed by the lead agency.
<b>III.</b>	A description of activities planned to address program improvement and monitoring of the National Data Indicators and CFSR/PIP/RSF case review items that are deemed an "area needing improvement."
<b>IV.</b>	High-level discussion of turnover
<b>V.</b>	Working Relationships with CPIs
<b>VI.</b>	Stakeholder involvement
<b>VII.</b>	A description of any other special reviews, discretionary reviews, systemic reviews planned or needed.
<b>VIII.</b>	The schedule of conducting QA reviews for the Current Year.
<b>IX.</b>	Efforts to improve statewide target initiatives
<b>X.</b>	Local Improvement Initiatives
<b>XI.</b>	A description of training activities to be provided by the CQI team
<b>XII.</b>	A description of strategies that will be used to improve practice and how those interventions were selected (evidenced-based, promising practice, etc.)

### **Introduction**

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

The information contained within this report and plan provides detail on the efforts made over the past fiscal year to enhance our system of care, and on the identification of new opportunities for the current fiscal year. FY 2019-2020 has been different than past years and has provided unique

challenges that are also identified within this document. The contents should be viewed as a snapshot of data and information and is by no means a total picture of all of Partnership for Strong Families continuous quality improvement activities for the fiscal year 2019-2020 or a limit for identifying additional areas of focus for the 2020-2021 fiscal year. This report is designed to provide a review of some key activities implemented and new activities identified, related to performance. This information combined with other ongoing activities provide the basis for PSF's ongoing analysis of progress within the system of care. Data is, just that, data, and although important as it guides and assists with providing information for further analysis, the numbers themselves, separate and alone, do not tell the whole "story" of progress within the system of care. This report/plan will provide compliance data for several processes and summarize the findings leading to areas addressed during the 2019-2020 fiscal year and those that will be addressed during the 2020-2021 fiscal year. PSF is continuously looking for ways to make improvements to the system of care and in services provided to children and families. PSF works in conjunction with system partners and stakeholders to review data, identify areas of need and to create action plans for improvement. Despite the occurrence of a pandemic during FY 2019-2020, which continues into FY 2020-2021, PSF has strived to make changes to practice that support the safety and well-being of staff as well as safety, permanency and well-being of children and families served.

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

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

During FY 2019-2020 PSF had to move the meetings to a digital format. To accommodate the safety of all participants during the COVID-19 Pandemic PSF continued to host meetings using virtual platforms to allow for discussion and feedback while adhering to state and federal guidelines for health and safety. PSF will continue to utilize the Children's Partnership Councils as a means by which to gain insight and to collaboratively work on the individualized needs of the counties it serves.

Partnership for Strong Families is focused on making changes and doing what is in the best interest of children and families. PSF's contract management, quality control, quality assurance and continuous quality improvement system allows PSF and our partners to recognize and react to emerging trends at various levels within the agency and within the system of care. PSF works closely with the above mentioned Children's Partnership Councils, the PSF Board of Directors (including the Quality Assurance Sub-Committee), Department of Children and Families (DCF) Administration, sub-recipient Case Management Agencies (CMA) and vendors, service providers and other stakeholders

to review performance to focus on and prioritize the safety, permanency, and well-being of children. Communication and collaboration are key factors where transparent, open, and honest discussions occur in and between the various parties within the system. This approach allows information and data to be shared on an ongoing basis in a safe environment focused on learning from past and current performance and practice to inform and motivate collective and collaborative change.

PSF has a centralized data collection system used to support the contract and quality management system. Data is shared and analyzed on an ongoing basis by the various parties within PSF, the Board of Directors (including the Quality Assurance Committee), DCF Administration, sub-recipient providers, other contracted service providers, and stakeholders to support system-wide planning and correction of problem areas.

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

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

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

adjust when the data indicates the changes have not had the desired impact. PSF has four dedicated positions (three QA Monitors and one director) for performing QA and Continuous Quality Improvement (CQI) activities. Agency capacity is addressed to include budget, performance and performance improvement goals, and timeframes.

This document will outline how PSF's philosophy on quality assurance leads to the identification of opportunities that have been addressed collaboratively over the past fiscal year, as well as those to be addressed over the current fiscal year. PSF believes that quality assurance is a constant. It is our collective job to utilize all resources available to identify and address opportunities for improvement that impact safety, permanency and well-being for all families served.

## **GUIDING PRINCIPALS**

**Mission:** 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 Competencies:** PSF strives to achieve excellence in the following 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 2020-2022**

During FY 19-20 PSF worked to produce a new strategic plan to continue to move the agency forward in our mission and vision. PSF conducted an agencywide SWOT analysis resulting in six agency goals which were provided to the PSF Board of Directors on June 24, 2019.

At the conclusion of the analysis phase and synthesis by the Executive Leadership Team, PSF's board of directors conducted their Governance SWOT analysis during the August 19, 2019 board meeting wherein the board assessed its own impact on the agency and determined areas of focus. This strategic dialogue helped outline the business direction for PSF for the next three years.

As a result of the strategic assessment process outlined above, PSF's Board of Directors has identified the following goals for calendar years 2020 to 2022.

- Goal #1**      **Establish a culture of employee satisfaction and engagement through diversification of workplace tools and supports.**
- Goal #2**      **Improve engagement with clients, businesses and community partners to strengthen relationships and expand prevention and permanency resources.**
- Goal #3**      **Improve internal communication and productivity among staff and case management agencies through education, technology and routine assessments.**
- Goal #4**      **Effectively employ financial and operational resources to improve transparency, credibility and compliance to impact systems change.**
- Goal #5**      **Diversify funding streams through grant acquisition and community initiatives that support the agency's mission.**
- Goal #6**      **Provide clarification (ongoing) to employees on relationships between corporate entities (SMS, PSF, TASC, REACH), clearly defining roles, responsibilities and interrelated functions.**

## **INVOLVEMENT IN THE PROCESS**

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

## QUALITY ASSURANCE AND CONTRACT MANAGEMENT STAFF

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

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

## SUB-RECIPIENT CASE MANAGEMENT AGENCIES

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

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

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

CDS Behavioral – Agency responsible for delivering services to Independent Living and Extended Foster Care case management services (including Post-Secondary Education & Services and Supports – PESS) in all thirteen (13) counties.

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

## SUB-RECIPIENT SERVICE PROVIDERS

- Resolutions Health Alliance – Family Connections
- Children's Home Society – Family Connections
- Haven's Open Arms – Residential Group Care
- Florida United Methodist Children's Home – Residential Group Home
- Florida Sheriff's Youth Ranch – Residential Group Home



- Twin Oaks – Residential Group Home
- Ignite Refugio – Emergency Shelter
- Meridian Behavioral Healthcare – Emergency Shelter

CONTRACTED SERVICE PROVIDERS (VENDOR CONTRACTS)

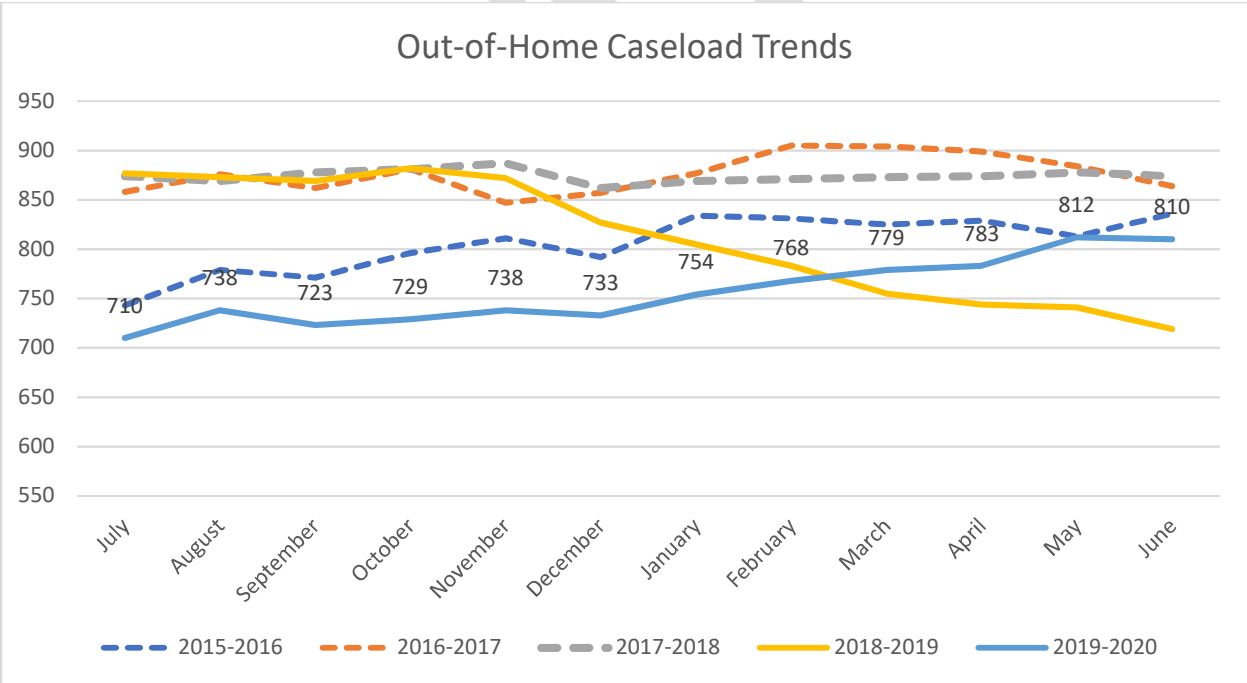
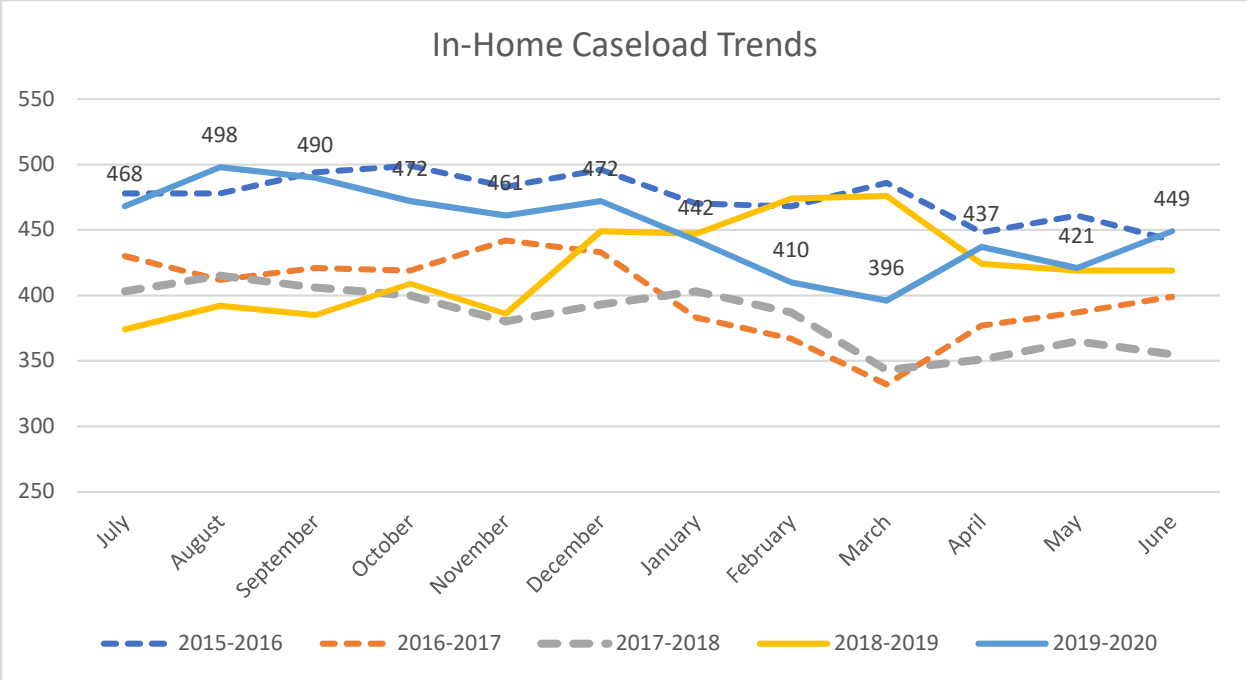
- Brehon Institute for Family Services – In-Home Family Support Program
- Resolution Health Alliance – In-Home Parenting Classes and Support
- Children’s Home Society – Family Visitation Center
- Creative Counseling Services – Therapeutic Service Provider
- Village Counseling Center – Therapeutic Service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

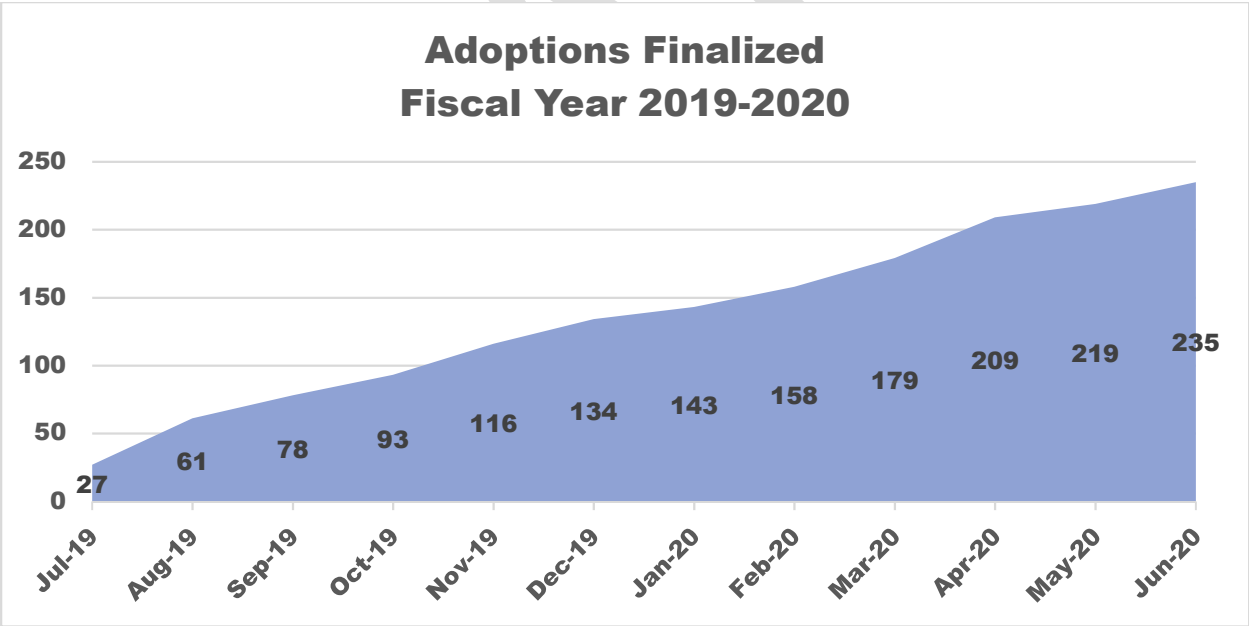
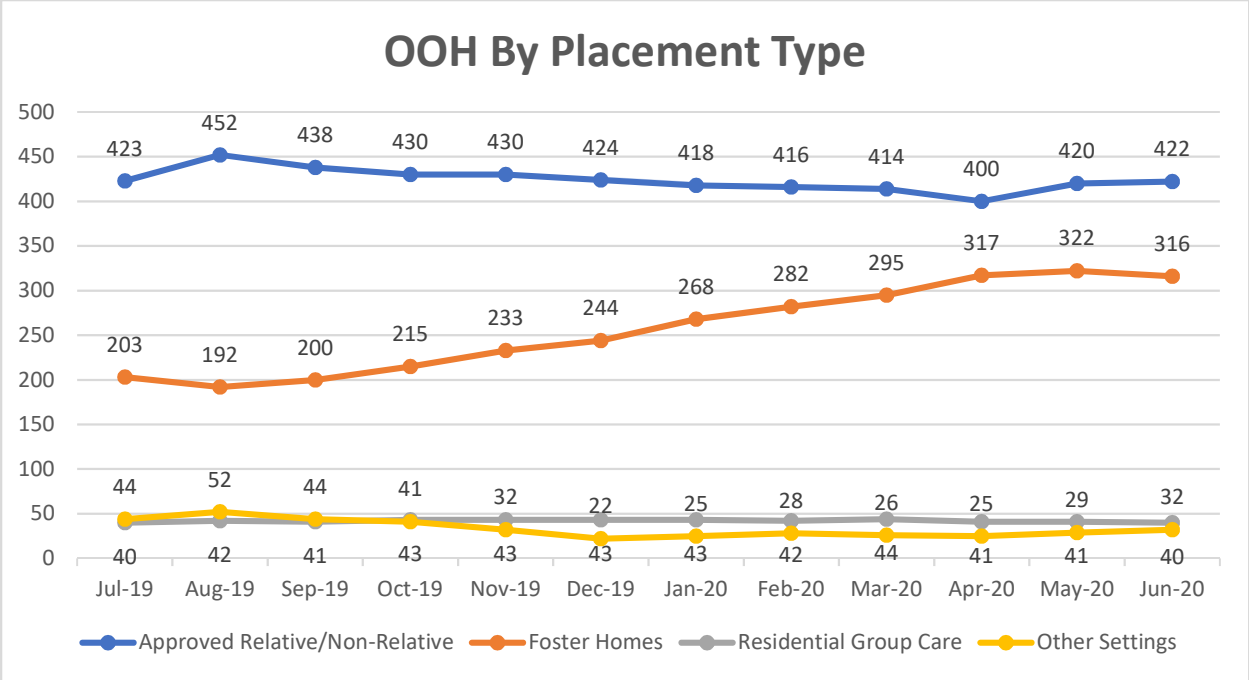
PARTICIPATION

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

Information is collected and shared using multiple mediums including, but not limited to, Florida Safe Families Network (FSFN), DCF Information Portal, DCF FSFN Business Objects Reports, DCF Scorecard Reports, DCF Child Welfare Key Indicators Monthly Reports, PSF data systems, meetings, email, Power Point presentations, and Excel spreadsheets. PSF utilizes continuous quality improvement approaches to build on what is learned to enhance action plans previously implemented. PSF works side-by-side with the CMAs, providers, and other stakeholders to improve the quality of services provided both internally to one another and externally to the families we serve. Additionally, PSF works in conjunction with the DCF Contract Manager to identify and address strengths and areas in need of improvement.

The information below provides an overview of agency wide trends for FY 2019-2020, as well as historical trends from prior years.



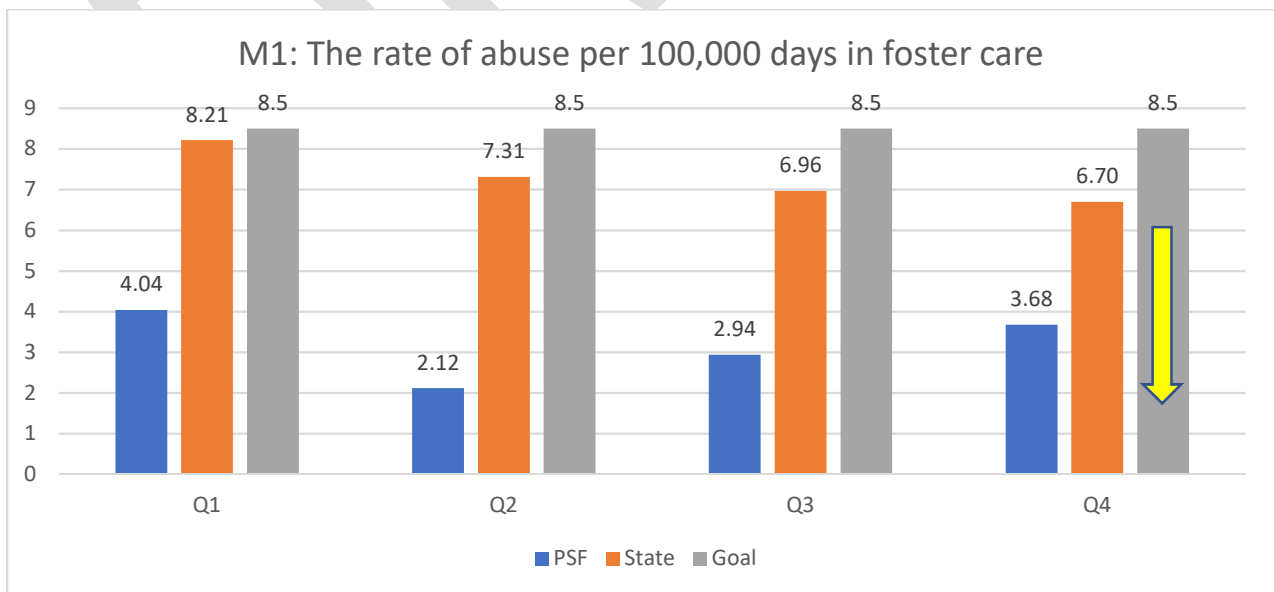


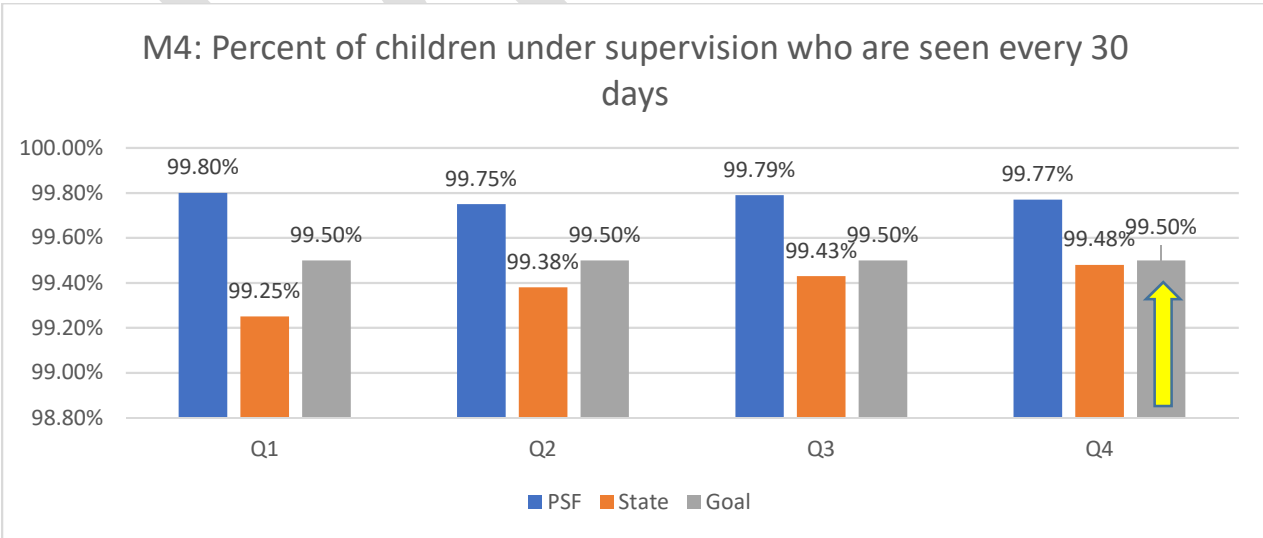
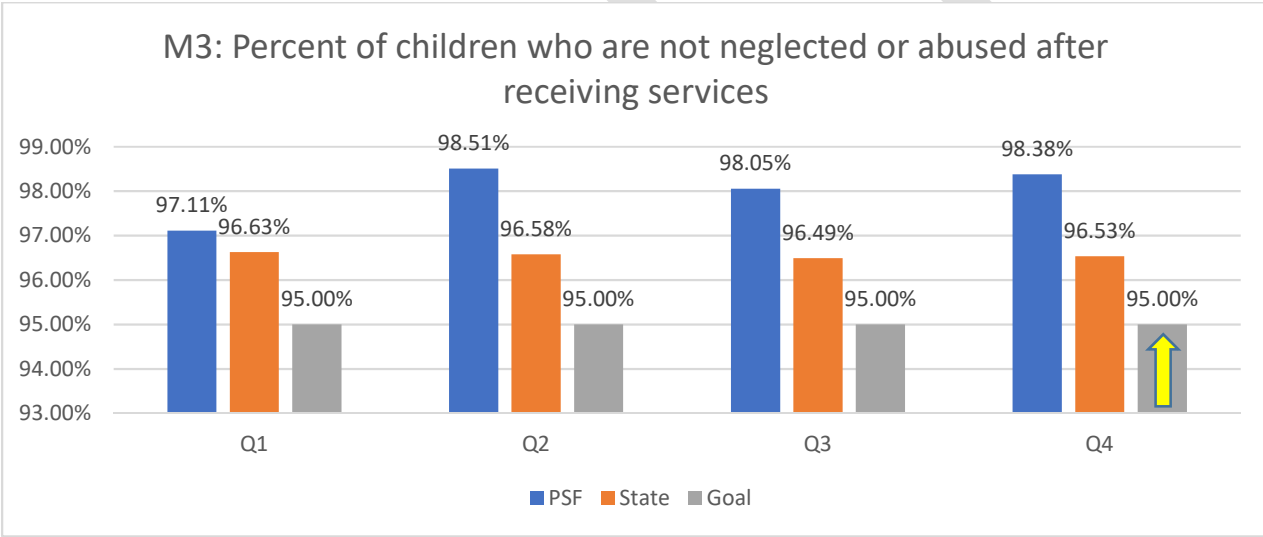
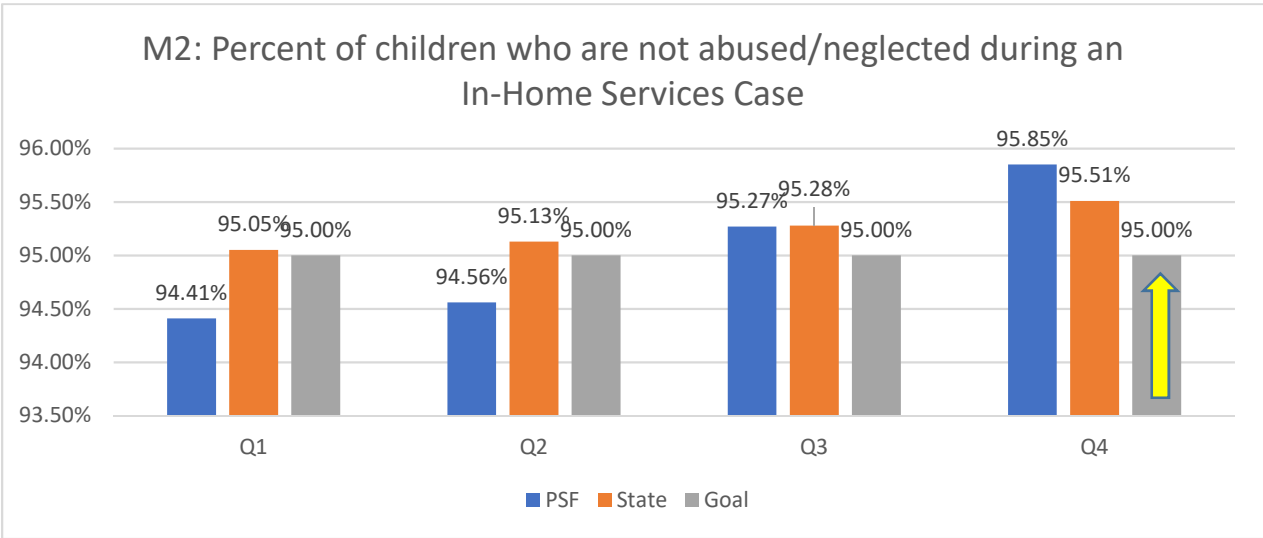
## SCORECARD MEASUREMENTS FISCAL YEAR 2019-2020

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

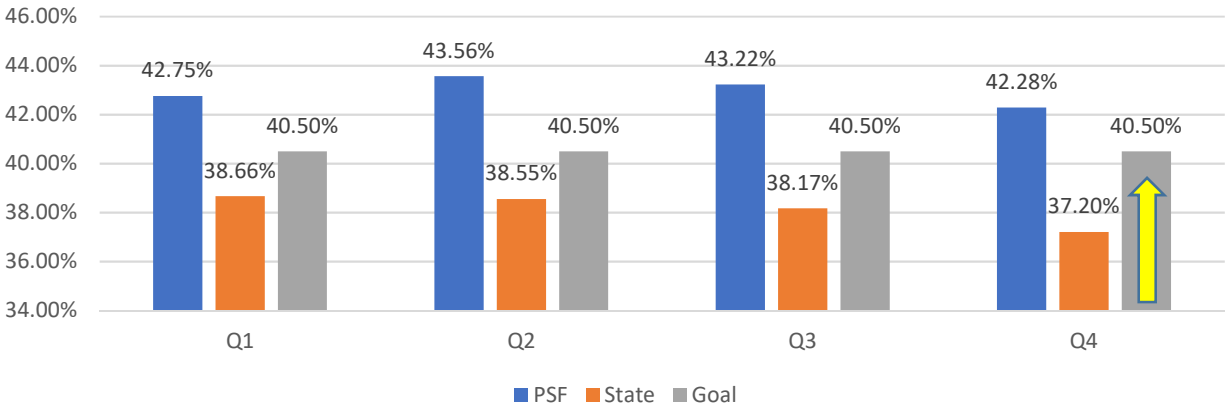
1. Rate of abuse per 100,000 days in foster care (Federal Measure) – 8.50 or less
2. Percent of children who are not neglected or abused during in-home services – 95.0% or higher
3. Percent of children who are not neglected or abused after receiving services – 95.0% or higher
4. Percent of child under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

The following tables (M1 – M12) detail Partnership for Strong Families’ performance for FY 2019-2020 Scorecard Measurements. The tables are broken out by quarter and include PSF performance, statewide performance and performance standards/goals.

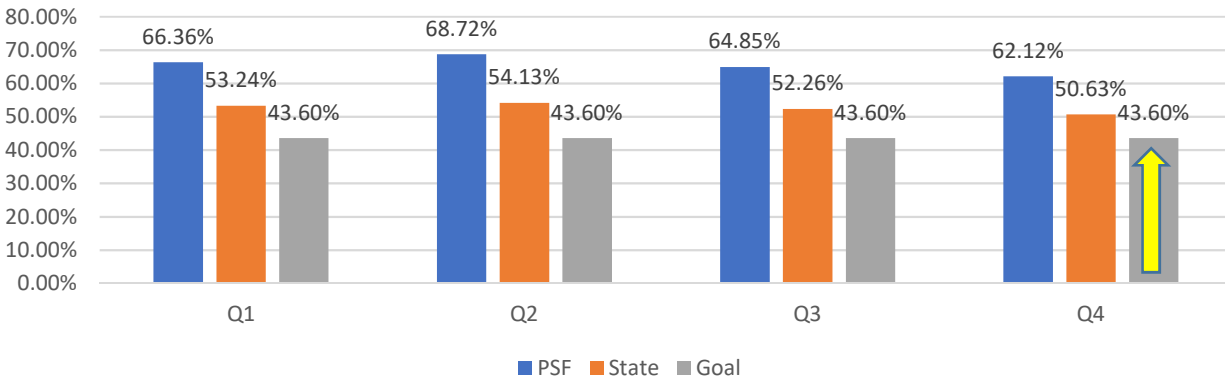




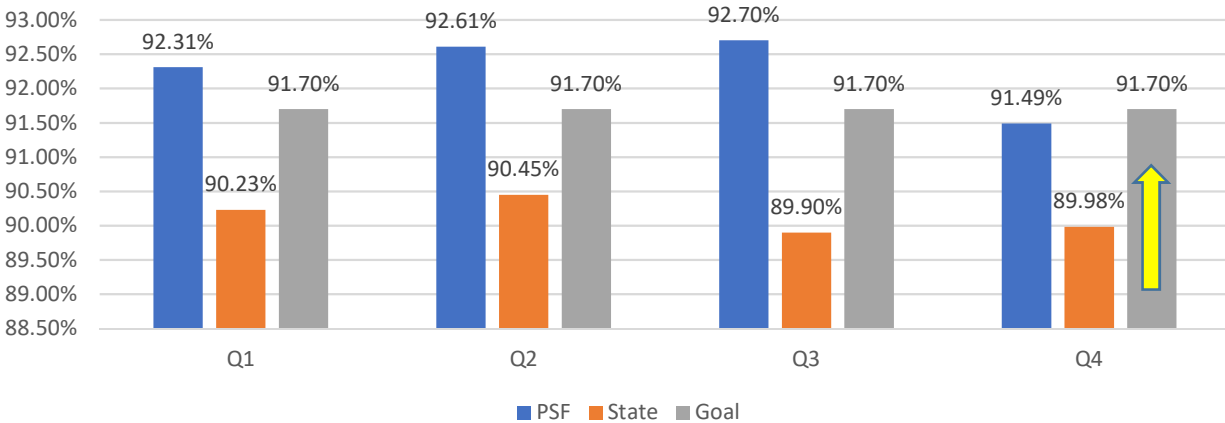
M5: Percent of children exiting to a permanent home within 12 months of entering care



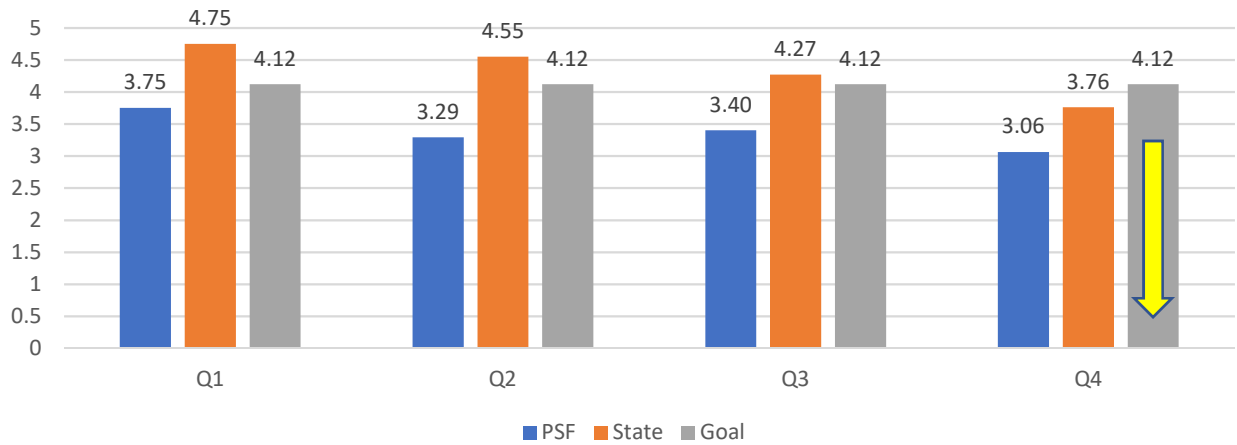
M6: Percent of children exiting to a permanent home within 12 months for those in care 12-23 months



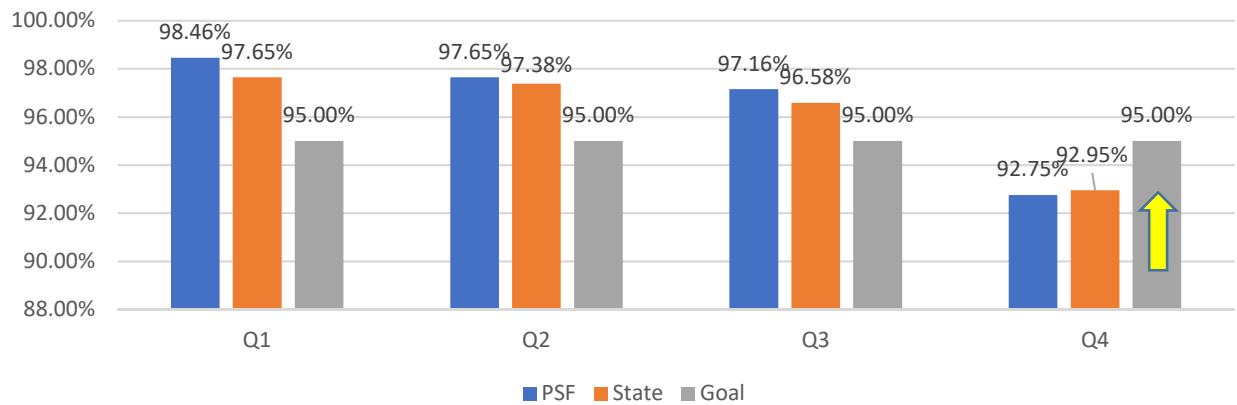
M7: Percent of children who do no re-enter care within 12 months of moving to a permanent home



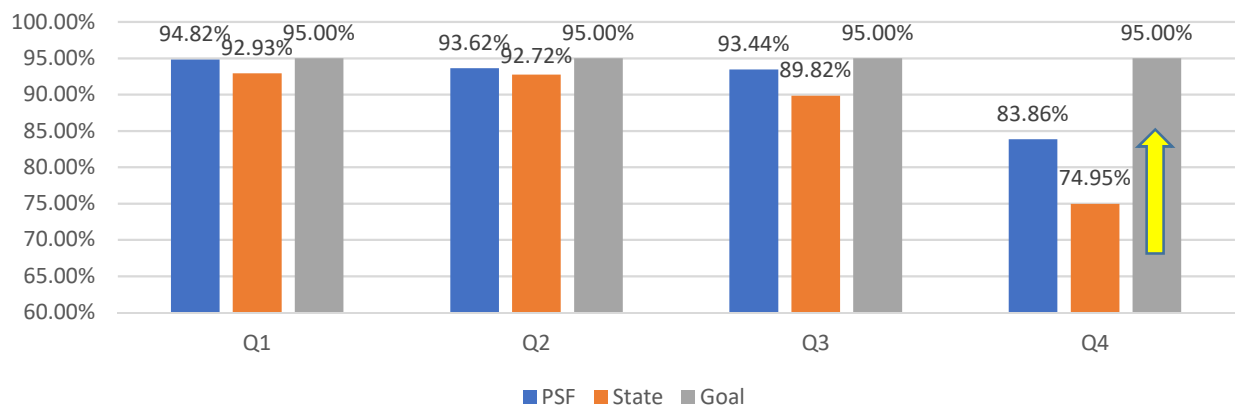
M8: Placement moves per 1,000 days in foster care

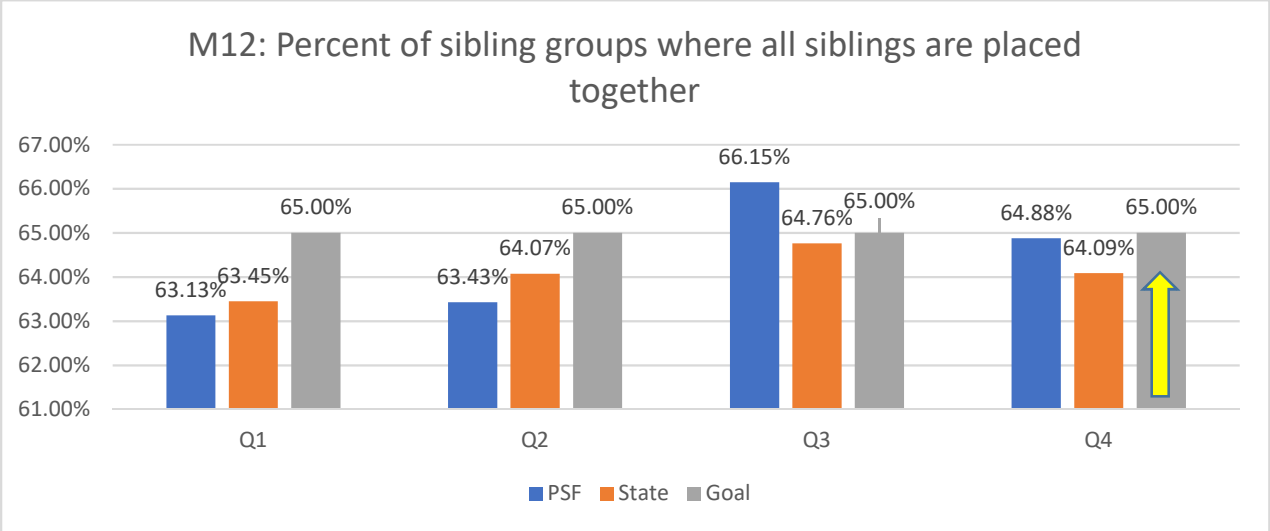
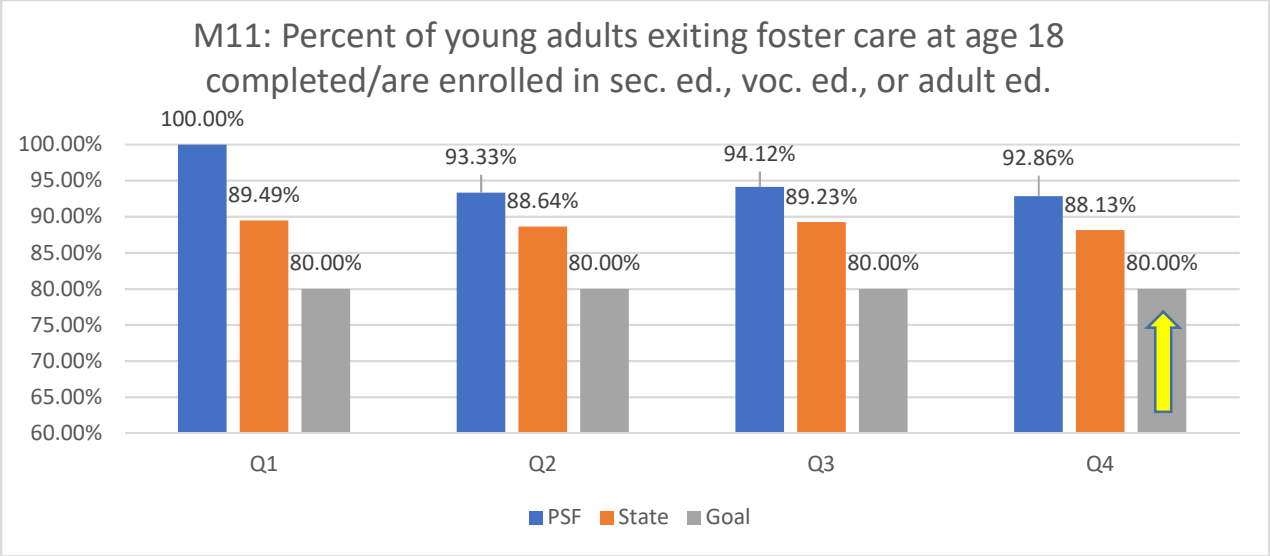


M9: Percent of children who received a medical service within the last twelve months



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





**Scorecard Analysis:** PSF had another strong scorecard performance year (Fiscal Year 2019-2020) highlighted by many of the measures being met each quarter. PSF has continued to demonstrate a high level of performance. When compared to the overall State performance, PSF did very well throughout FY 2019-2020. PSF did fail to meet the established target for more measure than during FY 2018-2019, some of which was outside of the control of the agency or staff. For FY 2019-2020 PSF missed the target 11 times. This means that for a total of 48 quarterly measures, PSF only missed meeting or exceeding the goals 11 times, while meeting the goals 77% of the time.

At the start of FY 2019-2020 PSF experienced some changes in the case types being transferred from DCF. There was an increase in in-home non-judicial cases transferred from DCF, including an increased number of cases that did not appear to be appropriate for that route, and ultimately transferred to judicial cases, impacting measure two. This had an impact on the measure and was addressed with local leadership. After being addressed the cases being transferred appeared to be more consistent with the identified path being appropriate. This resulted in an increase in the performance measure over the past two quarters of the fiscal year.



PSF also saw a drop for quarter four in measure seven. PSF did exceed the target for the first three quarters and the statewide average for all four quarters. A review of cases for the fourth quarter indicates that the decrease in performance was related to some large sibling groups where there were drug relapses and/or violations of permanent guardianship orders. There were also some instances of permanent guardians returning children to the custody of the department. PSF is confident that this number will trend back up and once again exceed the target.

Measures nine and ten showed some decreases in performance statewide and locally because of COVID-19. With many doctors' offices and dental offices closing or reducing appointment availability, it became more difficult to access medical and dental services within the community. Now that many doctors' and dental offices are returning to somewhat normal scheduling PSF is making a push to ensure child are seen for medical and dental appointments. Dental services have been an ongoing issue statewide and locally regarding achieving the target percentage. In PSF's catchment area we continue to have issues with providers not allowing visits to be scheduled more than 30 days out. To help continue to address this issue the CMAs are working on taking a more active role with appointment scheduling and transportation. It was noted that there were times when caregivers would ask to schedule appointments and would at times cancel those appointments due to scheduling issues. Case managers are working to be more involved in the scheduling, and are working on ensuring that caregivers understand that they should be in communication with the case manager prior to canceling any visits, as the case manager may be able to help arrange for transportation. Despite not achieving the goal, PSF was still above the statewide average for dental services and was above the statewide average for all quarters except the fourth, for medical services.

PSF struggled with the placement of siblings, measure twelve, for the first two quarters of the fiscal year. These struggles were greatly impacted by large sibling groups entering care. Large sibling groups can be difficult to place together due to foster home capacity issues. Additionally, we found that this measure is also impacted by parents who take placement of their biological children, but are not willing to take placement for their children's siblings. We also found instance where new babies were born into cases where a relative had placement of the siblings and stated that could not also take placement of the newborn. Children with behavioral challenges in need of a higher level of care than their siblings also play a role in this measure. Overall, there are many reasons for siblings being separated, and a pilot that PSF previously conducted to review cases of separated siblings found that efforts to reunite siblings were largely being made, but the factors of the cases simply did not allow for safe reunification with all the siblings. It does appear that case management does appropriately review and re-assess for opportunities, and that siblings who are separated are separated for valid reasons that relate to safety, permanency and well-being.

PSF's Operations team conducts regular meetings with case management leadership to discuss the scorecard and each of the measures. During these meetings scorecard data is provided to demonstrate the overall performance of PSF in comparison to the goal and statewide average. Additionally, the measures are broken down to the case management agency level, with data showing which agencies and which units are meeting or not meeting the target. Discussion is then had around the reasons why and plans for improvement for each of the agencies with units who are not meeting the measure(s).

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

PSF has established Continuous Quality Improvement Teams/Committees/Meetings to create learning environments and drive system improvement. The teams responsible for reviewing performance and risk data include, but are not limited to, the Executive Leadership Team (ELT), PSF Leadership Team Meeting, Barrier Busters Meeting, DCF QA Manager's Meeting, Quality Team Meeting (QTM), PSF-CMA Partners' Meeting, Resource Center Quarterly Meeting, Risk Management Sub-Committee Meeting, Clinical and Community Services Department Meeting, PSF Service Provider Meeting, Quality Assurance Board Subcommittee meeting, and the PSF Board of Directors Meeting. These teams/committees/meetings evaluate various data and direct decision-making, to implement changes at both the system and case levels. Appropriate lessons, and process changes are translated into new or enhanced policies, procedures, and/or protocols, and shared with sub-contracted CMAs, stakeholders, and other vested parties as indicators of solution-focused thinking and processing. Examples of the topics for these meetings are listed in the Meetings Designed to Review and Address Quality Performance section below. During FY 2019-2020 PSF has had to adjust schedules or platforms for conducting these meetings because of COVID-19.

- Executive Leadership Team (ELT): PSF Senior Executive Staff meet weekly to discuss issues pertaining to PSF as the Lead Agency for Circuits 3 and 8.
- PSF Leadership Team Meeting: Quarterly meeting with PSF with Supervisors, Managers, Directors and Executive Leadership. Issues addressed include: Budget, New Initiatives, Legislation, Processes, Performance, and Updates from each Department. This meeting is being evaluated for a possible structure change to help encourage innovation, change and information sharing.
- Barrier Busters Meeting: Monthly meeting held with PSF Staff, DCF Management, Child Protective Investigations, Child Legal Services, PSF CMA Program Directors, Provider staff, and Managing Entity staff. During this meeting, interagency issues and processes are addressed. The meeting is a networking meeting and is collaborative in nature. This meeting allows for an opportunity for all parties involved to bring forth issues, provide input and assist with the decision-making process and formulate the next steps.
- Quality Team Meeting (QTM): Monthly meeting between PSF Quality Operations Managers and the CMAs. Each agency has its own meeting. During the meeting the following issues are addressed (topics subject to change):
  - Placement – Group care; SIPP step down planning; separated siblings, runaway, pregnant teens
  - Performance data – fingerprints, birth verifications, photos, case closures, reunifications
  - Length of Stay by Child

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

- Children not seen – daily
- Scorecard data and listings – monthly
- Key indicator data – as needed

- Incident Report Review Committee: Monthly meetings include staff from PSF QA, PSF Placements, PSF Partner Family Licensing, and other local licensing agencies to review incidents related to Partner Family homes and other DCF licensed placements for children, such as facility complaints and/or abuse and neglect incidents. The committee reviews allegations and follow-up taken by Child Protective Investigations (CPI), Family Care Counselors (FCC) and/or Licensing staff to determine how to address the issue/concern/complaint, and to help formulate plans for action.
- Human Trafficking Review Team (HTRT): Monthly meetings of a multi-disciplinary team, chaired by PSF, review cases where children have been identified or suspected victims of human trafficking. The HTRT serves to improve interdisciplinary information sharing with internal and external stakeholders and to promote collaboration in working with the youth. The team includes representatives from local, state and federal law enforcement agencies and the Department of Juvenile Justice, Department of Children and Families, Child Protection Team, Guardian ad Litem, Children's Legal Services, Child Advocacy Center and CDS Behavioral Health. New reports involving allegations of human trafficking are staffed to follow up as needed. Children involved in open dependency cases who are victims of human trafficking are also followed to assess level of care, treatment services, safety planning and ongoing information sharing to coordinate their care.
- Scorecard Meeting: Bi-weekly conference calls in which PSF and CMAs use the goals detailed in the PSF Scorecard and work in conjunction with one another to review and validate data, identify systemic or data entry/extraction issues, and to create action plans as needed. The action plans are designed to improve knowledge and performance. PSF and the CMA staff discuss (subject to change per need):
  - Most recent scorecard results – detailed by agency and PSF totals
  - Data and performance/systemic issues and strategies and efforts to address identified issues.
  - Each agency develops and presents on action plans aimed at improvement.
- DCF Regional Director PSF Performance Review Meeting: This quarterly meeting includes discussions that include information related to (subject to change at the request of the DCF Regional Director):
  - Children who have been in out of home care for 24 months or longer
  - Cost of out-of-home care
  - Permanency
    - Children in out-of-home care 12-23 months
    - Children in out-of-home care 24+ months
    - Adoptions
  - Group Homes
    - Children under 12 in group homes
    - Children in group homes out of CBC jurisdiction
  - Foster Home
    - Number of foster homes
    - Target
    - Number of foster homes licensed
    - Number of foster homes for teens

- Number of medical foster homes
    - Location of foster homes
  - Independent Living and Extended Foster Care
  - Psychotropic Medications
  - Lockouts
  - QA Snapshot
  - Caseloads
  - Case Management/Retention/Turnover rates
- DCF QA Manager's Meeting: DCF Office of Child Welfare hosts these quarterly meetings to include DCF Regional, Sheriff's Office and CBC QA staff to collaborate on federal and state quality assurance initiatives and processes.
  - PSF Board of Directors Quality Assurance Subcommittee Meeting: This meeting provides a platform for discussion of CBC and CMA quality assurance topics between PSF and PSF Board members. Data, findings and actions to address findings are all discussed to ensure that PSF's Board has a full understanding of all areas of success and those requiring improvement.
  - PSF Board of Directors Finance Subcommittee Meeting: This meeting provides a platform for reviewing and analyzing finances related to PSF. The additional oversight of this Board subcommittee provides an additional layer of accountability and ensures transparency with PSF's finances.
  - PSF Board of Directors Community Relations Subcommittee Meeting: This subcommittee provides a platform for discussion and oversight around the agency's presence in the community, messaging and outreach.
  - PSF Board of Directors Meeting: The By-laws dictate the schedule of these meetings. (Topics discussed included are not exhaustive and are subject to change):
    - Guest Presentations
    - Board Chair Report
    - CEO Report
    - Finance Committee Report
    - Quality Assurance Committee Report
    - Executive Committee Report
    - Community and Government Relations Committee Report
  - PSF-CMA Partner's Meeting: On a quarterly basis PSF meets with the CMAs' Program Directors, Quality Assurance staff and Supervisors. The meeting serves as a vehicle in which information is shared to focus on the empowerment of supervisors and to ensure supervisors are given the information needed to increase their knowledge and skills to enhance their supervision and support of their case managers. During the quarterly meetings, PSF provides training, information regarding form and policy updates, and addresses changes in practice. Additionally, PSF works

together with the CMAs to gather the information and understanding needed to make changes to processes, policy, services, and practice when needed. The meeting is collaborative in nature and information is shared regarding areas in need of improvement and best practice initiatives/processes. It is also a vehicle in which staff can share challenges, initiatives, and evidence informed practices. Issues reviewed include (subject to change per need):

- PSF's and Each CMA's compliance with contracted scorecard and case reviews
  - PSF's Performance Improvement Plan.
  - Other data analysis information such as incident reports, child placement agreements, exit interviews, psychotropic medications, etc.
  - Programmatic and service processes, issues, and initiatives
  - Updates to policy and protocol
  - News Updates
  - Planning for improvement
  - Training
  - Collaborating planning and problem solving related to challenging measures
- PSF Service Provider Meeting: This meeting is held quarterly, and. issues reviewed include (subject to change with identified need):
- Sharing of relevant information related to critical updates and changes within the Child Welfare System as well as updates around the delivery of best practice services
  - Discuss topics of mutual interest
  - Obtain and gain feedback from providers
  - Communicate changes in procedures
- This meeting is being evaluated for changes that will help foster greater engagement, innovation and discussion.
- Clinical and Community Services Department Meeting: These quarterly meetings allow opportunities for department staff to discuss the following topics:
- Sharing relevant information between the departments that fall under Clinical and Community Services (Utilization Management, Clinical Services, Community Relations, Recruitment and Resource Centers)
  - Work toward agency and departmental goals collaboratively
  - Find new and innovative ways to overcome barriers to serving children and families
- Resource Center Quarterly Meetings: These quarterly meetings allow opportunities for various resource center partners to share existing and new programs/services and discuss community needs. Quarterly Resource Center data and updates are also shared with an opportunity for partner feedback.
- Risk Management Sub-Committee: The committee meets monthly to discuss identified incidents and/or risks for each PSF department. Discussions focus on brainstorming ideas to address issues raised in an effort to mitigate future risks. Additionally, the group reviews topics, including but not limited to, CBC Risk Management Work Group outcomes, the electronic event reporting system, severity scales, and areas of the PSF Risk Management Plan.

- COVID-19 Management Calls: As COVID-19 became more prevalent in March, 2020, PSF decided to initiate a weekly leadership call that has since transitioned to a bi-weekly call. This call is designed to connect CMA and CBC management around safety and best practice during the pandemic. The calls are led by the PSF Chief Executive Officer and focus around the changing landscape of child welfare during the pandemic. Personal Protective Equipment (PPE), home visits, the transition to virtual platforms, safety considerations, staffing patterns, etc. are all discussed during this call.

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

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

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

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

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

PSF Quality Assurance department completed a total of 85 file reviews in FY 2019-2020. The Rapid Safety Feedback tool was used for 40 reviews and the Child and Family Services Review tool was used with 37 file reviews and 8 additional PIP reviews. The scope and breadth of the review types are covered in the subsequent sections.

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

## Schedule of Reviews

Reviewers complete file reviews on a quarterly basis, taking time to complete in-depth analysis on a case by case basis as opposed to a predetermined schedule for reviews while remaining compliant with the required timeframes detailed in Windows into Practice. Below is a chart of all scheduled reviews for FY 2020-2021. Federal PIP reviews will only run through the second quarter of FY 2020-2021.

<b>Quarter</b>	<b>Review Type</b>	<b>Review Dates</b>
Quarter 1 FY 2020-2021	Rapid Safety	July 1, 2020 – September 30, 2020
Quarter 1 FY 2020-2021	Florida CQI Reviews	July 1, 2020 – September 30, 2020
Quarter 1 FY 2020-2021	Florida CQI-PIP Monitored Review	July 21, 2020 – July 23, 2020
Quarter 1 FY 2020-2021	Florida CQI-PIP Monitored Review	August 18, 2020 – August 20, 2020
Quarter 2 FY 2020-2021	Rapid Safety	October 1, 2020 – December 31, 2020
Quarter 2 FY 2020-2021	Florida CQI Reviews	October 1, 2020 – December 31, 2020
Quarter 2 FY 2020-2021	Florida CQI-PIP Monitored Review	October 6, 2020 – October 8, 2020
Quarter 2 FY 2020-2021	Florida CQI-PIP Monitored Review	November 10, 2020 – November 12, 2020
Quarter 3 FY 2020-2021	Rapid Safety	January 1, 2021 – March 31, 2021
Quarter 3 FY 2020-2021	Florida CQI Reviews	January 1, 2021 – March 31, 2021
Quarter 4 FY 2020-2021	Rapid Safety	April 1, 2021 – June 30, 2021
Quarter 4 FY 2020-2021	Florida CQI Reviews	April 1, 2021 – June 30, 2021

## **RAPID SAFETY REVIEWS**

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

Rapid Safety Feedback (RSF) case reviews are completed for randomly selected in-home cases, which are currently open at the time of review. Eligible cases include children (from birth until age 5) reunified with their parent(s) or residing in the home with their family, where the family has a history of substance abuse and domestic violence. A Quality Assurance Monitor reviews documentation available in Florida Safe Families Network (FSFN) and rates the work in five different items which are broken up into sub-item ratings (listed as Items 1-5 below). This tool captures participants separately and addresses frequency and quality of contacts with participants in sub-item measurements detailed below. 40 RSF reviews were completed during FY 2019-2020.

PSF completes the specified number of RSF reviews per quarter as indicated in the Windows into Practice document or another official documents/memorandum from DCF. For fiscal year 2020-2021 PSF is required to do 10 RSF reviews per quarter (20 for each half of the fiscal year). PSF will complete an RSF review on any case which meets Tier 1 of stratification (see below) which has an open abuse report involving both substance abuse and domestic violence. If PSF has not completed the 10 required RSF reviews, these cases will take precedence in the sample, if the 10 required RSF reviews have been completed, these cases will be reviewed additionally.

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

Each item in the RSF review is rated as either a Strength, Area of Need or Not Rated. Following the review of documentation available in FSFN or the case record and completion of the tool, the reviewer meets with the current primary Family Care Counselor and Family Care Counselor Supervisor to



discuss the case situation, how documentation rated for each measurement, and how to improve practice-model fidelity and documentation. These consultations are collaborative opportunities to educate and enhance performance for the Family Care Counselors.

All RSF reviews are completed by the end of the quarter in which the case was assigned for review. The reviews are completed in the format approved by DCF and entered into the DCF web-based tool.

### Rapid Safety Feedback Item

- 1 Are family assessments of danger threats, child vulnerability, and family protective capacities sufficient to identify safety concerns and case plan actions needed to effectively address caregiver protective capacities and child needs?**
  - (1.1) Is the most recent family assessment sufficient?
  - (1.2) Is the most recent family assessment completed timely?
- 2 Are visits between case managers, children, and parent(s) or legal custodian(s) sufficient to ensure child safety and evaluate progress toward case plan outcomes?**
  - (2.1) Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?
  - (2.2) Is the frequency of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?
  - (2.3) Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?
  - (2.4) Is the frequency of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?
  - (2.5) Is the quality of visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?
  - (2.6) Is the frequency of visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?
- 3 Are background checks and home assessments sufficient and responded to with a sense of urgency when needed to address potential danger threats?**
  - (3.1) Are background checks and home assessments completed when needed?
  - (3.2) Is the information assessed and used to address potential danger threats?
- 4 Is a sufficient safety plan in place to control danger threats to protect a child?**
  - (4.1) Is the safety plan sufficient?
  - (4.2) Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?
- 5 Is the supervisor regularly consulting with the case manager?**
  - (5.1) Is the supervisor regularly consulting with the case manager?
  - (5.2) Is the supervisor ensuring recommended actions are followed up on?

The chart below details the results of the FY 2019-2020 RSF reviews. Although there are still several areas that present opportunities for improvement, PSF has improved in many items since FY 2018-2019. Case management was able to demonstrate improvement in 13 out of the 14 measures contained in the tool (highlighted in green). PSF hopes to continue this trend of improvement through the next fiscal year.

Although there has been improvement with RSF scores, there is still room for improvement. Specifically, PSF is continuing to see issues with safety plans. Despite increased training by staff development and increased emphasis from quality assurance, safety plans continued to be insufficient in a few ways. Some plans are still missing signatures, lack details for monitor danger threats and show inaccurate frequency for contact. There has been some improvement with safety plans and PSF has plans to continue to emphasize sufficient content and updating at critical junctures.

Contact with parents and sufficient information gathering was also an area needing improvement for FY 2019-2020 and will continue to be a focus for FY 2020-2021. PSF scored poorly for FY 2018-2019 for contact and engagement with fathers. This is an issue that is also prevalent with CFSR case reviews. To address the issue PSF has developed a multi-tiered approach. The first part of the approach is to address the contact with judicial reunification cases. This was accomplished by developing a report within the Florida Safe Families Business Objectives Environment. The report provided all the fathers connected to children for judicial cases with a goal of reunification. The report was made available to the three case management agencies. They were asked to work with their supervisors to ensure diligent efforts are made and documented to see every father each month. The report responses had to detail the efforts documented and if contact did occur for the given month. The reports were due to the Director of Program Quality and Contract management on the 15<sup>th</sup> of the following month. The CMAs were able to demonstrate significant improvement in efforts made to contact children's fathers. Once there was marked improvement (scores at or above 90 percent compliance) for all the CMAs the report was to be updated to include non-judicial in-home cases. This update was made and the updated reporting is set to begin in FY 2020-2021. Once there is a high level of compliance with the revised report the efforts will move to addressing the quality and content of the contacts with fathers. This report also addresses mothers, but the current focus is on improving efforts with fathers.

Timely completion of Family assessments was also found to be an issue. The primary reason for this being an area of need was that the assessment was simply not approved in a timely manner. Though unit discussions PSF has tried to emphasize the importance of not only completing the assessment timely, but also supervisors approving the assessment timely.

During FY 2019-2020 PSF implemented several initiatives to achieve performance improvement. Many of the activities initiated during FY 2019-2020 applied to both the RSF tool and the Child and Family Services Reviews (CFSR). PSF quality assurance spent several months meeting with every case management unit separately to review both the RSF and CFSR tools. This was done in the form of a Q&A and allowed for staff to gain meaningful insight into the application of practice to the scoring of the tools. This also helped to provide clarity around issues of statute, code, policy, and best practice, with the supervisor and staff receiving the same message at the same time. Additionally,

PSF finished the creation and distribution of a tip sheet that identified and provided guidance around common pitfalls in practice, and how that factors into the scoring within the tools. PSF also continued to deploy the digital visitation sheets to help guide meaningful contacts. However, full deployment has been indefinitely delayed because of COVID-19, as proper training and support is not feasible without more in-person interaction with staff.

Overall, PSF is excited about the incremental improvement that we have seen between FY 2018-2019 and FY 2019-2020. Based on the various efforts we have made throughout the year we believe we will continue to see these scores trend upward.

<b>Item 1.1</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strengt h Q4</b>	<b>Area of Need Q4</b>	<b>Strengt h FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Is the most recent family assessment sufficient?	50%	50%	30%	70%	50%	50%	40%	60%	42.5%	57.5%
<b>Item 1.2</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strengt h Q4</b>	<b>Area of Need Q4</b>	<b>Strengt h FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Is the most recent family assessment completed timely?	38%	63%	40%	60%	10%	90%	30%	70%	29.5%	70.5%
<b>Item 2.1</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strengt h Q4</b>	<b>Area of Need Q4</b>	<b>Strengt h FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	38%	63%	40%	60%	30%	70%	60%	40%	42%	58%

<b>Item 2.2</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Is the frequency of visits between the case manager and the child(ren) sufficient to ensure child safety and evaluate progress toward case plan outcomes?	25%	75%	70%	30%	80%	20%	60%	40%	58.75%	41.25%
<b>Item 2.3</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	13%	87%	30%	70%	50%	50%	50%	50%	35.75%	64.25%
<b>Item 2.4</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Is the frequency of the visits between the case manager and the child's mother sufficient to ensure child safety and evaluate progress toward case plan outcomes?	75%	25%	70%	30%	90%	10%	100%	0%	83.75%	16.25%

<b>Item 2.5</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Is the quality of the visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	14%	86%	30%	70%	10%	90%	40%	60%	32.5%	76.5%
<b>Item 2.6</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Is the frequency of the visits between the case manager and the child's father sufficient to ensure child safety and evaluate progress toward case plan outcomes?	40%	60%	40%	60%	20%	80%	30%	70%	32.5%	67.5%
<b>Item 3.1</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Are background checks and home assessments completed when needed?	75%	25%	50%	50%	70%	30%	70%	30%	66.25%	33.75%
<b>Item 3.2</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strength Q2</b>	<b>Area of Need Q2</b>	<b>Strength Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strength FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Is the information assessed and used to address potential danger threats?	75%	25%	70%	30%	60%	40%	70%	30%	68.75%	31.25%

<b>Item 4.1</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Streng th FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Is a sufficient safety plan in place to control danger threats to protect a child?	13%	87%	40%	60%	10%	90%	20%	80%	20.75%	79.25%
<b>Item 4.2</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Streng th FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?	0%	100%	20%	80%	22.2%	77.8%	40%	60%	20.55%	79.45%
<b>Item 5.1</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Streng th FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Is the supervisor regularly consulting with the case manager?	75%	25%	80%	20%	80%	20%	90%	10%	81.25%	18.75%
<b>Item 5.2</b>	<b>Strength Q1</b>	<b>Area of Need Q1</b>	<b>Strengt h Q2</b>	<b>Area of Need Q2</b>	<b>Strengt h Q3</b>	<b>Area of Need Q3</b>	<b>Strength Q4</b>	<b>Area of Need Q4</b>	<b>Strengt h FY 2019-2020</b>	<b>Area of Need FY 2019-2020</b>
Is the supervisor ensuring recommended actions are followed up on?	50%	50.0%	50%	50%	20%	80%	20%	80%	35%	65%

## CHILD AND FAMILY SERVICE REVIEWS

### FLORIDA CQI

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

Related Outcome	Review Item	Item Description
<p><b>Safety Outcome 1</b></p> <p>Children are, first and foremost, protected from abuse and neglect.</p>	Item 1	<p><b>Timeliness of initiating investigations of reports of child maltreatment</b> - Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?</p>
	Item 2	<p><b>Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care</b> - Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?</p>
<p><b>Safety Outcome 2</b></p> <p>Children are safely maintained in their homes whenever possible and appropriate</p>	Item 3	<p><b>Risk and safety assessment and management</b> - Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?</p>

Related Outcome	Review Item	Item Description
<p><b>Permanency Outcome 1</b></p> <p>Children have permanency and stability in their living arrangements</p>	Item 4	<p><b>Stability of foster care placement</b> - Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?</p>
	Item 5	<p><b>Permanency goal for child</b> - Did the agency establish appropriate permanency goals for the child in a timely manner?</p>
	Item 6	<p><b>Achieving reunification, guardianship, adoption, or other planned permanent living arrangement</b> - Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?</p>
<p><b>Permanency Outcome 2</b></p> <p>The continuity of family relationships and connections is preserved for children.</p>	Item 7	<p><b>Placement with siblings</b> - Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?</p>
	Item 8	<p><b>Visiting with parents and siblings in foster care</b> - Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?</p>

- Item 9 **Preserving connections** - Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?
- Item 10 **Relative placement** - Did the agency make concerted efforts to place the child with relatives when appropriate?
- Item 11 **Relationship with child in care with parents** - Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

Related Outcome	Review Item	Item Description
<b>Well-being Outcome 1</b> Families have enhanced capacity to provide for their children's needs	12	<b>Needs and services of child, parents, and foster parents</b> - Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
	13	<b>Child and family involvement in case planning</b> - Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?
	14	<b>Caseworker visits with child</b> -Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?
	15	<b>Caseworker visits with parents</b> - Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?
<b>Well-being Outcome 2</b> Children receive appropriate services to meet their educational needs.	16	<b>Educational needs of the child</b> - Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?
<b>Well-being Outcome 3</b> Children receive adequate services to meet their physical and mental health needs.	17	<b>Physical health of the child</b> - Did the agency address the physical health needs of children, including dental health needs?
	18	<b>Mental/behavioral health of the child</b> - Did the agency address the mental/behavioral health needs of children?

Each quarter a random sample of cases, both in-home and out-of-home, primary to the services units will be selected for these review processes. The sample will be chosen by utilizing a listing provided by DCF with sampling requirements in Windows into Practice being followed. PSF completes the specified number of Florida CQI reviews per quarter as indicated in the Windows into Practice document or other DCF official documents/memorandum. All Florida CQI reviews are completed



by the end of the quarter in which the case was assigned for review. Florida CQI reviews are completed utilizing the State approved tools and are entered into the CFSR portal at: <https://www.cfsrportal.org/>

For Fiscal Year 2019-2020, the PSF Quality Assurance department reviewed 37 cases using the federally developed Child and Family Service Review process. PSF additionally completed eight (8) PIP CFSR reviews during the fiscal year. There was a total of 45 reviews completed using the CFSR tool.

PSF was scheduled to complete 36 reviews for FY 2019-2020, but ended up completing 37 cases using the CFSR tool for documentation only case reviews. The results of the 37 CQI/CFSR reviews is captured in the chart below. Eight (8) additional cases were reviewed utilizing both documentation and interviews with case participants (PIP reviews). After each review, a case consultation is held with the PSF Quality Assurance Monitor and the current or most recent primary Family Care Counselor and Family Care Counselor Supervisor. For PIP specific cases CPI, CPI supervisor and CMA program director are also included. The consultations are also open for other CPI and CMA staff to attend and learn. These consultations are collaborative with discussions of findings from the review and discussions of the Family Care Counselor and Family Care Counselor Supervisor's casework activities that might not have been documented. These consultations are teaching opportunities for staff to further enhance their abilities to provide quality case management services. During FY 2019-2020 PSF had each of the three program directors shadow a PIP case from start to completion. Some of the feedback was used to initiate discussion around interviews during the PIP process.

PSF saw great improvement in some areas around CFSR scores for FY 2019-2020. PSF was able to demonstrate improvement on 10 of the 18 items between FY 2018-2019 and FY 2019-2020. The data indicates that engagement with parents and the provision of services is still an area requiring attention. One of the major factors is engagement with parents, especially fathers. To address this issue during FY 2019-2020 PSF implemented a process for reviewing and reporting parent contacts. CMA quality assurance is responsible for working with supervisors and frontline staff to record responses around efforts to contact all mothers and fathers. Although data for both mothers and fathers is submitted, the greater focus is around fathers, and this data has been compiled and tracked over time. During FY 2020-2021 PSF will be increasing the case types included in this review process. More information around this activity is in the Rapid Safety Feedback section of this report.

PSF has also distributed the CFSR guide sheet that was circulated throughout the state. In addition to this PSF QA distributed a tip sheet geared towards both the RSF tool and CFSR tool. This sheet was sent to all case management staff, is disbursed during post-service trainings, and was used in unit meeting discussions that focused around the two tools. The unit meetings were a major initiative that were used to ensure a consistent message between CMA supervisors and their frontline staff. These meetings fostered many productive discussions around the efforts required by case managers as well as tips and tricks for ensuring quality work and documentation. Speaking with supervisors and staff together was helpful for open dialogue and problem solving around items such as risk and safety assessment and management. Additionally, PSF continued with the use of our electronic documentation sheets which focus on quality contacts.

PSF also initiated a new process in FY 2019-2020 for PIP specific cases. PSF QA staff received an information review and discussion around engagement productive (open-ended) questioning with case

management staff. This review was based on information shared by another CBC within the region who initiated a similar process. After the review and discussion PSF QA staff began initiating pre-review meetings 30-45 days prior to the actual review. Having the meetings so early allowed for initial and ongoing discussion of case management responsibilities and requirements, and early review of documentation, and discussion around the information needed to sufficiently meet the standard for the items within the review tool. In the short time that PSF has been implementing this process reviewers have noticed that staff are coming to review interviews more prepared with a greater understanding and supporting documentation for strength ratings within the tool. PSF plans to continue this process in FY 2020-2021, until the federal PIP period is complete.

### 2019-2020 CFSR Year-End Scores

Performance Item or Outcome		Cases: 37							
		Performance Item Ratings			Outcome Ratings				Applicable Cases
		S	ANI	NA	SA	PA	NACH	NA	
Safety Outcome 1	Children are, first and foremost, protected from abuse and neglect.				88.46% n=23	0% n=0	11.54% n=3	n=11	n=26
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	88.46% n=23	11.54% n=3	n=11					n=26
Safety Outcome 2	Children are safely maintained in their homes whenever possible and appropriate.				64.86% n=24	18.92% n=7	16.22% n=6	n=0	n=37
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	100% n=15	0% n=0	n=22					n=15
Item 3	Risk and Safety Assessment and Management	64.86% n=24	35.14% n=13	n=0					n=37

\*\* Figures may not total to 100% due to rounding.

Performance Item or Outcome		Cases: 37							
		Performance Item Ratings			Outcome Ratings				Applicable Cases
		S	ANI	NA	SA	PA	NACH	NA	
Permanency Outcome 1	Children have permanency and stability in their living situations.				60% n=12	40% n=8	0% n=0	n=0	n=20
Item 4	Stability of Foster Care Placement	65% n=13	35% n=7	n=0					n=20
Item 5	Permanency Goal for Child	90% n=18	10% n=2	n=0					n=20
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	90% n=18	10% n=2	n=0					n=20

<b>Permanency Outcome 2</b>	<b>The continuity of family relationships and connections is preserved for children.</b>				<b>90%</b> <b>n=18</b>	10% n=2	0% n=0	n=0	n=20
<b>Item 7</b>	<b>Placement With Siblings</b>	<b>62.5%</b> <b>n=5</b>	37.5% n=3	n=12					n=8
<b>Item 8</b>	<b>Visiting With Parents and Siblings in Foster Care</b>	<b>94.44%</b> <b>n=17</b>	5.56% n=1	n=2					n=18
<b>Item 9</b>	<b>Preserving Connections</b>	<b>100%</b> <b>n=19</b>	0% n=0	n=1					n=19
<b>Item 10</b>	<b>Relative Placement</b>	<b>100%</b> <b>n=20</b>	0% n=0	n=0					n=20
<b>Item 11</b>	<b>Relationship of Child in Care With Parents</b>	<b>62.5%</b> <b>n=10</b>	37.5% n=6	n=4					n=16

\*\* Figures may not total to 100% due to rounding.

Performance Item or Outcome		Cases: 37							
		Performance Item Ratings			Outcome Ratings				Applicable Cases
		S	ANI	NA	SA	PA	NACH	NA	
<b>Well-Being Outcome 1</b>	<b>Families have enhanced capacity to provide for their children's needs.</b>				<b>54.05%</b> <b>n=20</b>	32.43% n=12	13.51% n=5	n=0	n=37
<b>Item 12</b>	<b>Needs and Services of Child, Parents, and Foster Parents</b>	<b>64.86%</b> <b>n=24</b>	35.14% n=13	n=0					n=37
<b>Item 12A</b>	<b>Needs Assessment and Services to Children</b>	<b>89.19%</b> <b>n=33</b>	10.81% n=4	n=0					n=37
<b>Item 12B</b>	<b>Needs Assessment and Services to Parents</b>	<b>64.71%</b> <b>n=22</b>	35.29% n=12	n=3					n=34
<b>Item 12C</b>	<b>Needs Assessment and Services to Foster Parents</b>	<b>100%</b> <b>n=20</b>	0% n=0	n=17					n=20
<b>Item 13</b>	<b>Child and Family Involvement in Case Planning</b>	<b>60%</b> <b>n=21</b>	40% n=14	n=2					n=35
<b>Item 14</b>	<b>Caseworker Visits With Child</b>	<b>67.57%</b> <b>n=25</b>	32.43% n=12	n=0					n=37
<b>Item 15</b>	<b>Caseworker Visits With Parents</b>	<b>55.88%</b> <b>n=19</b>	44.12% n=15	n=3					n=34
<b>Well-Being Outcome 2</b>	<b>Children receive appropriate services to meet their educational needs.</b>				<b>84.21%</b> <b>n=16</b>	5.26% n=1	10.53% n=2	n=18	n=19
<b>Item 16</b>	<b>Educational Needs of the Child</b>	<b>84.21%</b> <b>n=16</b>	15.79% n=3	n=18					n=19
<b>Well-Being Outcome 3</b>	<b>Children receive adequate services to meet their physical and mental health needs.</b>				<b>88.89%</b> <b>n=24</b>	0% n=0	11.11% n=3	n=10	n=27

Item 17	Physical Health of the Child	90.91% n=20	9.09% n=2	n=15		n=22
Item 18	Mental/Behavioral Health of the Child	93.75% n=15	6.25% n=1	n=21		n=16

\*\* Figures may not total to 100% due to rounding.

FLORIDA CONTINUOUS QUALITY IMPROVEMENT (CQI)-PERFORMANCE IMPROVEMENT PLAN (PIP) MONITORED REVIEWS

PSF will also complete State assigned file reviews as part of the Performance Improvement Plan with the Federal Government. These reviews will involve one PSF Quality Assurance staff member and one staff member from DCF. Specific cases have been selected with specific dates of file reviews, PSF has been selected to complete four of these reviews over the course of FY 2020-2021, being divided up with two in each quarter, for quarter one and quarter two only.

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

QUALITY ASSURANCE SECONDARY REVIEW

For all file reviews, the PSF Director of Program Quality and Contract Management will complete a second party review. The secondary review is completed to review documentation and decisions made to assist with accuracy and consistency. The presence of the pandemic during FY 2019-2020 also created changes to the secondary review process. More in-depth written feedback is provided to accommodate social distancing, with telephonic support to discuss more complex issues.

**CASE REVIEW ANALYSIS**

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

**Case Review Analysis:** PSF conducts most case reviews utilizing the Rapid Safety Feedback (RSF) tool and the Child and Family Services Review (CFSR) tool. As with any review tool, there are there are strengths and weaknesses with the data produced. When compared statewide some of the data

can be skewed by things such as inter-rate reliability and randomized sample tiers utilized. Tools may also provide a false sense of positivity or negativity based on the period under review, or unique circumstances within a case. However, in general, standardized tools often help provide a broad picture of areas in practice that are strong versus those that may need improvement. PSF has consistently utilized the data produced through the administration of standardized reviews to identify broad areas of practice that require attention, then drilled down to determine what underlying issues may exist that are impacting practice in the identified areas.

Case consultations typically demonstrate that case documentation is not an accurate total reflection of case work activities being conducted. Consultations often demonstrate that information related to safety, permanency and well-being is not entirely kept in the case file, as case managers often possess additional information not always located in documentation. Efforts to document and centralize information have continued, as PSF recognizes the importance of documentation in continuity of care. Requests for Action (RFA) are implemented when there are safety concerns on a case that need action and tasks are given when there are administrative issues pertaining to case documentation, etc., that need to be addressed. PSF QA maintains a tracker of all assigned RFAs and tasks and follow-up with the Case Manager until each action is completed. RFAs are documented in FSN as required.

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

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

#### **Safety:**

#### **Strengths:**

- One of the highest performing in the State for timely completion of safety plans (typically ranging from 97%-100% compliance from month to month for candidacy)
- Increased knowledge and utilization of safety plans
- Increased utilization of safety services both formal and informal (especially FIS, Rapid Response, etc.)
- Increased quality in safety plan actions managing the danger threat (still not where we want to be)

### **Areas for Improvement:**

- Increase quality of safety plans to reflect safety actions designed to manage the identified danger threats.
- Updating safety plans during critical junctures as the case progresses including frequency of monitoring.
- Documentation of ongoing communication with safety monitors to ensure the ongoing effectiveness of the safety plan.
- Obtaining and utilizing background checks for case participants and safety service providers
- On-going contact between case management and service providers, as well as contact between service providers working with the same family.
- On-going documented communication with parents and caregivers regarding safe sleep of children under the age of 1

### **Permanency:**

#### **Strengths:**

- Permanency goals are established in a timely manner and are appropriate to the status of the case
- Children receive permanency in a timely manner
- The number of adoptions decreased since the prior FY, but has remained over 200 and continues to exceed our target
- Children have stability in their placements
- A majority of the children in out-of-home care placement are placed with relatives or non-relatives.
- Placement of siblings in the same placement (this was an issue in FY 2018-2019)
- Improvement in documentation relative to sibling visits when siblings were not in the same placement.

### **Areas for Improvement:**

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

### **Well-Being:**

#### **Strengths:**

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

**Areas for Improvement:**

- Documentation of engagement of father in In-Home Non-Judicial cases
- Engagement of parents in ongoing decision making for their children and in meeting their needs outside of visitation
- Documentation of engagement of fathers and children in ongoing case planning
- Documentation of efforts to re-engage parents in services, especially those that relapse
- Documentation of seeing children one on one during home visits from age one on
- Documentation of efforts to see parents including those incarcerated
- Documentation of seeing children who are required to be seen more frequently than every 30 days, being seen as required

**OTHER AREAS OF CONTINUOUS QUALITY IMPROVEMENT**

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

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

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

- Executing, managing and maintaining contract procurement processes.
- Enhancing and managing the internal contract review/signature process.
- Preparing documentation for contract negotiations processes.
- Executing, managing and maintaining invoice payment processes.
- Reviewing and verifying elements within sub-recipient Case Management Agencies' budgets on a quarterly basis to ensure expenditures are in accordance with approved annual budgets.
- Managing and maintaining contract financial and administrative monitoring processes.
- Executing, managing and maintaining monthly, quarterly, and annual contract reporting processes.
- Reviewing, requesting and processing providers' annual credentialing documentation. Examples include, but are not limited to, licenses and accreditations, monitoring reports, insurance coverage, compliance certifications and affidavits. As appropriate to the provider,

conducting activities related ongoing financial, administrative and programmatic monitoring, including but not limited to:

- review of performance measures
- review of third-party reports
- onsite & offsite monitoring
- random sampling reviews
- contract amendments and rate agreement adjustments
- creation, administrations and monitoring of corrective action plans as needed

### PSF MONTHLY REPORT

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

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

### SB 1666 COMPLIANCE REPORT

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

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

The State of Florida completed Child Family Service Reviews with the Children's Bureau during the 2015-2016 Fiscal Year which did not meet Federal Standards. During the 2016-2017 Fiscal Year, a Performance Improvement Plan was developed and approved for implementation from FY 2017-2018 through FY 2018 - 2019. During FY 2019-2020 PSF worked to develop additional tasks items to enhance practice and improve scores for CFSR reviewed cases. Below is information from the initial plan and the updates from the amended FY 2019-2020 plan.

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



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

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

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

PSF Quality Assurance used the following: performance and quality improvement data; information gathered throughout the years; PSF Training; PSF Operations; and subcontracted Case Management Agencies to identify ways to improve case documentation. The outcome of strategic planning sessions and workgroups was to develop a way to facilitate and document purposeful contacts with children and families. Purposeful contact sheets were developed to capture interactions between workers, parents, caregivers, providers, and children. Multiple contact sheets were developed to cater to the case type to include In-Home Cases, Out-of-Home Cases, and Parental Contact for Out-of-Home Cases. Additionally, extra child addendums and a provider contact sheet were also developed.

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

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

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

It was determined that the first item could be addressed through the creation of digital sheets that were accessible in the field and in the office. PSF QA worked with the team at Mindshare to add the sheets to the RDC app and to the desktop environment. The sheets were added to the desktop environment and went live for the first two units on February 11<sup>th</sup>, 2019. System bugs that were found after implementation of the digital sheets have since been fixed. The sheets are still in use by some units, but full deployment has been delayed because of COVID-19.

The second item was addressed through the creation of a proficiency evaluation. The PSF QA team developed a tool to assess for proficiency in information gathering and documentation. The tool has been shared with case management and is available for use on documentation reviews. There have been discussions about how to use the tool most effectively to assess documentation sufficiency.

Supervisors have been encouraged to use the tool when reviewing cases and to better understand the crosswalk between documentation, the CFSR tool and the RSF tool.

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

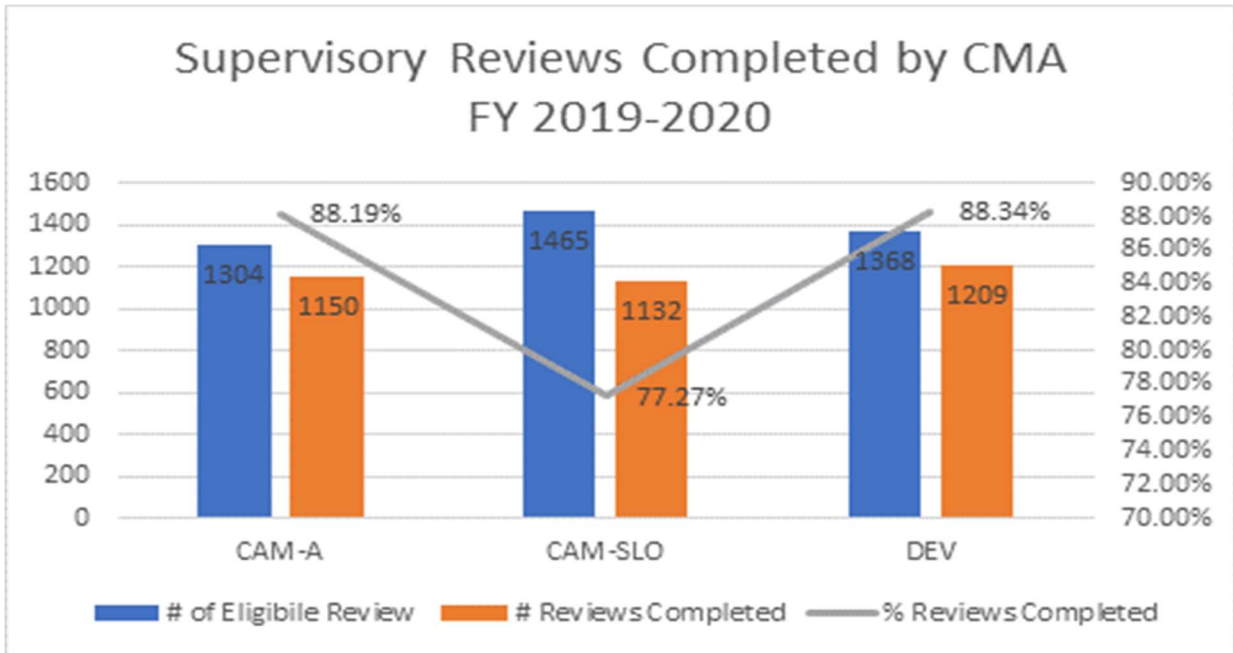
During FY 2019-2020 CBCs were asked to collaborate with their regional QA/review staff to determine additional tasks to address the items that were still deficient statewide. As a result of this exercise PSF updated our PIP plan to include additional activities. Those additional activities include: training on engaging fathers; creation of a tip sheet to address items 2, 3, 6, 10, 11, 12B, 13, 14, 15; earlier roundtable discussions, PIP shadowing and distribution of the statewide CFSR guide sheet. PSF completed all of these activities during FY 2019-2020, and will continue to focus on these items for FY 2020-2021, as there is still room for improvement around the items impacted by these activities.

## **SUPERVISORY REVIEWS**

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

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

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



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

One CMA was tasked with a contract measure, with performance incentives, to address compliance with Supervisory Reviews. Data indicates that the agency that was tasked with a contractual measure showed overall compliance with the measure. No CMAs are currently on a CAP for this measure. All CMAs have demonstrated more consistent compliance with completing supervisor reviews. However, content of reviews is still addressed during case review debriefings, and follow-up with tasks is also being addressed through several avenues. PSF Quality Assurance continues to provide guidance, feedback, and information to prompt supervisors in meeting the compliance requirements.

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

PSF has also created a proposed policy that helps to bring together all the external guidance and requirements around supervisory consultations and reviews. We are hoping to operationalize this policy in FY 2020-2021.

**Strengths:**

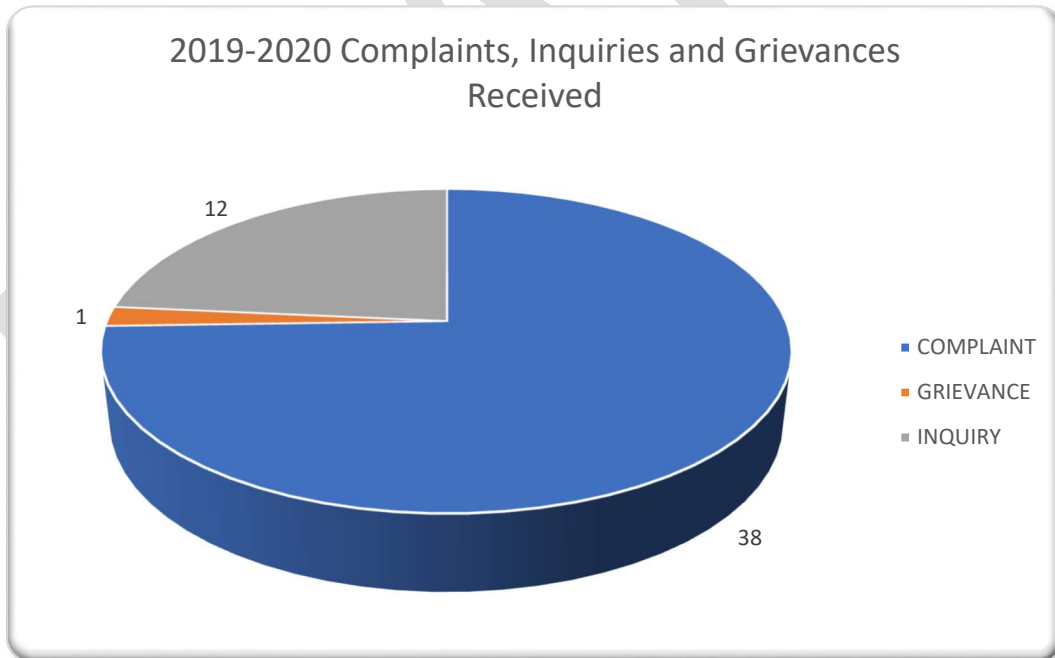
- Overall CMA compliance has been great during FY 2019-2020.
- Quality of Supervisory reviews has improved.

**Opportunities for Growth:**

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

**COMPLAINTS, GRIEVANCES, & INQUIRIES**

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



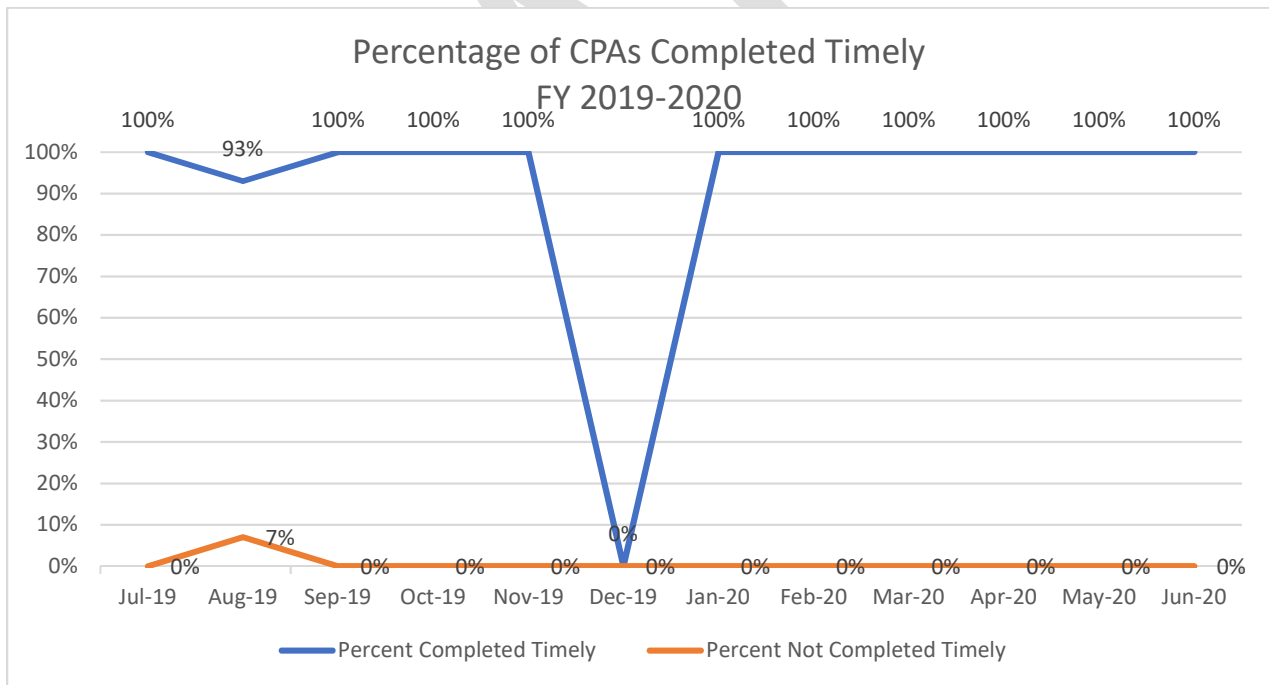
For FY 2019-2020 PSF received 12 inquiries, 1 grievance and 38 Complaints. All complaints requiring a response to DCF were resolved and responses were provided to DCF within 2 days. There were two complains with findings. One was focused around a missed visit (this has since been resolved and plan put in place to prevent future issues), and one around exploration of relatives for children entering care (new directives and support were put in place to prevent future issues). The findings

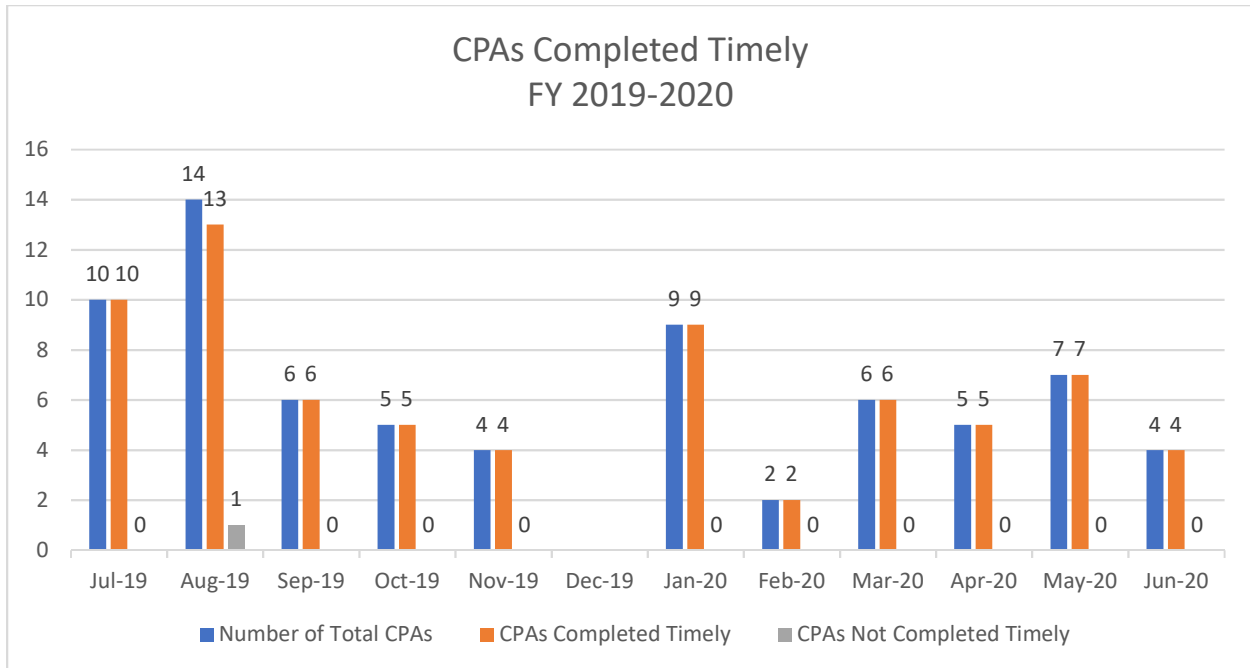
have both been resolved and PSF has continued to work with and support the CMAs preemptively in addressing issues to prevent future occurrences.

### **CHILD PLACEMENT AGREEMENTS**

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

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





#### **FY 2019-2020 Data:**

- Compliance with timely completion has continued to improve. Most months during the fiscal year were at 100% compliance.
- Placements in Department of Juvenile Justice, Baker Act, and Medical Facilities do not count towards measure as these facilities may not be able to abide by placement restrictions and are not contracted with the Agency.
- There were No Applicable CPAs to the Data Measure in December 2019.

#### **System Barriers:**

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

#### **Strengths:**

- Greater consistency in the provision/discussion of CPAs for ALL placement changes where this is a requirement.
- Overall quality of Child Placement Agreements has improved.
- Change in CFOP has provided allowance for verbal agreement by caregiver to be documented on date of placement and signatures to be obtained within 5 days in order for CPAs to be considered timely.

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

- Continue activities designed to reinforce the need to complete Child Placement Agreements for children in out-of-home care with significant behavioral issues, activities to promote Case Manager understanding and management of Child Placement Agreements, utilizing the services

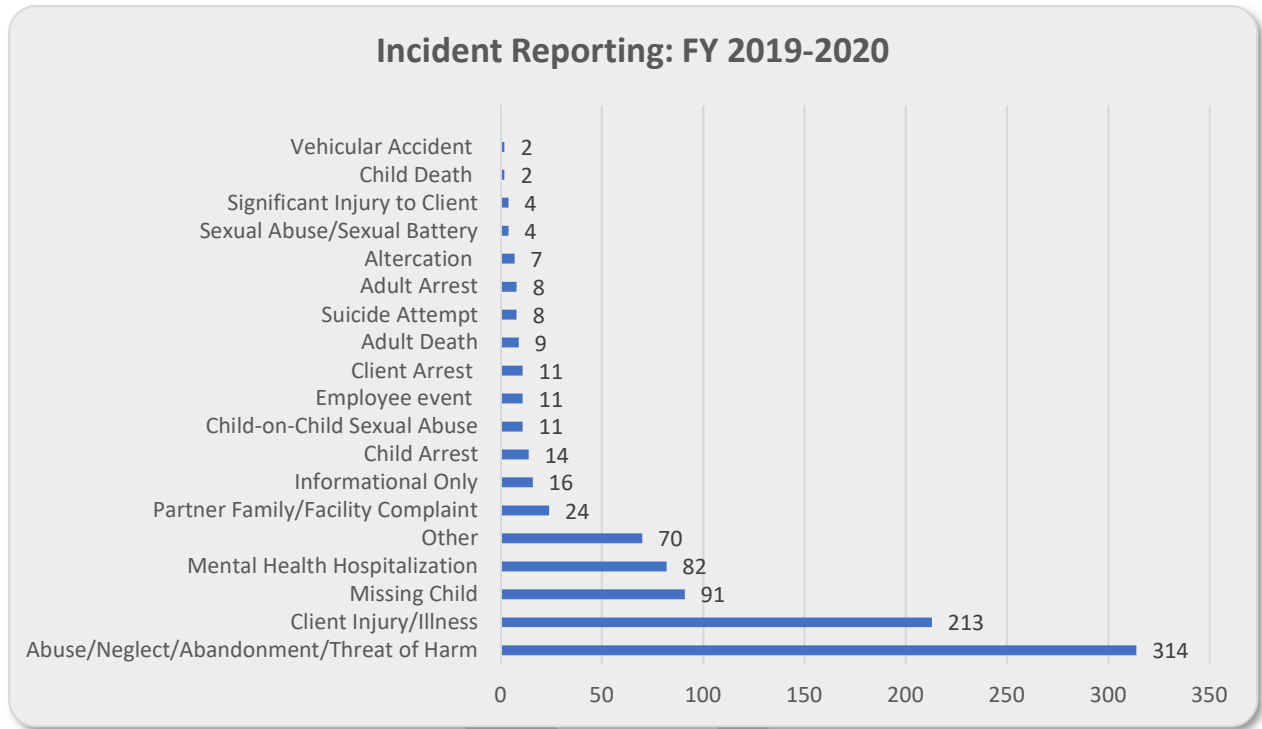
of qualified evaluators to gauge the ongoing need for agreements and if changes can/should be made to agreements as situations change for the child.

- CMAs to ensure that when a child is no longer required to have a Child Placement Agreement, this information is conveyed to PSF and the flag for the child is removed to effectively track the actual number of CPAs required by the CMA.

## INCIDENT REPORTING

Incident reports are processed by PSF Quality Assurance staff as they are received. Incident reports are reviewed for timeliness, accuracy, and quality of information. Incident reports are entered into the DCF IRAS system, as required, and all incidents are generated and/or entered into the PSF automated database within P-Kids. During FY19-20 PSF implemented a new risk management system for capturing incident reports. The new system will allow for a more comprehensive and diverse view of the incidents and associated data points. When there are abuse/neglect allegations regarding the actions of a 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. A 'No new placement' hold is placed on Partner Family homes with open reports of abuse/neglect. Issues are reviewed and followed until the issue has been adequately 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. As needed, a report is completed and submitted to the subcontracted case management agencies and the PSF Board of Directors outlining the types of incidents reported and the timeliness of incident reports being entered into the DCF IRAS system.

On January 6, 2020, a new reporting system was initiated with all Case Management Agencies to accommodate the addition of 5 other Community Based Care agencies utilizing the same incident reporting system. This new system is much more user friendly than the last incident reporting system. The new system also reduced the number of categories from twenty to fifteen. Please see the two charts below as the new system was implemented partway into the fiscal year. A workgroup is currently working on addressing the necessity to add more features and categories within the new Event Reporting and Management System (ERMS).



Partnership for Strong Families continues to process Incident Reports in the categories seen in the chart above. As in both the current Fiscal Year and prior Fiscal Years, most incident reports are related to a new abuse report or client illness & injury. For the 2019-2020 Fiscal Year, PSF Quality Assurance also included incident reports from Diversion cases to help capture the depth and scope of incidents within the PSF catchment area.

**Strengths:**

- PSF Quality Assurance continued to provide guidance and feedback to case management agencies to necessitate quick processing of exit interviews received.
- PSF Quality Assurance continues to share information including a quick reference sheet about Incident reports during Post Service training sessions for all new staff.
- A new version of the Incident Reporting system (Event Reporting and Management System - ERMS) began the “pilot” phase in Starke on August 1, 2019. Roll out to the remaining 12 counties in the catchment area occurred in October, 2019.

**Opportunities for Growth:**

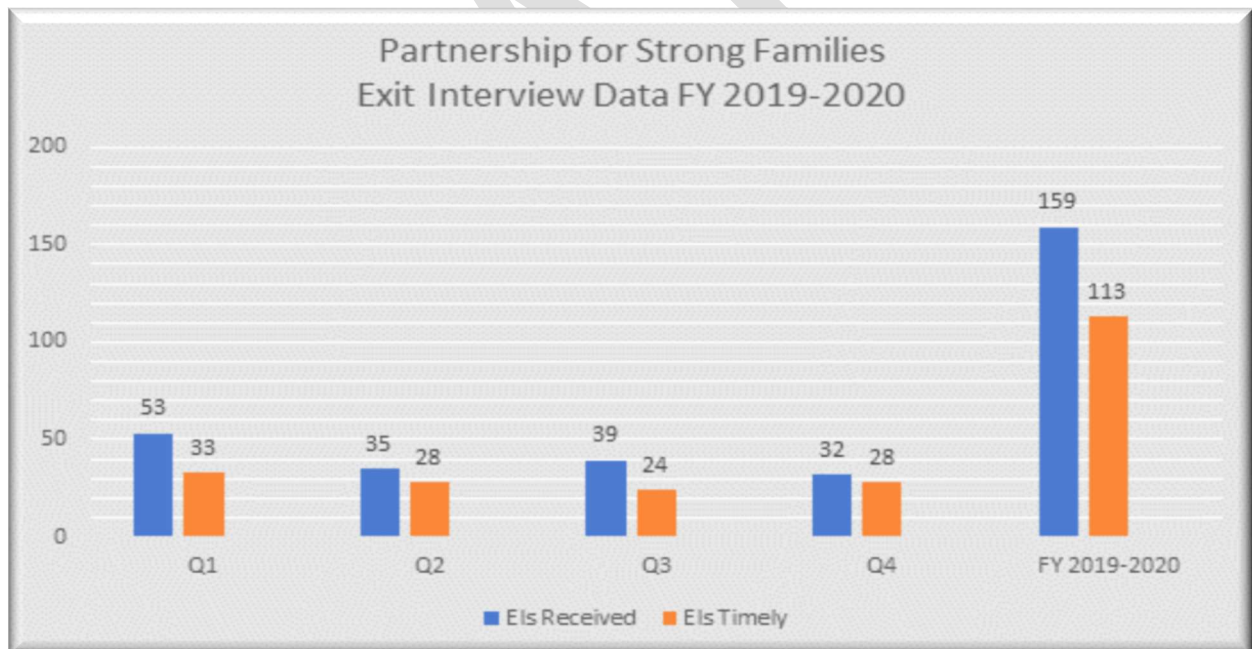
- PSF will look to update our policy and procedure around incident reporting, to include updated guidance that aligns with the new Event Reporting and Management System (ERMS).



## EXIT INTERVIEWS

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

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



For the FY 2019-2020 PSF processed 159 exit interviews. Of the 159 exit interviews processed 113 were completed with the child, within the required timeframe (71%).

This is a significant improvement over FY 2018-2019 in which only 41% of exit interviews were completed with the child within the required time frame.

### **Strengths:**

- FY 2019-2020 saw a 30% increase in compliance with this measure.

- PSF Quality Assurance continued to provide guidance and feedback to case management agencies to necessitate quick processing of exit interviews received.
- PSF Quality Assurance continues to share information including a quick reference sheet about Exit Interview during Post Service training sessions for all new staff.
- The CMA QA Specialists have been proactive in requesting Exit Interview forms as they become aware of children moving within the system.

### **Opportunities for Growth:**

- Family Care Counselors should continue to ensure all Exit Interviews are completed in person, alone and within required time frames. In person interviews are currently impacted due to COVID-19 precautions however, timely exit interviews by telephone should be completed within required time frames.

During the next year PSF Quality Assurance will continue to focus on improving this measure above 71%. During Partner meetings with the case management agencies PSF will work on collaboration strategies to continue to improve the trend on this measure.

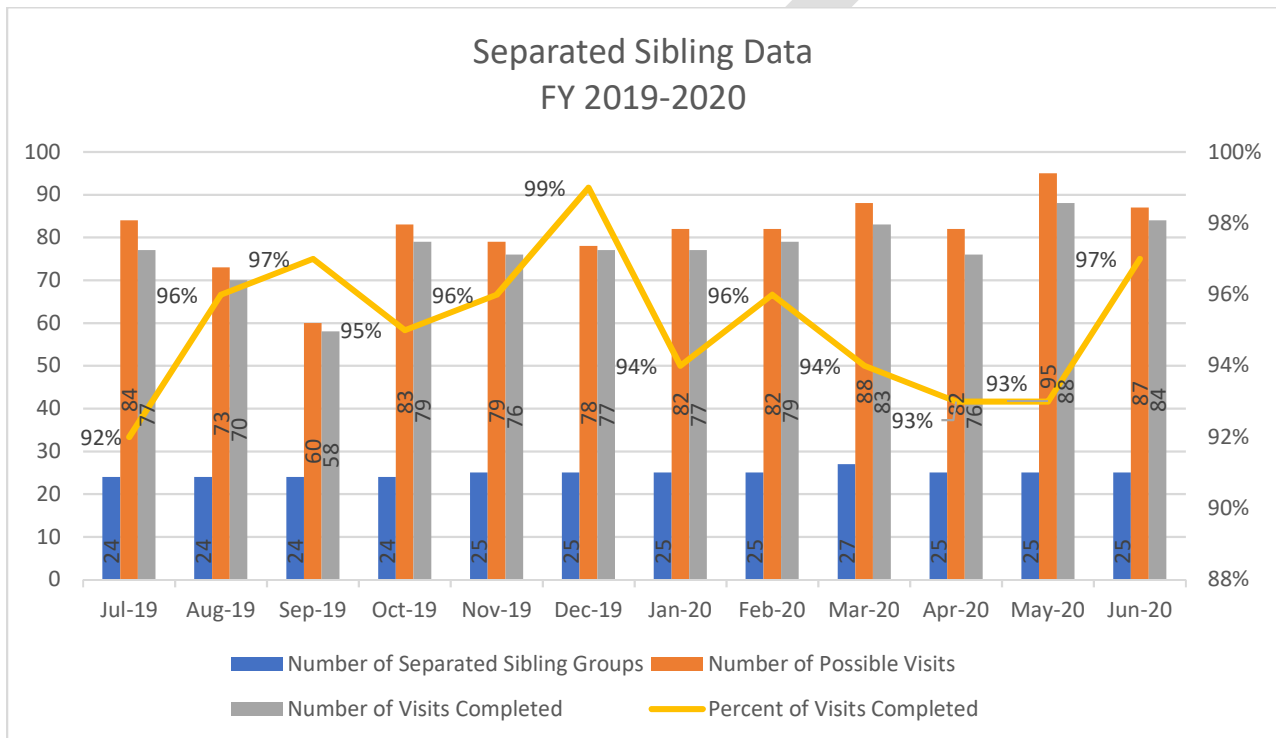
## **SATISFACTION SURVEYS**

On an annual basis PSF conducts satisfaction surveys with children age 9 and over (in home and out-of-home), caregivers (relative and non-relative), Partner Family Parents, parents (with children in home and with children out-of-home), service providers and community stakeholders. The results of the surveys are reviewed, and actions taken when necessary to address identified issues. Results are shared as needed with CMAs, PSF departments and the PSF Board of Directors. In addition, each of PSF's resource centers collect patron satisfaction surveys monthly and aggregate as part of their monthly reports. These reports are shared with all resource center partners and stakeholders. During FY 2019-2020 PSF distributed and collected responses through SurveyMonkey and mailings through the postal service. Despite efforts to reach recipients through postal mail and email, PSF still saw low response rates from surveys directed towards parents, caregivers and children. Although there were not large response numbers, there was still feedback to be elicited from the survey responses received. 91% of the children surveyed felt their FCC cared about what they wanted. For parent and caregiver surveys the response was more mixed. Although only 58% of parents felt their opinions were heard during case plan development and 64% felt their FCC supported them and their family, the open text feedback was mostly positive, noting how they felt like they were kept informed of things going on with their case and their children. 61% of non-relatives strongly agreed that they were involved with case planning for children placed in their home, compared to 51% of relatives. Once again, the open text feedback was more positive, noting how relatives, non-relatives and stakeholders all felt their calls were returned within 24 hours. This information suggests that while we do a good job of returning calls and providing information, we may need to ensure that our communication is effective for each of the families we engage. Additionally, it was noted by providers that there is great communication with individual providers, however, we do not do a great job of pulling all providers together to ensure consistent communication across services. Overall our surveys have provided an opportunity for further discussion to enhance engagement and communication. Survey results were shared with CMA

leadership through our partners meeting to initiate strategies for improvement.

## SEPARATED SIBLING VISITATION

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



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

Following the completion of the initial tool and subsequent correspondence with case management agencies, PSF Quality Assurance added additional measurements to capture the result of visits completed, and data points to capture on-going efforts to complete visitation between siblings, identify barriers, to include other forms of contact when traditional face to face contact is not possible. PSF Quality Assurance continues to review the data provided and works with the Case Management Agencies to continuously review the process and practice and to collect data. Additionally, PSF added measures within the case management agency contracts to provide additional accountability for each agency. This is measured quarterly and was attached to penalties and/or incentives. The case management agencies have shown great improvement in this measure over the past fiscal year, maintaining compliance upwards of 90%.

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

### **HUMAN RESOURCES:**

PSF recognizes that the key to providing quality services and support to the communities we serve is to have an engaged and effective workforce. The Human Resource (HR) Department oversees recruitment and hiring, performance management and compensation, updates and reviews job descriptions, and negotiates a competitive benefits package. The HR Department continues its efforts to maintain a stimulating and inclusive work environment and in 2019-2020 incorporated additional recruiting methods and sources to extend the reach of the Agency and promote PSF as an employer of choice. Our open-door policy assures that employees feel empowered to come to HR to address areas of concern and to communicate openly and honestly. We provide guidance to supervisory staff and management to assure the policies and procedures of the Agency are being adhered to and that we are communicating in a consistent, proactive manner.

In line with our efforts to support employees, PSF continued to support the Employee Relations Committee (ERC) and the Partner for Wellness Program in 2019-2020. The ERC brings forth suggestions by employees, creates social events, and responds to concerns as reported. The Partner for Wellness Program works with local community providers and offers seminars and programs to reduce stress and offer healthy and supportive habits for employees. The HR Department continuously reviews and updates other employee-related programs and offerings to assure employee engagement and retention. In 2020, Human Resources has been actively engaged in the development and communication of PSF's response to the COVID-19 pandemic. Communication has been key to our success in moving to a remote work environment and providing support to employees during this stressful time. For 2020-2021, with the pandemic restrictions continuing as of this writing, PSF will work with the Employee Relations Committee and Partner for Wellness Program to adopt goals and initiatives that will meet the needs of employees while continuing remote work.

The HR Department continuously monitors Federal and State regulatory bodies for changes that may impact PSF or employees including the Department of Labor's FLSA guidelines. In April 2020, we assured that PSF enacted the new Families First Coronavirus Response Act (FFCRA) Paid Leave in accordance with Federal requirements. We work with external legal counsel and subject matter experts to assure compliance and fair and equitable employment practices. Our supervisors are trained biennially on sexual harassment and discrimination in the workplace.

PSF has viable security measures in place to protect its staff as entry is locked by electronic entry. Many locations also include bullet proof windows to protect the reception area. Due to increased incidents of workplace violence, our employees completed active-shooter training in 2017 and 2018 which was taught by Gainesville Police Department. All new hires complete this training on their first day of hire.

## **STAFF DEVELOPMENT:**

Staff Development assists PSF, DCF, and CMA Employees by providing education, mentoring, and coaching. Each year, the department manages current programs and presents new initiatives based on changes in legislation, certification processes, and policy. PSF's Staff Development department (contracted through Service Management Solutions) is an approved C.E.U. provider through the Florida Certification Board. All four trainers hold the Child Welfare Trainer Credential through the Florida Certification Board. Two of the senior training staff hold the International Credential Certified Professionals in Talent Development through the International Association for Talent Development.

The Staff Development team partners with Family Support Services of North Florida and the Department of Children and Families in the NE region conducting Pre-Service & In-service trainings as well as providing field supervision and support to Child Protective Investigators and Child Welfare Related Community Partners in the region as part of the Regional Integrated Training Alliance (RITA). COVID-19 has resulted in the implementation of new virtual training initiatives for a flexible learning environment that meets the needs of those trained under RITA.

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

- Certification Program & On-Going Efforts for Success: Child Welfare Case Managers and Supervisors are certified through the Florida Certification Board. PSF offers a Pre-Service Cycle that is approximately two months in length and covers material related to Child Welfare, Safety Practice Model & Trauma Informed Care. Following the successful completion of the program for Case Management, new incumbents participate in post-service training. Post-service training is an integration of local practice, operations, forms, and policy which help provide guidance to the new case manager to PSF Departments helping to create an understanding of how each department will interact with case management. During the first year of provisional certification, newly hired case management employees also receive a mentor within their unit and their initial cases are a mixture of varying child and family dynamics.
- Assessment of Needs: During provisional certification, the new incumbent receives coaching and mentoring by Staff Development Specialists. This includes the observation of two interactions with birth parents and a review of the corresponding FSFN narrative. The Staff Development Specialist also selects a case from the new case manager's case assignment to review. The review is based on Florida's Safety Practice Model and the seven professional practices identified by the Office of Child Welfare. The review is conducted by the supervisor and the new incumbent using the C.A.R.T (Case Assessment and Review Tool) developed by PSF Staff Development. Case Managers and Supervisors develop an IDP (Individual Development Plan) which the new incumbent utilizes to achieve gaps in knowledge and skills.

- Engagement of Senior Staff: PSF is proud to say that many employed with case management have several years of experience and have seen many Practice Models in place prior to the implementation of Safety Methodology. To increase fidelity to the current Practice Model, supervisors have received Safety Methodology in-service courses, reviewed C.A.R.T. assessments in Practice Huddles, provided Job Aides & micro-learning tips developed by the Staff Development team, and conducted Safety Methodology Trivia Challenges.
- Table Talk Tuesdays: Staff Development has reached out to community providers to offer a collaborative environment in which the provider educates PSF staff about their services available to children and families. Participants can learn how they can safety plan and case plan with local providers such as Early Learning Coalition, Another Way, Early Steps, Hospice, UF PALs and more. As we move forward with CDC Guidelines, we will be reaching out to offer these opportunities remotely.
- Training and Performance Needs Analysis: Evaluating the learning impact is an activity necessary to prove the value of training. PSF Staff Development established a Training and Performance Needs Analysis process to help apply the correct improvement solutions to the root cause of performance, knowledge and skills gap. Rather than offer generic trainings which cover an array of topics, supervisors and managers perform a Training and Performance Needs Analysis to address performance gaps and identify skills needed. With this approach, the organization is able to evaluate the learning impact to courses offered.
- 360° Caregiver Protective Capacities Initiative: We have continued this program, which gives birth parents the opportunity to assess their own caregiver capacities. It increases transparency about what must change, provides birth parents with a tool to measure and document changes directly related to caregiver protective capacities and establishes reasonable efforts for the case manager. PSF has successfully included the Adverse Childhood Experience questionnaire in the self-appraisal. Another CBC has reached out to find out more about this program and a virtual session has been planned in August for Staff Development to share this opportunity.
- Information Resources: The Staff Development team continually explores new ways to disseminate information to staff. The Team utilizes a "team site" developed by the IT department. This is a learning website where information on upcoming training and job aides can be located. The site also includes Supervisor Resources, sample assessments and FSFN tips.
- PRIDE Community of Practice is an established partnership with the Child Welfare League of America. It is comprised of a variety of agencies throughout the United States who share in complementing and promoting PRIDE competencies within the local agencies in planning, development, and strategic preparation of PRIDE training of trainers, foster and adoptive parents.
- PRIDE competencies are integrated into Child Welfare post-service training for case managers and other professionals through Licensing and Adoptions Presentations. By integrating PRIDE into post-service PSF seeks to increase role clarity, enhance engagement skills of case managers, ultimately leading to retention of partner families.
- 360° Caregiver Self-Appraisal Internships: This program offers tremendous benefits to our organization. Interns are assigned to CMA units to work directly with birth parents in assessing

their caregiver protective capacities. They participate in staffing, help facilitate visits and receive weekly supervision. This program was temporarily suspended due to COVID-19, however we are in the process of identifying ways we can still offer the internships while maintaining CDC guidelines for social distancing and maintaining safety for all parties.

### **Title IV-E Trainings**

- With newly provided guidelines and changes for Title IV-E funding and the sun setting of Title VI-E waiver, Staff Development played a critical role in ensuring that all staff were trained on the newly implemented **Path Forward Initiative** required by the State of Florida. Staff Development provided circuit wide trainings on new enhancements to FSFN and related policies in the areas of: **Foster Home Licensure, GAP, and Independent Living.**
- Staff development also tracks and reports on all Title-IV-E eligible trainings on a quarterly basis

### **FINANCE AND ELIGIBILITY:**

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

Finance staff review information with PSF department staff to assess actual expenditures versus budgeted projections. The Accounting Manager oversees the invoice payment processes and monitors these processes for compliance with the Cost Allocation Plan. Invoices are approved for payment by the purchasing departments through the Perceptive Content routing queues. SMS Finance staff also oversee vendor payments and adheres to policy as it relates to requirements established in rate agreements and contracts, state and federal guidelines. Should an immediate need be identified for a child, Finance staff are able to issue an emergency check to ensure the service or need is covered and to promote positive outcomes for clients served. Credit Cards are used for purchases whenever a

check cannot be issued for specific purchases. Credit card purchases by PSF staff require the submission of accompanying receipts for verification of purchase and appropriate use.

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

### **CLINICAL AND COMMUNITY SERVICES:**

**Clinical Services** - During the 2019-2020 fiscal year, the Clinical Services team improved on several initiatives aimed at enhancing the care coordination for children's medical and mental health care, as well as improving the stability and safety of children served by PSF.

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

During the 2019-2020 fiscal year the Clinical Team continued to focus on maintaining access to physical and mental health care for children in Out of Home Care. AHCA lifted the enrollment freeze for the Medicaid Child Welfare Specialty Plan (CWSP) through Sunshine Health at the beginning of the fiscal year. Sunshine Health and Shands/UF Health were able to resolve contract negotiations, and beginning November 2019 children on the Sunshine CWSP once again had access to PCP and Specialty providers within the Shands/UF Health network. This allowed Partnership for Strong Families to slowly rebuild enrollment numbers in order to meet compliance with Key Performance Indicators.

Integrated Practice Team (IPT) saw a slow decline in referral numbers in the second quarter of 2019-2020 and implemented co-facilitated trainings with DCF to increase awareness of the program and promote the benefits of the Family Group Decision Making model. In the 3<sup>rd</sup> and 4<sup>th</sup> quarter IPT referral numbers increased from an average of 10 a month to 14.4 a month despite decreased intakes due to the effects of COVID-19. Trainings will continue periodically throughout 2020-2021 with a



focus on primary community referral sources, DCF Child Protective Investigators, and CMA Case Managers.

Areas of focus for the Clinical Team during the upcoming 2020-2021 fiscal year:

- The Clinical Team will continue offering on-going psychotropic medication training to CMAs, CPIs, and Partner Families to increase compliance with psychotropic medication measures, as well as maintaining Quarterly Psychotropic meetings with key players in the Child Welfare System. In addition, the Clinical team will be addressing the particularities of psych med compliance in relation to COVID-19 safety precautions. The Clinical Team has rolled out tip sheets to CMAs, and intend to begin monthly video meetings with the Quality Assurance positions within each CMA to increase compliance with monthly psych medication audits.
- The Clinical Team is working in partnership with CBC Integrated Health (CBCIH) and Sunshine Health to meet monthly care coordination goals for children who have inpatient hospitalization for medical or mental health needs (with 60 and 90 day follow-ups), children who are ages 0-1 in order to monitor compliance with health and wellness events, and children who have recently received a Comprehensive Behavioral Health Assessment (CBHA) in order to monitor CMA follow-through on medical and therapeutic recommendations.
- The Integrated Practice Team (IPT) will begin to incorporate Family Team Conferencing (FTC) as a component of wraparound case management as it relates to child welfare. FTC will include the referral source, PSF Facilitator and any informal or formal support who may be able to collaborate. FTC can be utilized to help support case managers in stabilizing placements, specifically teen youth, children exhibiting maladaptive behaviors stemming from trauma, and youth with a history of Baker Acts. The goal of the FTC is to collect information from the youth, family, and natural and professional supports to develop a plan to stabilize the youth. Cases appropriate for FTC may be identified by Quality Operations, Placement, Case Management, or other PSF Staff.
- In 2019-2020 The Integrated Practice Team (IPT) completed 175 staffings with an 89.1% diversion success rate which is below the annual goal of 90%. DCF and PSF will be collaborating to improve the IPT process and implement an action plan to meet/exceed the 90% goal for 2020-2021.

### **Utilization Management -**

During FY 2019-2020, Utilization Management focused on maintaining and enhancing a quality array of services for children and families. Utilization Management addressed gaps in availability of applied behavior analysis services (i.e., lack of Medicaid credentialed providers in some counties and/or long waitlists for Medicaid-funded behavior analysis services) with a new provider agreement for these services in Madison and Taylor Counties that has been successful in meeting the need for this service in these counties. Regular review of the service array continued, including assessment of early

childhood services for children ages 0-5 and their caregivers. Utilization Management also assisted with the request for qualifications process to expand our service array, adding trauma-focused occupational therapy for children with two qualified community providers. Trauma-focused occupational therapy addresses symptoms associated with complex trauma that are severe and affect neurobiological development in children. Continuous attention to ensuring a flexible and diverse array of high quality and evidence-based and informed programs and services directly contributes to meeting the needs of children and families and achieving desired outcomes in permanency, safety, and well-being.

Utilization Management has continued to work in partnership with provider agencies and case management agencies regarding sharing of information and reporting standards related to client engagement and progress. Utilization Management provides a report of all provider document uploads every two weeks to case management agencies to ensure timely notification of availability of provider reports. Provider document uploads to the electronic authorization system encompassed 2,039 provider report documents during fiscal year 2019-2020. Over fiscal year 2019-2020, Utilization Management collaborated with Meridian Behavioral Healthcare, Inc. to co-facilitate trainings focused on requesting records, authorization for release of information, and authorization for consent for treatment for case management agencies aimed at improving child welfare and behavioral health integration. Utilization management is directing further efforts in fiscal year 2020-2021 towards continuous improvement of sharing of information and adherence to reporting standards to increase child welfare and behavioral health integration.

Utilization Management plans in FY 2020-2021 include continuing to implement and refine processes related to changes associated with the loss of Florida's Title IV-E Waiver. Utilization Management will continue to provide feedback on a statewide level as Florida's statewide plan related to FFPSA implementation is developed. Utilization Management plans to maintain continuous review of evidence-based services and programs in the service array, especially as it relates to planning for the implementation of the Family First Prevention Services Act. This also ensures continuous assessment of service array and ability to respond timely to the service needs of children and families as they arise, filling any gaps.

**Community Relations and Recruitment (CRR)**- Over the 2019 – 2020 fiscal year, the Community Relations and Recruitment team saw much success in funding, media relations, recruitment, and community outreach initiatives. The CRR team worked with Resource Center staff in the submission of multiple grants. The new Community Collaborations to Strengthen and Preserve Families federal grant brought in more than \$2.7 million, along with more than \$20,000 in grant support from several other funders including the United Way of North Central Florida and the Community Foundation of North Central Florida. Some of this funding was received at the beginning of the 2020-2021 FY. The Grants Team meets regularly to discuss opportunities and strategize proposals, and we will continue to do so into the 2020-2021 Fiscal Year.

In addition to grant support, the CRR team conducted a successful Back to School Drive in July/August 2019 along with our Wish Upon a Star holiday toy drive in November/December 2019. Together, these drives brought in more than \$80,000 of monetary and in-kind donations to support local youth in our care. Among the difficulties brought by the COVID-19 pandemic, we anticipate a possible reduction in donations for FY 2020-2021. One of our major annual fundraisers, The Amazing

Give, was postponed in March and rescheduled for August 2020. This campaign typically raises \$5,000-10,000 to support our normalcy efforts.

For FY 2019-2020 PSF's recruitment efforts were strong, resulting in nearly 650 inquires. We had more than 115 strategic recruitment initiatives and found Info Nights to be one of our most successful recruitment efforts once again. With the current pandemic we found new ways to host Info Sessions online through Facebook Live, Microsoft Teams, and Zoom. These efforts reached all of our thirteen counties. In the coming fiscal year, our team is prepared to begin strategically utilizing our current foster and adoptive parents to determine new recruitment bases.

From a communications front, our team strengthened our efforts during the pandemic to ensure staff and stakeholders were kept abreast of important updates as they developed. This included the launch of a new website landing page ([www.pfsf.org/covid19](http://www.pfsf.org/covid19)), and regular staff updates sent from the CEO. Our efforts will continue as our staff is still largely working from home and conducting events in a virtual environment.

**Resource Centers** – PSF's network of Resource Centers are designed to strengthen families and prevent abuse and neglect of children by providing centralized locations for families to seek needed community services and supports in a non-threatening environment. PSF currently operates four Resource Centers, three in Gainesville and one in Chiefland, serving Dixie, Gilchrist and Levy counties. During the 2019-2020 fiscal year, PSF's network of Resource Centers received more than 32,000 visits with nearly 45,000 unique requests for services and approximately \$427,589 in funds were awarded during FY 2019-2020.

PSF also continues to participate as part of a Social Emotional Development Pilot Project in Alachua County. Through this county-funded project, PSF has been contracted to provide two Early Childhood Family Support Facilitators, also part of the Resource Center team, who provide high quality family support services at five early learning centers located within historically underserved Alachua County communities

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

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

regarding a reduction in the number of verified reports in communities surrounding the Resource Centers. As part of the five-year *Community Collaborations* grant, PSF is also in the early stages of developing and implementing a rigorous evaluation of our existing Resource Center Model with plans to use this information to further refine and expand our Model.

The Resource Center team recognizes a need to provide more prevention-focused training opportunities. During this fiscal year, Resource Center staff participated with an on-line learning series provided through the Children's Trust Fund Alliance, *Bringing the Protective Factors Framework to Life in Your Work*. PSF also continues to host other communities/states to share the success of our Resource Center Model for potential replication purposes. During FY 2019-2020, PSF staff was able to visit the following sites as part of Casey Families Programs grant funding: Safe and Sound, San Francisco, CA; Highbridge Family Engagement Center, Bronx, NY; and Skyway Family Support Center, Jersey City, NJ.

In 2019, Partnership for Strong Families was one of nine sites chosen throughout the nation to receive the *Community Collaborations to Strengthen and Preserve Families* grant. As part of required site visits, we were visited by Ohio and Indiana before the pandemic stopped one additional state from visiting. We were able to visit Good Samaritan, San Antonio, TX and Bester Community of Hope, Bester, MD. This competitive process presented the perfect opportunity for our team to envision how to strengthen the services provided at our Resource Centers through a rigorous evaluation as well as expand our RC Model to Lake City, Florida; a goal that we have been working toward for several years. The federal grant from the Children's Bureau will bring \$2.7 million dollars over a five-year period ending September 30, 2024. Approximately \$472,500 of these funds were awarded FY 2019-20.

Under the Community Collaborations to Strengthen and Preserve Families grant, PSF will evaluate our current Model, refine the model based on evaluation findings and bring a fifth Resource Center to Lake City. In doing so, PSF will be able to identify and highlight those components of our RC Model that are directly associated with reducing rates of child maltreatment and entries into foster care. This knowledge will help us to provide targeted services that will be of most benefit to our Resource Center patrons, as well as create opportunities for sharing and replication across our community, state, and nation.

## **OPERATIONS:**

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

**Quality Operations Management** – The Quality Operations Team is comprised of 2 Directors of Quality Operations, 5 Quality Operations Managers, 1 Quality Care Coordinator, 1 Youth Champion, 1 Kinship Care Coordinator, 1 Out of County Specialist; 1 ICPC Specialist and 2 Administrative Assistants. PSF utilizes Directors of Quality Operations for Circuits 3 & 8 to oversee quality review

activities, enforce practice in line with Florida's Child Welfare Practice Model with the following methods including, but not limited to:

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

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

**Adoptions** – The Adoptions Team is comprised of 1 Director of Adoptions; 2 Adoptions Supervisors; 10 Adoption Case Managers; 2 Adoptive Family Liaisons; 1 Wendy's Wonderful Kids Recruitment Specialist; 1 Post-Adoption Liaison; 1 Diligent Search Specialist and 1 Administrative Assistant. PSF's Adoption Program strives for child-centered best practices and timely permanency for children through adoption. The Adoption Program is responsible for the recruitment, adoption preparation activities and finalization for children with the goal of adoption. As a part of the adoption activities, decisions are made to promote the best interest of the child regarding separation of siblings and match with adoption placements. The Adoption Applicant Review Committee may review cases when challenging issues present and in circumstances required by law. PSF also provides post-adoption support to families through a dedicated position with functions including information and referral for post-adoption families to community and network providers, maintaining data relating to post-adoptions service needs locally, tracking, and monitoring adoption disruptions, communication, and outreach to support families through social media and quarterly newsletters.

**Licensing** – The Licensing Team is comprised of 1 Director of Licensing; 1 Licensing Manager; 2 Licensing Supervisors; 12 Licensing Specialists; 1 Partner Family Advocate; 1 Retention Specialist; 1 Administrative Assistant; 1 Licensing Analyst. PSF's Licensing Team provides support to families in obtaining and maintaining licensure for Levels I, II, and V. The Licensing Team provides educational support and completes licensure activities with Kin Care and Partner Family providers. The level I Licensing Specialists primarily focuses on licensing and relicensing kinship homes. The level II Specialists teach Pride trainings, license and relicense level II and V homes. The Specialists also complete quarterly and over-cap home visits, as well as support level II and V homes through a variety of annual events that the agency offers.

Recruitment is a collaboration between the Licensing team and PSF's Community Relations Team utilizing Info Night events to share information about fostering opportunities and requirements. A dedicated position, the Partner Family Advocate, acts as a liaison for Partner Families and various departments within PSF to ensure foster families are supported, children's needs are met, and communication is strong. The Licensing Analyst, tracks, and implements Corrective Actions Plans and Support plans to assist licensed Foster Families. The Retention Specialist focuses on creative and effective ways to retain foster homes through the organization of holiday parties and appreciation events. This position is also responsible for sending out agency wide communication on a bi-monthly basis to introduce newly licensed Partner Families to the employees that will be working directly with

them. This position also develops articles for the quarterly newsletters and serves as backup to the Licensing Specialist.

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

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

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

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

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

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

- Children not seen – daily
- Scorecard data and listings – monthly
- Key indicator data – as needed
- Candidacy

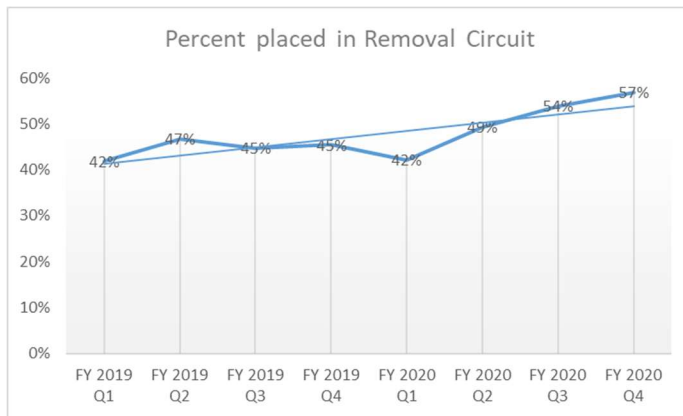
Data and collaboration within PSF Operations Team and other PSF departments as well as collaboration with agency partners is an ongoing part of the department management strategy.

### *Well-being*

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

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

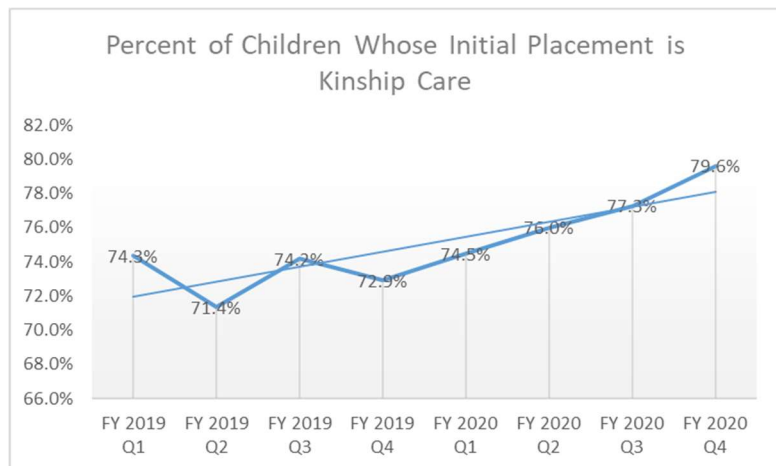
While the very rural nature of the PSF catchment area and lack of resources in outlying counties makes it difficult to placed children in their home county, PSF continues to improve the number of licensed children placed in their home circuit.



Trend line data shows an improvement in placement of Children in their Removal Circuit. Keeping children in their community helps to maintain connections for children.

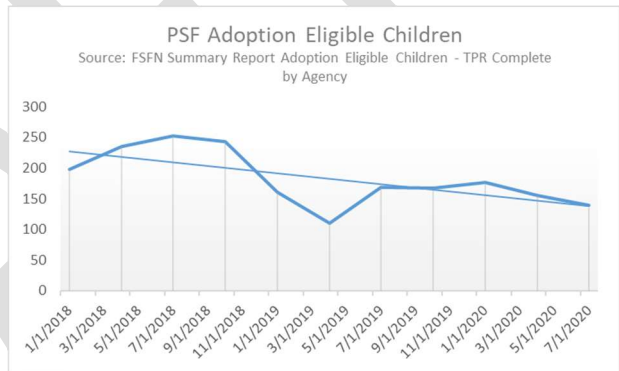
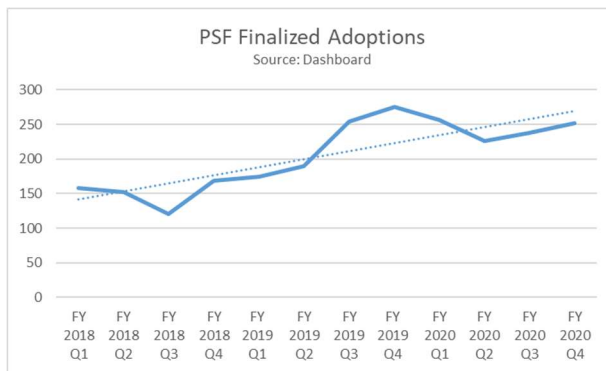
PSF'S Quality Care Coordinator teams with DCF'S CPI Units to complete relative and fictive kin searches that allow the children to be placed with relatives and/or fictive kin upon removal. This has led to a reduction in children entering licensed care and an increase of children placed with known relatives & fictive kin. For those children entering licensed care, PSF'S Quality Care Coordinator continues to team with the CMA'S throughout the life of the case in an effort to locate potential relative/fictive kin placements and find permanency for the children when not able to be reunified with the removal caregiver.

Placing children in the least restrictive placement setting is valued when making placement decisions for children. Trend line data shows PSF is performing well in placing children in kinship settings.



*Permanency*

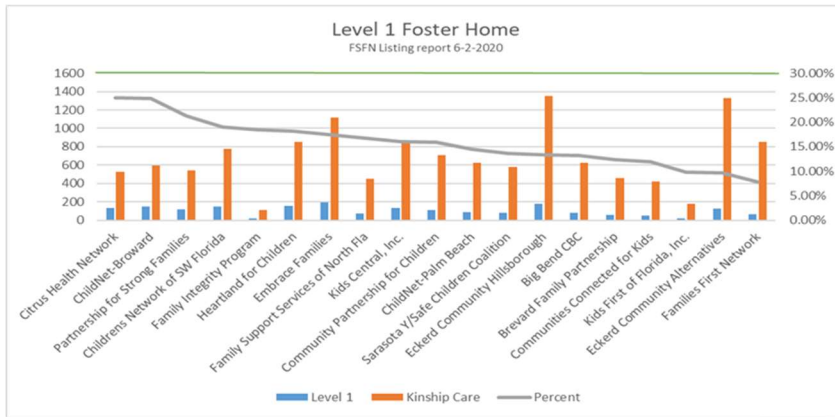
PSF has experienced a rise in the number of children in our system being freed for adoption. To expedite moving children through to adoption finalization, PSF pulled staff together to work on the Adoption Project. Existing PSF staff (non-adoption staff) who hold Child Welfare Case Management or Supervisor Certification were recruited to assist the Adoptions team by completing adoption home studies for waiting children. PSF also has established adoption practices that promote efficiency in Adoption Applicant Review Committee practices; in facilitating enhanced maintenance adoption subsidy requests for children with significant therapeutic, medical, or behavioral needs; and in being readily available to post-adoptive families to refer for needed services including with local adoption competent clinicians. The additional resources along with efficient practices allowed the Adoption's Team to move more children to finalization and to support families after they have adopted.



Data shows PSF has seen increases in finalization of children to adoption and a reduction in the number of children eligible for adoption.

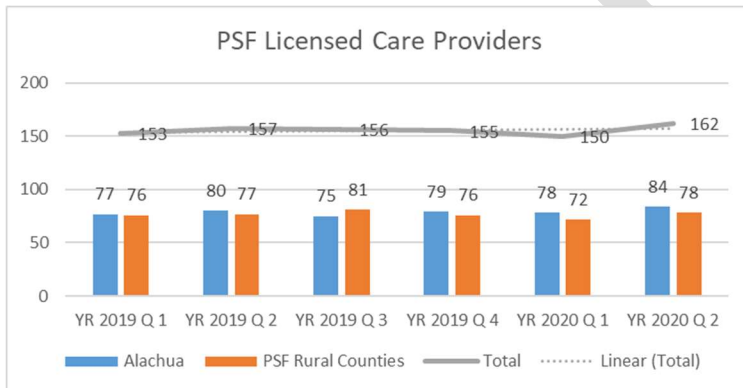
The PSF Licensing Team added a second unit (1 Supervisor and 5 Licensing Specialists) to license Kin Care child specific foster homes beginning in July 2019.





PSF ranks among the top performing CBCs across the state in the percent of relative and non-relative placed children who are in Level 1 child-specific licensed care. The licensing team is working toward the state’s 40% goal.

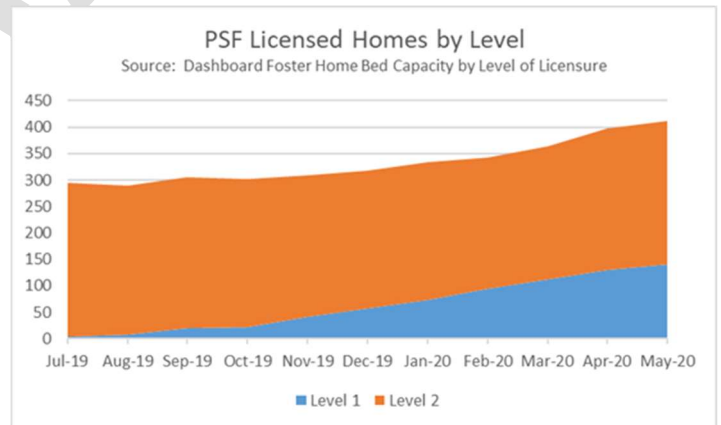
PSF continues to recruit for Level 2 foster homes in our rural counties to increase bed capacity to allow placement matching and keep kids in their home communities.



PSF rural foster home capacity has remained steady with some small gains over the last year.

PFS licensed 62 Level I homes for FY 2019-2020 for a capacity of 117 kin care beds.

PSF licensed 35 Level II homes for FY 2019-2020 for a net gain of 10 Level II homes.



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

- Quality Operations Team –Quality review and/or case scrubs are being conducted to identify opportunities to exit children from out of home care.
- Adoptions Team - Adoption Case Activities staffings are held to review the status of each case with an adoption goal and set plans in place to address barriers to finalization as well as to prepare Adoption Case Activities Reports toward Judicial Reviews. Recruitment staffings are held every 60 days to discuss all waiting children without identified placements considering local approved adoptive families toward identifying matches. Competing applicant staffings involving children with more than one prospective family identified (e.g. competing relatives, foster parents) have been incorporated into the Adoptions Applicant Review Committee to improve efficiency and per best practices encouraged by the Office of Child Welfare. The Adoptions Department also completed a special project spanning May of 2019 until March of 2020 in which additional Operations staff assisted with adoption home studies to increase the capacity of PSF to finalize adoptions for waiting children in identified placements.
- Placement Team – Continue to focus on least restrictive placement settings and keeping siblings together through participation in the monthly QTM meetings at each site.
- Licensing Team – Increase retention of level II homes, acquire supportive training to Partner Families capable of parenting teens and/or children stepping down.

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

### **CONTRACT MANAGEMENT:**

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

- **Contract Review Cover Sheet** – To confirm all departments are aware of contracts and agreements being established with partners, a Contract Review Cover Sheet is forwarded to each Executive Leadership Team member so they can review and agree with all terms stated in the contract. To expedite the process, each member of the Executive Leadership Team is asked to electronically sign the Contract Review Cover Sheet or provide feedback for requested changes.
- **Inventory Report** – As a result of a prior COU finding, and in an effort to submit mandated reports to DCF by the required due date, Contracts has added the Property and Vehicle Inventory Report to the annual calendar. An email reminder is sent to the IT Dept on May 1 since the report is due May 31.

- **Performance Measures** – To provide detailed information to the Case Management Agencies (CMA), Contracts works closely with the QA department to generate a thorough quarterly report for each of the case management agencies. The initial report provides each agency time to submit any corrections prior to the report being finalized. Once the quarterly report is finalized, it is then submitted to the agency’s President/CEO or other designated person and discussed during quarterly calls with CMA leadership.
- **COA Process** – PSF is accredited by the Council on Accreditation (COA) every three years. Contracts is also responsible for annual Maintenance of Accreditation activities.
- **Policies and Procedures** – To ensure written policies and procedures are in alignment with current practice, the Contracts Dept reviewed and submitted numerous policies and procedures with the designated departments for feedback. Once the final round of revisions was received, the policies were sent to the Executive Leadership Team, Board Committees, and Board of Directors for review and approval as appropriate. After receiving Board approval, dates were entered on the policies and procedures to reflect the most recent revisions and approval. In addition, language that reflects PSF’s focus on the Risk Management Plan was incorporated into the policy’s description.
- **On-Site Monitoring** – PSF’s Contract Management Department completes Annual Site Visits with sub-recipient service providers to ensure state and federal standards are being met, facilities are safe and appropriate, and mutual families served receive the appropriate services from qualified individuals.
- **Corrective Action Plans (CAP)** – PSF’s Contract Management Department is responsible for monitoring and reporting activities related to any CAPs with the Department as well as establishing and monitoring CAPs for contracted network providers.
- **Procurement** – To ensure PSF is acting as a good financial steward and purchasing goods and services in the best interest of the population served, PSF is making a push during FY 2020-2021 to determine interest and procure for contracted services.

## **INFORMATION TECHNOLOGY DEPARTMENT**

Partnership for Strong Families contracts with Service Management Solutions (SMS) for Information Technology (IT) services including but not limited to software development, reporting, network infrastructure and end user support.

During the 2019-2020 Fiscal Year, IT assisted in many projects to aid PSF in continuous quality improvement activities. The department summaries below are the ongoing and current projects for each area.

- **Systems Administration (SMS)** — On behalf of PSF, SMS maintains the stability, integrity, and security of the included IT systems, limits system access to authorized users and provides technical support and training to system users as ongoing services. Below are last fiscal year’s accomplishments:
  - Completed upgrades of all Windows Server 2008 Operating Systems
  - Completed Windows 10 Operating System upgrades
  - Upgraded entire VMWare virtual environment

- Redesigned public server fire wall implementation
  - Implemented new Office365 security measures to help keep us aware of any malicious activity
  - Replaced main data server in Gainesville
- **Data Management (PSF)** - Data Management is responsible for providing technical assistance and quality oversight of FSFN and P-kids utilization. Data Management trains and manages data processes within these systems. Data Management is also responsible for the Document Imaging, classification, and storage of Child Case Records. The Data Management unit uses an electronic document information system, Perceptive Content, to store the case file in conjunction with FSFN and the FSFN File Cabinet. Perceptive Content can read and categorize all the different file types, to include both sound and video, with no constraints to file size or expiration of storage time. The unit will continue to be responsible for the following:
    - Generating CEO Monthly Report
    - Provide Monthly Training on the use of FSFN
    - Review Case Transfer Packets
    - Participate in FSFN Based Workgroups
    - Participate in Barrier Buster Meetings between community partners and PSF
    - Process documents submitted to Perceptive Content
- **Records Management (PSF)** - The Records Management unit is responsible for the analysis of records protocols to identify, draft and promote improvements, for providing technical assistance and quality oversight of records systems, for publishing intranet resources, for standardizing proposed form templates, for generating training materials on the use of the agency's electronic records system and paperless record keeping, for managing user permissions to the agency's electronic records system and secure FTP accounts, for accessing archived paper records, for effecting the secure destruction of records that have reached the end of their retention period pursuant to proper authorization, for transferring case files between jurisdictions, for processing all records sets not processed by Data Management, Human Resources or other departments, and for the redaction and release of records for required disclosures and in response to records requests. Recent accomplishments include:
    - The design and implementation of the PKIDS Records Requests application
    - Updated policies and procedures
- **Database Administration (SMS)** - - The database administration area is responsible for the entire database infrastructure that handles client data. Some applications include Pkids, Perceptive Content (ImageNow), Community Resource Modules, etc.
    - Deployed new version of document imaging infrastructure (Perceptive Content/ImageNow) and started preparing for transition to web-based access
    - Served as point-of-contact for FSFN BOE user group, providing expertise when necessary
    - Continued discussion and planning for next-stage database infrastructure, now planned for FY20-21.
    - Provided assistance and support, when needed, to other PSF departments

- Business analytics is responsible for planning and design development of projects for all internal applications within the SMS and PFSF purview. The Business Analyst is also responsible for day to day troubleshooting, user access, training, and support for each of the applications. Testing and feedback for new development and design is also a requirement for the department along with coordinating updates and user testing.
  - o Continuing development of all applications with multiple new design updates planned
  - o Last year saw the implementation of the ERMS system and PSF total adoption of the product
  - o The Foster Home Licensing application was improved in 2020
  - o The Adoption checklist system was implemented
  - o Addition of Records Request application for the records department
  - o Addition of “Bug Tracker” for the business analytics department

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

### **CAMELOT – ALACHUA COUNTY**

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

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

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

**Permanency & Well-Being:** Camelot made gains in the most recent Fiscal Year because of investing in their employees and will continue to do so in FY 2020-2021. Staff were given a tiered expectation for higher pay and raises for the future. We believe this is an investment that will continue to pay off with improved retention and staff who feel appreciated for their hard work and the outcome will be continued dedication. Performance measures indicate improvement in the well-being measures such

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

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

Camelot QAS has also worked diligently on the tracking of contacts and diligent efforts to contact parents. This focus has resulted in a drastic improvement in the diligent efforts to contact parents

over the past five months. Camelot will continue to focus on this issue during FY 2020-2021 and will expand efforts based on the expansion of the tracking to additional case types.

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

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

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

Camelot engages in several on-going quality improvement activities which will continue into FY 2020-2021. In addition to monitoring Scorecard Performance Measures, Camelot continues to develop practices in child welfare to maintain and enhance casework in areas identified in the most recent Corrective Action Plan through the Contract Oversight Unit. The following list represents some of activities occurring by the case management agency in the following child welfare measures:

- Separated Siblings: The Program Director manages this measure directly. The monthly list of newly separated siblings is furnished to her from the supervisors. She checks FSFN throughout the month to ensure required visits have occurred and are documented. In addition, after receiving the monthly report from the Quality Assurance department, a review is completed of the case to make sure any corrections, or exemptions, are completed prior to final submission of the monthly report to DCF.
- Psychotropic Medication Compliance: In November 2019, a new Quality Assurance Specialist joined the Camelot team and continues to manage this measure. He revamped the internal tracking system to ensure compliance with this critical measure. This tracking also informs responses to monthly audits by PSF. The QA has made efforts to increase positive dialogue with providers, Family Care Counselors, parents, Children's Legal Services, and Guardian Ad Litem for greater timeliness and accuracy of documentation and monitoring, as well as attention to ongoing follow-up care as it relates to psychotropic follow-up care, such as labs as testing. In FY 2020-2021 this monitoring will be further developed. Monthly reporting from PSF shows continued improvement and success in this measure. The QA continues to participate in quarterly meetings with PSF to address trends and concerns related to psychotropic medication compliance.
- Pre-consents for Psychotropic Medication: The QA is responsible for compliance of this measure, which includes all children receiving two or more psychotropic medications (prior only up to 10 years old). The QA continues to engage providers, CLS, and the child welfare team to resolve questions or discrepancies between the medical report and treatment review.
- Child Placement Agreement Compliance: This measure is a shared responsibility among the team. The Family Care Counselor sends an email to alert the Supervisor, QA Specialist and Program

Director about a child moving. The QA Specialist checks to ensure the CPA is updated with each move. If any are missed and caught by PSF QA, the Specialist promptly makes the correction and inform PSFQA. Since this is a weekly assignment from PSF QA they are not out of compliance more than a few days.

- In January 2020, QA and Program Director began monitoring Worker Parent Contact under the direction of PSF. Camelot has shown success in this task evidenced by percentage of fathers seen. The percentage of fathers seen has been the focus directive; however, Camelot has required accountability for fathers and mothers seen. The QA has developed a tracking system and the Program Director has developed a monthly plan that includes required tasks to meet standards on this objective.
- In 2020, QA and the Program Director began a focused tracking of Family Functioning Assessments-Ongoing and Progress Updates. This tracking included timely launching, completion, and supervisory approval of these reports. This has become a recent focus of the PSF Quality Operations Director to which Camelot has quickly responded and continues to improve.
- Camelot continues to track and recognize performance trends and act where needed to foster continuation of positive outcomes and quality case work. QA has developed a system for overview of requirements and objectives to new employees and to provide ongoing support to FCCs.
- Camelot continues to utilize a previously developed system for ensuring Incident Reports are processed timely following identification from the Family Care Counselor. This measure is managed by the supervisors who continue to prioritize this by tracking notification of incidents and enforcing timeframes for submissions to ensure compliance. The updated IR system that was previously piloted is being used, as required, by all units.
- Camelot QA has made Safety Plan compliance a daily focus. Reporting is sent to ensure that Safety Plans are maintained as required and updated timely. This will continue to be a focus that is tracked and enforced.
- Camelot continues to track quality and compliance aspects of case management through supervisory case reviews as one means of monitoring. QA sends a weekly reporting that is managed by the Program Director. Supervisory reviews include attention to efforts illustrated in the Child and Family Services Review (CFSR).
- Camelot QA tracks Independent Living tasks for youth 13-18, in out-of-home, unlicensed placements as directed. QA participates in ongoing dialogue with PSF IL Manager, CDS, and applicable contributors to IL success for youth. QA facilitates Transition Plan staffings and manages records including Daniel Memorial Assessments, Life Skills Logs and Plans, and Records and Resources Logs for youth. QA continues to identify areas for improving this task area.

The Camelot team continues to seek improvement in measures by bringing together supervisors, QA, and Program Director to identify and act upon barriers. Improvement in many areas has been noted and innovation in approaches are a result of ongoing dialogue among the team. Daily, weekly, monthly, and quarterly tracking of quality measures are in constant action within Camelot. These measures will be continuously evaluated, and revised, as appropriate during FY 2020-2021 to focus improvement efforts.



## DEVEREUX

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

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

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

During the 2019-2020 Fiscal Year, Devereux performed well in meeting the scorecard measurements and will continue to make efforts to meet criteria. Additionally, Devereux will continue to regularly focus on meeting the most recent areas of focus identified by the Contract Oversight Unit as to Child Placement Agreements, Psychotropic Medication, and Separated Sibling Compliance. Devereux has worked to utilize the reports regularly provided by PSF Quality Assurance Department to ensure the Case Worker Supervisors can ensure the contract measures are met on a regular basis in regard to Separated Siblings and Child Placement Agreements. One change Devereux has made regarding Separated Sibling Compliance was trainings for Family Support Workers to improve documentation of visits and to ensure sibling visitations occurred even when parents canceled parental visitation. Devereux had a specific caseworker who was focused on Psychotropic Medications, attending appointments and ensuring documentation was completed to help improve their performance, but due to staff turn-over they have had to eliminate this focus, but hope to re-implement it when fully staffed again.

Parent contacts have been a project that the agency is working hard to improve. Devereux Quality Assurance Specialist pulls and sends data to the team so that this measure can be monitored throughout the month to ensure that all parents are contacted or at least have diligent efforts to contact, with hopes of improving parent engagement.

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

The program has faced challenges with regards to the 2020 COVID-19 pandemic and in an effort to ensure quality, the Devereux Quality Assurance Team conducts weekly random samples of home visits to ensure that staff are documenting and completing COVID-19 screening and precautions at home visits as well as using methods to ensure the safety and well-being of the child as well as the home environment.

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

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

PSF initiated some contractual performance measures for FY 2019-2020. Despite a slow start in meeting these measures, quality and compliance have improved. After falling short of meeting the measures at the beginning of the year around supervisor notes, home visits with extended foster care youth, and PESS renewals, CDS made a big shift in practice and began meeting all of the measures, demonstrating consistency in practice for the remainder of the FY.

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

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

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

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

## **CONTRACT OVERSIGHT UNIT REVIEW - CORRECTIVE ACTION PLAN ITEMS**

PSF received a final version of the Contract Oversight Unit Desk Review on August 20, 2020. There were 8 findings noted in the review. RSF 1.1; 2.1; 2.3; 2.5; 4.1 were identified as “Areas in Need of Action”. Additionally, scorecard measures 2, 10 and 12 were identified in “Opportunities for Improvement”. It is important to keep in mind that these findings are based on information from FY 2018-2019. PSF is currently working on the development of the Corrective Action Plans associated with these findings.

- **RSF 1.1: Is the most recent family assessment sufficient? Over the past two fiscal years, PSF has performed below the statewide performance.**  
Although there is still room for improvement PSF has already made strides in addressing this item. The 2018-2019 data that this finding was based on showed a 24% strength rating. For FY 2019-2020 PSF improved to a 42.5% strength rating.
- **RSF 2.1: Is the quality of visits between the case manager and the child (ren) sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes? Over the past two fiscal years, PSF has performed below the statewide performance.**  
PSF has demonstrated some significant improvement with this item. The FY 2018-2019 data that this finding was based on showed a 26% strength rating. For FY 2019-2020 PSF improved to a 42% strength rating.
- **RSF 2.3: Is the quality of visits between the case manager and the child’s mother sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes? Over the past two fiscal years, PSF has performed below the statewide performance.**

Although PSF has scored below the statewide average, PSF has demonstrated improvement with this item for the past two fiscal years. For FY 2018-2019 PSF had a 14% strength rating, which improved to a 35.75 strength rating for FY 2019-2020.

- **RSF 2.5 Is the quality of visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes? Over the past two fiscal years, PSF has performed below the statewide performance. PSF is currently at 0% on this measure.**

For FY 2018-2019 PSF showed very poor performance on this measure and demonstrated a 0% strength rating. Over the past fiscal year PSF has shown great improvement and increased to a 23.5% strength rating for this item.

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

PSF has struggled with sufficient safety plans. Despite many discussions, trainings, guidance materials, PSF has continued to underperform in this area. Between FY 2018-2019 and FY 2019-2020 PSF maintained a 21% strength rating. This will continue to be an area of focus in the coming fiscal year.

- **Measure M2: Percent of children who are not abused or neglected during in-home services has decreased by 1% in the last eight quarters falling below target in the last three quarters.**

PSF did fall below the statewide average for the first three quarters of FY 2019-2020, but was only below the target for two quarters during FY 2019-2020. PSF exceeded both the target and the statewide average for Q4. PSF holds monthly scorecard meetings where the data is dissected and addressed to plan for improvement.

- **Measures M12: Percent of Sibling Groups where all the siblings are placed together has seen an increase between FY 17/18 Q3 and FY 19/20 Q2 of 2.17% but at 62.36% has been slightly below the target of 65% in the last three quarters.**

PSF was below the statewide target for three quarters during FY 2019-2020. However, we were only below the statewide average for two quarters, exceeding both the target and average for Q3. PSF holds monthly scorecard meetings where the data is dissected and addressed to plan for improvement.

- **Measures M10: Percentage of children in foster care who received a dental service in the last seven months (M10). PSF has fluctuated on this measure above and below target during the past eight quarters and is currently at 93.20% below the 95% target.**

PSF has historically had a tough time meeting this measure. Although we did see improvement during FY 2018-2019 due to the presence of a dental bus in some of our rural areas, the rating has continued to fluctuate. PSF was not able to meet the target for any of the quarters during FY 2019-2020, but did exceed the statewide average for all four quarters.

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

PSF is accredited by the Council on Accreditation (COA). PSF completed an accreditation review and site visit at the beginning of the 2019 calendar year. The review and final report were very positive and ultimately led to PSF being re-accredited through June, 2023. The only areas noted by COA were around facilities checklists, ensuring fire inspections are documented, and working on succession planning.

### **SUMMARY**

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

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

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

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

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

and tools for our CBC and CMA staff are critical to our continued quality assurance and positive performance.

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

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

- **Legislative Update Training** – PSF’s General Counsel provided a legislative update training to CMA leadership and will continue to provide guidance and training around legislative changes.
- **Parent Contacts** – A tracking and reporting process was implemented in FY 2019-2020 for logging diligent efforts to engage with parents. The parameters of the report will be expanded in 2020-2021 and there will be continued focus on seeing and engaging parents.
- **Training and Information Sharing for COVID-19** – PSF initiated a meeting to address the evolving environment around COVID-19. We will continue to use this platform to ensure consistency amongst all partner agencies and to problem solve and proactively address barriers.
- **Secondary Assignment** – PSF has implemented a program with CMAs being assigned to case in a secondary role to assist Child Protective Investigator with safety plan oversight and to initiate engagement of parents/families early in the dependency process.
- **Worker Incentives** - Sub-Contracted Agencies routinely offer additional incentives to support employees completing quality work and encourage performance with employees needing improvement.
- **Employee Health and Wellness Committee** – This committee offers health and wellness opportunities for all staff who wish to participate. There are even prizes offered for participation in some of the activities, which are aimed at boosting morale while creating a healthy work environment.
- **Quality Parenting Initiative Meeting** – Meetings between PSF, subcontracted case management agencies (CMA), local service providers, and Partner Family parents were held to enhance the collaboration and teamwork of staff and Partner Family. These meetings have been on hold for the time being.
- **Partner Family Mentoring** - To aid with recruitment and retention and capacity for matching children to the best families, certain PSF Partner Family parents have been identified as mentors to provide support and assistance for newly licensed Partner Families.
- **Sibling Visitation Tracking** - CMAs have implemented new tracking measures to encourage frequent and quality visitation occurs between siblings placed in separate placements while in out of home care.

- **Parent Contact Tracking** – Aimed at tracking diligent efforts to engage parents. There is a monthly report that is sent to PSF QA for review and data tracking.
- **Targeted Training Initiatives** – PSF Staff Development has developed and implemented trainings for CMA supervisors, mentoring and coaching programs for new staff through the certification process, table talks, and Practice Model skill enhancement trainings.
- **Resource Center Services** - PSF has four active resource centers which aid prevention and diversion efforts which have shown significant impact on the rates of abuse in their respective areas.
- **Grant Opportunities** – PSF takes advantage of grant opportunities that can strengthen our communities and provide true prevention or support to families within the community.
- **Placement Stability Meetings** – PSF Operations department has opportunities for parties involved to assess, discuss and develop working action plans to meet the needs of children in out of home care.
- **Quality Assurance Team Meetings** – The QA department conducts team meetings to review information related to reviews, ongoing projects, and areas of focus as they arise.
- **Board Subcommittees** – The PSF Board of Directors has several subcommittees which provide guidance and oversight to the activities performed by PSF.
- **Case Contact Forms** – Development and implementation of Case Contact forms for continuous quality improvement activity. Full implementation has been delayed due to COVID-19.
- **CMA Contract Measures** – Measure were added to the CMA contracts. Some measures are tied to incentives and penalties. These measures are continually monitored, and incentives/penalties assessed quarterly.
- **New Incident Reporting and Risk Management System** - PSF has been working with other CBCs to develop a new Event Reporting and Management System (ERMS). The system became fully operational in 2019.
- **Tip Sheets** – Several PSF departments utilize single page tip sheets to breakdown complex information into more digestible tips that support quality practice.

## **FISCAL YEAR 2020-2021 AREAS OF FOCUS**

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

In addition to the efforts and focus of change listed above, some additional identified areas of focus for FY 2020-2021 include but are not limited to the following:

- Quality of Engagement with Children & Families to Include Case Planning
- Engagement with Fathers (expansion of current tracking initiative)
- Push for timely medical and dental care during and post pandemic
- Case Management Agency support
- Cross Training and Succession Planning
- Case type trends

- Practice Model Fidelity
- Completion and Quality of Safety Plans
- Documentation Sufficiency (Contact Sheets and tip sheets)
- Improve RSF scores through support and guidance to supervisor and frontline staff.
- Out of County/Out of Circuit Child Placements
- Continue to Improve PSF's Ability to Locate Placements for Difficult to Place Teens.
- Completion and Quality of Home Studies
- Increase level 1 licensing
- Updated guidance for incident reporting
- Supervisory review follow-up
- Increase retention of level II homes, acquire supportive training to Partner Families capable of parenting teens and/or children stepping down.
- Case scrubs to identify children who may be able to step down out of care into a permanent setting.
- Establish appropriate opportunities for procurement of contracted services.

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