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**System of Care**

**February, 2012**

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# Section I- Introduction

## I.A Preface

A state legislative mandate was set forth in 1998 which established a plan to privatize child welfare services in Florida. In the spring of 2003 the Florida Department of Children and Families (DCF) awarded an invitation to negotiate to Community Based Care of Mid Florida, Inc., now known as Partnership for Strong Families, Inc. (PSF). On July 12, 2004, the Partnership for Strong Families began delivering child welfare services in DCF Circuit 3.

In 2008, DCF again awarded PSF an invitation to negotiate for a revised service area. One county was removed, and three counties were added. PSF is now responsible for providing services in the 13 counties in Circuits 3 and 8. This document is a required and integral part of the negotiation and contracting process between PSF and DCF.

As the Lead Agency, PSF is the single point of organizational accountability for developing and managing child welfare services to achieve desired outcomes for children. PSF is responsible for:

* + Managing intake, referral, and case transfer in collaboration with the department and the courts;
	+ Developing a comprehensive array of community-based services and resources through a provider network;
	+ Facilitating placements that match children’s needs;
	+ Enhancing the role of licensed caregivers;
	+ Ensuring consumer involvement and satisfaction at all levels of case management and service delivery;
	+ Managing grievance and appeals by all stakeholders including consumers, members of the community, providers, and any other interested parties;
	+ Overseeing court-related processes in collaboration with case management agencies and Children’s Legal Services;
	+ Establishing a quality assurance system to ensure continuous improvement in client outcomes and system performance;
	+ Using state-of-the art Information Systems to collect and manage data;
	+ Reviewing and reconciling provider's claims, ensuring prompt payment;
	+ Monitoring resource utilization and addressing problems of under or over utilization;
	+ Managing eligibility and Revenue Maximization; and,
	+ Managing the fixed funds and addressing cost overruns.

## I.B Purpose & Use of This Document

This System of Care document describes the primary elements of the child welfare service system in which PSF is the Lead Agency. It provides a framework for PSF and community stakeholders to understand current practices, and therefore foster further analysis and revision to continue to improve. The document is divided into sections that organize it into major themes.

This document contains a level of detail that it is believed will describe PSF’s system of care. For additional detail, references are made throughout the document to PSF’s policy, protocols, and procedures. These policies, protocols, and procedures provide a high degree of detail, but are too voluminous to include in this document. PSF’s policies, protocols, and procedures are accessible at our website, [www.pfsf.org](http://www.pfsf.org).

## I.C Governance and Organizational Structure

PSF is a solely operated entity. It is not a participating entity in any legal partnership, nor is it a subdivision of an owning entity. PSF is governed by a Board of Directors that is independent of any owning entity or of PSF’s subcontracted agencies. All members are residents of the area served, making it a 100% community-based Board. The Board is responsible for hiring and evaluation of the CEO, overseeing the financial operations of the organization, and overseeing mission effectiveness. The Board members are sufficiently diverse in strengths and capabilities to guide, plan, and support the achievement of the PSF’s mission and goals.

The Executive Leadership Team of PSF includes:

1. President/Chief Executive Officer (CEO)
2. Senior Vice President of Programs
3. Senior Vice President of Clinical and Community Services
4. Senior Vice President of Finance and Administration
5. Vice President of Financial Services
6. Vice President of Human Resources & Staff Development
7. Vice President of Information, Technology and Data

PSF’s current organizational structure oversees all company operations. For a complete Organizational Chart, see Appendix A.

# Section II- Community Partnerships

The System of Care is built upon active partnering between those entities that have a stake in the safety, permanency and well-being of children and families, either as their primary mission or indirectly by virtue of their role in a child or family’s life. PSF seeks to bring these stakeholder entities together to work toward the common goal of strengthening families, so children can remain safely in their homes. Some of these stakeholders are described below.

## II.A Stakeholder Roles

### Families

One of the primary stakeholders in the lives of the children served in the system of care is the family from which the child comes and is therefore familiar with. The family unit that has the primary responsibility for protecting and nurturing the child is at the center of the solution generation process. This is evident in the Family Team Conferencing model that PSF uses to plan services. The parent(s) and other family members are part of the team that works together to identify strengths, challenges, and possible solutions for issues that have brought the family into the child welfare system.

### DCF

The Department of Children and Families serves a central role in the System of Care, not only because of their role as contractor, but because DCF is charged with the protection of the children served in this system. As the operator of the abuse hotline, and the entity that conducts child protective investigations, DCF functions as a gatekeeper in determining the initial course of a case. DCF demonstrates their commitment to this responsibility, demonstrating leadership throughout the community in bringing about improvements to the child welfare system. PSF enjoys a strong collaborative relationship with DCF in Circuits 3 and 8, as well as in the Northeast Region and Central Office. Since its inception, PSF has worked in partnership with DCF to craft improvements and innovations in the System of Care.

### Court and Judicial System

The area served by Partnership for Strong Families covers Judicial Circuits 3 and 8.  The Third Judicial Circuit serves Columbia, Dixie, Hamilton, Lafayette, Madison, Taylor, and Suwannee counties. The Eighth Judicial Circuit serves Alachua, Baker, Bradford, Gilchrist, Levy and Union counties. Partnership for Strong Families interacts with the court system in each of the counties regarding dependency cases. Partnership for Strong Families may also interact with the court in the counties regarding delinquent youth also involved in the child welfare system.

### Guardian ad Litem

The Partnership for Strong Families also works with the Guardian ad Litem (GAL) in each area by sharing information and involving the GAL program in decision making staffings regarding cases shared. The Partnership for Strong Families also interacts with Court Administration regarding mediation services as many of the cases have court-ordered mediation.

### Children’s Legal Services (CLS)

Children’s Legal Services (CLS) provides legal representation for the state in cases brought before the court. Partnership for Strong Families works with CLS staff at each step in a case until permanency is achieved for children. Partnership for Strong Families staff provides reports and other documents to be filed with the court as well as make recommendations for action in cases before the court on behalf of the state. CLS staff are co-located with Partnership for Strong Families at three of the five service sites.

### Community Service Providers

Community Providers have an important stake in the System of Care due to the interrelatedness of organizational mission for all agencies involved. PSF works with Community Providers to develop efficiencies in our joint systems. Community Providers play an active role in creating an improved system.

## II.B Interagency Collaboration

PSF emphasizes collaboration - within its own departments, with the network providers, and with community stakeholders – as a means of ensuring the widest and most diverse array of services and supports available. This approach reflects the wraparound model, which enlists the community in the welfare of its members, focuses on strengths and needs of the particular child and family, and thus encourages individualized case plans and supports. In contrast, a traditional child welfare model is oriented toward “fixing” the individual child’s or family’s problem using a process based on individual deficits and agency-driven case plans. PSF has found that the wraparound model’s inherent flexibility allows us to best address the unique needs of the children and families that we serve, by engaging these key individuals in the child’s case plan.

Connections have been forged between PSF and the stakeholders of our community including such key community organizations such as the DCF Child Protective Investigations, Child Legal Services, Guardian ad Litem, domestic violence shelters, Department of Juvenile Justice, area School Boards, Agency for Persons with Disabilities, law enforcement, medical providers (Child Protection Team, Children’s Medical Services, and Health Departments), Early Learning Coalitions, and Substance Abuse and Mental Health providers. PSF has obtained Memoranda of Agreement and working agreements with over 100 community partners to increase collaboration and set forth processes by which to improve working relationships and enhance the service delivery systems.

PSF uses other formal mechanisms to bring inter-agency leadership together for joint problem-solving. DCF, Department of Juvenile Justice (DJJ), and PSF meet monthly to discuss joint cases and to explore efficiencies between systems. Also on a monthly basis, PSF hosts a Provider Meeting, where agency representatives come together to discuss concerns, priorities, and collaborative projects.

PSF involves community agencies not only on the case level, but on the strategic level. PSF begins their strategic planning process by surveying community agencies as to what areas of the system are most in need of being addressed.

Due to the high incidence of substance and mental health problems in the families served, PSF also collaborates closely with the state Substance Abuse and Mental Health program office. This serves to ensure coordination and non-duplication of services, and strategic development of both systems to ensure effective services are provided to children and families involved in the child welfare system.

# Section III- System of Care Description

## III.A Core Principles

PSF holds the following core principles as essential to an effective system of care for child welfare, and uses these principles to guide their decision-making and priority-setting:

* Provide a safe environment for all children
* Make prevention of child abuse and neglect a community priority
* Safely maintain children in their own homes whenever possible
* Maintain children in the least restrictive appropriate setting possible
* Individualize services to meet the needs of children and families
* Respect the inherent dignity of children and their families
* Make all decisions regarding children and families with permanency in mind
* Recognize that more can be done with communities and families as partners
* Respect the diversity of all children and families in the community
* Commit to accountability using outcomes to measure performance and improve practice

## III.B Service Model

### Overview

PSF’s philosophy for community-based care focuses on safely maintaining and strengthening the ties between children, families, and communities whenever possible and causing as little disruption to their lives as possible. Achievement of timely permanency for children involved in the child welfare system is seen as a critical element of case management responsibility. PSF builds on the strengths of existing services to continue to develop a more effective system of care, to be responsive to these objectives:

* Services are family-centered and strength-based.
* Services are community-based and culturally competent.
* The individual needs of each child and family determine the types and mix of services provided.
* The system is accountable for meaningful outcomes related to safety, permanency, and child well-being.

PSF believes one of the most significant elements of our system of care is the focus on engaging and supporting families—whether they are birth, relative, non-relative, foster, permanency planning, or adoptive families. PSF uses the most cost effective and least restrictive service that is able to meet the family’s needs while ensuring the safety of the children. The goal of PSF is to strengthen families and safely reduce the number of children entering the child welfare system, or penetrating further into the child welfare system, by providing prevention, diversion, crisis, and supportive in home services thereby enhancing the lives of children and families and providing the best value while meeting child protection needs.

Our service model is focused on Family-Centered Practice which means more than just engaging the parents in the development of the child’s Family Plan; it also means focusing on meeting the identified service needs of the children, families and caregivers and linking them more effectively and efficiently with supports and community resources. Families participate as full partners in all stages of decision-making and treatment planning. And Solution Based Casework and Family Team Conferencing are two key components of the PSF service model.

Solution Based Casework

A key component of PSF’s family centered practice service model is Solution Based Casework (SBC). SBC is a family friendly interface that helps to organize complex issues and multiple partners. Through SBC staff are able to:

* Prioritize partnerships with families
* Anchor problem identification in the everyday situations of family life by examining the family life cycle
* Organize case plans around “Family Level Plans” and “Individual Level Plans” that are skill based and service based
* Document family members skill acquisition at both the “Family Level” and the “Individual Level” through key family and individual objectives

In turn the following are achieved:

* Deficits are located within the context of everyday family life tasks.
* Services are seen as bridges to learn appropriate skills for the specific situations identified
* Outcomes are measured by the demonstrations of skills learned in those services
* Assessment is a collaborative process conveying a shared interest in safety and well-being, working toward a beginning consensus as early as possible
* Case plans are family owned specific plans of action that “families” and “individuals” will take to manage high risk situations in their family’s life

#### Family Team Conferencing

Family Team Conferencing (FTC) and SBC are the cornerstones of PSF’s family-centered practice model. FTC is a strength-based intervention strategy that builds upon a family’s strengths while partnering with the family to make critical decisions regarding how and what services will best meet the family’s needs. FTC supports PSF’s core principles to individualize services to meet the needs of children and their families, to recognize that more can be done with communities and families as partners, and to respect the diversity of all children and families in the community.

It is the policy of Partnership for Strong Families to use a Family Team Conferencing approach in case planning. The goal of the team is to enable children to safely remain in their own homes or to locate placement with a relative or, if not available, a placement appropriate to the child/adolescent’s needs. If the child is in out-of-home placement, the focus is to assist in safely returning the child home or locating a safe, permanent placement. Family Team Conferences are used for assessment, case planning and the periodic progress reviews of all sections of the Family Plan. (PFSF Policy Number 107)

The first step in the FTC process is assessment, which includes identification of the family’s strengths and natural and community supports as well as preparation and planning for the Family Team Conference. The Family Care Counselor is responsible for ensuring Family Assessments are completed on all families under the supervision of the Partnership for Strong Families. The Family Assessment should be conducted in person with the family, including the child(ren) when appropriate. During the assessment interview the Family Care Counselor will assist the parents in identifying potential team members. Once a list has been identified, it will be shared with staff responsible for preparing and scheduling the FTC.

The composition of the team ensures that the Assessment and Family Plan are individualized to the family’s needs. Members of the team may include: family members (including the child, if appropriate), Child Protective Investigator (CPI), attorney(s), FCC (and other clinical staff as needed), caregiver, service providers, and any others designated by the family such as teachers, therapists, and neighborhood resources. Extended family members, employers, coaches, clergy may also be included. The team will assess strengths, needs, risks, and develop a Family Plan with goals specific to that child and their family. For children in out-of-home care, residential and foster care providers or relative and non-relative caregivers may be invited to participate in case planning through Family Team Conferences for children in their care to ensure they are partners in developing and implementing the case plan.

Family Teams will meet for the first time within 14 calendar days of the case being accepted for services by PSF (either secondary or primary, whichever occurs first). The frequency of team meetings will be discussed at the first meeting, ensuring that subsequent meetings occur regularly, but no later than 6 months after the initial FTC. Any Family Team member, including FCCs, may convene Family Team Conferences more frequently than scheduled if significant changes in the child/adolescent or family plan warrant.

It is the policy of the Partnership for Strong Families for Family Team Conferencing to be offered to allfamilies receiving supervision and case management services from PSF. Only under extreme circumstances should a family be determined not appropriate for the FTC process.

#### The Family Team Conferencing Process

At the initial meeting, the Family Team will review the initial case information obtained by the Child Protective Investigator at the time of investigation. The family will then be given the opportunity to share their *Family Story* with the participants of the FTC and then identify their own strengths and areas of need. The Family Team will assess these needs and, building upon the identified strengths, develop a preliminary Family Plan~~.~~ The Family Plan will serve as the foundation for the creation of an individualized, comprehensive Case Plan, including a visitation plan.The Family Team will review services and supports available within the PSF service array and community; and will recommend those services indicated by the child and family's assessed needs. All Family Plans will be individualized and focused on addressing the issues that led to the original referral.

The sharing of information in Family Team Conferences is allowable under Florida laws regulating the disclosure of confidential information. However, a confidentiality statement is signed by all participants in the initial FTC and any new participants at later meetings to ensure that shared confidential information will not be disclosed outside of the meeting; although the family is made aware that certain participants of the Family Team Conference are mandated reporters, therefore, if any new instances of abuse or neglect are disclosed, it is the responsibility of the mandated reporter to notify the abuse hotline of such information. The Family Care Counselor/ PSF employee may not, depending on the wishes of the parent, review all the initial case information with the team. There may be issues related to the parent’s childhood history they may not wish to disclose during the Family Team meeting.

In addition to identifying placement services when needed, the Family Care Counselor/ PSF employee will be explicitly charged by the Family Team with proactively seeking services for the child and family that are included in the Family Plan to assist in addressing identified areas of concern that resulted in the abuse or neglect report. These services could include, but are not limited to: material and financial assistance, mental health treatment, medical assistance, disability assistance, educational advocacy, and substance abuse treatment. The Family Team will also assist in seeking community services available to assist the family. This task is not limited to the Family Care Counselor/ PSF employee although the Family Care Counselor/ PSF employee should coordinate all such efforts.

Should the parents or child require services not offered by a PSF approved service provider, a referral will be made to the appropriate community service. If the service need is critical, PSF will ensure the service need is provided in a timely manner, even if it means directly providing the service or assisting in funding for the service, until the referral for service is provided by an appropriate provider. The parents or children may need services which can be offered by PSF, but the parent may choose to pursue another community resource that can provide the same service.

At the conclusion of the Family Team Conference the Family Plan is completed and will be signed by all required parties. A signed copy of the Family Plan will be provided to each parent and relevant participants and will be placed within the case record within 30 days of the Family Team Conference. The Family Plan serves as the foundation for the Case Plan. If the Family Team Conference occurs after the Case Plan has already been approved, the FCC may complete an amendment to the Case Plan if needed to incorporate family goals.

At each subsequent FTC, the progress towards reaching the permanency goal and meeting other case plan goals will be discussed. In the development of the Family Plan and Case Plan and throughout the time the child and family receive services, the Family Team will be working to set attainable, measurable objectives that are directed towards meeting the safety, permanency, and well-being goals of the child. At the conclusion of the subsequent Family Team Conferences the updated Family Plan will be completed and will be signed by all required parties.

A copy of the updated Family Plan is provided to each parent and relevant participants and is placed in the client record.

#### Tracking the Completion of Family Team Conferencing

PSF will monitor the Family Team Conferencing process through data review. PSF staff extracts data from the P-kids/P-net data system on a monthly basis related to children accepted for PSF services during the prior month. PSF staff use this report to review information in the PSF database to determine if an Initial Family Team Conference was completed for each child. PSF uses this report to determine compliance. In addition the Case Management Agencies are required to create, implement and report monthly on action plans designed to improve performance.

By making FTC central in the planning process, PSF is able to promote the maintenance of family and community connections for children in foster care. By conducting FTC at early stages, key figures and supports in the child and family’s life are identified. They then become part of the solution by engaging the family before, during and after system involvement.

The FTC process serves to prevent repeat maltreatment by increasing family resiliency. This is done by strengthening natural family assets and supports that will assist the family in properly coping with stressors that would contribute to repeat abuse and/or neglect.

## III.C Services Provided

PSF has developed and continues to evaluate a service system that best meets the needs of the population served, and supports the core principles referenced above. The primary components of the service array are described below.

### The Library Partnership-A Neighborhood Resource Center

The Library Partnership represents a dynamic new approach to neighborhood engagement in which all members of the community-parents, local government, schools, businesses, public and private agencies-join together as equal partners to begin the process of identifying and achieving mutual goals and objectives. In one area of the Library Partnership, residents have at their disposal a fully functioning branch library, while in another area the Neighborhood Resource Center offers a broad array of family support programs that are facilitated by over thirty community agencies. Over half of the facility consists of office and meeting space for services. The center officially opened in July of 2009, and its primary goal is to safely reduce the number of children entering foster care by strengthening families so they can remain in the home.

The Library Partnership includes over 7,000 square foot of storefront space that is located in the heart of east Gainesville within blocks of middle and elementary schools.

The Resource Center is a family/community friendly place where the overall goal is to strengthen the community by supporting the families and communities in which they live by:

1. Offering services that provide children a healthy start both physically and emotionally via services such as school readiness activities, Healthy Start services, child development classes and infant screening and diagnostic services.
2. Offering parent-child activities to help parents learn the importance of early interaction with their children, tutoring and mentoring programs, relative caregiver support, and offer an array of services to help families avoid a crisis or respond to a crisis.
3. Offering a place where families and other community members can come together to share, support each other, learn about and benefit from their community’s resources.

The Library Partnership, with the assistance of community partners, assists families with services in the following areas:

1. **Family Support & Child Development** – Family activities and services requested by the families which may include but are not limited to: play groups, parenting classes, tutoring and peer support.
2. **Health & Safety** – Referral links to health services. Resources for children and/or adults. Prevention and wellness education efforts.
3. **Self-Sufficiency** – Concrete help for immediate needs with a view to long term solutions - GED, job skills training, employability, housing, transportation, managing a household budget.

Every community has resources and by combining these resources and strengths into one unified effort, the community can more effectively support and help strengthen families.

### Diversion

PSF’s System of Care places an emphasis on safely maintaining children in the least restrictive setting possible. This begins with an emphasis on the prevention of abuse or neglect, so that children do not become involved in the dependency system in the first place. To meet the needs of children and their families that are at risk of abuse or neglect, PSF ensures that services are available to divert the child and family from entry or further penetration into the dependency system. One mechanism that is designed to effectively and efficiently coordinate this element of the System of Care is PSF’s Diversion Program.

The goal of the Diversion Program is to provide individualized, time limited services that are family centered and strength-based, which help prevent families from entering the dependency system. This is accomplished by utilizing family strengths and natural community supports whenever possible. The program helps to identify and develop local community supports, act as a resource for at-risk families in the community, and approve/refer for services to assist in strengthening the family and/or stabilizing a child’s placement.

The Diversion program was developed after in-depth analyses revealed trends away from “front door” services and towards the provision of services once the child/family had already been placed in out of home care. This research also identified significant growth in the number of children in out of home placements. In direct response to this issue, PSF created a system by which clients, caseworkers, and investigators could access any appropriate service within our service array without the need for further involvement in the dependency system. This was done with a best practice understanding that a realistic assessment of risk, along with a genuine responsiveness to the client’s own sense of meaning and place, is critical to keeping at risk children safe in their own homes, When the program was initiated in July of 2007, referrals were accepted only from DCF CPIs. However, due to the program’s success, referrals to the program were subsequently made available to both Family Care Counselors (FCC) and community members. DCF CPI referrals, however, are given priority assignment.

The success of the program has also prompted PSF to expand the scope of service referrals to include children in out of home placements who are at risk of disrupting the placement. FCC’s and placement staff may make referrals to the program in cases where out of home placements are becoming unstable. The individual requesting the service completes a Service Request Form and provides necessary case details/documentation to the Family Service Facilitator who will then determine what services can be delivered to stabilize the placement. In this way, PSF is able to stabilize out-of-home placements and help insure placement stability by preventing multiple placement moves.

Referrals to the program are received by PSF’s Family Service Facilitator (FSF). The FSF conducts an informal needs assessment then initiates contact with community organizations to determine who will meet the needs of the family. The FSF will then link the family to services needed to stabilize the family’s current situation, including social services available within the community (substance abuse, mental health, domestic violence) or in-home services from one of PSF’s contracted providers. “Flexible funding” or funds provided to meet immediate needs such as housing or transportation may also be available to the families through direct contact by the referral source to the Family Service Manager (FSM) that oversees these funds. During the provision of services, providers often engage the family in ‘provider-specific’ assessments, further informing the needs of the family. If any concerns or additional needs are identified by the provider, the FSF notifies the CPI via email and places a note detailing the concerns/needs in FSFN.

Information regarding services provided through the Diversion Program is shared with the CPI, and FCC when assigned, to aid in needs assessment and service delivery. The FSF engages in regular communication with the CPI and other involved parties through email, phone contacts and attendance of staffings. The FSF also enters pertinent information regarding service referrals and family engagement into FSFN.

Additional steps to ensuring a successful feedback loop between the CPI, FSF and providers is being developed and will include sharing information as to client engagement in services and steps for any needed follow-up should the client not engage in services or if new needs are identified .

### Crisis Intervention-Rapid Response Services (RRS)

As a means to mitigate safety concerns at any point during a family’s involvement in PSF’s continuum of care, PSF offers Rapid Response Services (RRS). The RRS provides an on-site, crisis intervention response by a trained clinician. The major goal of the RRS is to ensure child safety while achieving family stability through intensive crisis intervention, and promote lasting stability by identifying any unresolved issues or needs to be addressed through further planning.

The RRS is designed to provide short-term, intensive in-home services to families with mental health, substance abuse and/or domestic violence issues that pose an imminent risk to children and could lead to out-of home placement. The determination of whether a child is at imminent risk of removal is made by the Department of Children and Families (DCF). This population also includes children and families in which there is a risk of disruption in an out-of-home placement or finalized adoption. This isn’t a long term service, monitoring or counseling program.RRS is designed to stabilize the crisis within the home, and link the family to community resources, services, and supports that will help the family maintain stability.

Because families in crisis are generally more open to exploring new problem-solving approaches, immediate intervention through RRS provides an opportunity to help families start the process of resolving issues in a way that a delayed intervention may not. Focused and task-oriented steps in providing services include the following:

* Rapidly establishing a constructive relationship with the family. This includes eliciting and encouraging the expression of painful feelings and emotions, as well as discussing the event (s) that precipitated the referral to the RRS;
* Assessing family strengths and needs;
* Formulating an explanation of what happened: what the crisis means to the family and what the family sees as having led up to the crisis;
* Helping the family identify ways to resolve the crisis;
* Articulating short and long-term goals, identifying action steps, and selecting a limited number of objectives (1-3, in most cases) to focus on during the course of RRS involvement; and
* Establishing linkages between the family and those community resources needed to achieve the stated goals and objectives.

The RRS Team completes an assessment with each family. The assessment is completed to identify the immediate crisis and any unresolved issues or needs for the family that are necessary to ensure the child’s permanency, safety, and well-being. The assessment also facilitates problem solving and identifies steps to deescalate the present situation. It also identifies precipitating events and their meaning to family members, documents observations of family interactions and conditions, and determines family needs. Based on the assessment, the RRS completes a plan with each family. A case file is maintained for each family served.

The RRS also completes “Weekly Case Notes” detailing all the dates of all home visits and phone contacts made for a family within that week and for all families within seven calendar days after receipt of the referral and weekly thereafter until case closure.

The RRS maintains telephone, email or personal contact with the Child Protective Investigator or the Family Care Counselor (FCC). At closure, the RRS completes a Closing Summary Case Note for all In-home Family Support cases served. The RRS counselor participates in the FTC process when appropriate.

### Intake and Assessment

Another core service provided to children and families in PSF’s System of Care is Intake and Assessment. This refers to PSF’s process for accepting cases for services, assessing child and family needs, and initiating services provided. Key to this process are the constructs that are in place for information transfer and needs assessment, and early identification of strengths, needs, and potential solutions to ensure child safety and family stability.

#### Decision Team Staffing

The purpose of a Decision Team Staffing (DTS) is to enhance the assessment and analysis of risk/safety factors through an expedited multidisciplinary team (MDT) staffing process, to determine if a child can remain safely in their home. The overall goal is to arrive at a shared decision on the best approach to mitigate safety concerns and begin to reduce risk of future abuse or neglect by providing expedited services and assistance to vulnerable families. DTS’s occur within 2 business days of the request for a staffing. Some areas have a designated Decision Team Consultant (DTC) that coordinates and invites appropriate persons, while in other areas the CPI ensures a shared decision making process is implemented. The CPI, DTC and Children’s Legal Services are involved as well as other MDT members involved with the case are invited to participate. These may include Child Protection Team, Child Advocacy Center, law enforcement, and other service providers. If the case is already an open services case, the FCC and FCC Supervisor are also invited to participate. The DTC completes a staffing form and enters notes from the staffing into FSFN with a summary of the staffing, noting safety and risk concerns, mitigating factors and immediate services identified.

#### Early Engagement

For In Home Supervision cases, upon receipt of a notification for an In Home Supervision case via the Intake@pfsf.org address, the Case Management Agency’s point of contact coordinates identification of the Family Care Counselor (FCC) who will be assigned to the case. The FCC and the referring CPI coordinate a joint visit and share information regarding the investigation findings/concerns. The FCC and CPI set up a joint visit with the family. Secondary assignment of the case to PSF will be made once the joint visit occurs. During the Early Engagement Joint Visit, the FCC will complete the In Home Services Agreement with the family and send a copy to the Quality Operations Manager (QOM) and the FTC coordinator.

#### Initial Staffing

For Shelter cases, the sharing of information starts at the Initial Staffing. The purpose of the Initial Staffing is to expedite assessment, service planning, referrals and family engagement to stabilize a family situation allowing children to remain safely in the home preventing removal or to expedite reunification. (See PSF Policy Number 103).

The Initial Staffing is initiated by the CPI via an email to the Intake@pfsf.org address. The PSF Quality Operations Manager (QOM) coordinates the Initial Staffing with the CPI and the receiving case management unit.

Whenever possible, the FCC supervisor, Family Care Counselor, and the CPI Supervisor will participate in the staffing. This staffing may occur face-to-face or by phone/conference call. During the staffing, the following issues are discussed: information about the family; reason for services; identified issues to be addressed via the FTC; and roles and responsibilities of the staffing participants, especially the primary and secondary worker. Any concerns that would warrant removal or change of placement are also discussed at this staffing, along with potential placement options. The content and participants of the staffing are documented on the Initial Case Staffing form which will be included in the child’s case record. Participants at the staffing may retain copies of the form as necessary.

#### Case Transfer

The Case Transfer Process is accomplished when the CPI provides the Case Transfer Packet (required elements defined in the Case Transfer Checklist) to the QOM. Upon review and determination that the Case Transfer Packet is complete and the FSFN case contains the required elements, the case is accepted by PSF for primary assignment.

#### Case Progression Staffings

A Case Progression Staffing is scheduled by the Quality Operations Manager approximately 2-3 weeks after shelter or the Early Engagement Joint Visit occur. Each PSF site has established a specific day the Case Progression Staffings will occur. The staffing is a multidisciplinary team staffing to include the CPI, FCC and may also include the CPI Supervisor, FCC Supervisor, Guardian Ad Litem Program staff, contracted and community service providers, and Children’s Legal Services. The staffing will provide an opportunity for a review of the known case information, a review of the outcome of the FTC and any barriers identified, safety planning completed, high risk case review and provide an opportunity for feedback on the progress of the case to date.

#### Delineation of CPI & FCC Responsibilities

Prior to the CPS, the CPI continues to conduct case activities (other than placement) for as long as they are the primary worker. Primary case responsibilities for the CPI beforeacceptance of the case as primary to PSF include:

* Transportation to initial placement. (PSF will provide transportation if the initial placement changes prior to primary assignment )
* Transportation to Child Protection Team assessment or other appointments
* Transportation for medical appointment, including EPSDT/Well Child Check-up.
* Updating Florida Safe Families Network (FSFN) to ensure all case elements are complete, no AFCAR errors exist, and placements/living arrangements from removal to primary case transfer to PSF have been entered. Specific critical data elements that the CPI is responsible for accurately completing prior to primary acceptance include, but are not limited to, “initial removal reason”, “caretaker information”, “participants”, and “service roles”.
* Home studies for placement of identified relative or non-relative placement resources

Cases are assigned primary to PSF once a complete CTS packet is provided to the QOM by the CPI. Upon acceptance for secondary case assignment, the Family Care Counselor is responsible for face to face contact with the child and caregiver within 2 business days.

To maximize the sharing of pertinent information, and to expedite the initiation of needed services, community service providers are present at the Case Progression Staffing as well. Representatives for area Substance Abuse, Mental Health, Domestic Violence, and other service providers attend the Case Progression Staffing to 1) share information about the services that they have provided, and/or 2) accept referrals and begin to gather information on family needs. Representatives of the Guardian Ad Litem program and Children’s Legal Services attend as well. This is an example of interagency collaboration that benefits the children and families served.

#### Coordinated Assessments

In addition to the mandated Initial Family Assessment, PSF will also ensure that children and their families are assessed in other areas that affect child safety, permanency, and well-being. Per PSF Policy Number 300, assessments that will be incorporated into the overall assessment of family and child strengths include:

1. PSF ensures that children receive medical and vision screenings . The PSF Family Care Counselor will refer the child for a Well Child Check (formerly known as the EPSDT) within 24 hours of a child’s placement out of home (unless the removal is completed by the CPI, in which case the CPI will be responsible for the Well Child Check). A vision screening is conducted as a part of the Well Child Check. All children placed in licensed carereceive the Well Child Check within 72 hours of placement.
2. PSF ensures that all children age 3 and above are referred for a dental appointment within 30 days of case assignment and are provided dental checkups every 6 months thereafter.
3. PSF ensures that all children entering out-of-home care and those placed in the custody of the Department will be referred for a Comprehensive Behavioral Health Assessment (CBHA). The CPI is responsible for making the referral to PSF for a CBHA within 7 calendar days of shelter placement and providing documentation and a copy of the packet of information to the assigned assessor.
4. PSF will identify and address any school-related difficulties and whenever possible coordinate their assessments and Case Plans with any existing individualized education plans (IEP). The Family Care Counselor will follow-up as necessary to promote and expedite this process. When IEP’s are complete, the Child Education portion of the Case Plan will include findings and recommendations. The Family Care Counselor will attend IEP meetings held at the school for the children assigned to them.

With proper confidentiality releases, assessment information is shared with the entities involved in the case to prevent unnecessary or duplicative assessments.

#### Comprehensive Behavioral Health Assessments

PSF will ensure that all children entering out-of-home care and those placed in the custody of the DCF or the CBC are referred for a Comprehensive Behavioral Health Assessment (CBHA). The CPI is responsible for making the referral for a CBHA, and for providing documentation of the referral to PSF . The referral is made to PSF’s Utilization Management Coordinator, who then refers to a CBHA community provider. The CPI will provide a packet of documents with current and background case information to the assigned CBHA assessor. When children experience removal in an on-going case assigned to PSF, the FCC is responsible for making the CBHA referral within 7 business days of removal and providing the packet of documents to the assigned CBHA assessor. When the CBHA report received, the FCC reviews and discusses the report with their supervisor to determine if any further referrals or follow-up is needed.

The FCC will make referrals for services recommended in the report that are not already in place. The FCC will also prepare an amended case plan to include recommendations in the Comprehensive Behavioral Health Assessment report when indicated.

#### Behavioral Health Needs for Intensive Out-of-Home Placements

The trauma experienced by abused and neglected children frequently results in behavioral symptoms that require more intensive levels of placements and services (i.e., Specialized Therapeutic Foster Care, Therapeutic Group Home, and State Inpatient Psychiatric Programs) from mental health or substance abuse specialists. PSF has mechanisms to ensure that the most appropriate placements and behavioral health services are provided.

PSF’s UM Coordinator works in coordination with CPIs, FCCs, Placement Specialists, service providers, GAL and the family to determine what behavioral health services are necessary for children in care, focusing on those that require a high level of intervention.

The UM Coordinator also chairs the Multi-Disciplinary Team (MDT) staffings, where placement in therapeutic settings are reviewed and recommended. The UM Coordinator also reviews and disseminates the recommendations of Qualified Evaluators as to what placement setting is recommended for clients with behavioral needs.

### Out of Home Placement

When the gravity and nature of abuse and neglect prevent the child from remaining safely in the home, the PSF’s System of Care provides for a continuum of out-of-home placement options to best meet the needs of the child, while allowing the child to maintain connections with siblings, their schools, and communities whenever possible. It is the policy of PSF to ensure that children are placed in a timely manner in the least restrictive most appropriate placement in which they can be successful (PSF Policy Number 401).

#### Relative and Non-Relative Care

When out-of-home placement is necessary, the ideal placement is often with the child’s relatives or approved non-relatives known to the child. When a child must be removed from the home of the parent or caregiver, relative placement is explored thoroughly and aggressively before children are placed in foster care. Non-custodial parents are contacted and ruled out as the first placement option. A diligent search is conducted and documented for any parents whose whereabouts are unknown and to search for additional relatives. In considering relative/non-relative placements, the following factors are also assessed:

1. The attitude of the relative or non-relative toward the child’s parents as well as the relationship between them. An adversarial relationship or extreme hostility toward the parents can create conflict and stress, potentially affecting the child and reunification efforts.
2. The relative’s or non-relative’s previous knowledge of or relationship with the child.
3. The relative’s or non-relative’s capacity for parenting. This includes parenting skills, stability of the marriage, family relationships, mutuality of the prospective caretaker couple in their wish to undertake the child’s care, health issues, adequacy of the physical setting, and financial ability to assume care of the child. Economic Self-Sufficiency may be an appropriate resource in the case of relatives and should be explored if necessary. Also, substitute care funds may be used to prevent a placement in foster care.
4. The relative’s or non-relative’s ability and willingness to protect the child from further abuse and their acceptance of the need for the child’s protection/removal and ability and willingness to disallow unauthorized parental contact with the child.

#### Licensed Care

When relative and non-relative caregiver placements are not an option, PSF’s placement staff seek an appropriate licensed placement for the child. PSF’s placement staff are responsible for the approval, placement and tracking of children into the most appropriate level of licensed paid placement that meets the individual child’s need.

Several considerations are made when placement staff seek licensed placement for a child, including:

* Placing all siblings together, when possible and appropriate. The client record reflects the reason for placing siblings separately, when necessary, and includes a sibling visitation plan.
* Placing a child in close proximity (same county) to the parent home to facilitate maintaining the parent/child bond through planned visitation.
* Placing the child in the same school, or in close proximity, to minimize disruption to the child’s education and special education needs. If a child changes schools, the client record should reflect that the child is receiving the same educational services in the new school as the child was receiving in the previous school setting.
* Placing the child in the least restrictive, family-like setting that meets the child’s behavioral needs. The pre-placement assessment reflects the child’s behavioral needs including a determination of any specialized services needed to support the child in the authorized placement.

The placement of siblings together is a standing agenda item at PSF’s monthly Quality Management meetings. The current list of separated siblings is discussed, and each provider describes plans that are being made to ensure that sibling visits are occurring and that children are maintaining ties to their community whenever possible, as PSF works toward placing the siblings together.

On a regular basis, PSF’s executive leadership staff review data on separated siblings, children placed out of close proximity to their homes of origin, and foster homes that are over licensed capacity, to monitor capacity needs and current practice.

#### Placement Stability

Maintaining a child in a stable placement is imperative for healthy development. Children that experience multiple placements within the dependency system are exposed to conditions that place them at risk of developing attachment disorder.

PSF employs the following systems to promote placement stability once a child is in care:

* Pre-disruption staffings are held when a child is identified as possibly disrupting their placement. The staffing is held with the foster parent, the child and the FCC, to put services in place in order to de-escalate the situation and preserve the placement.
* PSF’s “front-end” services, such as Diversion and Mobile Crisis Response Team (MCRT) services, are also available to prevent placement disruption in foster homes, as well as relative and non-relative placements. Foster parents or FCCs can make referrals for these services by contacting PSF’s Family Service Facilitators.

### Case Management

The most prominent component of PSF’s core services is case management. PSF currently purchases case management services through subcontracted service providers. The case management services provided through these agencies are focused on providing appropriate individualized supports to the children and families served, so that children can remain safely in their homes or permanency can be achieved as rapidly as possible.

The essential duties of case management staff, called Family Care Counselors (FCCs), are as follows:

* Making referrals and coordinating all needed services (PSF Policy Number 303).
* Keeping parent/guardian informed of the status of the case.
* Arranging for family visitation as ordered by the court .
* Visiting the child once per week while child is in shelter status and monthly thereafter (minimum) (PSF Policy Number 117).
* Determining the need for ongoing service intervention and convening the Family Team Conference in partnership with the family and the Family Service Facilitator when appropriate (PSF Policy Number 107).
* Convening a Family Team Conference (PSF Policy Number 107).
* Developing and coordinating the development of a Family Plan, with the family team, based on the family’s identified strengths and needs (PSF Policy Number 108).
* Collecting all existing assessment information and securing additional assessments, as needed (PSF Policy Number 300).
* Keeping the CPI informed about additional information obtained about the child, parents, and relatives, relevant to the court, including family cooperation, follow through on service referrals, conditions of the home and interfamilial relationships (PSF Policy Number 102 )
* Completing the agreed upon portion of the Predisposition Study and forwarding to CLS to file with the court.
* Conducting an ongoing assessment of risks and the child’s safety (PSF Policy 109).
* Facilitating follow-up assessments, as needed (PSF Policy Number 300).
* Developing and periodically reviewing the Family Plan with the family team (PSF Policy Number 107).
* Working with the PSF utilization management staff to access services from the network of providers.
* Ensuring coordination with any other community social service workers and the court
* Working with CLS to prepare court-related documents (PSF Policy Number 608).
* Managing and monitoring progress on safety, permanency, and child well-being goals (PSF Policy Number 603).
* Preparing discharge plan and ensuring timely case closure (PSF Policy Number 606).
* Coordinating with providers of health and behavioral health care services (PSF Policy Number 300).
* Participating in PSF Permanency Staffing Meetings (PSF Policy Number 603).
* Completing regular contact with the child and family and ensuring visitation as defined in the Family Plan is consistent with PSF standards (PSF Policy Number 117).
* Responding jointly with the CPI to new CSAs on open PSF cases when requested.
* Conducting diligent searches at TPR
* Conducting background screenings on frequent visitors to the home.

PSF recognizes that for case management to be optimally effective, FCC’s must have reasonable caseloads where proper attention can be given to each child and their family. PSF funds their CMA provider contracts such that there is one FCC for every 18 cases (one child=one case). Additionally, PSF sets protocols for gradual caseload assignment for FCCs that are newly graduated from pre-service training.

In addition to pre-service and certification training FCC’s receive frequent training to increase their competency and proficiency in dependency case management and related areas. All training is tracked. Some examples of the trainings offered by PSF’s Training and Staff Development Department include:

* Assessing and Addressing Risk in Child Placement
* Case Planning
* Case Supervision and Practice
* Concurrent Case Planning
* Indicators of Maltreatment
* Ongoing Assessment and Permanency
* Child and Family Involvement in Case Planning

In addition to the trainings offered by PSF, contracted provider agencies deliver trainings internally based on identified needs. Additionally, PSF has an on-line training resource available to all employees enhancing career development.

Training topics and curricula are developed based on identified needs within the system, as well as ongoing practice improvement. The range of training opportunities offered not only develops FCC competency, but also promotes job satisfaction and greater case manager retention.

#### Court Work

For court involved cases, the progress of every case toward meeting the permanency goal is reviewed at least every six months in a Judicial Review Hearing. The FCC prepares a Judicial Review Social Study Report (JRSSR) for the court and submits the report with supporting documents to CLS prior to the scheduled hearing. Prior to submission to CLS, the JRSSR report is reviewed and signed by the FCC Supervisor to ensure the quality of the report.

The JRSSR progress assessment includes a factual summary of major case work activity including:

* 1. Services received by the child and family,
	2. Explanation of any changes, both improvements and challenges, since the last assessment;
	3. A discussion of any new factors that affect child and family strengths or needs that impact risks to the child or the permanency goal.

For families receiving protective post placement supervision,the six-month family progress report is documented on the JRSSR. PSF requires it’s sub-contracted Case Management Agencies to submit JRSSR’s and other court documents timely. Case participants receive a copy of the JRSSR as listed in the certificate of service. PSF is responsible for ensuring licensed, relative, non-relative, and pre-adoptive caregivers receive a copy of the report prior to the court hearing.

#### Child and Family Contacts

PSF sets timeframes for FCC’s to respond to children and families upon receiving a case (PSF Policy Number 117).

Ongoing face-to-face contacts are required in accordance with 65C-28.002(Administrative Code). Face-to-face contacts are required every 30 days, at a minimum. Increased face-to-face contacts occur in the following cases:

* For cases in Shelter Status, the FCC conducts face to face visits with the child and caregiver every 7 days;
* For cases where reunification has occurred for children under the age of six, the FCC conducts weekly (every 7 days) home visits with the child and parent for the first three months after the reunification and then every 2 weeks thereafter until the child reaches age six or supervision is terminated.
* For children over six years of age who have been reunified, the FCC conducts home visits with the child and parent every two weeks for the first 3 months following reunification and then monthly thereafter until supervision is terminated.
* In High Risk designated cases (unless the High Risk Staffing has determined less frequent visitation is appropriate), visits occur every 7 days.

At least once every three months the FCC makes an unannounced visit to the child’s current place of residence. This may occur more frequently if deemed necessary by the FCC and FCC Supervisor. The case management agency ensures that the FCC sees each child and family as often as necessary to carry out the case plan and ensure permanency, safety and well-being

Meaningful contacts between the FCC and the parents are required as well. PSF policy requires parent contacts by the FCC at least every 30 days. This regular contact serves to facilitate reunification, assess risk, monitor service delivery, and manage safety. Monitored through quarterly supervisory reviews, the frequency and quality of parent contacts is emphasized as key to achievement of permanency.

FCC’s are required to document child and parent contacts in FSFN, to include the following information:

* 1. Names of children and caregivers present
	2. Physical appearance of each child.
	3. The child’s interactions with caregivers and others present.
	4. Safety of each child.
	5. Case plan progress for child and caregiver.
	6. Effectiveness of services and identification of any additional services needed.
	7. Child’s progress, development, health and education.
	8. Follow-up on the child’s medical and dental issues/appointments
	9. Comments from the child and caregiver concerning progress in learning identified life skills (for children in licensed out-of-home care age 13 and over)
	10. Frequency of visitation between the child, siblings and parents, any reason visitation is not occurring, and efforts to facilitate visits. (for children in out-of-home care)

#### Sibling and Parent Visitation

FCC’s ensure that sibling and parent visitation takes place for children in out-of-home care. When siblings are placed separately in out-of-home care, visitation is arranged weekly whenever feasible. PSF’s contracts with a service provider that operates two Family Visitation Centers. At the Centers, supervised visitation can occur when ordered by the court for high-risk families. The FCC ensures that separated siblings under supervision maintain contact unless the visitation would compromise the safety or well-being of either child. Sibling visitation can only be limited or terminated by order of the court, which is reflected in the case plan.

In addition to regular visitation with the child, parents are encouraged whenever appropriate to continue involvement in child activities such as school events and medical appointments.

#### Risk Assessment and Safety Management

Within the case management program, processes are in place to ensure safety in high-risk cases. For these cases, “High Risk designation” staffings are held, where the case is reviewed, as well as current case information and progress in services, to determine whether the factors are being adequately addressed and mitigated. Once a case is determined to be designated as High Risk, the case is staffed bi-weekly or as otherwise determined necessary until the High Risk designation is removed.

PSF’s Quality Operations Managers maintain a list of High Risk designated cases that need to be staffed~~.~~ Cases are added to the list when identified by the unit supervisors and when new cases that meet criteria enter the PSF system.

#### Education

PSF recognizes the importance of maintaining educational stability and ensuring children in the care of PSF receive appropriate educational services. Interagency Agreements between PSF and each county school board provide county specific process and protocol. PSF Quality Operation Managers serve as liaisons with the local county school board.

When children are placed in out of home care, educational stability is a factor considered when making a placement. Whenever possible, placement will be made to enable a child to remain in the same school and/or community. If placement changes result in a change in educational setting, the child must be enrolled in the new school within one business day of the change in placement. Foster parents may enroll a child in school, but it is the responsibility of the FCC to ensure the child is enrolled in school timely. The FCC is responsible for notifying the school that the child is leaving, the placement change and any resulting educational setting change within one business day of the change.

Children under supervision of PSF will be encouraged to participate in school activities, clubs, athletics and extracurricular activities. Participation may require a medical evaluation. For activities requiring a medical evaluation, the FCC will ensure the child receives the appropriate medical evaluation prior to participation in activities. Normalcy Plans are required for children in licensed out of home care who are 13 and up. Normalcy Plans are updated quarterly and provide an outline of the plan to ensure children have the opportunity for normal growth and development experiences.

### Permanency Planning

One of the most critical functions of the System of Care is achieving permanency for children as efficiently and effectively as possible. PSF policy requires supervisory reviews to be conducted on each case at least once per quarter and the focus of the review is on achievement of permanency, identification of barriers and actions to be taken toward the achievement of the permanency goal. PSF monitors compliance with required quarterly supervisory reviews and periodically reports performance by subcontracted agency and unit. Subcontractors not meeting expectations are required to implement a corrective action plan and report periodically on action steps taken.

PSF’s Quality Operations Managers chair Permanency Staffings at each service site. At the Permanency Staffing, which is attended by the FCC, adoption worker, IL counselor, and service providers, case plan compliance is reviewed, barriers to permanency are identified, and permanency goal changes are considered. Cases may be brought to Permanency Staffing at any point in the case that consideration of a goal change is appropriate, but no later than 9 months from initiation of the case and at least annually thereafter. (See PSF Policy Number 603)

The possible permanency goals, listed in order of preference, are:

(a) Reunification

(b) Adoption, if a petition for termination of parental rights has been or will be filed

(c) Permanent guardianship

(d) Permanent placement with a fit and willing relative

(e) Placement in another planned permanent living arrangement

Adoption is the first consideration if Reunification is not able to be accomplished. If Adoption is not chosen as the recommended goal, the reason Adoption is not in the best interest of the child must be documented in the Judicial Review Social Study Report (JRSSR).

Length of stay data is reviewed at PSF’s Quality Team meetings on a monthly basis, to evaluate the effectiveness of PSF’s permanency planning methods. This is also reviewed at monthly Partner’s Meetings with PSF’s contracted case management agencies.

PSF recognizes the importance of concurrent case planning in facilitating timely permanency. This is incorporated into PSF’s case planning process (PSF Policy No. 108 (case planning) & 602 (concurrent planning)), and PSF continuously seeks to improve practice in this area through policy and practice development, training, and evaluation.

### Independent Living

PSF’s Independent Living (IL) program is guided by Florida statute and Community-Based Care Lead Agency Standards for Independent Living Transitional Services (7/1/07). PSF’s Independent Living Specialist works with our subcontracted IL service provider to ensure quality services are provided to eligible youth.

PSF contracts with a local service provider for Independent Living service to eligible children. This program provides training, skill-building, and support to adolescents in foster care who are transitioning into adulthood. The goal of the program is to develop a meaningful and effective relationship with each program participant to assist in identifying and achieving his/her goals to be successful, law-abiding and productive members of society.

The following continuum of services is available in this program**:**

* Initial and ongoing skills assessment utilizing the Ansell-Casey or Daniel Memorial instruments
* Educational and career path goal development based on assessment results formulated into individual plans
* Individual Plan Development based on vocational and educational goals expressed by the individual participant
* Advocacy and guidance as participant approaches adulthood and independence
* Advocacy for young people needing SSI/Social Security Disability paperwork completed and filed
* Tracking Achievement by completing Transitional Checklists
* Revising Individual Plan bi-annually
* Preparation for Adult Living training skills
* Transitional housing
* Job training
* Working to ensure that youth are connected to community resources and supportive adults
* Pre-independent living services (provided for younger teens).

Independent Living staff meet each youth age 15-17 in their home, school or work place on a monthly basis. They maintain consistent contacts with the youth individually, rather than in groups, to build relationships and rapport. In order to provide individualized services, the program staff identify and involve people who are important to the youth. Staffings are often held at schools so that teachers and guidance counselors can be involved.

The Independent Living Counselor conducts annual staffings for 13 and 14 year olds and every six months for foster youth 15 to 18 year olds to review the youth’s progress. The staffing includes the youth, the Independent Living Counselor, the FCC, and the foster parent or other placement staff. The FCC amends the youth’s case plan as needs are identified and progress is reported to the court at each judicial review. The FCC maintains ongoing contact with the Independent Living Counselor to monitor and assist in service delivery.

For foster care youth turning 18, PSF services include Aftercare Support, Road to Independence Scholarship, and Transitional Support Services, in accordance with FS 409.1451.

### Adoption and Post Adoption Services

The goal of the adoption program is to provide services aligned with the aim of the Adoption and Safe Families Act of 1997 of establishing permanency for children permanently committed to the department. When a child cannot be raised by birth parents, this aim is considered to be best promoted by adoptive union with a nurturing permanent adoptive family. Adoption services operate with the goal of securing this union by facilitating the adoption of children with special needs, and equipping families to serve as secure placements for children with such needs. The adoption program fulfills this goal as follows.

In order for there to be consistent and effective attention provided to the child’s dynamic needs when his/her goal becomes adoption, PSF utilizes a cooperative inter-agency approach to provide services specialized to fulfill the range of needs.  Adoption case management and recruitment are provided through a sub-contract with a Case Management Agency (CMA) specializing in adoption services~~.~~  During and following a change of goal to adoption, primary case management responsibility remains with the Family Care Counselor with whom the child is familiar and who is familiar with the child and the history of his/her case. Upon establishment of the goal of adoption, PSF also implements services directly focused on the new identified needs accompanying a goal of adoption via subcontracted services with its Adoption CMA.   When a goal of adoption is established, the Adoption CMA’s adoption case manager becomes a secondary participant in the child’s process and is able to effectively further the needs directly related to adoption and to begin the early stages of work focused on the adoption goal.  This includes, but may not be limited to, when applicable:

* Visiting the child within 30 days of assignment as secondary;
* If the child is in a prospective identified placement, beginning the pre-adoptive home study and evaluation of the home;
* Completing the study of the child
* Completing an adoption subsidy application;
* If a child does not have an identified adoptive placement, working with the adoptions recruiter at the CMA to plan child-specific recruitment efforts and participating in match staffings to match the child with well-suited prospective adoptive families;
* Participating in quarterly reviews of recruitment measures being utilized for the child which must include, but are not limited to registration on the Florida State Adoptions Website. Additional methodologies utilized include local, state, and national adoption awareness campaigns including “Celebrate Adoption!” to increase community awareness of adoption and opportunities locally and to recruit new adoptive families; and
* Providing training and support to pre-adoptive families including a mandatory ten-week Model Approach to Partnerships in Parenting (MAPP) training course designed to prepare prospective adoptive parents for the adoption process in order to insure the safety of a placements and readiness to serve as a permanent home to a special needs child.

Meanwhile, the consistency that the child is familiar with by way of monthly visits from the primary FCC continues, as does the FCC’s attention to the current needs of the case such as updating the child’s case plan and preparing for and attending legal proceedings. This system allows for there to be two rather than one worker devoted to meeting the child’s needs during a critical juncture in the child’s life, and moreover, for each worker to have an identified special purpose and focus in their work in promoting the child’s immediate and long-term needs and goals.

The next development in the progress of the case of a child with a goal of adoption is at the juncture when the child has been freed for adoption and placement has been accomplished in a pre-adoptive/adoptive home. At this point, the case work regarding the child will become predominantly focused on the child’s continued adjustment to and well-being in the identified adoptive placement and the procedures toward finalization of the adoption. At this juncture, a case transfer staffing is held by PSF and primary case management responsibility is transferred to the adoptions case manager. From this point on, the adoptions case worker will continue monitoring the child’s well-being in the pre-adoptive home through visits every 30 days or more frequently as determined by the situation, and will complete the remaining procedures necessary to finalize the adoption. Services performed by the adoptions case worker at this stage may include, but are not limited to, providing post-placement supervision of the child, as required by law if the child has not resided in the prospective home for at least 90 days prior to the home becoming the intended adoptive placement, and attending the hearing to finalize the adoption.

Further attending to the needs of a child throughout the adoption process is the PSF Adoptions Program Manager. The Adoptions Program Manager tracks cases identified at PSF permanency staffings as cases warranting a current goal change to adoption and those in which it appears that adoption may become a goal in the near future. The Adoptions Program Manager oversees the introduction of the adoptions case worker to a case when the goal of adoption is established, and assures a cooperative understanding of and fulfillment of primary and secondary services offered to the child by the family services case worker and the adoptions case worker. The Adoption Program Manager is also available to address through appropriate channels any circumstances unique to a particular case which may exist or arise and which create any current or prospective risk of disruption, delay, or other concern regarding the child’s safety and well-being. This may include, but not be limited to, providing for review of the matter before the Adoption Review Committee, over which the Adoptions Program Manager serves as Chair.

PSF supports adoptive families with information and referral services linking families in need of support and/or services with PSF’s full array of service providers.  Post-adoption support is obtained by PSF families by way of a specialized point of contact at PSF, our full-time Post-Adoption Support Specialist. Through our full-time devoted post-adoption support function, PSF  serves as a continuous link for the adopted child and post-adoptive family to additional services if and as needed including but not limited to assistance with securing necessary mental health, behavioral, therapeutic, and medical services post-adoption. PSF’s Post-Adoption Support Specialist is available to families to provide support firsthand, including but not limited to facilitating Family Team Conferences or visiting a family home when a family is in need.  The PSF Post-Adoption Support Specialist also is available to refer post-adoptive families to any of PSF’s providers of specialized therapeutic services, including counselors and therapists who have received specialized training to become “adoption-competent.”  One of PSF’s adoption-competent providers currently offers an Adoption Success Program tailored to the needs of PSF’s adoptive children and families.  These and other services are available both prior to and after an adoption to help prepare the child and family for the significant transition that an adoption entails, to provide the child and family with tools to adjust to this transition, and to provide the child and family with ongoing support to accommodate the dynamic needs of the adopted child and adoptive family after the adoption.  PSF staff also complete annual renewals for Adoption Assistance Medicaid for children adopted in Florida and adoptive families that have moved to Florida with an adopted child who is receiving adoption assistance from another state.

PSF is actively engaged in the development and implementation of local and state plans for promotion of adoption and child abuse prevention, as outlined in ss. 39.001(8) and (9), F.S.

Adoption activities are documented in FSFN by PSF and/or PSF-contracted staff. Post-adoption activities will be documented in FSFN by PSF and/or PSF-contracted staff at which time the functionality becomes available.

## III.D Community Service Array

One of the assets of the community’s System of Care is its array of social services available to families. Whether it is prevention and early intervention, or specialized clinical services, there are community service providers available to meet the need. The array of available services is documented in PSF’s P-Kids data system, and is available to members of the community via PSF’s web site. The P-kids data system details the types of services available in each community.

Many of the system’s key community service providers contribute their collective expertise to system improvement through bi-monthly Provider Meetings organized by PSF. Here, representatives from these community social service organizations come together to discuss overall system functioning, and identify ways to better meet the needs of the children and families served.

PSF holds a Memorandum of Understanding with Meridian Behavioral Health and other substance abuse and mental health providers, outlining mutual agreements as to how the organizations will work collaboratively to best meet the needs of the population served.

Intervention services for victims of domestic violence are available primarily through Peaceful Paths, Another Way, Refuge House, Hubbard House and Vivid Visions. Services include children’s groups, teen groups, support groups, parenting classes, shelter facilities and transitional housing programs. PSF works closely with area domestic violence providers to develop a continuum of services that will best meet the needs of the service population.

The PSF service array includes a broad spectrum of services within the areas of mental health including psychiatric services, substance abuse, domestic violence, parenting, specific behavioral concerns and preventative care.

## III.E Cultural Competence

The accreditation, process, as well as specific policies and procedures require PSF and its network of providers work successfully with diverse populations, be committed to cultural competence, and employ multi-cultural, multi-lingual staff reflective of the populations served. PSF has policies in place throughout the network that require CMA’s and other contracted vendors to offer and deliver services and treatment to all eligible children and families maintaining cultural sensitivity, without discrimination, or presenting any barriers to receiving culturally appropriate services. In addition, all policies, procedures and practices of PSF and its CMA’s recognize, respect, and respond to the unique culturally-defined needs of various client populations.

Circuits 3 and 8 span thirteen counties with an estimated 112,000 children ages 0 – 17. PSF recognizes that these counties are growing and becoming more diverse, though the primary minority ethnic groups being served are African American and Hispanic.

PSF further recognizes that ethnic diversity is not the only area that needs to be addressed within Circuits 3 and 8. As differences between the urban areas and the rural communities continue to grow, PSF remains committed to ensuring that staff members are appropriately trained in sensitivity issues related to geographical and economic diversity. Staff members must also be trained to respond to the needs of the physically challenged, such as the hearing impaired and the blind.

PSF’s Human Resources and Staff Development Department continually monitors the demographics of the population we serve to ensure that there is a corresponding mix of PSF and CMA staff. PSF’s internal and contract monitoring examine all intake and service delivery processes to ensure that there are no inadvertent barriers preventing access to services for any group in PSF’s defined service population, and that appropriate and immediate action is taken to remove any barriers identified.

PSF has also developed a Continuous Quality Improvement (CQI) plan that uses client satisfaction surveys developed from nationally-recognized “best practice” models, in order to measure the family’s satisfaction with the choice of service provider and the quality of service rendered. These satisfaction surveys allow PSF to evaluate data from a racial and cultural perspective, to ensure continuing improvement of the services available for children and families. In addition, PSF uses its utilization review and CQI processes to continually re-evaluate its system of care, service array, family services planning and service decisions for cultural competence.

# Section IV- Lead Agency Supports

The preceding section outlined the key direct service components of the System of Care. Of equal importance are the operational and administrative functional areas that support that system. These supports, managed by PSF as the Lead Agency for the System of Care, are described in this section.

## IV.A Utilization Management

The beginning of the 2007-2008 fiscal year marked the beginning of a new initiative to increase the variety of available services, create resource allocation flexibility, and further the development of individualized family plans. This was integrated with the move to Family Team Conferencing as the central process to incorporate individualized, strength-based, family centered practice into the System of Care. The result was the establishment of a Utilization Management program for PSF.

The move to a managed utilization of resources began with the initiation of fee for services approach. Rather than purchasing programs, PSF began purchasing units of service that could be individualized in frequency, intensity, and duration to meet client needs. This increased the ability of PSF to serve a greater number of clients for the funding allocated. The service array was expanded with new providers and additional services to include parenting classes, a variety of specialized assessments and in-home and out-of-home services. . PSF provides professional, paraprofessional and therapeutic services as part of the in-home service array. The clients served by the in-home services was also expanded to include parents who do not currently have custody of their children increasing the ability to foster reunification or another permanency goal in an expedient manner.

### Family Service Facilitators

PSF has implemented a Clinical and Community Services Department which includes 11 Family Service Facilitators (FSF). The FSF’s increase coordination of services for children and families served by monitoring the initiation, progress, and provision of services to clients and facilitate Family Team Conferences. FSF’s obtain regular updates on active referrals and share information with the CPI and case management staff. They also attend many of the regular meetings at services sites in which cases are discussed, including case progression staffings and permanency staffings. By attending these meetings, the FSF’s are able to further assist in coordination of services for clients through identification of the most appropriate and cost effective services able to meet the clients’ needs.

The FSF referral process is as follows:

1. The CPI, FCC, provider or family contacts an FSF at any of PSF’s service sites or co-located sites.
2. The referral source identifies the presenting problem based on family and individual level objectives.
3. The FSF, jointly with the requesting party, determines the most appropriate service provider based on presenting problem, provider match, accessibility, and available capacity.
4. The FSF authorizes service units to be delivered by the provider.
5. The FSF reports the status of referrals to the referral source.
6. The provider delivers the authorized service and provides timely service reports to the FSF and to the referral source.

All referrals are made to the appropriate service provider within 48 hours with continued monitoring to facilitate rapid initiation of targeted services..

By accessing services through the FSF, children and families receive services in the most timely and efficient fashion possible, which serves to help prevent repeat maltreatment, out of home care placement disruption, and keep families stable to avoid re-entry into foster care.

Service authorization and utilization data is entered into PSF’s “P-kids” data system. This data is analyzed to identify gaps in capacity and to shift resources accordingly.

## IV. B Foster Home Recruitment, Licensing, and Retention

Foster home recruitment, retention, and licensing activities are conducted by PSF’s Foster Home Recruitment, Retention and Licensing Department. The focus of this program is to recruit and train effective, invested foster parents, monitor the suitability of existing homes through the licensing and re-licensing process, and retain the quality homes that care for the children in their home.

### Recruitment

PSF completes an annual recruitment plan to attract and inform potential new foster parents. Mass media strategies are used, such as radio and television broadcasts, and web site features that provide information about becoming a foster parent. Additionally, prominent recruitment messages are displayed on attractive signage at PSF’s offices and in the community. In addition to these traditional methods, targeted recruitment activities take place based on analysis of capacity and needs.

The following strategies are implemented to help recruit and retain foster and permanency planning families:

* PSF has a 1-800 phone number for all foster and permanency planning parent inquiries and information.
* PSF provides a reward and recognition to foster/permanency planning parents whose recommended recruit completes the program and becomes a licensed foster or permanency planning parent.
* Partner with local television stations, newspapers, and magazines to obtain assistance with advertising for recruitment of foster and permanency planning parents.
* Participate in community events to recruit foster and permanency planning families.
* Work with local community groups to recruit and support quality foster/permanency planning families.
* Target specific audiences for recruitment including: medical professionals, school and child care personnel, parent/teacher associations, faith organizations/faith community, minority social organizations, civic groups, governmentagency and provider organization staff, and foster parent associations
* Distribute recruitment posters and brochures at high visibility areas, such as doctor’s offices and library’s,
* Involve staff members in recruitment efforts by leaving recruitment materials, contact numbers at all service sites.
* Maintain a link on the PSF Web-site for individuals interested in becoming a foster or permanency planning family.
* Offer MAPP classes on a continual basis throughout the Circuits at least every 60 days.

The Model Approach to Positive Parenting (MAPP) class is offered in three of PSF’s five locations central to the areas of most need. MAPP is held at least once a month in one of our areas. The thirty hour class is taught in the evening, weekend and morning. The weekend class helps prospective parents go to the class in half the time by teaching two classes per day. If a class is missed by a participant, they are invited to make it up at any of the ongoing classes going on in our Circuits. For extenuating circumstances, a one on one class is taught by a licensing counselor during a time that works best for the prospective parent. PSF coordinates with other CBC’s and with their contracted adoption services provider to provide several MAPP class options for foster and adoptive parents.

### Retention

The support and satisfaction that foster parents receive not only helps to maintain capacity by retaining good foster homes, but it also improves the effectiveness of the foster parents, who can focus on meeting the needs of the children in their care. Some of PSF’s methods of supporting foster parents are listed below:

* Foster Parent Associations- PSF is working closely with the associations to develop a peer mentoring program. PSF believes that current foster parents are the best recruiters and mentors of other foster parents. Foster parents can also inform other foster parents about community resources available to foster families.
* Trainings- PSF conducts foster parent trainings presented by various community partners. PSF community partners provide valuable information to foster families on various topics. PSF believes that the more education and training provided to all foster parents leads to higher quality homes for children.
* Community Forums- PSF works with partner agencies to facilitate community forums to help inform foster parents about the services available to them.
* Community Relationships-PSF is continually establishing community relationships to garner financial and in-kind support for foster families. PSF utilizes community financial contributions at PSF’s Foster Parent Appreciation Banquets and National Family Week Family Fun Day. PSF has developed a resource closet that enables PSF to redistribute in-kind donations provided by the community.

#### Foster Care Placement Stability

Ideally, the primary source of case-related communication to the foster parents is the FCC. However, in addition to the prevention and crisis intervention services that have already been mentioned as supports to keep placements stable, as a back-up measure, PSF’s Licensing Specialist and Recruitment and Retentions Specialist are prepared to assist foster parents when communication with other staff breaks down. This ensures that communication channels with the foster parents are open at all times and helps retain quality foster parents and increase placement stability.

As an additional measure to foster placement stability, PSF employs a Foster Home Analyst to provide targeted training and support to foster parents that are under stress. The Analyst is able to provide training, guidance, and in some cases intervention when foster home placements are unstable. The Analyst’s responsibilities include:

* Develop and monitor corrective action and safety plans for Foster Homes in accordance with PSF Quality Operations policies and procedures.
* Manage quality assurance process and provide crisis intervention to foster care parents where licensing concerns are present.
* Provide support and guidance to foster homes.
* Compose comprehensive monthly reports, home studies and other related work.
* Assist with recruitment activities based on the targeted needs of the PSF.
* May assist in the licensing and re-licensing of foster care homes in accordance with PSF and DCF regulations and requirements.
* Conduct Orientation and MAPP Training for potential foster parents, as needed.

### Foster Home Licensing

The Licensing Packet for each prospective foster parent is reviewed no more than two business days after the MAPP class ends.

#### Licensing Process

1. PSF will conduct licensing studies of all newly recruited homes. PSF’s licensing unit will conduct licensing studies of relative and non-relative caregivers with children under PSF/DCF supervision in their home and foster parents previously licensed who are requesting to reopen their homes.
2. The PSF licensing counselor will conduct a thorough licensing study to determine the applicants’ ability to comply with the licensing standards set forth in statute. Face-to-face interviews will be conducted with each member of the applicants’ household.
3. Prior to recommending a license be granted, the following must be completed by the PSF licensing counselor:
4. If prior history as foster parent, elicit and obtain feedback from caseworkers regarding issues in the home;
5. Conduct Hotline and law enforcement checks on all persons over the age of 12 who reside in the home; FDLE checks must be completed at least once every five years; fingerprinting must occur prior to initial licensure for all persons in the home age 18 and over
6. Arrange for and ensure the local health department inspection and approval of the home;
7. Have the substitute care parents sign the Partnership Agreement;
8. Collect verified proof of income from the foster parents at initial licensing and relicensing;
9. Meet with the foster parent to review the Summary and formulate a recommendation for licensure.
10. Foster parents shall complete pre-service training (MAPP) consistent with Florida Statutes and Administrative Codes.
11. Signed and notarized Affidavit of Good Moral Character for all applicants.
12. PSF contracts with Community Partnership for Children who conducts a second party review of all licensing packets in accordance with the Attestation Model. DCF will issue the license upon approval.

#### Re-Licensing Procedures

* 1. The PSF licensing counselor will conduct a thorough re-licensing study to determine the applicants’ ability to comply with the licensing standards set forth in statute. Face-to-face interviews will be conducted with each member of the applicants’ household.
	2. Prior to recommending the re-licensure of a foster home be granted, the following must be completed by the PSF licensing counselor:
1. Ensure the foster or emergency shelter parent completes Section B of the Relicensing Summary form CF-FSP 5027.
2. Review and assess all exit interviews of children who left the home during the past year.
3. Send PSF Case Manger Review of Foster Parent(s) Performance to all Family Care Counselors who have had children in the home and request that the form be returned to the PSF Licensing.
4. Secure Child Abuse Hotline and local law enforcement clearances, including a check for current orders of protection, for all persons over the age of 17 who reside in the home. Frequent visitors who have substantial and continuous contact with the home and children in the home may also need to be screened. Ensure that a FDLE check on the foster parent(s) and all household members over the age of 12 is completed at least once every five years. Ensure that all persons in the home age 18 and over have completed a one-time fingerprint screening.
5. Ensure the foster or emergency shelter parent signs and submits an Application for a License, form CF-FSP 5007.
6. Meet with the foster or shelter family to review the Relicensing Summary and formulate recommendation for re-licensure.
7. Ensure the substitute care parents have completed eight hours of in-service training annually.
8. Secure the local health department inspection and approval of the home.
9. Obtain the substitute care parents signature of the Partnership Agreement.
10. Obtain proof of income from the foster or emergency shelter parents.
	1. PSF contracts with Community Partnership for Children who conducts a second party review of all re-licensing packets in accordance with the Attestation Model. DCF will issue the license upon approval.

PSF works closely with DCF licensing staff to create improved systems for foster home licensing. PSF uses a tracking spreadsheet to monitor compliance with licensing procedures.

## IV.C Provider Network Development

Partnership for Strong Families (PSF) has developed and maintained a comprehensive network of competent individual and agency providers of direct care that meets the needs of children and adolescents and their families, with a focus on continuity of care, stabilization, permanency, growth, and maintaining children in their community. The PSF network includes both traditional and non-traditional direct care providers. The support and management of this network of providers is the responsibility of the PSF’s Department of Clinical and Community Services.

All applicants for each type of network status are subject to the same application, selection, and credentialing procedures. PSF invites community providers who have expressed an interest in gaining formal or informal network status to complete a Request for Administrative Qualifications (RFQ). PSF actively recruits non-traditional child welfare providers and community organizations to participate as formal or informal providers whenever practicable. PSF selects providers based upon Expertise, Quality, Accessibility, Cultural competence, Community base, and Fee Structure.

PSF also seeks proposals from qualified service providers to deliver tailored and flexible services to meet the needs of each unique child and family. These Flexible Support services are used to ensure dependent and non-dependent children receive the recommended care and treatment while in a prevention (or diversion) track, in home relative or non relative care, protective supervision, in-home supervision or out of home care. Flexible supports are services delivered on a customized basis and are increased or decreased depending upon the needs of the family. The duration, frequency, location, days and times of service delivery are consistent with the needs and culture of the family.

PSF has an established protocol for selecting agencies and individuals to provide goods and services related to Community Based Care, either directly to clients or to PSF. In making such selections, PSF and its personnel are strictly motivated by the best interests of the network and the clients to be served, while promoting free and open competition to the greatest extent possible.

Provider monitoring is a cooperative effort involving PSF’s Quality and Risk Management Department and Contract Management unit, as well as the provider agencies themselves. PSF’s Quality Operations Department conducts and documents programmatic monitoring of network providers, while PSF’s Contract Management unit conducts and documents administrative monitoring. This creates a provider network whose service quality and contract compliance levels are not only monitored, but continually stimulated to improve.

On a quarterly basis, PSF’s Information and Data Management Department generates provider profile reports detailing performance in key areas. These profiles are based on data tracked by P-NET (PSF’s web-based management tools and applications designed by PSF to collect and display agency and unit level information), and will include those outcomes that providers have agreed to achieve in their contracts with PSF. These profiles will be provided to PSF’s Quality and Risk Management Department, who will interpret the data and notify PSF’s Contract Management unit of their interpretation of the provider’s level of performance.

If provider profiles or on-site reviews indicate significant deficiencies in contract performance, a Corrective Action Plan process (described below) will be implemented. Performance monitoring of independent contractors will be based on review of tasks and deliverables specified in the contract, and acceptance of reports and other work products.

PSF also utilizes Comprehensive On-site Reviews to observe first-hand the quality of services being delivered by network providers. At least annually, providers will be reviewed by Quality and Risk Management Department (QRM) and/or Contract Management unit staff in applicable areas, which may include but are not limited to the following:

a) Policies and procedures

b) Safety and security levels

c) Review of case files

d) Claims reconciliation

e) Quality indicators

f) Programmatic goals and outcomes

g) Accreditation documents

h) Critical incident reports

Contracted providers that are found to be deficient in meeting contract outcomes may be placed on a Corrective Action Plan (CAP). The CAP out lines expected performance improvement standards, and timeframes within which the standards must be met. Non-compliance with CAP requirements may result in contract termination.

## IV.D Risk Management

Partnership for Strong Families embraces a collaborative, strategic approach to risk management, which includes identifying and addressing threats and opportunities the organization faces at every level. PSF seeks to operate in a manner that is protective of the health, safety and security of its clients, staff and affiliates while carrying out the organization’s mission and safeguarding assets required for mission-critical programs and activities.

Partnership for Strong Families seeks to involve personnel at all levels of the organization in mitigating risk the agency faces. PSF staff will be led by the board of directors and executive leadership team to ensure every staff member understands their roles and responsibilities in protecting the mission and assets of the organization to ensure clients receive the highest level of services possible. The primary goal of the risk management plan is to protect the organization and its ability to accomplish its mission, promote its vision and adhere to its values.

PSF is committed to protecting itself against activities or situations that jeopardize the organization’s ability to complete its mission. The organization has developed extensive policies and procedures to aid in the fulfillment of its mission. The risk management plan is designed not to supersede the policies and procedures, but to be an added layer of protection and to delineate activities and safeguards necessary to reduce risk to tolerable levels. This plan is created with input from the risk management committee and is to be approved by the board of directors. This plan is to be revised and updated annually or more often as needed. (See Risk Management Plan)

## IV.E Technology and Information Services

PSF information systems play a vital role in communicating with staff and providers to ensure that decisions are made with enough high-quality data to support them.

Providers have online access to the caseload management systems for all the clients served by their agency. Selected critical information is downloaded nightly from the systems of record and is available in user-friendly, web-based formats. Providers assist PSF-IT staff in improving this process to ensure sufficient data is available to enable effective and timely decision making.

Family Care Counselors have the ability to view and modify their client records in order to effectively communicate case progress to the family, the court and the other stakeholders.

The security of electronic client information and agency data is paramount. At all of its locations, PSF is connected to the public Internet via a MyFloridaNet or RTS circuit procured from the State of Florida Division of Communications. All PSF servers are behind the State’s firewall enabling the agency to store all confidential electronic client data on servers that are not directly exposed to the public internet. PSF will continue to utilize this extra layer of security as long as it is available. PSF uses a sophisticated analog switch based portal appliance (Microsoft’s Intelligent Application Gateway) to traverse this firewall when needed. Portal users must be authenticated and their client computers must pass stringent security tests before access is granted. These tests prevent users from accessing confidential data from publicly available workstations. Each portal session times out if no keyboard or mouse activity is detected and each session is time limited, logging the user off automatically.

All PSF servers, routers and workstations are protected by unique user IDs and passwords. Strong password creation and reset policies are enforced and users must change their passwords at the same interval prescribed by current DCF policy. Each workstation is also password-protected and locked if no keyboard or mouse activity is detected after a set time interval.

Electronic documents containing confidential information are maintained on secure password-protected servers and network storage devices. These devices reside in locked rooms in environmentally-controlled secure facilities. They are backed-up nightly to attached external drives as well as weekly to off-site network locations to ensure redundancy. This process ensures a highly reliable, quickly recoverable and secure data environment.

Data stored on PSF devices includes anything captured by PSF desktop computers, laptops and other input devices like digital cameras and scanners.

Use of external electronic storage devices, accessing personal email accounts and accessing inappropriate websites is prohibited to further ensure system security. All PSF email, including all attachments and deleted messages, is archived. This ensures it could be made available quickly if needed for an investigation or to satisfy a court order.

Additionally, PSF has developed a sophisticated Disaster Preparedness Plan to cope with recovering from natural and man-made disasters. The focus of this plan is to rebuild the agency’s communications and data infrastructures as quickly as possible.

IT staff conduct quality assurance security audits each time they visit a site to ensure user authentication and confidential data are being handled according to policy. Any perceived threats to data security are communicated to all users as they are encountered. These notices include information on newly discovered viruses, social engineering and malware threats. All users are periodically reminded of their responsibilities in ensuring that confidential data is protected, especially as it relates to using strong passwords and keeping protected data stored securely.

PSF utilizes mobile technology to minimize onerous data entry, paperwork and travel time and maximize the time counselors spend working with families

Case management staff use laptops and handheld devices to take geocoded client pictures and complete home visit reports that are then transmitted to the State’s system of record

## IV.F Finance and Administration

PSF’s Finance and Administration Department is responsible for the financial accounting and reporting for the entire agency. This includes such financial functions as general ledger, payroll, employee benefits, accounts receivable, accounts payable, fixed assets, budgets, agency insurance protection, cash management and debt management. The Finance Department is required under state and federal guidelines to contract independent auditors to perform an annual audit.

The annual budget is used as a planning document that provides the ability to manage financing requirements and resources. The budget provides the basis for performance evaluations and to render the ability to take corrective action in the event of large variances between actual and budgeted amounts.

PSF begins its budget process before the beginning of the new fiscal year. The Finance Department is responsible for the coordination and completion of the budget process. Budgets are prepared to meet the overall mission of PSF, and strategic priorities are considered.

The budget is reviewed and approved by the CEO and the Director of Finance and Administration. It is then submitted to the Finance Committee for further review and approval. The Finance Committee recommends and presents the balanced budget to the full Board of Directors for final approval.

Once the budget is approved, it is entered in the financial system and monitored on a monthly basis. Budget versus actual revenue and expenses are reported monthly to the respective department managers and directors, with a consolidated report and presentation to the Finance Committee and the Board of Directors.

The Finance and Administration Department is also responsible for eligibility determination. State child welfare services rely heavily on federal funding. In order to preserve this valuable source of funding, PSF must comply with legal requirements set forth by the federal government as identified in the IV-E Waiver.

PSF’s Eligibility Determination staff monitor the eligibility of each child in out of home placement from removal until permanency is achieved by reviewing data input into FSFN . Eligibility Determination staff monitors placement changes using the Placement Change Report to ensure that pertinent documents are received from FCCs. They also maintain Medicaid eligibility for foster care and adoption cases.

The Finance and Administration Department also manages office logistics such as leases, office supplies, and transportation.

## IV.G Community & Resource Development

PSF’s Community Development Department works within the community to raise public awareness about PSF’s mission through media promotions, special events, civic engagement and community presence including service groups, local events and community councils. The Community Development Department also works to generate resources to support the system. Resources generated include in-kind donations, cash contributions, and volunteering.

Community development also includes outreach activities that build collaborative relationships within the community to improve the resources that support the system of care. PSF has established partnerships with the Alliance for Children and Families, Gainesville Regional Utilities, Household National Bank, Altrusa International of Gainesville, The Gator Exchange Club, VA Hospital, American Cancer Society, CH2M Hill, Wal-Mart, Sun Country, O2B Kids, Gator Cinemas, Skate Station, Alachua County School Board, Unity of Gainesville Church, Guardian Ad Litem, Trinity United Methodist Church, Catholic Charities Bureau, and the University of Florida.

## IV.H Training and Staff Development

For any service delivery system to be successful, the people who manage the system and the people who deliver the services are pivotal in creating a seamless environment for the clients. The recruitment and retention process must be carefully orchestrated to insure a consistency in care and a hiring process that operationally meets the needs of the Department and PSF. Training has been identified as directly corresponding to retention of staff and quality of services to clients. It can also prevent or reduce “compassion fatigue” because it contributes to staff confidence and competence.

PSF is committed to training and preparing its staff and allocates resources to this effort. PSF has developed a comprehensive training program for staff which includes pre-service and in-service trainings in the form of workshops, on-line learning, and expert presentations that emphasize a transfer of learning from the classroom to the field.

Development of this resource is on–going and staff input is solicited to determine needs. This program was specifically developed to ensure the staff are provided opportunities to develop professionalism with the knowledge, skills, and abilities for case planning, exacting permanency, and meeting performance measures.

Highlights of the PSF trainings are listed below:

* PSF’s Vice President of Human Resources and Staff Development identifies training needs, and plans for and coordinates trainings to meet these needs. There are currently three full time and one part-time Staff Development Specialists that deliver trainings to PSF and sub-contracted staff.
* The PSF Staff Development team provides Pre-service Training and works with FCC staff in the field to certify them as Child Protection Professionals. During a Pre-service training cycle, the FCC trainees receive the mandated state required curricula in addition to 24 guest speakers from various facets of the child welfare system to assist the trainee in a better understanding of the system as a whole, but more specifically to service and providers available to the children and families.
* PSF maintains an online training calendar that all staff can access and register for offered trainings. All PSF staff, providers and contractors can attend any training. Some performance standards training are also offered through monthly mandatory trainings.
* PSF develops Family Team Conference training curriculum and provides various FTC trainings to all staff.
* PSF provides Supervising for Excellence course to new supervisors. This extensive preparatory training covers many aspects of supervision and leadership for child protection and an understanding of performance standards.
* Each year, PSF provides training on Chapter 39 changes for all staff.
* PSF provides MAPP for adoptive and foster parent resources.

PSF uses an on-line training and tracking system to manage all training documentation and produce the aforementioned training calendar and registration system.

# Section V- Commitment to Quality

## V.A Quality Management Program

Partnership for Strong Families’ system of quality control, quality assurance and continuous quality improvement is designed to ensure services are provided to children and families consistent with the contract and service delivery model, and in compliance with state and federal law, administrative rule, and Department of Children and Families operating procedures.

Additionally, PSF employs the concepts of Total Quality Management (TQM) in evaluating and improving the system in a shared decision-making model. In the TQM model, crises and reactive thinking is replaced by ongoing, data-driven evaluation and planning at the case and system levels.

 (PSF Policy Number 800)

The responsibility for PSF’s quality assurance and improvement efforts resides with the Senior Vice President of Finance and Administration. The Senior Vice President of Finance and Administration supervises staff dedicated to quality operations, assurance and improvement activities as well as contract management and facility management staff. The staff responsible for quality management include the Director of Program Quality and Accreditation and two (2) Quality Assurance Monitors. The efforts of these staff are supported by the PSF Executive Management Team and the PSF Board of Directors.

Overall, the PSF Quality Assurance and Quality Improvement process involves staff across all levels throughout the PSF and subcontracted provider network. Staff continuously gather and analyze data and make improvements to services and processes when compliance is not met or when safety/security issues arise. Data related to compliance issues and improvements are posted on the PSF internet and performance measure data is addressed during the PSF/Case Management Agency joint meeting. Additionally, PSF promotes the philosophy that everyone is a member of the Quality Assurance and Quality Improvement team, including stakeholders, families, children, caregivers, foster parents, and PSF and subcontract provider staff at all levels. PSF works collaboratively with community stakeholders (including DCF, the Circuit 3 and 8 Community Alliance (when the Alliance is functioning and holds meetings), providers, and child and family representatives to define the indicators of success; review and to enhance the quality management data collection and reporting system/process; and to periodically review performance and institute changes at the system and case levels, ensuring continual improvement.

PSF has a centralized data collection system used to support the quality management system. Data is analyzed at least quarterly by PSF to support organization-wide planning and to correct problem areas.

PSF tracks client outcome data consistent with the federal ASFA domains, and CFSR and other state mandates, including the specific performance measures outlined in the contract with DCF. This data is reported to DCF Circuit Administration, PSF Executive Leadership Team, PSF Board of Directors, the Circuit 3 and 8 Community Alliance (when requested by the Alliance), and Case Management Agency Directors/Quality Assurance and Family Care Supervisors. PSF also examines satisfaction data based on surveys from children and families, providers, foster parents, relative and non-relative caregivers, the courts, DCF and other community stakeholders to identify and remedy areas of weakness or concern. In addition, PSF identifies and assesses overall system performance through data analysis relative to access and quality, efficiency and effectiveness of services. (PSF Policy 805)

PSF’s quality improvement process includes the full participation of contracted providers, and assesses performance of both PSF itself and its subcontracted agencies. The PSF internal quality improvement process includes, but is not limited to:

* A plan for quality improvement which is clear, concise, accurate and provides direction for end users and management;
* Continuous oversight and evaluation of safety and permanency decision-making by subcontracted providers;
* Evaluation of subcontractor compliance with contract requirements;
* Evaluation of subcontract compliance with statute, rule, regulation, and policy;
* Evaluation of PSF internal processes for compliance with Department contract requirements;
* Evaluation of PSF internal processes for compliance with statue, rule, regulation, and policy; and,
* Evaluation of client and stakeholder satisfaction. (PSF Policy 801)

PSF engages all consumers in an ongoing evaluation of the project and services, and encourages input and shared-decision making in a community-based model to provide direction for improvement processes.

All of the following reports and systems are in place to ensure that PSF strives to meet contract performance measures.

### Quality Assurance Plan

* Annually the Administration and Quality Management staff for Partnership for Strong Families completes a Quality Management Plan outlining plans for conducting ongoing quality assessment and improvement activities.
* The annual plan, at a minimum, must follow the guidelines and cover the areas outlined in the template provided by the Department of Children and Families Family Safety Program Office in Tallahassee.
* The annual Quality Assurance plan is submitted to the Regional DCF Quality Assurance Manager, the DCF Contract Manager, and the Family Safety Program Office. Additionally the annual Quality Assurance Plan is also shared with PSF Executive Leadership Team and the subcontracted case management agency program directors and quality assurance staff.

### Contract Performance Measures

Performance Measures are a part of the Partnership for Strong Families’ contract with the Department of Children and Families. Targets are set via contract negotiations and are equal to or more stringent than the targets set by the Family Safety Program Office of the Department of Children and Families.

Examples of contracted performance measures, targets, and data sources for compliance analysis are listed below **(this data is subject to change given contract changes and requirements)**:

* The percentage of children served in out-of-home care who are not maltreated by their out-of-home caregiver. (quarterly)
* The percentage of children reunified who were reunified within 12 months of the lasted removal. (monthly)
* The percentage of children reunified who re-entered out-of-home care within 12 months. (quarterly)
* The percentage of children who were adopted who were adopted within 24 months of the latest removal. (quarterly)
* The percentage of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30. (annually)
* The percentage of children in out-of-home care for at least eight days, but less than 12 months, who had two or fewer placement settings. (quarterly)
* The number of children with finalized adoptions between July 1, 2009 and June 30, 2010.(annually)
* The percent of children under supervision who are required to be seen every 30 days, who are seen every 30 days. (monthly)
* No more than XXX children will be in out-of-home care status. (annually)

### QRM Reports

* In addition to contracted performance measures the Partnership for Strong Families chooses to focus on several other areas deemed critical to the safety, permanency and well-being of the children and families we serve. The elements and minimum frequency of review are as follows **(elements are subject to change)**:
* Supervisory Reviews - (quarterly)
* Complaints – (monthly)
* Exit Interviews – (monthly)
* Incident Reports – (monthly)
* Initial Family Team Conferences – (monthly)
* Foster Home Licensing Report – (monthly)
* PSF Administration and Quality Management staff collect, analyze and report monthly aggregate management reports.
* Data is reported monthly, quarterly, and annually to DCF as required by contract.
* Monthly aggregate reports are shared with the providers and, as requested, with the Alliance.

### Quality Services Reviews (Case Reviews):

PSF participates in the Department statewide quality management process via case management agency monitoring (Case Reviews). The reviews are designed to evaluate the quality of case management practices and processes utilized in service delivery. The goal is to ensure completion of case practice activities, adherence to best practice standards, and the delivery of quality services for families. PSF utilizes The statewide automated case file review system and tool. This tool addresses all core elements identified by the DCF as the required elements of quality case practice.

The In Depth Service Reviews for A Child and Family Documentation states that the process and protocol are used for appraising:

* Current status of a child possibly having special needs in key life areas
* Status of the parent/caregiver
* Performance of key system practices

The documentation further states: “the protocol examines recent results for children receiving services and their caregivers as well as the contribution made by local service providers and the system of care in producing those results.”

Reviews will be completed in accordance with the requirements as outlined in the annual Quality Assurance Plan **(See current fiscal year Quality Assurance Plan).**

### Independent Annual or Multi-Year Evaluation of Child Welfare Practice and Outcomes:

The Partnership for Strong Families will either contract with a private sector third party reviewer or will partner with one or more other Community Based Care Lead Agencies to complete the independent annual/multi-year evaluation of child welfare practice and outcomes audit. PSF will ensure this audit includes QSR data. This report will be presented to the PSF Board of Directors and other identified local community structured forums to develop a System Improvement Plan. The System Improvement Plan will: establish program priorities, define specific action steps to achieve improvement, and establish goals for improvement. The final System Improvement Plan must be approved by the PSF Board of Directors.

#### Utilization of Data and Meetings to Identify Need and Effect Change:

PSF utilizes the data collected regarding the performance measures, QRM reports, the Quality Service Reviews and the Independent Annual or Multi-Year Evaluation of Child Welfare Practice and Outcomes to identify areas of best practice and areas in need of improvement. PSF works with the subcontracted Case Management Agencies to identify and address areas in need of improvement. This partnered approach is designed to look at issues related to quality and performance at the case level. By looking at issues at the case level progress can be made for individual children and families and over time for the system as a whole. Identifying issues at the case level has led to pinpointing problems. From this case specific information trends can be identified and action steps put into place to address both case specific and systemic issues.

On a monthly basis PSF meets with the subcontracted case management agencies, specifically with their Program Directors, Quality Assurance staff and Supervisors. During this meeting we review data, their compliance as it relates to the performance measures and other performance indicators and provide training, guidance and technical assistance when needed. This meeting has been a vehicle through which PSF can share new initiatives, services and updates to policy and procedure. It has also been a vehicle through which staff can share challenges, initiatives, and best practices.

PSF completes a quarterly report on PSF’s compliance with each of the contracted performance measures. This report identifies if PSF is in compliance with each of the measures and, when necessary, addresses specific action plans to address areas in need of improvement. Action plans are based on shared data review initiatives and on analysis and work done with the case management agencies as described in the paragraph above. This report is provided to DCF and the PSF Board of Directors.

In addition, PSF on a monthly basis completes a Quality and Risk Management Report (QRM) report that is shared with the subcontracted case management agencies and is published on the PSF intranet website. This report addresses **(items subject to change)**:

1. Exit Interviews (monthly)
2. Complaints (monthly)
3. Foster Home Licensing Statistics (monthly)
4. Supervisory Reviews (quarterly)
5. Incident Reports (monthly)
6. Initial Family Team Conferences Completed (monthly)

PSF will continue to complete quarterly performance measure compliance reports, and present these reports to DCF Circuit Administration, and the PSF Board of Directors. These reports combine data obtained from the DCF dashboard, DCF web portal, and FSFN. The report outlines compliance for contracted performance measures. In addition, the report includes, when necessary, action plans for improvements when performance is found to be below contracted standards. These action plans include the information previously described above, specifically the collaborative data reviews and analysis by the sub-contracted Case Management Agencies and by PSF in coordination and in conjunction with one another. These collaborative efforts have led to shared decision-making, identification of case level and systemic challenges and the implementation of and follow-up on action plans aimed at improving the quality of services offered to the children and families we serve.

PSF will continue to utilize these approaches throughout this new fiscal year, building on what we have learned and enhancing action plans previously implemented. PSF will incorporate the Independent Annual or Multi-Year Evaluation of Child Welfare Practice and Outcomes into this year’s improvement planning. PSF will continue to work side-by-side with the Case Management Agencies to improve the quality of services provided both internally to one another and to the families we serve. PSF will, when appropriate, continue to use the case level data review approach along with the trend analysis approach. In doing so, PSF will continue to review the data and participate in the collaborative monthly meetings with the Case Management Agencies. The Case Management Agencies will continue discuss performance, initiatives, lessons learned and best practices.

Additionally, PSF will continue with the established Quality Improvement Teams designed to create learning experiences and drive system improvement. The teams responsible for reviewing performance and risk data include the Executive Leadership Team, Quality Operations Team, Incident Report Review Committee, PSF Case Management Agency Supervisors Meeting, and PSF Board of Directors Quality Management Subcommittee. They evaluate data and direct decision-making to implement changes to processes at both the service and case levels. Appropriate lessons and process changes are translated into new or enhanced policies and procedures, and shared with network agencies, stakeholders, or other interested parties as indicators of solution-focused thinking and processing.

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

PSF is an agency focused on making changes and doing what is in the best interest of the children and families we serve. PSF’s quality control, quality assurance and continuous quality improvement system allows PSF to recognize and react to emerging trends at various levels within the agency and within the system of care. PSF has worked and will continue to work closely with DCF Circuit Administration and its sub-contracted Case Management Agencies to review performance and ensure safety, permanency and well-being of children is prioritized. As trends are identified action plans are put in place both internally (CBC Lead Agency level) and/or at the Case Management Agency level. As stated previously in this plan, PSF and the Case Management Agencies review performance at the case level (both performance reviews and Quality Service Reviews). By looking at issues at the case level, problem areas can be identified and progress can be made for individual children and families served, which will improve the system as a whole over time. From this case specific information trends can be identified and action steps put in place to address both case specific and systemic issues. This approach allows for ongoing analysis of established trends, making improvements and/or updates to existing action plans if the data does not support improvement. In addition, this approach allows for the establishment of new action plans for emerging trends identified through the various levels of quality assurance.

### Contract Provider Monitoring

PSF monitors contracted providers in the network through a number of mechanisms. The PSF Contract Manager and/or Quality Operations department conduct continuous management and monitoring activities which may include on-site visits to providers, detailed data analysis and reviews of third party evaluations. (See PSF Policy #710 & 713)

### Internal Process Technical Assistance/Monitoring

1. PSF will review internal processes by one of two methods
	1. Monitoring - review of required reports, documents and files and utilization of monitoring tools. Each tool utilizes requirements from state and federal law, administrative rule, and Department of Children and Families operating procedures to evaluate compliance.
	2. Technical Assistance Review - Provide technical assistance working in conjunction with PSF staff and other departments to identify and address process improvements.
2. At least one time annually, and more often if deemed necessary, the following processes will undergo a monitoring/technical assistance review by the PSF Administration and Quality Management department (the reviewed processes are subject to change dependent upon identified strengths, and need):
	1. Foster Home Licensing and Re-Licensing
	2. Overcapacity Waiver Requests
	3. Master Trust
	4. Revenue Maximization (Title IVE/A and TANF)
	5. Adoption Subsidy
	6. System Security for Users
3. For monitoring - files to be reviewed for each process, listed in 2 above, are identified for review using random sampling methodology. The items by which the files for these processes will be evaluated are included in the monitoring tools specifically designed for each process.
4. For technical assistance reviews – PSF Administration and Quality Management department staff will work in conjunction with PSF staff in the department responsible for implementation of the process. Together they will review the process and collect data, information, and documentation needed to identify areas in need of improvement/change and will propose specific changes needing to be made to improve the process.
5. Following each monitoring and/or completed technical assistance review PSF Administration and Quality Management department staff will conduct exit meetings with the PSF Directors and Program Managers responsible for the internal process being reviewed. The purpose of the exit meeting is to review preliminary findings and to gather additional information needed to ensure a comprehensive final report can be completed.
6. At least annually the PSF Administration and Quality Management department will complete an analysis of the data obtained from the monitoring and/or technical assistance reviews and complete a report for the method completed. For monitoring – the report will contain data that is compiled, reflects compliance with each requirement and summarizes performance. For technical assistance reviews – the report will document the joint review findings and identify process changes made as a result of the technical assistance review.
7. The PSF Administration and Quality Management department will provide the reports on monitoring/technical assistance review to the Program Director responsible for the process, to the Senior Vice President of Programs and to the PSF CEO.
8. For monitoring – if the report indicates compliance of less than 80% the Program Managers will submit to the PSF Administration and Quality Management department Quality Improvement Plans based on information received in the compliance report. The Quality Improvement Plans will document how deficiencies and items that warrant Quality Improvement activities will be addressed.
9. PSF will utilize the Quality Improvement Plans to assist in ongoing monitoring of compliance improvement efforts.
10. PSF Administration and Quality Management will provide additional ongoing technical assistance to the Program Directors as needed.

## V.B Data Management and Reporting

PSF has a coordinated, systematic and standardized approach to ensuring that client data is protected and accurate. This approach is based on published policies that describe the acceptable use of available information resources. Any failure to comply with these policies results in disciplinary action, up to and including termination.

PSF employs sophisticated networking technologies to ensure that access is limited on a proven ‘need to know’ basis. Each user is granted data access according to the job functions they need to perform. Users receive only enough systems access to do their jobs. Data access is restricted by default and users requiring greater access must prove the business need for any increased access level before it is granted. All requests for increased access must be justified in writing by the user’s supervisor to the Vice President of Information Technology, who also serves as the agency’s Security Officer. No one is granted access without an updated DCF Security Agreement Form signed by both the user and the user’s supervisor as well as proof that they’ve completed Security Awareness training.. If access to any DCF system is requested, the user and user’s supervisor must submit required forms correctly before the request is transmitted to the Department.

PSF has implemented a system providing IT staff with automated messages whenever a user is transferred or terminated. This allows the timely modification or revocation of network access rights. The PSF Security Officer locks the user’s access to all system accounts immediately upon receiving notification of termination. The DCF NE Zone Security Officer is notified immediately of any termination or job change that would warrant a change in access rights that cannot be internally handled by PSF.

Because of the importance of accurate placement information as it relates to child safety and accurate provider payment, PSF requires that all client placement activity be handled by a single, specialized placement unit working directly for the Lead Agency. Contracted agency caseworkers needing to make, move, modify or end a placement must utilize this placement unit. Placement coordinators employed by this unit enter all relevant details surrounding any placement activity into P-Kids, a web-based database application. This application allows the user to select an existing FSFN client or create a ‘local’ client, ensuring that clients not yet entered into FSFN can still have their placement activity captured. P-Kids has the ability to ‘merge’ local clients with their FSFN counterparts once the client has been created in FSFN so no data is lost.

Once the placement activity has been entered into P-Kids, data managers employed by PSF are notified electronically. They then input the relevant data into FSFN within 24 hours. This results both systems – P-Kids and FSFN – being synchronized.

PSF requires that each caseworker review the essential elements of each of client’s electronic case record monthly. Via a web interface, each caseworker is asked to review, among other elements, the current placement information, goal, legal status and demographics for each of their clients. Compliance is tracked at the agency, unit and worker level.

To further improve quality assurance, PSF employs Data Management staff that specialize in ensuring data accuracy and timely entry. This unit regularly runs reports to assess accuracy and devise remediation strategies, whenever necessary. This, combined with the aforementioned caseload verification reviews, helps keep client data accurate and timely.

PSF scans most case documents into an electronic imaging system called Image Now. The exceptions would be hard-copy identification-related documents and those documents that are stored in the FSFN file cabinet. Image Now allows quick and secure retrieval of case documents via networked computer or secure web connection. Paper documents containing confidential information are always stored in locked file cabinets or locked central file rooms. PSF requires that confidential information be out of the line of sight of individuals that do not have established access rights to view the documents and are always disposed of properly.

Electronic documents are not destroyed and PSF has a published policy addressing how and when paper documents are to be destroyed. This policy follows established DCF protocols for retention and proper destruction of confidential documents. PSF has a contract with Cintas to handle the shredding of confidential information. This vendor has placed locked disposal bins at each PSF location for use by PSF and partner agency staff. These bins are periodically emptied and the contents shredded by the vendor. PSF and partner agency staff are trained in the proper disposal of confidential paper documents.

PSF believes that all personnel need training in handling sensitive data. It is vitally important that every employee and partner agency employee knows their role in protecting sensitive data. Each user must also understand the negative consequences any security breach might generate.

Toward this end, each user is provided classroom training in IT Security policies and procedures and each user must successfully complete Security Awareness training annually. Every user must read and sign an updated Security Awareness Agreement form annually.

Each user who will be accessing PSF systems remotely must attend classroom training in the proper use of the web portal application. Security threats posed by remote access are discussed extensively, as are proper defense strategies for dealing with such threats.

Every new user receives personalized training from the IT staff member that sets up the user computer. During this training, proper precautions for ensuring the security of sensitive data are reviewed.

## V.C Accreditation

On June 22, 2007, PSF achieved full accreditation as a Lead Agency through the Council on Accreditation (COA) through June 30, 2011.  Organizations accredited by COA may:  (1) receive monetary incentives, (2) be deemed in compliance with state and county requirements, (3) receive regulatory relief and (4) have increased opportunities for grants and state/federal funding.  COA accreditation also fulfills the state contract’s mandate.  PSF’s subcontracts for case management services and requires the Case Management Agencies providing child welfare services to be accredited by a nationally recognized accreditation organization to ensure high standards of service and care are upheld.

PSF completed the COA re-accreditation process in May 2011 and has again achieved full accreditation as a Lead Agency