

STANDARDS FOR EFFECTIVE PRACTICE
10.0 - ADMINISTRATION SERVICES

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CHILD PROTECTION SERVICES
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10.0 ADMINISTRATION PROGRAM STATEMENT

The responsibility of administrators in a CFSA is to assure overall operations of the agency are efficient and effective for the consistent delivery of services to children and families.

Standards in the area of Administration must embody best practice in a variety of disciplines across the continuum of services. Administrators must articulate and practice "good social work" in the best interest of children and families within the context of their communities. This includes service delivery, fiscal accountability, personnel management, data systems administration, creating public awareness, and involving the community in carrying out the mission of the agency.

In addition, Administration Standards for Effective Practice would not be complete without addressing how to work effectively with the agency's Board of Directors, County Commissioners, the Ohio Department of Job and Family Services, the public, and other key stakeholders to assist in child safety, family stability and building supportive communities.

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10.1 MANAGEMENT OF THE CFSA

Council on Accreditation Standards

The Council on Accreditation Standards G1 (Ethical Practice, Rights, and Responsibilities); G2 (Continuous Quality Improvement); G3 (Organizational Integrity); G4 (Management of Human Resources); G5 (Quality of the Service Environment); and G6 (Financial Management) link to and support Standard 10.1 *Management of the CFSA*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-3-56 (Inservice Training Requirements for PCSA Caseworkers); 5101:2-33-50 (CFSA Staffing); and 5101:2-44-03 (Administration of the PCSA); address Standard 10.1 *Management of the CFSA*.

I. Philosophy

CFSAs must provide leadership in child protection, family stability, and in educating the community on the shared responsibility of protecting children from abuse and neglect. CFASAs have a responsibility to manage agency operations effectively and efficiently, focusing all available resources and efforts on activities that are critical to its mission.

II. Outcome

Resources are efficiently used and are maximized toward child safety and permanency.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- tracking and evaluating all of the Standards that comprise the Standards for Effective Practice.

IV. Standards for Implementation

The operational and functional responsibilities of a CFSA include service delivery, planning, managing human resources, managing financial resources, creating public awareness, evaluation and reporting. These areas should all be driven by the agency's mission.

A. Service Delivery

- 1) The CFSA should strive to assure that their services are strength-based, community focused, culturally responsive, flexible, and accessible. Services should be delivered compassionately, without bias and be as least intrusive as possible. Administrators have a responsibility to hold staff accountable to delivering services within this context. See Standards for Effective Practice 1.0 - 9.0 for direct service standards.

B. Planning

- 1) Planning, both short and long term, should be based on the CFSA's mission and values.
- 2) The CFSA should participate in a continuous strategic planning process.
- 3) The CFSA should develop written annual goals and outcomes for each operational and functional area that are explicitly linked to the agency's mission and values.
- 4) The CFSA should formally articulate and integrate the agency's mission and values in its daily work.
- 5) The CFSA's planning process should include a satisfaction survey that involves a diverse population of stakeholders as identified by the management staff and Board of Directors and/or County Commissioners. Stakeholders may include, but not be limited to, the following:
 - a. adoptive parents, kinship and foster caregivers;
 - b. board members;
 - c. business and professional community;
 - d. citizens who are not directly involved with the agency;
 - e. consumers;
 - f. governmental officials;
 - g. providers;
 - h. staff;
 - i. CFSA volunteers.

C. Managing Human Resources

- 1) The CFSA should be guided by national and state standards regarding effective staff-to-consumer ratios and staff-to-supervisor ratios when planning for staff to meet children and family service needs.
- 2) CFSA's should staff the agency with professionals who have the credentials, experience and expertise necessary to effectively fulfill job roles and responsibilities.
- 3) When staffing the agency, the CFSA should seek individuals with the following minimum education levels:
 - a. Master's Degree for Management and Supervision;
 - b. Bachelor's Degree for Caseworkers;
 - c. Associate's Degree for Direct Service and Support Staff.
- 4) The CFSA should encourage staff in attaining appropriate professional licenses.
- 5) The CFSA should provide opportunities for professional growth and development of its staff and support staff in their desire to acquire positions of greater responsibility.
- 6) The CFSA should strive to maintain a racially, culturally, and ethnically diverse work force which reflects the community it serves.

- 7) The CFSA should effectively manage and supervise staff for optimal service provision to children and families (see Standard 10.6, *Supervision of Staff*).

D. Managing Financial Resources

- 1) The CFSA should develop an annual agency operating budget and departmental budgets (as appropriate to CFSA size) that is monitored on a continuous basis.
- 2) The CFSA budget process should use utilization and cost analyses for forecasting and budget development.
- 3) The CFSA should have an automated Financial Accounting system and seek to implement an activity-based system that captures unit cost.
- 4) The CFSA should make every effort to maximize financial resources for agency operations and service delivery.
- 5) The CFSA should maximize its access to current funding sources as made available through state and federal government.
- 6) The CFSA should diversify the number, scope and types of its income sources.
- 7) The CFSA should create inter-system collaborative efforts to maximize resources.

E. Creating Public Awareness

- 1) The agency should have a public information program and develop a continuous and ongoing set of strategies to create public value and an authorizing community that supports local child welfare services and efforts.
- 2) Administrators should have regular face-to-face contact with key political stakeholders, board members and community agencies.
- 3) The CFSA should continuously participate on, and be involved with local boards and community activities.
- 4) The CFSA should provide opportunities for community feedback of agency services and input when developing new services.
- 5) The CFSA should make available written information, annual reports and newsletters, etc., to educate the community on services and service delivery efforts.

F. Evaluation and Reporting

- 1) The CFSA should develop a data collection and internal service evaluation review system that supports measurement of progress toward achieving desired outcomes.

V. Financial Implications

Ohio's Needs Assessment, conducted by PCSAO for the Ohio Department of Job and Family Services in 1995, indicated that, in order for the 88 counties to

implement the PCSAO Maximum Workload Standards (12 investigations per intake worker/month and 13 ongoing cases per worker at any given time), an additional 6,838 social workers would be required (155 investigators and 6,683 ongoing/ adoptive workers). Additionally, this standard calls for CFSA's to engage in regular planning, monitoring, and evaluation activities. Estimates on an annual statewide basis for workload standards are as follows:

Planning

This standard calls for the development of strategic plans from which annual tactical plans can be drawn to guide the activities of the CFSA. Assuming that the development of a 36 month strategic plan takes 4 days to initially complete and then two days annually thereafter to formally monitor and evaluate, the following cost estimates have been developed.

10 days of facilitation @ \$895/day = **\$8,950.** per 36 month planning cycle.

Intake Investigative Assessments

111,000 Investigative Assessments of C/AN and Dependency Annually
180 reports/worker/year (current statewide average) = 616 workers
616 investigators currently in system @ \$22,000/worker = \$13,552,000.
Salary: \$ 2,039,576. PERS/WC
\$ 2,956,800. Health Ins.
\$ 2,796,024. Supplies, etc.
\$21,344,400. Total

771 FTEs Needed(based on 144 reports/worker/year)
(-) 616 FTEs Currently in System
155 Staff Needed to Implement standard
155 staff needed @ \$22,000 annual salary = \$3,410,000. annual salary
\$ 596,400. PERS/ W.C.
\$ 446,400. Health Ins.
\$ 703,630. supplies, travel, etc.
\$5,156,780. Total Additional*

RECAP:

\$26,501,180. Total Cost of Investigators Needed
\$21,344,400. Total Cost of Supervisors Currently in System
\$ 5,156,780. Total additional needed to implement standard*

* Average cost per worker is \$33,270.

Ongoing Services

4,545 Ongoing workers* currently in system @ \$22,000/worker = \$99,990,000.

Salary: \$ 15,048,495. PERS/WC
\$ 21,816,000. Health Ins.
\$ 6,526,620. Supplies, etc.
\$143,381,115. Total

10,612 FTEs Needed**

(-) 4,545 FTEs Currently in System

6,683 FTEs Needed

6,683 workers needed @ \$22,000. annual salary = \$147,026,000. annual salary

\$ 22,127,413. PERS/W.C.
\$ 32,078,400. Health Ins.
\$ 9,601,167. Supplies, etc.

\$210,832,980. Total

* Based on average statewide caseloads per worker

* *Based on 17,940 children in foster care on any given day and 120,000 receiving ongoing protective services at any given point in time, the average life of a case being one year, and workload standards of no more than 13 cases per worker at any given time.

RECAP:

\$354,214,095. Total Cost of Ongoing Workers Needed
(-) \$143,381,115. Total Cost of Workers Currently in System
\$210,832,115. Total Additional Needed to Implement Standard

TOTAL FUNDS NECESSARY TO IMPLEMENT PCSAO WORKLOAD AND SUPERVISORY STANDARDS:

\$210,832,980. Ongoing Services
\$ 51,253,045. Supervision
\$ 5,156,780 Investigation/Assessment Services

\$267,242,805. Total to implement PCSAO Workload and Supervision standards

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10.2 POLICIES AND PROCEDURES

Council on Accreditation Standards

The Council on Accreditation Standards G3.6 (Governing Body Policy and Oversight Responsibilities); G4.2 (Personnel Policies); and G7.1 (Orientation of New Personnel and Procedures) link to and support Standard 10.2 *Policies and Procedures*.

Administrative Code

The Ohio Administrative Code Rule 5101:2-5-13 (Required Agency Policies) addresses Standard 10.2 *Policies and Procedures*.

I. Philosophy

CFSAAs should be directed and managed according to formally documented policies and procedures that are reviewed periodically. They should be consistent with the basic principles of effective service to children and families and should be based on agency's purpose and community's need.

Agency effectiveness will be enhanced and increased with a complete and understandable system of policies and procedures. These should serve as a guide for staff in the performance of everyday duties. Policies and procedures should enhance the understanding of agency mission, save time in decision-making and provide a basis for the use of authority.

II. Outcome

Consistent and effective services are delivered.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- tracking, evaluating and reporting the extent to which supervisors review policies and procedures with their staff on an annual basis;
- tracking, evaluating and reporting the extent to which policies and procedures are annually reviewed and updated as indicated;
- tracking, evaluating and reporting the extent to which the policies and procedures are followed.

IV. Standards for Implementation

- 1) Each operational and service area of the CFSA should have a clearly articulated purpose from which all policies and procedures flow.

- 2) Each operational and service area of the CFSA should have documented policies and procedures and be managed in accordance with these.
- 3) The CFSA policies and procedures should be consistent with accreditation bodies and Federal and State laws.
- 4) Administrators should systematically provide staff with agency policies and procedures; assure that staff understand new policies and procedures prior to implementation; and periodically check staff's understanding to assure uniformity of application and use (see Standard 10.7, *Staff Orientation and Training*).
- 5) Policies and procedures should be reviewed and updated as required, or at minimum, on an annual basis.
- 6) Policies and procedures should be available to the CFSA board, staff, foster parents, adoptive parents, volunteers, and other interested persons.
- 7) Administrators should create opportunities, both formal and informal, to receive input and feedback on policies and procedures.

I. **Financial Implications**

Costs associated with the development and maintenance of the agency's Policies and Procedures are as follows:

Initial Development- 1,000 hours @ \$71/hour = \$71,000

Annual Maintenance- 160 hours @ \$71/hour = \$11,360

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10.3 CHILDREN AND FAMILY SERVICES AGENCIES GOVERNING BOARDS

Council on Accreditation Standards

The Council on Accreditation Standards G3.5 (Organization of the Governing Body); G3.6 (Governing Body Policy and Oversight Responsibilities); G3.7 (Governing Body Responsibilities Related to the Chief Executive Officer); and G3.9 (Financial Duties of the Governing Body) link to and support Standard 10.3 *Children and Family Services Agencies Governing Boards*.

Administrative Code

The Ohio Administrative Code Rule 5101:2-44-03(Administration of the CFSA) addresses Standard 10.3 *Children and Family Services Agencies Governing Boards*.

I. Philosophy

To assist the CFSA governing board (and/or Board of County Commissioners) in maximizing their term, board members must receive orientation and training on, and must understand the purpose, function, mandates, and responsibilities of the CFSA. CFSA administrators must work with the board leadership to assure that all board members receive consistent and timely orientation and training on the CFSA and their role in supporting the CFSA's leadership in carrying out the organization's mission.

As a result of orienting and educating the board on the agency's mission, values and operation, board members will be prepared to support the director in leading staff in carrying out the agency's mission.

II. Outcome

CFSA board members can articulate and demonstrate support the mission of the agency.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- evaluation of the CFSA policies and procedures for Board functioning and operation;
- satisfaction survey of Board members to ascertain the extent to which they are satisfied with their functioning;
- survey of Board members regarding their understanding of agency mission, functioning and operations.

IV. Standards for Implementation

- 1) The CFSA should provide each board member with a manual containing information regarding the structure, responsibilities, and by-laws for board operations.
- 2) The CFSA and board leadership should provide new members with timely orientation to the agency that includes, but is not limited to, presentations and discussions regarding:
 - a. CFSA mission and mandates;
 - b. CFSA operations and functions;
 - c. pending and new legislation;
 - d. CFSA structure;
 - e. funding and programs; and
 - f. population of children and families served.
- 3) The CFSA should regularly inform board members of:
 - a. new programs;
 - b. funding patterns;
 - c. changing population of children and families;
 - d. staffing trends;
 - e. agency operations;
 - f. issues needing board approval; and
 - g. other issues as determined by the board or director.
- 4) The CFSA should provide leadership development and training opportunities that assist board members in carrying out their responsibilities.

V. Financial Implications

Initial orientation and training of the Board concerning agency mission, goals, objectives, issues of governance, structure, and function are as follows:

3 days @ \$475/day = \$1,425.

Ongoing provision of information necessary for Board functioning is considered part of regular Board meeting agenda, no additional costs assumed.

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10.4 CONFIDENTIALITY

Council on Accreditation Standards

The Council on Accreditation Standards G1.7 (Research Protections) and G1.5 (Confidentiality and Privacy Protections) link to and support Standard 10.4 *Confidentiality*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-34-381 (Access/Confidentiality of Information Contained in Child Abuse and Neglect Central Registry) and 5101:2-7-04 (Records and Confidentiality) address Standard 10.4 *Confidentiality*.

I. Philosophy

A CFSA's first and foremost obligation is to seek and assure the best interests of the child and family. To the extent that sharing information will lead to improved quality of life outcomes for the children and families served, the CFSA should be willing to, and share information with appropriate stakeholders.

The sharing of information should always be done within the parameters of maintaining the family member's right to privacy. To plan and provide appropriate services, confidentiality and the permissible sharing of information should be done to support child safety, permanency and family stability. Sharing confidential information should be done within the framework of federal and state laws.

The CFSA has an obligation to inform the public of services and activities carried out under their jurisdiction and to respond to questions and concerns while maintaining the confidentiality of clients served.

II. Outcomes

Information is shared with providers and the public while maintaining the privacy rights of the children and families served.

The agency effectively responds to the stakeholder regarding the CFSA's performance.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number and rate of complaints, and or lawsuits regarding the breaking of confidentiality.

IV. Standards for Implementation

A. Confidentiality and Agency Conduct

CFSA's have a responsibility to the public to respect and uphold the privacy of children and families and to hold in confidence all information obtained in the course of professional service. Professional conduct in maintaining the confidentiality of family members is paramount to the credibility and effectiveness of the CFSA in carrying out its mission.

- 1) All individuals providing services on behalf of the CFSA should conduct themselves in a manner consistent with the CFSA's confidentiality policy and procedures.
- 2) The CFSA should have a policy and procedure on confidentiality that includes language that covers, but is not limited to, the following:
 - a. provision of the confidentiality policy and verification that it was received by all individuals, including contractors and researchers performing services for the CFSA;
 - b. holding investigative information confidential pursuant to Section 2151.421 of the Ohio Revised Code and Section 5101:2-34-38 of the Ohio Administrative Code;
 - c. use of discretion with CFSA staff conducting themselves professionally and with respect for the client when discussing child and family information;
 - d. adherence to current law regarding the sharing of pertinent case information with the referring mandated reporter and service providers;
 - e. use of protocols for responding to requests from individuals external to the agency;
 - f. staff orientation and training regarding confidentiality and the sharing of information; and
 - g. specificity regarding how to, who, and under what circumstances the CFSA shares information with the media.
- 3) In high profile and crisis situations, the agency should have protocols for addressing the situation and how to manage confidentiality (see Standard 10.5 *High Profile And Crisis Situations*).

B. Confidentiality and Release of Client Information

As the CFSA works with the family and identifies information necessary for effective service delivery, the CFSA should request the family sign Release of Information forms.

- 1) At the initial meeting with the family, staff should discuss the CFSA's need to share confidential information with service providers.
- 2) When necessary, staff should request the family sign a release to allow the CFSA to seek information from other service providers and professionals in the community.
- 3) CFSA staff know and follow Federal and State laws regarding client confidentiality (e.g., HIPAA).
- 4) The CFSA should let the family know that there are times when the CFSA is required to release information to the police, prosecutors, and courts.

C. Confidentiality and Client Records

Clients receiving services have a right to view personal information maintained by the agency.

- 1) The CFSA should have a policy concerning client access to personal information. The policy should include, but not be limited to:
 - i. how to request a record review;
 - ii. what information is exempt from review;
 - iii. how often the client can access the information (e.g., monthly, quarterly); and
 - iv. CFSA representation during the review to assist the client in interpreting the information.

D. Confidentiality and Agency Records

Developing, managing, and storing written documentation provides a historical account of services and activities rendered in support of children and families. CFSAs are responsible for the creation, handling, and storage (including maintaining confidentiality and storage safety) of all records. Records are the sole property and belong exclusively to the county CFSA.

- 1) At no time should the CFSA permit original record documents to be removed from any CFSA premises.
- 2) When subpoenaed, the CFSA should provide a copy of the record documents. At no time should the original document(s) be submitted in response to a subpoena. The CFSA should include a Statement of Authenticity with the copied documents.
- 3) The CFSA should identify those individuals responsible for generating, documenting and filing case information.
- 4) The CFSA should have a standardized format and content outline for organizing the records and for conducting record quality assurance reviews.
- 5) The agency should have designated staff authorized to add, delete or purge information in the official case record and other CFSA records consistent with local, state, and federal regulations.
- 6) The CFSA should have a policy regarding confidentiality and the fireproof maintenance, security, and storage of electronic and non-electronic records.

E. Confidentiality and the Media

CFSAs have an obligation to respond to public inquiries regarding agency performance, services, and activities. This is most effectively accomplished when the strategy is proactive communication on an ongoing basis with all identified stakeholders (e.g., families, legislators, foster parents, adoptive parents, etc.). While CFSAs understand and support the public's right to know, access to family information should not supersede the best interests of the children and families served, nor the right of privacy of individuals served.

- 1) The CFSA should have an established plan for maintaining contact with, and periodically educating and informing the local media of agency's services and activities.

- 2) When requested to provide information regarding a specific case, the executive director and/or designated agency spokesperson can use his/her discretion, within the boundaries of the law, to identify what type of information is shared based on the best interest of the child. The executive director or spokesperson may decide that the following types of information are appropriate for sharing with the media:
 - a) confirmation that a report was made;
 - b) confirmation that an investigation has/is taking place;
 - c) information regarding when the report was received and when the investigation was initiated;
 - d) confirmation that law enforcement was/was not involved.

- 3) When family members and/or other stakeholders have gone to the media and the media seeks confirmation by the CFSA regarding family information, the executive director, within the boundaries of the law, may decide that the following or other types of information are appropriate for sharing with the media:
 - a) confirmation that a report was made;
 - b) case status determination: open, closed;
 - c) confirmation of receipt of prior reports/client involvement;
 - d) current agency action;
 - e) description of statutory regulations on referral/response process and response time.

- 4) The CFSA should request that individuals wanting to review agency personnel, volunteer, or foster caregiver records submit the request to the CFSA in writing. Upon receipt of the request, the CFSA should notify the person of the forthcoming review. The CFSA should remove all information which is sanctioned by the federal and state governments as confidential. While not required by law, a CFSA representative should be present during the review of the record. This standard should apply to both requests made by the media and the public.

F. Confidentiality and External Health and Human Services Providers

All case information, documentation, and investigations are considered confidential. Dissemination of confidential information to identified agencies, organizations, and individuals may be necessary when determined in the "best interests" of the child.

- 1) Prior to disclosing confidential case information, the CFSA should verify that the agencies and organizations requesting the information have rules and policies governing the dissemination and receipt of confidential information. When the confidentiality policy of the CFSA and the external agency conflicts, the CFSA should determine, on a case-by-case basis, whether to release the requested information.

- 2) Prior to disclosing sensitive and confidential information, the CFSA should verify that the requester is authorized to receive the information. The CFSA should document when information is released.

- 3) When the CFSA holds custody of the child, the CFSA can release information about the child as appropriate in keeping with the child's best interest.

- 4) The CFSA should share information with providers as authorized by the family.

- 5) The CFSA should only share investigative information with law enforcement.

G. Confidentiality and Research Projects

Research conducted in the field of child protection is valued and supported by the CFSA. Research promotes greater understanding and insight into child protection and can improve system effectiveness in the delivery of services. When the CFSA participates in a research project, assurances should be made guaranteeing the privacy rights of the children and families involved in the project.

- 1) The CFSA designated staff should review all research requests and make a determination, based on the CFSA's confidentiality policy, as to the type of information that the CFSA will release to the researcher.
- 2) The CFSA should enter a written agreement with the researcher. The agreement should address the components identified in the CFSA confidentiality policy as related to research projects.

V. Financial Implications

As part of daily operations, the CFSA maintains policies and procedures regarding the sharing of confidential information. No additional costs have been identified for Standard 10.4, *Confidentiality* (see Standard 10.2, *Policies and Procedures* for the cost associated with the initial development of a policy and procedures manual).

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10.5 HIGH PROFILE AND CRISIS SITUATIONS

Council on Accreditation Standards

The Council on Accreditation Standards G1.2 (Access and Eligibility); G1.5 (Confidentiality and Privacy Protections); G1.6 (Access to Case Records); G5.7 (Emergency Response); and G11.5 (Media Relations) link to and support Standard 10.5 *High Profile and Crisis Situations*.

Administrative Code

There are no Administrative Code Rules that directly address Standard 10.5 *High Profile and Crisis Situations*.

I. Philosophy

The community has an interest in knowing the circumstances regarding high profile and crisis situations. As a steward of the public, the CFSA has an obligation to inform the community, while maintaining the confidentiality of children, families and staff. To be effective in sharing high profile and crisis related information with the public, the CFSA must be planful and systematic in communicating the information.

II. Outcome

The CFSA implements its procedures when its sharing high profile and crisis related information with staff and the public.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- the extent to which the CFSA responds to Standard 10.5, *High Profile and Crisis Situations*;
- surveying staff, foster parents, board members and other stakeholders to ascertain the CFSA's responsiveness regarding high profile and crisis situations.

IV. Standards for Implementation

- 1) The CFSA should identify and define the types of situations considered to be high profile or crisis and should have established policies and procedures for managing these. As part of these, a notification process for alerting key stakeholders should be developed, as well as the manner and approach for alerting and debriefing staff.
- 2) The CFSA should arrange to provide support for staff and follow-up with those staff directly involved in the situation.

- 3) During a high profile or crisis situation, the executive director or designee should review the background and what occurred leading up to the situation.
- 4) The executive director should manage, or assign a designated staff member to manage activities when there is a high profile situation or when a crisis occurs. The designated staff member should have experience and expertise with CFSA programs, authority in the agency, and routine contact with the public.
- 5) In high profile situations, the CFSA should notify Public Children Services Association of Ohio within one day of learning of the situation so support can be provided in working through the crisis.
- 6) The CFSA should establish clear procedures for notifying the media in accordance with Standard 10.4, *Confidentiality* (refer to the PCSAO Handbook on working with the media).
- 7) When requests are made to review personnel, volunteer, or foster parent files, see standard 10.4, *Confidentiality*.
- 8) For Standards regarding crisis management involving staff safety incidents, please see the Caseworker Safety Standard 9.7, *Crisis Management*.

V. Financial Implications

As part of daily operations, the CFSA maintains policies and procedures regarding the management of high profile and crisis situations. No additional costs have been identified for Standard 10.5, *High Profile and Crisis Situations* (see Standard 10.2, *Policies and Procedures* for the cost associated with the initial development of a policy and procedures manual).

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10.6 SUPERVISION OF STAFF

Council on Accreditation Standards

The Council on Accreditation Standards G7 (Training and Supervision); G7.5 (Supervision); G9.6 (Case Supervision) link to and support Standard 10.6 *Supervision of Staff*.

Administrative Code

There are no Administrative Code Rules that directly address Standard 10.6 *Supervision of Staff*.

I. Philosophy

CFSA's recognize that a well-functioning organization requires effective staff supervision. Administrative, educational, and supportive supervision are requisite to the maintenance and operation of an effective system. Employees look to management to provide them with guidance and support as they seek to competently fulfill their job responsibilities. Effective supervision is essential to successful professional development. Management also has an obligation to seek feedback from employees regarding its effectiveness. Supervisors are responsible for modeling professional behavior with staff and consumers; informing staff of new research and changes in the field; and for assisting staff in achieving mission-focused outcomes. Effective supervision is necessary if the CFSA is to expect confidence and competence among employees in achieving their full potential, and meeting agency goals and program outcomes.

II. Outcome

Staff receives effective administrative, educational, and supportive supervision necessary to provide excellence in service to children, families and communities.

III. Evaluation

FACSSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- evaluation of completion of Core for supervisors and managers;
- evaluation of supervisors in relation to Standard 10.6, *Supervision of Staff*.

IV. Standards for Implementation

A. Supervision and Probation of Staff

Employees of the CFSA should be informed of their job responsibilities and expectations at the time of hire. These should be reviewed annually. It is the responsibility of the supervisor to assure that new employees are provided with a job description, training,

guidance, and on-the-job opportunities to learn and succeed in their new and ongoing roles.

- 1) Upon hire, CFSA employees should be provided with a copy of their job description. A copy should be signed by the employee and placed in the employee's permanent file.
- 2) CFSA should have a policy on the supervision and evaluation of new employees who are on probation. The supervisor should have a structured format for introducing employees to their job responsibilities and for monitoring their progress in learning the position.
- 3) CFSA supervisors should provide new employees with a formal mid-probation performance review which examines the employee's ability to perform job functions of the new position and should document their progress. If a problem is identified, the employee and supervisor should develop a corrective action plan.
- 4) CFSA supervisors should provide new employees with a final probation performance review which examines the employee's success in performing the functions of the new position. The supervisor should document the employee's progress. If a problem has been identified which can be corrected, the supervisor, with the employee, should develop a formal plan with time frames. When it is found that the problem cannot be corrected, the supervisor, with support from management, should counsel the employee out of the position as part of the final probationary process.
- 5) When the final probation review finds the employee successful in carrying out the functions as required in the job description and the ITNA, the supervisor and the employee should, again, review the job description and, based on the employee's strengths and areas for improvement,

develop performance objectives for the next review period and identified training needs.

B. Skill Development and Training of Direct and Indirect Service Staff

Supervisors are responsible for supporting the skill development of staff. Supervisors should identify and track staff skill concerns and training needs, and provide skill building opportunities necessary to develop a confident and competent employee population.

- 1) CFSA should have a policy regarding staff training and required annual training hours which identifies the supervisor's role in assuring that training needs are met (see Administration Standard 10.7, *Staff Orientation and Training* and Human Resources Standard 11.5, *Staff Orientation and Training*).
- 2) Completed training should be documented by the CFSA for the duration of the employee's tenure with the agency.
- 3) The supervisor, during each annual performance evaluation, should identify skill concerns and develop performance objectives for supporting the development of staff for the next reporting period.

C. Monitoring Performance of Staff

Management has a responsibility to monitor and evaluate staff performance. This is effectively accomplished by reviewing staff performance with the input of those who work with, and know the work of, the individual under review. Balancing the supervisor's evaluation of the employee with that of colleagues, subordinates, care providers (when appropriate), and other administrators gives the individual an opportunity to reflect on his/her past performance to plan career development strategies for the next reporting period.

- 1) CFSA's should have a policy on the annual evaluation of employees which should include, but not be limited to, the following:
 - a. review of the employee's job description, job functions and job accountability;
 - b. development of measurable performance objectives for use during the current reporting period;
 - c. narrative objective summary by the supervisor of the employee's strengths and weaknesses.

- 2) Supervisors should provide regular, balanced, and constructive feedback on employee job expectations and the annual performance objectives.

Feedback should be provided during weekly supervision, midyear, and during the annual performance evaluation. The supervisor should document having provided performance-based feedback to the employee.

- 3) Supervisors should conduct, as part of the regularly scheduled supervisory conferences, a midyear performance review with the employee. This review should involve a conversation regarding the employee's performance and progress in meeting established objectives for the review period.
- 4) In cases where it is determined that an employee is not meeting job expectations, the supervisor, together with the employee, should develop a corrective action plan including time frames for completion. The supervisor should be responsible for assisting the employee in implementing the plan and providing follow-up and regular feedback until the employee successfully meets activities as outlined in the corrective action plan.
- 5) In cases where the employee is unable to successfully meet job and performance expectations, the supervisor should follow the CFSA's progressive discipline policy.
- 6) Supervisors should complete an annual performance evaluation on each employee, and include the employee in the process according to established and documented agency performance evaluation protocols. The performance evaluation process should include, but not be limited to:
 - a. review of the employee's work for the period under review;
 - b. review of the performance objectives;
 - c. development of performance objectives for the next review period;
 - d. input from consumers, colleagues, subordinates, etc.

The performance evaluation may be based on a CFSA-sanctioned evaluation form but should always include a written, objective narrative summary by the supervisor.

D. Discipline of Staff

- 1) The CFSA should have a policy on employee discipline. The policy should address agency protocol for administering progressive discipline and under what circumstances formal discipline is used.
- 2) The supervisor should be aware of and understand the various stages and protocols for taking employee disciplinary action.

E. Supervision of Employees: Direct Service Staff

The direct service supervisor should be a consultant, mentor, and trainer to the direct service staff to reinforce family-centered practice in assessment and service delivery. This requires that the supervisor monitor casework quality by providing guidance and clinical input, and by assisting staff in decision making during critical points in the life of each case.

- 1) Supervisors are responsible for coaching staff in their attempt to engage the family in resolving presenting and underlying problems. This is best accomplished through regular individual and group case conferencing, random home visits with staff, and attending periodic court hearings and case staffings.
- 2) CFSA's should have a designated back-up supervisor to answer questions, provide feedback, and make decisions when the immediate supervisor is unavailable.
- 3) Supervisory staff should be available to assist staff, answer questions, and provide support on an as-needed basis.

F. Supervision of Direct Service Staff on Probation

- 1) New staff should receive twice weekly face-to-face supervision with their supervisor during the first six months of employment for direction, support, and to review cases. The supervisor should document the twice weekly meetings to provide the employee with feedback regarding job performance during the mid and final probationary reviews.
- 2) Supervisors should accompany new staff on one home visit per month for the first six months of the staff's employment. The supervisor should document the staff's ability to conduct appropriate casework practice. The home visit may constitute a face-to-face supervision during the week the home visit is made.
- 3) Supervisors, or appropriate staff designated by the CFSA, should attend some or all adjudicatory and disposition hearings with new staff during the first six months staff members are on the job.

G. Supervision of Direct Service Staff Post-Probation

In addition to the standards for the supervision of staff as described under Monitoring Performance of Staff, the following standards should apply.

- 1) The supervisor should provide scheduled weekly conferences for each staff member.
- 2) The supervisor should take responsibility for reviewing the entire caseload of their staff at least monthly, following the probationary period, to assess the movement of the family in meeting their case goals and objectives.
- 3) Following the probationary period, the supervisor should accompany staff on two home visits annually (although staff may request additional home visits of the supervisor).
- 4) The supervisor should annually critique and document a minimum of two case file reviews for each staff member. The supervisor should use this information to help the individual and the unit identify skill strengths and weaknesses which require corrective action.
- 5) The Supervisor should conduct monthly Unit meetings using an agenda and recording minutes.

H. Supervision of Employees: Intensive Family-Based Services

Intensive Family-Based Services (IFBS) is crisis-oriented and based on time-limited agency involvement and service intensity. The nature of the family stabilization effort under IFBS requires that the supervisor provide a heightened degree of staff support and assistance. Supervision should be intense, focused, and accessible. In addition to the standards under Monitoring Performance of Staff (C), and Supervision of Direct Service Staff (E), the following standards apply.

- 1) The IFBS supervisor and staff member hold weekly case conferences. Staff in the program for less than one year should meet twice weekly during the first year of service.
- 2) Following the probationary period, the IFBS supervisor should review the entire caseload of the unit at least weekly to assess the movement of the family in meeting their case goals and objectives.
- 3) The IFBS supervisor, as the support team member or back-up practitioner for the family, should be available to staff on a 24 hour per day, seven day per week basis.
- 4) The IFBS supervisor should accompany staff on a minimum of one home visit per quarter. Staff in the program for less than one year should be accompanied by their supervisor on one home visit per case for the first year of employment in the program.
- 5) To provide support to staff regarding IFBS program and practice, IFBS supervisors should carry a minimum of one case per year.
- 6) The IFBS supervisor, as part of the staff performance evaluation process, should be responsible for coordinating the completion of client program assessment surveys at the time of case closure.
- 7) The IFBS supervisor should periodically review and provide training to staff regarding program philosophy, research, and practice in the field.

V. Financial Implications

Ohio's Needs Assessment, conducted by PCSAO for the Ohio Department of Human Services in 1995, indicated that Ohio's CFSAs meet the generally accepted principles for supervisory span of control (4-7 employees per supervisor). However, that same needs assessment indicated that for Ohio to effectively implement the PCSAO maximum workload standards per staff member, an additional 6,858 workers would be needed statewide (see Standard 10.1, *Management of the CFSA*). The following cost estimates would provide supervisors for these additional staff on a 1:5 ratio. Estimates are on a statewide basis.

909 Supervisors are currently in the system @ \$27,000.

Breakdown: Annual salary = \$24,543,000

\$ 3,693,721. PERS/WC

\$ 4,363,200. Health Ins.

\$ 1,380,771. Supplies, etc.

\$33,980,692 Total

6,858 FTE's needed to implement max. workload standard

5 FTE's per supervisor = 1,371 new supervisors required

1,371 additional supervisors @ \$27,000.

Breakdown: Annual salary = \$37,017,000.

\$ 5,571,585. PERS/WC

\$ 6,580,800. Health Ins.

\$ 2,083,660. Supplies, travel, etc.

\$51,253,045 Total

RECAP:	\$83,233,737.	Total Cost of Supervisors Needed
	(-)\$33,980,692.	Total Cost of Supervisors Currently in System
	\$51, 253,045.	Total Additional Needed to Implement Standard*

* Average cost per additional supervisor is \$37,392.

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10.7 STAFF ORIENTATION AND TRAINING

Council on Accreditation Standards

The Council on Accreditation Standards G7.1 (Orientation of New Personnel), G7.2 (Personnel Development and Training Program); G7.3 (Training Content); G7.4 (Risk Management Training) and G7.5 (Supervision) link to and support Standard 10.7 *Staff Orientation and Training*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-33-55 (Training Requirements for Newly Hired Public Children Services Agency Caseworkers); 5101:2-33-56 (Ongoing Training Requirements For Public Children Services Agency Caseworkers Who Have Completed One Year of Continuous Employment); 5101:2-33-57 (No Exclusions to Mandatory Training Requirements for PCSA Caseworkers); and 5101:2-33-58 (Maintenance of PCSA Training Records for Caseworkers) address Standard 10.7 *Staff Training and Orientation*.

I. Philosophy

Highly functioning organizations require, at all levels, a knowledgeable, confident, and competent work force. Demands placed on staff require that they be prepared and skilled. Staff preparation and readiness to competently carry-out job duties are demonstrated through organizational supports. CFSAs provide staff with new job orientation, training opportunities, and support in their preparation of, participation in, and practice of newly acquired knowledge and skills.

CFSAs provide all staff with in-service training opportunities to introduce specific knowledge needed to perform job duties within the agency and county jurisdiction. Additional training is offered to augment and enhance staff's knowledge and skills. CFSAs support the use of the Ohio Child Welfare Training Program (OCWTP) in training professionals who work in the field. The OCWTP provides content and skill building opportunities to support the development of a competent and confident staff. Inter-agency cross-training is an additional preparatory and ongoing skill development vehicle that directly addresses the need for inter-system collaboration critical to serving the community's children and families. Whatever the orientation or training vehicle used, CFSAs believe that the protection of children and stabilization of families necessitates a knowledgeable and skilled staff.

II. Outcome

Children and families are served by knowledgeable, skilled and prepared employees of the child protection system.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of times per year staff orientation was conducted;
- evaluations from staff participating in Orientation and Agency Response;
- number of supervisors covering policies and procedures in Unit meetings during the year;
- effectiveness of policy and procedures review using staff evaluation tool;
- number of staff completing legally required training hours per year;
- number of staff completing the ITNA annually;
- ratio between training requests made and link to ITNA approved.

IV. Standards for Implementation

A. Staff Orientation - Provided Within First Five Days on the Job

CFSAs provide formal and uniform orientation activities for new employees. The purpose of providing new staff with formal orientation is fourfold. CFSAs orient new staff to prepare them to transition into the organization successfully; create a favorable impression of the agency; reduce new job anxiety; and provide technical information regarding the agency, job expectations and performance. The structured orientation program is time-limited and is provided by designated staff. Consistency and accuracy of information provided during staff orientation should be assured. CFSAs provide on-the-job orientation activities through the employee's supervisor and direct program staff.

- 1) The CFSA should have a policy, process and procedures for orienting all new employees to the organization.
- 2) A general orientation program should be provided to all new employees within their first five working days. The general orientation program should include, but not be limited to, the following elements:
 - a. CFSA Overview
 - i. mission, philosophy, values;
 - ii. annual goals and objectives;
 - iii. organizational structure including key administrators;
 - iv. program areas and functions;
 - v. agency tour;
 - vi. list/location of relevant CFSA materials and manuals;
 - vii. employee safety; and
 - viii. funding sources.
 - b. Personnel
 - i. time sheets;
 - ii. benefits;
 - iii. professional expectations;
 - iv. required annual training;
 - v. job description, performance expectations, probation, annual evaluation;
 - vi. confidentiality policy with employee sign-off;
 - vii. reimbursement procedures, when applicable; and
 - viii. personnel handbook.

B. Staff Orientation - Provided Within First Three Months on the Job

The CFSA should have job-specific orientation activities designed to orient new employees to their particular job functions and responsibilities. Job-specific orientation activities should be provided to the new employee within the first three months on the job by the training unit or program area to which they are assigned. Orientation activities may be individualized or group.

- 1) Job-specific orientation activities should include, but not be limited to, the following:
 - a. child protection services history, mission;
 - b. forms completion, time restrictions;
 - c. job responsibilities including detailed information regarding
 - d. intra-agency information including purpose, functions, contacts, on-site visits;
 - e. policies, procedures;
 - f. inter-agency specialized services which interact with specific job function and responsibilities; and
 - g. confidentiality (see Standard 10.4, *Confidentiality*).

C. Training: CFSA Policies/Standards, State and Federal Mandates

CFSAs expect staff to be informed and knowledgeable regarding organizational policies, procedures and standards of effective child welfare practice. To assure staff are well informed, CFSA's have the responsibility to provide regular, uniform, and consistent education and training regarding the organization's policies, procedures and standards, and state and federal mandates. This is critical if staff is to be held accountable for knowing and using these tools in carrying out their job responsibilities on a daily basis.

- 1) Staff should be provided training that addresses federal and state laws and rules applicable to their job duties, and should be instructed regarding how these relate to their individual daily activities.
- 2) The CFSA should have a method for assuring that all new employees are introduced to, and trained on, the use of the agency's policy manuals and handbooks. This should be documented by the CFSA for each new employee.
- 3) The CFSA should have a structured format for introducing new and revised policies, procedures, and standards for effective practice with staff as is appropriate to the employee's job classification. Completion of this review should be documented by the CFSA for each new employee.

D. Intra-Agency Training

Developing a confident, knowledgeable work force requires that staff have an understanding of program services and activities within the organization. Staff should be informed of, and know, all of the functions, services, and programs of the agency. Knowing the agency functions, and how to access services and programs, allows staff to serve children and families with greater efficiency. The CFSA has a responsibility to educate and cross-train staff regarding all program activities and services of the agency.

- 1) The CFSA should provide, at least biannually, a structured and documented process for informing and/or training staff on newly developed and existing services and program activities.

E. Ohio Child Welfare Training Program

CFSA's rely on knowledgeable and competent staff who are well versed in Ohio child protection standards and practices. CFSA's make a commitment to implement activities that support and complement comprehensive competency-based training. This includes a commitment that social service staff receive the mandated Ohio Child Welfare Training Program (OCWTP) training, utilization of the Individual Training Needs Assessment (ITNA), and regular communication with the Regional Training Center.

- 1) The CFSA should have a policy regarding the need for all social service staff to complete the recommended CORE within the first 12 months of employment. Staff who were hired prior to the availability of CORE should be required to participate in the series.
- 2) The CFSA should have a policy regarding annual completion of the appropriate OCWTP Individual Training Needs Assessment Tool by caseworkers and supervisors at the time of the employee's performance evaluation.

F. Transfer of Learning

The CFSA's responsibility to prepare staff to carry out their job functions with confidence and competence does not end at the close of a training session. Staff training and skill building is an ongoing responsibility of CFSA's. Transfer of Learning (TOL) begins prior to the training session, follows through the event and continues after the participant returns to the job. CFSA's are responsible for assuring TOL activities are actively pursued and are implemented agency-wide. TOL activities are the responsibility of management, line supervisors, workers, and the trainers who provide the training. Because resources are limited, as is staff time, TOL activities are critical to the effective development of staff and make best use of limited resources.

- 1) The CFSA should have a policy regarding agency TOL activities. TOL activities should include, but not be limited to, the following.
 - a. Management should demonstrate the value it places on training by:
 - i. allowing the trainee to attend scheduled training events;
 - ii. providing back-up staff support for individuals in training so that the trainee is undisturbed during the training session.
 - b. Supervisors should support the professional development of their staff by:
 - i. reviewing the annual ITNA findings and/or annual performance objectives to assure the requested training meets a training need as discussed with the individual;
 - ii. having a discussion with the individual regarding what s/he hopes to learn from the session;
 - iii. holding follow-up discussions regarding newly acquired knowledge and understanding based on the training content;
 - iv. requesting the individual share the materials with staff at staff meetings.
 - c. Training Participant
Staff who participate in training events should take the responsibility of transferring the content of the training session back on the job. Staff may accomplish this by:
 - i. assuring their work is covered for the day;
 - ii. giving full attention to the trainer;

- iii. developing and implementing an action plan which identifies how s/he plans to use the information;
 - iv. sharing the training content with staff.
- 2) Prior to, and following a training event, the staff member should meet with the supervisor to discuss the training and review the action plan. The supervisor should provide the support needed for staff to implement the action plan and document having done so.
 - 3) The supervisor and staff should discuss implementation of the plan. At subsequent meetings, the supervisor should address the action plan and document progress made in implementing the action plan activities. Documentation of the staff member's progress in meeting learning objectives should be part of the annual performance evaluation.

G. Inter-Agency Training

Cross training of staff with other community service providers, both private and public, strengthens the community's ability to effectively and efficiently serve children and families. It is the responsibility of these system administrators to jointly develop and implement a plan for orienting, training and sharing information among staff across systems.

- 1) The CFSA should agree to participate in the development and implementation of inter-agency cross training.
- 2) The CFSA should provide information and resources regarding agency philosophy, policies, consumer population, services, and program activities to community service providers upon request.
- 3) The CFSA should provide updated and ongoing information regarding its services, program activities, and program partnerships to the wider community.

*For more information on Human Resources and the CFSA, see Standard 11.4, *Staff Orientation and Training* of the Human Resources Standards.

V. Financial Implications

The assumption is made that staff training and orientation is necessary for worker competence, therefore, wages associated with attendance of staff at training sessions have not been included. Costs are on a professional staff person per year basis.

Direct services workers (20 days the first year) mileage days @100 miles/day round trip @ .32/mile = \$640/agency worker.

Direct services workers (second and following years) mileage: 6 days @100 miles/day round trip @ .32/mile = \$192./agency worker.

Supervisors (12 days of core training)- mileage days @ 100 miles/day round trip @ .32/mile = \$384/agency supervisor.

Supervisors (6 days of training second and following years) mileage: 6 days @ 100 miles/day round trip @ .32/mile = \$192/agency supervisor.

ITNA Completion- two hours for the worker to complete, plus one hour for discussion with supervisor to develop annual training plan = \$57.50/agency worker.

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10.8 NON-EMPLOYEE GRIEVANCES

Council on Accreditation Standards

The Council on Accreditation Standards G1.8 (Grievance Procedures) and G2.9 (Feedback Mechanisms) link to and support Standard 10.8 *Non-Employee Grievances*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-33-04 (PCSA Grievance Review Policy); and 5101:2-47-07 (Administrative Procedure Notice of a Right to a Hearing) address Standard 10.8 *Non-Employee Grievances*.

I. Philosophy

CFSA's strive to assure that their services are user-friendly, sensitive, and responsive to children and families. The establishment of a written formal grievance process enables the CFSA to maintain objectivity, seek continuous quality improvement, and provide a system of "checks and balances" for program operations. In addition, it assists the CFSA in attempting to resolve all complaints in a fair and objective manner.

The development and implementation of this process will help to assure families that services were provided fairly, as well as effectively and efficiently. The CFSA grievance process assists staff in reflecting upon services provided and should be seen as one strategy for enhancing service operations toward achievement of mission-critical work.

II. Outcome

The CFSA responds to service and program complaints filed against it. Program services are reviewed, in relation to the service complaints received, to assure quality services are provided.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number and type of grievances per year;
- number of employee evaluations that indicate a need for client/customer engagement skill building;
- evaluation of satisfaction of non-employees who used the grievance process;
- agency response to evaluation outcomes.

IV. Standards for Implementation

- 1) The CFSA should have a written policy and set of procedures establishing a formal grievance process for those receiving services.
- 2) The written policy and procedures should include, but not be limited to:
 - a. persons who can access the formal grievance process;
 - b. designation of staff responsible for conducting and participating in the grievance process;
 - c. time frame for initiating and completing the grievance process;
 - d. mechanism for providing decision to individual who filed the grievance and involved staff;
 - e. documentation of grievances and reports to the executive director and/or Board of Directors.
- 3) The CFSA written grievance policy and procedures and the rights and responsibilities of those receiving services should be made available to families involved with CFSA programs.
- 4) The CFSA, on a periodic basis, should review non-employee grievances in a systematic manner to assure quality and effective service delivery.

V. Financial Implications

The costs of implementing Standard 10.8 *Non-Employee Grievances* include costs associated with policy development and implementation, and are as follows:

Policy Development: 40 hours @ \$71/hour = \$2,840.00
Training staff on policy: 4 hours @ \$71/hour = \$284.00
Policy Implementation: 10 hours @ \$71/hour = \$710.00
(per grievance adjusted)

CHILD PROTECTION SERVICES
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10.9 REQUEST FOR PROPOSALS (RFP)

Council on Accreditation Standards

The Council on Accreditation Standards G6 (Financial Management); G11.6 (Service Agreements); G11.7 (Contractual Relationships); G11.8 (Additional Contracting Requirements for Organizations that Purchase Services); and G11.9 (Quality Monitoring of Purchased Services) link to and support Standard 10.9 *Request for Proposals*.

Administrative Code

The Ohio Administrative Procedures Manual, chapter 4000, Sections 4410 - 4417 address Standard 10.9 *Request For Proposals*.

I. Philosophy

A legal bid is not required for procurement of social service contracts. However, best practice supports the use of a Request for Proposal (RFP) when seeking to secure goods and services.

Using the RFP bid process provides the CFSA an opportunity for competitive bidding in order to secure the "lowest/best" contract in a fair and equitable manner when seeking goods and services. When seeking services, it creates an environment for innovative program development and service delivery. In encouraging vendors to be creative, proposals can be developed that are unique and responsive to a range of child, family and community needs.

Regardless of whether the agency seeks goods or services, the RFP process is meant to create an environment of healthy competition for the effective management of community finances.

II. Outcome

Goods and services are secured fairly and equitably and provide for the lowest/best product available.

Goods and services respond to and meet the needs of the staff, clients and community.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- written process in place that responds to Standard 10.9, *RFP*
- recommendations;
- extent to which formal agency RFP process was used;

- ongoing monitoring of costs of goods and services, with the ability to compare across different time periods.

IV. Standards for Implementation

A. Managing the RFP Process

The CFSA should create a standardized approach to administering the RFP to assure consistency, uniformity, and fairness in its treatment of all potential vendors.

- 1) The CFSA should have a policy and procedures for administering the RFP which include, but not be limited to, the following:
 - a. identifying personnel responsible for managing and monitoring the RFP process;
 - b. written process for developing, issuing, and evaluating the RFP;
 - c. grievance procedures;
 - d. Sole Source Justification when it is determined that only one provider exists which can meet the program specifications in a cost-effective manner.
- 2) The CFSA RFP policy and procedures should comply with county, state, and federal regulations and should include a review of the RFP document by the appropriate legal counsel prior to implementation.
- 3) The designated staff should use the following or similar process when issuing a RFP:
 - a. create a list of prospective vendors and distribute RFP;
 - b. advertise, a minimum of two consecutive weeks, the agency's RFP, staff contact and deadline for submittal and acceptance of physical receipt of proposal;
 - c. schedule a pre-proposal conference and notify prospective vendors in writing of scheduled meeting;
 - d. conduct the pre-proposal conference, keep minutes using a question-and-answer format, and distribute the minutes to vendors on the CFSA list (regardless of whether or not the vendors attended the conference);
 - e. create a time-limited process for receiving and responding to questions and distributing RFP answers (all vendors must be privy to the same information at all times);
 - f. create an internal review process which promotes objectivity in the proposal review and uses quantitative measurement;
 - g. establish a time frame for negotiating the accepted proposal if the proposal requires limited revisions which will not fundamentally change what was submitted;
 - h. distribute, in writing, the decision to award/reject the vendors proposals,
 - i. seek approval from the appropriating authority to execute the contract and secure all necessary signatures to execute.
- 4) If it becomes necessary to revise any part of the RFP, the CFSA should inform all vendors of the RFP addendum.

B. The RFP Document

- 1) The RFP document is a critical element in producing a successful contract. The RFP must be written in clear, concise language; describe the specific deliverables and requirements to be met; identify roles and responsibilities; and include instructions for responding.

C. CFSA RFP Responsibilities

- 1) To assure that vendors understand all aspects of the RFP, the CFSA should articulate the process and responsibilities of each party in the body of the RFP. The CFSA should include:
 - a. an outline of the RFP process and timeframes;
 - b. introduction and project overview (include the agency mission and program services and project description)
 - c. scope of service and project deliverables;
 - d. vendor responsibilities and all RFP forms that the agency requires be signed as part of responding to the RFP (e.g., Statement of Non-Discrimination; Statement that proposal is Board approved);
 - e. copy of the proposal's evaluation criteria;
 - f. proposal format specifications and number of copies to be submitted;
 - g. a statement retaining the right to discontinue the RFP at any time and may, at its discretion, terminate the process and re-release the RFP when deemed necessary;
 - h. the deadline date for distribution of RFP, accepting physical receipt of the proposal, and the target date for awarding the contract;
 - i. a statement of the vendors responsibility for all costs incurred in the development and submission of the proposal.

D. Vendor Responsibilities

- 1) The CFSA should identify specific vendor responsibilities in the body of the RFP. Vendor responsibilities in responding to the RFP should include, but not be limited to:
 - a. history, agency mission;
 - b. scope of service (understanding and scope of problem, method/approach for responding to problem), program design and content, specific activities to be carried out, start up date, etc.;
 - c. agency qualifications, prior experience and examples of work samples (history in conducting similar projects), minimum number of years providing service as required under the RFP;
 - d. distinguishing characteristics (e.g., uniqueness, special qualifications);
 - e. statement of sub-contractor use;
 - f. reference letters demonstrating competence to carry-out RFP deliverables;
 - g. unbundled proposed project costs and line item budget: e.g., unit cost per service, basis for calculating rate, incentive process structure, statement of other funding sources off-setting program costs and budget narrative;
 - h. most recent independent audit;
 - i. statement accepting financial responsibility associated with any audit findings linked to contract services;
 - j. expiration date of the proposal bid if different from the stated RFP requirements;
 - k. attachments (certificate of insurance, organizational chart, latest annual report, etc.);
 - l. statement of guarantee that staff and space are available to carry out the contract deliverables;
 - m. personnel qualifications;
 - n. primary contact person for contract deliverables;

- o. authorizing signature on the submitted proposal with witness or notary signature.

E. CFSA Proposal Requirements for Services and/or Goods

If getting a RFP for goods, the CFSA should describe, in detail, the specifications required of the goods to be purchased. Contract expectations and deliverables will assist the agency and vendor in entering a successful relationship.

- 1) Expectations should always be clear, concise and measurable. The CFSA may consider the following types of components when developing the contract expectations and deliverables:
 - a. Service Components
 - i. target population;
 - ii. service definitions;
 - iii. program design requirements;
 - iv. service outcomes, measurable performance results;
 - v. admissions/referral criteria;
 - vi. no reject/eject policy;
 - vii. transportation expectations;
 - viii. level/type of community involvement expected/provided;
 - x. culturally responsive services; and
 - xi. crisis stability plan.
 - b. Case Planning Management Components
 - i. case management responsibility;
 - ii. case plan responsibility;
 - iii. staffing expectations: joint and other (e.g., where, when, whom, under what circumstances, emergency, child movement, step-down protocol, etc.);
 - iv. treatment/service/Individual Service Plan (ISP)/Medicaid;
 - v. educational planning;
 - vi. discharge/termination/Absent Without Leave (AWOL) planning;
 - vii. provider plan for family involvement/visitation;
 - viii. community involvement; and
 - ix. court hearings: provider attendance
 - c. Goods

The specifications for the goods sought should include, but not be limited to: identification of requirements for materials to be used; number to be purchased; and quality of grade.
 - d. Reporting/Quality Assurance Components
 - i. reporting requirements;
 - ii. quality assurance requirements including utilization reviews, service outcomes, measures, monitoring.
 - e. Fiscal/Administration Components
 - i. description of staffing patterns;
 - ii. placement/referral forms and procedures;
 - iii. provider documentation (licensing, Medicaid approved, IV- approved);
 - iv. payment/invoice requirements (with associated penalties and/or incentives);
 - v. staff training and licensing requirements, staff-children ratio;
 - vi. level of culturally diverse staff;
 - vii. grievance policy/procedure for provider and parents;

- viii. records access and retention;
- ix. plan for use of sub-contractors, and, if so, experience of sub-contractor to carry out deliverables, percentage of program contracted out;
- x. most recent independent audit showing all receipts and expenditures and listing all liquid and capital assets; including all obligations against the assets;
- xi. annual budget with all estimated receipts by source, line item categories and cost centers;
- xii. unbundled budget formula for the computation of the unit rate (capitated or any service);
- xiii. shared risk provisions; and
- xiv. plan for continuity or transition of service provision in case of financial insolvency (e.g., restriction of referrals, reduction of service options) or termination of the contract).

V. Financial Implications

Costs associated with developing an RFP for the purchase of goods and/or services.

Policy development- 20 hrs. @ \$71/hr = \$1,420

RFP Process:

- a. advertising: \$15/day for 10 days = \$150
- b. research list of prospective vendors: 10 hours @ \$71/hour = \$710
- c. RFP development: 80 hours @ \$71/hour = \$5,680
- d. RFP distribution: 40 mailed @ \$2.90/mailing = \$116
- e. Bidders Conference and mailing of minutes: 8 hours @ \$71/hour = \$568
- f. proposal review, analysis, selection: 120 hours @ \$71/hour = \$8,520
- g. RFP award to lowest/best bidder, contracting, negotiating, grievance processing: 24 hours @ \$71/hour = \$1,704

CHILD PROTECTION SERVICES
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10.10 CONTRACT DEVELOPMENT

Council on Accreditation Standards

The Council on Accreditation Standards G11.6 (Service Agreements), G11.7 (Contractual Relationships); G11.8 (Additional Contracting Requirements for Organizations that Purchase Services); and G11.9 (Quality Monitoring of Purchased Services) link to Standard 10.10 *Contract Development*.

Administrative Code

The Ohio Administrative Procedures Manual, chapter 4000, Sections 4410 - 4417 address Standard 10.10 *Contract Development*.

I. Philosophy

Children and Family Services Agencies (CFSA) contract with organizations and providers to meet multiple goods and service needs. Contract goods and services may be sought for organizational purposes, such as maintenance of the facility or the provision of staff training. CFSA's also contract with providers for the primary purpose of responding to, and providing for the needs of children and families.

Contracts must be developed, executed, monitored, and evaluated to assure that the needs of the CFSA, children and families are adequately addressed. Contracts should define the responsibilities of the involved parties for purposes of accountability, and ensure adherence to the laws and regulations governing contracts. Contracts should be thorough, complete, and address specific criteria as appropriate to the type of goods and services sought.

II. Outcome

Contracts developed clearly state mutual expectations, measurable outcomes, products and costs.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- written process in place that responds to Standard 10.10, *Contract Development* recommendations;
- extent to which formal agency Contract Development process was used.

IV. Standards for Implementation

A. Internal Controls

CFSA should implement internal controls, effectively monitor, maintain, and evaluate the administration and operation of the contract process. While the internal control mechanisms selected by individual CFSA may differ from one another, all CFSA, to be effective, should have a universal set of internal control elements. Without internal controls, CFSA will be unable to maintain effective oversight of the contracting process.

- 1) The CFSA should have established policies and procedures that address internal control elements, and should identify staff responsible for assuring these elements are addressed. The internal control elements should include, but not be limited to, the following:
 - a. drafting, issuing, responding to RFP questions, soliciting and evaluating proposals;
 - b. in-house authorization process to access contracted services;
 - c. executing contracts;
 - d. reviewing the legal aspects of the contract (e.g., boilerplate language and amendments);
 - e. approving contract amendments;
 - f. accounting (general) oversight responsibility including invoicing, monitoring and reporting fiscal expenditures, and spending limitations;
 - g. quality assurance activities including monitoring invoices against contract deliverables and reporting on contract performance (monthly, quarterly, semi-annually, annually);
 - h. client grievance process/customer complaints.

B. Scope of Work

In developing service contracts, the CFSA should clearly define the service components to establish accountability between the two parties. These service components should be written as part of the Scope of Work. The scope of work identifies in clear and measurable language who is responsible for each aspect of the contract.

- 1) When developing the Scope of Work, staff must be clear on what the CFSA wants to purchase, its expectations of the vendor/provider, and what must occur for the service or product to be considered adequate. The Scope of Work should cover, at minimum, the following areas:
 - a. Service/Goods Components;
 - b. Provider/CFSA Responsibilities;
 - c. Reporting/Quality Assurance Components;
 - d. Fiscal/Administrative Components and Financial Controls.

C. Contract Incentives

CFSA create incentives as part of the contract development process to motivate the provider to achieve contract performance standards. Both positive and negative contract incentives should be carefully examined to determine which incentive(s) is most viable based on the nature of the specific goods and services under negotiation. CFSA who choose to use contract incentives are obligated to share these with the contract provider

as part of the contract development process (can be used as an attachment). Contract incentives must be defined in the body of the contract.

- 1) The CFSA should check with their finance department to identify any possible funding limitations when providing contract incentives.
- 2) There are several types of contract incentives. The CFSA should consider the following:
 - a. Lump Sum Bonus: lump sum bonus is given when the vendor/provider or client meets and/or exceeds established measurable contract deliverables and/or outcomes.
 - b. Set-asides: the Set-a-side contract incentive is based on the type of service provided. Short-term focus rather than long-term performance objectives are optimal for set-aside incentives. With set-asides, the CFSA holds back a portion of the contract until such time the provider meets the defined contract performance goals.

D. Failure to Renew the Contract

The most common negative contract incentive available to CFSAs is their right not to renew a contract. CFSAs that choose this option should carefully document the reasons associated with their dissatisfaction, attempts to ameliorate the problems/conflicts and the decision not to renew.

E. Liquidated Damages

Liquidated damages may be used by CFSAs as a means of limiting the contract "failure" rate. CFSAs use liquidated damages in the body of the contract by stipulating that failure to achieve contracted program goals will result in the provider reimbursing a portion of the contract back to the CFSA.

F. Performance Bond

- 1) CFSAs can use performance bonds that require the provider to furnish a bond or a certified check for a percentage of the total contract amount. Should the provider be unable to deliver on contracted program goals, the bond is forfeited to the CFSA.
- 2) The use of performance bonds as a negative contract incentive may be problematic for small operations where the provider does not have surplus cash to put up the required percentage of the contract bond.

G. Boiler Plate Language

Consistent language in the body of the contract reinforces uniformity and standardization in conducting business with service providers. Boiler plate language provides legal protection for the CFSA as a result of the county prosecutor's approval of the language as meeting minimum legal standards under the law. To assure CFSAs have adequate legal protection and increase the likelihood that there is uniformity and consistency in the execution of service/goods contracts, the following Boiler Plate language may be considered.

- 1) Standard boiler plate language as recommended for use by Ohio's custodial CFSA's should not be adopted by the CFSA without specific legal review by the CFSA's designated legal staff or prosecuting attorney.

The Standard Boiler Plate language that may be considered for use by a CFSA's when developing a contract is as follows. It may include, but not be limited to:

- a. Incorporation by Reference

The following documents are hereby incorporated by reference and thereby made part of this Contract:

- i. Exhibit A: (title, list number of pages);
- ii. Exhibit B: (title, list number of pages);
- iii. Exhibit C: (title, list number of pages).

- b. Amendment

This Contract may only be amended by the express, written, and signed Contract of both parties.

Provider is responsible for giving the CFSA written notification at least thirty days prior to program changes that result from changes in funding, program goals, staffing, or service design. Failure to agree in writing on such changes will invalidate the Contract at the end of the thirty day notice.

- c. Assignment & Subcontracting

Provider shall not transfer, subcontract, or assign any rights, duties or liabilities under this Contract to any other individual, corporation, or other entity without the prior written consent of the CFSA, which may be withheld at the CFSA's discretion.

Subject to this restriction, the rights and obligations arising under this Contract shall inure to the benefit of and be binding upon the successors and assigns of the parties hereto. Or...(last sentence)...Any attempted transfer, subcontract, or assignment of rights, duties, or liabilities under this Contract without the prior written consent of the CFSA shall be void.

- d. Applicable Law & Jurisdiction

This Contract shall be governed by, and the rights of the parties shall be determined according to, the laws of the State of Ohio.

Both parties agree that the jurisdiction of any legal action arising from this Contract shall be within the state or federal courts of the State of Ohio.

- e. Severance

If any paragraph or provision of this Contract or its application to any party is found invalid or unenforceable by a court of competent jurisdiction, such invalidity will not affect other provisions or applications of this Contract, which can be given effect without the invalid provision of application, and to this end the parties agree that the provisions of this Contract are and will be severable. If either party shall consider that such event shall constitute a major change to the intent of this Contract, that party may propose to the other appropriate modifications of this Contract to restore it to its original intent. In such case, if a Contract on modification is not reached within ninety days, the party making such proposal may terminate the Contract under the provisions herein (or submit to arbitration, if arbitration is permitted or mandated under the Contract).

- f. Non-Waiver of Rights

Failure by the CFSA to enforce any provision of this Contract does not constitute a waiver of the right of the CFSA to enforce any future failure of the Provider to comply with that or any other provision of this Contract.

g. Order of Precedence

In the event of an inconsistency between the provisions of this Contract, its attachments and exhibits, the inconsistency shall be resolved in the following order:

- i. this Contract;
- ii. the Exhibits hereto in alphabetical order, with Exhibit A taking precedence over Exhibit B, etc.;
- iii. other documents referenced in this Contract;
- iv. other documents referenced in the Exhibits hereto;
- v. RFP; and
- vi. provider's proposal.

h. Termination

i. Natural Completion

This Contract shall terminate of its own accord at the conclusion of its term on (date) unless amended for an extension as described in Section _____ above.

ii. Convenience

This Contract may be terminated by either party upon notice in writing delivered upon the other party 30 days prior to the effective date of termination.

iii. Cause

This Contract may be terminated by the CFSA if the Provider becomes bankrupt or insolvent, makes an assignment for the benefit of creditors, or changes its structure so as to adversely affect its ability to perform its obligations under this Contract. Such termination will occur on the date the CFSA becomes aware of such relief being sought by the Provider or such event having occurred.

Nonperformance by the Provider of any terms of this Contract or failure to maintain performance standards as stated in this Contract shall constitute default by the Provider and cause for termination.

iv. Continuing Obligations

Termination pursuant to the provisions of this Contract will not relieve either party from the liabilities, obligations, or benefits already accrued under its terms. The Provider is responsible to cease any cost incurring activities upon the date of termination.

Neither Party will be liable to the other for any loss of prospective profits, funding or expenditures, investments, incidental, consequential, punitive or liquidated damages or any similar type of future or speculative damages regardless of their nomenclature.

The parties further agree that should the Provider become unable for any reason to complete the work called for under this Contract, that such work as the Provider has completed upon the date of its inability to continue the terms of this Contract shall become the property of the CFSA, and further the CFSA shall not be liable to tender and/or to pay to the Provider any further compensation after the date of the Provider's inability to complete the terms hereof, which date shall be the date of termination unless extended upon request by the CFSA.

Notwithstanding the above, the Provider shall not be relieved of liability to the CFSA for damages sustained by the CFSA by virtue of any breach of the Contract by the Provider; and the CFSA may withhold any compensation to the Provider for the purpose of set-off until such time as

the amount of damages due the CFSA from the Provider is agreed upon or otherwise determined.

i. Entirety of Contract

This Contract and the Exhibits hereto constitute the entire Contract between the CFSA and the Provider. There are no promises, terms, conditions, or obligations other than those contained herein. This Contract supersedes and cancels all previous communications, representations or Contracts either written or oral, between the parties to this Contract related to the same subject matter. No oral or written Contracts not included herein are binding upon either party.

j. Counterparts

This Contract may be executed simultaneously in two or more counterparts, each of which shall be deemed an original, and each of these counterparts shall constitute one and the same instrument. It shall not be necessary in making proof of this Contract to produce or account for more than one such counterpart.

k. Descriptive Headings

The descriptive headings in this Contract and its table of contents are inserted for convenience and administrative reference only, and are not intended to indicate all of the matters following them. Accordingly, they shall not control or affect the meaning, interpretation, or construction of any of the provisions hereof.

l. Independent Contractor

The Provider shall be and remain an independent contractor and shall not act as an agent for the CFSA, nor have the authority to commit or bind the CFSA without prior written Contract.

Nothing in the Contract will be deemed to constitute, create, give effect to or otherwise recognize a joint venture, partnership or formal business entity of any kind, and the rights and obligations of the parties will be limited to those expressly set forth herein.

m. Force Majeure

If performance by either party pursuant to this Contract is delayed or impaired by reason of matters beyond the control of the performing party, including, without limitation, acts of God; war; riots; acts of civil or military authorities in their government or contractual capacity; fires; floods; nuclear incidents; quarantine restrictions; strikes; delays in transportation; shortages of cars, fuel, labor or materials, then performance by that party will be excused to the extent of the duration of such occurrence or the direct effects thereof.

n. Indemnification

The Provider shall protect, defend, and indemnify and hold harmless the CFSA, _____ County, and its Board of Commissioners from and against any and all claims, demands, judgments, costs, expenses and attorney's fees in connection with damages, direct and indirect, and all claims arising out of the Provider's acts, omissions or conduct or those of its employees, officers, agents or independent contractors.

The Provider agrees to pay all damages, costs and expenses of the CFSA, its officers, agents, employees and Board of County Commissioners in defending any action arising out of the aforementioned acts or omissions.

o. Conflict of Interest

This Contract in no way precludes, prevents or restricts the Provider from obtaining and working under additional contractual arrangement(s) with other parties aside from the CFSA, assuming that the contractual work in no way impedes the Provider's ability to perform the services required under this Contract.

The Provider at the time of entering into this Contract has no interest in nor shall it acquire any interest, direct or indirect, in any Contract which will impede its ability to perform the services under this Contract.

The Provider further agrees that there is no financial interest involved on the part of any CFSA officers or employees of the department involved in the development of the specifications for the negotiation of this Contract.

The Provider hereby certifies that it has disclosed any information that it possesses about any business relationship or financial interest that the Provider has with a CFSA employee, employee's business or any business relationship or financial interest that a CFSA employee has with the Provider or in the Provider's business.

p. Compliance With Laws

The Provider agrees to comply with all applicable federal, state, and local laws in the conduct of work hereunder. The Provider accepts full responsibility for payment of all unemployment compensation insurance premiums, worker's compensation premiums, all income tax deductions, pension deductions and any and all other taxes or payroll deductions required for the Provider and all employees, contractors or agents engaged by the Provider for the performance of work authorized by this Contract.

q. Equal Opportunity

The Provider shall take affirmative action to ensure that the Provider's applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, or national origin.

r. Term

This Contract shall be in effect from (date) through (date) .

s. Records Retention, Access and Monitoring:

All records relative to this Contract, including service plans, invoices, etc., as applicable, shall be retained for five years. Provider shall maintain client, service and financial records, books, payrolls, documents, accounting procedures, and practices necessary to sufficiently and properly reflect all services provided and all direct and indirect costs of any nature expended in the performance of this Contract. Such records which are directly pertinent to this Contract shall be subject to inspection, review, or audit by designated CFSA personnel or agents. Provider agrees that the CFSA staff or agent shall have direct access to the aforementioned records which document service delivery and expenses incurred. The CFSA will attempt to arrange a mutually convenient appointment for such inspection or audit.

t. Insurance

The Provider shall maintain at all times during the life of this contract liability insurance with a responsible company licensed to do business in the state of Ohio in an amount that will adequately secure the person and/or estates of CFSA's children and/or families against reasonably foreseeable accidents which could cause injury or death.

u. Confidentiality

The Provider and CFSA agree to comply with federal and state laws applicable to the CFSA concerning the confidentiality of CFSA's children and/or families. The Provider agrees that the use or disclosure of information concerning CFSA's children and/or families by any party for any purpose not directly related to performing its responsibilities in the administration of this contract is prohibited.

- v. **Provider/Vendor Solicitation of CFSA Employees**
Provider/vendor warrants that for one calendar year from the beginning date of this contract with _____, provider/vendor will not solicit the CFSA employees to work for provider/vendor.
- w. **Availability of Funds**
This contract is conditioned upon the availability of federal, state or local funds that are appropriated or allocated for payment of this contract. If funds are not allocated and available for the continuance of the function performed by provider/vendor hereunder, the products or services directly involved in the performance of that function may be terminated by the CFSA at the end of the period for which funds are available. CFSA will notify provider/vendor at the earliest possible time of any products or services that will, or may be affected by a shortage of funds. No penalty shall accrue to the CFSA in the event this provision is exercised and the CFSA shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section.
- x. **Billing and Payment**
Original invoices signed by the provider and required reports will be submitted by the _____. No payment will be made for any service either an initial invoice or a supplemental invoice which is submitted to the CFSA more than _____ calendar days from the end of the _____. The CFSA has the final authority in determining if an invoice is received timely and accurately.

For invoices which are received timely but not accurately, there will be no extension of the time limitations.

H. Provider Assurances

Including Provider Assurances as a contract exhibit provides assurances that the Provider will carry-out specific activities considered to be of the utmost importance to the CFSA. The following Provider Assurances may include, but not be limited to the following. Standard Assurances language as recommended for use by Ohio's CFSA's should not be adopted by the CFSA without specific legal review by the CFSA's designated legal staff or prosecuting attorney.

- 1) The CFSA should develop a Contract which, when executed (of which this Exhibit is a part), the Provider certifies that it does and will comply with the following statements:
 - a. Compliance with Title VI of the Civil Rights Act of 1964 and certifies that no qualified applicant for employment or services shall be denied employment or services or be subjected to discrimination because of any factor or condition such as creed or belief, gender, handicap, social or ethnic background, environmental or social conditions or infection with the Human Immunodeficiency Virus Spectrum (the term "applicant for services" as used in this exhibit includes volunteers and foster parents).
 - b. That it is in compliance with all State and Federal laws prohibiting discrimination in employment and that it shall not discriminate in its employment practices or its purchasing of goods or services based on any factor or condition including, but not limited to, creed or belief, gender, handicap, race, social or ethnic background, environmental or social conditions.
 - c. That all services under this Contract will be provided in the manner appropriate to ensure that the accessibility to services for any applicant for or recipient of services will not be limited by their special needs, status, or background

including, but not limited to, gender, race, creed, color, religion, nationality, physical or mental handicap, age, or infection with the Human Immunodeficiency Virus Spectrum. Reasonable accommodations must be made as required under the Americans with Disabilities Act, Public Law 101-226.

- d. That the Provider agrees to maintain a drug-free workplace, which means that the site for the performance of work done by the Provider, in connection with this Contract, at which employees of the Provider are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance.
- e. That all applicants for or recipients of social services under this Contract have the right to make a complaint or file a grievance with the appropriate Provider worker or supervisor should adverse action be proposed or taken on their request for such services, and that all applicants will be informed of this right.
The Provider also agrees to inform the _____ CFSA immediately if any complaint or grievance alleges discrimination or lack of access to services, violation of assurances A, B, and C, listed above.
- f. For all employees and volunteers, before they are left alone with children, the Provider will request record checks from the Ohio Bureau of Criminal Investigation (BCI), the sheriff of the county and the police department of the city, village or township within which the individual has lived or worked, if the location of employment is different from the residence.
Fingerprints must be provided with the request for the record check to BCI and any sheriff's or police department that will use them in the check.
If the applicant for employment, employee, or volunteer has not been a resident of Ohio for at least five years, BCI will be requested to provide information on him/her from the Federal Bureau of Investigations.
No employee or volunteer who has been convicted or pleaded guilty to a violation of any of the sections of the Ohio Revised Code (O.R.C.) listed in O.R.C. section 5153.11.1(B)(1)(a) and of O.R.C. section 2919.24.4 shall have contact with, or be responsible for the care, custody, or control of, any child served under this Contract.
- g. All staff and volunteers who transport children will have a current, valid driver's license and, if using their own private vehicle, automotive liability insurance that will cover injury to the children and families. Evidence of licenses and insurance will be maintained in the employee's or volunteer's personnel file.
- h. There is automotive liability insurance coverage for all Provider vehicles in which children or clients are transported.
- i. All Provider employees will currently meet state/agency licensing requirements for the position(s) held. Documentation of these qualifications will be maintained in the personnel files.

V. Financial Implications

Costs associated with the development and implementation of the contract for goods and services are as follows:

- a. contract development costs associated with the Request For Proposal are included in Standard 10.9 *Request For Proposal*;
- b. contract development costs are estimated at 40 hours @ \$71/hour = \$2,840 (costs will be higher for a managed care contract).

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10.11 PROVIDER RELATIONS

Council on Accreditation Standards

The Council on Accreditation Standards G11.6 (Service Agreements) and G11.7 (Contractual Relationships) link to and support Standard 10.11 *Provider Relations*.

Administrative Code

The Ohio Administrative Rule 5101:2-33-18 (Purchase of Service Agreements for Foster Care and Placement Services) addresses Standard 10.11 *Provider Relations*.

I. Philosophy

CFSA's provide a range of programs to children and families. At times, CFSA's augment their services through purchase of service agreements with other providers. The selection, contracting and monitoring of service contracts, are only part of the contractual relationship. For the provider to effectively serve children and families, the CFSA and provider must have a positive working relationship. It is the responsibility of the CFSA and provider to encourage ongoing, open communication as they fulfill their contractual obligations. Good CFSA/provider relations enhance the effectiveness of services provided.

II. Outcome

Children and families identified needs are specifically addressed when receiving contracted services.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- survey contract Providers and staff that primarily work with targeted Providers to ascertain the level of effective functioning between the Provider agency and CFSA.

IV. Standards for Implementation

- 1) The CFSA should have an established schedule of regular individual and group conferences with its contract providers. Conferences should be coordinated and facilitated by the designated CFSA staff. Conferences may include, but not be limited to, coverage of the following:
 - a. service coordination issues (linkage, case plans, staffing) and corrective action;
 - b. contract documentation (clarification, standard forms, etc.);
 - c. quality assurance activities (program evaluation, reporting, etc.);
 - d. anticipated service needs, service outcomes, changes, funding availability; and

- e. creating collaborative opportunities.
- 2) CFSA's that have shared funding relationships with other county systems should invite representatives to participate in regularly scheduled conferences.
- 3) The CFSA should request to participate in provider network meetings.
- 4) The CFSA should maintain frequent, informal communication with contract providers, especially regarding problems as soon as they arise, and document having done so.
- 5) The CFSA should maintain a current mailing list to include all agency contract providers and potential providers for the purpose of distributing the CFSA community-wide communications (e.g., newsletter).
- 6) The CFSA should distribute an annual contract provider survey to its caseworkers/managers/supervisors to gather information regarding the level/quality of services provided, and quality of CFSA/provider relationship. The results of the survey should be shared with the individual contract providers using various strategies (e.g., face-to-face contact, written summary of survey findings).
- 7) The CFSA and contract provider should periodically review the contractual inter-agency protocols to assure efficient and effective mechanisms for accessing services/supports.

V. Financial Implications

Costs associated with recruitment, education, and retention of quality providers to support the work of the county CFSA are as follows:

Contact with community providers: 800 hours @ \$71/hour = \$56,800

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10.12 QUALITY ASSURANCE (Collecting, Monitoring And Evaluating Program Services)

Council on Accreditation

The Council on Accreditation Standards G2 (Continuous Quality Improvement) and G5 (Quality of the Service Environment) link to and support Standard 10.12 *Quality Assurance*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-57-02 (Child Protection Oversight and Evaluation); and 5101:1-49 (Quality Control Findings) address Standard 10.12 *Quality Assurance*.

I. Philosophy

CFSAs are accountable to the children and families served, the public and governing and advisory bodies for program outcomes and associated expenditures. CFSAs maintain accountability by collecting, monitoring and evaluating information that reports the extent to which program outcomes are being achieved and service expectations met.

Maintaining a quality assurance system that includes evaluation of performance, financial stability, customer satisfaction, and administrative compliance of internal and external program services provides the CFSA with the data needed to determine whether or not the program should be maintained, improved, revised or removed.

II. Outcome

Services are evaluated to ensure client outcomes are achieved in a cost effective and efficient manner.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- tracking and reporting on program indicators and performance measures;
- monthly Tickler Reports on QA elements;
- peer reviews on a quarterly basis.

IV. Standards for Implementation

A. The Self-Evaluation Team/QA Department

- 1) The CFSA should have a Self-Evaluation Team or Quality Assurance Department that has a mission, goals, formal structure and written procedures for identifying data needed to be gathered, and collected, monitored, reviewed data, and develop program recommendations based on the data findings.

B. Gathering Data

The CFSA should have a plan for collecting and providing regular statistical reports and qualitative data on the three CORE child welfare outcomes: Child Safety, Permanency and Child and Family Well-Being, as well as the Chaffee Independent Living Law.

- 1) At a minimum, the CFSA should monitor programs and services by collecting, analyzing, and reporting on:
 - a. data required by the Ohio Department Of Job and Family Services;
 - b. demographic information on children and families;
 - c. program service statistics;
 - d. information regarding staff workload, retention, credentials, and training needs;
 - e. service needs assessment data;
 - f. data to assess the cost-effectiveness of services;
 - g. data to assess compliance with state and federal regulations.

C. Monitoring and Reporting

- 1) The CFSA should establish methods for monitoring program and direct service outcomes, financial activities, contract deliverables and human resource activities (training, turnover, etc.) on a monthly basis, at minimum.
- 2) The CFSA should have a process for regularly informing key stakeholders of findings identified as a result of monitoring activities.

D. Evaluation of Program Services

Conducting performance evaluations on services provided by, or on behalf of, the CFSA provides verification of whether or not children and/or families' needs are being met.

- 1) The process for evaluating program services should:
 - a. be clear, concise, simple and legible;
 - b. measure the extent to which the services are effective;
 - c. evaluate client utilization of services;
 - d. be completed by persons qualified and experienced in the evaluation process;
 - e. be consistent across program services.
- 3) When evaluating program services, consideration should be given to the following areas:
 - a. service objectives or contract deliverables;
 - b. forms to be developed and used;
 - c. opportunity for in-house program staff, contract providers and consumers to participate in the evaluation process;
 - d. process for corrective action;
 - e. schedule for review (quarterly, semi-annual, annual) with time frames for evaluation activities;
 - f. analysis of collected data, aggregation and reporting with summary of outcomes;

- g. use of evaluation findings in future planning.
- 3) In developing evaluation criteria, the CFSA should consider including the following:
- a. target population (demographics);
 - b. form and cost of services;
 - c. outcomes for children and families;
 - d. use;
 - e. appropriateness of service to client needs and outcomes achieved; and
 - f. documentation of same

E. Financial and Administrative Evaluation for Purchased Services

The purpose of conducting a financial evaluation of contracted services is to assure that the CFSA is receiving the services that are being paid for.

- 1) The financial evaluation of contract services must be reviewed against the child and family contract service plan to assure contracted client outcomes are being achieved.
- 2) When identifying the items to be included in the financial evaluation of program services, the CFSA should consider the following:
- a. units billed are supported by adequate documentation;
 - b. rate billed is rate stated in the contract;
 - c. periodic review of actual expenditures against planned rate of expenditures;
 - d. additional criteria, as needed, based on specific contract requirements;
 - e. contract amendments are supported by documentation.
- 3) The CFSA evaluates the extent to which the contract provider meets the administrative requirements outlined in the contract.

F. Customer Satisfaction Evaluation

Conducting periodic customer service evaluations provides the CFSA with critical information regarding the qualitative aspects of the service provided while providing an opportunity for the customer to articulate concerns and issues and provide feedback.

- 1) The CFSA should develop a process for surveying and evaluating consumer satisfaction on an annual basis, at minimum. The evaluation process should include, but not be limited to:
- a. written surveys at case conferences;
 - b. phone bank;
 - c. focus groups;
 - d. one-on-one interviews;
 - e. mailed surveys.
- 2) The collected information should be provided to the program service area or contract provider for future planning.

V. Financial Implications

Costs associated with the evaluation of program goods and services provided in-house or through a contract provider are as follows:

- a. evaluation design: 80 hours @ \$71/hour = \$5,680
- b. program/financial evaluation of goods and services:
40 hours @ \$71/hour = \$2,840/program goods and/or services provided in-house or by a contract provider.

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10.13 INFORMAL QUOTES

Council on Accreditation Standards

The Council on Accreditation Standards G6 (Financial Management) and G11.7 (Contractual Relationships) link to and support Standard 10.13 *Informal Quotes*.

Administrative Code

The Ohio Administrative Procedures Manual, Chapter 4000, Section 4431 addresses Standard 10.13 *Informal Quotes*.

I. Philosophy

The purpose of having a formal process for obtaining informal quotes is to assure efficient use of financial resources and assure fairness and equity in identifying and securing services and/or goods sought. The informal quote process should be used when a Request for Proposal (RFP) is not required by county, state, or federal regulations. Although less stringent than the RFP process, the informal quote process should assure uniformity, consistency and reasonableness in purchasing.

II. Outcome

Goods and services are sought fairly and equitably amongst available vendors and secured at the lowest/best price.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- review and report on process used to select vendors;
- review and report on number of quotes solicited and secured.

IV. Standards for Implementation

- 1) The CFSA should have a policy and set of procedures for obtaining informal quotes. The policy and procedures should include, but not be limited to, the following:
 - a. list of specifics regarding what the agency wants to purchase (e.g., purchase of a xerox machine, capabilities desired - color, sort, staple);
 - b. contact with a minimum of three vendors, informing each vendor that 3 quotes are being secured;

- c. documentation of contact date(s), price quotes, vendor's name, name of the individual providing the price quotes;
 - b. vendor documentation verifying quotes when price is given over the telephone.
- 2) In the case of a sole source, the CFSA should document that it was unable to secure three quotes.

V. Financial Implications

Costs associated with securing quotes for procurement of materials and services are as follows:

Policy development- 8 hours @ \$71/hour = \$568

Policy implementation- cost savings achieved through this process should balance the cost of implementing the policy.

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ADMINISTRATION

10.14 MANAGING SYSTEMS OF CARE

Council on Accreditation Standards

There are no Council on Accreditation Standards that directly link to and support Standard 10.14 *Managing Systems of Care*.

Administrative Code

The Ohio Administrative Procedures Manual, Chapter 4000, Section 4424; 4425 and 4460 address Standard 10.14 *Managing Systems of Care*.

I. Philosophy

Public CFSAs promote, through their mission statement, the physical safety and social, emotional, and developmental well-being of children and their families. In an effort to manage systems of care, staff use clinical and administrative tools to enhance their ability to efficiently and cost effectively serve children and their families. This process of managing systems of care is often referred to as "managed care."

Managed care, as a strategy, is based on multiple activities centered on providing expedient, quality services. Critical and basic principles of managed care include:

- a. collection, analysis, reporting of utilization, outcomes and cost data;
- b. quality assurance mechanisms and data-based operations;
- c. standardized gatekeeping and service protocols*;
- d. outcome-based, results-oriented services;
- e. cost containment.

Public CFSAs may choose to:

- a. apply managed care principles to their internal administrative practices;
- b. contract with providers to serve children and families within a managed care environment; or
- c. operate using a combination of strategies, all aimed at providing the very best service delivery system to children and families.

Regardless of the option selected, managed care provides agencies with an opportunity to assure results while containing costs, creating a balance between high quality services and available resources.

**Protocols should serve as a foundation to build on, but should not inhibit innovation of the service delivery system.*

II. Outcome

Continuous quality improvement occurs and costs are contained.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- surveying contractual Providers;
- reviewing data gathered to review the Managed Care QA plan and report out on findings;
- meeting with Providers to share data and identify solutions for future contracting.

IV. Standards for Implementation

A. Options

- 1) In moving into a managed care system for the delivery of services to children and families, the Public CFSA has the option of selecting from a continuum of alternatives to provide and monitor service to children and families. It should be entirely up to the Public CFSA to determine the most appropriate managed care environment based on its values and desired outcomes, community needs, level of inter-system collaboration, and finances.

B. Public CFSA Applied Managed Care Principles Internally

- 1) The Public CFSA may choose to provide all child protective services and apply managed care principles to its own administrative and direct service programs. Applying managed care principles within the organization, the

Public CFSA would evaluate its systems, services, costs, effectiveness, and operations with a specific focus on direct service programs.

In an effort to continuously improve and contain costs, the Public CFSA:

- a. subcontracts for selected services and acts as the manager for services provided including, but not limited to, providing administrative, fiscal, quality assurance and case management responsibilities;
- b. maintains direct service responsibilities for specific services (e.g., Intake investigations and assessments);
- c. has the administrative organizational capacity to support a comprehensive and quality managed care program, and the qualifications to handle a variety of operations including, but not limited to:
 - i. utilization management and service authorization;
 - ii. quality assurance system including a medical and clinical review system;
 - iii. investigation of member and provider complaints and grievances system;
 - iv. fiscal management system;
 - v. evaluation and monitoring of programs, fiscal activities, contracts, providers, outcomes and service data;
 - vi. client tracking and care coordination.

C. The Managed Care Entity

- 1) A Public CFSA may elect to contract with a managed care entity (MCE) for all (or some) agency services to children and families. The Public CFSA would:
 - a. maintain responsibility for executive decision-making, quality assurance, and Management Information Services, maintaining policies on clients to be served, and establishing the outcomes for program services;
 - b. maintain legal responsibility for all activities but not necessarily perform any of them;
 - c. have the administrative organizational capacity to handle a variety of office functions, including:
 - i. development and implementation of service protocols and standardized approaches to gatekeeping decisions and safety and permanency decisions;
 - ii. oversight of the data collection system;
 - iii. development and oversight of provider credentialing standards and processes;
 - iv. development and review of outcomes and standards;
 - v. collection, evaluation, monitoring program and fiscal data, providers, outcomes and service data;
 - vi. client tracking and care coordination;
 - vii. review of safety and permanency decisions.
 - d. address the parameters of the contract between the parties (see Standard 10.10 *Contract Development*).

D. Gatekeeper

The Public CFSA is obligated by law to protect children who are alleged to be abused or neglected. The Public CFSA should maintain primary responsibility and authority for gatekeeping activities and decision-making, including intake and assessment, safety and permanency services.

- 1) The Public CFSA should develop a system for case reviews to determine which children will be eligible for which managed care services. The system can include Team Decision Making (case staffings, Family Case Conferences) with the family, provider, Public CFSA, other identified stakeholders, etc., and have protocols in cases where the Public CFSA and provider disagree on approval of the service requests (e.g., request a clinical review).
- 2) The Public CFSA should create advanced written Contracts with stakeholders to define how the Public CFSA, managed care entity, family, and other key stakeholders will work together, exchange information, etc.

E. Management Information Systems & Managed Care

- 1) Managing information is essential when managing systems of care. Both small and large county agencies should have the capacity to collect, store, analyze, manipulate, apply, and report data on clients, providers, finances, service effectiveness and state and federal compliance requirements whether manually or through an automated system. Management information systems should permit appropriate agency staff to access aggregated information and costs. Protecting confidentiality and ensuring the system's

security is an additional component of a well-functioning data collection system equally critical to effectively managing system's of care.

F. Functional Requirements

The data collection system must be able to manage certain functions. If these functions are not an integral part of the data system, the Public CFSA will place itself at risk of being unable to manage the system of care

effectively. The ability to track costs to services, monitor service delivery on a daily basis, and forecast service needs and costs is critical to the Public CFSA's effectiveness in a managed care environment.

- 1) The Public CFSA may choose to allow the MCE to perform all or some of the electronic data gathering. In this case, the Public CFSA must assure that its electronic system is compatible with the MCE's system to allow for the sharing, retrieval and storage of information.

The following data elements may be considered when establishing a managed care data gathering system:

- a. daily tracking and reporting of treatment services;
- b. client progress against stated outcomes;
- c. centralize, standardize and simplify record keeping with regards to:
 - i. essential client data,
 - ii. treatment plans and records,
- iii. tracking costs on a daily basis, link costs to services, claims payments,
- iv. provider data,
- v. intake forms and eligibility criteria,
- vi. outcome measures;
- d. system for accurate adjudication of approved and denied claims (if the Public CFSA is the managed care entity rather than a provider of services);
- e. useable data for forecasting:
 - i. budgets,
 - ii. staffing needs for services operated by agency,
 - iii. need for contract services,
 - iv. services needed by clients (both those currently provided and alternatives which may be less restrictive and more cost effective),
 - v. case-by-case future period cost estimates based on treatment plan to determine costs outside of the normal range,
 - vi. productivity of staff and providers for use in forecasting service needs and cost effectiveness;
- f. system for making information available to all staff, while protecting confidentiality and maintaining data security and addressing HIPPA standards;
- g. flexible reporting capacity that allows queries by staff, as well as preparation of ongoing reports for external and internal needs;
- h. provide Decision-Making Tools:
 - i. decision-making tools for standardizing the range/level of care to be authorized,
 - ii. system for reporting costs by service type, client and outcomes,

- iii. forecasting tools, such as specialized reports on changing client demographics and specific treatment needs, service utilization by provider type and client behaviors that have an adverse affect on positive treatment outcomes,
- iv. quality assurance/analytical reports,
- v. research capabilities;
- i. Facilitate Tracking:
 - i. authorization of services,
 - ii. service provider file, including list of services authorized and the licensing or credentialing status of each individual provider,
 - iii. list of benefits (covered services), rates or fee schedule,
 - iv. tickler system to trigger periodic reviews of reports and plans (treatment plans, SARs, quality assurance, financial reports, etc.).

G. Quality Assurance

- 1) A Quality Assurance system is comprised of a set of comprehensive reviews and monitoring activities designed to assess and evaluate the quality, effectiveness, efficiency and appropriateness of the Public CFSA's services and service delivery system. All quality assurance systems begin with the development of a comprehensive quality assurance plan.

H. Quality Assurance Plan

The Public CFSA operating and/or participating in a managed care system should have a written quality assurance (QA) plan that identifies the agency's goals, objectives, and responsibilities for monitoring services.

The QA plan should be comprehensive, integrated into agency operations, and designed to assess the attainment of specific agency and individual client goals and objectives. The QA plan outlines well-defined activities through which data is collected and performance is measured.

- 1) The implemented QA plan is intended to:
 - a. identify system strengths and weaknesses;
 - b. monitor compliance as related to best practice;
 - c. identify gaps in the service delivery system and monitor use of community resources and systems.
- 2) The plan would include, but not be limited to, the following components:
 - a. case plan reviews;
 - b. utilization reviews;
 - c. compliance monitoring;
 - d. assessment of staff performance;
 - e. records review.
- 3) The quality assurance plan should include the following additional items:
 - a. statement of purpose, identifying broad-based quality assurance goals, and objectives;
 - b. identification of staff responsible for coordination of QA activities and for assuring compliance with program standards;

- c. written policy regarding client confidentiality, including statement, which holds confidential all names and addresses;
- d. statement regarding necessity to avoid conflict of interest in reviewing one's own work;
- e. identification and definition of scope of services against which measurements will be made;
- f. reporting requirements and methods for follow-up, corrective action and strategies for improvement, including a mechanism for continuous quality improvement;
- g. method for receiving and providing staff feedback and for disseminating information and reports.

I. Utilization Review

Public CFSAs currently use the Semi-Annual Review (SARs) and Administrative Case Review (ACRs) to review the effectiveness of services with specific clients. Public CFSAs can move beyond the SAR and ACR concept, by conducting or purchasing utilization review activities.

- 1) Monthly utilization reviews should rely on a review checklist to assure uniformity and consistency in the review process. The checklist may include, but not be limited to, a review of:
 - a. new admissions;
 - b. length of stay and discharge criteria;
 - c. trends and patterns of service usage;
 - d. involuntary terminations;
 - e. coordination of assessment, treatment and termination;
 - f. availability of services;
 - g. client waiting list;
 - h. referrals to other agencies including a survey of referral agencies;
 - i. continuity of services for clients;
 - j. clients progress on treatment plan;
 - k. client satisfaction surveys.
- 2) The utilization review process should include a designated Recorder for taking and maintaining a record of review minutes and outcomes.
- 3) The Public CFSA should hold regular reviews of randomly selected cases of current and recently terminated client's case records to determine if agency and community resources are being allocated appropriately to meet client needs. The selected sample should be representative of the total population.
- 4) On a regular basis, a qualitative and quantitative analysis and report should be prepared and presented to the Public CFSA administration for monitoring purposes and planning.

J. Peer Reviews

The peer review process is based on a review of clinical performance by the clinician's peers. It addresses the clinical performance of each staff member in their ability to provide consistent, suitable and appropriate treatment and/or services.

- 1) When contracting with a provider to provide a specific service, the Public CFSA should assure, in the contract deliverables, the provision of a peer review process by the provider. In this case, the Public CFSA should participate in the peer review process on a quarterly basis (see standard 10.10 *Contract Development*).
- 2) The Public CFSA should review a sample of the case records of each clinician providing treatment and/or services at a minimum of once annually.
- 3) The Public CFSA may elect to create/require a peer review team to meet monthly. The review team should be comprised of direct care providers (e.g., social workers).
- 4) Cases for peer review should be pulled in advance and made available for the peer reviewers with a checklist for analysis. The peer review team meets monthly to review the case and determine to what extent the clinician provided appropriate treatment service.
- 5) On a monthly basis the Public CFSA should review a randomly selected set of client records. The peer reviewers should utilize a checklist to assure uniformity and consistency. The reviews should include, but not be limited to, the following:
 - a. an analysis of whether or not the clinician/provider provided the services and/or treatment as described in the Individual Service Plan (ISP) or case plan;
 - b. a clinical analysis as to whether or not the services were provided in a suitable manner;
 - c. a clinical analysis as to whether the services provided were appropriate based on the Individual Service Plan (ISP) or case plan;
 - d. a review as to whether or not the services were properly documented and completely documented.

K. Quarterly Reviews

The purpose of the Quarterly Review process is to review the client's progress towards stated outcomes, goals, and objectives. A review of the Individual Service Plan (ISP) should be approved by a qualified and licensed professional. Similar to the SAR, the quarterly review assists the agency and the client family to avoid case "drift." Whether the Public CFSA acts as the managed care entity (MCE), or contracts with a provider to provide MCE services, quarterly reviews should be expected and monitored.

- 1) The Public CFSA should require the use of a quarterly review checklist to assure uniformity and consistency. The checklist should be signed by a licensed professional.
- 2) The quarterly review checklist should address, but not be limited to:
 - a. necessity and plan for treatment;
 - b. appropriateness of treatment;
 - c. client progress;
 - d. appropriate duration of treatment;
 - e. adequacy of records and documentation;
 - f. clinical performance of staff;
 - g. utilization of agency and community resources;
 - h. conformity to protocols and standards.

L. Records Review

- 1) The records review process should assure compliance with all contracts and state requirements. The purpose of the records review process is to assure records are

available and properly maintained and that the records documentation is pertinent, legible, timely and complete.

M. Utilization Management

Utilization management is a critical cornerstone in the development and operation of a managed care system. Regular reviews and analysis of provided services allow the agency to monitor service efficiency and effectiveness in an effort to maximize existing resources.

- 1) Utilization management should rely on a well developed Management Information System to allow for monitoring of provider service activities on a daily, weekly and/or monthly basis so that adjustments can be made on an ongoing basis in service utilization, costing, etc. Public CFSA's should be prepared to develop a system for providing "report cards" on the managed care entity (whether internal or with provider-based services) so that service costs, effectiveness, access and responsiveness can assist the Public CFSA in assessing service viability for children and their families.

N. Monitoring Contract Compliance

- 1) The Public CFSA should monitor its managed care contracts for compliance with the contract terms and conditions. To monitor compliance with service expectations, the Public CFSA should have procedures for internal controls which effectively monitor, maintain, and evaluate the administration and operation of the managed care system (see Standard 10.10, *Contract Development*).

O. Outcome Measures and Performance Analysis

Outcome measures are integral to managing effective systems of care. Managed care is a strategy used for maximizing resources, reducing inefficiencies, and assuring the provision of effective services.

- 1) Well-defined outcome measures provide the foundation from which the Public CFSA and MCE can measure the quality and level of delivered services. Data gathered as a result of articulated measures must be valid and reliable. If the outcomes and/or data generated from them are susceptible to interpretation, it will be difficult to reward and/or sanction providers participating in the managed care system.

P. Managing Continuity of Care

- 1) The Public CFSA should assure the optimal coordination of services, without disruption, throughout the life of the child and family case. Continuity of care should include:
 - a. provision of a single point of entry to care management at which to screen, determine eligibility based on service necessity criteria, assess clinical needs;
 - b. coordination of the assessment of the needs of the child and family served and monitoring and coordinating the delivery of necessary evaluations and assessments to verify the child and family's needs;
 - c. coordination of treatment planning and participation in same to assure inclusion of specific objectives, as well as an explanation of the availability, intensity and duration required of each service;
 - d. linking of the child and family with qualified, credentialed providers and services in the most timely manner possible;

- e. coordination of crisis intervention and stabilization;
- f. provision of training and facilitating linkages for the child and family in the use of basic community resources;
- g. review and monitoring of overall service delivery and activities, noting progress, providing authorization/reauthorization of services based on assessment, utilization, and appropriate care criteria;
- h. obtainment of any services necessary for meeting the child and family's basic human needs;
- i. maintenance of relevant documentation and provision of statistical reporting data.

Q. Managing Cost of Care and Financial Risk

Pricing & Risk

The Public CFSA must be able to manage the risk being placed upon it under a managed care approach. While risk can be placed at various levels within the service system or shared among different levels, it must be managed to ensure that resources are available for those requiring care.

The Public CFSA can choose various methods for developing its managed care environment including the use of capitated rates or flat fee per client rate. Both methods would assist the Public CFSA in costing services. However, the number of children to be served, and available funds, will determine which method is best.

Regardless of the pricing method used, the Public CFSA should develop protocols for identifying what services will be provided under managed care, who should receive these services and what the cost should be for providing those services.

The Public CFSA and MCE should have the ability to track and report costs by a variety of criteria; have a sound financial accounting system and internal controls; and meet federal or other audit requirements. Both the Public CFSA and MCE should have the capacity to maximize third party revenues.

1) Pricing

a. Capitation

Using capitation as a method for determining pricing, the Public CFSA would determine all of the services to be provided by the provider. These would be added together and divided by the entire population that could be served. The Public CFSA would then determine the percentage of the entire population that will likely receive services in relation to available funding. Under this system, a broad representation of individuals are covered, but not necessarily "sick" or in need of services.

For example, using capitation, the entire child population (under the age of 5 yrs.) of county x is 100,000 children, of this population of children, what percentage will require WIC assistance? The Public CFSA would divide available WIC resources into the total population and multiply that figure by the number of children likely to need WIC assistance.

b. Case Rate System

Using Case Rate as a method for determining pricing, the Public CFSA would define the specific population of children (abused, neglected) that would likely be served (based on past statistics, trends analysis, etc.). The Public CFSA would

also determine all costs associated with the client population identified. The population of clients would be divided into the total cost. The provider would be paid a flat fee per client, regardless of the duration of service and regardless of the actual cost per client. With this system, the duration of service provision must be clearly defined.

For example, the Public CFSA identifies that it has served approximately 100,000 children on an annual basis with a growth rate of 10% per year. Recognizing that some of these children will require more assistance than others, the CFSA determines the per case rate based on available funding and number of children to be served.

2) General Considerations for Pricing

To determine the pricing of services, the Public CFSA should consider using the following methodology:

- a. identify the population to be served;
- b. establish eligibility criteria (levels of care, physical/emotional problems, etc.);
- c. estimate the number of eligible (may require regionalizing for small counties);
- d. assess the population's characteristics and needs;
- e. establish program goals and desired child outcomes (outcomes must be clearly defined and must be used to form the basis for system development and service provision);
- f. identify service components which will achieve the desired outcomes and program goals;
- g. establish the cost of a unit of service;
- h. determine whether to purchase services through a case rate system;
- i. establish the number of service units and the number of children who will be placed in the case rate system;
- j. estimate the direct service costs by multiplying the number of units by the cost per unit by the number of case rate children and case rate cost;
- k. estimate the fixed service costs not included in the above (e.g., 24 hour emergency hotline, emergency staff, etc.);
- l. estimate administrative costs:
 - i. service center and operation costs,
 - ii. utilization management costs,
 - iii. provider network development and maintenance costs,
 - iv. quality assurance and appeals process,
 - v. management information system,
 - vi. financial management and claims processing,
 - vii. training and staff development,
 - viii. incentive and other fund pools,
 - ix. other administrative costs;
- m. determine the desired capitation rate: total annual services costs, plus administrative costs, divided by the number of eligible. Divide the desired rate by 12 months by the number of eligible. This should provide the per eligible per month rate;
- n. identify all fund sources available to the managed care initiative;
- o. divide available resources by the number of eligible projected in
- p. compare the available capitation rate with the desired rate and adjust if necessary (e.g., increase in available funds, decrease in the number of those eligible, decrease in goal and service expectations);

- q. Public CFSA staff should review the following managed care documents when considering the viability of managed care for the organization:
 - i. Managed Care (Unraveling The Mysteries) A Resource Manual: Columbus, Ohio 9/95, Child Welfare League Of America, Washington D.C;
 - ii. Managed Care Initiative Design, Ohio Department Of Human Services: Office Of Child Care And Family Services, Columbus, Ohio: prepared by The Technical Assistance Collaborative, 7/95.
- 3) Risk
- To manage financial risk, the Public CFSA and providers within the managed care system must have access to client utilization and cost data. There must also be an ability to negotiate and set rates with providers and selectively contract with providers, based on indicators of performance and cost effectiveness. Finally, the Public CFSA must have adequate financial resources to cover unforeseen service needs as they arise.
- a. Non-Risk Based Contracts
The Public CFSA and MCE may negotiate a non-risk based contract. Under this condition, the provider is not at financial risk for changes in the cost of utilization of services provided. The Public CFSA may retroactively adjust the payment rate during the contract period, or reconcile payments to costs at the end of the contract period, so the contractor is reimbursed for actual costs incurred.
 - b. Risk-Based Contracts
The Public CFSA and MCE may negotiate for a shared risk-based contract. Under this condition, the provider would be at-risk of loss if the cost of providing services exceeds the payments made for those services. The Public CFSA would be at-risk of loss if the cost of providing services are less than payments made.

V. Financial Implications

Costs associated with managing services to children and families through quality assurance activities and cost containment mechanisms are assumed to be balanced by the costs savings or containment of costs.