



FAMILY CENTERED SERVICES HOW TO INFORMATIONAL SHEETS

How to update the status of a PFF Referral by the Agency



• When a PFF referral has been assigned and submitted by the CBL Designee to the Agency, the following e-mail will be generated:

Notification to Agency a DCFS PFF Keferral is initiated and submitted tention Policy LACOUNTY 3 Year Delete (3 years) This message was sent with High importance.	Expires 12/9/2021
Dear PFF Agency Representative:	
A new PFF Referral was submitted on 12/10/18 03:41PM and is in your FCS System Inb	pox awaiting your review. The PFF Referral request number is 5013383.
Thank you in advance for your attention to this referral and have a wonderful day.	
***Do not try to reply to this email because the "From" address is not an active em	iail box. ***
CONFIDENTIALITY NOTICE: If you have received this message in error, be advised that strictly prohibited. Please notify P&A unit immediately by reply email that you have received the strictly prohibited.	at any review, disclosure, use, dissemination, distribution, or reproduction of this message or its contents is ved this message in error, and destroy this message, including any attachments.

- After the Agency receives the notification they are to click on the FCS Public URL:
 - <u>https://fpp.co.la.ca.us/logon.aspx?ReturnUrl=%2f</u>
- The Agency representative then enters their User Name + Password.
- Once the credentials have been entered the Agency representative clicks the login button.

Family Cent	For LA County Employees: Please use your LA County Internet Usemame & Password to login Username: Pffs3 Password: •••••••
FCS Training Resources	Login



- Agency Update Screen
 - The Agency representative can search for a specific referral by entering information on the search screen parameters and by clicking on the search button.
 - The Agency representative can also filter search records by the referral activation status:
 Final Referral Status Pending PFF referral has been submitted to the agency
 - and the Final Referral Outcome (Accept/Decline/Unable to Contact) is pending.
 - ≻Active Family has accepted PFF services and Case termination date is pending.
 - ≻All PFF Referral with any status.

County of Los	Centered Services Angeles Department of Children and Family Services			Elvia Torres		
PFF Utility Log Agency Update PFF Re	off Sferral <mark>7</mark> 0					
Search Criteria						
Activation Status:	Final Referral Status Pending Active All Agency: S3 SPRITT Family Services (SPA 3)					
PFF Number:	State ID/Serial #:		CBL:	~	Office:	×
Case Last:	Case First:		Child Last:		Child First:	
Creation Date From:	Creation Date To:		Assign Date From:	0:	Assign Date To:	
Service Start Date From:	Gen Service Start Date		Term Date From:	01	Term Date To:	
		Search (Clear			

- Hovering the mouse over each label will display a pop-up box describing each status.
- The Agency representative can also see a list of PFF referrals.
 - The Agency representative will only be allowed to view referrals assigned to the Agency.

	Click on th	e PFF # to access the de	tailed referral in	formation.							
	PFF#	<u>Case Name</u>	State ID Number	Child Name	CBL Name	Create Date	Assign Date	Service Start Date	Term Date	Office	Agency Name
- (<u>5013384</u>				CONTRERAS, RODRIGO	12/13/2018	12/13/2018			El Monte	SPIRITT Family Services (SPA 3)
	<u>3013330</u>				AYALA, VANESSA	10/04/2018	10/04/2018			Belvedere	SPIRITT Family Services (SPA 3)
7	<u>5013321</u>				PEREZ, EVANGELINA	10/05/2017	10/05/2017			Glendora	SPIRITT Family Services (SPA 3)
	<u>5013306</u>				PEREZ, EVANGELINA	09/29/2017	10/04/2017			Glendora	SPIRITT Family Services (SPA 3)
/	<u>5013303</u>				CONTRERAS, RODRIGO	09/28/2017				El Monte	SPIRITT Family Services (SPA 3)
	<u>5013300</u>				KLONSKY, JENNIFER	09/28/2017				Pasadena	SPIRITT Family Services (SPA 3)
	<u>5013291</u>				PEREZ, EVANGELINA	09/27/2017	09/28/2017			Glendora	SPIRITT Family Services (SPA 3)
	5013290				CONTRERAS, RODRIGO	09/27/2017				El Monte	SPIRITT Family Services (SPA 3)

***Click on the blue PFF Referral Number from the search results to access record.



• PFF Referral

The referral submitted to the Agency will display and the Agency representative will have the ability to view and print the PFF 802 form. The Agency representative will also have the ability to update the following sections:

- Initial Engagements Efforts
- Agency Information
- > Adults in Home
- Child Information

Family Centered Services County of Los Angeles Department of Children and Far	nily Services		$\langle \! \rangle$	Elvia Torres		
PFF Utility Logoff Agency Update PFF Inquiry						
REFERRAL INFORMATION						
PFF Number SPA Office 5013384 3 El Monte Tran,	CSW Hoaiphuong 626-258-2044 tranh2@d	cfs.lacounty.gov	Lo	scsw opez, Monica 626-455-4643 lopezms@	dcfs.lacounty.gov	Assigned Date 12/13/2018
INITIAL ENGAGEMENT EFFORTS						
Contact Attempts by Telephone: 1st Attempt Date: Contact Attempt F/T/F: F/T/F Date: Contact Status:	Znd Attempt Date:	Con	tact Status:	✓ 3rd Attempt Date:	Contact Sta	atus: 🗸 🗸
Final Referral Status: Decline Agency Service Start Date: A	ency Number:	Termination Date: 12/13/201	8	Reason: Referral Created in Error	V]
AGENCY INFORMATION (4000 characters)						
					400	10 Characters limit
Presse roce: +++ againity requires the family to either have a could ge 0-3 of it - Does the Family include at least one child 0-5? • Yes • Is a parent pregnant? • Yes No • What is the SDM Level? • Very High • High • Modera	r a parent to be pregnant, and the SUM level in No te O Low	ust de Hign or Very Hign.				
Case Name: CSW Alternate Phone: SCSW Alternate Phone: CBL/PFF Designee Name: KLONSKY, JENNIFER V CBL Phone: 626-229-3742 CBL Fax: 626-397-9169						
PRIMARY CAREGIVER						
Caregiver Name: Primary Language: Phone: Alternate Phone: Alternate Phone: Caregiver Relationship to Child:						
AGENCY ASSIGNMENT						
Agency Name SPIRITT Family Services (SPA 3)						
ADULTS IN HOME						
Last Name First Name	DOB	Gender Rela	ationship		Ethnicity Hispanic Hispanic	Language English English
		F				English
		M			White*	English
		М			Hispanic	English
CHILD INFORMATION						

Last Name First Name DOB Age Gender Relationship Open DCFS Image: Comparison of the com



HOW TO INFORMATIONAL SHEET

FAMILY	FUNCTIONAL STRENGT	HS (4000 characters	5):					
	new referral						~	
							·	4000 Characters limit
TSSUFS		THE FAMILY						
* Salact:			1					
* Select:	✓ Attachment-Bonding L	Sexual Abuse	Poverty					
	Domestic Violence	Substance Abuse	Other					
	Mental Health	Physical Abuse						
	Please specify if "Other" selecte	d: (30 characters): *						
FAMILY	UNDERLYING NEEDS (4	000 characters)						1
	new referral						~	
							~	4000 Characters limit
PRELIM	INARY ASSESSMENT OF	THE PROTECTIVE FA	CTOR(S) THAT THE	FAMILY MAY	WANT TO ADDRESS			
* Select:	Z Darental Resilience			nort in Times		nomic De	elonment Services	
				port in times	of Neeu 🗆 🗆 Lu	sial and Fr		of Adulta
				nouonai Comp		uai anu en	iotional Competence	JI Adults
		nting and Child Develo	pment					
PRELIM	INARY ASSESSMENT OF	SERVICES THAT MA	Y BE HELPFUL IN AD	DITION TO H	OME VISITATION			
* Select:	Child Care		Parenting Ed	ucation	Linkage Services:	Special I	Education/IEP	
		d clothing emer housi	na etc) 🗌 Social Netwo	rk		SSI [adu Substan	It physical/psychiatric disal ce Abuse Assessment & Ti	reatment
		atmont		huco Trootmor	+	12- Ste Transpo	p Group rtation	\checkmark
		ities			IL	Other		
		lues						
ADDITI	ONAL INFORMATION (40	000 characters)						
	new referral							1
							~	4000 Characters limit
UPLOA	D SUPPORTING DOCUME	INTS						
Upload	Redacted Investigation Name	ative, SDM and 802	by gov/DCEC/forme/ind	ov htm or on t	ha DCES Mabila Cliant Da	rtal found k	oro;	
https://	mcp.dcfs.lacounty.gov/Welc	ome.html	119.907/0013/10113/100		וופ טכרס ויוטטוופ כוופחנ 20		1010.	
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	(max file size	ze is 5MB)			Bro	wse	Upload	
		Na		Description	Crosted By		Undated	D _M
	Add/Undate desc Delete	Principal Information S	ivstem Analyst list odf	Description	Huerta Juan (12/10/18)3·41PM)	Huerta Juan (12/10)	/18 03:41PM)
	ridar opuace acse Delete	i mapar mornation 3	racent rindifactiocipul	1	114C1 Cu, Suun (12/10/10		[1461tu, 54411 (12/10)	10 00.11111

Submit Cancel View PFF 800

family centered services



Initial Engagement Efforts

The Agency is required to make 3 telephone contact attempts to the family and 1 face-to-face contact attempt. The agency can enter this information by selecting the calendar icon and the contact status dropdown.

INITIAL ENGAGEMENT EFFORTS					
Contact Attempts by Telephone:					
1st Attempt Date 12/19/2018	Contact Status: Accept	2nd Attempt Date:	Contact Status: 🗸 🗸	3rd Attempt Date:	Contact Status:
Contact Attempt F/T/F:		R			
F/T/F Date:	Contact Status:				

• Final Referral Status

Once the family is engaged or engagement efforts are exhausted the Agency is required to select "Final Referral Status" from the dropdown to complete the referral process. Each dropdown selection once submitted will **trigger an e-mail notification**.

Final Referral Status: Accept		
Agency Service Start Date: 12/18/2018	Agency Number:	Termination Date:

- If the Agency selects "Accept":
 - The Agency Service Start Date will become enabled. The Agency representative will enter the date that the family signs intake paperwork.
 - Once PFF services are completed, the Agency representative will enter the termination date.
- If the Agency selects "Declined" or "Unable to Contact":
 - The Agency Service Start Date will become disabled.
- The Agency representative will:
 - Enter the Termination Date.
 - After entering the Termination Date, the Reason dropdown will display. The Agency representative will enter a reason for terminating the referral.

Please Note: Once Data is entered and the Agency updates the referral, the record will be locked.





• Agency Information Section

• Enter relevant information regarding initial engagement efforts and/or case termination.

AGENCY INFORMATION (4000 characters)

Agency contacted family and they accepted services. Initial home visit scheduled for 2/10/2019.

• Adults and Children in Home Sections

• The Agency will have the ability to select additional Adults and Children that have been identified in the Home. Click on the checkbox if they are to be included in this referral.

Last Name	First Name	DOB	Gender	Relationship	Ethnicity	Language
			F		Hispanic	English
			F		Hispanic	English
			F			English
			М		White*	English
			м		Hispanic	English

CHILD INFORMATION

	Last Name	First Name	DOB	Age	Gender	Relationship	Open DCFS
\checkmark							

• If the Agency selects the Final Referral Status as either "Decline or Unable to Contact" along with the Termination Date and Reason without entering any Initial Engagement Contacts, the application will generate the following message when the User clicks on "Submit".



- Clicking on OK will save the changes and complete the PFF Referral.
- Clicking on Cancel will navigate the Agency Staff back to the screen to allow for modification of the data.



• Once the referral form is submitted, a green message will display (Updated PFF Referral #: XXXXXX submitted successfully).

	Submit Cancel
\rightarrow	PFF Referral #: 5013390 submitted successfully

• Once the termination date is submitted, the record will be locked and no longer editable.