Quality Management Plan

2011 - 2012
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Section I: Background and Introduction

Mission Statement

Kids Central’s mission is to develop and manage a child-centered community-based system of care for abused, neglected and abandoned children and their families in order to strengthen families and prevent them from entering the child welfare system. The mission is driven by one of its core values, which is the belief that all children have the inalienable right to grow up safe, healthy and fulfilled in families that love and nurture them.

Kids Central seeks to institute improvements that will help our community meet and exceed federal and state requirements related to safety, permanency and well-being for the children and families we serve.

Our Vision

Kids Central will become the most effective lead agency for community-based care in the State of Florida, unencumbered by funding restrictions, and the communities in Circuit 5 will be the safest places in the State of Florida for children to live.

Quality Management Concepts and Definitions

The concept of Continuous Quality Improvement (CQI) calls for perpetual organizational reexamination, not only of “problem” areas but even those areas that are running with no identified problems. CQI presumes ongoing changes in customer needs, organizational resources and public expectations. This requires constant evaluation and adaptation to achieve and maintain quality service delivery.

Systemic monitoring and evaluation of child service delivery to ensure that standards of quality are being met is considered Quality Assurance, or QA. Activities intended to improve the quality of child service delivery in order to make systems and processes more efficient are generally referred to as Quality Improvement or “QI”. QI and QA do, and should, overlap in order to assist in taking the pulse of an organization and provide information for short and longer term planning.

Purpose of the Quality Management Program

The quality management process is designed to provide crucial information to Kids Central leadership, Kids Central network providers, the Community Alliance, the Department of Children and Families and other key stakeholders. The approach is an inclusive one that engages Kids Central staff, contract providers, community stakeholders and the children and families we serve. Quality Management activities involve collecting, reviewing, analyzing, and using data from key areas of operations including FSFN to ensure compliance with standards, contracts, and best practices in order to continually improve what we do.

The purpose of the comprehensive quality management system is to promote quality care, consistent with community and national accreditation standards and to provide a mechanism for evaluating and continuously improving the system of care.
A Quality Approach Consistent with National Standards

Kids Central is COA accredited as a network provider and obtained accreditation as a parent agency in 2007. Kids Central was accredited in the area of Independent Living in 2009, and is seeking accreditation in the areas of Licensing, Kinship Care and Placements. In accordance with COA standards, the Kids Central quality management plan describes processes and activities required by COA including: stakeholder participation, long-term planning, short-term planning, internal quality monitoring, case record review, outcomes measurement, customer satisfaction, feedback mechanisms, information management, and improvement plans.

These efforts are planned and implemented to support the organization’s and system’s vision, mission, and core values. It also embraces best practice efforts and state-of-the-art designs in the field of quality improvement; the approach calls for involving consumers and stakeholders in program planning as well as convening teams to provide assistance and support in the activation of improvement initiatives.

Case management agencies contracted by Kids Central are currently accredited and maintain the standards set forth by their accreditation entity.

The Model

Kids Central will perform and participate in base, side-by-side and in-depth quality reviews as prescribed in the new Department of Children and Families (DCF)/Community Based Care (CBC) monitoring structure. This structure utilizes the case management agencies in daily ongoing quality assurance and quality improvement activities.

Data obtained through the review process will be incorporated into an internal Continuous Quality Improvement (CQI) philosophy that will span every aspect of program operations and drive quality planning, action, and evaluation. Kids Central will use the four-step process improvement model of Plan, Do, Check and Act, espoused by Shewhart, to monitor and evaluate the quality of care.

Section II: Core Components of the Quality Management System

Quality Management as a Basis for Long and Short Term Planning

As an overarching basis for all of its quality management activities, Kids Central will develop a long term or strategic plan. The Kids Central strategic plan, developed with the Kids Central Board of Directors and with input from the community, projects five years into the future and will be reviewed and updated annually.

The interim short term (one year) plans will be developed as building blocks toward achieving the longer term goals. Progress toward achieving the annual goals will be reviewed quarterly by Kids Central’s Board of Directors and Executive Leadership Team. This review will provide information not only on progress but whether each short term goal is appropriate or warrants adjustment, in order to refine and make the process more useful. In order to facilitate the achievement of long and short-term goals, Kids Central uses the Balanced Scorecard as developed for mission-driven organizations. The Balanced Scorecard has become one of the business world’s leading methodologies for measuring organizational performance, and
achieving exceptional and sustainable results. Paul Niven, a Balanced Scorecard expert, has trained Kids Central staff on its use.

The quality management activities will be undertaken to both facilitate the accomplishment of and to monitor the progress toward achieving the Kids Central’s Mission, Vision, Strategic Plan, Short Term goals, and Performance Standards. These programs are outlined in more detail in the following sections.

Executive Leadership

In order for the Quality Management Program to work, initial and ongoing support of executive leadership is essential. The Chief Executive Officer (CEO), Chief Operations Officer (COO) and Chief of Quality Management and Utilization Management (CQM/UM), Chief Financial Officer (CFO), and all Kids Central Corporate Directors are essential in setting the tone and encouraging staff, provider, and community participation.

The Executive Leadership Team, as well as Kids Central Corporate and Case Management Agency Directors will play an integral role in the analysis of the qualitative and quantitative data that is collected, to highlight and standardize the successes and develop action plans to address deficiencies.

Quality Management Department

Kids Central’s Quality Management (QM) Department is organized to allow for a Quality Management Director, four Sr. Quality Management Specialists, three Quality Management Specialists, and one Quality Management Data Analyst. Each, with the exception of the Quality Management Data Analyst has been certified in child safety and is experienced in the use of the DCF standardized review tool.

The Director of Quality Management is required to possess a Master’s degree in a related field and 5 years experience in managing the delivery of child welfare services. Professional experience may be substituted on a year for year basis for required college. This position is responsible for the quality management activities of the agency, review of quality assurance reports prior to submission, identification of trends and patterns, analysis of both qualitative and quantitative data to provide management tools for standardization of performance measurement and drivers of improvement, oversight of all utilization management functions, and serving as one of the quality management liaisons for the agency.

The Sr. Quality Management Specialists are required to possess a Bachelor’s degree in social services and 5 years of social services experience, four of which must be in child protection; complete Phase I of the Pre-Service Training and case practice review training.

The Quality Management Specialists are required to possess a Bachelor’s degree in social services or a closely related field with a minimum of 3 years experience in an area of Human Services, preferably child welfare; complete Phase I of the Pre-Service Training and case practice review training.

These positions are responsible for data collection and analysis, case practice reviews, supportive activities outlined in the state’s Program Improvement Plan and numerous other internally directed management activities.

Kids Central, Inc.
Quality Management Plan
In addition to Kids Central QM staff, the Case Management contracted providers are staffed with Family Safety and Permanency Specialists who will assist as peer reviewers. QM staff will provide training to peer reviewers prior to their involvement in quality reviews. Peer reviewers must either meet the training requirements of the new certification structure which is being developed by DCF/CMA workgroups, or have been “grandfathered” in due to permanent status and current/recent quality assurance and quality improvement activities. This also allows for the utilization of supervisors, specialists and reviewers from other districts as peer reviewers.

Quality Management: Quality Assurance & Quality Improvement

The Kids Central Director of Quality Management will manage and facilitate each element of the quality management process. Data gathered through quality assurance reviews will be used to monitor and evaluate the management of the system of care, identify opportunities for improving the quality of service, establish initiatives to accomplish agreed upon improvements and monitor resolution of problem areas.

1. Monitoring and reporting on progress relative to child and family outcomes

   Quality Management will work to develop mechanisms for improving the efficiency and effectiveness of the services to get better outcomes for children and families. Data will be analyzed to support organization-wide planning and correction of problem areas. Kids Central will track and report child outcome data in the domains that are consistent with federal and state mandates, including the final Department of Health and Human Services (HHS) measures mandated for every state and as established in the DCF/Kids Central service contract (See Section III for a further description of child and family outcomes).

2. Monitoring Case Management Agencies and Network Providers

   Kids Central subcontracted service providers will be expected to have their own quality management process in place and will participate fully in the Kids Central quality management process. The Kids Central application and review process prior to initial contracting ensures that all providers have a sound approach to quality management. Kids Central will provide technical assistance to any provider in need of help in implementing a quality management process. A written description of their individual program will be submitted for review by Contracts prior to Kids Central contract initiation.

   Every contract with formal network providers and case management agencies will have its outputs and outcomes clearly established. Applicable ASFA indicators will be included, as well as any required, relevant DCF indicators that are included in the Kids Central service contract. The provider must agree to provide data that Kids Central and DCF needs in order to not only determine whether the terms of the contract have been met, but to include that provider’s data in our system-wide analysis.

   Kids Central will monitor the contracted providers in the network through a number of mechanisms. The activities referenced below will require a cooperative effort involving Kids Central’s Quality Management Department, Contract Management, provider agencies and stakeholders. The following overview of provider oversight and quality management activities is not intended to be an exhaustive description; Kids Central
reserves the right to enhance or change procedures as needed to ensure high quality services.

Quality management activities related to the provider network are grouped under 5 broad headings.

1. Semi-annual Analysis of Outcome and Performance Data
2. Semi-annual Case File Reviews
3. Monthly Data Review Conference Calls
4. Performance Improvement Plans
5. Customer Satisfaction Surveys
6. Complaint monitoring and investigation

Information reviewed by the Quality Management Department and/or other Kids Central Corporate Departments and provider agencies on a regular basis includes but is not limited to:

- Peer review of records for compliance with standards
- Incidents, accidents, and consumer grievances
- Consumer satisfaction information
- Outcome and performance information
- Safety and risk management issues

The QM staff performs the following essential functions:

- Data collection and measurement
- Evaluation, analysis and reporting
- Consultation/Facilitation/Training
- Monitoring
- System/Process development

**Data Collection and Measurement**

The QM Department has identified and defined the quality and compliance data elements to be collected and measured/evaluated. Appropriate data collection and measurement tools have been, and continue to be, developed in order to analyze and communicate the strengths and weaknesses within a service, program or administrative department. This may at times include meeting minutes to identify new practices/procedures/outcomes. Collected data and tools include:

- Contract deliverables
- Client counts
- Staff turnover
- Contract outputs
- Service specific outputs
- Performance/Outcome measures
- Incidents and accidents
- Record reviews
- Consumer/stakeholder (Kinship Caregivers, IL Youth, Foster Parents, etc.) satisfaction surveys completed by individual departments.
The following is a comprehensive list of formal activities.

1. **Activity – ESI Staffing Document / Task Compliance**  
   **Person(s) Responsible** – Kids Central Permanency Team Facilitators  
   **Frequency** – Weekly  
   **Process / Methodology** – This activity is designed to ensure that all cases being transferred provide or contain the documents and information necessary for the supervisor and Case Manager to effectively begin working with the family. The goal is to ensure that all activities and documents that should accompany the case transfer process / file is completed in order for the case manager to have the information necessary to effectively initiate contact and services for the family. This process is outlined in compliance with Florida Statute Chapter 39, Florida Administrative Code and best practice.

ESI Packets are reviewed to ensure compliance with documents and FSFN data entry as outlined in the CPI Memorandum of Agreement / Understanding. The compliance is recorded on an excel spreadsheet and FSFN is reviewed to ensure compliance with case creation. Entries are posted by CMA staff, in FSFN that outline the initial case transfer compliance and any follow up activities that must occur. In the event that critical documents, i.e. Signed Order and home-study with complete background checks are not
included in the staffing packet, the Staffing Masters have the discretion to not accept the case for transfer until the items are received. If other documents not deemed as critical are missing from the packet, the CMA is provided with a list of these items with specific due dates the items are due to the CMA provider, which is included in the Case Planning Conference Checklist. It is the responsibility of the CMA provider to secure the documents and enter information into FSFN.

*Data Tools* – Excel, FSFN, Service Planning Conference Checklist

2. **Activity – System of Care Monitoring**  
   **Person(s) Responsible** – CQI Team  
   **Frequency** – Weekly  
   **Process / Methodology** – This activity is designed to engage the family in activities that will provide services at the earliest possible time and speed the process to achieve permanency. The goal is to transfer this new process to practice and standardize the activities as the foundational activities of our system of care.

Kids Central has identified specific activities that need to be completed within the first 30 days of care. These activities assign the case to a case manager within 2 days of case receipt, ensure family contact within 2 business days of case being accepted for supervision, engage the family at the earliest possible time, and ensure completion of the Family Assessment and/or Predisposition Report and Case Plan Conference. Case management agencies have internal tracking processes to ensure follow through.

*Data Tools* – Excel, FSFN, Service Planning Conference Checklist/Form, Staffing logs

3. **Activity – Permanency Tracking**  
   **Person(s) Responsible** – Kids Central Permanency Team Facilitators, Safety and Permanency Staff, CMA Directors  
   **Frequency** – Cases staffed at 6 and 11 months  
   **Process / Methodology** – This activity is designed to evaluate the case activities that have been completed to achieve permanency and to identify family strengths and needs, informal supports, and to develop plans B and C. The goal is to systematically track the cases by length of time in care and focus on reunification / permanency within ASFA required timeframes.

This process analyzes the shelters that occurred during the Fiscal year in relation to the current goal and placement type or the closure information – date closed and to whom (parent, adoption, etc.). Staffings are held in each CMA and internal mechanisms are used to record and track achievement of permanency goals.

Kids Central also utilizes small workgroups to follow contract measures and exceptions for reunification, re-entry, etc…

*Data Tools* – Excel, FSFN, CMA tracking forms
4. **Activity – Data/Performance Reports**  
   **Person(s) Responsible** – CMA Staff, Quality Management Department, Contract Management Unit, and Senior Management Team  
   **Frequency** – Varies by report  
   **Process / Methodology** – This activity is designed to provide constant, on-going data information to all departments within the company for the purpose of driving production. The goal is to place these issues as a priority in our day-to-day work / operations and use them as a benchmark to gauge the success of our activities in meeting the service needs of our families.

   Numerous data reports are reviewed on an on-going basis at various intervals. The CEO, Quality Management Team, CMA Directors, Case Management Supervisors and many others throughout the agency, gather this data. Various sources are utilized to collect the data and all are shared with the Senior Management Team. If data suggests that our compliance or production is not satisfactory or declines, daily reports are often developed to provide an on-going baseline for monitoring. Monthly data calls will be conducted between Kids Central and Case Management to review data, identify trends and develop ways to address exceptions.

   **Data Tools** – FSFN, Internal tracking forms, Ad Hoc Reviews, Excel, Performance Dashboard Reports, etc…

5. **Activity – Supervisory Reviews**  
   **Person(s) Responsible** – CMA Supervisors, CMA Directors, Senior Management Team  
   **Frequency** – Semi-annually  
   **Process / Methodology** – This activity is designed to evaluate the case activities that have been completed to achieve permanency and to provide directional feedback to the Case Manager if necessary. The goal is to systematically track the cases in need of a review by length of time in care and focus on reunification / permanency while providing the specific case information and guidance to the Case Managers. The purpose is to have quality, purposeful and instructive face-to-face case discussion between the supervisor and family care manager.

   Supervisory review completion will be reviewed on a semi-annual basis based upon the Statewide QA review tool. During completion of semi-annual reviews, reviewers will note evidence or the lack thereof of qualitative discussion.

   Per CMA provider contracts, the unit supervisors shall ensure one-hundred percent of assigned cases are reviewed each quarter.

   **Data Tools** – FSFN, Statewide QA Review tools, Case Files

6. **Activity – Incident Report Analysis**  
   **Person(s) Responsible** – Compliance Management, Quality Management Department, Contracts Department, CMA Family Safety and Permanency Specialists  
   **Frequency** – Semi-Annually  
   **Process / Methodology** – This activity is designed to analyze the incident report data and identify trends or concerns. The goal is to ensure that providers are adhering to
procedure, that children remain safe and that any concerning trends are identified and addressed (both internally and externally).

Incident reports, both internal and external, are submitted to Kids Central and designated as provider information or reportable incidents. Reportable incidents are sent to the Department of Children & Families through the Incident Reporting System. Incident reports will be reviewed semi-annually for trends or concerns. Analysis will be provided to the Chief of QAUM and subsequently to the CMA Directors to address any concerns.

**Data Tools** – Reports submitted by the providers / staff, Excel

7. **Activity** – **Case Practice Review**  
   **Person(s) Responsible** – Quality Management Department  
   **Frequency** – Semi-annually  
   **Process / Methodology** – This activity is designed to identify case practice efforts and effectiveness in relation to the guidelines contained within the case practice review tool, which was designed to focus on safety, permanency, well-being and CFSR requirements. The goal is to ensure completion of case practice activities, adherence to best practice standards, and quality services for families.

Case Practice Reviews are designed to evaluate the quality of case management practices and processes utilized in service delivery. Kids Central will utilize the statewide review tool as a foundational resource to address all core elements identified by the Department of Children and Families as quality case practice for the required reviews. All cases will be reviewed according to DCF frequency requirements, based on the content and guidance within the tool. Peer reviewers will be trained and utilized in the completion of quarterly reviews as well.

During quality case reviews, the cases have been identified for review using the random sampling methodology provided by the Department of Children and Families that includes stratification to ensure an appropriate representation.

In order to adequately evaluate specialized populations, Independent Living, DJJ, and Adoptions may be stratified according to the overall percentage of the population that represents each specialized population. The items by which these programs will be evaluated are included in the case practice review tool. In addition, DCF may provide a focused tool for the evaluation of the special populations. The same principle methodology for random sampling and case identification will be applied once provided.

8. **Activity** – **State Program Improvement Plan Supporting Activities**  
   **Person Responsible** – Quality Management Director; Quality Improvement Team  
   **Members**  
   **Frequency** – Various  
   **Process / Methodology** – Based on the current emphasis and requirements outlined in the state Program Improvement Plan, Kids Central participates in all activities passed to the local district / CMA level. These activities vary based upon specifically identified areas of emphasis.

   **Data Tools** – FSFN, internal data collection, internal data analysis
9. **Activity – Senior Management Team Meetings**  
**Person(s) Responsible** - Senior Management Team  
**Frequency** – Quarterly  
**Process / Methodology** – This activity is designed to address performance and production issues, ensure the dissemination of information, provide a platform for feedback, discussion, decision-making and planning, and track task completion. The goal is to ensure consistency and cohesiveness within the company.

A minimum of quarterly, the Senior Management Team meets to discuss issues of performance, production and situational items. Each senior manager of the company, Chief Executive Officer, Chief Operations Officer, Chief of Quality and Utilization Management and Chief Financial Officer, attends the meetings.

**Monthly, Kids Central Corporate Directors are included in Senior Management Team meetings to ensure continuity of information dissemination and alliance with KCI Mission, Vision and Values.**

**Data Tools** – Excel and various reports

10. **Activity – Exit Interviews**  
**Person(s) Responsible** - CMA Supervisor, CMA Director, Placement Coordinator, Contract Management Director, and Kids Central Compliance Manager or designees  
**Frequency** – Continual; Compliance Reviews will be completed semi-annually  
**Process / Methodology** – This activity is designed to meet regulatory requirements and gain feedback from clients regarding each placement they experience. The goal is to ensure quality foster homes for clients.

The process outlines that exit interviews must be completed by the case manager on any child that exits a licensed placement that has lasted 30 days or more in duration. The interview form is reviewed and logged at the CMA and then submitted to Placements for review and data collection. A copy of the completed exit interview form is kept in the foster home licensing file and the child's case management file. The data collected includes the name of the child, the placement, the entrance and exit date, the exit interview completion date and the compliance indicator. The report is provided to Re-Licensing and subsequently to Compliance Management for semi-annual review.

Based on the data, quality improvement activities may be initiated.

**Data Tools** – Exit Interview Form, Excel

11. **Activity – Random Validation of Eligibility – Federal Funding; Annual Internal Review**  
**Person(s) Responsible** - Revenue Maximization Supervisor and Specialists; Quality Management  
**Frequency** – Monthly; Annually  
**Process / Methodology** – This activity is designed to assure accuracy of the revenue maximization files.
On a monthly basis, the Revenue Maximization Unit completes peer reviews of federal funding files to ensure validity. Conflicts within the peer review process are brought to the Revenue Maximization Supervisor. The information is also validated against the Daily Log, FSFN and ICWSIS.

Incomplete files or inaccuracies in paperwork are returned to the Revenue Maximization Specialist for correction.

In addition to the peer reviews completed by Rev Max Specialists, an annual internal review will be conducted by Kids Central Quality Management, with report to Senior Management.

**Data Tools** – Daily Log and Revenue Maximization files, FSFN

### Feedback Mechanisms and Reporting Requirements

The Quality Management Department is responsible for ensuring that clear, accurate, and timely information regarding all aspects of the quality management process are provided to Senior Management, the Board of Directors, staff, contracted providers, and community stakeholders. On a regular basis, Kids Central will convene public stakeholder forums, such as the Leadership Council to share information and solicit feedback on current operations. No less than annually, Kids Central will provide a report of findings of key quality management activities.

It is important to determine if the services provided are meeting the program requirements articulated in Kids Central’s contract with the Department of Children and Families, and to assess whether they are assisting Kids Central to meet the overall goals of improving child welfare outcomes and reducing the time it takes to finalize a child’s permanency plan.

Kids Central has implemented a multi-stage Continuous Quality Improvement system to evaluate the outcomes achieved by services provided through the Network. This system has been designed to provide the means for identifying issues or problems that effect program outcomes as they arise and allows Kids Central to implement quality improvement plans that will address opportunities for improvements as well as build upon Network strengths.

Each stage of our Continuous Quality Improvement System is described below:

**Stage 1 – Identification of Project Goals and Outcomes**

We will initiate our Continuous Quality Improvement process by identifying achievable goals and outcomes in cooperation with our contracted providers. These goals will be targeted around, but not limited to, identified contract performance measures, Network safety and risk management, consumer satisfaction, timeliness of service provision and outcome expectations related to permanency.

**Stage 2 – Development of Measurable Objectives that Tie to Stated Goals and Outcomes**

Once achievable project goals and outcomes have been identified, specific objectives will be established. These objectives will be designed to ensure progress towards the goals and outcomes and will be quantifiable through the collection of measurable, objective data.
Stage 3 – Creation / Modification of Tools to Measure Program Objectives

Kids Central will design data collection tools, such as satisfaction surveys, process related questionnaires, participant interview protocols, and feedback forms that will permit participants to provide unbiased feedback surrounding their experiences and opinions. Additional data related to program participation and outcomes will be collected via various resources such as contract monitoring reports, monthly operations reports, incident and accident reporting data, Quality Indicator Reports, and Statewide QA Review Rollup Reports. Kids Central, Inc. retains the authority to make changes to data collection tools designed by Kids Central as needed to obtain the most pertinent and meaningful information possible.

Kids Central will also continue to use the Balanced Scorecard, which has been cascaded down to include involvement of Case Management Agency staff, to impact and improve child welfare outcomes. The Balanced Scorecard provides a strategic mechanism which allows for the stratification of objectives, measures and initiatives that direct practice on all levels.

Stage 4 – Implementation

Data collection tools will be distributed in a manner that will ensure the receipt of a statistically valid result. The number of responses will be continuously monitored to ensure we are on target to obtain an appropriate number of responses. Modification to the distribution and completion methodologies will be made as necessary.

Stage 5 – Compile and Evaluate Data

Data will be collected and compiled in databases. These databases will be used to produce regular management reports and ad hoc reports that will allow project management to monitor project and staff performance and consumer satisfaction with services provided. Once compiled, data will be compared to project objectives to insure continuous progress towards stated goals and outcomes.

Stage 6 – Identify Changes to Program Approach (Problem Resolution and Performance Improvement Plan)

Based upon the results of the information collected, appropriate changes to Network services or programs will be initiated. Furthermore, our approach will allow for the resolution of problems at the time that they are identified. The problem resolution methodology is a formal process that includes:

- Identification of issues or problems,
- Provision of feedback to Network Members or Kids Central staff,
- Discovery of precursors or factors leading to the problem,
- Development of strategies to mitigate the issue in the future, and
- Implementation of a formalized Improvement Plan (when deemed necessary).

Network goals, outcomes, and objectives will be reviewed and modified as deemed necessary. These changes, or strategic improvements, will be designed to modify the Network’s approach and/or consumer experiences in a positive manner. Collectively, they will ensure the continuing success of services provided by the Network.
The following diagram provides a graphic view of the Continuous Quality Improvement System:

![Continuous Quality Improvement Cycle Diagram]

**Reporting to DCF**

Kids Central’s Quality Management Department will complete an annual report at the conclusion of the fiscal year to the Department of Children and Families that will summarize:

Findings and trends identified during semi-annual QA reviews, actions needed or taken, and data elements not currently available through the state’s automated data system such as requests for action, unless otherwise requested and specified in the DCF/ Kids Central Service Contract.

**Section III: Programmatic Quality Management Plan**

In addition to the information that will be provided by FSFN, Kids Central will conduct a series of procedures to audit various elements of the Kids Central system of care, including but not limited to:

A. Case Record Reviews,
B. Consumer and Stakeholder Surveys,
C. Monitoring of Outcomes and Quality Performance Indicators,
D. Complaints and Grievances, &
E. Critical Incidents and other Safety & Risk Management Issues
Kids Central Inc. Case Record Reviews

The record review/audit process will be viewed as a comprehensive multi-tiered process that includes basic record reviews as part of good supervision; base semi-annual random sample in-depth case file reviews conducted by the Kids Central Quality Management Department.

In-Depth Quality Services Review: Kids Central Quality Management will conduct in-depth QSRs on a minimum of six cases each quarter using the QSR protocols and web based tool established by the Department. The in-depth case-based quality review process will focus on child welfare practices involving ongoing cases. The review will appraise:

- the current status of a child in key life areas,
- the status of the parent/caregiver, and
- the performance of key system of care practices for the same child and family

The QSR protocol examines recent results for children receiving services and their caregivers as well as the contribution made by local service providers and the system of care in producing those results. The Kids Central Quality Management Department will coordinate these reviews with the CMAs, as well as enter the base review data into the automated QA review tool via the DCF Web Portal, and aggregated results will be provided to Executive Leadership and CMAs.

QSR Reports will be entered into the DCF QSR system on the following schedule:

- Quarter 1: October 30, 2011
- Quarter 2: January 30, 2012
- Quarter 3: April 30, 2012
- Quarter 4: July 30, 2012

Discretionary Reviews: Discretionary reviews or special review requests will be made through the chain of command and completed based upon priority. When the need for a discretionary review is identified by Senior Management at Kids Central, the request will be made through the Chief of Quality Management/Utilization Management. Regional requests for Discretionary reviews will be made through the Kids Central Single Point of Contact (SPOC).

If a critical life, health, or safety threat to a child is identified during any quality assurance or other review activity, it will be addressed immediately through a written request for action and follow-up phone call to ensure instructions/requests for action are clear and the urgency of said response is expressed.

Annual Evaluation and System Improvement Plan (SIP): Kids Central will contract for an independent annual or multi-year evaluation of child welfare practice and outcomes with third-party evaluators (in-state or out-of-state) from the private sector who have experience in child welfare, national child welfare organizations, or an accredited university. If multi-year evaluations are conducted, an annual evaluation will be prepared that sets a baseline for system improvement activities.

Kids Central will ensure the evaluation includes but is not limited to QSR data. Other sources of
information may include child welfare data in the Florida Safe Families Network (FSFN) and accreditation reports, e.g., Council on Accreditation (COA).

The annual evaluation will be presented to the Kids Central Board of Directors and local Community Alliance or structured community forum for the development of a local SIP. The purpose of the SIP will be to establish program priorities, define specific action steps to achieve improvement, and establish goals for improvement. The SIP will be approved by the Kids Central Board of Directors.

The annual evaluation will be submitted to the Department by August 30, 2012.

The SIP and all internal assessments regarding child welfare performance will be submitted to the Department by October 30, 2012.

**Consumer and Stakeholder Surveys**

Kids Central utilizes input from and feedback to stakeholders through a variety of channels: written surveys, meetings, evaluations, monitoring and data sharing. The information gained through each avenue is cumulatively shared with the company CEO and Senior Management Team for discussion and action. Ideas, concerns and comments are utilized to evaluate our system of care, drive production, identify areas of strength and weakness and provide the company with an overall means in improving our services.

Data from the surveys will be aggregated by each respective department for review and evaluation by the programs and the Senior Management Team. Certain findings may result in improvement projects for the Quality Improvement Team or may be utilized in the development and implementation of the Local Improvement Plan. The Quality Improvement Team is comprised of Quality Assurance representatives from each CMA provider, Kids Central’s Quality Management Director or designee and other Kids Central staff.

**Procedures for Stakeholder and Foster Parent Surveys**

- Kids Central will use standardized instruments and the instrument used will allow for anonymity but will include basic demographic information.
- A sample of stakeholders and foster parents will be taken annually.
- Surveys will be conducted via telephone, unless interviewees request that it be faxed.
- Results will be tabulated and be included in the report to Kids Central Executive Leadership and CMAs as appropriate.

**Monitoring Child and Family Outcomes & Quality Performance Indicators**

To the extent possible with the current technology (FSFN) and the addition of a dedicated Data Analyst position, Kids Central intends to track and report outcomes and performance measures consistent with the State Performance Improvement Plan (PIP) and the Circuit 5 Local Improvement Plan (LPIP) and incorporates performance indicators in its review of delivered service.
DCF has also worked to develop a core set of outcomes and quality measures that can be standardized across CMA contracts. Kids Central will focus on those outcomes and indicators that are required under the service contract, as well as closely examining and reporting on other outcomes identified by the Alliance.

Child and Family Outcomes/Measures Related to Safety, Permanency & Well-being

The following outcomes/performance measures (State & Federal) are included in the service contract and will be systematically collected and tracked by Kids Central: *Note: These measures are being revised by DCF for 2011-2012.*

#1: The percentage of children not abused or neglected during services will be at least __%. *Repeat Maltreatment (FS101)*

#2: No more than __% of children served in out-of-home care shall experience maltreatment during services. *(FS106)*

#3: No more than __% of children are removed within 12 months of prior reunification. *Re-Entry Into Out of Home Care (FS302)*

#4: * The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least __%. *Time to Reunify (FS301)*

#5: * The percentage of children with finalized adoptions whose adoptions were finalized within 24 months of the latest removal shall be at least __%. *Time to Adopt (FS303)*

#6: No more than ____children will be in out-of-home care 12 months or more on June 30. *(FS304)*

#7: The Provider will complete ____adoptions. *(FS304)*

#8: 100% of children under supervision who are required to be seen every 30 days shall be seen by their case manager.

#9: The percentage of children in out of home care 24 months or longer on July 1 who achieved permanency prior to 18th birthday and by June 30 shall be at least __%. *(FS303)*

#10: The percentage of children in out-of-home care for at least eight days, but less than 12 months, who had two or fewer placement settings shall be at least __%.

Incentives Linked to Performance

In addition to the previous performance measures, DCF intends for Lead Agencies to be eligible to earn incentive payments for performance that exceeds standards. The following measures are incentives: *Note: These measures may be revised by DCF for 2011-2012.*

#1: Case information will be entered accurately into FSFN within 48 hours of the event.
#2: Legal documents will be submitted to Child Welfare Legal Services at least 14 days prior to the hearing date.

#3: The number of children in out-of-home care (including both relative care and non-relative foster care) shall be reduced by at least 25%.

#4: At least 75% percent of cases will have supervisor reviews monthly. 100% of cases shall be reviewed at least once per quarter.

#5: The number of required monthly contacts with both biological parents (where applicable) of children in out of home care with the goal of reunification shall increase by at least 25%.

NOTE: The outcomes and performance measures described above are subject to change on an annual, fiscal year basis. Kids Central will use whatever measures are specified in the service contract as a foundation for its monitoring efforts.

Each contract performance measure is tracked weekly, monthly and / or quarterly to ensure compliance.

Specific Quality Management activities related to this category include

1. ESI Staffing Document / Task Compliance, Page 8
2. System of Care Monitoring, Page 9
3. Permanency Tracking, Page 9
4. Data Reports, Page 10
5. Supervisory Reviews, Page 10
6. Incident Reports Analysis, Page 10
7. Performance Reports, Page 10
8. In-Depth Quality Services Review, Page 11, 16
9. Annual Evaluation and System Improvement Plan, Page 16
10. State Program Improvement Plan Supporting Activities, Page 12
11. Senior Management Team Meetings, Page 12
12. Exit Interviews, Page 12
13. Random Validation of Eligibility – Federal Funding, Page 12

Inquiries, Complaints and Grievances

It is the policy of Kids Central to hear all client complaints and to support the dignity and rights of all clients. All complaints are handled through the Kids Central Client Rights Ombudsman. It is the responsibility of the Clients Rights Ombudsman to investigate and seek resolution to all complaints.

The Client Rights Ombudsman takes appropriate steps to mitigate the effects of any violation of client's rights. As documented in Kids Central's Client Complaints and Grievances Policy, the Client Rights Ombudsman assures that all grievances are resolved quickly and at the lowest level possible.

The tracking system, Footprints, allows the Client Rights Ombudsman to collect data monthly on Client Inquiries, Complaints and Grievances. The data collected includes the number of inquiries and complaints, average time from inquiry or complaint to resolution, and number of
inquiries and complaints referred as grievances. This data will be provided monthly to Kids Central’s Executive Leadership.

**Client Inquiries**

An “inquiry” is defined as an issue raised that requires clarification or attention but which may not indicate dissatisfaction with services. Client inquiries may be made to any employee, at any level, within the organization. Received inquiries will be forwarded to the Client Rights Ombudsman, who will process, respond to and track inquiries. When an inquiry is made, the employee will seek to resolve the concern quickly and efficiently with the inquirer, the employee will document actions taken. If necessary, the inquiry will be forwarded to their Supervisor, and the employee will tell the inquirer when they can expect a response.

Upon receipt, the supervisor will investigate the inquiry and make a preliminary assessment of what action is required. The supervisor will seek to resolve the concern or problem expressed, making reasonable efforts to obtain resolution as requested by the inquirer. The results of the investigation and resolution will be clearly documented, logged, and filed in the case record, with copies being provided to the Family Care Managers, foster parents/facilities, and/or any other relevant parties affected by the inquiry, including the GAL.

**Complaints**

Kids Central defines a complaint as dissatisfaction with a case specific issue or service delivery issue, which is received verbally or in writing and for which a response is requested. When a complaint is received, a written confirmation of the complaint and the Kids Central complaint procedure will be forwarded to the complainant. This confirmation will inform the complainant that Kids Central’s Client Rights Ombudsman is investigating the complaint/concern they have filed.

The Kids Central Complaint Follow-up and Resolution forms (Appendices A & B) will be used to document the actions taken after discussing the issue with the complainant. If a complaint cannot be resolved by the Client Right’s Ombudsman, the issue will then be passed on to the Chief Executive Officer, or designee and the person issuing the complaint will be advised of further grievance and appeals procedures.

**Grievance & Appeals Resolution Process**

It is the policy of Kids Central to respond to all grievances and appeals in a manner that is respectful of individual clients, providers, and others who might file a grievance. The grievance and appeals process will be impartial, non-retaliatory and timely.

When a grievance or complaint is received the following process will ensue:

A. Receipt of a Complaint

1. The Kids Central Corporate office and DCF Client Relations will forward all complaints and/or grievances to the Client Rights Ombudsman.
2. In addition, complaints are also received directly through telephone calls that do not come through DCF Client Relations.
B. Complaint Investigative Process

1. The Client Rights Ombudsman is responsible for investigating the circumstance of the alleged rights violation, and if appropriate shall take steps to resolve the issue.
2. The Client Rights Ombudsman may consult with CEO, Kids Central Chief's, CWLS, CBC Directors, and/or other professionals in reviewing and acting upon complaints/grievances.
3. The Client Rights Ombudsman shall communicate the results of the investigation and resolution to either the grievant or forward the results to the DCF Client Relations within the specified time frames given by DCF Circuit 5 Headquarters.

C. Decision and Disposition

1. If the results of the investigation indicate that a Kids Central employee or a contracted Kids Central employee has violated the rights of a client, the results will be reported to the Chief Executive Officer of Kids Central.
2. The Chief Executive Officer of Kids Central will determine what course of action to take against the employee violating the rights of clients.
3. The CEO of Kids Central may impose monetary infraction against the CMA and/or disciplinary action that could result in termination of an employee.
4. If the complaint/grievance is not resolved by the Client Rights/Ombudsman to the client's satisfaction, the issue will be referred to the CEO of Kids Central.
5. The issue shall be resolved as quickly as possible and an update shall be maintained with the party filing the grievance/complaint.

D. No Retaliation

1. There shall be no retaliation against any individual or person served, or employee for having filed or assisted on the filing of a complaint/grievance, or for investigation or acting on a complaint/grievance.
2. Any employee who becomes aware of any such retaliatory action shall immediately report it to the Client Rights/Ombudsman.

Review of all Complaints and Grievances
The Client Rights Ombudsman will collect data monthly on Client Inquiries, Complaints and Grievances, and provide results to Kids Central's Executive Leadership team. Timeliness of resolution, actions taken, and customer satisfaction with the resolution will be addressed.

Critical Incidents, Accidents and other Risk and Safety Issues

It is the policy of Kids Central and its network provider agencies to identify and report critical incident information to ensure child safety and to prevent future risk. All Kids Central staff and contracted provider staff are required to promptly report all incidents, accidents, safety and risk issues in accordance with the requirements of 65C-30.020 F.A.C, and as outlined in Kids Central's Incident Reporting and Client Risk Prevention Policy.

The Incident Report form (Appendix D) will be used by Kids Central staff, all providers and Family Case Managers within the network. The Incident Report Form may be used internally to report an incident or event that may pose a threat to the child, document the actions taken, and formally notify Kids Central and the Family Case Manager and supervisor.
The incident report is used internally and externally to record an incident or event that does place the child or others at risk, to document the actions taken and the follow-up needed, and to formally notify the agency supervisor, Kids Central, and DCF.

**Reporting Procedure**

Any Kids Central contract provider (CMA) staff that becomes aware of an incident that meets the criteria set forth by the Incident Report form must initiate the proper response and verbally report the incident immediately to their supervisor, Program Director, CMA Director and the CEO of the provider organization.

In cases where health, safety and well-fare of the client(s) have been affected, the Family Care Management provider will initiate the proper response to the incident (calling law enforcement, transporting client to the hospital) and make the verbal report immediately, not to exceed one hour from the time of the incident to the CMA CEO who will then notify Kids Central Executive Leadership: CEO, COO, and CQMUM, or identified designee.

For all incidents, the Incident Reporting Form must be completed and reviewed by the Family Care Manager Supervisor and emailed to the CMA Program Director and Kids Central via IncidentReports@kidscentralinc.org for processing. Kids Central's Director of Quality Management will determine if DCF notification is required per 65C-30.020 F.A.C. If required, DCF will be notified through the DCF Incident Reporting System. If necessary, the form may be faxed but must be followed by an emailed version.

Semi-annually, Kids Central Compliance Management will assess incident reports. Results will be compiled, reviewed and brought to the attention of the Kids Central's Executive Leadership. Timeliness and quality of reporting and appropriateness of follow-up activities and resolution will be evaluated based upon a specified review period.

**Follow-Up Review of Incidents/Events to Prevent Future Occurrence**

Any incident which resulted in serious injury to a child and/or is likely to involve media or public attention will be immediately reviewed by the Kids Central Executive Leadership team to determine the basic answers to who, what, when, where, and how the incident occurred. At a minimum, Kids Central staff will attempt to determine whether:

- a) Staff were in compliance with program policies and procedures;
- b) Appropriate handling of the situation and action taken to protect the child;
- c) Steps taken to maintain control or the situation and to limit risk to the child(ren) and liability to the project.

The Risk Management Plan contains additional information on risk and safety reviews.

**Section IV: Quality Improvement**

Quality Improvement is implemented based on the level of performance or compliance with each quality assurance activity or other source. Performance and compliance is determined based on established benchmarks and performance expectations. The indication of poor performance or lack of production is based on data reports and analysis conducted as part of the quality assurance /improvement activities.

Kids Central, Inc.
Quality Management Plan
Initiatives utilized to enhance and drive improvement are:

- Performance Improvement Plan
- State / Local Program Improvement Plan
- Use of Continuous Quality Improvement Teams and the Quality Management Department

The Quality Improvement Team is comprised of representatives from each of the CMA provider staff, Kids Central Quality Management, Permanency, Licensing, Training, Out of Home and Contract Management Department staff. This team composition allows members to bring different perspectives to the team. The program team meets a minimum of quarterly and is facilitated by Kids Central’s Quality Management Director or designee.

The team meets with the intent of reviewing and analyzing monthly and/or quarterly program data from key quality indicators. The team reviews the data from the Program Performance Report for trends, develops QI initiatives and implements program improvements as needed. Other relevant data such as external monitoring reports, inspections, and/or audits are included for review as they occur. The team also evaluates the success of previously established action plans by comparing information from the previous month against the current month. The team discusses accreditation standards, best practices, and programmatic issues and concerns identified and creation of appropriate action plans. In addition, the team may recognize issues that need Management recommendations and/or actions.

In addition to the QIT, Kids Central has implemented a Performance Drivers Workgroup. The group is facilitated by Kids Central Quality Management and focuses on the “how” of meeting performance expectations. The group looks at barriers and ways in which to improve, empower, and support workers and supervisors in the engagement of families, facilitation of communication between families and out of home caregivers, time management, communication with providers, etc., and to integrate the Guiding Principles and Practice Framework. This Framework includes: ensuring safety and reducing risk; family driven decision making; listening to the family’s story; sharing information with those who need it; actively responding to change; getting unstuck; listening, engaging, being aware, showing respect and networking; owning outcomes; having a sense of urgency; and, not using a cookie cutter approach. This group meets approximately monthly and is comprised of Kids Central and Case Management staff.

While Kids Central may delegate certain responsibilities to the CMAs, the Kids Central Training and Professional Development Department maintains primary responsibility for organizing ongoing training for the CMA staff, based upon data gathered through case/performance reviews and contract requirements. Appropriate lessons will be translated into recommended policies and procedures that will be shared with Executive Leadership and the Kids Central Board of Directors. When approved, all agencies, stakeholders, and other interested parties will be informed, and appropriate steps will be taken to train staff and implement necessary changes.

Changes in policies and procedures may be instituted based upon review findings. If significant problems are identified within CMAs (or with particular Family Care Managers or supervisors), the Chief Operations Officer in collaboration with the Director of Permanency may meet with CMA Directors and with the Family Care Managers or supervisors to examine and explore the problem areas and propose improvement plans to address problems. At that time, specific
activities and timeframes will be established to include a realistic measure of improvement. The QM staff will ensure that results of any improvement plans are reviewed within the timeframes set forth and agreed upon. Providers are expected to comply with the terms of the corrective action, and non-compliance will lead to other corrective/punitive action as required.

When systemic improvement is required, Kids Central will implement change by providing the CMAs with data to support the need and a timeline for training, implementation and subsequent review. CMA directors will be responsible for the dissemination of information to their management and operations staff, and ensuring that improvement activities are occurring. At the time set forth in the timeline, Kids Central will conduct a review to determine whether or not the established objective(s) has been achieved, and modify methods as needed.

Training and Professional Development

Kids Central, Inc. employees are required to complete 15 professional training hours per fiscal year. Various trainings are delivered and/or coordinated throughout the year by the Kids Central Training and Professional Development Department and made available to not only Kids Central's corporate staff, but to Case Management Agency staff and the Department of Children and Families staff.

Parts of the preparation and on-going support of child safety staff are pre-service and in-service training. Pre-service training is provided to case management staff by the Kids Central Training and Professional Development Department. The pre-service training includes structured field activities and classroom training and requires successful completion of a knowledge-based test to achieve Phase I Certification. All pre-service training follows the requirements outlined by state.

In-service training consists of Phase II Certification and/or applicable specialist certification for all case management related staff. All staff is required to complete the requirements outlined by the Department of Children and Families Licensing Division. Completion of training is maintained in the personnel file and tracked through an excel spreadsheet to determine compliance. Verification of training completion is validated through a training certificate issued by the on-site trainer.

Foster and adoptive families are required to complete MAPP training prior to being licensed/approved as a foster and/or adoptive home. All MAPP training for traditional foster homes and adoptive homes is provided by the Kids Central Licensing Staff. Trainers must be certified through the Department of Children and Families. The training consists of 30 hours. Kids Central must maintain records of attendance and validate that the MAPP requirements have been successfully met. In addition to the MAPP certification, each licensed foster family must receive not less than 12 hours each year during the first two years of annual in-service training with subject matter being directly related to children and their care. Kids Central is responsible to track compliance of completion.
Foster and Adoptive Home Licensing, Approval, and Recruitment

Kids Central’s Quality Management Team will monitor the performance and outcomes of the Licensing Department through assessment of compliance with Kids Central Policies and Procedures. Our overarching objectives in monitoring Licensing, Recruitment and Retention efforts are to:

- Ensure that the Network is reaching and recruiting foster parents that meet the demographic objectives and needs of children served by the Network,
- Ensure that licenses are renewed in an efficient and timely manner,
- Ensure that federally mandated outcomes as measured through the Child and Family Services Review (CFSR) are reached.

The quality of services will be measured through the following activities:

- Review of foster parent survey feedback once obtained from Licensing/Relicensing,
- Annual monitoring of Licensing Files,
- Review of incident reports involving licensed foster homes,
- Review of Exit Interviews with children as outlined on page 12, and
- Data collected in each of the activities will be analyzed through the methods described in the Data Collection and Measurement Section referenced on pages 9-16.

It is Kids Central, Inc.’s policy that foster home licenses be renewed annually which includes review of documents such as the staff inquiry forms completed by the Family Care Managers with children placed in the foster home and exit interviews and completion of background screening. Each foster home has a designated licensing specialist assigned to provide ongoing support and evaluation of services provided to the children.

Foster and adoptive home licensing, approval and recruitment is conducted through Kids Central, Inc., which is responsible for completing the licensing process, submitting the licensing file to the Department of Children and Families and recruitment of new foster / adopt homes. Note: This process is under revision and this section will be updated once said process if finalized by the Department of Children and Families.

The Department of Children and Families tracks the licensing and approval process via the Licensing Packet Review Form. This information is provided to Kids Central’s contract management department and the report is developed and shared on a quarterly basis. Repetitive non-compliance or negative performance shall result in the implementation of a Program Improvement Plan, as determined by the Department of Children and Families or Kid’s Central, Inc.’s CEO.
Federal Funding

Principle Outcome Category 4 – Fiscal Management / Revenue Maximization

The Fiscal Management / Revenue Maximization category addresses internal tracking regarding Title IV-E and TANF and consists of validation of the data in FSFN and ICWSIS and the adequacy of penetration.

The Federal Funding / Revenue Maximization Department consist of one (1) Federal Funding Supervisor who is supervised by the Accounting Director. The Federal Funding Supervisor has direct supervision of five (5) Rev Max Specialists and one (1) Rev Max Adoption Specialist, who are assigned to counties. These counties includes Marion, Citrus, Hernando, Sumter and Lake.

To ensure on-going training and technical assistance activities comply with changing federal requirements, the Federal Funding Supervisor participates in monthly Revenue Maximization Statewide conference calls, facilitated by DCF Central Office. Information that is disseminated is communicated to the Revenue Maximization Reviewers in written form along with supporting documentation, if applicable. Central Office provides technical assistance upon request.

Specific Quality Management activities directly related to this category and completed by Rev Max and DCF include:

1. Performance/Data Reports
2. Executive Leadership Team Meetings
3. FSFN Validation
4. Communication
5. Monitoring Subcontracted Providers
6. Random Validation of Eligibility – (Federal Funding)

The CMA staff has been afforded the opportunity to attend training offered by the Department of Children and Families. Revenue Maximization Staff employed by Kids Central, Inc. and the Central Office are available to provide support to the CMA’s as required. Internal reviews are conducted in collaboration with the Central Office for federal funding.

The internal review structure includes:

Tier I – Peer Previews during which the Revenue Maximization Specialists participate in peer reviews.

Tier II – The Revenue Maximization Supervisor conducts random case reviews to verify accuracy of eligibility determinations.
Appendix A: Complaint Procedures and Acknowledgement

Kids Central is committed to providing high quality services to children and families. Implicit in this commitment are the processes to facilitate the resolution of complaints related to services. It is the intent of Kids Central to address complaints to assure child safety, program effectiveness, and community confidence in our services.

**KIDS CENTRAL INC.**
**ACKNOWLEDGES RECEIVING THE FOLLOWING COMPLAINT:**

<table>
<thead>
<tr>
<th>Complaint received by</th>
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<tbody>
<tr>
<td>Name:</td>
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<table>
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<tr>
<th>Date:</th>
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<tr>
<th>Person filing complaint:</th>
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</table>

Here are the steps to follow when completing this form:

Step 1: Try to determine if the complainant attempted to resolve the issue with the person involved (Family Case Manager, Foster Parent, and/or Program Staff). Sometimes problems can be resolved at the source.

Step 2: Advise complainant that the complaint will be forwarded for action within 3 days of receipt.

Step 3: Inform complainant that they will receive written notification or a telephone call to advise them of the status of the resolution.
# Appendix B: Complaint Tracking Form

<table>
<thead>
<tr>
<th>Complainant Information</th>
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<tbody>
<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>Address:</td>
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<td>Phone:</td>
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## Complainant’s relationship to Kids Central

<p>| | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>Child</td>
<td>Parent</td>
</tr>
<tr>
<td>Foster Parent</td>
<td>Provider</td>
</tr>
<tr>
<td>DCF</td>
<td>Employee</td>
</tr>
<tr>
<td>Other (please specify)</td>
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</table>

Specific nature of complaint: *(Please specify child, worker, detailed description of the complaint and all previous attempts to resolve the issues, date and time of the incident and the reason for concern. Attach any necessary documentation)*

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<thead>
<tr>
<th>Complaint received by</th>
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<tbody>
<tr>
<td>Date that complaint was received</td>
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<tr>
<td>Complaint entered into system by</td>
<td></td>
</tr>
<tr>
<td>Date complaint was entered into system</td>
<td></td>
</tr>
<tr>
<td>Was required timeframe met?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If not met, give reason:</td>
<td></td>
</tr>
<tr>
<td>Resolution:</td>
<td>☐ Resolved ☐ Sent to QUALITY MANAGEMENT for further investigation</td>
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<tr>
<td>Complaint Follow-up and Resolution</td>
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<td>------------------------------------</td>
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<tr>
<td>Complaint response assigned to</td>
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<tr>
<td>Date assigned</td>
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<td>Action taken:</td>
<td></td>
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<tr>
<td>Response to complainant (attach any documentation)</td>
<td></td>
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<tr>
<td>Was complainant satisfied?</td>
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<td>Date response was sent</td>
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<td>Authorized signature</td>
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cc: Human Resources/Contracts Department  
Guardian Ad Litem  
Family Case Manager Supervisor  
Complainant
Surveys conducted by contracted independent surveyors. Surveys vary by population. This Plan will be updated to include survey samples and resubmitted.
### Appendix D: Incident Reporting Form

#### I. Identifying Information

**Incident Primary Category:**
- [ ] Abduction
- [ ] Absconded
- [ ] Altercation
- [ ] Baker Act
- [ ] Client Death
- [ ] Client Injury or Illness
- [ ] Criminal Activity
- [ ] Disease Epidemic
- [ ] Elopement
- [ ] Escape
- [ ] Other Incident
- [ ] Sexual Battery
- [ ] Suicide Attempt
- [ ] Theft/Vandalism/Damage
- [ ] FYI

**Incident Date:**

**Time of Incident:**

**County:**

**CSA# (if Hotline contacted):**

**Program Area:**
- [ ] ADM
- [ ] AS
- [ ] APD
- [ ] Access Florida
- [ ] FS

** Victim/Person Involved:**

**Age of the Victim:**

**Contract Provider Name/Foster Home:**

**Location/address of Incident:**

**Type of Facility (Where the incident occurred):**

**Primary Residence?:**
- [ ] Yes
- [ ] No

**Victim’s Primary Residence Type:**

**Reviewed By:**

**Title of Reviewer:**

**Incident Coordinator:**

**Counselor’s Name and CMA:**

**Counselor’s Telephone #:**

**Allegations in CSA:**

---

### II. Participant(s) Witness(es) (if applicable)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Birth Date</th>
<th>Age</th>
<th>Race</th>
<th>Gender</th>
<th>Role</th>
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Kids Central, Inc.
Quality Management Plan

- Page 31 of 36-
### II. Participant(s) Witness(es) (if applicable)

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<th>Full Name</th>
<th>Birth Date</th>
<th>Age</th>
<th>Race</th>
<th>Gender</th>
<th>Role</th>
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### III. Description of Incident


### IV. Corrective Action and Follow Up

Immediate Corrective Action (Please be sure to indicate what the action is, who has responsibilities for this action and the time frame for completion of the action):

What follow up action will be completed? (Please Specify Action and Person Responsible):

1. ___________

   [ ] Initial Report  [ ] Final Report

### V. Individuals Notified

<table>
<thead>
<tr>
<th>Abuse Registry</th>
<th>Health Care Admin</th>
<th>Law Enforcement</th>
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<tbody>
<tr>
<td>Name:</td>
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<td></td>
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<tr>
<td>Badge/ID#:</td>
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<td>Date:</td>
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<td>Time:</td>
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<tr>
<td>Called:</td>
<td>Time: ____________</td>
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<td>Copy:</td>
<td>Time: ____________</td>
<td>Time: __________</td>
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Accepted By the Registry:  [ ] Yes  [ ] No

**GAL:**

**If a GAL is assigned to the case, please notify him/her and provide with a copy of the IR. If there is not a GAL assigned, please put N/A.**

**Other:** (Please Specify)

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<th>Name:</th>
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## V. Individuals Notified

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<th>Date:</th>
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<th>Called: Time:</th>
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Counselor Signature: _______________________
Date: _______________________

Supervisor Signature: _______________________
Date: _______________________

## VII. Death Review Information

<table>
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<tr>
<th>Date of Death:</th>
<th>Time of Death:</th>
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Place of Death:

Suspected Cause of Death:

Classification of Death, (if applicable): Explain:

## Death Review Summary

Description of events leading to death and include previous department involvement:

Did death occur in restraint/seclusion?: Yes No

Medical Examiner Case?:

Autopsy Requested?: Yes No

Date Requested:

Autopsy Done: Yes No

Date of Autopsy:
### First Quarter Review Schedule (July 2010 – September 2010)

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>July – September 2011</td>
<td>Request and Review sample case files.</td>
</tr>
<tr>
<td>October 30, 2011</td>
<td>Enter Data into DCF QSR System</td>
</tr>
</tbody>
</table>

### Second Quarter Review Schedule (October 2010 – December 2010)

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>October - December 2011</td>
<td>Request and Review sample case files.</td>
</tr>
<tr>
<td>January 30, 2012</td>
<td>Enter Data into DCF QSR System</td>
</tr>
</tbody>
</table>

### Third Quarter Review Schedule (January 2011 – March 2011)

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>January - March 2012</td>
<td>Request and Review sample case files.</td>
</tr>
<tr>
<td>April 30, 2012</td>
<td>Enter Data into DCF QSR System</td>
</tr>
</tbody>
</table>

### Fourth Quarter Review Schedule (April 2011 – June 2011)

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>April – June 2012</td>
<td>Request and Review sample case files.</td>
</tr>
<tr>
<td>July 30, 2012</td>
<td>Enter Data into DCF QSR System</td>
</tr>
</tbody>
</table>
Appendix F: Quality Services Review Tool (Will be added once provided by DCF.)
Appendix G: Case Management Annual Summary of QA Review Findings Report

(May change due to new contract language and requirements)

Community Based Care Annual Summary of Quality Assurance Review Findings Report to Headquarters Office of Family Safety

Summary of Case Management Practice Trends
This section should address QA findings over time; it should address the agency’s strengths/promising practice trends and areas needing improvement. CBCs are responsible for producing the bulk of the report as a “Self-Assessment,” however, it is recommended that they collaborate with their regional counterparts for additional input. The summary should be based on all of the data collected through the QA reviews and any other sources of information that measure local performance.

The summary must be evaluative in nature – not simply descriptive in a narrative format. It should not be a “cut and paste” of findings from the review tools or a re-hash of review questions in bullet fashion with performance shown by percent achieved for a standard.

Evaluative Language: Presents judgments; assesses status and outcomes; gauges, ranks, and rates performance over time. Using evaluative language allows the “Self Assessment” to address how well the agency is doing; is the agency’s policies and practices providing quality service delivery and producing positive outcomes for children and families? A combination of descriptive and evaluative language offers a reliable picture of the system of care. It shares a narrative story and outlines characteristics.

Practice Trends
The following grouping of practice trends should be addressed in the summary. The summary should provide an analysis and evaluation of performance trends across multiple service delivery and management factors.

1. Assessment
2. Family Engagement
3. Service Planning and Provision
4. Promoting Case Progress
5. Supervisory Review and Oversight

Addressing Findings
The summary should briefly describe how the CBC will react to the analysis of findings. It may be a simple reference that findings will be addressed as described in the annual update of the Quality Management Plan or in the local Quality Improvement Plans.

Regional Input – Optional
Management staff from CBCs and the regions will determine if they wish to collaborate in writing the summary.

______________________________
Signatures (deemed pertinent by the CBC and region if collaborating) Date