Quality Management Plan Addendum
Following Statewide Quality Assurance Planning Criteria for Fiscal Year 2010/2011

Overview
Our Kids is the non-profit lead agency for Community Based Care in Miami-Dade and Monroe counties. Since May 2005, we have provided foster care, adoptions and related services in Miami and the Florida Keys. These services were previously performed by the Florida Department of Children and Families. Our Kids is proud of our unique Community Leadership Model. The members of our diverse Board of Trustees were specifically selected to represent the communities of Miami-Dade and Monroe counties in the creation, development and oversight of a privatized, local foster care system. Our Kids pioneered the concept of maintaining a board of community leaders that are completely divested and independent of our network of direct service providers.

**Mission**
The mission of Our Kids is to oversee and lead a coordinated system of care, delivering excellence to abused, abandoned and neglected children and their families in Miami-Dade and Monroe counties.

**Vision**
Our Kids vision is that at-risk children in Miami-Dade and Monroe counties grow up in safe, permanent families.

**Guiding Principles of Our Kids**

1. Customer Service: Ensure that customer needs are met in a manner that is both child and family focused and in manner that demonstrates commitment to being responsive and respectful to cultural diversity, transparency and accountability.

2. System and Process: Ensure services are seamless, cohesive, comprehensive and collaborative within and across providers and stakeholders.

3. Performance: Require performance throughout the system of care, utilizing ongoing quality assurance and adopting best practices, in order to realize the highest quality of service.

4. Fiscal Fiduciary Responsibility: Maximize existing resources, pursue additional funding sources, create operating efficiencies, and effectively manage costs to reinvest in continually improved quality of service.

5. Innovation: Develop new resources and new business practices designed to maximize success.

6. Customer Satisfaction: Engage all key stakeholders, especially children, families and caregivers, in the planning, delivery, monitoring and continuous improvement of the system.
7. Leadership and Stewardship: Maintain an independent board of community leaders that oversee the system of care. The Board’s primary focus is to establish a strategic direction, advice on policy, advocate for system enhancements and innovation and facilitate relationships.

**Purpose of the Our Kids Quality Management Program**

Our Kids of Miami-Dade/Monroe, Inc. (Our Kids) has as its main commitment to the children of Miami-Dade and Monroe Counties to oversee and coordinate a system of care assuring safety and permanency of the children and families who are or have been at risk of abuse or neglect. To accomplish this, communities and provider agencies have united to maximize community resources into one integrated system of care that provide for positive development of each child and family it serves.

The Our Kids Quality Management Plan is a critical part of the overall mission to provide innovative approaches and services to meet the needs of the children and families served. The quality management plan process is designed to provide vital information to Our Kids senior administration, the Our Kids network providers, the Community-Based Care Alliance, the Department of Children and Families and other key stakeholders. Central to quality management is Our Kids’ quality assurance activities, which involve collecting, reviewing, analyzing, and using data from key areas of operations to ensure compliance with standards, contracts, and best practices in order to continually improve what we do.

A critical component to assuring quality care within Our Kids and through its network of providers is a continuous quality improvement (CQI) process through which employees at every level of the organizations have access to:

- Evaluation results regarding effectiveness and efficiency of services;
- Information regarding whether services meet expectations about quality and outcomes; and
- Plans for correction of any observable deficiencies identified through Our Kids’ quality improvement process.

It is the responsibility of the Our Kids QA staff to conduct external Quality Assurance reviews of its providers and coordinate all DCF and other funding entities’ external reviews. The goal of these activities will be to improve the quality and cost-effectiveness of services provided and to dynamically modify services to meet the changing needs of children in care.

Our Kids incorporates its external quality assurance component to include monitoring and support of its contracted providers and a continuous quality improvement plan to monitor and support services delivered within Our Kids’ organization, if any. As part of its leadership and accountability model, Our Kids contracts with agencies which have been nationally accredited and have implemented an internal Continuous Quality Improvement system.
The purpose of the comprehensive quality management plan is to promote quality care meeting all federal Adoptions and Safe Family Act (ASFA) consistent with community and national accreditation standards that provide mechanisms for evaluating and continuously improving the system of care.

**Fundamental Concepts Underlying the Quality Assurance Process**

Quality assurance and improvement activities are designed to ensure that benchmarks are achieved through a shared philosophy of service that responds to contract requirements as well as best practices. The following beliefs are at the heart of our QA plan:

- Good outcomes are achieved through consistent monitoring, evaluation, and sharing of best practices.
- Quality problems can be resolved and service continually improved through systematic monitoring, evaluation, feedback, and training.
- Accessible, current data is vital to organizational decision-making.
- Quality Improvement is part of each employee’s day-to-day work.
- There is zero tolerance for poor quality service.
- Improving services is a continuous process.
- We will continually seek feedback from children and families, employees, community organizations, providers, and funding agencies in order to ensure quality services.
- We will regularly reach out to stakeholders to share information, identify problems, propose and implement solutions, and evaluate results.
- Mistakes should be used for learning.

**Focus on Coordination and Process**

**Unit Supervisory Discussions:** Our Kids believes that case manager supervisors are essential in improving the quality of practice for children and families, therefore, supervisors are required to complete a minimum of quarterly supervisory reviews with the staff of case managers that they supervise. The intent of the reviews is to engage staff in qualitative face-to-face discussions about case work practices. The process for supervisory reviews for Miami-Dade and Monroe Counties is the following:

1. Each Case Manager Supervisor is required to complete supervisory reviews on 100% of their cases assigned to their units on at least a quarterly basis.
2. Our Kids completed training on the Supervisory Discussion Guide for all of our subcontracted Full Case Management Agencies (FCMA) Quality Improvement staff. The training included identifying the five elements that would support a qualitative discussion between a supervisor and case manager. Current practice requires that Supervisory reviews include an assessment of all aspects of child safety, well-being, and permanency. Supervisory reviews must also include clear direction and guidance to case managers. A tool was developed in partnership with our FCMA CQI staff to capture these 5 elements. The tool is not to be used as a form to be filed in the case file. It is a guide that will help the supervisor’s conversations with their staff. The quality of supervisory reviews is measured during quarterly file reviews and through internal reviews conducted by Our Kids subcontracted agencies QI staff. The outcome of the internal reviews by the subcontracted agencies is discussed during monthly Continuous Quality Improvement meetings hosted by Our Kids with agency QI staff. Additionally Our Kids reviews supervisory reviews notes in FSFN quarterly to measure compliance with our performance based scorecard. The quality of supervisory reviews is one of ten metrics being measured.

3. Case Manager Supervisors are required to enter chronological notes in Florida Safe Families Network (FSFN) documenting the completion of supervisory case reviews. The note is to be entered as a case note type of “Review-Supervisory” in order to distinguish the type of case activity conducted in the electronic case record.

4. Our Kids Quality Assurance staff reviews the completion of supervisory reviews on a quarterly basis and reports the outcome of reviews to each Full Case Management Agency through a performance based scorecard. Supervisory reviews are one of ten metrics being measured each quarter. Historically Our Kids measured the quantity of the reviews occurring and experienced significant success in improving the number of supervisory reviews occurring each quarter. This year we changed our approach to measure the quality of the reviews. The compliance rate with this metric is improving each quarter. The quality of supervisory reviews has improved by 50% this year. Each Full Case Management Agency also has access to the data information system Mindshare...Mindshare compiles data from FSFN and formats the information into easy-to-read, user-friendly dashboards so that each Full Case Management Agency can review there compliance with completion of reviews on a daily, weekly, monthly, and quarterly basis. Mindshare also provides automatic alert emails to FCMA Program Administrators and Case Manager Supervisors to alert them when supervisory reviews are due.

5. The completion of supervisory reviews on the minimum of a quarterly basis is a contract measurement that Our Kids requires of its subcontracted agencies. Agencies with supervisors not meeting expectations are mandated to submit corrective action plans for performance improvement.

**Base, Side-by-Side and In-Depth Reviews:** Our Kids in partnership with the Department of Children and Families regional QA staff completes quarterly file reviews;
reviewing 100 cases (25 per quarter) each fiscal year. The Department of Children and Families State Program Office determines the parameters of the review (population examined as well as review period) and is responsible for determining which cases are part of the review sample. The review sample parameters are posted to the Center of the Advancement of Child Welfare Practice website.

Regional DCF QA Staff, Our Kids, and its Full Case Management Agencies QI staff are responsible for the case record review. All record reviewers received training on the instrument and practice standards from the Department of Children and Families and are certified QA reviewers. Each Full Case Management Agency QI staff reviews each record selected for review prior to the start of the reviews to ensure that the case record reflects case activity.

The Our Kids QA Director or designee estimates the amount of time the entire review will need to take to allow staff and supervisors prepare personal workloads to include participating in the record review without letting other responsibilities suffer. Reviewers do not review cases in the sample that are assigned to their own agency.

**Side by Side Reviews:** Of the twenty five cases reviewed each quarter eight cases are chosen by the Department of Children and Families to be reviewed in a process referred to as “side by side.” The side by side teams are comprised of an Our Kids QA staff member and/or an FCMA QA staff member and a Regional Department of Children and Families QA staff member. During the side by side reviews each team of reviewers examines the pre-determined case to make an assessment of the services provided. After the assessment is made and facts of the case are gathered, the team of reviewers rates the case using the review tool provided by the Department of Children and Families. The team members come to a consensus for each of the tool’s questions and if consensus between the team members cannot be reached, the question is posed to the other teams of side by side reviewers.

**Base Review:** The remaining seventeen cases of the sample of twenty-five are reviewed by Our Kids QA staff and its Full Case Management Providers. The base reviews are held in similar fashion as to the side by side reviews as in such the base reviews are conducted in a peer review approach. Prior to the start of the base reviews the case record assignment for each team it determined by the Our Kids Quality Assurance Director or designee. During the reviews each team of reviewers examines the case record to make an assessment of the services provided. After the assessment is made and facts of the case are gathered, the team of reviewers rates the case using the review tool provided by the Department of Children and Families. The team members come to a consensus for each of the tool’s questions and if consensus between the team members cannot be reached, the question is posed to the other team members rating cases. At the completion of the tool’s rating, the Our Kids Quality Assurance Director or designee reviews the instrument along with the team who reviewed the case for completeness and accuracy. The Quality Assurance Director or designee also uses this opportunity to discuss the quality of care and services rendered by the agency and assesses the reviewers understanding of the goals and activities in
the case reviewed.

The Our Kids Director of Quality Assurance or designee is responsible for tracking, analyzing, and reporting the findings of the quarterly base reviews to the Regional DCF Quality Manager and each Full Case Management Agency within 30 days of the completion of the base reviews. The report draws conclusions as to performance in the areas of safety, permanency, and well-being. The report also draws conclusions as to the effectiveness of various program operations and highlights areas in which the system of care is exceeding and sights areas in which performance needs improvement.

At the beginning of the base reviews the base reviewers are instructed to notify the Quality Assurance Director or designee if they have any concerns regarding the quality of care provided to the client and or any safety threats to a child. Once notified by the reviewers the Quality Assurance Director notifies the Full Case Management Administrators and Our Kids Regional Director of the concern in writing and designates a time frame in which the Full Case Management Agency is to respond with the measures taken to address the concern. If necessary, follow up staffings are coordinated with the Our Kids Regional Manager, Quality Assurance Director, and Full Case Management Agency.

**In-Depth Reviews:** Two cases from the sample of twenty-five are selected by the Regional DCF QA Manager for an In-Depth review. In-depth reviews include interviews with various case participants such as biological and foster parents, Case Managers and Supervisors, Guardian Ad Litems, and other stake-holders.

**Psychotropic Medications for Children in Foster Care:** Our Kids conducts monthly reviews of 100% of all children who are on active psychotropic medication as listed in FSFN. Findings of this report are immediately provided to the FCMAs who are responsible for obtaining any missing information and updating FSFN. Additionally, a random 10% sample of all out of all out of home children who do not have an active medication profiles in FSFN are reviewed on a monthly basis in order to catch potential children on meds not listed in FSFN. These monthly reviews include a thorough analysis of all documents in ASK, including, but not limited to, searching for court orders, informed consent, mental health treatment plans that may indicate the child may be on medication and medical reports. Last year, Our Kids implemented a business intelligence IT model called “Mindshare” that generates reports for each Full Case Management Agency based on data from the Florida Safe Families Network. The following fields are contained in the report that Our Kids continues to generate:

- Child’s demographic information
- Name of prescribed medication
- Prescribed milligrams
- Begin and end date for each medication
- Name of the physician that prescribed the medication
- Status of court order/parental consent
- Full Case Management Agency Name
The above referenced report provides Our Kids with information on whether or not parental consent/court order was obtained. The Department of Children and Families recently completed a Request for Action quality assurance review of all children in foster care on psychotropic medication. The FCMAs completed the RFA’s and FSFN was updated as appropriate.

As an additional monitoring measure, DCF legal submits a weekly report to Our Kids with children who continue to show as not having appropriate legal consent for meds or a court order. Our Kids provides this information to the FCMAs who update/correct the information either by obtaining the necessary documents or cleaning up data related issues that may be the cause for the names to continue on the list. DCF QA also submits a weekly report to Our Kids with children who show a discrepancy with the medication they are taking and what the court order or consent indicates. Our Kids provides this information to the FCMAs who update/correct the information either by obtaining the necessary documents or cleaning up data related issues that may be the cause for the names to continue on the list.

Executive Management and Region Discretionary Reviews: Throughout the year the Secretary of the Department of Children and Families or other Executive Staff may request either regional or statewide reviews on various topic areas. These reviews often relate back to concerns generated from high profile cases or systemic issues discovered during quarterly reviews. Completing special reviews will likely require the development of new review tools and procedures. Requests for discretionary reviews from the Department of Children and Families shall be directed to Our Kids Chief Executive Officer. Our Kids will work collaboratively with the Department of Children and Families to respond to executive management and region discretionary reviews.

Local Review Schedule: In 2007 Our Kids developed a performance based scorecard that monitors areas deemed significant in determining a child’s experience in care. The scorecard measures ten metrics on a quarterly basis. This scorecard requires file reviews for several of the metrics. These metrics include compliance with home studies for children in non-licensed homes; medical and dental; and education. These reviews are completed each quarter. The scorecard is tied directly to our subcontracted FCMA ability to earn a performance incentive at the end of each quarter. The scorecard is divided into primary and secondary metrics. Primary metrics were determined to be critical to the safety of a child and therefore failure of one primary metric results in a fail for the quarter. A fail for the quarter eliminates potential for any performance incentives. In addition an agency that fails will not be assigned new cases until issues that lead to the failed metric is addressed and resolved. Full Case Management Agencies (FCMAs) must earn a grade B or higher for each primary compliance measure to be eligible to receive a performance incentive. If the performance incentive has a target, a portion of the performance incentive will be considered an advance payout for the quarter. See attached exhibit R for further details.
The local review schedule for 2010-2011 is as follows:

Q1: 8/9/2010 – 8/13/2010
Q3: 2/14/2011 – 2/18/2011

Focus on Results

Tracking and Reporting on Performance: From its inception Our Kids has made performing to contract measures a priority. The measurement of contract performance is included in several of the quality management activities that Our Kids conducts. Our Kids provides weekly data reports on contract measures to its providers. The data captured in the reports is primarily from FSFN and internal data sources. Data on contract measures is also available to providers and Our Kids management on a daily basis through an internal dashboard. The internal dashboard, Mindshare also provides automatic email notifications to FCMA Program Administrators and Case Manager Supervisors to alert them when various duties need to be conducted in order to meet contract requirements.

In addition to the continual review of data on performance measures, Our Kids also conducts monthly Continuous Quality Improvement meetings with its providers to review and discuss contractual indicators. Continuous Quality Improvement meetings are also used as a platform for providers to report on strategies utilized to increase substandard performance. Processes and techniques that are used by those achieving performance are also discussed so that practice changes can occur system wide. Consistent with COA standards, the QA department is responsible for ensuring that clear, accurate, and timely information regarding all aspects of the quality management process are provided to its service recipients, Board, staff, and community stakeholders. On a regular basis, Our Kids convenes public stakeholder forums to share information and solicit feedback on current operations. Our Kids attends and participates in monthly meetings with our Community Alliance. Our Kids presents as requested findings to the Community Alliances. At least annually, Our Kids provides a report of findings of key quality assurance activities.

Tracking and Reporting on Strategic Objectives

Our Kids has undergone a number of activities to develop a strategic plan that is supported by Quality Assurance activities. The plan functions as a road map to the agency’s performance goals. The Our Kids strategic plan was developed with the board of trustees with input from the community and projects three years into the future. It is reviewed and updated annually. The Director of Quality Assurance will assist the senior management staff leader to develop this strategic plan as well as shorter term, quarterly goals. Every part of the organization is involved in implementation. Our Kids Strategic plan, as well as a description of
activities that will be undertaken to measure progress towards the outlined objectives, has been previously submitted and is available upon request.

**Tracking and Reporting on the Performance of Contract Providers.**

Our Kids subcontracted full case management providers are expected to have their own quality management process in place and participate fully in the Our Kids quality assurance process. Our Kids requires that each provider demonstrate a sound approach to quality management. Our Kids provides technical assistance to any provider in need of help in implementing a quality management process. When a provider's contract is monitored, evidence of their quality management program is sought and its effectiveness evaluated.

Every contract with network providers and full case management agencies has its outputs and outcomes clearly established. Applicable Adoption and Safe Families Act (AFSA) indicators are included, as well as any required, relevant DCF indicators that are included in the Our Kids service contract. The provider is contractually responsible to provide data that Our Kids 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.

Our Kids monitors the contracted providers in the network through a number of mechanisms. The activities referenced below require a cooperative effort involving the Director of QA, the Our Kids Regional Manager, and the provider agencies. Combined efforts ensure that quality and compliance levels are not only monitored but continually improved. The following overview of provider oversight and quality assurance and improvement activities is not intended to be an all inclusive description:

1. Quarterly Analysis of Outcome and Performance Data Scorecard
2. Quarterly File Reviews
3. Performance Improvement Plans
4. Corrective Action Plans
5. Customer Satisfaction Surveys
6. Complaint monitoring and investigation

**Tracking and Reporting on Ongoing Improvement Initiatives**

Chapter 2006-30, *Laws of Florida*, created a three-year “third party, non-governmental monitoring” pilot project for two Community Based Care lead agencies (Our Kids in Miami-Dade and Monroe counties and ChildNet in Broward County) with a statutory implementation date of July 1, 2006. In evaluating data provided by our third party monitor, Our Kids hypothesized and evaluated many theories about historical findings. Through this analysis areas were identified as needing attention, specifically infants coming into care and remaining in care for much longer when compared to the rest of the state. The identification of the under utilization of relative placements for these infants was hypothesized as a factor that contributed to the extraordinary length of stay for these clients. To address the permanency needs of these children, Our Kids assembled
a Workgroup to Increase Permanency for Infants and Toddlers (WIP-IT) which includes our subcontractors, foster parents, biological parents and other community stakeholders and developed a process to track and move infants to permanency in a more timely and safe manner (see attachment K, WIP-IT). A national consultant, Jim Dimas provides guidance and information about practices in other parts of the country. WIP-IT developed a tracker and has set targets to improve the timeliness and likeliness of infants achieving permanency through reunification and permanent relative guardianship. This information is shared quarterly with Jim Dimas through live meetings. Discussion on challenges and successes are tracked. We experienced great success in increasing the likeliness and timeliness of permanency of infants in care. The success has led to the expansion of WIP-IT to include children 3-5 year old with a length of stay of 24 months and greater and youth 15-17 years old with a length of stay 24 months and greater. The status and progress continues to be discussed during monthly performance management meetings with our FCMA and is shared with our board and other community stakeholders. Again this process is showing great success with the new target group and will be implemented as a process for our family centered practice framework.

Critical Life, Health or Safety Threat is Identified

The safety of children is the paramount concern of Our Kids. As such, Our Kids has a very detailed incident reporting system, forms, and policy (see attachment c, revised incident reporting policy). The policy defines critical incidents and delineates critical incidents into two criteria: highly critical and critical.

Highly critical incidents require the immediate notification of Our Kids. Highly critical incidents include the following:

1. **Client Death**: A child whose life terminates due to or allegedly due to an accident, act of abuse, neglect or other incident occurring while in the presence of a Our Kids employee, in a Our Kids operated or contracted program or service center, while in the physical custody of Our Kids, or when required pursuant to CFOP 175-17, Child Death Review Procedures.

2. **Client Injury or Illness**: A medical condition of a client requiring medical treatment by a licensed health care professional sustained or allegedly sustained due to an accident, act of abuse, neglect or other incident occurring while in the presence of a Our Kids employee, or in a Our Kids or contracted facility.

3. **Suicide Attempt**: An act which clearly reflects the physical attempt by a client to cause his or her own death while in the physical custody of Our Kids or a Our Kids contracted or certified provider, which results in bodily injury requiring medical treatment by a licensed health care professional. This also pertains to suicidal ideation when resulting in an admission to a hospital or crisis stabilization unit.
4. Disease Epidemic: Any disease that fits the definition of “outbreak” likely to result in a high level of public interest.

5. Sexual Battery: An allegation of sexual battery by a client on a client, employee on a client, or client on an employee as evidenced by medical evidence or law enforcement involvement.

6. Teen pregnancy for Licensed out of home care only.

7. Child born to an active client: The minor child in foster care who gives birth while living in out of home foster care or any other circumstance involving foster care supervision, pursuant to CFOP 175-72, Family Safety and Preservation Procedures.

8. Elopement: The unauthorized absence of a child in the physical custody of Our Kids provider network or of a child receiving protective supervision.

9. Escape: The unauthorized absence as defined by statute, Our Kids policies and procedures of a client committed to, or securely detained in, a Department of Children and Families mental health or developmental services forensic facility covered by Chapters 393, 394 or 916, F.S.

10. Other Incident: An unusual occurrence or circumstance initiated by something other than natural causes or out of the ordinary such as a tornado, kidnapping, riot or hostage situation, which jeopardizes the health, safety and welfare of clients who are in the physical custody of Our Kids.

The following are incidents or events that must be reported within 24 hours to Our Kids:

1. Altercation: A physical confrontation occurring between a child or parent and employee or two or more children when a client is in the physical custody of Our Kids or contract provider, which results in one or more clients or employees receiving medical treatment by a licensed health care professional.

2. Criminal activity: Employees or clients. With regard to employees, criminal activity is reportable when it occurs while on Our Kids or subcontract agency property while the employee is on the business of the project, which results in an arrest.

3. Abuse/Neglect/Abandonment/Threat of Harm. Allegations of abuse, neglect, threat of harm or abandonment that justifies and requires a report to the Florida Abuse Hotline.

4. Theft/vandalism/damage. The intent is to report damage that is significant and non-accidental.
5. **Foster home/Facility Complaint.** A foster parent referral or licensing complaint that require an assessment and investigation by the appropriate Our Kids agency, although the incident may not require a report to the Florida Abuse Hotline.

6. **High Profile:** any critical incident that will impact the life of a child, Our Kids or the Department of Children and Families

Following the receipt of a critical incident the Our Kids Clinical QA Specialist reviews the information provided to prevent future occurrence. The Our Kids Clinical QA Specialist reviews the FCMA provider’s proposed follow-up within 24 hours of receiving the written report from the provider and responds to the provider if necessary. The provider will then respond to Our Kids Clinical QA Specialist to inform about the steps they have taken to prevent future occurrences. The Clinical QA Specialist and the Regional Manager work collaboratively in providing and receiving feedback from the provider. Once the feedback is received from the provider and the response is satisfactory, the report is closed electronically.

The QA Director or designee is responsible for informing the Chief Operating Officer (COO) and/or designated senior management staff and the Department of Children and Families within 8 hours of the critical incident report being filed and immediate notification is required for highly critical incidents.

Any incidents that is likely to involve media or public attention or which resulted in serious injury to a child are immediately reviewed by the Our Kids management team to determine the basic answers to who, what, when, where, and how the incident occurred. At a minimum, Our Kids 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.

Our Kids tracks and analyze all incident reports. On a monthly basis, Our Kids reports to the providers at Continuous Quality Improvement Meetings, the number of reports filed, the nature of the reports, the actions taken as a result of the report, and any underlying problems that the reports may indicate need attention.

Our Kids also has a process for identifying and responding to concerns that arise from quarterly file reviews conducted internally and with the Department of Children and Families. At the beginning of all file reviews, reviewers are instructed to notify the Quality Assurance Director or designee if they have any concerns regarding the quality of care provided to the client and or any safety threats to a child. Once notified by the reviewers the Quality Assurance Director notifies the Full Case Management Administrators and Our Kids Regional Director of the concern in writing and designates a time frame in which the
Full Case Management Agency is to respond with the measures taken to address the concern. If necessary, follow up staffings are coordinated with the Our Kids Regional Manager, Quality Assurance Director, and Full Case Management Agency.
Performance Measures & Incentives
for Fiscal Year 2009

Exhibit R
of Our Kids/FCMA Contract
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Primary Compliance Measures

• Full Case Management Agencies (FCMAs) must earn a grade B or higher for each primary compliance measure to be eligible to receive a performance incentive. If the performance incentive has a target, a portion of the performance incentive will be considered an advance payout for the quarter.

• All FCMAs must meet the same minimum standards to earn a grade B or higher as specified on the following pages.

• Each FCMA will be allowed to select one primary compliance measure that it can have waived and not counted in its quarterly results once a fiscal year.

  • This is a “one-time” opportunity and will only apply to one primary metric for one quarter only. The metric results will count in the FCMAs results for all other quarters. All other metric results for every quarter of FY 2009 will be counted as well.
### Performance Measures

#### Compliance Measures & Grades

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<th>Measure</th>
<th>A</th>
<th>B</th>
<th>C</th>
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<tbody>
<tr>
<td>Visitation: 1. 100% of clients seen every 30 days</td>
<td>98.6%&lt;X≤100%</td>
<td>98.6%&lt;X≤97.3%</td>
<td>X&lt;97.2%</td>
</tr>
</tbody>
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- **Live:** Yes
- **When Live:** July 1, 2009
- **Report Name/Source:** Children seen/not seen listing/FSFN
- **Adjustments Made:** Target was changed to every 30 days to comply with FL Administrative Code
- **Targets:** Targets have been revised to reflect improvement made in 2009-2010.
- **Recommendation:** No Changes

7/26/2010
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<th>Measure</th>
<th>A</th>
<th>B</th>
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<tr>
<td>Quality of processes:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. No material defects/errors with home studies</td>
<td>95.1%≤X≤100%</td>
<td>90.1%≤X≤95.0%</td>
<td>85.0%≤X≤90.0%</td>
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- **Live:** Yes
- **When Live:** July 1, 2008 (Q1 FY08)
- **Report Name/Source:** random sample quarterly audit
- **Adjustments Made:** Sample size is dependent on FCMA’s OHC population
  - If OHC population is <100 = 10% sample; 100-200 = 8% sample; 201-300 = 5% sample.
- **Targets:** Listed above represent target as of July 1, 2008
- **Recommendation:** No Changes
- **Challenges:** Fingerprinting parents; Clearance letters; Results take too long; fingerprinting at PI level

7/26/2010
Performance Measures
Compliance Measures & Grades

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<th>Measure</th>
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<tr>
<td>Data integrity:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Photos</td>
<td>90.0%&lt;X≤100%</td>
<td>80.0%&lt;X≤89.9%</td>
<td>X≤79.9%</td>
</tr>
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- **Live**: YES
- **When Live**: July 2010
- **Report Name/Source**: FSFN/XORA Upload
- **Adjustments Made**: To be completed every 30 days and coincide with the home visit
- **Targets**: Listed above represent target as of January 2010
- **Recommendation**: GPS issues. Exceptions will be granted for photos taken coinciding with the home visit but no GPS recorded. Will continue to explore these glitches.

7/26/2010
## Placement Stability:

4. **86%** of children in out-of-home care for at least eight days, but less than 12 months, shall experience two or fewer placement settings.

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<th>Measure</th>
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<tr>
<td>Placement Stability:</td>
<td>82% ≤ X ≤ 86%</td>
<td>77% ≤ X ≤ 81.9%</td>
<td>X ≤ 76.9%</td>
</tr>
</tbody>
</table>

- **Live:** NO
- **When Live:** January 2010
- **Report Name/Source:** FSFN
- **Adjustments Made:** make a distinction between positive moves and negative moves
- **Targets:** Listed above represent target as of January 2010
Performance Measures
Compliance Measures & Grades

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<th>Measure</th>
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<tr>
<td>Quality:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Supervisory reviews - Quality</td>
<td>90% ≤ X ≤ 100%</td>
<td>89.9% ≤ X ≤ 80.0%</td>
<td>X &lt; 79.9%</td>
</tr>
</tbody>
</table>

- **Live:** YES
- **When Live:** July 2010
- **Report Name/Source:** Children Active Receiving In-Home or Out-of-Home Services - Daily Listing (FSFN ID 059d)
- **Adjustments Made:** Sample size is dependent on FCMA’s OHC population. If OHC population is < 200 - 400 = 10; 400 - 600 = 15; 600 ≤ = 20
- **Recommendation:** previous targets reflected performance achieved in measuring quantity of supervisory reviews. Targets have been adjusted down to reflect performance achieved with the new focus on quality. Will continue to monitor level of compliance for future adjustments.

7/26/2010
Performance Measures
Compliance Measures & Grades

<table>
<thead>
<tr>
<th>Measure</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Living</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Staffings and Assessments for youth 13-17 years old</td>
<td>90%≤X≤100%</td>
<td>80% ≤X≤89.9%</td>
<td>X&lt; 79.9%</td>
</tr>
</tbody>
</table>

- **Live**: NO will remain a shadow
- **When Live**: January 2011
- **Report Name/Source**: Active Licensed Out of Home care youth between 13 – 17 years old
- **Adjustments Made**: 
- **Recommendation**: New metric to be shadowed. Will measure compliance with required staffings and assessments for youth 13-17yrs

7/26/2010
New **Primary** metrics:

- **Board Recommendation**: statutory benchmarks for preparation for transition to adulthood (proper use of Cby25 forms for clients age 13-17). Metric to be defined in workgroup with FCMA. Metric will be shadowed for extended period (possibly secondary measure).
- Placement Stability. Metric to be defined in workgroup with FCMA. Metric will be shadowed for extended period.
- Photo metric to be updated/amended.

**Changes to scorecard**:

- Metrics #1 safety and #3 Permanency removed from scorecard and added to FCMA contracts.
- Metric #2 removed from OK contract – removed from scorecard.
- Metric #7 – new methodology and new targets to be created.
- Metric #8 removed from scorecard and added to contract.
Secondary Compliance Measures

- FCMAs should earn a grade B or higher and achieve minimum targets set for each secondary compliance measure.

- All FCMAs must meet the same minimum standards and targets to earn a grade B or higher as specified on the following pages.

- To pass the quarterly scorecard, an FCMA cannot miss more than two (2) secondary compliance measures to be eligible to receive a performance incentive. If the performance incentive has a target, a portion of the performance incentive will be considered an advance payout for the quarter.
Performance Measures
Compliance Measures & Grades

<table>
<thead>
<tr>
<th>Measure</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of processes:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Timely reporting of critical incidents</td>
<td></td>
<td></td>
<td></td>
<td>Targets determined by FCMA size</td>
</tr>
</tbody>
</table>

- **Live on July 1, 2008:** Yes
- **When Live:** July 1, 2007 (Q1 FY08)
- **Report Name/Source:** Self-reported by FCMAs. *Intentional failure to report results in a penalty.* 1st offense = 30% reduction in overall annualized bonus (funds reinvested in SOC). 2nd offense = no bonus and Corrective Action Plan (CAP).
- **Adjustments Made:** Align the 24-hour reporting and 48-hour reporting with state requirements (unless specific waiver issued by state).
- **Issues:** Finding a common method to measure (% of total or total number of incidents) is a challenge. A range of targets was set based on FCMA size.
- **Targets:** 200-400 children = 5 late; 401-800 = 8 late; 801-1000 = 12 late; 200-400 + group home (GH) = 8 late; 401-800 + GH = 12 late; 801-1000 + GH = 15 late
- **Recommendation:** needs further attention as still issues with metric. define clear purpose of metric; possibly split licensed from non-licensed; outside providers failure to report an issue.

7/26/2010
## Performance Measures

### Compliance Measures & Grades

<table>
<thead>
<tr>
<th>Measure</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. <strong>Education:</strong> Attendance</td>
<td>97.1% ≤ X ≤ 100%</td>
<td>94.1% ≤ X ≤ 97.0%</td>
<td>X ≤ 94.0%</td>
</tr>
</tbody>
</table>

- **Live on July 1, 2009:** Shadowed FY 2008-2009
- **Report Name/Source:** MDCPS database/File review
- **Adjustments Made:** *At minimum, targets will be kept at MDCPS level. File review with same sample methodology as home studies metric* (slide 8).
- **Sample Size:** 100% of each FCMA’s 3rd grade students.
- **Targets:** In 2009, targets were adjusted to focus initially only on children in the 3rd grade when metric goes live. In subsequent years, as the performance improves, additional grades will be considered and added.
- **Challenges:** Data inaccessible. OK to obtain MDPS data.
### Measure

<table>
<thead>
<tr>
<th>Measure</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Medical:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– <strong>Age 0-1</strong> (6 medical)</td>
<td>90.0%&lt;X≤100%</td>
<td>80.0%&lt;X≤89.9%</td>
<td>70%&lt;X≤79.9%</td>
</tr>
<tr>
<td>– <strong>Age 1-2</strong> (2 medical)</td>
<td>90.0%&lt;X≤100%</td>
<td>80.0%&lt;X≤89.9%</td>
<td>70%&lt;X≤79.9%</td>
</tr>
<tr>
<td>– <strong>Age 3-18</strong> (1 medical)</td>
<td>90.0%&lt;X≤100%</td>
<td>80.0%&lt;X≤89.9%</td>
<td>70%&lt;X≤79.9%</td>
</tr>
</tbody>
</table>

- **Live on July 1, 2008**: No (shadow for Q1 and Q2 of FY 2009)
- **When Live**: January 1, 2009
- **Source**: File review
- **Adjustments**: File review with same sample methodology used for home studies. In 2009, adjustment made to separate dental and medical into 2 distinct measures. Also, metric will shadow who transported the child to the doctor. Goal is to increase compliance with caretaker participation in the doctors appointment with the child. Details such as target group (licensed vs. unlicensed) and age of child to be determined. Shadow period of caretaker participation in the doctors appointment with child begins (Q3 of FY 2009).
- **Targets**: Listed above represent target as of “live” date.
- **Recommendation**: No changes
- **Challenges**: no data base; obtaining proof of medical visits. Managerial difficulty to track compliance
Performance Measures

Compliance Measures & Grades

<table>
<thead>
<tr>
<th>Measure</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Dental:</td>
<td>90.0%≤X≤100%</td>
<td>80.0%≤X≤89.9%</td>
<td>70%≤X≤79.9%</td>
</tr>
<tr>
<td>– Age 3-18 (2 dentals)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Live:** YES
- **When Live:** July 2010
- **Source:** File review
- **Adjustments:** File review with same sample methodology used for home studies.
- **Targets:** Each Provider will set its own targets for FY 2010-2011. The targets will ramp up each quarter with the first quarter target being no lower than the average achieved for FY 2009-2010 for each Provider.

7/26/2010
**Performance Measures**

**Compliance Measures & Grades**

<table>
<thead>
<tr>
<th>Measure</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11. Visitation with Biological parent:</strong> Case manager shall have a face to face contact with the parent every 30 days when the goal is reunification</td>
<td>$90.0% \leq X \leq 100%$</td>
<td>$80.0% \leq X \leq 89.9%$</td>
<td>$79.9% \leq X \leq 70.0%$</td>
</tr>
</tbody>
</table>

- **Live**: No, will remain a shadow
- **When Live**: July 2011
- **Source**: Worker contact with birth parent/FSFN
- **Adjustments**: Report captures visits with both in home and out of home care
- **Issues**: Children’s Legal Services (CLS) issues on updating of the goals continue to effect this metric. Will continue to shadow until resolved. Possibly January 2011.
- **Targets**: targets will reflect an adjusted percentage

7/26/2010
Performance Measures

• To be eligible to earn the performance payout, FCMAs must …
  
  • Earn a grade B or higher for each primary compliance measure for the quarter, unless it has elected to use its one-time opportunity to have one metric not counted in its results.
    
    • This can only happen for one metric once a fiscal year.

  • Earn a grade B or higher for four (4) of the six (6) secondary compliance measures for the quarter.

  • Perform in accordance with the performance measures specified on the following pages for the quarter.
Performance Measures

Performance Incentive Measures - Overview

- Weights will be assigned to each measure and to components within each measure. OK FY 2009-2010 performance metrics will have the following measures and weights:
  - Permanency 85%
  - Education 0%
  - Survey 15%*

- Accumulation of points will determine FCMAs proportionate share of performance incentive pool.

- 2 separate performance incentive pools and weights:
  - Case management 100%
  - RTI (18 years of age and over) 0%

- Not related to the Our Kids grading scale.

- 2009-10 performance incentives for closures will be earned every quarter.

- 2009-10 performance incentives for surveys will be paid in the 4th quarter based on improvements made from the baseline at 15% of the total annual bonus allocation.
Performance Measures
Performance Incentive Measures – Permanency

Fiscal Year 2010:

<table>
<thead>
<tr>
<th>Permanency definition for incentives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reunification with parent</td>
</tr>
<tr>
<td>2. Adoption</td>
</tr>
<tr>
<td>3. Permanency with relative/non-relative (including guardianship)</td>
</tr>
<tr>
<td>4. Excludes runaway, emancipation, death, Voluntary Family Services, APPLA</td>
</tr>
<tr>
<td>Flat payment per client that achieves permanency, all units, no target</td>
</tr>
<tr>
<td>➢ Our Kids Finance will recommend unit rate and Our Kids Board of Directors will approve the final unit rate to be paid.</td>
</tr>
<tr>
<td>➢ Discussion about adoption incentives.</td>
</tr>
<tr>
<td>Equal weights for permanency categories (adoption vs. reunification etc.):</td>
</tr>
<tr>
<td>➢ Legacy cases: Recommendation to eliminate legacy cases weighting (clients in care prior to July 1, 2005, 1.5 x the final unit rate).</td>
</tr>
</tbody>
</table>
Performance Measures

**Performance Incentive Measures – Survey**

<table>
<thead>
<tr>
<th>Recommendation – Effective July 1, 2009 (FY 2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Customer satisfaction survey:</td>
</tr>
<tr>
<td>1. Caregiver</td>
</tr>
<tr>
<td>2. Clients (age 12+)</td>
</tr>
<tr>
<td>3. Courts</td>
</tr>
<tr>
<td>4. Guardian ad Litem</td>
</tr>
<tr>
<td>• Ensure survey conducted (3rd party) to eliminate bias</td>
</tr>
<tr>
<td>– FCMAs supportive of adding other consumers providing valid objective means are established (not subjective)</td>
</tr>
<tr>
<td>• Assume survey assigns points per question</td>
</tr>
<tr>
<td>– Consistently exceeds expectations = 5 points</td>
</tr>
<tr>
<td>– Sometimes exceeds expectations = 4 points</td>
</tr>
<tr>
<td>– Meets expectations = 3 points</td>
</tr>
<tr>
<td>– Sometimes meets expectations = 2 points</td>
</tr>
<tr>
<td>– Does not meet expectations = 1 point</td>
</tr>
</tbody>
</table>

7/26/2010
Methodology - NEW: total the scores for each question then take average for overall survey. The points assigned to the **caregiver group only** would be as follows *(the other stakeholder categories are qualitative only)*:

<table>
<thead>
<tr>
<th>Survey</th>
<th>Weights</th>
<th>Avg Score &lt;2</th>
<th>Avg Score 2&lt;X&lt;3</th>
<th>Avg Score 3&lt;X&lt;4</th>
<th>Avg Score &gt;4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregivers</td>
<td>100%</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Clients (ages 12+)</td>
<td>0%</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Courts</td>
<td>0%</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Guardian Ad Litem</td>
<td>0%</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Accumulation of points determines proportion of bonus to FCMA

**Effective July 1, 2009 (FY 2010)**
Performance Measures
Performance Incentive Measures – Survey Methodology & Next Steps

Guiding principles for methodology:

• Establish baseline results at beginning of year (use prior year for baseline)
• Performance measures are levels of improvement over baseline
• Step up measure annually (perform in January each year).
• Use results for Q4 payout
• Determine formula to determine how to distribute funds available for this performance measure
• Determine mechanism for points from survey

Effective July 1, 2009 (FY 2010)
• **Live on July 1, 2009**: Shadow for FY 2009.

• **Report Name/Source**: 3rd party survey

• **Adjustments Made**: Only caregiver responses will count in survey results. We will collect responses from other stakeholders and track qualitative information for system changes but not tied to incentives. Sample size minimum is 100 caregivers.

• **Targets**: **TBD based on information from focus groups and baseline survey**

Effective July 1, 2009 (FY 2010)
### Performance Incentive Measures - Education

#### Measure – FY 2009

<table>
<thead>
<tr>
<th>Measure</th>
<th>Weight</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) <strong>Needs identification &amp; referrals (3rd grade students only):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Identified educational needs (w/in 60 days of coming into care)</td>
<td>20%</td>
<td>100%</td>
</tr>
<tr>
<td>- Provided referrals/services for educational need</td>
<td>20%</td>
<td>100%</td>
</tr>
<tr>
<td>(2) <strong>Dropout indicators (OH only where permanency target of 12+ months) (pending, not live):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Retention in 3rd grade</td>
<td>15%</td>
<td>&lt;8%</td>
</tr>
<tr>
<td>- Truancy: Percentage students with 15 or more cumulative absences</td>
<td>15%</td>
<td>&lt;16%</td>
</tr>
<tr>
<td>- Suspensions(^1) (number of suspensions). Indoor &amp; outdoor.</td>
<td>15%</td>
<td>TBA</td>
</tr>
<tr>
<td>- Percentage of students performing at grade level(^2) (FCAT, reading &amp; math only with each section equally weighted):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Grades 3-5</td>
<td>5%</td>
<td>70%</td>
</tr>
<tr>
<td>- Grades 6-8</td>
<td>5%</td>
<td>54%</td>
</tr>
<tr>
<td>- Grades 9-10</td>
<td>5%</td>
<td>48%</td>
</tr>
</tbody>
</table>
Performance Measures
Performance Incentive Measures - Education

- **Live on July 1, 2009**: shadowed FY 2008-2009
- **Source**: MDCPS database
- **Adjustments**: Data collection in FY09 will be used to make a recommendation for FY10. File review with same sample methodology used for home studies metric (slide 8).
- **Issues – needs identification & referrals**: Currently no tool available to measure needs identification & referrals. OK staff will develop and train FCMAs. Not ready to move forward. Issues
- **Targets**: as reflected on slide 22
Grading Scale
Performance Measures

*Use measures to “grade” FCMAs*

Where “grade” is based on performance and compliance:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Consequences:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Can request expansion of contract, random assignment of cases</td>
</tr>
<tr>
<td>B</td>
<td>Hold at contracted number of cases, random assigned cases</td>
</tr>
<tr>
<td>C</td>
<td>No new cases, but keep existing</td>
</tr>
<tr>
<td>D</td>
<td>Lose cases</td>
</tr>
<tr>
<td>F</td>
<td>Out of System of Care</td>
</tr>
</tbody>
</table>

- Grading quarterly to eliminate monthly variability and allow sufficient time to FCMA to respond to corrective action
- FCMA may voluntarily stop accepting new cases at any time (see slide 32)

7/26/2010
Performance Measures
Use measures to “grade” FCMAs - Definitions

• “A” is defined as:
  – Consistently best in class for compliance measures
  – Does not guarantee maximum performance incentive
  – FCMA has option of expansion of contract
    • Can request to increase number of clients served from original contract amount
  – Cases assigned randomly

• “B” is defined as:
  – Solid performer with room for improvement to level of best in class for compliance measures
  – Does not guarantee maximum or minimum performance incentive
  – Cases assigned randomly

An FCMA can voluntarily elect to stop accepting cases at any time as long as minimum of 30 days notice and be “off the wheel” for at least 90 days
Performance Measures
Use measures to “grade” FCMAs - Definitions

• “C” is defined as:
  – Minimum acceptable level of performance required to keep cases already have
  – Temporary state
    • Would not expect FCMA to be perennial “C”
  – There are systemic issues preventing FCMA from achieving better results and therefore they cannot have additional clients until issues resolved
    • There is a corrective action plan(s) to deal with the systemic issues
  – No new cases assigned to FCMA until reach “B” status
  – FCMA keeps existing client population for as long as complying with corrective action plan and/or making agreed upon progress
  – Not eligible for performance incentive for duration that FCMA is a “C”
“D” is defined as:
- Cannot be a “D” unless FCMA has been on corrective action plan and in non-compliance
- FCMA in non-compliance with corrective action plan:
  - Either has not responded / ignore CAP, or
  - Has not met agreed upon timelines or re-negotiated extension for cause/exception basis. Timeframes determined jointly
  - Timeframe for compliance can be extended on exception and demonstrated cause basis
- Should not be a surprise
  - “C” to “D” upon at end of corrective action timeframe if in non-compliance with deliverables and/or timeframe negotiated with OK on CAP
    - Have 90 days to rectify CAP non-compliance or be graded “F”
    - Start to lose cases – reassigned to other FCMA
    - Not eligible for performance incentive
Performance Measures

*Use measures to “grade” FCMAs - Definitions*

- “F” is defined as:
  - Contract with OK terminated
  - Transitioning out over timeframe to be negotiated with OK
  - Timeframe dependent on size of FCMA and amount of clients needing to be transferred
Performance Measures
Compliance Measures – Overview of How Graded

Compliance metrics used for grading have been assigned either primary importance or secondary importance:

- **Primary**: measure critical enough that non-compliance on this single measure results in “C” overall regardless of performance on other metrics
  - failing one primary metric based could indicate possible systemic issues that could risk safety of children or viability of FCMA

- **Secondary**: if an FCMA falls short on 3 secondary measures in a quarter results in a grade of “C”
Historical Performance Measures
## Performance Measures
### Compliance Measures & Grades

<table>
<thead>
<tr>
<th>Measure</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety:</strong> • 95% of clients not abused/neglected during services maltreatment during services</td>
<td>98.0%&lt;X≤100%</td>
<td>95.0%&lt;X≤97.9%</td>
<td>X ≤94.9%</td>
</tr>
</tbody>
</table>

- **Live on July 1, 2008:** No, shadow for first two quarters of FY 2009
- **When Live:** January 1, 2009
- **Report Name/Source:** Abuse During Services - Statewide by District by Unit (FSFN ID 003c)
- **Adjustments Made:** None
- **Targets:** Listed above represent target as of July 1, 2008. **X represents the FCMA’s performance results on each metric on this page and all subsequent pages.**
- **Recommendation:** Metric should be measured as a district. If the district fails to meet target then agency not performing will go on a performance improvement plan (PIP). Metric removed from scorecard and added to contract.

7/26/2010
## Performance Measures

### Compliance Measures & Grades

<table>
<thead>
<tr>
<th>Measure</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• &lt;1% of clients in OH experience maltreatment during services</td>
<td>0%≤X≤0.5%</td>
<td>0.6%≤X≤1.0%</td>
<td>X&gt;1.1%</td>
</tr>
</tbody>
</table>

- **Live on July 1, 2008:** No, shadow for first two quarters of FY 2009
- **When Live:** January 1, 2009
- **Report Name/Source:** Abuse during services by Perpetrator - Statewide by District by Agency (FSFN ID 007a)
- **Adjustments Made:** None
- **Targets:** Listed above represent target as of July 1, 2008
- **Recommendation:** This metric has been removed from OK contract. Should be removed from Scorecard. **Metric removed from scorecard.**

7/26/2010
### Performance Measures

**Compliance Measures & Grades**

<table>
<thead>
<tr>
<th>Measure</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Permanency:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• &lt;9% of kids reunified coming back in system w/in 12 months (reentry rate)</td>
<td>0%≤X≤8.9%</td>
<td>9.0%≤X≤9.5%</td>
<td>X≥9.6%</td>
</tr>
</tbody>
</table>

- **Live on July 1, 2008:** No, shadow for first two quarters of FY 2009
- **When Live:** January 1, 2009
- **Report Name/Source:** Children Entering Out-of-Home Care after Prior Reunification - Statewide by District by Unit
- **Adjustments Made:** None
- **Targets:** Listed above represent target as of July 1, 2008
- **Recommendation:** Metric should be measured as a district. If the district fails to meet target then agency not performing will go on a performance improvement plan (PIP). **Metric removed from scorecard and added to contract.**

7/26/2010
Performance Measures

Compliance Measures & Grades

<table>
<thead>
<tr>
<th>Measure</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Current Ratio</td>
<td></td>
<td>&gt;1.0</td>
<td></td>
</tr>
<tr>
<td>– Quick Ratio</td>
<td></td>
<td>&gt;1.0</td>
<td>Timely / None</td>
</tr>
<tr>
<td>– Audit Report / Material Finding</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Live on July 1, 2008:** Yes
- **When Live:** July 1, 2007 (Q1 FY08)
- **Report Name/Source:** FCMA Financial Statements and fiscal monitoring review
- **Adjustments Made:** The financials would be YTD (prior month performance). Example: Q3 results would have YTD financial statements through February ’08.
- **Targets:** This metric is pass/fail.
- **Change:** This metric is now classified as **Secondary** for FY 2009.
- **Recommendation:** remove from scorecard. Contract not performance issue. **Metric removed from scorecard and added to contract.**

7/26/2010
Performance Measures
Compliance Measures & Grades

<table>
<thead>
<tr>
<th>Measure</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of stay:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Set/enter permanency goal in FSFN</td>
<td>95.0%≤X≤100%</td>
<td>85.0%≤X≤94.9%</td>
<td>X≤84.9%</td>
</tr>
</tbody>
</table>

• Live on July 1, 2008: Yes
• When Live: July 1, 2007 (Q1 FY08)
• Report Name/Source: Children Receiving In-Home or Out-of-Home Services (FSFN ID 059d)
• Adjustments Made: Timeframe is not available in FSFN at this point in time. Metric currently measures whether there is a goal in FSFN only.
• Issues: N/A
• Targets: Listed above represent target as of July 1, 2008
• Recommendation: CLS responsible for entering in FSFN 2b. Remove once FSFN 2b goes live.

7/26/2010
### Performance Measures

**Compliance Measures & Grades**

<table>
<thead>
<tr>
<th>Measure</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality of processes:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Licensing – packets received timely and complete</td>
<td>No Targets will be established.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Live on July 1, 2008:** No, shadow
- **When Live:** N/A
- **Report Name/Source:** FosterTrack
- **Adjustments Made:** N/A
- **Targets:** N/A
- **Change:** *Metric is eliminated. New policy and procedure to address chronically late and incomplete licensing packages due out in 3Q (2009).*

7/26/2010