QUALITY MANAGEMENT PLAN
2015 - 2016
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Section I: Introduction & Updates

Organizational Capacity

Kids Central is the Community Based Care nonprofit Lead Agency for Florida’s Judicial Circuit 5. Kids Central began operations as the Lead Agency for Judicial Circuit 5 in 2003. The responsibility of Community-Based Lead Agencies (often referred to as “CBCs”) is defined by the original legislative statute (s., 409.1671, F.S.), and include the ability to:

- Coordinate, integrate and manage all foster care, adoption, and related child and family services in the community;
- Ensure continuity of care from entry to exit for all children referred;
- Accept accountability for achieving the federal and state outcomes and performance standards for safety, permanency, and child well-being;
- Have the capability to serve all children referred from protective investigations and court systems;
- Ensure staff providing services receive the training required by the Department of Children and Families (DCF).

The implementation of community-based care has allowed lead agencies to engage directly with families within their communities to define needs and dedicate available funds to support programming and services designed to address those needs.

Mission Statement

Kids Central, Inc.’s Board of Directors unveiled a new mission statement in 2014. The new mission statement: “Protecting children, supporting families, engaging communities”, aligns more accurately with Kids Central’s scope, business model and strategic direction. It gets to the core of why Kids Central exists and why we do what we do. This short, succinct mission clearly states our fundamental purpose as a community-based organization. It is important to remember that Kids Central’s core mission remains caring for the abused, neglected and abandoned children as the lead agency; however, the new mission reflects our broadened responsibility as a community support organization.

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.

Core Values

In a continued commitment to assure alignment with child safety and excellence in practices, Kids Central kicked off the 2015 - 2016 year, by engaging staff and leadership in establishing new Core Values for the agency. The following are the Core Values, currently in place:

- Assure Child Safety;
- Strengthen Families;
The Following Vision Statements Remain:

**PREVENTION**
We accept our responsibility to build better lives for children by taking a community approach to their welfare. In order to achieve our vision of minimizing the number of children who require Kids Central supervision, we will maintain a complete list of community prevention resources, function as a clearinghouse to access information on utilizing those assets, and act as a catalyst to identify, coordinate, and promote development of additional prevention programs, while effectively providing care to those children who require it.

**SERVICE PROVISION**
We will continuously evaluate all options for the delivery of services and make recommendations for improvement in the quality and efficiency of our existing programs.

**SERVICE EVALUATION**
We will constantly measure and evaluate service delivery and community environment using results to drive process improvement.

**INVESTIGATIVE DECISIONS**
We will strive to perfect the investigative process, focusing on the diversion staffing that makes decisions to balance prevention and Kids Central supervision.

**Kids Central, Inc. Executive Leadership & Infrastructure**

The Executive Leadership team consists of the Chief Executive Officer (CEO), Chief of Operations (COO), Deputy Chief of Programs, Chief Financial Officer (CFO) and the Chief of Strategy. Leadership is committed to reviewing, on an ongoing basis, organizational and management performance as well as its effectiveness. The Director of Quality and Utilization Management manages quality management and continuous quality improvement activities. Other management positions include, the Director of Community Affairs; Director of Training and Professional Development; Director of General Services and IT; Director of Accounting and Revenue Maximization; Director of Operations; Director of Prevention; Director of Planning and Special Projects; Director of Finance and Contracts; Director of Human Resources; Director of Family Preservation and the Director of Out of Home Care. Each Director plays a significant role in ongoing quality improvement practices.

Kids Central maintains strong corporate support, a strong management team, organizational infrastructure, capable staff, robust collaborations and community alliances with substance abuse and mental health agencies and others.

Kid’s Central sub-contracts with (3) case management agencies responsible for providing services in Circuit 5. They are The Centers, Youth and Family Alternatives and Children’s Home Society. This coalition of partners is tasked with identifying, developing and managing service delivery to ensure that families are directly engaged and are fully connected to and supported by their communities. This circuit encompasses Citrus, Hernando, Lake, Marion and Sumter counties. The use of local nonprofits and community based providers allows communities to make localized decisions; thereby, maintaining ownership of the services provided to youth and
families and as well, it fosters accountability. By working with local stakeholders, including, mental health organizations, appropriate interventions have been developed to meet the various needs of families.

This has resulted in many locally driven quality improvements, best practice initiatives, and capacity building initiatives being developed and implemented.

**Kids Central Leadership System**

**Continuous Growth & Innovation**

**A Sterling Accomplishment:** In 2015, Kids Central was recognized with the bestowing of the Florida Sterling Council’s, Governor’s Sterling Award (GSA). This award is endorsed by the Governor, the national Baldrige Program and the State Alliance. The **Governor’s Sterling Award** assessment process is designed for organizations with mature and refined management processes who have had positive results, want further **acceleration** of sound practices in all areas of the Sterling Management System framework, and who aspire to be recognized as a role model. The formal external assessment process consists of off-site and onsite assessments.
of how well processes are defined, aligned, deployed, evaluated, and improved. This award recognizes a strong commitment and alignment with the Sterling Criteria for performance and service excellence.

**Prevention:** Kids Central believes investing in families up front, before a call to the abuse hotline, reduces the likelihood the children will be abused or neglected and need help later. Prevention programs include the Healthy Start, Neighborhood Projects, Family Team Coaching, Kinship Care, After School Funding, End Kids’ Tears, Resource Center, Baby Sleep Basics, and Family Team Conferencing.

**Healthy Start Program:** Healthy Start is a comprehensive program promoting optimal prenatal health and developmental outcomes for all pregnant women and babies in Florida. It is a free program that provides screenings for pregnant women and infants to identify those at risk of low birth weight, poor prenatal health and child abuse and neglect. The fundamental goals of the Healthy Start Program are to reduce infant mortality, reduce the number of low birth weight babies and improve health and developmental outcomes. The program provides a holistic approach to maternal and child health, encompassing service planning, community involvement, funding and provision of services. Healthy Start also works with other community agencies to provide wrap around services.

Kids Central’s two Healthy Start contracts in Alachua and Lake Counties continue to show great progress and in 2014 - 2015 established new performance records across the state. Over 2014 -15 fiscal year, the Healthy Start program increased its initial contacts to 47%, an 8% point increase over 2013 -14. In 2015, Kids Central’s Healthy Start program became the first Healthy Start program in Florida to be accredited by the Council of Accreditation (COA). Additionally, the Healthy Start Coalition conducted an audit on the Lake County Healthy Start program with no findings, which has never occurred in the 16 counties that the Coalition oversees.

Continuous quality improvement goals have been established as illustrated in the 2015 – 2016 Balanced Scorecard goals. As a newly accredited COA program, Healthy Start will be implementing a quarterly peer review process.

**Neighborhood Projects:** In July 2014, the daily management of the Neighborhood Projects transitioned from Devereux Kids to Kids Central. Assuming management of the Neighborhood Projects allowed Kids Central to right-size each project to its community, ensure continuity of care, strategically align initiatives with the communities’ needs, develop measureable outcomes for each project and ensure the projects’ focuses were centered on children’s safety, permanency and wellbeing. Since bringing the projects in house, the Eustis Bates Neighborhood Project and Ocala Resource Center have served more clients during the last year, in comparison to the previous year.

An additional Neighborhood Project location opened in Wildwood in August 2015. This location will provide services in partnership with Helping Hands Outreach Ministry of New Covenant UMC. The New Covenant United Methodist Church generously agreed to lease a building, recruit volunteers and gather donated items for the Wildwood Family Resource Center. The Sumter County professional community is already a buzz with anticipation for the opening of the project, and Kids Central is determined to realize similar success of other past Neighborhood Projects and positive outcomes for the Wildwood community.

The Eustis Bates Avenue Neighborhood project began in 2009 with the goal of strengthening the community, reducing child abuse and connecting the families with local services. In partnership with the City of Eustis, the project was provided an office on Clifford Avenue. The
Eustis Bates Neighborhood Project provided GED resources, employment assistance, social service referrals, trainings, ACCESS Florida application assistance, and family support services.

After six years of service to the Eustis Bates community, the Neighborhood Project will phase out of this particular community. The overarching goal of each neighborhood project is for Kids Central to phase out and hand the project and momentum over to the community, resulting in neighbors helping neighbors.

**Foster Care:** To further improve permanency outcomes, increase placement opportunities and enhance best-matched placements, Kids Central continues to find innovative ways to recruit and retain foster families. Continuing its partnership with GOLD & Associates, a marketing agency, Kids Central continues implementation of its strategic foster home recruitment plan. With the growing difficulty of finding foster homes willing and able to care for teens, Kids Central will continue efforts to recruit foster homes, specifically licensed, to care for teenagers.

The following was accomplished in the 2014-15 FY:

- Licensed 54 new foster families adding 108 new beds
- Of the 54 new foster homes, ten homes are teen specific totaling 14 beds specifically for teens in foster care;
- Increased current foster homes’ capacities by 12 bed resulting in 111 new beds for the year;
- Reduced the number of children in Out-of-Home Care for longer than 24 months (based on the children in care as of 7/1/2014) by 69 – 41 adopted, 8 reunified, 9 permanent guardianship, and 11 turned 18 years old;
- Reduction in Licensing Time of new Foster Homes to less than 60 days;
- Increase in number of siblings placed together while in care.

Additionally, Kids Central has partnered with three other lead agencies and the Department of Children and Families for Florida’s Intelligent Recruitment Project (FIRP). The concerted efforts produced amazing results breaking all previous records. Building upon Fostering Florida’s Future, a statewide collaborative effort implemented to improve the quality and availability of foster and adoptive resource homes, an expert team convened to create an intelligence-driven approach to the diligent and targeted recruitment of families for children in the foster care system. Utilizing Gold & Associates’ “Intelligent Imagination”™—a value- and behavior-based multi-layered strategic marketing process deployed for national companies, FIRP is committed to breaking ‘plateaus’ of child placement.

With the process, Kids Central and the project team identified gaps between current practice and recognized best practice as it relates to trauma informed care training and cultural diversity awareness. The FIRP team made recommendations to all CBCs concerning resource parent training curriculum. Furthermore, psychographic, demographic, and geographic information of the “best of the best” resource parents were collected and analyzed to identify potential ways to reach others like them effectively in the market place. Recommendations regarding messaging, placement, and look were made to all four CBCs. The team also analyzed the needs of the targeted youth population and the corresponding gaps in resource parents including programmatic, clinical, geographic, and capacity needs.

**Strategy/Business Development:** As part of another statewide project, Kids Central and Florida Coalition for Children spurred a closer look at the retention and recruitment of case managers. Partnering once again with Gold and Associates, the team took a closer look at “the best of the best” case managers studying their demographics, geographic and psychographics information. Gold and Associates created a strategic recruitment plan to find, recruit and appeal
to the targeted candidates. As part of the plan, recruitment videos depicting life as a case manager and a statewide website were created.

Also included on the 14/15 BSC were measures related to business development. Kids Central established an LLC and submitted its application to become a Medicaid provider in order to become a Comprehensive Behavioral Health Assessment provider. This was achieved in June of 2015.

**Case Management/Dependency:** During the 2015/16 fiscal year, Kids Central will work with its CMAs to restructure the local system of care for Circuit 5. To improve the network, Kids Central is constantly examining the system of care and identifying opportunities for improvement. By listening to stakeholders and monitoring performance, it was evident that “continuity of care” was an issue that needed to be addressed. Kids Central decided to redesign the CMA responsibilities to eliminate the handoff from one CMA to another for adoption cases.

**As we analyzed the proposed change, two major factors played a significant role in the decision:**

1) Geographic Alignment
   a. Using natural community boundaries
2) Caseload Balance
   a. Continuing to have three CMAs
   b. Creating CMA case equity

Maintaining and improving performance can be accomplished without placing too much emphasis on one or two entities. Currently, Circuit 5 is split into two case management service areas with adoption services held by one organization for the entire circuit. Children’s Home Society holds the contract for Hernando, Lake and Sumter Counties while the Centers is responsible for Citrus and Marion Counties. Under the restructured system of care, the CMA service areas will fall along natural community boundaries: the Centers will continue to serve Marion County; CHS will continue to serve Lake and Sumter Counties; and the CMA contract for Citrus and Hernando Counties will go through a competitive procurement process. In addition, case management service providers will integrate adoption services into their continuum of care.

As an additional benefit, the new service alignment will provide caseload balance between the three providers. Each provider will be responsible for approximately 700 children at any given point resulting in a balanced ratio of children per provider. The consistency in case management will allow for seamless case management services, concurrent planning, and a streamlined adoption process.

These changes are not in response to poor performance by any of the contracted providers. These changes are to create a better system of care. With the consolidation of adoption case management services within the CMAs, the recruitment, training and approval of adoptive homes will transition to Kids Central. With Kids Central already responsible for the recruitment, training, and licensing of foster parents for Circuit 5, bringing the adoption recruitment/training process in-house will ensure consistency between foster and adoptive home training and recruitment.

Kids Central’s CEO, John Cooper, and In-House Counsel, Thomas Ranew, sat down with the judges of Circuit 5 and the Board of Directors and received a consensus of support. The
transition to the new structure will be completed by April 2016, and the ITN, Intent to Negotiate, for the Citrus/Hernando case management contract will be released in August 2015.

**Substance Abuse & Mental Health in Home Services:** Kids Central, in partnership with Life Stream and The Centers, is committed to continuing the Integration of Substance Abuse, Mental Health and Child Welfare Services Pilot project, which delivers intensive services in-home to families suffering with debilitating substance abuse and mental health issues. Through this partnership, Kids Central, Life Stream, and The Centers will bring substance abuse treatment and mental health services directly to families in need in Marion and Lake Counties.

**Professional Development & Recognition:** As Kids Central continues to assess how it serves the children, families and community, Kids Central leadership also focuses on the staff’s development and recognition. As part of the 2014/15 Balanced Scorecard, the Board of Directors chose to include staff development measures. During the 2014 – 2015 year, supervisors, along with upper management and executive team members, attended in-depth financial, cultural, and leadership trainings to ensure that at every leadership level, members are well versed on Kids Central’s Leadership Core Competencies. The Balanced Scorecard goal of all chiefs, directors and supervisors being able to pass an individual competency test based on these trainings was fully accomplished by each team member passing the test.

In June of 2014, the Human Resource Department launched Kids Central’s official Employee Recognition program. The program includes recognition for employee service milestones as well as performance accomplishments. These meetings are held quarterly and recognizes an employee’s tenure and years of service as an employee with Kids Central, as well as accomplishments to include those employees who complete new hire orientation.

**Fostering Growth & Community Awareness:** To further improve permanency outcomes, increase placement opportunities and enhance best-matched placements, Kids Central along with the Department of Children and Families and four other Community Based Care Lead Agencies, as participants in Florida’s *Intelligent Recruitment Project*. Building upon *Fostering Florida’s Future*, a statewide collaborative effort implemented to improve the quality and availability of foster and adoptive resource homes; an expert team convened to create an intelligence-driven approach to the diligent and targeted recruitment of families for children in the foster care system. Utilizing Gold & Associates’ “Intelligent Imagination™ — a value - and behavior-based multi-layered strategic marketing process deployed for Disney, GEICO, the NFL and many other Fortune 500s firms are committed to breaking the ‘plateaus’ of child placement. Within this process, Kids Central and the project team will demonstrate the impact of using proven marketing strategies to identify permanent resource families for some of Florida’s most difficult to place youth; many of whom have been languishing in the system for more than two years. The approach builds upon key findings from 2008 and 2010 grantees and presents a national ‘test-bed’ for measuring the effectiveness of a strategic market research-based approach to recruiting across distinct demographic and socioeconomic environments in the State of Florida.

As a Community-Based Care lead agency, community awareness and engagement is a major priority. After successful implementation of another DMAIC project, Kids Central continues to increase its community presence through web-based initiatives, building relationships with media outlets and community involvement. Kids Central maintains a web presence using social media platforms, Facebook, LinkedIn, Twitter and YouTube, its’ website and new blog. Kids Central’s blog, Kids Central Discussion, was launched and registers an average monthly visitation of over 800.
**Kids Central, Inc.’s Commitment to Diversion**

**Diversion:** Kids Central continues its’ commitment to utilization of evidenced-based Diversion Programming in Circuit 5. The redesign was founded on a continuum of evidence-based interventions offered by a trained contingent of providers. Kids Central has maintained a dedication to the utilization of diversion services in an effort to keep families out of the child welfare judicial system. The utilization of evidence-based services aligns the Diversion Program with family-centered practices replicable in diverse geographic/demographic settings. The transformation will provide a roadmap to Child Protective Investigators (CPI) and the Diversion staff will promote consistency in practice, and align the “right” service with a family’s identified needs. Below are descriptions of the three selected interventions. They empower families to become engaged in their own service plans and outcomes. The diversion programming consists of Nurturing Parenting, Family Connections, and Family Behavior Therapy.

**Nurturing Parenting:** The Nurturing Parenting Programs (NPP), are family-based programs for the prevention and treatment of child abuse and neglect. The programs were developed to help families who have been identified by child welfare agencies for past child abuse and neglect or who are at high risk for child abuse and neglect. The goals of NPP are to: increase parents’ sense of self-worth, personal empowerment, empathy, bonding, and attachment; increase the use of alternative strategies to harsh and abusive disciplinary practices; increase parents' knowledge of age-appropriate developmental expectations; and reduce abuse and neglect rates.

**During 2014 - 15 fiscal year:**

- 97.1% of children had no verified maltreatment within 6 months of termination of diversion services.
- The Nurturing Parenting Program served 216 families, of which, 112 closed successfully.
- 99% of the Nurturing Parenting cases closed successfully showing an increase in at least two of the five constructs on the AAPI assessment tool.
- Accepted 235 Nurturing Parenting Program referrals with an 80% engagement rate and 0% recidivism rate within 6 months of successful case closure.
- 226 families were referred to the Family Group Decision Making program.
- FGDM staff presented at the National FGDM Conference in Vail, Colorado on the project.
- 100% of participants completing FGDM would recommend the process to another family.

**Family Connections:** Family Connections (FC) is a multi-faceted, community-based service program that works with families in their homes and in the context of their neighborhoods. FC offers linkage and referral, case management, in-home intervention, and service plans using an evidenced-based family assessment. The goal of FC is to help these families meet the basic needs of their children and reduce the risk of child neglect. Nine practice principles guide FC interventions: community outreach; individualized family assessment; tailored interventions; helping alliance; empowerment approaches; strengths perspective; cultural competence; developmental appropriateness; and outcome-driven service plans. Individualized family intervention is geared to increase protective factors, decrease risk factors, and target child safety and wellbeing outcomes. FC is based on several core components including:

- Extensive outreach and engagement
- Emergency and concrete service provision
• Utilization of a comprehensive family assessment
• Development of outcome-driven service plans
• Change focused interventions
• Advocacy/service facilitation
• Multi-family activities
• Service plan evaluation

**Family Behavior Therapy:** Family Behavior Therapy (FBT) is an evidence-based practice model for the treatment of substance abuse. Kids Central is working closely with the model developer to institute FBT. It has demonstrated effectiveness in achieving outcomes related to drug and alcohol use, depression, family relationship problems, employment and/or school problems, and conduct disorder symptoms. The California Evidenced-based Clearinghouse for Child Welfare rated the program “High” for child welfare system relevance.

FBT includes up to 20 intensive treatment sessions and lasts 4 – 6 months. A single therapist usually implements FBT in the home, or when substance abuse is severe and children are involved two therapists provide the intervention. One therapist assumes primary responsibility with the adults and the other treats the children.

The child-focused treatments are designed to increase the reinforcement value of children, thereby decreasing their risk of child neglect and increasing the desire of parents to spend more time in activities with the children. Several positive parenting treatments are included to teach parents how to differentially reinforce desired behaviors and manage noncompliant behaviors.

Kids Central used a collaborative approach and invited our case management partners, diversion providers, and the Department of Children and Families to the table as we explored ways to improve our system of care. Data indicated most families in Circuit 5 became engaged with the child welfare system due to substance abuse and/or neglect issues. As a result, interventions were chosen based on effectiveness in ameliorating issues and treating families where substance abuse or severe neglect is likely to result in removal of the child. Interventions will be provided in the context of the Department’s Safety Decision Making Methodology and incorporate Motivational Interviewing.

One of the unique outcomes of the case flow redesign is utilizing NPP and FBT in dependency cases. The Intensive Reunification Program (IRP) will continue to be available for dependency cases.

**Domestic Violence Diversion Services:** Additional changes include Kids Central’s domestic violence diversion services, which has transitioned to local domestic violence centers. Relying on local service providers allows victims to establish relationships with the appropriate facility and seek services directly, if needed, after case closure.

**Section II: Managing Quality within our System of Care**

**Quality Management Concepts and Definitions**

The concept of Continuous Quality Improvement (CQI) calls for perpetual organizational re-examination, not only of “problem” areas but also in those areas that are running with no identified problems. CQI presumes ongoing changes in client/customer needs, organizational resources and public expectations. This requires ongoing 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 long term planning.

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 Operations 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 needed, 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.

**Purpose and Scope**

The Purpose of Quality Management and Improvement is to:

- Effectively communicate to all staff, partners and stakeholders, the requirements, responsibilities and expectations for effective implementation and coordination of continuous quality improvement activities for the year;
- Ensure that the highest quality performance outcomes are achieved through consistency in monitoring, evaluating and communication of best practices, based on goals as established through state and federal contract measurements and requirements;
- Review, regularly, organizational and management processes as well as policies and procedures to evaluate their effectiveness as well as compliance;
- Outline methods and timeframes for Quality Improvement activities including, but not limited to internal, external programs, discretionary, quarterly and supplemental reviews;
- Ensure accurate and transparent reporting;
- Establish and maintain consistency in collecting and analyzing data and ensure timely dissemination of results and/or findings throughout the system of care;
- Acknowledge and enhance strengths, while managing opportunities through identification of issues and performance gaps;
- Assist in the development and implementation of counter measures to address performance gaps timely and effectively bring about improvement;
- Identify and disseminate best quality practices;
- Improve training, technical assistance, and collaboration, in order to increase the expertise of staff in our system of care.

The quality management process is designed to provide crucial information to Kids Central Leadership, network and contract providers, the Department of Children and Families and other key stakeholders and families that receive services. The approach is inclusive. Quality Management and Improvement activities involve collecting, reviewing, analyzing, and using data
from key areas of operations. A primary goal of a comprehensive quality management system is to promote quality care.

Kids Central, Inc. continues to utilize the DMAIC process as its’ guiding authority for continuous quality improvement.

The following provides a description of the Kids Central Continuous Quality Improvement System:

DMAIC: abbreviation of the Six Sigma five quality improvement steps: Define, Measure, Analyze, Improve and Control.

Define: As an initial step, Kids Central defines the performance measures. It is important to define specific goals for achieving outcomes that are consistent with both, the client’s demands and/or needs and the strategy to reach desired outcomes. These measures come from the State Dashboard and Contract Measures as negotiated by DCF and KCI. Other measures considered are those associated with the Balanced Scorecard as established by the Board of Directors and Management Team. This phase is also focused on finding out directly from client/customers what their idea of quality is, and how well the current process is meeting that standard and this measure can be defined through surveys, evaluations, etc.

Measure: In this step, accurate measurements must be made and relevant data must be collected so that comparisons can be measured. This is a data collection step and the purpose of this step is to establish baselines as the basis for improvement. Kids Central provides an ongoing analysis of measures and reports this information out through various types of reports. Data is primarily collected from reports in FSFN and Mindshare, as well as other spreadsheets resulting from satisfaction surveys, Quality Service Reviews, Discretionary Reviews, Incident Report analysis. The data focuses on indicators related to safety, services delivery, effectiveness, timeliness and risk management. The data is analyzed by management and partners. Based upon the data collected, additional action may or may not be required. The measures continue to be monitored to ensure that defects are addressed. Performance baseline(s) from the Measure phase will be compared to the performance at the conclusion of the project to determine whether significant improvement has been made.

Analyze: Data is analyzed to identify possible causes for the area in need of improvement. These analysis, may take place during round table meetings with Leadership, at Quality Improvement Team meetings, during Data Calls, etc. Care is taken to assure that the appropriate partners/stakeholders are involved in identifying root causes. A variety of methods are used to identify potential root causes, narrow down the possibilities, and confirm the relationship between the suspected causes and the performance of the process. The purpose of this step is to identify, validate and select root cause for elimination.

Improve: As well, discussions and strategies regarding how to improve may occur through various activities to include, Board and staff meetings, Supervisor’s meetings, round table discussions, Quality Improvement Team meetings and others. A variety of partners/stakeholders may also contribute to include the case management agencies, DCF as well as Judicial. The same data that was obtained during Measure to establish the baseline is again gathered after improvements are in place. The purpose of this step is to identify, test and implement a solution to the problem; in part or in whole. A detailed implementation plan is create and improvements tracked.
**Control:** Ongoing monitoring occurs, primarily, through consistent analysis of the CBC Report Card, Balanced Scorecard, results of reviews and surveys. To ensure and manage control, ongoing data tracking occurs by the Data Analyst. A plan for identifying when performance starts to slip and appropriate action taken also occurs and is performed by the Data Analyst and Data Specialist. This information is also shared during various activities, to include Data Calls, Leadership and Quality Improvement Team meetings.

**Kids Central, Inc. Continuous Quality Improvement Process/System:**

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**Kids Central’s Quality Management Department – Staff Structure**

Kids Central’s Quality Management (QM) Department is structured to allow for a Quality Management Director, Supervisor, Six Quality Management Specialists, a Quality Data Specialist and Quality Data Analyst. Each QM Specialist is certified and is experienced in the use of standardized review tools.
The Director of Quality Management is required to possess a Bachelor’s degree in a related field and five years of experience in service provision to families including four years of supervisory experience. 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 Quality Management Supervisor is required to possess a Bachelor’s degree in social services and a minimum of 5 years of experience in service provision to families, including a minimum of two years of supervisory experience.

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 of experience in an area of Human Services, preferably child welfare; and state certification in quality review. Responsibilities of QM Specialist’s include but are not limited to data collection, trending and analysis, case practice reviews, supportive activities and numerous other internally directed quality improvement and assurance activities.

In addition to Kids Central QM staff, partner case management providers also maintain Quality Assurance staff, dedicated to managing quality for their agency. These team members work in partnership with Lead Agency QM staff on various projects.

The QM Team performs multiple duties and functions that include, but are not limited to the following:

- Data Collection
- Monitoring, Evaluation, Analysis, Reviews and Reporting
- Training and Consultation
- System/Process development
- Technical Assistance and Support to Case Management Agencies and Partners
- Consumer/Stakeholder satisfaction surveys of: Kinship Caregivers, IL Youth, Foster Parents and others as requested and/or deemed necessary.

**Council on Accreditation Standards – A Quality Impact**

In July 2007, Kids Central became the second CBC Lead agency in Florida to receive network accreditation from the Council on Accreditation (COA), an international, independent, nonprofit accrediting body for community-based behavioral health care and social service organization.

Kids Central was accredited in the area of Independent Living in 2009, and is also accredited in the areas of Licensing, Re-licensing, Kinship Care (Informal) and Placement Services. In 2015, the Healthy Start Program joined the family of accredited service programs. 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 reviews, outcomes measurement, customer satisfaction, feedback mechanisms, information management and improvement plans.

**Florida’s Child Welfare Transformation**
Kids Central, Inc.’s Ongoing Commitment to the Safety Methodology

Kids Central’s Training and Professional Development Department works collaboratively with our Case Management Agency Partners to provide in-service training and job coaching through communication and planning efforts. Meetings are frequent, job coaching is scheduled as mutually agreeable to provide maximum support to the Family Care Manager and Supervisor, in-service trainings are held as necessary for Florida Safety Methodology reviews are needed and/or refreshers on topic areas such as; safety planning. If Booster trainings are offered through Kids Central contracting or the Department of Children and Families, staff are provided opportunity to attend.

Kids Central Trainers are deemed proficient in Safety Methodology as SPE’s. One new trainer to the team is receiving additional training and support to be a SPE. Trainers are invited and attend as able on regional calls.

All counties are fully functioning in Safety Methodology practice. The 2015-2016 Training Plan was submitted to DCF and is posted on the Center’s website.
All staff have been trained in FSDMM and all new staff attend pre-service training which includes FSM in the curriculum.

**Kids Central, Inc.’s Training Dept.:**

Kids Central’s Training and Professional Development Department provides pre-service, in-service and on-the-job 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.

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.

Kids Central will provide and track all mandatory trainings, at the CMA staff level, to ensure staff
attendance. Mandatory trainings have been identified and are in the CMA contracts to ensure
compliance. Continued efforts to communicate training needs from QA reviews are planned,
including interdepartmental meetings and training staff attending exit meetings on reviews.

Training needs are identified through CMA request, training survey responses, QA review
outcomes and business planning through senior leadership.

Specific areas for which additional training/coaching is planned, include: Planning for Safe

<table>
<thead>
<tr>
<th>Semi - Annual Training Calendar July through December 2015</th>
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<tbody>
<tr>
<td>June 10, 2015</td>
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<tr>
<td>June 10, 2015</td>
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<tr>
<td>June 12, 2015</td>
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<tr>
<td>July 17, 2015</td>
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<tr>
<td>August 5, 2015</td>
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<tr>
<td>August 11, 2015</td>
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<td>August 25, 2015</td>
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<td>September 3, 2015</td>
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<td>September 9, 2015</td>
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<td>September 15, 2015</td>
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<td>September 29, 2015</td>
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<td>October 5, 2015</td>
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<td>October 14, 2015</td>
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<tr>
<td>October 29, 2015</td>
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<td>November 2, 2015</td>
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<tr>
<td>November 19, 2015</td>
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<td>December 1, 2015</td>
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<tr>
<td>December 1, 2015</td>
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<tr>
<td>December 8, 2015</td>
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<tr>
<td>December 14, 2015</td>
</tr>
</tbody>
</table>
Case Closure and effective development and engagement associated with safety planning.

Kids Central has rolled out a web-based training program in which trainings may be offered to staff and foster parents through online learning. This program tracks all staff training and certifications.

Kids Central, Inc. employees are required to complete 15 professional training hours per calendar 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.

The Kids Central annual Training Plan has been submitted to the Department of Children and Families and can be found on the Center’s website.

**Section III: Strategies, Planning & Action**

**Strategic Planning 2015 - 2016**

As an overarching basis for all of its quality management activities, Kids Central developed a long term strategic five year plan. Developed with the Kids Central Board of Directors and with input from the community, the Strategic Plan projects five years into the future and is reviewed and updated annually.

**LONG TERM STRATEGIC GOALS & KEY OBJECTIVES THROUGH 2016**

**Key Organizational Strategies:**

1. Augment Federal and State funding through fund raising, business development and grant acquisition to support resource expansion and program enhancement.
2. Leverage funding by investing in proven prevention and family preservation programs to minimize the number of children who enter the formal dependency system.
3. Creation and implementation of integrated controls supporting continuous improvement across all services and programs.
4. Ensure efficient and effective delivery of services.
5. Augment Federal and State funding through fund raising, business development and grant acquisition to support resource expansion and program enhancement.
6. Provide legislative leadership and advocate for public policy supporting Community Based Care and the prevention of child neglect and abuse.
7. Develop a high level of local community awareness and advocate on behalf of Kids Central and Community Based Care.
8. Continually identify, assess and respond to local community needs.
Progress toward achieving annual goals will be reviewed quarterly by Kids Central’s Board of Directors and Executive Leadership Team. This review will provide information not only as to progress, but whether each goal continues to be appropriate or warrants adjustment, in order to refine and make the process more useful.

**Business Plan 2015 - 2016**

Augment Federal and State funding through fund raising, business development and grant acquisition to support resource expansion and program enhancement.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Actions/Tasks</th>
<th>Measures</th>
<th>FY 2016 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Excel in financial stewardship (F2) - John Aitken - Shalonda McHenry-Sims</td>
<td>a) Maximize utilization of available funding sources</td>
<td>• Develop approach and plan to fully utilize 100/800 funding to the benefit of children and youth</td>
<td>• Utilization of 100/800 funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Create infrastructure to operationalize CBHA, LLC:</td>
<td>• Approvals from Medicaid HMO provider in each service area</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o Apply and receive approvals through HMOs</td>
<td>• # CBHAs completed</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>o Internal structure related to lines of authority,</td>
<td></td>
</tr>
</tbody>
</table>
### 1.2 Increase resources from alternative sources (F3)
- John Cooper
- David DeStefano
- Debra Wise

<table>
<thead>
<tr>
<th>Goal</th>
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<th>Measures</th>
<th>FY 2016 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><em>Create and implement a 2016 fundraising plan</em></td>
<td><em>Revenue and contributions in excess of DCF contract</em></td>
<td><em>Increase net revenue from activities earned outside the DCF contract by 10% over the 2015 baseline of $83,997</em></td>
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<tr>
<td></td>
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<td><em>Monitor local, state and federal grant opportunities</em></td>
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<td></td>
<td><em>Begin to identify opportunities for funding to support innovative practice and organizational development</em></td>
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<td></td>
<td></td>
<td><em>Discuss potential to create consulting subsidiary</em></td>
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</tbody>
</table>

a) Improve service continuum by enhancing external resources

#### 2

Leverage funding by investing in proven prevention and family preservation programs to support children and families in the most appropriate, least restrictive setting.

### 2.1 Serve families and youth in the most appropriate and least restrictive setting (C1, C2, & I2)
- Shalonda McHenry-Sims

<table>
<thead>
<tr>
<th>Goal</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><em>Develop and Implement Targeted Marketing Recruitment approach (FIRP Federal Grant)</em></td>
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<td></td>
<td></td>
<td><em>Recruit foster homes for teens and Citrus County</em></td>
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<td></td>
<td></td>
<td><em>Continue to improve the recruiting, training and licensing process</em></td>
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<td></td>
<td></td>
<td><em>Improve process to track recruitment from initial inquiry through licensing.</em></td>
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<tr>
<td>a) Create a broad array of placement options for youth in care</td>
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<tr>
<td></td>
<td></td>
<td><em># of foster homes and/or beds</em></td>
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<td></td>
<td></td>
<td><em>Length of time to license foster home after completion of training</em></td>
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<tr>
<td></td>
<td></td>
<td><em>% of siblings placed together</em></td>
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<td></td>
<td></td>
<td><em>Establish baseline satisfaction:</em></td>
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<td></td>
<td><em>Increase successful completion to 75% of cases closed (66.2% Current)</em></td>
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<td></td>
<td></td>
<td><em>Maltreatment:</em> Maintain 2015 performance to ensure 97% of families successfully completing services do not experience maltreatment (2015 Performance 97.1%)*</td>
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<tr>
<td>b) Improve Operational Effectiveness of Diversion Services</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><em>Client satisfaction with services</em></td>
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<tr>
<td></td>
<td></td>
<td><em>% of families successfully completing diversion services</em></td>
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<tr>
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<td></td>
<td><em>% of families receiving diversion services with no verified reports within 6 months of termination of successful services</em></td>
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<td></td>
<td><em>Identify children and youth in FIRP target population and those meeting the criteria of older, difficult to place youth and set targets for each of these measures by 7/31 (FSFN access and data issues have delayed reporting and data extracts)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a) Focus on children with a length of stay in out of home care greater than 24 months

<p>|                       |            | <em>Identify children that have been identified as difficult to adopt - or children who have had a high number of foster care placements within Circuit 5</em> |                                                                          |                                                                                |
|                       |            | <em>Review and align recruitment activities, specifically as they pertain to the Federal Diligent Recruitment Grant (FIRP)</em> |                                                                          |                                                                                |
|                       |            | <em># of children in the FIRP population or in OHC longer than 24 months (based on children in care as of as of 07/01/15)</em> |                                                                          |                                                                                |
|                       |            | <em>Identify children and youth who have met the criteria of older, difficult to place youth and set targets for each of these measures by 7/31 (FSFN access and data issues have delayed reporting and data extracts)</em> |                                                                          |                                                                                |</p>
<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Actions/Tasks</th>
<th>Measures</th>
<th>FY 2016 Target</th>
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<td></td>
<td>• Conduct PRT on prioritized children</td>
<td>implemented (based on FIRP research)</td>
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<tr>
<td></td>
<td></td>
<td>• PRTs completed for youth in target population</td>
<td></td>
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</tr>
<tr>
<td>2.1</td>
<td>a) Underscore the importance of wellbeing for children under judicial care</td>
<td>• Ensure children in care receive appropriate health, dental and immunization services</td>
<td>• % of youth having required medical, immunization &amp; dental visits</td>
<td>• Maintain performance at &gt; than 97%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ensure youth CBHA recommendations are followed</td>
<td>• % of appropriate CBHA recommendations followed (based on random sample)</td>
<td>• Referrals: 70% of appropriate recommendations will be followed (referral) within 30 days of receiving CBHA (2015 baseline 52.8%)</td>
</tr>
</tbody>
</table>

Creation and implementation of integrated controls supporting continuous improvement across all services and programs.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Actions/Tasks</th>
<th>Measures</th>
<th>FY 2016 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>a) Standardize the approach to managing risk in the areas of: System of Care, Disaster Preparedness, Workplace Safety</td>
<td>• Establish risk workgroup: o Convene group o Establish purpose statement and charter o Create scope of responsibility o Develop means to monitor and report risk o Continue implementation of countermeasures for areas of risk identified during 2015</td>
<td>• Workgroup convened and charter created • % of work plan tasks completed (based on areas identified and plans developed in 2015)</td>
<td>• By December 2015 • 100% of work plan tasks will be completed.</td>
</tr>
<tr>
<td></td>
<td>- John Aitken - David DeStefano</td>
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<tr>
<td>3.2</td>
<td>a) Governor's Sterling Award</td>
<td>• Continue organizational monitoring for core GSA criteria: o Review measures used in Category 7 and work with Chiefs and Directors to refine as necessary o Capitalize on GSA o On-Site Showcase o 2016 GSA Conference Showcase o Integrate award into outreach, communication and promotional materials</td>
<td>• Measures reviewed and revised • Tracking mechanisms in place for any revisions • Materials revised</td>
<td>• By December 2015 • By March 2016 • By December 2015</td>
</tr>
<tr>
<td></td>
<td>- David DeStefano</td>
<td></td>
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<tr>
<td></td>
<td>b) Integrate voice of the customer through tracking and utilization of satisfaction data</td>
<td>• Coordinate collection of data in Survey Monkey to maximize ability to calculate and compare satisfaction • Review and revise satisfaction questionnaires to ensure the effectively captures necessary data • Compare results across programs and benchmarks used in the 2015 GSA application or reset benchmarks as necessarily</td>
<td>• % of services / activities with actively monitored satisfaction data</td>
<td>• 100% by June 30, 2016</td>
</tr>
<tr>
<td></td>
<td>c) Monitor monthly performance</td>
<td>• Establish use of Six Sigma and process improvements to drive performance across all business</td>
<td>• Number of red measures</td>
<td>• Establish base line for new DCF scorecard using 1st quarter results • Target: TBD</td>
</tr>
</tbody>
</table>
**Goal** | **Objectives** | **Actions/Tasks** | **Measures** | **FY 2016 Target**
--- | --- | --- | --- | ---
scorecards to ensure quality of outcomes and continuous improvement | areas |  |  |
d) Improve the accuracy of placement data in FSFN to ensure payments are made accurately | • Convene Greenbelt Team  
• Collect, aggregate, and analyze current performance data  
• Identify process improvements and countermeasures  
• Monitor in-process and outcome measures to ensure continuous improvement | • Project team convened  
• Current performance, performance target and countermeasures identified  
• Action plans developed / implemented, performance monitoring implemented | • By September 30, 2015  
• By March 30, 2016  
• By June 30, 2016 |
e) Implement electronic case management document electronic file cabinet pilot project | • Procure hardware required to complete scanning operation  
• Develop implementation schedule and work plan to complete pilot project  
• Assess effectiveness of process, ease of system use, and ability to retrieve required documents  
• Based on assessment, create circuit-wide implementation plan or alternative recommendation | • Complete pilot project and evaluate effectiveness of system  
• Develop plan to complete implementation or identify alternative solution | • April 30, 2016  
• June 30, 2016 |

**Ensure efficient and effective delivery of services.**

| Goal | Objectives | Actions/Tasks | Measures | FY 2016 Target |
--- | --- | --- | --- | ---
4.1 Manage services based on cost-effectiveness, quality and impact (C2 & F1) - Shalonda McHenry-Sims |  |  |  |
a) Improve Case Management Agency outcomes (monitored by through the COU) | • Identify key performance drivers and measures for CMA subcontracts  
• Assess current performance  
• Collaborate to standardize process for collecting data  
• Create required corrective action plans  
• Monitor progress and modify action plans as necessary | • Subcontractor performance on identified measures  
• Quarterly and Real-Time review results | • Target TBD  
• Improvement over 1st quarter baseline – target TBD |
b) Align CMA responsibility to maximize continuity of care and facilitate permanency for youth | • Initiate competitive procurement for case management services in Citrus and Hernando counties  
• Modify case management contracts in remaining counties  
• Manage transition of services and responsibilities  
• Develop internal capacity to effectively recruit adoptive homes internally | • ITN released  
• Provider selected  
• Transition plan developed and implemented  
• New structure operationalized | • August 2015  
• December 2015  
• January 2016  
• April 2016 |
<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Actions/Tasks</th>
<th>Measures</th>
<th>FY 2016 Target</th>
</tr>
</thead>
</table>
| c)   | Children in out-of-home care will develop skills for successful transition to adulthood | • Complete aggregation of year end assessment data and compare to baseline scores  
• Review Fostering Futures training and integrate training related to providing Independent Living skills of youth in care  
• Ensure all youth have received a Life Skills assessment to establish individual baseline  
• Assess youth Life Skills attainment / improvement  
• Evaluate residential providers and foster parents to determine their knowledge of Life Skills and ability to offer training to youth | • % of residential providers and foster parents able to effectively provide Life Skills training to youth  
• % of youth demonstrating improved knowledge of Life skills based on assessment | • Ability to understand and effectively provide Life Skills training to youth: Target TBD  
• Demonstrated improvement in knowledge through increased pre/post test scores across youth in residential and foster care. Target TBD |
| d)   | Use predictive analytics to inform service planning and case review processes (quality assurance) for reunified cases | • Finalize process to extract and utilized revised Mindshare data  
• Integrate into permanency staffing procedures  
• Identify threshold for “action”  
• Identify additional data elements to improve accuracy of data  
• Develop means to capture data | • Begin reviewing PA data as part of permanency staffing procedure  
• Identify additional data and means to capture  
• # of cases meeting threshold reviewed and having necessary services in place | • By 10/30/15  
• By 3/30/16  
• 100% of cases during the 4th quarter |
| 4.2  | Ensure internal programs and service interventions meet the needs of families and children (I1) - Debra Wise | a) Healthy Start Impact and Effectiveness | Identify core programmatic, client outcome and financial drivers based on HS contract and outcome expectations  
• Assess current performance (from new HS data system) and establish baselines and benchmarks  
• Select measures to monitor or improve and determine performance improvement expectations  
• Develop, implement and monitor improvement strategies and action plans | Measures identified and baseline data collected  
• Select performance drivers, baselines, targets and benchmarks  
• Performance objectives set and improvement goals established | • 9/30/15  
• 9/30/15  
• 12/31/15 |
| 4.3  | Enhance foster care experience for teens (C2) - Shalonda McHenry-Sims | a) Enhance normalcy for teens in care | Continue to refine and improve protocol for High End Placements  
• Develop Individualized Training Plans for group home providers as needed  
• Incident Reports received from the group homes will be reviewed with the providers, QA, Training and Leadership on a quarterly basis | • % of youth in group residential care  
• Implement countermeasures established as part of 2015 DAMIC project | • No more than 8% of youth in OHC will be placed in congregate residential care  
• Reduce critical incident by 30% over baseline |
| 4.4  | Ensure the safety of youth in the 0-3 population while maximize permanency and well-being | a) Support the provision of case oversight designed to ensure safety | Implement Child Infant Mental Health Court in Citrus and Marion Counties  
• Expand Child Parent Psychotherapy to cases beyond CIMH Court cases  
• Stratify permanency and recidivism data, establish baselines and performance targets for youth in | • By July 31, 2015  
• Assess improvement achieved as measured by the 4th quarter FY16 |
## Goal

### Outcomes in the least restrictive, most-appropriate setting (C1, I1 & I3)

- Shalonda McHenry-Sims

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actions/Tasks</th>
<th>Measures</th>
<th>FY 2016 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning, enhance family engagement, and promote / facilitate access to necessary services</td>
<td>Conduct Rapid Safety Feedback Reviews on all 0 – 3 cases</td>
<td>this population</td>
<td></td>
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<tr>
<td></td>
<td>Require Intensive Reunification Program / Family Team Conferencing on all 0 – 3 reunification cases</td>
<td>Monitor improvement targets</td>
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</tbody>
</table>

### Goal

**Provide the requisite training and supervision to ensure Kids Central employees and subcontractors will become successful leaders.**

<table>
<thead>
<tr>
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<th>Measures</th>
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</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Improve work performance through human resource management, assessment and recognition (LG2)</td>
<td>a) Implement job-specific, comprehensive performance evaluation tool</td>
<td>• Complete implementation of new performance evaluation tool</td>
<td>• 100%</td>
</tr>
<tr>
<td></td>
<td>- John Aitken</td>
<td></td>
<td>• % of employees evaluated with new tool</td>
<td>• Meet or exceed score from pilot (4.69 on a 5 point Likert scale)</td>
</tr>
<tr>
<td>5.2</td>
<td>Engaged and motivated workforce (LG1)</td>
<td>a) Improve Workforce Climate</td>
<td>• CEO Department Team Interactions</td>
<td>• 100%</td>
</tr>
<tr>
<td></td>
<td>- John Cooper</td>
<td></td>
<td>• Complete implementation of evaluation process</td>
<td>• Meet or exceed benchmark performance</td>
</tr>
<tr>
<td></td>
<td>- John Aitken</td>
<td></td>
<td>• Refine employee satisfaction and engagement survey process and questions, complete annual survey(s)</td>
<td>• % of employees meeting quality and productivity standards established in evaluation tool (Baseline established in 2016)</td>
</tr>
<tr>
<td>5.3</td>
<td>Improve Supervisor Competencies (LG1)</td>
<td>a) Supervisory Professional Development</td>
<td>• Schedule quarterly trainings for all supervisors</td>
<td>• 90%</td>
</tr>
<tr>
<td></td>
<td>- Shalonda McHenry-Sims</td>
<td></td>
<td>• Create pre/post test</td>
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<td></td>
<td></td>
<td></td>
<td>• Provide training for supervisors</td>
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### Develop high level of local community awareness and advocate on behalf of Kids Central and Community Based Care.
<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Actions/Tasks</th>
<th>Measures</th>
<th>FY 2016 Target</th>
</tr>
</thead>
</table>
| 6.1  | Enhance community engagement (C4) - Debra Wise | a) Effectively communicate Kids Central’s innovations, successes and outcomes to all stakeholders and community members | • Continue to enhance relationships with key media outlets and fellow Public Information Officers  
• Meet with community partners, businesses, non-profits, civic organizations to promote and explain Kids Central’s mission and purpose  
• Enhance social media  
  o Revise comparison / baseline expectations  
  o Enhance monitoring and tracking | • Media coverage - % landed vs. pitched  
• Number of new community relationships resulting in beneficial partnerships  
• Increase performance related to reach, effectiveness and impact of Social Media | • FY 2016 Target higher than baseline comparison of 90%  
• Create relationships with 5 community businesses, civic organizations, etc., that result in positive benefit (board member recruited, in-kind or financial donation, or positive promotion of Kids Central)  
• Measures and targets: To be determined by 9/30/16 |
| 6.2  | Effectively communicate Kids Central’s purpose, mission, scope and community impact (C4, I4 & F3) - John Cooper - David DeStefano - Debra Wise | a) Develop a strategic communication plan to reach and engage identified community segments and stakeholders | • Corporate-wide Development and Growth Planning:  
  o Work with BOD to create and implement Strategic Plan for Development and Organizational Growth in the areas of:  
    ▪ Feasibility of Foundation  
    ▪ Fundraising  
    ▪ Community Engagement  
  o Establish 3 year plan and 1st year priorities  
 o Develop messaging and outreach materials | Plan developed  
• Materials developed | • Create long growth plan and short term objectives by December 31, 2015  
• Materials developed by March 31, 2016 |

**Continually identify, assess, and respond to local community needs.**

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<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Actions/Tasks</th>
<th>Measures</th>
<th>FY 2016 Target</th>
</tr>
</thead>
</table>
| 7.1  | Enhance outreach and collaboration with communities to reduce instances of abuse and neglect (C1, I3, I4) - Debra Wise | a) Improve impact and effectiveness of the Neighborhood Projects | • Revise annual plan(s) for Neighborhood Projects  
• Continue implementation of current initiatives and  
• Finalize implementation of Wildwood project | • Updated existing plan(s) and plan for Wildwood created  
• % of NP strategic plan goals met  
• Maintain satisfaction related to NPs (Aggregate of Customer Satisfaction, Event Satisfaction, Advisory Board Survey, Stakeholder Survey) | • NPs will have a clear annual plan created by 10/1/15 (Wildwood within 60 days of becoming fully operational)  
• 80%  
• >90% |
7.2 Support community efforts promoting responsible fatherhood (C3, C4)
   - Debra Wise
   - David DeStefano

| a) Collaborate with Marion County Children’s Alliance, CDS and a coalition of community agencies in an effort to develop a Marion County fatherhood program |
| - Collaborate with Marion county community members and stakeholders to develop a needs statement (based on available data) and approach to conducting outreach and providing interventions to fathers promoting individual well-being, child engagement, development of positive parenting skills, and cooperation with other parent or custodial caregiver |
| - Collaborate to develop funding needs, potential funding sources (grants, foundation, or other) and develop a plan to engage stakeholders, partnering agencies and other interested parties to promote implementation, coordinate community-wide efforts, secure funding, and implement services. |
| - Group charter, scope and service design approach developed |
| - Strategic implementation plan drafted, task assignments made |
| - % of annual plan objectives met related to funding, community engagement / support, and service provision |
| - By October 2015 |
| - By December 2016 |
| - 100% by June 2016 |

The Director of Quality and Utilization Management manages and facilitates each element of the quality management process and will continue to do so throughout the transformation of the child welfare system. Data gathered through all quality assurance reviews and activities are used to monitor and evaluate the system of care, identify opportunities for improving the quality of service, establish initiatives to accomplish agreed upon improvements, as well as monitor resolution of problem areas.

**Monitoring and Reporting Progress Relative to Child and Family Outcomes:**

The Quality Management Department remains steadfast in its ongoing commitment to develop mechanisms for improving efficiency and effectiveness within the system of care. As the system is transformed with the focus no longer being on treating the allegation; but focused on increasing protective capacities to ensure and maintain children safely in the home; so shall the tools and mechanisms that are currently in use. Data will continue to be analyzed to support organization wide planning as well as correction of problem areas. Kids Central will continue to track and report outcome data in the domains that are consistent with federal and state mandates.

**Monitoring Case Management Agencies and Network Providers:**

As outlined in their contract, Kids Central’s sub-contracted service providers are required to have a quality management and improvement process in place that’s specific to their services and are required to support and participate, fully, in the Kids Central quality management and improvement processes. Kids Central will provide technical assistance to any provider needing assistance in implementing a quality management process.

Each contract with network providers and case management agencies will have expected outcomes and performance measures that are clearly established. Applicable Adoptions and Safe Families Act (ASFA) indicators will be included, when applicable, as well as any required and relevant DCF indicators that are included in the Kids Central service contract. The provider
agrees to provide data to determine whether the terms of the contract have been sufficiently met. This information will also be included in our system-wide analysis.

It is the policy of Kids Central, Inc. to monitor and evaluate contracted programs and services within the network. Quality monitoring ensures that providers are in compliance with all contractual, administrative and programmatic standards and requirements.

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 Operations 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 needed, 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.

**Quality Management Requirements of Case Management Agency Providers:**

The Provider shall have a quality management process in place and will participate, fully, in Kids Central quality management processes and activities. Technical assistance is provided as needed, regarding the implementation of quality focused activities.

1. An updated, written Quality Management Plan is required by each case management agency partner and is required to be submitted to Kids Central Contracts Department prior to each subsequent, annual, contract initiations.

2. Each case management agency maintains a policy related to Supervisor Reviews and understands the significant role of supervisor’s related to quality of services and care. Diversion and other contracted providers are encouraged to, also, maintain policies and procedures that guide supervisor oversight.

3. Kids Central reserves the right to enhance or change procedures, as needed, to ensure the highest quality and level of services, in accordance with the state and federal authorities, best practices and evidence-based processes.

4. Providers shall participate in Quality Management activities, upon request. The quality management activities described, herein, is not an exhaustive description.

5. Information reviewed by the Quality Management Department and/or Provider agencies, on a regular basis, includes but is not limited to:
   a. Peer review of records for compliance with state and federal laws;
   b. Compliance with COA Standards;
   c. Incidents, accidents, and consumer grievances;
   d. Consumer, client and stakeholder satisfaction information;
   e. Outcome and performance information;
   f. Safety and risk management issues; and

**Balanced Scorecard - Kids Central, Inc.:**

In order to facilitate the achievement of long and short-term goals, Kids Central uses the Balanced Scorecard (BSC) as developed for mission-driven organizations. The Balanced Scorecard has become Kids Central’s primary methodology for measuring organizational performance, and achieving exceptional and sustainable results.

The Balanced Scorecard is an annual plan of action developed, not only as a plan for the Lead Agency to follow; but also to assist our sub-contracted providers in meeting and possibly exceeding service goals and expectations. For each provider, objectives are established to include four main categories. The categories are: Customer (client and families); Internal Processes; Financial; and Employee Learning and Growth. Attached to the Balanced Scorecard are incentives.

The 2015 - 2016 Balanced Scorecard is currently in development. The four focus areas of the Balanced Scorecard are: the Customer, Internal Process, Employee Learning & Growth and Financial.

**KIDS CENTRAL BALANCED SCORECARD FY 2016**
## CUSTOMER

<table>
<thead>
<tr>
<th>#</th>
<th>Points</th>
<th>Sponsor</th>
<th>Lead</th>
<th>Objective</th>
<th>Measure</th>
<th>Target</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>Shalonda McHenry-Sims</td>
<td>Courtney Barnett</td>
<td>Create a broad array of placement options for youth in care</td>
<td># of traditional foster beds licensed for teens</td>
<td>20 new beds - 6 points 17 new beds - 5 points 14 new beds - 4 points</td>
<td>Licensed 10 teen homes (14 teen beds) FY 15</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>Shalonda McHenry-Sims</td>
<td>Courtney Barnett</td>
<td>Create a broad array of placement options for youth in care</td>
<td># of new homes in Citrus county</td>
<td>20 homes - 5 points 15 homes - 4 points 10 homes - 3 points</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>Shalonda McHenry-Sims</td>
<td>Sharon Gibbs</td>
<td>Create a broad array of placement options for youth in care</td>
<td>% of siblings placed together (intact) by May 2016</td>
<td>77% - 5 points 75% - 4 points 74% - 3 points</td>
<td>2015 Performance: 72.7%</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>David DeStefano</td>
<td>Aimee Gandy</td>
<td>Integrate voice of the customer through tracking and utilization of satisfaction data</td>
<td>% of services/activities actively coordinated, monitored and compared</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>Shalonda McHenry-Sims</td>
<td>Courtney Barnett</td>
<td>Create a broad array of placement options for youth in care</td>
<td>% or # of youth in facility based licensed care</td>
<td>&lt;/= 7% - 5 points &lt;/= 7.25% - 4 points &lt;/= 7.55% - 3 points ALTERNATIVE TARGET &lt;/=80 youth - 5 points &lt;/=83 youth - 4 points &lt;/=85 youth - 3 points</td>
<td>Baseline % FY2015: 7.55% FY2015 Baseline: Avg 81 youth in facility based care FY 2015 4th Quarter: Avg 86 youth in facility based care Alternative target to be considered if % increases due to overall decrease to the number of youth in OHC</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>Shalonda McHenry-Sims</td>
<td>Kevin Maloney</td>
<td>Underscore the importance of well - being for children under judicial care</td>
<td>% of youth having required medical visits, dental visits and immunizations</td>
<td>&lt;/= 97%</td>
<td></td>
</tr>
</tbody>
</table>

## INTERNAL PROCESS

<table>
<thead>
<tr>
<th>#</th>
<th>Points</th>
<th>Sponsor</th>
<th>Lead</th>
<th>Objective</th>
<th>Measure</th>
<th>Target</th>
<th>Notes</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>No.</th>
<th>5</th>
<th>Team Member</th>
<th>Team Member</th>
<th>Goal Statement</th>
<th>Key Measures/Indicators</th>
<th>Target</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>5</td>
<td>Debra Wise</td>
<td>Michelle Mongeluzzo</td>
<td>Improve impact and effectiveness of the Neighborhood Projects</td>
<td>Increase number of volunteer hours</td>
<td>Increase by 10% - 5 points</td>
<td>Baseline: 7498</td>
<td>+10%: 8,248 +7%: 8,023 +5%: 7,673</td>
</tr>
<tr>
<td>8</td>
<td>6</td>
<td>Shalonda McHenry-Sims</td>
<td>Sharon Gibbs</td>
<td>Focus on children with a length of stay in Out of Home care greater than 24 months</td>
<td># of children in OHC longer than 24 months (based on those children in care as of 07/01/15)</td>
<td>Reduce by 52 - 6 points</td>
<td>114 youth in care &gt; 24 months as of 7/01/15</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>6</td>
<td>Shalonda McHenry-Sims</td>
<td>Robin Lanier</td>
<td>Underscore the importance of well-being for children under judicial care</td>
<td>% of appropriate Comprehensive Behavioral Health Assessment (CBHA) recommendations followed</td>
<td>75% - 6 points 70% - 4 points</td>
<td>2015 Performance: 52.8%</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>5</td>
<td>Shalonda McHenry-Sims</td>
<td>Robin Lanier</td>
<td>Monitor and ensure safety of children 0-3 in home</td>
<td>% of safety issues identified during Rapid Safety Reviews addressed in writing within 2 business days</td>
<td>95% - 5 points 90%: - 4 points 85%: - 3 points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>5</td>
<td>Shalonda McHenry-Sims</td>
<td>Kevin Maloney</td>
<td>Children in out of home care will develop skills for successful transition to adulthood</td>
<td>% of youth demonstrating improved knowledge of Life Skills based on assessment</td>
<td>90%</td>
<td>Target to be reviewed for reasonableness after first round of post assessments are completed and score compiled in September 2015. If necessary, a recommendation and rationale for a change to the target will be developed.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>4</td>
<td>Shalonda McHenry-Sims</td>
<td>Kevin Maloney</td>
<td>Monitor CBC Scorecard and contract measures to ensure continuous improvement</td>
<td># of red measures on CBC Scorecard, contract measures and KCI dashboard through May 2016</td>
<td>TBD after 1st quarter baseline is established</td>
<td>Based on 09/01/15 - 05/31/16 results</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>5</td>
<td>Shalonda McHenry-Sims</td>
<td>Sharon Gibbs</td>
<td>Improve operational effectiveness of diversion services</td>
<td>% of children with no verified maltreatment within 6 months of termination of diversion services</td>
<td>97%: - 5 points 95%: - 4 points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>5</td>
<td>Debra Wise</td>
<td>Hannah Rios</td>
<td>Improve Healthy Start Impact and Effectiveness</td>
<td>Increase # of Medicaid services provided to prenatal and infants in Lake and Alachua</td>
<td>10%</td>
<td>Lake: prenatal - 10,945; infant - 6,183 Alachua: prenatal - 10,236; infant - 3,923</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Points</td>
<td>Sponsor</td>
<td>Lead</td>
<td>Objective</td>
<td>Measure</td>
<td>Target</td>
<td>Notes</td>
<td></td>
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<td>-------------------------------------------------</td>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>5</td>
<td>John Aitken</td>
<td>Mandy Weldon</td>
<td>Improve workforce climate</td>
<td>Employee satisfaction and engagement results</td>
<td>Improve or sustain results: 3+ Questions - 5 points 2 Questions - 4 points 1 Question: 3 points</td>
<td>Sustain or improve response to employee satisfaction survey for the following questions: 1) Staff is excited about coming to work (4.42 Baseline) 2) Satisfaction with Ability to Apply Talent and Expertise (3.57 Baseline) 3) Satisfied with Opportunities for Professional Growth (3.56 Baseline) 4) Satisfaction with employee appraisal process (4.69 Baseline)</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>5</td>
<td>John Aitken</td>
<td>Steve Lovely</td>
<td>Implement electronic case management document electronic file cabinet pilot project</td>
<td>% of work plan tasks completed by June 2016</td>
<td>100%</td>
<td>At minimum, the FY 2016 work plan must culminate in the completion of the pilot project and development of recommendations for continuing implementation.</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>5</td>
<td>John Aitken</td>
<td>Mandy Weldon</td>
<td>Build organizational capacity by providing training around organizational competencies</td>
<td>% of supervisors successfully passing the second half of the management competency assessment</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FINANCIAL**

<table>
<thead>
<tr>
<th>#</th>
<th>Points</th>
<th>Sponsor</th>
<th>Lead</th>
<th>Objective</th>
<th>Measure</th>
<th>Target</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>5</td>
<td>Shalonda McHenry-Sims</td>
<td>Penny Beehler</td>
<td>Maximize IV-E funding for training dollars</td>
<td>% of budgeted training dollars earned</td>
<td>100% - 5 points 95% - 4 points 90% - 3 points</td>
<td>$1,517,015 projected allocation from DCF Ellen Curtis to act as co-lead and assist with the development of tracking mechanisms and allocation procedures</td>
</tr>
<tr>
<td>19</td>
<td>5</td>
<td>John Aitken</td>
<td>Shelly LaFrance</td>
<td>Maximize utilization of existing funding sources</td>
<td>% of total 100/806 earned</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>5</td>
<td>Debra Wise</td>
<td>Nicole Pulcini-Mason</td>
<td>Improve service continuum by enhancing external resources</td>
<td>Increase external fundraising over FY 2014-15 baseline</td>
<td>+15% ($96,597) - 5 points +10% ($92,397) - 4 points +5% ($88,197) - 3 points</td>
<td>Net revenue baseline - $83,997.00 Steve Lovely will act as co-lead and serve as a liaison to tech industry vendors capable of donating hardware, software or other IT-related services.</td>
</tr>
</tbody>
</table>
Balanced Scorecard – For Providers:

In addition to the established performance measures, DCF intends for Lead Agencies to be eligible to earn incentive payments for performance that exceeds standards. These incentives are based on Balance Scorecard performance. The purpose of the Balanced Score Card is to set goals for providers that helps achieve the strategic vision for Circuit 5, as developed by Kids Central. These goals represent “stretch targets” requiring exceptional efforts. The BSC Incentive Plan serves to motivate providers to strive for exceptional performance to obtain these goals and reward employees.

1. **Agency Incentive:** Provider will be paid an annual incentive of one percent (1%) of the total amount of the base contract earned, formulated upon the BSC points earned, and rounded to the nearest thousand dollars.

2. **Employee Incentive:** Eligible employees include all those employed in positions listed on the “Personnel Detail Report” of the Budget Workbook for case management or the Best Practice Visitation Program. Employees must be approved during the pre-negotiation process and meet the required criteria to be eligible to receive an employee incentive.

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

Contract Performance Measures are tracked weekly, monthly and/or quarterly to ensure Continuous Quality Improvement.

Data Collection & Management

The Quality Management Department and Data Unit captures and reviews data from several sources. Primary mechanisms used to capture and compile data are the Family Safe Families Network (FSFN) and Mindshare. The Data Analyst, together with dedicated Data Specialist identifies and defines quality and compliance data elements to be collected, measured and/or evaluated. Appropriate data collection and measurement tools have been, and continue to be, developed in order to effectively analyze and communicate the strengths and weaknesses within a service, program or administrative department. The following are the tools/systems used to capture data and produce useful reports:

Depending on reporting requirements, multiple workflows and methods may be used:

| Defining/Acquiring Data Source | > | Processing | > | Publishing/Distributing Report |

Data sources are built or acquired using one (or more) standard reports (FSFN, TAPD and TACF) and/or custom queries (FSFN only) which may then be processed, using excel or access.

Many reports are pulled from FSFN to provide “Base” data. Most either are listings or summaries which are reported point-in-time (snapshots) or end-of month (delayed). These are often used as baselines because they provide fairly consistent views useful for detailed historic analysis (listings) or general comparisons (summaries).

The Department publishes useful listings (Federal and CBC Scorecard reports) which are used as a basis for performance reporting, producing exception listings and building drill down
summaries. Additionally, the Department publishes historic summary reports which are used as the basis for extra-agency comparisons and workload assessments.

FSFN ad hoc provides access to Business Objects which allows some processing to be built into custom FSFN queries.

The reports produced fall into the general categories of workload management (Weekly QM for example), performance management (CBC/Federal Scorecard), quality improvements (Exception listings for CBC/DCF Scorecard), demographics and general informational.

The following Data Elements will be monitored, tracked and/or reported, on a daily, weekly and/or monthly basis in the 2015 - 2016 year:

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Collection Tool(s)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Movement</td>
<td>Census &amp; Movement Log</td>
<td>Daily</td>
</tr>
<tr>
<td>Children Seen</td>
<td>Children Seen Report</td>
<td>Daily</td>
</tr>
<tr>
<td>Parent Contact</td>
<td></td>
<td>Twice a week</td>
</tr>
<tr>
<td>AFCARS</td>
<td>Adoption/FC AFCAR report</td>
<td>Weekly</td>
</tr>
<tr>
<td>K – 12 over due</td>
<td>K – 12 FSFN Report</td>
<td>Weekly</td>
</tr>
<tr>
<td>Medical/Dental/Immunization</td>
<td>FSFN Report</td>
<td>Weekly</td>
</tr>
<tr>
<td>Placement Case Data Exceptions</td>
<td>FSFN Report</td>
<td>Weekly</td>
</tr>
<tr>
<td>Cost of Care</td>
<td>Census</td>
<td>Monthly</td>
</tr>
<tr>
<td>Vacancy Report</td>
<td>Client Count, Client Demographics, Vacancy Report</td>
<td>Client Count</td>
</tr>
<tr>
<td>Blue Book Log-In</td>
<td>Mindshare</td>
<td>Monthly</td>
</tr>
<tr>
<td>ICPC/OTI Requests</td>
<td>Internal Log</td>
<td>Monthly</td>
</tr>
<tr>
<td>Incident Reports</td>
<td>Internal Log</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Exit Interviews</td>
<td>Internal Log</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Mindshare Log (CMA &amp; Provider)</td>
<td>Mindshare</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Rapid Safety Feedback</td>
<td>Internal Log</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Missing Children</td>
<td>Internal Log</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Client Relations</td>
<td>Internal Log</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>
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 tracks and reports outcomes and performance measures on a daily basis, consistent with the State Performance Improvement Plan (PIP) and incorporates performance indicators in its review of delivered service.

DCF has developed a core set of outcomes and quality measures that are standardized across CMA contracts. Kid’s Central focus on those outcomes and indicators that are required under the service contract, as well as closely examining and reporting on other outcomes, as requested.

Information Sharing & Reporting:

The Quality Management Department is responsible for ensuring that clear and accurate information is disseminated timely as it relates to various Quality Management activities. Information is reviewed by Executive and Senior Management, staff, contracted providers, community stakeholders and the Board of Directors, upon request. Kids Central will continue to convene public stakeholder forums, to share information and solicit feedback regarding various components of operations and services. Kids Central maintains and provides reports of findings of key quality management activities.

It is important to determine if the services offered by Providers are meeting needs of youth and families, as well as achieving program requirements as articulated in Kids Central’s contract with the Department. Of significance is to assess whether services are assisting Kids Central in meeting the overall goals of improving child welfare outcomes and reducing the time it takes to finalize a child’s permanency plan. Kids Central will continue to refine its reporting processes and procedures to ensure that its partners, programs and agencies receive the most up to date and accurate information, in a timely manner.

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.
## Quality Management Reviews & Activities:

### 2015 - 2016 Kids Central, Inc. Annual Quality Management Review Schedule

<table>
<thead>
<tr>
<th>Dates</th>
<th>Name of Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>July – Sept.</td>
<td>1st DCF Quarterly Reviews: 10 Safety; 18 CFSR’s (no interviews); 2 CFSR’s (Interviews) – Total of 30</td>
</tr>
<tr>
<td>July 13th</td>
<td>Incident Reporting</td>
</tr>
<tr>
<td>August 7th &amp; 10th</td>
<td>COA Peer Reviews: IL, Init. &amp; Re Lic., Healthy Start</td>
</tr>
<tr>
<td>August 24th</td>
<td>Missing Children</td>
</tr>
<tr>
<td>Sept. 8th</td>
<td>Kinship</td>
</tr>
<tr>
<td>Oct – Dec.</td>
<td>2nd DCF Quarterly Reviews: 10 Safety; 18 CFSR’s (no interviews); 2 CFSR’s (Interviews) – Total of 30</td>
</tr>
<tr>
<td>October 12th – 16th</td>
<td>FSFN Documentation Review</td>
</tr>
<tr>
<td>October 23rd &amp; 26th</td>
<td>COA Peer Reviews: IL, Init. &amp; Re Lic., Healthy Start</td>
</tr>
<tr>
<td>October 26th</td>
<td>Licensing</td>
</tr>
<tr>
<td>Nov. 16th – 21st</td>
<td>Independent Living *(side by side)</td>
</tr>
<tr>
<td>December 7th – 12th</td>
<td>Over Capacity</td>
</tr>
<tr>
<td>Jan. - March</td>
<td>3rd qtr DCF Quarterly Reviews: 10 Safety; 18 CFSR’s (no interviews); 2 CFSR’s (Interviews) – Total of 30</td>
</tr>
<tr>
<td>January 11th – 15th</td>
<td>ICPC</td>
</tr>
<tr>
<td>January 25th – 29th</td>
<td>YFA Adoptions</td>
</tr>
<tr>
<td>Feb. 8th – 12th</td>
<td>Exit Interviews</td>
</tr>
<tr>
<td>Feb. 19th &amp; 22nd</td>
<td>COA Peer Reviews: IL, Init. &amp; Re Lic., Healthy Start</td>
</tr>
<tr>
<td>Feb. 22nd – 26th</td>
<td>Psych. Meds *(side by side)</td>
</tr>
<tr>
<td>March 28th</td>
<td>Sibling Visitation</td>
</tr>
<tr>
<td>April - June</td>
<td>4th DCF Quarterly Reviews: 10 Safety; 18 CFSR’s (no interviews); 2 CFSR’s (Interviews) – Total of 30</td>
</tr>
<tr>
<td>April 1st &amp; 4th</td>
<td>COA Peer Reviews: IL, Init. &amp; Re Lic., Healthy Start</td>
</tr>
<tr>
<td>April 18th – 23rd</td>
<td>Safety Planning</td>
</tr>
<tr>
<td>May 16th – 21st</td>
<td>Supervisory Reviews *(side by side)</td>
</tr>
<tr>
<td>June</td>
<td>Incident Reporting</td>
</tr>
</tbody>
</table>

*May be subject to changes/additions/deletions*

*Side by Side: Minimal participation of Program or CMA to sit & conduct reviews w/reviewers*
The case record review/audit process is viewed as a comprehensive multi-tiered process that includes discretionary, special, contract required reviews and others, as part of supervision and oversight to track outcomes, determine effective utilization and ensure best practice. All reviews will be conducted based on random sample and utilizing a 90/10 sampling methodology, unless otherwise decided based on requirements.

**Details regarding proposed Quality Assurance Reviews & Activities are as follows:**

**Discretionary Reviews:**

Within this category are reviews selected to occur at the discretion of Management. Discretionary reviews may be requested to assess performance and/or by random request. Projected areas of focus for 2015 – 2016 are: Supervisory Reviews, File Cabinet, Separated Siblings, Safety Planning and Licensing. **Note:** Reviews subject to change.

### Focus Area: Frequency Reviewers Tools

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Frequency</th>
<th>Reviewers</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisory Reviews (CMA’s)</td>
<td>annually</td>
<td>QM Specialists</td>
<td>FSFN, Review tools, Case Files</td>
</tr>
<tr>
<td>Sexual Safety Plan (CMA’s)</td>
<td>annually</td>
<td>QM Specialists</td>
<td>FSFN, Review tools, Case Files</td>
</tr>
<tr>
<td>FSFN File Cabinet Documentation</td>
<td>annually</td>
<td>QM Specialists</td>
<td>FSFN, Review tools, Case Files</td>
</tr>
<tr>
<td>Separated Sibling Visitation</td>
<td>annually</td>
<td>QM Specialists</td>
<td>FSFN, Review tools, Case Files</td>
</tr>
<tr>
<td>Licensing</td>
<td>annually</td>
<td>QM Specialists</td>
<td>FSFN, Review tools, Case Files</td>
</tr>
</tbody>
</table>

**Discretionary - Supervisory Reviews:**

In May of 2015, the circuit began use of Supervisory Review Tool developed for the purpose of improving guidance provided to case managers by supervisors. This review will identify whether quality, purposeful and instructive face-to-face case discussion between the supervisor and family care manager is occurring. Additionally, child safety to include assessing present danger and planning safe case closure will be assessed. Reviewers will assess frequency as well as the quality of documentation and feedback/guidance provided to the Case Manager by the Supervisor. Cases to be reviewed will be selected by random sample.

**Reviewers/Person(s) Responsible:** Kids Central, QM Staff. CMA QM Staff may be invited to participate. The files of all three case management agencies will be reviewed.

**Process / Methodology:** This review is designed to evaluate casework activities and an assessment of child safety related to those activities

**Desired Outcome:** An established percentage of cases reviewed will accurately document the completion of Supervisory Reviews per the required frequency; are qualitative and offers guidance and follow up to the case manager.

**Tools/Reporting Outcomes/Results:** Review tools will be used to capture data after review of FSFN. Upon completion the QM Supervisor or designee will compile a roll up of the information collected. A written report inclusive of findings will be disseminated to the Upper management of Kids Central, as well as, to the Case Management Agencies.

**Discretionary – Sexual Safety Plans:**

The purpose is to assess compliance regarding ensuring that sexual safety plans are completed and are up to date and accurate in FSFN. Additionally, reviewers will assess whether required
information has been scanned into the FSFN file cabinet. Cases to be reviewed will be selected by random sample. The files of all three case management agencies will be reviewed.

**Reviewers/Persons Responsible:** Kids Central, QM Staff  
**Process/Methodology:** Cases selected will be by random sample. A tool will be developed and utilized that’s specific to the focus area.

**Desired Outcome:** For each session, an established percentage of cases reviewed will accurately document the completion of sexual safety plans per the required frequency; and that concerns/issues are addressed.

**Tools/Reporting Outcomes/Results:** Review tools will be used to capture the data after the review of FSFN. The QM Supervisor or designee will compile a roll up of the information. A written report inclusive of findings will be disseminated to management of Kids Central, as well as, to the Case Management Agencies.

**Discretionary – FSFN File Documentation:**

The purpose is to assess compliance related to assuring that as required, that case file documents required to be maintained as the “official record” can be found in FSFN. Reviewers will assess whether required information has been sufficiently scanned into the FSFN file cabinet. Cases to be reviewed will be selected by random sample. The files of all three case management agencies will be reviewed.

**Reviewers/Persons Responsible:** Kids Central, QM Staff  
**Process/Methodology:** Cases selected will be by random sample. A tool will be developed and utilized that’s specific to the focus area. **Frequency will be no less than, annual.**

**Desired Outcome:** For each review session, an established scale outlining an acceptable percentage of compliance/completion will be followed.

**Tools/Reporting Outcomes/Results:** Review tools will be used to capture the data after the review of FSFN. The QM Supervisor or designee will compile a roll up of the information. A written report inclusive of findings will be disseminated to the Upper management of Kids Central, as well as, to the Case Management Agencies.

**Discretionary – Separated Siblings:**

The purpose is to assess judicial compliance regarding separated siblings visitation with each other while placed in care. Reviewers will assess frequency as well as the quality of documentation. Cases to be reviewed will be selected by random sample. The files of all three case management agencies will be reviewed.

**Reviewers/Persons Responsible:** Kids Central, QM Staff.  
**Desired Outcome:** For each session, an established percentage of cases reviewed will accurately document that visits have occurred per the required frequency; are qualitative and offers guidance and follow up to the case manager.

**Process/Methodology:** Cases selected will be by random sample. A tool will be developed and utilized that’s specific to the focus area.

**Tools/Reporting Outcomes/Results:** Review tools will be used to capture data after review of FSFN and the case file. Upon completion, the QM Supervisor or designee will compile a roll up of the information collected. A written report inclusive of findings will be disseminated to the Upper management of Kids Central, as well as, to the Case Management Agencies.
**Internal/External Reviews:**

The purpose of these reviews is to assess programs and services that are managed by the Kids Central, Inc. Corp. office. Programs included are the Independent Living Program, HOPE, Kinship, Healthy Start, Licensing, Rev. Max, Healthy Start and the Family Group Decision Making Program - Diversion Programs

**Reviewers/Person(s) Responsible:** Kids Central, Inc., QM Staff

**Process/Methodology:** These reviews are usually pre-scheduled. Cases selected for review are by random sample and usually using the 90/10 confidence sampling methodology. Dependent upon circumstances, a review may be requested at any time.

**Tools/Reporting Outcomes/Results:** Review tools will be used to capture the data after reviews of case files and/or FSFN. Upon completion, the QM Supervisor or designee will compile a roll up of the information. A written report inclusive of findings will be disseminated to Kids Central management, as well as, to the Case Management Agencies.

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**Department of Children and Families, Quarterly Reviews:**

**Reviewers/Person(s) Responsible:** Kids Central, Quality Management Staff

**Process / Methodology:** This activity is designed to identify case practice efforts and effectiveness in relation to the guidelines contained within the case practice review tools, which were 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. These reviews are conducted at the site of the case management agency. The Kids Central Quality Management Department will conduct in-depth reviews each quarter, based on the Windows into Practice guidelines, established by the Department. The number of cases to be reviewed will be determined by the Department and/or the Windows into Practice Guidelines. 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

These 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. The frequency of all cases reviewed, will be according to the Department and/or the Windows into Practice requirements.

**Desired Outcome:** An established percentage of cases reviewed will achieve a satisfactory or greater outcome.

**Tools/Reporting Outcomes/Results:** Review tools will be used to capture the data after review of the case file/FSFN. Upon completion, the QM Supervisor or designee will compile a roll up of the information. A written report inclusive of findings will be disseminated to the upper management of Kids Central, as well as, to the Case Management Agencies.

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**Special Reviews:**

**Reviewers/Person(s) Responsible:** Kids Central, Inc. QM Staff and/or in conjunction with other identified parties.

**Process/Methodology:** Special reviews are conducted by Kids Central’s QM Department or other approved staff when requested. Requests for reviews can be made by KCI Executive Management, DCF Administration, Kids Central staff or stakeholders. Prior to conducting the
review, the purpose of the review will be established in conjunction with the requestor. Results are shared with Kids Central leadership. These reviews may be child specific and/or specific to a focus area.

**Tools/Reporting Outcomes/Results:** These reviews may require a review of the case file, FSFN and/or interviews with staff. Upon completion, a written report may be completed and provided to Kids Central management.

**Utilization Management – Reviews & Activities 2015 - 2016:**

<table>
<thead>
<tr>
<th>September TBD</th>
<th>CBC IH Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oct. – Dec. 2015</strong></td>
<td>Quarterly QM Plan Reviews</td>
</tr>
<tr>
<td>October 1 – 10</td>
<td>Quarterly Data Report</td>
</tr>
<tr>
<td>October 19</td>
<td>FBT Exit Interview-Centers</td>
</tr>
<tr>
<td>October 26</td>
<td>FBT Exit Interview-Life Stream</td>
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<tr>
<td>November 9-13</td>
<td>Camelot IRP Reviews</td>
</tr>
<tr>
<td>Dec. 14-18</td>
<td>CBHA Quarterly Review (July-Oct)</td>
</tr>
<tr>
<td>December 13</td>
<td>Camelot IRP Exit Interview</td>
</tr>
<tr>
<td>Dec. TBD</td>
<td>CBC IH Monitoring</td>
</tr>
<tr>
<td><strong>Jan. – March 2016</strong></td>
<td>Quarterly QM Plan Reviews</td>
</tr>
<tr>
<td>January 1-10</td>
<td>Quarterly Data Report</td>
</tr>
<tr>
<td>January 4-8</td>
<td>Family Connections Fidelity-Centers</td>
</tr>
<tr>
<td>January 18-22</td>
<td>Family Connections Fidelity-CHS</td>
</tr>
<tr>
<td>January 25-29</td>
<td>Family Connections Self-Assessment</td>
</tr>
<tr>
<td>February 8-12</td>
<td>Devereux Review- Nurturing Parent/Parenting Journey</td>
</tr>
<tr>
<td>February 15-19</td>
<td>Devereux Review- Family Team Conf.</td>
</tr>
<tr>
<td>February 29</td>
<td>Family Connections Exit</td>
</tr>
<tr>
<td>March 15-18</td>
<td>CBHA Quarterly Review (Nov.-Feb.14)</td>
</tr>
<tr>
<td>March TBD</td>
<td>CBC Integrated Health On-site Monitoring</td>
</tr>
<tr>
<td>March 20</td>
<td>Devereux Exit Interviews</td>
</tr>
<tr>
<td><strong>April – June 2016</strong></td>
<td>Quarterly QM Plan Reviews</td>
</tr>
<tr>
<td>April 1-10</td>
<td>Quarterly Data Report</td>
</tr>
<tr>
<td>June 13-17</td>
<td>CBHA Quarterly Review (Feb.15-)</td>
</tr>
<tr>
<td>June TBD</td>
<td>CBC Integrated Health On-site Monitoring</td>
</tr>
</tbody>
</table>

*This schedule subject to change

**Utilization Management - Monitoring Subcontracted Providers:**

**Reviewers Person(s) Responsible:** Kids Central Utilization Management Department, Subcontracted Providers.

**Frequency:** Quarterly or annually, as required by contract, as well as in special circumstances or when issues arise which warrant an additional review

**Process/Methodology:** This process is designed to measure contractual compliance, adherence to performance measures, and to ensure efficient utilization of funds and services. The purpose is to ensure appropriate services are being provided, there is no duplication of
services, and to report the overall performance of the contracted provider. This review process often leads to changes in contract language and identifies areas of concern.

At a frequency based upon contract and need, the Utilization Management Team will conduct on-site reviews of randomly selected cases. Case files, stakeholder surveys, the Florida Safe Families Network, and Mindshare programs may be utilized in the review. Upon completion of the review, there is an exit interview/debriefing, where identified concerns and specific circumstances can be openly discussed before the final report is submitted.

**Tools/Reporting Outcomes/Results:** Review Tools used will capture data from Florida Safe Families Network, Mindshare, invoices, client files and surveys. Upon completion, UM Staff will compile a roll up of the information. A written report inclusive of findings will be disseminated to Kids Central management and other appropriate parties as requested.

**Utilization Management – Quality Analysis and Effectiveness of Funding Requests:**

**Person(s) Responsible:** Kids Central Quality and Utilization Management Departments  
**Frequency:** Quarterly and/or as requested  
**Process/Methodology:** This activity is designed to ensure funding requests are processed in accordance with the written Policies and Procedures. The purpose is to improve the quality and effectiveness of funding requests including Diagnostic and Evaluation (D & E) services, Flexible spending services, Restitutions, and Comprehensive Behavioral Health Assessment (CBHA) services. This is an internal review process in which randomly selected funding requests will be reviewed to evaluate timeliness of processing the request, an effectiveness and/or recidivism of the services rendered.

**Tools/Reporting Outcomes/Results:** Excel spreadsheets, Florida Safe Families Network and funding packets will be reviewed. Upon completion, UM Staff will compile a roll up of the information. A written report inclusive of findings will be disseminated to Kids Central management and other appropriate parties as requested.

**Utilization Management - Random Validation of Compliance with CBHA Recommendations:**

**Person(s) Responsible:** Kids Central Utilization Management Department, CMA Caseworkers, CMA Supervisors.  
**Frequency:** Quarterly and/or as requested  
**Process/Methodology:** This process is used to measure compliance with recommendations noted on the Comprehensive Behavioral Health Assessments. The purpose is to determine the effectiveness of the CBHA reports and their recommendations. At a minimum of quarterly, a random sample of CBHA’s (completed within the current fiscal year) will be reviewed to identify the recommendations and to follow up with the appropriate parties to validate whether the recommendations were completed.

**Tools/Reporting Outcomes/Results:** Excel spreadsheets, Florida Safe Families Network and funding packets will be reviewed. Upon completion, UM Staff will compile a roll up of the information. A written report inclusive of findings will be disseminated to Kids Central management and other appropriate parties as deemed appropriate.
Data & Performance Related - Activities

Data/Performance Reports:

Person(s) Responsible: CMA Staff, Quality Management Department, Contract Management Unit, and the Kids Central 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 are conducted between Kids Central and Case Management to review data, identify trends and develop ways to address exceptions. All exceptions to the Child and Family Outcomes/Measures are reviewed and reported to each CMA agency monthly and this data and any relevant trends are discussed on the monthly data call.

Tools/Reporting Outcomes/Results: FSFN, Internal tracking forms, Ad Hoc Reviews, Excel, Mindshare, Performance Dashboard Reports, etc...

Family Preservation Quality Improvement - Activities

Family Preservation – Community Based and Early Services Intervention

Staffing/Task Compliance:

Person(s) Responsible: Kids Central Family Preservation Specialists

Frequency: A minimum of Quarterly

Process / Methodology: This activity is designated to ensure that all cases that fit the category of “high or very high” are staffed directly with the Family Preservation Specialist. The cases that are “low to moderate” risk will be referred to a community provider by the Child Protective Investigator.

This activity is designed to ensure that all Diversion cases are staffed on a daily basis with the Family Preservation Specialist. The goal is to prevent a delay in services for the families in Circuit 5. All activities and documents will accompany the Diversion and/or the Early Services Intervention (ESI) packet. Throughout the 2015 – 2016 year, goals will include:

- Revising the Early Services Intervention process and procedures;
- Development of a Flow Chart for the current ESI process;
- Establish a work group with members from Circuit 5 to participate and develop a policy and procedure for the ESI staffing to reflect the current changes in Transformation.

Early Services Intervention Packets are reviewed to ensure compliance with documents and FSFN data entry as outlined in the Child Protective Investigation (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 Permanency Team Facilitators 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.

**Tools/Reporting Outcomes/Results:** A log is maintained by each Family Preservation Specialist and is utilized to capture and track decisions and applicable activities that occur during staffing. A regular review of these logs will occur and be performed by the Quality Management Department.

**Family Preservation CQI:**

**Person(s) Responsible:** Director of Family Preservation and Family Preservation Specialists  
**Frequency:** Quarterly  
**Process/Methodology:** This activity is designed to identify opportunities for continuous quality improvements as well as compliance with established protocol, policy and legal authorities. Notes, files and/or records maintained by Family Preservation Specialists will be randomly selected for peer review to be conducted by each specialist.  
**Tools/Reporting Outcomes/Results:** Results and outcomes will be shared with staff and upper management. Information will be disseminated as deemed appropriate to determine additional training needs.

*Incident Reporting, State Program Support, Missing Children and Psychotropic Meds Activities*

**Critical Incident Report Analysis:**

**Person(s) Responsible:** Quality Management Department, Contracts Department, CMA Family Safety and Permanency Specialists  
**Frequency:** Quarterly  
**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 quarterly for trends or concerns. Analysis will be provided to the Chief of Operations and subsequently to the CMA Directors to address any concerns.  
**Tools/Reporting Outcomes/Results:** Data will be captured utilizing the incident reporting log, incident reports, FSFN and communication with case management agencies. Results will be disseminated by Quality Management to Executive Management and CMA Leadership.

**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 is 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.

**Incident Reporting:**

Any Kids Central contracted 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/or the CEO of the provider organization.

In cases where health, safety and well-being of the client(s) have been critical or fatal or for those incidents that have the potential to create media involvement, the Case Management Agency 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, to include the: CEO and COO and/or Deputy Chief, or identified designee.

For all incidents, the Incident Reporting Form must be completed, reviewed by the Supervisor or Director and emailed to the appropriate email address and/or Kids Central via IncidentReports@kidscentralinc.org, for processing. If entry into the Incident Reporting Analysis System is required, DCF will be notified through the DCF Incident Reporting System. If necessary, the form may be faxed; however, must be followed by an emailed version.

Kids Central will review, assess and analyze critical incidents, by committee, at a frequency to be determined by management; however, no less than semi-annually. 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.

At least annually, a review of incident reports and the process will occur; to be facilitated by the Quality Management Department.

**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.
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.  
**Tools/Reporting Outcomes/Results:** FSFN, internal data collection, internal data analysis will be some of the tools utilized to complete these activities and others may be incorporated as well dependent upon the request.

Missing Children Analysis & Improvement:

**Person(s) Responsible:** QM Staff dedicated to monitoring Missing Children  
**Frequency:** Quarterly  
**Process/Methodology:** This activity monitors and reports on children who have been reported or are missing. Ongoing communication occurs with the State of Florida Missing Child Specialist as well as with the Case Management Staff to ensure that efforts are documented and occurring as well as a staffing conducted, when appropriate.  
**Tools/Reporting Outcomes/Results:** FSFN reports and information will be utilized to capture the data. Reports will be disseminated to the Case Management Agencies and Kids Central, Inc. Leadership.

Psychotropic Medications:

**Person’s Responsible:** QM Staff dedicated to monitoring Psychotropic Medications  
**Frequency:** Quarterly  
**Process/Methodology:** This activity also serves as a supplemental follow up to those Psych Med reviews conducted as part of the DCF contract. A report is generated and information tracked regarding the number of children on Psych Meds as well as any related issues, to include legal.  
**Tools/Reporting Outcomes/Results:** FSFN; AHCA reports will be utilized to capture the data. Reports will be disseminated to the Case Management Agencies and Kids Central, Inc. Leadership.

Child Exit Interviews:

**Person(s) Responsible:** CMA Supervisor, CMA Director, Quality Management, Contract Management and other designees as identified  
**Frequency:** Continual - daily; Compliance and Quality Reviews to be completed at least 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 lasted 30 days or more in duration. The Case Manager has five days to complete the interview. Within seven days, the Family Care Manager is required to submit the completed Exit Interview to the Exit Interview email address at Kids Central. 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 various departments for annual review. Based on the data, quality improvement activities may be initiated.

**Tools/Reporting Outcomes/Results:** Exit Interview Forms and Logs are utilized to capture data. A summary report will be completed and disseminated to Kids Central, Inc. Leadership as well as to the Director of Out of Home Care.

**Risk Management**

Kids Central, Inc. utilizes an Enterprise Risk Management (ERM) approach when evaluating and managing risk. As defined by the Casualty Actuarial Society, ERM is “the discipline by which an organization in any industry assesses, controls, exploits, finances, and monitors risks from all sources for the purpose of increasing the organization’s short – and long – term value to its stakeholders.”

ERM requires an organization to consider risk as potential opportunities as well as potential threats. Potential risk opportunities are situations where Kids Central could benefit in some manner by increasing its overall risk level, for example accepting additional risk by starting a new program in order to offer new services or reach new clients. Kids Central evaluates risk opportunities as part of its strategic planning process. Kids Central’s Risk Management Process focuses on efforts to reduce the potential negative impact associated with the risk from current business and organizational activities.

**Kids Central Inc. Risk Management Process**

Kids Central, Inc. is committed to fostering a culture of safety and security for those we serve, employees, partners and visitors. The Kids Central, Inc. Risk Management culture is both dynamic and comprehensive. Kids Central’s guiding principle is *if we effectively manage the risk for the children in our care, we are also managing Kids Central’s risk.* Kids Central’s risk management (RM) process is depicted below.

**Risk Management Goals**

Kids Central applies the risk management process with a focus on the goals described in the following paragraphs. These goals make the process tangible and applicable to our daily work and provide the framework for looking at risk from both an operational and strategic perspective.
Client Goals:

- Safety – assuring the children in our care are safe from further abuse, neglect, or harm.
- Permanency – establishing, as quickly as possible, a loving and permanent living arrangement that is able to meet the unique needs of each child.
- Well-being – providing children nurturing care, learning experiences, and life enrichment opportunities to help them achieve fulfilling lives.
- Prevention/Diversion – caring for children and families in the least restrictive and nonintrusive manner possible by providing effective services for all levels of care, including services delivered to individuals and communities before significant abuse or neglect occurs.
- Strengthen Families – identifying, supporting, improving, and utilizing family strengths as a critical component of service planning and delivery.

Funder Goals:

- Contractual – meeting or exceeding contract performance measures and deliverables.
- Compliance – adhering to applicable laws, rules, and regulations.

Organizational Goals:

- Reputation – earning and maintaining a perception in our community and industry as a professional organization that is self-accountable for demanding high ethical standards, producing excellent results, and demonstrating a strong commitment to stewardship in all of its endeavors.
- Diversify Funding – obtaining an adequate mix of private and government funding and funding sources to provide the budget flexibility required for current and future endeavors.
- Viability – building the organizational capacity, effective staff, and financial capital necessary to prepare for and react to changes, seize opportunities, prove resilient to setbacks, and demonstrate long-term success.

Risk Retention with Risk Control:

Risk retention with risk control means Kids Central retains the risk and implements controls to manage it effectively.

Management and Supervision:

Managing staff and managing processes are front-line controls of managing retained risk. Ensuring staff members understand their role in managing risk is critical and should be a topic of discussion during supervision sessions with staff members. Monitoring staff competency and performance to ensure processes are understood and applied appropriately and evaluating those processes to ensure they are effective and successful are important supervisory functions that support a proactive risk management approach. Finally, supervisors must ensure that staff members understand they have a role in risk management.

Quality and Utilization Management:

The Quality and Utilization Management process is another mechanism for monitoring compliance. The Quality Management Department periodically, randomly, and on no less than
on a quarterly basis or as questionable compliance concerns emerge, confirms that provider contracts are fulfilled as contracted and measured for quality. The Quality Management Department is responsible for collecting and reviewing incident reports, providing feedback and guidance regarding incident report follow-up, and monitoring the process for compliance.

**Policy and Procedure:**

Risks that are retained or partially retained are also controlled through policies and procedures. Kids Central maintains a comprehensive web-based Policies and Procedures Manual that is reviewed and updated annually or as needed. Employees have access to the Kids Central website and can access it any time whether in the office or working remotely. Managing risk includes the evaluation of policy compliance and adherence to well thought-out and tested procedures. The expected outcomes of effective policies and procedures improve performance, increase efficacy, promote compliance, and serve to train.

**Training:**

Kids Central’s training program is comprised of compliance training, safety and security training, performance enhancement, and competency based training programs. In addition to the established in-house Training and Development Department, a training and development budget is established for providing staff training and licensure that is obtained through other organizations.

**Financial Management:**

Sound financial management is a critical component of risk control. Kids Central’s financial assets provide the funding for all the resources acquired to serve clients and reach goals. Safeguarding these assets and utilizing them in a cost effective manner is therefore, a natural precondition to the company’s success. Kids Central strives to control financial risk by excelling in the following areas of financial management:

- **Safeguarding Company Assets – Cash, equipment, and data must each be kept in a secure manner with access given to employees only to the extent required for them to perform job responsibilities. A system of internal controls will be used to help ensure financial assets are accessed and used properly.**

- **Financial Planning – Management will develop and use an annual operating budget based on company objectives and historical and forecasted resource utilization patterns. The Board of Directors will review and approve the annual operating budget.**

- **Financial Reporting – The Finance department will provide management with timely and relevant financial information to the extent needed to assess the company’s financial performance. Procedures will be emplaced to verify reporting accuracy by reconciling reported amounts against transaction level documentation sources.**

- **Financial Oversight – The Chief Financial Officer (CFO) is primarily responsible for ensuring the company’s financial management practices meet the company’s risk management expectations. The Finance Department receives oversight internally from the CEO and Board of Directors and externally from an independent audit, grantor monitoring activities, and the Council on Accreditation.**

**Implement Risk Management Techniques:**
Risk reduction responsibility is everyone’s role at Kids Central; however, ownership for implementing risk management techniques is championed by members of the Risk Management Committee and the System of Care Risk Committee.

**Risk Management Committee:**

**Scope:** The Risk Management Committee is ultimately concerned with protecting the overall sustainability of the organization. Through the enterprise risk management approach, the Risk Management Committee has two main functions:

1) Proactively recognize risk exposures or loss
2) Analyze, correct and mitigate loss occurrence

**Functionality:** The Committee is comprised of the Executive Leadership Team, Directors from each Department, the Risk Manager, the Compliance Manager, and in-house Counsel. Meetings are held semi-annually with the option to assemble as needed between scheduled meetings to address imminent threat. Past events are reviewed with the Committee via department status reports. The Committee members report on select risks, which have been identified and addressed through a recommended activity and associated action plan per the annual Risk Management Plan. If necessary, any issue that affected risk management goals is analyzed and action plans are formulated to avoid future impact with timelines for completion.

Best practices identified through research, experienced by other child welfare organizations, or as identified by those in a risk sharing capacity are shared and considered by the Committee as new business.

The Committee operates on an action plan platform and reports on progress as scheduled. The Committee further reviews the effect of the action taken to ensure that the desired removal or decrease of exposure has occurred or controlled.

The Risk Committee meeting agenda includes topics as follows:

- Review and prioritize risks identified in the risk assessment (FMEA) and make recommendations for the annual Risk Management Plan
- Monitor annual risk management plan initiatives and high risk potentials
- Evaluate incidents and near misses
- New business

An imminent risk or post-event Risk Management Committee meeting may be called by the Risk Manager and/or CEO. The purpose of this meeting shall be directed toward the imminent risk or post-event concern which prompted the meeting. The Risk Manager or designated Committee Members shall be responsible for collecting full and factual data from witnesses and relevant documents including review of incident reports. The purpose of the meeting is to develop a plan of action to avoid the imminent risk or mitigate the imminent risk or post-event loss.

**System of Care Risk Committee:**

The ability to effectively identify and manage risk is influenced significantly through collaboration with Kids Central’s critical partners. The System of Care Risk Committee is comprised of the Risk Management Committee, contract management staff and designated staff members from subcontracted providers.
Scope: The System of Care Risk Management Committee (SOC Risk Committee) is ultimately concerned with avoiding or minimizing of the shared risk in the Child Welfare arena where contractually and morally joined. The goals of the SOC Risk Committee are identical to the goals of the Risk Management Committee:

1) Proactively recognize risk exposures or loss
2) Analyze, correct and mitigate loss occurrence

The SOC Risk Committee works to strengthen risk identification and risk control activities as a shared responsibility of Kids Central and its contracted providers. Critical to the sustainability of each entity is the ability to collaborate on equal standing to avoid or minimize exposure to loss in the five county systems of care and beyond as best practices develop.

Functionality: The SOC Risk Committee meets semi-annually and can be assembled to address shared exposure or loss concerns and as needed when there is imminent threat. The SOC Risk Committee members complete the risk assessment (FMEA), prioritize risk and establish action plans for managing identified risk. The FMEA recommendations are incorporated into the annual Risk Management Plan along with the recommendations from the Risk Management Committee.

The risk management process provides all members with a communication format focusing on prevention and not blame. This allows for a culture of prevention and effective problem solving viewed from the System of Care perspective and not as individual entities.

The SOC Risk Committee approach is proactive, recognizing exposure and determining alternatives to avoid or minimize risk system wide. Cooperation in achieving shared goals are focused on managing loss exposure so that losses will not prevent or interfere with subcontractors ability to meet their contractual obligations, as well as drawing the information and other resources necessary to enable risk professionals to deal with the exposures of the system of care as a whole.

Emergency Preparedness Committee:

A specialized committee related to Risk Management is the Emergency Preparedness Committee. The role of the Emergency Preparedness Committee is to maintain Kids Central’s Emergency Preparedness Plan and conduct training to ensure the management team and staff members understand their role during an emergency/disaster. The Emergency Preparedness Committee is comprised of the following positions:

- Chief Financial Officer
- Chief of Operations and Quality Management
- Out of Home Care Director
- Director of Human Resources
- Director of IT and General Services
- HR/Risk Manager

Scope: The Emergency Preparedness Plan includes formation of a Disaster Response Team which is charged with recognizing and providing planning and resolution to loss and potential loss related to a disaster. Details of the Disaster Response Team’s roles and responsibilities are included in the Emergency Preparedness Plan.

Safety Committee:

The Safety Committee is responsible for implementing risk management techniques that maintain a culture of safety and security for employees, clients, visitors and property of Kids Central, Inc. Committee members include the Risk Manager, the Director of Human Resources, the Director of IT and General Services and one staff member from each division.

Scope: The Safety Committee is responsible for the following items:

- Reviewing employee incidents and/or injuries and action planning for correction and prevention of future incidents
- Reviewing facility hazards or potential hazards and action planning for correction and prevention of future incidents
- Fire drills
- Facility inspections
- OSHA compliance
- Employee safety training

Functionality: The Safety Committee meets quarterly and submits a fiscal year annual report to the CEO by July 31st each year for the preceding fiscal year.

Monitoring the Plan:

The FMEA risk assessment results and action plan recommendations are compiled into an annual Risk Management Plan. The plan is reviewed by the CEO, who makes recommendations for changes or makes a recommendation to the Board of Directors for approval.

After the annual Risk Management Plan is approved, The Risk Management Committee and System of Care Risk Management Committee members are tasked with implementing, monitoring, adjusting as needed, and reporting on the approved risk initiatives. The Risk Manager assists directors with implementation, monitoring and reporting, and beginning a new FMEA process.

The new FMEA process includes evaluating outcomes of the risk management efforts for the previous year, identifying new risk, and creating recommendations for the new Risk Management Plan.

Evaluating Outcomes:

To evaluate outcomes of risk efforts, new severity and occurrence ratings are assigned to produce a new RPN (Risk Potential Number).

General Services and Technology: During 2015 – 2016, Kids Central’s General Services and Technology Department plans continued improvements towards ongoing sufficiency and safety of systems. Plans for the year include expansion of a scanning project which is currently being piloted in partnership with the Department of Children and Families, Kids Central and the Centers case management agency.
General Services and Technology Improvements achieved during 2014 – 2015 are as follows:

- **Perimeter Security** – Replaced firewalls with state of the art models, added IPS (Intrusion Prevention System) capabilities at the perimeter to provide an added layer of protection against threats. These new systems help ensure availability, integrity and confidentiality.

- **Wireless Security** – Replaced enterprise wide wireless access points across our agency and all case management agency. These new units increased protection in two ways; each unit provides IPS capabilities and the Wi-Fi system incorporated two layers of access security to ensure confidentiality in protecting our data from unauthorized access.

- **Data Confidentiality** – Rebuilt data hierarchy to accommodate all HIPAA requirements, this was done by moving all data to a new data system which performs user level access based on job description. This enhancement ensured data was only available to authorized personnel.

- **Data Backups** – Replaced data backups system to incorporate a 20 terabyte system that backs up data multiple times daily and then sends a copy of this backup data to a cloud based storage for extra availability.

- **Software Upgrades** – All Kids Central servers were upgraded to Microsoft Server 2012, this allowed us to take advantage of all security features in this new operating system.

- **Data Storage** – Added an additional 40 terabytes of data storage to comply with record retention policies designated by DCF.

- **Email Archive** – Replaced email archive system with an 8 terabyte storage unit, this is to support both growth and record retention policies.

- **Email Data Loss Prevention** – Added data loss prevention system which blocks emails that have confidential data, re-routes them back to user with capabilities to notify management.

- **Email Encryption** – Enhanced email encryption capabilities utilizing Microsoft Office 365 encryptions algorithms.

**Fiscal Management / Revenue Maximization – Quality Assurance Activities**

**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 Director of Accounting. The information is also validated against the Daily Log, and FSFN. 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.
Tools/Reporting Outcomes/Results: Tools utilized to capture data will be the Daily Log and Revenue Maximization files and FSFN. A report summary will be compiled and disseminated to Kids Central Leadership as well as to the Director of Accounting.

Federal Funding
The Fiscal Management / Revenue Maximization category addresses internal tracking, making accurate determinations regarding Title IV-E, TANF and Medicaid and consists of entering information in FSFN.

Revenue Maximization Department consists of five (5) Rev Max Specialists who are supervised by the Supervisor of Revenue Maximization.

To ensure on-going training and technical assistance activities comply with changing federal requirements, the Director of Accounting & Revenue Maximization participates in weekly Medicaid conference calls, facilitated by the 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. The Director and 2-Specialists attend the Annual Rev Max Conference typically held in October, if held.

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

1. Performance/Data Reports Executive Leadership Team Meetings
2. FSFN Validation
3. Communication
4. Random Validation of Eligibility – (Federal Funding)
5. Process Medicaid applications for children in relative and non-relative care placements

The CMA staff has been afforded the opportunity to attend training offered by the Department of Children and Families and the Revenue Maximization Dept. 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 consists of each Revenue Maximization Specialist participating in peer reviews.

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Quality Client Services - Inquiries, Complaints & 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 Designee. It is
the responsibility of the Clients Rights Designee to investigate and seek resolution to all complaints.

The Client Rights Designee 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 Designee assures that all grievances are resolved quickly and at the lowest level possible.

The tracking system, Footprints, allows the Client Rights Designee 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.

**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 Designee is investigating the complaint/concern they have filed.

The Kids Central Complaint, Follow-up, and Resolution are documented in Footprints. If a complaint cannot be resolved by the Client Right’s Designee, 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:

**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 Designee.
2. In addition, complaints are also received directly through telephone calls that do not come through DCF Client Relations.

**Complaint Investigative Process**

1. The Client Rights Designee 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 Designee 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 Designee 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, when confidentiality permits.

**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/Designee 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.

**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/Designee.

**Review of all Complaints and Grievances**

The Client Rights Designee will collect data monthly on Client Inquiries, Complaints and Grievances, and provide results to Kids Central’s Executive Leadership team, on a quarterly basis. Timeliness of resolution, actions taken, and customer satisfaction with the resolution will be addressed.

**Section IV: Partnerships & Performance**

**Quality Improvement Team (QIT)**

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. Quality Improvement Team (QIT) Meetings are held quarterly.

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.

During the 2014 - 2015, the Quality Improvement Team participated in a DMAIC project which looked at reducing the number of critical incidents being reported across the Circuit. This project aligned with the re-design and roll out of the new incident report form and updated policy.

Suggested improvement projects are occur throughout the year.

**Consumer and Stakeholder Surveys**

Kids Central solicits input from stakeholders through a variety of channels: written and web based surveys, meetings, evaluations, monitoring and data sharing. The information gained through each avenue is cumulatively shared with the Kids Central 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 to 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.

**Stakeholder and Foster Parent Surveys**
- Kids Central uses standardized instruments and the instrument used will allow for anonymity but will include basic demographic information.
- A sample survey of stakeholders and foster parents is taken annually.
- Surveys will be conducted utilizing web based tools through Survey Monkey.
- Results are tabulated and included in the report to Kids Central Executive Leadership and CMAs as appropriate.

**Foster and Adoptive Home Licensing, Approval, Recruitment & Retention**

For the upcoming year, the Out of Home Care (OHC) Licensing Dept. has set robust recruitment goals as outlined in the Balanced Scorecard.

Partnerships with local churches and faith based organizations will continue and focused efforts will also be geared towards local businesses and organizations such as the school boards and hospitals.

A priority for the 2015 – 2016 year, remains to assure that sibling groups remain together when entering into out of home care, in addition to increasing the number of beds available for teens.

Efforts have been strengthened to Retain Quality Foster Homes:

- Some of the case management agencies have created a Foster Parent Liaison to assist in meeting the needs of the foster parents;
- Foster Parent Peer Mentoring has been implemented;
- Staffing of the Licensing Department has been streamlined and positions rededicated be more focused in providing closer staff supervision as well as monitoring the quality of work produced by Licensing Specialists;
- The Kids Central Foster Parent Navigator serves as the liaison between the foster parent and the Lead Agency. The Navigator spends more face time with foster parent to ensure we are delivering quality service and support. Post placement visits are now being done by FP Navigator a week after a child has been placed in a home.

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;
- Assure implementation of best practices associated with contact, communication and documentation;
- Ensure that federally mandated outcomes as measured through the Child and Family Services Review (CFSR) are reached.

The quality of services provided to Foster Parents will be measured through the following activities:
- Annual monitoring of Licensing Files;
- Review of incident reports involving licensed foster homes;
- Review of Exit Interviews with children;
- Data collected in each of the activities will be trended and analyzed.

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.

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. Ongoing compliance issues or lacks in performance shall result in the implementation of a Program Improvement Plan, as determined by the Department of Children and Families and/or Kid’s Central, Inc.

**Training and Development of Foster Parents**

The current curriculum, titled “Fostering Futures by understanding the past”, was implemented in August, 2013 and continues to be utilized. This curriculum offers much needed flexibility for families to take advantage of to help make the training process as seamless as possible.

The curriculum is a 10 week course with flexible options for one-on-one sessions and web-based training for flexible learning. The curriculum offers opportunities for prospective foster parents to interact with system partners, Kids Central staff, and seasoned foster and adoptive parents and youth through guest speaking and panels. Curriculum topics include; but are not limited to, Trauma Informed Care, behaviors and skills to manage behaviors, creating connectivity for children and youth, and self-care.

Foster parents must complete 21 hours of pre-service curriculum for licensure per Florida Administrative Code. Fostering Futures offers training hours. Licensing Specialist interact with the Trainer and potential foster parents throughout the 10 weeks of classroom instruction. These interactions include exchanging necessary paperwork and assessing the prospective foster parents understanding of parenting children in care. As the Licensing Specialist prepares the home study they are working with the foster parent to mutually agree to partnership with Kids Central.

Fostering Futures classes are scheduled as prospective foster parents are background screened and attend an orientation. When a large enough group is identified, a location is established and class dates are scheduled. Based on the past year, approximately 12 classes were offered.