Quality Management Plan Addendum
Following Statewide Quality Assurance Planning Criteria For Fiscal Year 2009/2010

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

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

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

**Guiding Principles of Our Kids**

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

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

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

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

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

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

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

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

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

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

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

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

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

Fundamental Concepts Underlying the Quality Assurance Process

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

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

Focus on Coordination and Process

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

1. Each Case Manager Supervisor is required to complete supervisory reviews on 100% of their cases assigned to their units on at least a quarterly basis.
2. Our Kids is currently reviewing the implementation schedule for use of the Supervisory Discussion Guide to assist in conducting qualitative discussions while conducting Supervisory Reviews. Current practice requires that Supervisory reviews include an assessment of all aspects of child safety, well-being, and permanency. Supervisory reviews must also include clear direction and guidance to case managers. The quality of supervisory reviews is measured during quarterly file reviews and through internal reviews conducted by Our Kids subcontracted agencies QI staff. The outcome of the internal reviews by the subcontracted agencies is discussed during monthly Continuous Quality Improvement meetings hosted by Our Kids with agency QI staff.

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

4. Our Kids Quality Assurance staff reviews the completion of supervisory reviews on a quarterly basis and reports the outcome of reviews held to each Full Case Management Agency. Each Full Case Management Agency also has access to the data information system Mindshare. Mindshare compiles data from FSFN and formats the information into easy-to-read, user-friendly dashboards so that each Full Case Management Agency can review their compliance with completion of reviews on a daily, weekly, monthly, and quarterly basis. Mindshare also provides automatic alert emails to FCMA Program Administrators and Case Manager Supervisors to alert them when supervisory reviews are due.

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

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

Regional DCF QA Staff, Our Kids, and its Full Case Management Agencies QI staff are responsible for the case record review. All record reviewers received training on the instrument and practice standards from the Department of Children and Families and are certified QA reviewers. Each Full Case Management Agency QI staff reviews each record selected for review prior to the start of the reviews to ensure that the case record reflects case activity.
The Our Kids QA Director or designee estimates the amount of time the entire review will need to take to allow staff and supervisors prepare personal workloads to include participating in the record review without letting other responsibilities suffer. Reviewers do not review cases in the sample that are assigned to their own agency.

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

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

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

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

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

**Psychotropic Medications for Children in Foster Care:** Our Kids implemented a business intelligence IT model called “Mindshare” that generates reports for each Full Case Management Agency based on data from the Florida Safe Families Network. The following fields are contained in the report:

- Child’s demographic information
- Name of prescribed medication
- Prescribed milligrams
- Begin and end date for each medication
- Name of the physician that prescribed the medication
- Status of court order/parental consent
- Full Case Management Agency Name

The above referenced report provides Our Kids with information on whether or not parental consent/court order was obtained. The Department of Children and Families recently completed a Request for Action quality assurance review of all children in foster care on psychotropic medication. Therefore, pending completion of the RFA’s, Our Kids will begin monthly file reviews to determine accuracy of the Mindshare report as well as legal sufficiency of the parental consent or court orders.

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

**Local Review Schedule:** In 2007 Our Kids developed a performance based scorecard that monitors areas deemed significant in determining a child’s experience in care. This scorecard requires file reviews for several of the metrics. These metrics include compliance with home studies for children in non-licensed homes; medical and dental; and education. These reviews are completed each quarter.
Local review schedule is attached.

Focus on Results

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

In addition to the continual review of data on performance measures, Our Kids also conducts monthly Continuous Quality Improvement meetings with its providers to review and discuss contractual indicators. Continuous Quality Improvement meetings are also used as a platform for providers to report on strategies utilized to increase substandard performance. Processes and techniques that are used by those achieving performance are also discussed so that practice changes can occur system wide.

Consistent with COA standards, the QA department is responsible for ensuring that clear, accurate, and timely information regarding all aspects of the quality management process are provided to its service recipients, Board, staff, and community stakeholders. On a regular basis, Our Kids convenes public stakeholder forums to share information and solicit feedback on current operations. Our Kids presents as requested findings to the Community Alliances. At least annually, Our Kids provides a report of findings of key quality assurance activities.

**Tracking and Reporting on Strategic Objectives**

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

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

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

Every contract with network providers and full case management agencies has its outputs and outcomes clearly established. Applicable Adoption and Safe Families Act (AFSA) indicators are included, as well as any required, relevant DCF indicators that are included in the Our Kids service contract. The provider is contractually responsible to provide data that Our Kids and DCF needs in order to not only determine whether the terms of the contract have been met, but to include that provider’s data in our system-wide analysis.

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

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

Our Kids has developed a balanced scorecard to measure compliance and performance of its subcontracted providers. Thirteen metrics are monitored and the state system of record FSFN and an internal performance dashboard, Mindshare as well as file reviews are used to determine compliance and performance. (see attachment b-Revised Metrics).

Tracking and Reporting on Ongoing Improvement Initiatives

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

**Evaluation and Reacting to New Information**

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

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

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

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

3. **Suicide Attempt:** An act which clearly reflects the physical attempt by a client to cause his or her own death while in the physical custody of Our Kids or a Our Kids contracted or certified provider, which results in bodily injury requiring medical treatment by a licensed health care professional. This also pertains to suicidal ideation when resulting in an admission to a hospital or crisis stabilization unit.

4. **Disease Epidemic:** Any disease that fits the definition of “outbreak” likely to result in a high level of public interest.
5. **Sexual Battery**: An allegation of sexual battery by a client on a client, employee on a client, or client on an employee as evidenced by medical evidence or law enforcement involvement.

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

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

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

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

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

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

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

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

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

4. **Theft/vandalism/damage**. The intent is to report damage that is significant and non-accidental.

5. **Foster home/Facility Complaint**. A foster parent referral or licensing complaint that require an assessment and investigation by the appropriate Our Kids agency, although the incident may not require a report to the Florida Abuse Hotline.
6. **High Profile**: any critical incident that will impact the life of a child, Our Kids or the Department of Children and Families

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

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

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

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

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

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