Quality Management Plan

2013 - 2014

Transformation:
Know
The
Family

Extent of Maltreatment

Maltreatment Surrounding Circumstances

Disciplinary Practices/Behavior Management

General Parenting Practices

Child Functioning

Adult Functioning
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Section I: Introduction

Organizational Capacity

Kids Central is the Community Based Care nonprofit Lead Agency for Florida’s Judicial Circuit 5. Florida’s transition from a public welfare system to a community-based care approach was initiated in 1996 with the intent of strengthening the support and commitment of local communities to abused and neglected children and their families and to increase the quality, efficiency and accountability of in-home and out-of-home child welfare services. 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’s mission is to develop and manage a child-centered community-based system of care for abused, neglected and abandoned children and their families in order to strengthen families and prevent them from entering the child welfare system. The mission is driven by one of its core values, which is the belief that all children have the inalienable right to grow up safe, healthy and fulfilled in families that love and nurture them.

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

Our Vision

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

Core Values

- Assure Child Safety;
- Strengthen Families;
- Manage Available Resources and;
- Diversify Funding
**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.

**Purpose and Scope**

The purpose of the 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.

**Council on Accreditation**

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, Placement, and Post-Adoption Services. Kids Central is exploring accreditation of the Having Only Positive Expectations (H.O.P.E.) Program. In accordance with COA standards, the Kids Central quality management plan describes processes and
activities required by COA including: stakeholder participation, long-term planning, short-term planning, internal quality monitoring, case record review, outcomes measurement, customer satisfaction, feedback mechanisms, information management, and improvement plans.

**The Sterling Challenge: 2013 -2014**

Committed to exemplifying excellence in the overall quality of services provided to youth and families, Kids Central’s Executive Leadership remains data driven and results oriented. In 2012, Kids Central became the recipient of the Strategy Counts Grant from the Alliance for Children and Families. As part of the Strategy Counts Grant, Kids Central is participating in The Florida Sterling Challenge, which is based on the National Malcolm Baldrige Award Criteria. The Criteria is research-based best practices of high-performing organizations. Participation in the challenge and use of the Baldrige Criteria will result in a strategically aligned organization with the capacity to provide enhanced services with greater impact and measureable results.

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

The Sterling Challenge utilizes the DMAIC methodology. DMAIC, an acronym for define goals, measure aspects of the process, analyze the data; improve performance and control to ensure compliance. This method intends to increase productivity by decreasing the chance of error and waste. The process starts by defining the project goals. Measuring the process to determine the current performance is next, followed by an in-depth analysis to determine the cause of the problems in the process. Improving the process by eliminating the problem comes next. Taking control of future processes is the last step to this method. By analyzing all data compiled, ways will be found to improve the metric, and controls will be implemented or set to keep that improvement in place.

**Infrastructure - Leadership**

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 oversees the quality management functions and continuous 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 has strong corporate support, a strong management team, organizational infrastructure, capable staff, and robust collaborations and community alliances, to include, substance abuse, 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.

**Quality Management Department - Staff**

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

The Director overseeing Quality Management is required to possess a Bachelor’s degree in a related
field and five years 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 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 experience in an area of Human Services,
preferably child welfare; and state certification in quality review.

These positions are responsible for data collection and analysis, case practice reviews, supportive
activities and numerous other internally directed quality improvement activities.

In addition to Kids Central QM staff, the contracted case management providers maintain staff,
including Quality Assurance Specialist and Family Safety and Permanency Specialist who are
dedicated to Quality Management and Improvement for their agency and who also work in partnership
and collaboratively with Lead Agency QM staff on various projects and reviews.

**The QM Team performs multiple 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.
Section II: Quality Management within the System of Care

Quality Assurance & Transformation

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.

1. Monitoring and Reporting Progress Relative to Child and Family Outcomes:

As the State continues momentum towards transformation of the child welfare system, the Quality Management Department remains steadfast in its ongoing commitment to develop mechanisms for improving the efficiency and effectiveness of 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 track and report outcome data in the domains that are consistent with federal and state mandates and as established in the annual DCF/Kids Central Service’s Contract as outlined below for the 2013 – 2014 fiscal year:


<table>
<thead>
<tr>
<th>Ref#</th>
<th>Measure Description</th>
<th>Standard</th>
<th>Frequency of Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The percentage of children served in out-of-home care; not maltreated by their out-of-home caregiver.</td>
<td>≥ 99.68%</td>
<td>Monthly</td>
</tr>
<tr>
<td>2</td>
<td>The percent of children in out-of-home care twenty-four (24) months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30, 2014.</td>
<td>≥ 29.1%</td>
<td>Monthly</td>
</tr>
<tr>
<td>3</td>
<td>The number of children with finalized adoptions between July 1, 2013 and June 30, 2014.</td>
<td>TBD</td>
<td>Annual</td>
</tr>
<tr>
<td>4</td>
<td>Percent of children in out-of-home care more than 12 months but less than 24 months with two or fewer placements</td>
<td>≥ 75.0%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>5</td>
<td>Percent of children in out-of-home care 24 months or more with two or fewer placements</td>
<td>≥ 41.8%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>6</td>
<td>The percent of children under supervision who are required to be seen a minimum of once every thirty (30) days, who were seen a minimum of once every thirty (30) days, measured on rolling 12-month basis.</td>
<td>≥ 99.5%</td>
<td>Monthly</td>
</tr>
<tr>
<td>7</td>
<td>Percent of Mother Contacts once every thirty (30) days for children in out-of-home care with a goal of reunification, measured on rolling 12-month basis</td>
<td>≥ 70.0%</td>
<td>Monthly</td>
</tr>
<tr>
<td>8</td>
<td>Percent of Father Contacts once every thirty (30) days for children in out-of-home care with a goal of reunification, measured on rolling 12-month basis.</td>
<td>≥ 50.0%</td>
<td>Monthly</td>
</tr>
<tr>
<td>Ref #</td>
<td>Proposed Independent Living Outcome Measures*</td>
<td>Standard**</td>
<td>Frequency of Measurement</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------</td>
<td>------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Percent of youth who have aged out of care completing high school or GED by 20 years of age.</td>
<td>Baseline</td>
<td>Monthly</td>
</tr>
<tr>
<td>2</td>
<td>Percent of youth who have completed high school or GED and are involved in post secondary education.</td>
<td>Baseline</td>
<td>Monthly</td>
</tr>
<tr>
<td>3</td>
<td>Percent of youth ages 18 and over receiving Independent Living services who have a job (including joining the military)</td>
<td>Baseline</td>
<td>Monthly</td>
</tr>
<tr>
<td>4</td>
<td>Percent of young adults in safe housing</td>
<td>Baseline</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

9. Percent of children in out-of-home care who received medical service in the last twelve months. ≥ 95.0% Monthly

10. Percent of children in out-of-home care who received dental services in the last six months. ≥ 85.0% Monthly

11. Percent of children in out-of-home care who are up to date on immunizations. ≥ 98.0% Monthly

12. The percentage of children ages 5-17 in out-of-home care currently enrolled in school. ≥ 95.0% Monthly

13. At least ninety percent (90%) of children shall not have any of the following errors as of thirty (30) days after the end of each six (6) month Adoption and Foster Care Analysis and Reporting System (AFCARS) report period:
   1. Child is receiving an adoption subsidy (based on monthly dollar amount), but does not have an identified primary basis for determining special need.
   2. Child has been in current removal episode more than sixty (60) days, or discharged from a removal lasting more than twenty-four (24) hours, and “Mother Married at Time of Birth” not documented.
   3. Child has been in current removal episode more than sixty (60) days, or was discharged from a removal lasting more than thirty (30) days, and does not have a Court approved or proposed case plan goal.
   4. Child is in a pre-adoptive placement, or was discharged with a discharge reason of adoption, and one or both parents Termination of Parental Rights (TPR) dates are missing or Date of Death (DOD) is missing if parent deceased. ≥ 90.0% Monthly

14. Failure to document the provision of all services in a master file in FSFN. TBD Monthly

   The following services will be tracked on a per incident not entered basis:
   1. Foster and Adoptive Parent inquires will be entered into FSFN immediately upon the receipt of a request, but no later than three (3) days of the inquiry.
   2. Foster and Adoptive Parent training will be documented in the FSFN Provider Record within three (3) days of the training.
   3. The Foster Parent license will be accurately maintained within the FSFN Provider Record within three (3) days of the action.
   4. FSFN will be utilized to manage a child's Master Trust account

The following service will be measured at ≥100.0%:
1. FSFN Utilization for Clients Served - (see Exhibit E)
New Independent Living performance measures are being developed and when finalized will replace the measures listed above through an amendment to the Contract and will be subject to corrective action or progressive intervention stemming from performance on Independent Living measures.

2. **2013 – 2014 State CBC Dashboard/Report Card Measures are projected to be:**

1. No Verified Maltreatment within 6 Months of Termination of Family Support Services
2. No Verified Maltreatment during In-Home Services
3. No Verified Maltreatment within 6 Months Termination of In-Home & Out-of-Home Services
4. Children in Care 8 Days-12 Months with No More than Two Placements
5. Children Achieving Permanency within 12 Months of Entering Care
6. Children Achieving Permanency after 12 or More Months in Care
7. Children Not Re-entering Out-of-Home Care within 12 Months of Achieving Permanency
8. Children in Lic. Out-of-Home Care Age 12 and under in DCF-licensed Family Foster Homes
9. Overall Score on Education Report Card
10. Former Foster Youth Ages 19-22 with Diploma or GED
11. Administrative Expenditures as Percent of YTD Expenditures

3. **Federal Performance Measures will be based on the following standards. As these measures are established, this information will be disseminated and tracked and reported, on a monthly basis:**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of 17-year-old youth in licensed out of home care who had a transition plan signed by the youth and filed with the court</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of youth ages 16 through 22 who are employed part-time or full-time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of children reunified who were reunified within 12 months of the latest removal should be at least ___ percent. (M0389/FS301)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The median length of stay for children reunified should not exceed ___ months. (M0663)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The percentage of children entering out-of-home care who were reunified within 12 months of the latest removal should be at least ___ percent. (M0664)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The percentage of children reunified who re-enter out-of-home care within 12 months should not exceed ___ percent. (M05178/FS302)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of children adopted, percent adopted in less than 24 months (M0391/FS303)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The median length of stay for children adopted (months). (M0667)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of children in OOHC 17+ months, percent adopted (M0668)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of children in OOHC 17+ months, percent who became legally free for adoption (M0669)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of children legally free for adoption, percent adopted (M0670)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30. (M0671)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C3.2 - Of the children who were discharged from out-of-home care during the fiscal year and who were legally free for adoption at the time of discharge, the percentage that achieved permanency prior to their 18th birthday. (M0672)

C3.3 - Of the children who were discharged from out-of-home care during the fiscal year, due to either emancipation or reaching their 18th birthday while in out-of-home care, the percentage that had been in care 3 years or longer. (M0673)

C4.1: The percentage of children in out-of-home care 8 days to 12 months who had two or fewer placement settings shall be at least ___ percent. (M05180/FS306)

C4.2: The percentage of children in out-of-home care at least 12 months but less than 24 months who had two or fewer placement settings shall be at least ___ percent. (M0692)

C4.3: The percentage of children in out-of-home care at least 24 months who had two or fewer placement settings shall be at least ___ percent. (M0693)

4. 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.

Provider Sub-Contractual Quality Management Requirements Specific to Case Management Agencies:

1. The Provider shall have a quality management process in place and will participate, fully, in the Kids Central quality management process. Kids Central will provide technical assistance to Provider, as needed, in implementing quality management.

2. A written Quality Management Plan will be submitted to Kids Central Contracts Manager prior to contract initiation.

3. Kids Central reserves the right to enhance or change procedures as needed to ensure high quality services, in line with best practices and evidence-based processes.

4. Provider shall participate in Quality Management activities. The quality management activities described below is not an exhaustive description.

5. Quality Management Activities are grouped under five (5) broad headings:
   a. Quarterly Analysis of Outcome and Performance Data
   b. Quarterly Case File Reviews (defined by Department Quality Management Plan)
   c. Performance Improvement Plans
   d. Customer Satisfaction Surveys
   e. Compliance Monitoring and Investigations

6. 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 standards;
b. Incidents, accidents, and consumer grievances;
c. Consumer satisfaction information;
d. Outcome and performance information;
e. Safety and risk management issues; and
f. Florida Safe Families Network data integrity.

7. The Quality Management staff performs the following essential functions:
   a. Data collection and measurement;
   b. Evaluation, analysis and reporting;
   c. Consultation/facilitation/training;
   d. Monitoring; and,
   e. System/process development.

Provider Sub - Contractual Quality Management Requirements Cont’d:

1. Cases are identified for review by the Kids Central Quality Management Department using random sampling methodology. Kids Central Quality Management will ensure a representative sample of specialized populations such as Independent Living is chosen and reviewed. Analysis of data and resulting compliance reports, which include both summary and detailed data, will be provided on a semi-annual basis.

2. In addition, the Provider is required to implement and maintain peer record review procedures to ensure compliance with federal and state guidelines, making certain that personnel do not review cases in which they have been directly involved. Provider will develop or adopt a record review tool which will be approved by the Kids Central Quality and Contract Management units.

3. Data gathered through quality assurance reviews is used to monitor and evaluate the management of the system of care, identify opportunities for improving quality, establish initiatives to accomplish agreed upon improvements and monitor resolution of problems. These activities require a cooperative effort involving the Kids Central Quality Management, Contracts Management, Provider agencies, and stakeholders.

4. Provider will employ a Quality Assurance Specialist that will be available to participate and assist the Kids Central Quality Assurance Department with in-house reviews and other projects requiring their participation.

Training & Transition

1. Kids Central is committed to working in partnership with the Department of Children and Families as the State of Florida Child Welfare System implements the Safety Methodology in case management.
   a. Kids Central Training and Professional Development Department has sent 4 trainers through the Train-the-Trainer process, just shy of the proficiency observations expected in the near future.
   b. Kids Central has facilitated the registration process of all front line staff and supervisors for the mandatory training sessions thorough February, 2013.
   c. Kids Central Training and Professional Department has facilitated a process to ensure all field, supervisory and ancillary staff participate in the webinar opportunities offered by the Department of Children and Families for Transformation and Florida Safe Families Network.
   d. Kids Central has hosted community stakeholder training at the corporate office, All Purpose Room.
e. Kids Central Training and Professional Development Department has submitted a course summary for a 2 hour Transformation Overview Training for non-case carrying, specialist, and administrative staff that require a review but not a full 8 day course. These classes will be offered on a continuous basis, to be adapted as needed, throughout the full transformation.

f. The Transformation update is a standing agenda item at all CMA and Leadership meetings and also an agenda item on the monthly Data call.

g. Kids Central Staff are assigned to the bi-weekly Department of Children and Families Central Region Calls.

h. The roll-out schedule is to be determined.

2. Kids Central is committed to a smooth implementation with all partners, including the Department of Children and Families, Case Management Agencies, Judiciary, Stakeholders and Community Advocates/Supporters.

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

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

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

Section III: Planning & Action

Strategic Planning

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, projects five years into the future and will be reviewed and updated annually.

Kids Central will be a well-known nonprofit corporation which provides exceptional traditional child welfare services including case management, foster care, adoption and independent living. In addition, Kids Central will successfully connect, as well as directly provide services throughout the community, which prevent children and families from needing to enter the child welfare system. Kids Central will expand services and diversify funding through grant writing and fund development activities. Kids Central will have a national presence through entrepreneurial activities that generate resources to support and further enhance prevention throughout Circuit 5.

The following Vision Statements remain in place:

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 diversion staffing that make decisions to balance prevention and Kids Central supervision.

**STRATEGIC GOALS & KEY OBJECTIVES 2013 - 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. Provide legislative leadership and advocate for public policy supporting Community Based Care and the prevention of child neglect and abuse.

6. Board recruitment, sponsorship, and education are vital to the long-term success of Kids Central as a community-based organization.

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

8. Develop a high level of local community awareness and advocate on behalf of Kids Central and Community Based Care.

9. 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.

**Balanced Scorecard**

In order to facilitate the achievement of long and short-term goals, Kids Central uses the Balanced Scorecard as developed for mission-driven organizations. The Balanced Scorecard has become 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 Balanced Scorecard is currently in the process of being developed and approved for the 2013 – 2014 program year. The four focus areas of the Balanced Scorecard are: the Customer, Internal Process, Employee Learning and Growth and Financial.

**Balanced Scorecard for Providers**

In addition to the previous performance measures, DCF intends for Lead Agencies to be eligible to earn incentive payments for performance that exceeds standards. These incentives are based on Balanced Scorecard performance. The Balanced Score Card (BSC) sets goals for the Provider 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 the Provider.
to strive for exceptional performance to obtain these goals and reward employees for the goals that are reached.

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 on an annual, fiscal year basis. Kids Central will use whatever measures are specified in the service contract as a foundation for its monitoring efforts.

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

**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. In general this is becomes:

Defining/Acquiring Data Source > Processing > Publishing/Distributing Report
Data sources are built or acquired using one (or more) standard reports (FSFN and TAPD) 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 basis 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 are monitored, tracked and/or reported, on a daily, weekly and/or monthly basis:

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Collection Tool(s)</th>
<th>Frequency</th>
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</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>AFCARS</td>
<td>Adoption/FC AFCAR report</td>
<td>Weekly</td>
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<tr>
<td>K – 12 over due</td>
<td>K – 12 FSFN Report</td>
<td>Weekly</td>
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<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</td>
<td>Client Demographics</td>
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<tr>
<td>Blue Book Assistance</td>
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<tr>
<td>ICPC/OTI Requests</td>
<td>Internal Log</td>
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<tr>
<td>Incident Reports</td>
<td>Internal Log</td>
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<tr>
<td>Exit Interviews</td>
<td>Internal Log</td>
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**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, regarding most aspects of the quality management process. Information is reviewed by Executive and Senior Management, the Board of Directors, staff, contracted providers, and community stakeholders. Kids Central will continue to convene public stakeholder forums, to share information and solicit feedback regarding various components of operations. On an annual basis, Kids Central will provide a report of findings of key quality management activities.

It is important to determine if the services provided are meeting program requirements articulated in Kids Central’s contract with the Department of Children and Families, and to assess whether they 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.

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.

**2013 – 2014 Planned Quality Improvement & Assurance Activities:**

**Reviews (Quality Management, Utilization Management):**

The case record review/audit process will be viewed as a comprehensive multi-tiered process that includes discretionary, special, contract required reviews and others, as part of supervision to track outcomes and ensure best practice. All reviews will be conducted based on random sample and 90/10 sampling methodology. Planned reviews are as follows:

**Discretionary Reviews:** Within this category are reviews selected to occur at the discretion and of Management. Discretionary reviews may be requested to assess performance and/or by random request. Areas of focus are Supervisory Reviews, the Independent Living Youth and Medical/Dental/Educational information being up to date in FSFN. Additionally, the FSFN file cabinets will be a part of discretionary reviews.

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Frequency</th>
<th>Reviewers</th>
<th>Tools</th>
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<tbody>
<tr>
<td>Supervisory Reviews (CMA’s)</td>
<td>Min. of twice annually</td>
<td>QM Specialists</td>
<td>FSFN, Review tools, Case Files</td>
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<tr>
<td>Independent Living (CMA’s)</td>
<td>Min. of twice annually</td>
<td>QM Specialists</td>
<td>FSFN, Review tools, Case Files</td>
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<tr>
<td>Medical/Dental/Educational/FSFN File Cabinet (CMA’s)</td>
<td>Min. of twice annually</td>
<td>QM Specialists</td>
<td>FSFN, Review tools, Case Files</td>
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**Supervisory Reviews:** The purpose is to identify whether quality, purposeful and instructive face-to-face case discussion between the supervisor and family care manager occurred with the goal of providing guidance. 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.

 Desired Outcome: For each session, 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 – Independent Living: The purpose is to assess compliance and improvement in areas such as ensuring that case plans and JR’s include educational and other required information. 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 the completion of Supervisory Reviews 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.

Discretionary - Medical/Dental/Educational/File Cabinet: The purpose is to assess compliance regarding ensuring the medical/dental information is 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 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 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.

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 anytime.

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
A written report inclusive of findings will be disseminated to Kids Central management, as well as, to the Case Management Agencies.

**Proposed Schedule - Internal/External/Discretionary Reviews of Programs/Services:**

<table>
<thead>
<tr>
<th>First Quarter Review Schedule (July 2013 – September 2013)</th>
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<td><strong>July</strong></td>
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<th>Second Quarter Review Schedule (October 2013 – December 2013)</th>
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<th>Third Quarter Review Schedule (January 2014 – March 2014)</th>
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<th>Fourth Quarter Review Schedule (April 2014 – June 2014)</th>
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**Department - Quality Service/Quality Practice Standards/Supplemental 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 QSRs each quarter using the QSR protocols and web based tool established by the Department. The number of cases to be reviewed will be determined by the Department. The in-depth quality review process will focus on child welfare practices. The review will appraise:

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

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

**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.

**Projected Schedule of Quality Service, Quality Practice and Supplemental are as follows:**

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<tr>
<td>July 25th, 2014: Annual QSR Analysis Report</td>
</tr>
<tr>
<td>July 25th, 2014: Annual QM Plan</td>
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</tbody>
</table>

**Special Reviews: Internal or External or as Requested:**

**Reviewers/Person(s) Responsible:** Kids Central, Inc, QM Staff and may also occur in side by side with CMA staff or the Dept. Staff.

**Process/Methodology:** Special reviews are requested in cases of a child/client death, serious injury, foster home referral or other unplanned/serious event that warrants a review of the case and/or file. These reviews may be requested at anytime and do not occur per a specific schedule. A Quality Management Specialist is assigned to conduct special reviews.

**Tools/Reporting Outcomes/Results:** These reviews usually required a review of the case file, FSFN and interviews with staff. 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 and other appropriate parties as requested.
Utilization Management Department – Activities:

Utilization Management - Monitoring Subcontracted Providers:

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

Frequency: Annually, 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 minimum of once a year, 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: Tools used to capture data will come 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 - Analysis of Quality and Effectiveness of Funding Requests:

Person(s) Responsible: Kids Central Quality and Utilization Management Departments

Frequency: Quarterly

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

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 as well as communication with providers. 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.
Data & Performance Related - Activities

Data/Performance Reports:
Person(s) Responsible: CMA Staff, Quality Management Department, Contract Management Unit, and Senior Management Team
Frequency: Varies by report
Process / Methodology: This activity is designed to provide constant, on-going data information to all departments within the company for the purpose of driving production. The goal is to place these issues as a priority in our day-to-day work / operations and use them as a benchmark to gauge the success of our activities in meeting the service needs of our families. Numerous data reports are reviewed on an on-going basis at various intervals. The CEO, Quality Management Team, CMA Directors, Case Management Supervisors and many others throughout the agency, gather this data. Various sources are utilized to collect the data and all are shared with the Senior Management Team. If data suggests that our compliance or production is not satisfactory or declines, daily reports are often developed to provide an on-going baseline for monitoring. Monthly data calls 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 and Protective Investigations - Activities

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

Early Services Intervention (ESI) 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 utilized to capture and track this information. Information will be disseminated to the Quality Management Department.
Family Preservation/Investigations QIT:
Person(s) Responsible: Director of Family Preservation and Regional Operations Manager for Investigations
Frequency: Quarterly
Process/Methodology: This activity is designed to ensure that any issues arising at ESI are addressed. Additionally, these meeting ensure that the process is implemented in a quality manner and communication between management facilitates consistency and quality in services provided and timely transition of duties between the Case Manager and the Investigator.
Tools/Reporting Outcomes/Results: Results and outcomes are shared with staff and upper management. Information will be disseminated to the Quality Management Department.

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

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. Over the course of this year (2013 – 2014), the Incident Reporting process will be re-designed to effect and ensure efficiency and timely reporting.

The Incident Report form will be used by Kids Central staff, all providers and Family Case Managers within the network. The Incident Report Form may be used internally to report an incident or event that may pose a threat to the child, document the actions taken, and formally notify Kids Central and the Family Case Manager and supervisor.

The incident report is used internally and externally to record an incident or event that does place the child or others at risk, to document the actions taken and the follow-up needed, and to formally notify the agency supervisor, Kids Central, and DCF.

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

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

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

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

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

a) Staff were in compliance with program policies and procedures;

b) Appropriate handling of the situation and action taken to protect the child;

c) Steps taken to maintain control or the situation and to limit risk to the child(ren) and liability to the project.

**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 this 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.

Client/Families Satisfaction Surveys/Exit Interviews – Activities

Exit Interviews:
Person(s) Responsible: CMA Supervisor, CMA Director, Placement Coordinator, Contract Management Director, and Kids Central Compliance Manager or designees
Frequency: Continual; Compliance Reviews will be completed annually
Process / Methodology: This activity is designed to meet regulatory requirements and gain feedback from clients regarding each placement they experience. The goal is to ensure quality foster homes for clients. The process outlines that exit interviews must be completed by the case manager on any child that exits a licensed placement that has lasted 30 days or more in duration. The 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 Placement/Licensing Department 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 Licensing and subsequently to Compliance Management for annual review. Based on the data, quality improvement activities may be initiated.
Tools/Reporting Outcomes/Results: Exit Interview Forms, Logs and communications with the Placement Department will be 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.

Fiscal Management / Revenue Maximization - 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 regarding Title IV-E and TANF and consists of validation of the data in FSFN.

Revenue Maximization Department consists of four (4) Rev Max Specialists who are supervised by the Director of Accounting. The Specialists are each assigned to the individual counties. These counties include Marion, Citrus, Hernando, Sumter and Lake.

To ensure on-going training and technical assistance activities comply with changing federal requirements, the Director of Accounting participates in monthly Revenue Maximization Statewide 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.

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

1. Performance/Data Reports/DCR Movement Logs
2. Executive Leadership Team Meetings
3. FSFN Validation
4. Communication
5. Random Validation of Eligibility — (Federal Funding)
6. Process Medicaid applications for children in relative and non-relative care placements
7. Performance/Data Reports/DCR Movement Logs
8. Executive Leadership Team Meetings
9. FSFN Validation
10. Communication
11. Random Validation of Eligibility — (Federal Funding)
12. 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. 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.

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 Ombudsman. It is the responsibility of the Clients Rights Ombudsman to investigate and seek resolution to all complaints.

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

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

Client Inquiries

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

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

Complaints

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

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

Grievance & Appeals Resolution Process

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

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

Receipt of a Complaint

1. The Kids Central Corporate office and DCF Client Relations will forward all complaints and/or grievances to the Client Rights Ombudsman.

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

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

Decision and Disposition

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

No Retaliation

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

Review of all Complaints and Grievances

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

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 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.

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

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

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

**Consumer and Stakeholder Surveys**

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

Procedures for Stakeholder and Foster Parent Surveys

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

Foster and Adoptive Home Licensing, Approval, and Recruitment

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

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

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

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

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

Foster and adoptive home licensing, approval and recruitment is conducted through Kids Central, Inc., which is responsible for completing the licensing process, submitting the licensing file to the Department of Children and Families and recruitment of new foster / adopt homes.

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

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

Annual Quality Improvement Goals:

1. Establish an Annual Plan of Action that details and coincides with the activities detailed in this Plan.
2. Ensure smooth and full implementation off the Incident Reporting Re-design.
3. Implement In-Service opportunities for QM Staff.
4. Establish an updated process by which results, findings and outcomes are disseminated.