QUALITY MANAGEMENT PLAN
2014 - 2015
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**Addendum: Case Management Agency Quality Management Activities 2014 – 2015**
Section I: Introduction & Update

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

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

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
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.

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

The Executive Leadership team consists of the Chief Executive Officer (CEO), Chief of Operations (COO), Deputy Chief of Programs, Chief Financial Officer (CFO) and the Chief of Strategy. Leadership is committed to reviewing, on an ongoing basis, organizational and management performance as well as its effectiveness. The Director of Quality and Utilization Management manages quality management and continuous 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.

Agency Update – Innovation and Continuous Growth

Healthy Start: Kids Central adapts to meet the local families’ needs and the communities’ expectations. After becoming the Lake County Healthy Start provider in November 2012, Kids Central became aware of Alachua County’s need for a Healthy Start provider. Kids Central firmly believes in the power of prevention and providing services, on the front end, in an effort to avoid needing services on the back end. As one of Kids Central’s prevention programs, Healthy Start aligns well under the overarching goal to support families to be healthier.

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

Substance Abuse & Mental Health in Home Services: Kids Central, in partnership with Life Stream and The Centers, was awarded a $516,295 grant by the State of Florida Department of Children and Families. The funds are earmarked for the Integration of Substance Abuse, Mental Health and Child Welfare Services Pilot project, delivering intensive services in-home to families suffering with debilitating substance abuse and mental health issues. With this grant, Kids Central, Life Stream, and The Centers will be able to bring substance abuse treatment and mental health services directly to families in need in Marion and Lake Counties.

Neighborhood Projects: Since 2006, Devereux Kids administered the Kids Central funded prevention program, the Neighborhood Projects. The Neighborhood Projects are a network of neighborhood-based prevention projects developed to address the prevention of abuse and neglect by engaging families in services that promote family wellbeing, safety, and health. Starting in West Ocala, a neighborhood with high rates of abuse, unemployment, drop-out rates, and other risk factors, the project brought together existing resources available in the county. Other Neighborhood Projects were implemented across Kids Central’s area in neighborhoods with high rates of abuse. These included West Ocala, Spring Hill, Marion Oaks, Lake Panasoffkee, Carver Heights, Eustis Bates Avenue, and Crystal River. The Neighborhood Projects grew out of Kids Central’s focus on child abuse prevention, and after designing the focus of the projects, Kids Central contracted the projects’ day-to-day management, out to Devereux Kids.

As the community-based care lead agency, it is Kids Central’s primary responsibility to prevent and treat child abuse. With this in mind, the management of the Neighborhood Projects’ transitioned to be operated under the direct auspices of Kids Central’s Prevention Department, effective, July 1, 2014. Placing the projects under the direct operation of Kids Central will allow better response to the communities served as well as “right-size” each project to its community’s needs, ensure that the continuity of care starts before a call is made to the hotline, strategically align initiatives with the communities’ needs, develop measureable outcomes for each project and ensure the projects’ focus are centered on children’s safety, permanency and well-being.

Professional Development & Recognition: As Kids Central continues to assess how it serves the children, families and community, Kids Central leadership also focuses on the staff’s development and
recognition. As part of the 2013/14 Balanced Scorecard, the Board of Directors chose to include staff development measures. As part of the project, upper management and executive team members attended in-depth financial, cultural, and leadership trainings to ensure that all leadership members are well versed on Kids Central’s Leadership Core Competencies.

In June of 2014, the Human Resource Department launched Kids Central’s official Employee Recognition program. The program includes recognition for employee service milestones as well as performance accomplishments.

**Increasing Homes & Hope:** After receiving a grant from the Alliance for Children and Families, Strategy Counts initiative to augment the social impact of nonprofit human service providers by enhancing strategic planning, Kids Central employed use of the Baldrige Criteria and Six Sigma processes to tackle some of the organization’s challenges. Kids Central examined community engagement, recidivism of youth, and the processing time to become a licensed foster home. Known as the Bucket Brigade, a team of Kids Central’s staff members examined the average amount of time that it was taking to license foster homes in Circuit 5. By using data stratification, process mapping and other techniques, the team identified several barriers that significantly hindered the process. As a result, new policies and procedures were developed and implemented to guide the process. Ultimately, the team was successful in reducing the licensing time, making the process more efficient; thus increasing the number of homes available for children who have been neglected and abused. The length of time to license a foster home was reduced nearly 50%, a decrease from 210 days to less than 100 days. During the 2013 – 2014 year, Kids Central achieved impressive results, licensing over (60) new foster homes this year.

**A Sterling Accomplishment:** In recognition of the increase in homes and the strategies associated with the achievements, Kids Central was awarded a Best Practice Award for Strategic Evidenced-Based Benchmarking by the Florida Sterling Council. In addition, during the Florida Sterling Council Annual Conference, Kids Central’s team presented in the showcase competition highlighting its results reducing foster home licensing time. Out of the six competing teams for Florida Sterling Team Showcase, Kids Central was the runner up in the team showcase competition. In addition, the Kids Central showcase presentation was recognized with an award for the Greatest Customer Impact.

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

As a Community-Based Care lead agency, community awareness and engagement is a major priority. After successful implementation of another DMAIC project, Kids Central continues to increase its
community presence through web-based initiatives, building relationships with media outlets and community involvement. Kids Central maintains a web presence using social media platforms, Facebook, LinkedIn, Twitter and YouTube, its' website and new blog. Kids Central’s blog, Kids Central Discussion, was launched and registers an average monthly visitation of over 800. Kids Central’s media coverage and publicity efforts have increased dramatically. Since March 2013, 37 stories pitched to media were published, a success rate of 88%.

**Kids Central, Inc.’s Commitment to Diversion**

In addition to sub – contracting with Case Management Agencies to provide dependent services, support and guidance, Kids Central has maintained a dedication to the utilization of diversion services in an effort to keep families out of the child welfare judicial system.

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

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

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

- Extensive outreach and engagement
- Emergency and concrete service provision
- Utilization of a comprehensive family assessment
- Development of outcome-driven service plans
- Change focused interventions
- Advocacy/service facilitation
- Multi-family activities
- Service plan evaluation
**Family Behavior Therapy:** Family Behavior Therapy (FBT) is an evidence-based practice model for the treatment of substance abuse. Kids Central is working closely with the model developer to institute FBT. It has demonstrated effectiveness in achieving outcomes related to drug and alcohol use, depression, family relationship problems, employment and/or school problems, and conduct disorder symptoms. The California Evidenced-based Clearinghouse for Child Welfare rated the program “High” for child welfare system relevance.

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

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

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

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

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

Quality Management Concepts and Definitions

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

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

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

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

Purpose and Scope

The Purpose of Quality Management and Improvement is to:

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

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

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

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

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

**Define:** As an initial step, Kids Central defines the performance measures. It is important to define specific goals for achieving outcomes that are consistent with both, the client’s demands and/or needs and the strategy to reach desired outcomes. These measures 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.

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

- **Define**
- **Measure**
- **Improve**
- **Control**

**Community:** Supporters, Advocates, Donors & In-Kind Contributors

**Sub-Contracted:** Case Management, Residential Care & Diversion Providers

**Caretakers:** Relatives, Non-Relatives & Foster Families

**Judicial System:** Judges, Courts, & Legislative

**The Department:** Leadership, Protective Investigations, & Children’s Legal Services

**Kids Central, Inc.: Board of Directors, Management and Staff**

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Quality Management Department – Staff Structure

Kids Central’s Quality Management (QM) Department is structured to allow for a Quality Management Director, Supervisor, Six Quality Management Specialists, a Quality Data Specialist and Quality Data Analyst. Each QM Specialist is certified and is experienced in the use of standardized review tools.

The Director of Quality Management is required to possess a Bachelor’s degree in a related field and five years 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. Responsibilities of QM Specialist's include but are not limited to data collection, trending and analysis, case practice reviews, supportive activities and numerous other internally directed quality improvement and assurance activities.

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

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

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

Council on Accreditation Standards – A Quality Impact

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

Kids Central was accredited in the area of Independent Living in 2009, and is also accredited in the areas of Licensing, Re-licensing, Kinship Care (Informal) and Placement Services. In accordance with COA standards, the Kids Central Quality Management Plan describes processes and activities required by COA including: stakeholder participation, long-term planning, short-term planning, internal quality monitoring, case record reviews, outcomes measurement, customer satisfaction, feedback mechanisms, information management and improvement plans. Kids Central is, currently, seeking re-accreditation by COA.
Kids Central, Inc.’s Transition to the Safety Methodology

Kids Central’s Training and Professional Development Department works collaboratively with our Case Management Agency Partners to provide training through communication and planning efforts. Job Coaching meetings are frequent and scheduled as mutually agreeable to provide maximum support to the Family Care Manager and Supervisor. Training is held as necessary for Florida Safety Methodology (FSM). Reviews and/or refreshers are provided upon request on topic areas such as: safety planning.

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

Within Circuit 5, Sumter County is fully operational in FSM. Lake and Marion have implemented partial units. Plans for roll out in Hernando and Citrus are pending in August/September of 2014.

All case management staff, as well as Community Based Care Lead Agency staff has been trained in FSM. As well, all new staff attends pre-service training which includes FSM in the curriculum.

Kids Central, Inc.’s Training Dept.: 

Kids Central’s Training and Professional Development Department provides pre-service, in-service and on-the-job training. Pre-service training is provided to case management staff by the Kids Central
Training and Professional Development Department. The pre-service training includes structured field activities and classroom training and requires successful completion of a knowledge-based test to achieve Phase I Certification. All pre-service training follows the requirements outlined by state.

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

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

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

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

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

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

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

Section III: Planning & Action

Strategic Planning 2014 - 2015

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

**Business Plan 2014 - 2015**

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

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<th>Objectives</th>
<th>Actions/Tasks</th>
<th>Measures</th>
<th>FY 2015 Target</th>
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<tbody>
<tr>
<td>1.1 Excel in financial stewardship</td>
<td>a) Maximize utilization of available funding sources</td>
<td>• Create infrastructure to provide for CBHA’s</td>
<td>• Submission of Medicaid application</td>
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<td></td>
<td></td>
<td>o Submit Medicaid application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Excel in financial stewardship</td>
<td>a) Maximize utilization of available funding sources</td>
<td>• Develop proposal and cost model</td>
<td>• Approval of Medicaid application</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>• Board approval</td>
<td></td>
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<td></td>
<td></td>
<td>• Create LLC</td>
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<tr>
<td></td>
<td></td>
<td>• Develop policies &amp; procedures</td>
<td></td>
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<td></td>
<td></td>
<td>• Submit Medicaid application</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Submission of Medicaid application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Increase resources from alternative sources</td>
<td>a) Improve service continuum by enhancing external resources</td>
<td>• Grant Funding</td>
<td>• Contributions and other revenue in excess of DCF contract</td>
<td>$1.5 million</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contract Expansion</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Diversify Funding through Fundraising</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Implementation Planning for Feasibility of Foundation</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Kids Central Contribution Program</td>
<td></td>
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</tr>
<tr>
<td>2. Serve families and youth in the most appropriate and least restrictive setting</td>
<td>a) Create a broad array of placement options for youth in care</td>
<td>• Develop and Implement Targeted Marketing Recruitment approach (FIRP Federal Grant)</td>
<td>• # of foster homes</td>
<td>Increase by 50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Continue implementation of licensing process improvements to increase availability of resource homes and decrease cycle time (DMAIC Project)</td>
<td>Length of time to license foster home after completion of training</td>
<td>homes or 75 beds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• % of siblings placed together</td>
<td>% of families receiving diversion services with no subsequent verified reports of within 6 months of termination</td>
<td>Reduce the average to 60 days after completion of foster parent training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Measure outcomes to test the efficacy and effectiveness of new diversion programs</td>
<td>% of families receiving diversion services with no subsequent verified reports of within 6 months of termination</td>
<td>93%</td>
</tr>
<tr>
<td>2. Improve Permanency Roundtable (PRT) process</td>
<td>a) Focus on children with a length of stay in out of home care greater than 24 months</td>
<td>• Identify children that have been identified as difficult to adopt – or children who have had a high number of foster care placements within Circuit 5</td>
<td>• # of children in OHC longer than 24 months (based on children in care as of as of 07/01/14)</td>
<td>Reduce by 28 children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Conduct PRT on prioritized children</td>
<td>% of PRT completed on prioritized children</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• % of PRT completed on prioritized children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal</td>
<td>Objectives</td>
<td>Actions/Tasks</td>
<td>Measures</td>
<td>FY 2015 Target</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td>2.3</td>
<td>Improve Child Wellbeing</td>
<td>a) Underscore the importance of wellbeing for children under judicial care; b) Ensure children in care receive appropriate health services; c) Ensure children in care receive appropriate dental services; d) Ensure children in care receive appropriate educational services; e) Ensure youth CBHA recommendations are followed</td>
<td>• % of youth having required medical &amp; dental visits; • % of K-12 report cards completed as required; • % of appropriate CBHA recommendations followed (based on random sample)</td>
<td>97%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Actions/Tasks</th>
<th>Measures</th>
<th>FY 2015 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Revise and implement improved risk management processes</td>
<td>a) Standardize risk management workgroups; Kids Central, System of Care, Disaster Preparedness, Workplace Safety; b) Establish use of Six Sigma and/or process improvements to drive performance improvement across the CBC Scorecard performance indicators; c) Integrate all current customer satisfaction (CS) processes</td>
<td>• # of high risk areas with counter measures implemented</td>
<td>Target TBD</td>
</tr>
<tr>
<td>3.2</td>
<td>Continuous Process Improvements</td>
<td>a) Monitor CBC Scorecard and contract measures to ensure continuous improvement; b) Establish procedures for aggregating and stratifying CS data; c) Establish procedures for aggregating and stratifying CS data</td>
<td>• GSA</td>
<td>Kids Central will receive the 2015 GSA</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>83%</td>
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<td></td>
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<td></td>
<td></td>
<td>Improvement over 1st quarter baseline – target TBD</td>
</tr>
</tbody>
</table>

4. Ensure efficient and effective delivery of services.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Actions/Tasks</th>
<th>Measures</th>
<th>FY 2015 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Manage services based on cost-effectiveness, quality and impact</td>
<td>a) Enhance contract management procedures; b) Identify key performance drivers and measures for subcontracts; c) Incorporate and monitor sub-contract key performance drivers and measures into contracts; d) Improve performance outcomes for all contract measures; e) UM to monitor CMA contracts annually</td>
<td>• Subcontractor performance on identified measures; • Quarterly reviews; • Real time reviews</td>
<td>Target TBD</td>
</tr>
</tbody>
</table>
### 4.2 Ensure internal programs and service interventions meet the needs of families and children
- **Debra Wise**

#### 1) Healthy Start Impact and Effectiveness

- Increase community knowledge and understanding about Healthy Start services
- Increase outreach to referral sources

#### 2) Enhance foster care experience for teens
- **Shalonda McHenry-Sims**

#### a) Enhance normalcy for teens in care

- Implement protocol for High End Placements
- Recruit foster homes for teens
- Quarterly visits with the group home providers
- Develop Individualized Training Plans for group home providers
- Incident Reports received from the group homes will be reviewed with the providers, QA, Training and Leadership on a quarterly basis
- % of youth in congregate residential care
- # of new homes for teens
- % of group home visits completed as scheduled
- % of identified training needs met
- # of Critical Incident Reports

#### b) Children in out-of-home care will develop skills for successful transition to adulthood

- Evaluate residential providers and foster parents to determine their knowledge of Life Skills and ability to offer training to youth
- Provide information and training
- Ensure all youth have received a Life skills assessment to establish baseline
- % of residential providers and foster parents able to effectively provide Life Skills training to youth
- % of youth demonstrating improved knowledge of Life skills based on assessment

#### c) Use predictive analytics to inform service planning and case review processes (quality assurance) for reunified cases

- Review Mindshare’s PA tool and determine how to apply it to case practice
- Develop system-wide plan for use of data
- Implement plan
- Evaluate impact of PA
- Implement use of predictive analytics and integrate into casework/quality assurance practice

#### Target TBD

- By 10/1/14

#### 4.3 Enhance foster care experience for teens

#### a) Enhance normalcy for teens in care

- Implement protocol for High End Placements
- Recruit foster homes for teens
- Quarterly visits with the group home providers
- Develop Individualized Training Plans for group home providers
- Incident Reports received from the group homes will be reviewed with the providers, QA, Training and Leadership on a quarterly basis
- % of youth in congregate residential care
- # of new homes for teens
- % of group home visits completed as scheduled
- % of identified training needs met
- # of Critical Incident Reports

#### Target TBD

- No more than 8% of youth in OHC
- 10 new homes for teens
- 100% of visits
- 90% of training needs
- Reduce critical incident reports by 10% over FY2014 baseline
5. Provide the requisite training and supervision to ensure Kids Central employees and subcontractors will become successful leaders.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Tasks</th>
<th>Measures</th>
<th>FY 2015 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>a) Build organizational capacity by providing training around organizational competencies.</td>
<td>• Train supervisors and assess competency in areas of Finance, Risk, Leadership and Strategy</td>
<td>• % of supervisors passing competency test</td>
<td>• 80%</td>
</tr>
<tr>
<td></td>
<td>b) Implement job-specific, comprehensive performance evaluation tool</td>
<td>• Evaluate pilot results from appraisal template and adjust as needed</td>
<td>• % of employees in pilot evaluated with new tool</td>
<td>• 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Implement adjusted appraisal template</td>
<td>• % of employees in pilot expressing satisfaction with new appraisal tool</td>
<td>• 80%</td>
</tr>
<tr>
<td>5.2</td>
<td>a) Improve Workforce Climate</td>
<td>• CEO Department Team Interactions</td>
<td>• CEO/Dept. Meetings</td>
<td>• 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Roll out quarterly employee recognition program</td>
<td>• Workforce engagement</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Provide ongoing professional development opportunities</td>
<td></td>
<td></td>
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<tr>
<td>5.3</td>
<td>a) Supervisory Professional Development</td>
<td>• Schedule quarterly trainings for all supervisors</td>
<td>• % of supervisors indicating improved competencies (pre/post) after each training</td>
<td>• 90%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Create pre/post test</td>
<td>• % of supervisors indicating satisfaction with training</td>
<td>• 90%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Actions/Tasks</th>
<th>Measures</th>
<th>FY 2015 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>a) Develop a strategic marketing plan to reach and engage identified community segments</td>
<td>• Develop marketing plan</td>
<td>• Media coverage - % landed vs. pitched</td>
<td>Greater than 86%</td>
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<tr>
<td></td>
<td></td>
<td>• Build relationships with key media outlets and fellow Public Information Officers</td>
<td></td>
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</tr>
<tr>
<td>6.2</td>
<td>a) Recruit and utilize volunteers</td>
<td>• Develop and implement volunteer program training for Kids Central staff</td>
<td>• # of volunteers</td>
<td>Average 10 volunteers per month</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develop a Recruitment Plan</td>
<td>• # donated hours by Kids Central volunteers</td>
<td>4000 hours</td>
</tr>
<tr>
<td>6.3</td>
<td>a) Enhance number of community collaborators</td>
<td>• Increase outreach to businesses</td>
<td>• # of meetings/presentations to local businesses/community organizations</td>
<td>25 presentations/meetings with new businesses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Create marketing materials</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>○ Train staff on message</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>○ Schedule meetings with local businesses</td>
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<td></td>
<td></td>
<td>○ Monitor contacts</td>
<td></td>
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<td></td>
<td></td>
<td>○ Create “follow-up” plan</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Actions/Tasks</th>
<th>Measures</th>
<th>FY 2015 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>a) Improve impact and effectiveness of the</td>
<td>• Transition NPs to Kids Central management</td>
<td>• % of NP strategic plan goals met</td>
<td>• 80%</td>
</tr>
</tbody>
</table>
with communities to reduce instances of abuse and neglect  
- Debra Wise

| Neighborhood Projects | • Identify scope of community need and engagement  
• Collect baseline NP satisfaction data  
• Identify factors impacting child welfare which NPs can ameliorate/influence  
• Develop overall strategic plan for NPs and individual (site-specific) plans for each project  
• Collect year-end satisfaction data | • Increase satisfaction related to NPs (Aggregate of Customer Satisfaction, Event Satisfaction, Advisory Board Survey, Stakeholder survey)  
• Number of community members engaged with NPs | • >90%  
• Improvement over 1st quarter baseline – target TBD |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. 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, support and training.
7. Reviews occur, utilizing a random sampling methodology. Analysis of data and resulting compliance reports, which include both summary and detailed data, is provided by a frequency established by leadership; however, no later than 30 days after the successful completion and review of the last case file.

8. Providers are required to implement and maintain peer record review procedures to assure compliance with federal and state guidelines. Personnel are requested not to review cases in which they have been directly involved. Review tools as well as results from reviews completed by Providers will be shared with Kids Central.

9. Data gathered by Providers through their reviews will be used to: monitor and evaluate 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.

10. Providers will employ Quality Assurance or Management Staff who will be available to participate and assist the Kids Central Quality Management Department with requested reviews and activities.

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

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

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

The 2014 – 2015 Balanced Scorecard is currently in development. The four focus areas of the Balanced Scorecard are: the Customer, Internal Process, Employee Learning and Growth and Financial.

**KIDS CENTRAL, INC., BALANCED SCORECARD 2015**

<table>
<thead>
<tr>
<th>#</th>
<th>Points</th>
<th>Chief Sponsor</th>
<th>Staff Lead</th>
<th>Objective</th>
<th>Measure</th>
<th>Target</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>Shalonda McHenry - Sims</td>
<td>Raann Bacchus</td>
<td>Enhance normalcy for teens in care</td>
<td># of traditional foster beds licensed for teens</td>
<td>10 new beds: 6 points</td>
<td>10 new beds: 6 points</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8 new beds: 5 points</td>
<td>8 new beds: 5 points</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6 new beds: 4 points</td>
<td>6 new beds: 4 points</td>
</tr>
<tr>
<td>#</td>
<td>Points</td>
<td>Chief Sponsor</td>
<td>Staff Lead</td>
<td>Objective</td>
<td>Measure</td>
<td>Target</td>
<td>Notes</td>
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</tr>
<tr>
<td>2</td>
<td>5</td>
<td>Shalonda McHenry - Sims</td>
<td>Raann Bacchus</td>
<td>Create a broad array of placement options for youth in care</td>
<td>% of siblings placed together (intact)</td>
<td>71.6%: 5 points</td>
<td>68.5%: 4 points</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>65.4%: 3 points</td>
<td></td>
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<tr>
<td>3</td>
<td>5</td>
<td>Shalonda McHenry - Sims</td>
<td>Raann Bacchus</td>
<td>Create a broad array of placement options for youth in care</td>
<td>Length of time to license foster home after completion of training</td>
<td>60 days</td>
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<td></td>
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<td></td>
<td></td>
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<td>(using a 6 month rolling average)</td>
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<tr>
<td>4</td>
<td>5</td>
<td>Shalonda McHenry - Sims</td>
<td>Kevin Maloney</td>
<td>Underscore the importance of well being for children under judicial care</td>
<td>% of youth having required medical and dental visits</td>
<td>97%: 5 points</td>
<td>96%: 3 points</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>94%: 2 points</td>
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</tr>
</tbody>
</table>

**INTERNAL PROCESS**

<table>
<thead>
<tr>
<th>#</th>
<th>Points</th>
<th>Chief Sponsor</th>
<th>Staff Lead</th>
<th>Objective</th>
<th>Measure</th>
<th>Target</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>John Aitken</td>
<td>Susan Plotts and Steve Lovely</td>
<td>Standardize risk management workgroups; Kids Central, System of Care,</td>
<td># of high risk areas with counter measures implemented</td>
<td>3 highest areas of risk related to permanency, safety and well being will have countermeasures</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Disaster Preparedness, Workplace Safety</td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td>5</td>
<td>Debra Wise</td>
<td>Michelle Mongeluzzo</td>
<td>Improve impact and effectiveness of the Neighborhood Projects</td>
<td>Increase # of clients served</td>
<td>10% increase over last FY (Lake and Marion Counties)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>6</td>
<td>Shalonda McHenry - Sims</td>
<td>Sharon Gibbs</td>
<td>Focus on children with a length of stay in Out of Home care greater than 24 months</td>
<td># of children in OHC longer than 24 months (based on those children in care as of 07/01/14)</td>
<td>Reduce by 28: 6 points</td>
<td>Reduce by 23: 5 points</td>
</tr>
</tbody>
</table>
8  5  Shalonda McHenry - Sims  Robin Lanier  Underscore the importance of well being for children under judicial care  % of appropriate Comprehensive Behavioral Health Assessment (CBHA) recommendations followed (based on random sample)  95%: 5 points  85%: 4 points  75%: 3 points

9  6  Shalonda McHenry - Sims  Sharon Gibbs  Improve operational effectiveness of diversion services  % of children with no verified maltreatment within 6 months of termination of diversion services  95%: 6 points  94%: 5 points

10  7  Shalonda McHenry - Sims  Kevin Maloney  Monitor CBC Scorecard and contract measures to ensure continuous improvement  Overall performance on CBC Scorecard, contract measures and KCI dashboard (Dependent on New Scorecard Ranking System) through May 2014  No more than: 5% red measures: 7 points  7.5%: 5 points  10%: 3 points

11  5  Debra Wise  Stacy Morgan  Improve Healthy Start Impact and Effectiveness  Increase % initial contacts  Increase to FY 14-15 state average: 5 points  Increase to within 10% of state average: 4 points  Increase by 5% above May 2014 baseline: 3 points

EMPLOYEE LEARNING & GROWTH

<table>
<thead>
<tr>
<th>#</th>
<th>Points</th>
<th>Chief Sponsor</th>
<th>Staff Lead</th>
<th>Objective</th>
<th>Measure</th>
<th>Target</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>5</td>
<td>John Aitken</td>
<td>Susan Plotts</td>
<td>Build organizational capacity by providing training around organizational competencies</td>
<td>% of chiefs, directors, and supervisors successfully passing the second half of the management competency assessment</td>
<td>100%: 5 points  95%: 4 points  90%: 3 points</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>5</td>
<td>John Aitken</td>
<td>Susan Plotts</td>
<td>Improve workforce climate by implementing solutions related to employee survey results</td>
<td>Workforce engagement and satisfaction: 3 areas of highest need will have countermeasures implemented</td>
<td>3 areas addressed</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Points</td>
<td>Chief Sponsor</td>
<td>Staff Lead</td>
<td>Objective</td>
<td>Measure</td>
<td>Target</td>
<td>Notes</td>
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<tr>
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<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>-----------------------------------------------------------------------</td>
</tr>
<tr>
<td>14</td>
<td>5</td>
<td>David DeStefano</td>
<td>David DeStefano and Aimee Gandy</td>
<td>Sterling Journey</td>
<td>Receive Sterling Governor's Award (SGA) or Sterling Challenge Award</td>
<td>Complete GSA App: 3 points</td>
<td>Receive SGA: 5 points</td>
</tr>
<tr>
<td>15</td>
<td>5</td>
<td>Shalonda McHenry - Sims</td>
<td>Penny Beehler</td>
<td>Improve Supervisor Competencies</td>
<td>Demonstrated improvement in competencies</td>
<td>.5 point aggregate increase on pre/post participant impressions</td>
<td></td>
</tr>
</tbody>
</table>

### Financial

<table>
<thead>
<tr>
<th>#</th>
<th>Points</th>
<th>Chief Sponsor</th>
<th>Staff Lead</th>
<th>Objective</th>
<th>Measure</th>
<th>Target</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>6</td>
<td>Shalonda McHenry - Sims</td>
<td>Sharon Gibbs</td>
<td>Maximize utilization of existing funding sources</td>
<td>Sustained provider caseloads (by % of capacity) for Family Behavior Therapy, Nurturing Parenting, and Family Connections.</td>
<td>95%-100%: 6 points 90%-95%: 5 points 85%-90%: 3 points By 4th Quarter FY 2014-15</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>5</td>
<td>John Aitken</td>
<td>Shelly LaFrance</td>
<td>Maximize utilization of existing funding sources</td>
<td>% of total 100/800 PSSF, Medicaid Admin funding utilized</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>5</td>
<td>Debra Wise</td>
<td>Nicole Pulcini-Mason</td>
<td>Improve service continuum by enhancing external resources</td>
<td>Increase to external fundraising (cash) over FY 2013-14 baseline</td>
<td>+15% ($119,332): 5 points +10% ($114,144): 4 points +5% ($108,956): 3 points</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>5</td>
<td>Shalonda McHenry - Sims</td>
<td>Robin Lanier</td>
<td>Maximize utilization of existing funding sources</td>
<td>Approval of Medicaid application</td>
<td>By June 2015</td>
<td></td>
</tr>
</tbody>
</table>
Balanced Scorecard – Providers:

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

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

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

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

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

**Data Collection & Management**

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

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

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

Data sources are built or acquired using one (or more) standard reports (FSFN 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 baselines because they provide fairly consistent views useful for detailed historic analysis (listings) or general comparisons (summaries).
The Department publishes useful listings (Federal and CBC Scorecard reports) which are used as a basis for performance reporting, producing exception listings and building drill down summaries. Additionally, the Department publishes historic summary reports which are used as the basis for extra-agency comparisons and workload assessments.

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

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

The following Data Elements will be monitored, tracked and/or reported, on a daily, weekly and/or monthly basis in the 2014 – 2015 year:

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Collection Tool(s)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Movement</td>
<td>Census &amp; Movement Log</td>
<td>Daily</td>
</tr>
<tr>
<td>Children Seen</td>
<td>Children Seen Report</td>
<td>Daily</td>
</tr>
<tr>
<td>Parent Contact</td>
<td></td>
<td>Twice a week</td>
</tr>
<tr>
<td>AFCARS</td>
<td>Adoption/FC AFCAR report</td>
<td>Weekly</td>
</tr>
<tr>
<td>K – 12 over due</td>
<td>K – 12 FSFN Report</td>
<td>Weekly</td>
</tr>
<tr>
<td>Medical/Dental/Immunization</td>
<td>FSFN Report</td>
<td>Weekly</td>
</tr>
<tr>
<td>Placement Case Data Exceptions</td>
<td>FSFN Report</td>
<td>Weekly</td>
</tr>
<tr>
<td>Cost of Care</td>
<td>Census</td>
<td>Monthly</td>
</tr>
<tr>
<td>Vacancy Report</td>
<td>Client Count</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Client Demographics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff Turnover</td>
<td></td>
</tr>
<tr>
<td>Blue Book Assistance</td>
<td></td>
<td>Monthly</td>
</tr>
<tr>
<td>ICPC/OTI Requests</td>
<td>Internal Log</td>
<td>Monthly</td>
</tr>
<tr>
<td>Incident Reports</td>
<td>Internal Log</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Exit Interviews</td>
<td>Internal Log</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Mindshare Log (CMA &amp; Provider)</td>
<td>Mindshare</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

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

To the extent possible with the current technology (FSFN) and the addition of a dedicated Data Analyst position, Kids Central tracks and reports outcomes and performance measures on a
daily basis, consistent with the State Performance Improvement Plan (PIP) and incorporates performance indicators in its review of delivered service.

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

**Information Sharing & Reporting:**

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

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

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

**Quality Management’s Year in Review:**

During the 2013 – 2014, the Kids Central Quality Management team assessed the quality of services provided to youth and families in Circuit 5, through the review of 1,328 case-files. Reviews were both qualitative and compliance driven.

A total of 170 case file reviews were completed per state contract requirements. These reviews occurred quarterly. During the first two quarters of the year, the Quality Practice Standard (QPS) and Quality Service Reviews (QSR) were completed. In addition, there were supplemental reviews required which focused on special service populations to include Psychotropic Medications and Independent Living. By quarter, the breakdown for each was as follows: QPS reviews – 15; QSR reviews – 2 and 10 Supplemental reviews. A total of 54 reviews were completed during the first two quarters of the 2013 – 2014 year.

During the third and fourth quarters of the year, Rapid Reviews were implemented and completed. The creation of the Rapid Review process occurred in response to the number of child fatalities. These fatalities involved children who ranged in ages, from 0 to 3 years and who were living in-home with a parent. Other qualifiers included verified findings associated with
substance misuse or mental health issues. The Rapid Review process utilized a “real time” approach and focused only on open cases, primarily, with involvement of a young parent. This process had several beneficial components that Kids Central plans to integrate into other types of reviews; specifically, the primary component being case consultations with case management partners.

A total of 116 reviews were completed utilizing the States Rapid Review method.

The breakdown of reviews completed by QM during the 2013 – 2014 year is as follows:

<table>
<thead>
<tr>
<th>Name of Review:</th>
<th># of Reviews Completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st DCF Quarterly Reviews: QPS, QSR &amp; Supplemental</strong></td>
<td></td>
</tr>
<tr>
<td>Discretionary – Supervisory Review</td>
<td>90</td>
</tr>
<tr>
<td>Discretionary – Sexual Safety Plans</td>
<td>55</td>
</tr>
<tr>
<td>Discretionary – Sibling Visitation</td>
<td>52</td>
</tr>
<tr>
<td>COA Peer Reviews</td>
<td>*96 – peer reviewers</td>
</tr>
<tr>
<td>Discretionary – Exit Interviews</td>
<td>52</td>
</tr>
<tr>
<td><strong>2nd DCF Quarterly Reviews: QPS, QSR &amp; Supplemental</strong></td>
<td>27</td>
</tr>
<tr>
<td>Over Capacity Waivers Review</td>
<td>31</td>
</tr>
<tr>
<td>Adoption Subsidy - Internal</td>
<td>35</td>
</tr>
<tr>
<td>COA Peer Reviews</td>
<td>*100 – peer reviewers</td>
</tr>
<tr>
<td><strong>3rd DCF Rapid Reviews</strong></td>
<td>62</td>
</tr>
<tr>
<td>ICPC Review</td>
<td>37</td>
</tr>
<tr>
<td>Psych. Med Review</td>
<td>47</td>
</tr>
<tr>
<td>COA Peer Reviews</td>
<td>*75 – peer reviewers</td>
</tr>
<tr>
<td><strong>4th DCF Rapid Reviews</strong></td>
<td>54</td>
</tr>
<tr>
<td>Discretionary Reviews: Sup. Review; Sibling Visit; Exit; Sexual Safety Planning</td>
<td>242</td>
</tr>
<tr>
<td>COA</td>
<td>*75 – peer reviewers</td>
</tr>
<tr>
<td>Missing Children</td>
<td>23</td>
</tr>
<tr>
<td>Incident Reporting</td>
<td>59</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Review Totals for 2013 - 2014</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Case File Reviews by Quality Management Spec.</td>
<td>972 (170 - DCF Quarterlies)</td>
</tr>
<tr>
<td>Total Case File Reviews completed by Peers</td>
<td>346</td>
</tr>
<tr>
<td>Special Reviews by Quality Management Specialists</td>
<td>10</td>
</tr>
<tr>
<td>Total Number of Reviews Completed and Managed by Quality Management Specialist’s during the 2013 – 2014 year:</td>
<td>1328</td>
</tr>
</tbody>
</table>
Quality Management Reviews & Activities:


<table>
<thead>
<tr>
<th>Dates</th>
<th>Name of Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>July – Sept.</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; DCF Quarterly Reviews: CFSR Version of Reviews</td>
</tr>
<tr>
<td>August</td>
<td>Kinship Review</td>
</tr>
<tr>
<td>September</td>
<td>Adoptions - YFA</td>
</tr>
<tr>
<td>*September</td>
<td>COA Peer Reviews</td>
</tr>
<tr>
<td>September</td>
<td>Independent Living</td>
</tr>
<tr>
<td>October</td>
<td>Discretionary - FSFN Documentation</td>
</tr>
<tr>
<td>October</td>
<td>Licensing</td>
</tr>
<tr>
<td>Oct. – Dec.</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; DCF Quarterly Reviews: CFSR Version of Reviews</td>
</tr>
<tr>
<td>November</td>
<td>Over Capacity Waivers Review</td>
</tr>
<tr>
<td>December</td>
<td>ICPC</td>
</tr>
<tr>
<td>*December</td>
<td>COA Peer Reviews</td>
</tr>
<tr>
<td>Jan. – March</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; DCF Quarterly Reviews: CFSR Version of Reviews</td>
</tr>
<tr>
<td>January</td>
<td>Discretionary – Safety Planning</td>
</tr>
<tr>
<td>February</td>
<td>Psych. Med Review</td>
</tr>
<tr>
<td>March</td>
<td>Discretionary – Exit Interviews</td>
</tr>
<tr>
<td>*March</td>
<td>COA Peer Reviews</td>
</tr>
<tr>
<td>March</td>
<td>Missing Children</td>
</tr>
<tr>
<td>April - June</td>
<td>4&lt;sup&gt;th&lt;/sup&gt; DCF Quarterly Reviews: CFSR Version of Reviews</td>
</tr>
<tr>
<td>April</td>
<td>Discretionary – Supervisor Reviews</td>
</tr>
<tr>
<td>April</td>
<td>Discretionary – Sibling Visitation</td>
</tr>
<tr>
<td>*May</td>
<td>COA Peer Reviews</td>
</tr>
<tr>
<td>May</td>
<td>Incident Reporting</td>
</tr>
<tr>
<td>May</td>
<td>Adoption Subsidy</td>
</tr>
<tr>
<td>June</td>
<td>Rev. Max</td>
</tr>
</tbody>
</table>

May be subject to changes/additions/deletions

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 and oversight to track outcomes, determine effective utilization and ensure best practice. All reviews will be conducted based on random sample and utilizing a 90/10 sampling methodology.
Additional details regarding reviews are as follows:

**Discretionary Reviews:**

Within this category are reviews selected to occur at the discretion of Management. Discretionary reviews may be requested to assess performance and/or by random request. Projected areas of focus for 2014 – 2015 are: Supervisory Reviews, File Cabinet, Separated Siblings and Safety Planning. **Note:** Reviews subject to change.

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

**Discretionary - 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 – Sexual Safety Plans:**

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

**Reviewers/Persons Responsible:** Kids Central, QM Staff

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

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

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

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

**Reviewers/Persons Responsible:** Kids Central, QM Staff  
**Process/Methodology:** Cases selected will be by random sample. A tool will be developed and utilized that’s specific to the focus area. **Frequency will be no less than, annual.**  
**Desired Outcome:** For each review session, an established scale outlining an acceptable percentage of compliance/completion will be followed.  
**Tools/Reporting Outcomes/Results:** Review tools will be used to capture the data after the review of FSFN. The QM Supervisor or designee will compile a roll up of the information. A written report inclusive of findings will be disseminated to the Upper management of Kids Central, as well as, to the Case Management Agencies.

**Discretionary – Separated Siblings:**

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

**Reviewers/Persons Responsible:** Kids Central, QM Staff  
**Desired Outcome:** For each session, an established percentage of cases reviewed will accurately document that visits have occurred per the required frequency; are qualitative and offers guidance and follow up to the case manager.  
**Process/Methodology:** Cases selected will be by random sample. A tool will be developed and utilized that’s specific to the focus area.  
**Tools/Reporting Outcomes/Results:** Review tools will be used to capture data after review of FSFN and the case file. Upon completion, the QM Supervisor or designee will compile a roll up of the information collected. A written report inclusive of findings will be disseminated to the Upper management of Kids Central, as well as, to the Case Management Agencies.

**Internal/External Reviews:**

The purpose of these reviews is to assess programs and services that are managed by the Kids Central, Inc. Corp. office. Programs included are the Independent Living Program, HOPE, Kinship, Healthy Start, Licensing, Rev. Max, Healthy Start and the Family Group Decision Making Program - Diversion Programs  
**Reviewers/Person(s) Responsible:** Kids Central, Inc, QM Staff  
**Process/Methodology:** These reviews are usually pre-scheduled. Cases selected for review are by random sample and usually using the 90/10 confidence sampling methodology. Dependent upon circumstances, a review may be requested at 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 information. A written report inclusive of findings will be disseminated to Kids Central management, as well as, to the Case Management Agencies.
Department of Children and Families, Quarterly Reviews:

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

**Process / Methodology:** This activity is designed to identify case practice efforts and effectiveness in relation to the guidelines contained within the case practice review tools, which were designed to focus on safety, permanency, well-being and CFSR requirements. The goal is to ensure completion of case practice activities, adherence to best practice standards, and quality services for families. These reviews are conducted at the site of the case management agency. The Kids Central Quality Management Department will conduct in-depth 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
- the performance of key system of care practices for the same child and family

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.

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 – Reviews & Activities 2014 - 2015:**

<table>
<thead>
<tr>
<th>Dates</th>
<th>Name of Review</th>
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<tr>
<td>July – Sept.</td>
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<tr>
<td>July 7 - 11</td>
<td>FGDM Fidelity Review</td>
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<td>July 7 – 11</td>
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<td>August 4 - 22</td>
<td>Family Behavioral Therapy Review</td>
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<td>Exit Interview - FBT</td>
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<td>October 1 – 10</td>
<td>Quarterly Data Report (aka: Monthly Report)</td>
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<td>October 7 – 15</td>
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<td>November 10 - 14</td>
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<td>Devereux Review- Nurturing Parent</td>
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<td>February 16 - 20</td>
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<td><strong>April - June</strong></td>
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<td><strong>Quarterly QM Plan Reviews</strong></td>
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<td>April TBD</td>
<td>COU visit</td>
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<td>April 6 – 17</td>
<td>Family Connections Quarterly Review</td>
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<td>Summer Camp Kick Off- site visits/info</td>
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<td>May 3 – 8</td>
<td>COA Site Visit</td>
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<td>June 15 – 26</td>
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*This schedule is tentative and therefore subject to change*

**Utilization Management - Monitoring Subcontracted Providers:**

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

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

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

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

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

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

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

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

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

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

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

Data/Performance Reports:

Person(s) Responsible: CMA Staff, Quality Management Department, Contract Management Unit, and the Kids Central Senior Management Team
Frequency: Varies by report
Process / Methodology: This activity is designed to provide constant, on-going data information to all departments within the company for the purpose of driving production. The goal is to place these issues as a priority in our day-to-day work / operations and use them as a benchmark to gauge the success of our activities in meeting the service needs of our families. Numerous data reports are reviewed on an on-going basis at various intervals. The CEO, Quality Management Team, CMA Directors, Case Management Supervisors and many others throughout the agency, gather this data. Various sources are utilized to collect the data and all are shared with the Senior Management Team. If data suggests that our compliance or production is not satisfactory or declines, daily reports are often developed to provide an on-going baseline for monitoring. Monthly data calls are conducted between Kids Central and Case Management to review data, identify trends and develop ways to address exceptions. All exceptions to the Child and Family Outcomes/Measures are reviewed and reported to each CMA agency monthly and this data and any relevant trends are discussed on the monthly data call.
Tools/Reporting Outcomes/Results: FSFN, Internal tracking forms, Ad Hoc Reviews, Excel, Mindshare, Performance Dashboard Reports, etc...

Family Preservation and Protective Investigations - Activities

Family Preservation – Community Based and Early Services Intervention Staffing/Task Compliance:

Person(s) Responsible: Kids Central Family Preservation Specialists
Frequency: A minimum of Quarterly
Process / Methodology: This activity is designated to ensure that all cases that fit the category of “high or very high” are staffed directly with the Family Preservation Specialist. The cases that are “low to moderate” risk will be referred to a community provider by the Child Protective Investigator.

This activity is designed to ensure that all Diversion cases are staffed on a daily basis with the Family Preservation Specialist. The goal is to prevent a delay in services for the families in Circuit 5. All activities and documents will accompany the Diversion and/or the Early Services Intervention (ESI) packet. Throughout the 2014 – 2015 year, goals will include:

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

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

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

**Family Preservation/Child Protective Investigations CQI:**

**Person(s) Responsible:** Director of Family Preservation and Regional Operations Manager for Child Protective 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**

**Critical Incident Report Analysis:**

**Person(s) Responsible:** Quality Management Department, Contracts Department, CMA Family Safety and Permanency Specialists

**Frequency:** Quarterly

**Process / Methodology:** This activity is designed to analyze the incident report data and identify trends or concerns. The goal is to ensure that providers are adhering to procedure, that children remain safe and that any concerning trends are identified and addressed (both internally and externally). Incident reports, both internal and external, are submitted to Kids Central and designated as provider information or reportable incidents. Reportable incidents are sent to the Department of Children & Families through the Incident Reporting System. Incident reports will be reviewed quarterly for trends or concerns. Analysis will be provided to the Chief of Operations and subsequently to the CMA Directors to address any concerns.

**Tools/Reporting Outcomes/Results:** Data will be captured utilizing the incident reporting log, incident reports, FSFN and communication with case management agencies. Results will be disseminated by Quality Management to Executive Management and CMA Leadership.

**Critical Incidents, Accidents and other Risk and Safety Issues:**
It is the policy of Kids Central and its network provider agencies to identify and report critical incident information to ensure child safety and to prevent future risk. All Kids Central staff and contracted provider staff are required to promptly report all incidents, accidents, safety and risk issues in accordance with the requirements of 65C-30.020 F.A.C, and as outlined in Kids Central’s Incident Reporting and Client Risk Prevention Policy. 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 contracted provider (CMA) staff that becomes aware of an incident that meets the criteria set forth by the Incident Report form must initiate the proper response and verbally report the incident immediately to their supervisor, Program Director, CMA Director and/or the CEO of the provider organization.

In cases where health, safety and well-being of the client(s) have been critical or fatal or for those incidents that have the potential to create media involvement, the Case Management Agency will initiate the proper response to the incident (calling law enforcement, transporting client to the hospital) and make the verbal report immediately, not to exceed one hour from the time of the incident to the CMA CEO who will then notify Kids Central Executive Leadership, to include the: CEO and COO and/or Deputy Chief, or identified designee.

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

Kids Central will review, assess and analyze critical incidents, by committee, at a frequency to be determined by management; however, no less than semi-annually. Results will be compiled, reviewed and brought to the attention of the Kids Central’s Executive Leadership. Timeliness and quality of reporting and appropriateness of follow-up activities and resolution will be evaluated based upon a specified review period.

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

**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.

**Risk Management**

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

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

**Kids Central Inc. Risk Management Process**

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

![Risk Management Flowchart](image)

**Risk Management Goals**

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

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

Funder Goals:

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

Organizational Goals:

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

Risk Retention with Risk Control

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

Management and Supervision

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

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

Policy and Procedure

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

Training

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

Financial Management

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

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

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

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

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

**Implement Risk Management Techniques**

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

**Risk Management Committee**

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

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

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

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

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

The Risk Committee meeting agenda includes topics as follows:

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

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

The ability to effectively identify and manage risk is influenced significantly through collaboration with Kids Central’s critical partners. The System of Care Risk Committee is comprised of the Risk Management Committee, contract management staff and designated staff members from subcontracted providers.

**Scope:** The System of Care Risk Management Committee (SOC Risk Committee) is ultimately concerned with avoiding or minimizing of the shared risk in the Child Welfare arena where contractually and morally joined. The goals of the SOC Risk Committee are identical to the goals of the Risk Management Committee:

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

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

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

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

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

**Emergency Preparedness Committee**

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

- Chief Financial Officer
- Chief of Operations and Quality Management
- Out of Home Care Director
- Director of Human Resources
- Director of IT and General Services
- HR/Risk Manager
**Scope:** The Emergency Preparedness Plan includes formation of a Disaster Response Team which is charged with recognizing and providing planning and resolution to loss and potential loss related to a disaster. Details of the Disaster Response Team’s roles and responsibilities are included in the Emergency Preparedness Plan.


**Safety Committee**

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

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

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

**Functionality:** The Safety Committee meets quarterly and submits a fiscal year annual report to the CEO by July 31st each year for the preceding fiscal year. See Appendix C for a flowchart of the Safety Committee Process.

**Monitoring the Plan**

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

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

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

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

State Program Improvement Plan Supporting Activities:

Person Responsible: Quality Management Director; Quality Improvement Team Members
Frequency: Various
Process / Methodology: Based on the current emphasis and requirements outlined in the state Program Improvement Plan, Kids Central participates in all activities passed to the local district / CMA level. These activities vary based upon specifically identified areas of emphasis.
Tools/Reporting Outcomes/Results: FSFN, internal data collection, internal data analysis will be some of the tools utilized to complete these activities and others may be incorporated as well dependent upon the request.

Missing Children Analysis & Improvement:

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

Psychotropic Medications:

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

Child Exit Interviews:

Person(s) Responsible: CMA Supervisor, CMA Director, Placement Coordinator, Contract Management Director, and Kids Central Compliance Manager or designees
Frequency: Continual - daily; Compliance and Quality Reviews to be completed at least annually
Process / Methodology: This activity is designed to meet regulatory requirements and gain feedback from clients regarding each placement they experience. The goal is to ensure quality foster homes for clients. The process outlines that exit interviews must be completed by the case manager on any child that exits a licensed placement that 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 – Quality Assurance Activities**

**Random Validation of Eligibility: Federal Funding; Annual Internal Review**

**Person(s) Responsible:** Revenue Maximization Supervisor and Specialists; Quality Management

**Frequency:** Monthly; Annually

**Process / Methodology:** This activity is designed to assure accuracy of the revenue maximization files. On a monthly basis, the Revenue Maximization Unit completes peer reviews of federal funding files to ensure validity. Conflicts within the peer review process are brought to the Director of Accounting. The information is also validated against the Daily Log, and FSFN. Incomplete files or inaccuracies in paperwork are returned to the Revenue Maximization Specialist for correction. In addition to the peer reviews completed by Rev Max Specialists, an annual internal review will be conducted by Kids Central Quality Management, with report to Senior Management.

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

**Federal Funding**

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

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

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

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

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

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

The internal review structure consists of each Revenue Maximization Specialist participating in peer reviews.

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

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

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

Client Inquiries

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

Upon receipt, the supervisor will investigate the inquiry and make a preliminary assessment of
what action is required. The supervisor will seek to resolve the concern or problem expressed, making reasonable efforts to obtain resolution as requested by the inquirer. The results of the investigation and resolution will be clearly documented, logged, and filed.

Complaints

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

The Kids Central Complaint, Follow-up, and Resolution are documented in Footprints. If a complaint cannot be resolved by the Client Right’s Designee, the issue will then be passed on to the Chief Executive Officer, or designee and the person issuing the complaint will be advised of further grievance and appeals procedures.

Grievance & Appeals Resolution Process

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

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

Receipt of a Complaint

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

Complaint Investigative Process

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

Decision and Disposition

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

No Retaliation

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

Review of all Complaints and Grievances

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

Section IV: Partnerships & Performance

Quality Improvement Team (QIT)

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

Initiatives utilized to enhance and drive improvement are:

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

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

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

During the 2013 – 2014, the Quality Improvement Team successfully re-designed the Incident Reporting process. The re-design included, collaborative development of a new incident reporting form as well as a re-design of the reporting process, designed to assure a more efficient process of reporting incidents.

In June of the 2013 – 2014 year, the QIT initiated efforts to re-design the Supervisor Review process for case management agencies to include development of a review tool for circuit wide use. During the first quarter of the 2014 – 2015 year, Kids Central will roll out a new Supervisor Review training as well as establish a corporate policy and procedures specific to supervisor oversight requirements.

Other suggested improvement projects are projected to occur throughout the year.

**Consumer and Stakeholder Surveys**

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

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

**Stakeholder and Foster Parent Surveys**

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

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

For the upcoming year, the Out of Home Care (OHC) Licensing Dept. has set recruitment goals at 60 new homes or 75 new beds. Of the (60) new beds; 10 of those beds must be teen specific.

During the year ending 2013 – 2014 year, Kids Central gained 60 new foster homes and 123 new beds, a 36 bed increase and which totaled 159 new beds for our circuit. A targeted marketing recruitment plan was completed in 2013 which assisted with deciding where to focus recruitment activities. KCI partnered with marketing gurus to study our current and previous foster population to grasp better understanding of WHAT characterized a great foster parent. Gold and Associates’ marketing research presented us with an in depth analysis of the “who,
what, where, and why’s” of foster parenting and assisted with how to implement a targeted recruitment plan.

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

In addition focused efforts will be made to increase the number of homes able to take sibling groups.

The Foster Parent Orientation process has been changed:

✓ Families are prescreened before being invited to class or orientation
✓ Home visits being done at the time of case assignment, even before class starts
✓ Family Profile Packet being provided to the families at the first class session or Orientation. Families are now given deadlines and timeframes for paperwork due
✓ Weekly staffing and tracking of Supervisor and Line staff on the Home study progress
✓ As a result homes are now licensed 60-90 days AFTER class graduation. We ended the fiscal year with a 51 day avg. time to license homes after class graduation.

Efforts have been strengthened to Retain Quality Foster Homes:

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

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

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

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

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

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

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

**Training and Development of Foster Parents**

In 2013, Kids Central partnered with Key Assets to develop a modern and system of care specific pre-service curriculum for prospective foster parents. The curriculum, titled “Fostering Futures by understanding the past”, was implemented in August, 2013. The new curriculum offers much needed flexibility for families to take advantage of to help make the training process as seamless as possible.

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

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

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

The Centers Case Management Agency
Quality Assurance Activities/Reviews Schedule
2014 - 2015

<table>
<thead>
<tr>
<th>Dates</th>
<th>Name of Review</th>
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<tbody>
<tr>
<td>Sept 1-8</td>
<td>Case File Reviews</td>
</tr>
<tr>
<td>Sept 18-26</td>
<td>1st Quarter Peer Reviews</td>
</tr>
<tr>
<td>Sept. 19 – 24</td>
<td>1st Quarter Psychotropic Medication Review</td>
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<tr>
<td>Sept. 10-20</td>
<td>Sibling Visitation</td>
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<td>Sept. 19-20</td>
<td>Sexual Safety Plans</td>
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<td>Oct. 31</td>
<td>Exit Interviews</td>
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<td>Sexual Safety Plans</td>
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<td>Sibling Visitation</td>
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<td>November 19 - 20</td>
<td>Sexual Safety Plans</td>
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<td>November 28</td>
<td>Exit Interviews</td>
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<td>December 1-5</td>
<td>Case File Reviews</td>
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<tr>
<td>December 8-12</td>
<td>2nd Quarter Peer Reviews</td>
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<tr>
<td>December 15-19</td>
<td>2nd Quarter Psychotropic Medication Review</td>
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<tr>
<td>December 19-20</td>
<td>Sibling Visitation</td>
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<td>Sexual Safety Plans</td>
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<td>December 30</td>
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<td>January 6 – 10</td>
<td>Case File Reviews</td>
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<td>January 19-20</td>
<td>Sibling Visitation</td>
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<td>Sexual Safety Plans</td>
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<td>January 19-20</td>
<td>Exit Interviews</td>
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<td>February 2-6</td>
<td>Case File Reviews</td>
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<td>Sibling Visitation</td>
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<td>February 19-20</td>
<td>Exit Interviews</td>
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<td>Case File Reviews</td>
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<td>March 9-13</td>
<td>3rd Quarter Peer Reviews</td>
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<td>March 16-20</td>
<td>3rd Quarter Psychotropic Medication Review</td>
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<tr>
<td>June 8-12</td>
<td>4th Quarter Peer Reviews</td>
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<tr>
<td>June 22-26</td>
<td>4th Quarter Psychotropic Medication Review</td>
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<td>June 23-27</td>
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</tbody>
</table>

*May be subject to change
The Centers Case Management Agency Planned QA Activities 2014 - 2015

Schedule of planned QA activities for the upcoming year: 2014-15

1. Activity – Important Aspects of Care  
Person Responsible – QAS  
Frequency – Monthly  
Process – This activity is designed to review case files to determine the child’s safety, permanency and well-being. In addition, to determine if contract measures are being met i.e., Contact with Birth Parents. The goal is to ensure compliance with Performance Measures.

Methodology – The Important Aspects of Care was developed in accordance with the Joint Commission for 2012-13 but will now continue as part of the Center’s CARF Accreditation.

A 5% sample population of total primary cases is reviewed to ensure compliance with Performance Measures, such as contact with birth parents and children seen every 30 days. Baselines are in place to assist the Centers in determining if measures have been met and for areas where improvements are needed, an Action Plan is developed which assists in improving outcomes.

Data Tools – FSFN Clients Active, Mindshare, State Scorecard, Lead Agency Balanced Scorecard and The CMA’s internal Balanced Scorecard and Dashboard, sample population, internal tracking forms

2. Activity – Case File Reviews  
Person Responsible – QAS  
Frequency – Monthly  
Process – This activity monitors the progress in meeting all quality improvement requirements, in compliance with federal and state guidelines. It also identifies areas of improvement for the FCM. If needed, solutions are recommended by the QAS to improve the quality of casework. The goal is to ensure effective services are delivered and to identify areas for improvement, while monitoring compliance.

Methodology – Cases are identified and reviewed based on a random sample of the total population served. The case file reviews are designed to identify and ensure safety, permanency and well being.

** If a concern is noted during the review, notification is made to the unit supervisor who will provide guidance and instruction to the FCM. FCM Supervisor will be responsible for follow up with the FCM to ensure compliance.

Data Tools – Case files, FSFN (the Legal Case File), sample population

3. Activity – Peer Reviews  
Person Responsible – QAS  
Frequency – Quarterly  
Process – This activity is in place to encourage mentoring between staff members across all units. Roll ups are completed for each unit and a final roll up is then developed which
summarizes overall findings. Strengths and areas for improvement are noted which include any documents that need to be completed to ensure compliance with CFOP and Florida Statute.

Methodology – 5% random sample of the population served (primary cases only). This sample is divided among the units in the service center which is then provided to the Family Care Manager Supervisor (FCMS).

Data Tools – Case files, FSFN, Peer Review Tool, agency tracking forms

4. Activity – Client Satisfaction Surveys
   Person Responsible – QAS
   Frequency – Monthly
   Process – This activity is designed to monitor and review the practices and services provided to the children and families we serve.

Methodology – Each FCM is provided with two (2) Client Satisfaction Surveys to be delivered to clients on his/her case load. QAS tracks any concerns or problems noted. When a problem or concern is identified which is rated a three (3) or below and if possible, contact with the stakeholder is made to discuss the noted concern and engagement is initiated to resolve the concern. Corrective Action Plan is developed and approved by the CBC Director and then forwarded to the Centers Quality Improvement/Utilization Review Manager.

Data Tools – Client Satisfaction Surveys, Excel tracking sheet, FSFN

5. Activity – Caregiver Satisfaction Surveys
   Person Responsible – QAS
   Frequency – Monthly
   Process – This activity is designed to monitor and review case management service delivery for the children and families we serve.

Methodology – Each month QAS completes 20 telephone calls to a random number of caregivers regarding their recent experiences and satisfaction with services being provided. QAS tracks any concerns or problems noted. When a problem or concern is identified, QAS will take the lead to address promptly. Additional contact with the stakeholder is made to discuss the noted concern and engagement is initiated to resolve the concern. If needed, corrective Action Plan is developed and approved by the CBC Director and then forwarded to the Centers Quality Improvement/Utilization Review Manager.

6. Activity – Quality Improvement (QI)/Training Committee
   Person Responsible – QAC, FCM’s, Permanency Specialist, Assistant Director
   Frequency – Monthly
   Process – QAC leads an internal Quality Improvement Team. This activity is designed to ensure services reflect a high degree of quality through staff involvement. The goal is to develop more effective case management tools.

Methodology - The QI committee meets on a monthly basis to brainstorm current processes and best practices. Through these meetings, the committee provides input for better quality of service.

7. Activity – Supervisory Reviews
   Person Responsible – FCM Supervisor
   Frequency – Quarterly reviews
Process – This activity is designed to ensure compliance with all laws and statutes, offer feedback/guidance to the FCM, and identify strengths and areas of improvement for each case of the FCM’s caseload within the Supervisor’s unit.

Methodology – FCM Supervisor reviews cases assigned within 30-45 days of ESI and quarterly thereafter. This review is discussed with the FCM to assist in ensuring a better understanding of expectations of the case and to drive the case toward permanency in a timely manner.

Data Tools –Supervisory tool, case file, FSFN

8. Activity – Exit Interviews
Person Responsible – FCM, FCMS, Program Assistant, Administrative Assistant, CBC Director, Assistant Director
Frequency – Upon a child’s movement in foster care
Process – This activity is designed to ensure compliance while assessing the child’s safety and well being. Exit Interviews can also allow for reporting of concerns within the foster placement in order for them to be discussed and if needed, a resolution developed. The goal is to ensure safety of the child and allow them to have a voice.

Methodology – As Daily Census Reports (DCR) is completed, a copy of the DCR is provided to the Program/Administrative Assistant which assists in monitoring a child’s movement. The Program/Administrative Assistant is responsible for assuring the Exit Interview is received from the FCM within the allotted timeframe (5 days) who then forwards the completed form to KCI’s exit interview email address.

Data Tools –Daily Census Report, FSFN, Exit Interview, Excel tracking sheet

9. Activity – Data Performance Reports
Person Responsible – QAC, Assistant Director
Frequency – Daily, Monthly, Weekly, Quarterly
Process – This activity is designed to provide FSFN data to case management staff which assists them in managing case work activities. The goal is to monitor and track performance.

Methodology – Reports are extracted for the purpose of providing case management staff feedback on the areas that drive production. Examples of reports pulled include Children Not Seen, Removal/Placement Exceptions, AFCAR errors and Fingerprints/Photos/Birth Verification.

Data Tools – FSFN, Excel tracking sheet, agency tracking forms

10. Activity – Psychotropic Medication Review
Person Responsible – QAS, Program Nurse
Frequency –Quarterly
Process – This activity is designed to monitor all children on psychotropic medication and those others with mental health needs. FSFN data will be used to assist Supervisory and case management staff in managing case work activities in regards to children on psychotropic medication. To monitor supervisory consults entered into the system of record for the need of a second opinion for all children on two or more psychotropic medications.

Methodology –Psychotropic medication report extracted from FSFN for the purpose of ensuring that accurate information is entered and maintained in the system of record. To ensure appropriate use of psychotropic medications and to monitor physical health, mental health, education, and child and youth development for children in out of home care. To monitor the risks associated with a child on medication. To ensure that case management staff set up the
appropriate services (therapy, behavioral supports/monitoring, other interventions, etc.),
including targeted case management.

11. Activity – Sibling Visitation
   Person responsible – QAS, Case Manager Supervisor
   Frequency – Monthly
   Process – this activity is designed to track visitation of separated siblings and to ensure that
   frequent visitation or other ongoing interaction occur between separated siblings unless it
   would be contrary to a sibling’s safety or well-being and only by court order.

   Methodology – Separated Siblings report extracted from Mindshare and FSFN Client’s Active for
   the purpose filtering adequate separated siblings for the purpose of reviewing 12 cases monthly
   for chronological documentation for when the visit occurred or attempts to set up visitation.

12. Activity - Sexual Safety Plans (178.88)
   Person Responsible – QAS, Family Care Manager Supervisors
   Frequency – Quarterly
   Process – This activity is designed to monitor all procedures and safeguards for identifying and
   assisting children in substitute care who are known alleged juvenile sexual offenders, sexual
   aggressors, or sexually reactive children, or who are known victims of sexual abuse. To ensure
   that discussion of the 175.88 is discussed at each home visit and that the 175.88 is initiated at
   placement for subsequent placements.

   Methodology – QA reviews will be conducted on new cases, reopened case, and incident reports
   for the purpose of identifying those children in need of sexual safety plan. To determine services
   and/or supports for the child(ren) and/or caregiver which serves to strengthen the placement, if
   the caregivers was alerted at the time of placement as to special precautions to consider and
   determine the most appropriate placement and treatment needs for a child(ren).
Children’s Home Society Case Management Agency

MAJOR QA ACTIVITIES 2014 - 2015

1. PEER REVIEWS

Peer reviews are conducted quarterly on a random sample of dependency cases. The review has 36 practice items. These are a combination of DFC/COA and CHS requirements. The review tool includes both qualitative and compliance items.

The results are presented to each service units quarterly. Supervisors review Individual case results with the appropriate case manager. Offices with an overall rating of less than 80% are required to develop and implement an improvement plan. Overall results are presented to staff quarterly at all staff meetings.

2. PERFORMANCE MEASURES

DCF performance measure results are reviewed monthly by senior management. Supervisors review the results with their teams monthly. Office results are presented to staff monthly at all staff meetings. Management identifies units who are not meeting the target in key performance measures. The unit supervisor is required to present in person to senior management barriers to achieving the performance standard and their plan for meeting the standard.

3. CONTRACT COMPLIANCE

The contract with KCI is reviewed annually and a list of items that need to be tracked for compliance is developed. Compliance is reviewed quarterly and the results shared with supervisors.

4. PSYCHOTROPIC MEDICATION MONITORING

A plan for monitoring medication management has been developed. This plan includes:

- Monthly supervisor reviews of all cases where children have been prescribed psychotropic medication
- CHS Nurse completes a monthly review of a sample of cases of children prescribed psychotropic medication
- Maintenance of a log of all children on psychotropic medications

The results of the monthly case reviews conducted by the nurse are shared with managers and supervisors. Units scoring less than 90% are required to develop and implement an improvement plan.
5. CUSTOMER SATISFACTION

Monthly each supervisor is required to conduct 2 customer satisfaction telephone surveys with caregivers. Customer satisfaction results are presented to staff monthly at all staff meetings. Quarterly reports are sent to KCI.

6. LUNCH N LEARN

The agency QA specialist reviews the findings and recommendations from external reviews (KCI/DCF) and identifies common practice areas requiring improvement. QA then implements “lunch n learn” sessions with supervisors and case managers focusing on best practice.

7. MENTORING OF NEW CASE MANAGERS

New case managers are assigned a mentor. The mentor is required to provide 48 hours of mentoring over a 12 week period. The mentor follows the mentoring guide which lists the knowledge and skills areas the new case managers needs to acquire. The mentor reports the status of the mentee’s learning each month to the supervisor. At the conclusion of the mentoring period the mentor meets with the mentee and supervisor to review the new case manager’s knowledge and skill levels.
Quality Assurance Plan
Youth and Family Alternatives - Adoptions
2014-2015

ACTIVITIES

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<th>Collection Tool</th>
<th>Frequency</th>
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<td>K-12</td>
<td>K-12 FSFN or Mindshare</td>
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<tr>
<td>Children Seen</td>
<td>Children Seen Report</td>
<td>Weekly</td>
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<tr>
<td>Medical/Dental/Immunization</td>
<td>FSFN Report</td>
<td>Weekly</td>
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<td>Exit Interviews</td>
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<td>Sexual Safety Plans</td>
<td>Internal Log</td>
<td>Weekly</td>
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<td>CBC Survey Questionnaire</td>
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INTERNAL FILE REVIEWS, CAP, AND YFA PEER REVIEWS

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</tr>
<tr>
<td>October-December 2014</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Qtr Internal File and CAP Reviews</td>
</tr>
<tr>
<td>January-March 2015</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Qtr Internal File, CAP, and YFA Peer</td>
</tr>
<tr>
<td>April-June 2015</td>
<td>4&lt;sup&gt;th&lt;/sup&gt; Qtr Internal File and CAP Reviews</td>
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</table>

Internal File Reviews: 5 cases reviewed from each of the 3 units per quarter (total 15)

CAP Reviews: Approximately 7-9 cases for each of the identified needs will be reviewed each quarter. All 3 units are included in the random sampling.

YFA Peer Reviews: At the discretion of the YFA Quality Improvement Director.