Memorandum of Agreement
Between
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF FAMILY AND COMMUNITY SERVICES – CHILD WELFARE
and
OUR KIDS OF MIAMI-DADE/MONROE, INC.
FY 2011/2012

PREAMBLE

The goal of child welfare is to promote, safeguard and protect the overall well-being of children and families, to intervene on behalf of children who have been abused or neglected, and to work with children and families to assure that every child has a permanent, safe, and nurturing environment in which to achieve their maximum potential.

The parties to this Agreement, the Department of Children and Families, hereinafter referred to as the "Department," and the Our Kids of Miami-Dade/Monroe, Inc., Community-based Care Lead Agency, hereinafter referred to as "the Lead Agency," agree to the terms and conditions set forth herein for the following purposes:

- To ensure that the state continues to remain in substantial conformity with federal and state requirements with Quality Assurance (QA) and Continuous Quality Improvement (CQI) systems that protect the safety, health, and welfare of children in care through formal reviews that address key practice areas and provide feedback on key findings;

- To provide for appropriate Quality Assurance (QA) activities consistent with state and federal laws; and

- To ensure appropriate oversight and accountability of Florida's child welfare services continuum that includes prevention, diversion, and case management services provided to improve outcomes for children and families.

1. Agreement
1.1. The Department and the Lead Agency hereby enter into this Memorandum of Agreement ("Agreement") based on the mutual promises set forth herein.

1.2. The effective date of this Agreement is July 1, 2011, and it shall expire on June 30, 2012 subject to renewal per Section 5.2.

1.3. The statements of the Preamble are true and are incorporated herein and made a part hereof.

2. Reporting Requirements:
2.1. Annual Quality Management Plan that outlines:

2.1.1. Quality assurance (QA) activities planned for FY 2011/2012;

2.1.2. Continuous Quality Improvement Process that encourages and support activities that drive system improvement;

2.1.3. Sampling criteria for eight cases to be reviewed quarterly through the In-depth Quality Services Review (QSR) described in Section 3 of this agreement; and

2.1.4. A process for development of an annual System Improvement Plan (SIP) that identifies actions needed to address findings from In-Depth QSR case reviews and the annual evaluation.
2.1.5. QSR Reports that are input quarterly into the Department's QSR Review Tool at: http://apps1.dcf.state.fl.us/WebSecurity/login.aspx with documentation as required. The quarterly data must be entered into the Department’s system by: (1) December 16, 2011, 2011; (2) January 30, 2012; (3) April 30, 2012, and (4) July 30, 2012.

2.1.6. The Lead Agency shall submit to the Department the annual evaluation referenced in Section 3 of this agreement by August 30th of each fiscal year beginning in 2012.

2.1.7. The Lead Agency shall submit the SIP and all internal assessments regarding child welfare performance to the Department by October 30th of each fiscal year beginning in 2012.

3. Programmatic Requirements

3.1. The Department shall:

3.1.1. Make available through the Department’s web portal a standardized tool for capturing information obtained from In-depth QSRs.

3.1.2. Provide technical assistance and support to Lead Agencies statewide.

3.1.3. Provide newly appointed Lead Agency quality assurance staff with quarterly training on conducting QSR In-depth reviews.


3.1.5. Include the Lead Agency in the notification and review of documents relating to quality assurance and quality improvement.

3.2. The Lead Agency shall:

3.2.1. Maintain designated QA staff responsible for on-going quality assurance activities and trained in the Department’s QSR process within six months of employment.

3.2.2. Conduct In-depth QSRs on a minimum of eight (8) cases each quarter using the QSR protocols and web based tool established by the Department. The in-depth case-based quality review process will focus on child welfare practices involving ongoing cases. 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. The QSR protocol examines recent results for children receiving services and their caregivers as well as the contribution made by local service providers and the system of care in producing those results.

3.2.3. Utilize QSR review findings to improve child welfare practice.

3.2.4. Implement a CQI process that will inform practice and policies and provide feedback to subcontracted case management providers and staff at all levels.

3.2.5. Our Kids will have at least one independent annual or multi-year evaluation of child welfare practice and outcomes from at least one third-party evaluators (in-state or out-of-state) from the private sector (including peer review) who have experience in child welfare, national child welfare organizations, or an accredited university. If multi-year evaluations are conducted, an
annual evaluation will be prepared that sets a baseline for system improvement activities.

3.2.6. Ensure the evaluation can includes but is not limited to QSR data. Other sources of information may include child welfare data in the Florida Safe Families Network (FSFN) and accreditation reports, e.g., Council on Accreditation (COA) or Accreditation of Rehabilitation Facilities (CARF) for those Lead Agencies that are accredited.

3.2.7. Any and all evaluations will be presented to the CBC Board of Directors and local Community Alliance or structured community forum for the development of a local SIP (System Improvement Plan). The purpose of the SIP is to establish program priorities, define specific action steps to achieve improvement, and establish goals for improvement. The SIP must be approved by the Community Alliance and/or CBC Board of Directors.

3.2.8. Participate in quarterly meetings and trainings (contingent on availability of funding) with the Department’s quality assurance staff to collaborate on federal and state quality assurance initiatives.

3.2.9. Ensure all internal QA staff who conduct quarterly in-depth QSRs are trained by the Department to conduct such reviews.

4. Severability

In the event any provision contained in this Agreement is determined to be unenforceable by a court of competent jurisdiction, the validity, legality, or enforceability of the remainder of the Agreement shall not be affected or impaired thereby, and shall be administered by the parties as if the invalid provision had never been included herein.

5. Other

5.1. This Agreement supplements and is subject to the general terms and conditions of Contract No. KJ114.

5.2. This Agreement shall be automatically extended on an annual basis during the pendency of Contract No. KJ114 and any extension of successor contract, unless earlier terminated by one or both parties.

5.3. This Agreement may be amended only by a written amendment signed by both parties.

By: Frances Allegra, CEO
Our Kids of Miami-Dade/Monroe, Inc.

Date: 12/28/11

By: Jamie Seif, Ed.D, Executive Director
Department of Children and Families,
Office of Family and Community Services

Date: 01/06/12

REVIEWED FOR CONTENT AND RECOMMENDED FOR APPROVAL: 12/28/2011

CONTRACTS DEPT. / DATE
Quality Management Plan
Following Statewide Quality Assurance Planning
Criteria for Fiscal Year 2011/2012
Overview

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

Mission

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

Vision

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

Guiding Principles of Our Kids

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

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

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

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

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

6. Customer Satisfaction: Engage all key stakeholders, especially children, families and caregivers, in the planning, delivery, monitoring and continuous improvement of the system.

7. Leadership and Stewardship: Maintain an independent board of community leaders that oversee the system of care. The Board’s primary focus is to establish a strategic direction, advice on policy, advocate for system enhancements and innovation and facilitate relationships.

Purpose of the Our Kids Quality Management Program

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

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

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

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

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

Our Kids incorporates its external quality assurance component to include monitoring and support of its contracted providers and a continuous quality improvement plan to monitor and support services delivered within Our Kids' organization, if any. As part of its leadership and accountability model, Our Kids contracts with agencies which have been nationally accredited and have implemented an internal Continuous Quality Improvement system.

The purpose of the comprehensive quality management plan is to promote quality care meeting all federal Adoptions and Safe Family Act (ASFA) consistent with community and national accreditation standards that provide mechanisms for evaluating and continuously improving the system of care.

**Fundamental Concepts Underlying the Quality Assurance Process**

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

- Good outcomes are achieved through consistent monitoring, evaluation, and sharing of best practices.
- Quality problems can be resolved and service continually improved through systematic monitoring, evaluation, feedback, and training.
- Accessible, current data is vital to organizational decision-making.
- Quality Improvement is part of each employee's day-to-day work.
- There is zero tolerance for poor quality service.
- Improving services is a continuous process.
• We will continually seek feedback from children and families, employees, community organizations, providers, and funding agencies in order to ensure quality services.

• We will regularly reach out to stakeholders to share information, identify problems, propose and implement solutions, and evaluate results.

• Mistakes should be used for learning.

Focus on Coordination and Process

Unit Supervisory Discussions

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

1. Each Case Manager Supervisor is required to complete supervisory reviews on 100% of their cases assigned to their units on at least a quarterly basis.

2. Our Kids completed training on the Supervisory Discussion Guide for all of our subcontracted Full Case Management Agencies (FCMA) Quality Improvement staff. The training included identifying the five elements that would support a qualitative discussion between a supervisor and case manager. Current practice requires that Supervisory reviews include an assessment of all aspects of child safety, well-being, and permanency. Supervisory reviews must also include clear direction and guidance to case managers. A tool was developed in partnership with our FCMA CQI staff to capture these 5 elements. The tool is not to be used as a form to be filed in the case file. It is a guide that will help the supervisor's conversations with their staff.

The quality of supervisory reviews is measured during quarterly file reviews and through internal reviews conducted by Our Kids subcontracted agencies QI staff. The outcome of the internal reviews by the subcontracted agencies is discussed during monthly Continuous Quality Improvement meetings hosted by Our Kids with agency QI staff. Additionally, Our Kids reviews supervisory reviews notes in FSFN quarterly to measure compliance with our performance based scorecard. The quality of supervisory reviews is one of ten metrics being measured.

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

4. Our Kids Quality Assurance staff reviews the completion of supervisory reviews on a quarterly basis and reports the outcome of reviews to each FCMA through a performance based scorecard. Supervisory reviews are one of ten metrics being measured each quarter. Historically Our Kids measured a sample of each FCMA's cases to ensure supervisory reviews were being done timely every quarter and experienced significant success in improving the number of supervisory reviews occurring each quarter. Last year we changed our approach to measure the specific content and quality of the documentation reviews after providing insight to agencies that some issues were not up-to-date, and that is was sometimes unclear as to the discussion being relevant to the essentials. Again, with feedback from agencies, the compliance rate with this metric is improving each quarter. The quality of supervisory reviews has improved by 50% last years. Each FCMA also has access to the data information system
Mindshare. Mindshare compiles data from FSFN and formats the information into easy-to-read, user-friendly dashboards so that each FCMA can review their compliance with completion of reviews on a daily, weekly, monthly, and quarterly basis. Mindshare also provides automatic alert emails to FCMA Program Administrators and Case Manager Supervisors to alert them when supervisory reviews are due.

5. Having quality and timely supervisory reviews every quarter for every case is a contract measurement that Our Kids requires of its subcontracted agencies. Agencies with supervisors not meeting expectations are mandated to submit corrective action plans for performance improvement. This year, the metric team has agreed that having each case manager accompanied on at least one home visit every quarter would be beneficial for mentoring the case manager. It is also a good way for the supervisor to see the family engagement skills of case manager at work. Agencies began this type of supervisory review during second quarter Fiscal Year 2011-12 for Our Kids to review and for the metric team to discuss. Documentation of this joint visit with child, caregiver, supervisor and case manager and the discussion before and after visit will serve as a supervisory review for that child’s case and be part of the coaching and field service mentoring.

QSR and APPLA Reviews

Our Kids, in partnership with the Full Case Management Agencies QI staff, is responsible for the case record reviews using the Quality Service Review protocol. This new process for Florida began with two cases during Quarter 4 of Fiscal Year 2010-11, after the QA managers were trained at a statewide QA Manager’s Meeting in Ocala This fiscal year, Our Kids will review eight (8) cases per quarter. The Department of Children and Families State Program Office will continue to determine the parameters of the review (population examined as well as review period) and is responsible for determining which cases are part of the review sample. All record reviewers will be receiving training on the protocol and rating system of the practice indicators by the Department of Children and Families. (Family Safety Office has projected that each region will receive five days of training and have expressed and Request for Proposal is being issued for this purpose). Until the training is completed the Our Kids staff who has had the ‘basic QSR training’ will lead the interview process for the first quarter and consult with the Family Safety Office as needed on case rating.

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

Once the assessors gain the necessary knowledge of the selected family’s services –done by brief 2-3 hour file review and interviews with as many participants and family supports as possible–the team members will come to a consensus on for each of the indicators using the rating scales of 1-5 (adverse or worsen to optimal). The team members will also write a confidential summary about the child and family’s story for general learning purposes. Once rating and summary is completed, the Our Kids Quality Assurance Director or designee will review each assessment and rating along with the team who reviewed the case for completeness, accuracy and understanding. The Quality Assurance Director or designee also uses this opportunity to discuss the quality of care and services rendered by the agency and assesses the reviewers understanding of the goals and activities in the case and family reviewed.

The Our Kids Director of Quality Assurance or designee is responsible for tracking, analyzing, and reporting the stories learned from the reviews to our partners and the Department of Children and Families Family Safety Office. Within 30 days of the completion of the reviews. Our Kids intends for the report and the face to face debriefings with the case managers, supervisors and Continuous Quality Improvement staff at each Full Case Management Agency to be a productive forum. We acknowledge that the new process will be a learning experience and a departure from the compliance-based tools used previously. Conclusions and specific recommendations as to each reviewed family’s safety, permanency, well-being, teaming and practicing in a family centered manner are expected. The report also draws
conclusions as to the effectiveness of various program operations and highlights areas in which the system of care is exceeding and sights areas in which performance needs improvement. (See below for review schedule.)

All reviewers are instructed to notify the Quality Assurance Director or designee if they have any concerns regarding the quality of care provided to the client and or any safety threats to a child. Once notified by the reviewers the Quality Assurance Director notifies the Full Case Management Administrators and Our Kids Regional Director of the concern in writing and designates a time frame in which the Full Case Management Agency is to respond with the measures taken to address the concern. If necessary, follow up staff meetings are coordinated with the Quality Assurance Director, and Full Case Management Agency’s CQI contact and program manager.

Additionally DCF decided that for Fiscal Year 2011-12, the QA tool and case sample selection of 25 would no longer be used for reviews. Instead the QSR protocol will be used on eight cases per year. The QSR format requires numerous interviews for the assessors to gain a wide range of information as they rate the 21 status indicators on a scale of 1-6. The scale has three acceptable ratings (4-Fair, 5-Good and 6-Optimal) and three unacceptable ratings (1-Adverse and Worsening, 2-Poor and 3-Marginal). The reviews will also be done in teams by quality assurance staff from Our Kids and Full Case Management Agencies without DCF quality assurance teams involvement. This was a decision made by the QA staff in the Florida DCF Office of Family Safety Programs in Tallahassee and announced to CBC QA in June 2011. Our Kids—like the other CBCs in Florida—is entering a Memorandum of Agreement with DCF to do QA internally which will include third party monitoring as well as delivering information on APPL:A case samples and eight cases per quarter reviewed with the QSR protocol. DCF provided training to CBC QA Managers in June 2011 and offered the first wave of training for other CBC and FCMA/CMO QA staff on August 24-25, 2011. This training was postponed until September 20-21st. More detailed training will involve a “Train the Trainer” course from a DCF selected vendor. Our Kids and the other CBCs in Florida are to build capacity by having one person trained who will train QA staff in their area. The ‘Train the Trainer’ will consist of one full week and two days of direct supervision from the DCF-selected vendor.

**Psychotropic Medications for Children in Foster Care**

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

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

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

The Our Kids Clinical Department regularly monitors and reports to DCF QA Regional Manager the status of any discrepancies on a weekly basis and is engaged in educating service providers the process of obtaining informed consent. Children Legal Services is also regularly involved in the discussions as to obtaining court orders and synchronizing data from other sources. For example, the Our Kids Clinical Director reviews information from AHCA and FSFN to verify proper psychotropic medication procedures, consents and medical listings. Approximately 237 children in out of home care—just under 14% which is slightly below national average—are on psychotropic medications. The regional QA Manager is knowledgeable about the process used and sends exceptions lists weekly for reconciliation. Work with IT, AHCA and Mindshare should result in real time 100% QA by the middle of next year.

Local Metrics Review Schedule

In 2007 Our Kids developed a performance based scorecard that monitors areas deemed significant in determining a child’s experience in care. The scorecard measures metrics on a quarterly basis. This scorecard requires file reviews for several of the metrics. These metrics include compliance with home studies for children in non-licensed homes; medical and dental; and education. These reviews are completed each quarter and begin the last month of the quarter with final results the 15th day of the next month. The scorecard is tied directly to our subcontracted FCMA ability to earn a performance incentive at the end of each quarter. The scorecard is divided into primary and secondary metrics. Primary metrics were determined to be critical to the safety of a child and therefore failure of one primary metric results in a fail for the quarter. A fail for the quarter eliminates potential for any performance incentives. In addition an agency that fails will not be assigned new cases until issues that lead to the failed metric is addressed and resolved. Full Case Management Agencies (FCMAs) must earn a grade B or higher for each primary compliance measure to be eligible to receive a performance incentive. If the performance incentive has a target, a portion of the performance incentive will be considered an advance payout for the quarter. See attached exhibit R for further details. Note that Our Kids discussed Metrics regularly in open meetings with its partners and collaborate in increasing or ‘tweaking’ metrics to increase positive outcomes for families and improved performance in the workforce. In addition, when DCF makes changes to performance indicators change, the scorecard measures at Our Kids may be adapted if warranted. Our Kids notes the major improvements made by scorecard initiatives in our area and value the process and collaboration with our partners.

For example see chart showing incremental improvements on metrics that have been ongoing and those that have been shadowed and become ‘live.’ Our Kids and the agencies allow a ‘dry run’ to give Full Case Management Agencies an opportunity to track and make adjustments in practice for better performance. The chart below is from Fiscal Year 2010-11. During that time the IL staffing metric was being shadowed and increased each quarter. This year, Quarter 1 the metric was counted, or “live” and improved from 10% compliance to 88.32%! 
Quarter 1 Fiscal Year 2011-12 the Independent Living Metric that was shadowed all last year went “live” and improved to 88.32%.

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<th>Total Dependents per agency</th>
<th>Total Compliance</th>
<th>% Compliance</th>
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<td><strong>197</strong></td>
<td><strong>174</strong></td>
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The local review schedule for metrics begins the second week of the last quarter of the month and is wrapped up by the second Friday of the month following the end of the quarter. For example, Quarter 1 review of July-Aug-Sept begins the second week of September and is completed with final score card the second Friday of October.

The local review schedule for “side by side and base” reviews of APPLA and QSR cases 2011-2012 mentioned earlier in report is as follows:

Q1:  9/14-10/31*  (CQI debriefing Dec 5, 2011)
Q2:  11/30-12/16/11 (CQI debriefing January 9, 2012)
Q3:  2/1/12-3/1/2012 (CQI debriefing March 5, 2012)
Q4:  5/1/12-5/30/12  (CQI debriefing June 4, 2012)

Q1*- The Pathways to Independence Summit, wrap up of Medical-Dental review and QSR training delay,
affected scheduling greatly. As all team members of all agencies were involved in these projects meetings plus two special internal reviews, as well as preparing or conducting regular quarterly metric reviews.

Focus on Results

Tracking and Reporting on Performance

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

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

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

Tracking and Reporting on the Performance of Contract Providers.

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

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

Our Kids monitors the contracted providers in the network through a number of mechanisms. The activities referenced below require a cooperative effort involving the Director of QA, the Our Kids Regional Manager, and the provider agencies. Combined efforts ensure that quality and compliance levels are not only monitored but continually improved. The following overview of provider oversight and quality assurance and improvement activities is not intended to be an all inclusive description:
1. Quarterly Analysis of Outcome and Performance Data Scorecard
2. Quarterly File Reviews
3. Performance Improvement Plans
4. Corrective Action Plans
5. Customer Satisfaction Surveys
6. Complaint monitoring and investigation

COU monitoring auditors visited Our Kids in September 2010 and improvement plans and goals were established in the following areas: pre-independent living, independent living lif skills and family engagement in case planning (obtaining signatures of parents on case plans and documenting why those signatures were not obtained if applicable). It was agreed that we would measure those performances when Our Kids QA conducts the reviews related to the ten scorecard metrics and that the issues will be discussed at every monthly CQI meeting to see how agencies are addressing the gaps. Additionally, as mentioned the pre-IL and IL metric that has been reviewed and results given to the full case management agencies, Quarter 1 Fiscal Year 2011-12 those reviews will be factored in for compliance and performance incentives.

Strategic Objectives

Our Kids has undergone a number of activities to develop a strategic plan that is supported by Quality Assurance activities. The plan functions as a road map to the agency’s performance goals. The Our Kids strategic plan was developed with the board of trustees with input from the community and projects three years into the future. It is reviewed and updated annually. The Director of Quality Assurance and Manager of Quality Assurance assists the senior management staff leader to develop this strategic plan as well as shorter term, quarterly goals. Every part of the organization is involved in implementation. Our Kids Strategic plan, as well as a description of activities that will be undertaken to measure progress towards the outlined objectives, has been previously submitted and is available upon request. Mid-way through 2011, Our Kids began the process of updating the Key Elements of our Strategic Plan through 2014 and expects the final plan to be ready mid December 2011.

In addition to our strategic plan, the past two years, Our Kids has worked collaboratively with its partners in the Southern Region to develop beliefs and values of our Innovation Site. At the end of the report are the beliefs and values.

Family Centered Practice Evaluation

Our Kids (Judicial District 11), Partnerships for Strong Families (Judicial Districts 3-8) and Families First Network of Lakeview Center (Circuit 1) will continue in collaboration with the Casey Program, The Ounce of Prevention of Florida, and the Florida Department of Children and Families to evaluate how Family Centered Practice is designed in each of the three areas. The Ounce of Prevention is evaluating the process and outcomes according to certain constructs. For results of Phase I please see The Ounce of Prevention of Florida’s website: www.ounce.org

Learning Institute for Excellence (LIFE) or Our Kids Academy

Though we have not decided on the name, the professionalism of our learning institute is assured. As stated above maintaining highly trained personnel is the most critical basic piece of work in child welfare. The “front-line” position of case manager is crucial. This was a very active area for Quality Assurance last year and will continue into the next. Last year, a Request for Proposal was issued for pre-service ("PDC") training and a panel led by QA Director Evelin Meltz evaluated thoroughly what would be the best option. Our Kids entered a collaboration was made with the Miami Police Academy and educational consultants for the creation of Our Kids Training Academy. Trainers were hired on a contract basis for the first classes in the brand new facility across the street from Our Kids Headquarters and DCF Southern Region.
Headquarters. Meanwhile two (2) Quality Assurance Specialists from Our Kids underwent the rigorous training to become certified trainers as well. The first graduating class in September 2011 not only had Esther Jacobo facilitate training on legal requirements, but they also heard her Key Note Congratulations Speech as the new DCF Managing Director of the Southern Region. Ms Jacobo and Evelin Meltz handed out the diplomas together. Our Kids utilized the abilities and insights of two outside vendors qualified to analyze the talents of our region’s workforce and to analyze the requirements of the position. This information is being used to evaluate and determine curriculum needs for pre-service newly hired CPI and Case Managers. We look forward to the new curriculum that will evolve in this Learning Institute for Excellence (we may call it “LIFE”).

Prevention Services

The QA team has been assisting the Intake Department with evaluating services performed locally by prevention agencies and full case management agencies in Miami-Dade and the Florida Keys. A multidisciplinary team of four Our Kids staff also worked with members of other CBCs and DCF to create a protocol and standards for reviewing prevention service for the state of Florida. This is an area that will become more and more important and necessary next year as the large shift of service continues to shift to keeping families intact and safe.

Critical Life, Health or Safety Threat is Identified

The safety of children is the paramount concern of Our Kids. As such, Our Kids continues to maintain a very detailed incident reporting system, forms, and policy. Each agency has access to input their incidents at any time 24 hours a day. Incidents are reviewed daily by Our Kids Quality Assurance Department. Each report that needs additional follow up is reviewed by the appropriate Our Kids medical or mental health professional and reports that have inadequate information are sent back and not accepted until the reports are complete. QA then run reports from the Incident Reporting system monthly to ensure timely reporting of incidents. Each quarter these measurements are part of the Scorecard Metrics presented to the FCMA and the Our Kids Board as a secondary compliance measure.

The same Quality Assurance Specialist, who reviews, accepts and reports on critical incidents also works closely with local and state DCF representatives, police departments and detectives to help our system of care locate and prevent runaways and missing persons. Each FCMA has a point person that is the designated missing child specialist. They meet quarterly at a minimum to staff and discuss difficult cases and also participate in permanency staffing to think ‘out of the box’ for the frequent runaways. Other QA staff are brought in as necessary to help brainstorm in this process. The entire Missing Persons team and many front line case managers have also been trained to identify signs of prostitution and human trafficking. An Our Kids QA Specialist meets regularly with professionals involved in helping these victims (Kristi House) and attends staffings for Our Kids youth held with Kristi House, the State Attorney’s office, DCF and the Guardian Ad Litem program. Our Kids Intake is also present at these staffings. Next year Our Kids QA and Clinical Department expects to help each agency identify special foster parents to help facilitate transitions back into care. The plan is to help runaways that return to care on their own or are recovered and returned by local police officials or case managers to re-stabilize quickly and go straight to a home without stopping at an office and waiting for a home to be identified for placement.

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

1. **Client Death:** A child whose life terminates due to or allegedly due to an accident, act of abuse, neglect or other incident occurring while in the presence of a Our Kids employee, in a Our Kids operated or contracted program or service center, while in the physical custody of Our Kids, or when required pursuant to CFOP 175-17, Child Death Review Procedures.
2. **Client Injury or Illness**: A medical condition of a client requiring medical treatment by a licensed health care professional sustained or allegedly sustained due to an accident, act of abuse, neglect or other incident occurring while in the presence of a Our Kids employee, or in a Our Kids or contracted facility.

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

4. **Disease Epidemic**: Any disease that fits the definition of “outbreak” likely to result in a high level of public interest.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Our Kids also has a process for identifying and responding to concerns that arise from quarterly file reviews conducted internally and with the Department of Children and Families. At the beginning of all file reviews, reviewers are instructed to notify the Quality Assurance Director or designee if they have any concerns regarding the quality of care provided to the client and or any safety threats to a child. Once notified by the reviewers the Quality Assurance Director notifies the Full Case Management Administrators and Our Kids Regional Director of the concern in writing and designates a time frame in which the Full Case Management Agency is to respond with the measures taken to address the concern. If necessary, follow up staffings are coordinated with the Our Kids Regional Manager, Quality Assurance Director, and Full Case Management Agency.
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<tr>
<th>Value</th>
<th>Belief</th>
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<tr>
<td>“Safety is a promise we make to children when we must get in their family’s business; and you should never break a promise to a child.”</td>
<td>Child safety is not negotiable.</td>
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<td>We will earn each family’s trust which means:</td>
<td>We will not confuse family-centered practice with unsafe practice.</td>
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<td>Efforts to ensure child safety should engage both sides of the family.</td>
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<td>Families should feel that it is alright to ask for help if they need it.</td>
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<td>Vigilance and active communication can prevent us from being surprised.</td>
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<td>We will always be honest with families, we meet them where THEY are, and we believe the parents’ recovery is possible.</td>
<td>We make sure the family understands what personal histories and behaviors brought us into their lives, what needs to be different when we depart, and that they perceive us as a resource and not as adversaries.</td>
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<td>We identify STRENGTHS the family can build upon with our help.</td>
<td>We develop plans WITH the family that show: we listened to them, we understand how THEY perceive their needs, and we respect their culture.</td>
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<td>We initiate services timely based on family needs and our agreed-upon plan.</td>
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<td>We will BE THE BRIDGE for families in meeting the System’s expectations.</td>
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<td>When children can safely be at home or with family, that is where they belong.</td>
<td>No child will leave us without safe, nurturing relationships intended to last a lifetime.</td>
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<td>We strive for every child in our care to be developmentally on-target.</td>
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<td>Long-term foster care is not a good enough outcome for any child.</td>
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<td>We strive for the emotional, financial, residential, and legal stability of every adult caregiver with whom we work.</td>
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<td>No family will leave us without being strengthened by connections to family members, friends, and supportive networks such as faith and community-based organizations.</td>
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<td>Personal difficulty always yields the opportunity for personal growth.</td>
<td>Parents will leave us believing in themselves and their ability to be good parents.</td>
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<td>Parents will leave us with the tools, insight, and ability to manage the behaviors that made their children unsafe.</td>
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<td>Families will leave us with the ability and confidence to manage their own crises.</td>
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<td>Children will leave us empowered to make good choices.</td>
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<td>We will BE THE BRIDGE in helping children overcome trauma.</td>
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<td>Children will leave us understanding that it was not their fault.</td>
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<td>We are in this to make a difference in the lives of the children and families we serve.</td>
<td>Never give up on a child.</td>
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<td>Nobody works well unsupervised.</td>
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<td>To be an effective system, all parties working with the family must communicate and collaborate honestly and respectfully throughout the life of the case.</td>
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<td>Evidence-based practice or promising practices (services of proven effectiveness provided on the basis of thorough and accurate assessments) produce better results.</td>
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<td>If it doesn’t work it doesn’t help; the right metrics tell us what works and what doesn’t.</td>
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<td>We never forget that for each of the children we serve, their child welfare experience is likely to be their most profound childhood memory.</td>
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* "WE" includes DCF, CLS, Our Kids, and provider agency staff; Judges, Guardians ad Litem, and Officers of the Court; foster and adoptive parents and other care-givers.