Quality Management Plan for System Improvement
2012 - 2013
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Introduction, Mission and Vision

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

Values

1) 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.

2) We will earn each family’s trust.

3) When children can safely be at home or with family, that is where they belong.

4) Personal difficulty always yields the opportunity for personal growth.

5) We are in this to make a difference in the lives of the children and families we serve.

The values were developed by the Innovation Site Group of the Southern Region and included participation by DCF, the judiciary, the behavioral health managing entity, Our Kids, CLS, Foster Care Review and the Guardian Ad Litum program with the facilitation of national expert Jim Dimas. Each of the five values includes underlying supportive beliefs that the group chose to be “measuring sticks” for high quality social work. Whereas most plans include targets, percentages and data, the partners all agreed that sometimes the better solution for a specific family may not meet a deadline or target, but still be morally successful. The values and beliefs in detail are available following the last page of this document.

Purpose of the Our Kids Quality Management Program

Our Kids of Miami-Dade/Monroe, Inc. (Our Kids) has as its main commitment 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 provides 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 the Our Kids Board of Directors, Chief Executive Officer/President, Chief Operations Officer/Vice-President, 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 is 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 when needed, a continuous quality improvement plan to monitor and support services delivered within Our Kids’ organization. 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) requirements 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.
**Organizational Structure**

The Chief of Performance Management reports to the Chief Operation Officer/Vice President and oversees Business Intelligence, the Learning Institute for Excellence (LIFE), Adoptions, Quality Assurance and Licensing. All members of the team come in direct contact through daily work or community events with case managers, foster parents, biological parents, children and other stakeholders. Our Kids believes this is important for all employees to keep a clear understanding that the work we perform benefits directly the lives and well-being of the families we serve. The Chief of Performance Management meets directly with case managers to ascertain the most appropriate technology they need and the challenges they face.

The Director of Business Intelligence monitors contract and CBC scorecard performance measures and maintains senior management, the Board of Directors and Full Case Management Agencies informed on trends. This team provides performance analysis support, ad-hoc reporting and consulting services to direct care providers needing to improve their performance. Oversight of the Full Case Management Agencies’ data quality is included in the team’s responsibilities. The group is also tasked with the maintenance of the Our Kids Balanced Scorecard and supports the agency’s internal Performance Quality Improvement Plan. The team, under the Learning Institute For Excellence brand, assesses needs, designs, coordinates and delivers pre-service and in-service training for Our Kids’ staff and its direct care providers.

The Director of Quality Assurance ensures both internal reviews for the Our Kids Performance Scorecard as well as quarterly reviews as required for the Florida Department of Children and Families Safety Office. The QA staff also has daily duties related to reviewing all incident reports, daycare absences, requests to and from other states and counties, and requests for records from a variety of sources. The QA licensing staff reviews initial files for licensure, re-licensing files for renewal and visits foster homes in the community for quality reviews. Recently a member of the local CBC Alliance who is also a foster parent agreed to accompany the QA Licensing Specialists on some of those visits and in assimilating information gained. A Quality Parenting Initiative (QPI) Project Manager meets regularly with local and statewide stakeholders to promote teamwork, understanding and progress in the goal of professional respect and collaboration as the system of care meets the needs of our community. Our Kids also is fortunate to have a Foster-Adoption Support Line answered by a seasoned and experienced retired Foster Parent/Adoptive Parent who is also the President of the statewide Florida State Foster-Adoptive and consultant to Our Kids for Adoption Support, Co-Parenting and QPI issues. This Support Line is available 24/7 in for Foster Parents Miami-Dade and Monroe to call for information, support and advocacy.

Our Kids Adoption staff consists of the Adoption Manager, QA Adoption Advocate, QA Adoption Coordinator, and an Adoption Support Consultant. The Adoption manager ensures that the Full Case Management Agencies adoption files are in full compliance with State and Federal guidelines. Adoption training is facilitated and coordinated through the adoption department throughout the year. The Adoption Advocate and Adoption Coordinator have specific daily duties, however, all are cross trained in providing post adoption services to our adoptive families. Post adoption services include but are not limited to referrals for mental health...
assessments, tutorial services, individual and family therapy, financial assistance for services not covered by Medicaid, processing subsidy increase requests, preparing college tuition waiver letters and assistance with documents for adoption income tax credits. The adoption staff provides ongoing support to the Full Case Management Agencies staff in matching prospective families with children available for adoption, the Adoption Advocate’s primary job function is to provide wrap-around services and advocate (when appropriate) for adoptive families who find themselves in the center of an Child Abuse Investigation. The Adoption Coordinator’s primary job function is to monitor and update the Miami Heart Gallery. The Miami Heart Gallery is a travelling museum that features portraits of children in the Southern Region who are available for adoption. This is a collaborative effort between the Children’s Trust and Our Kids. The Adoption Support Consultant facilitates not only the Foster-Adoption Support Line 24/7 but holds monthly Adoption Support Group Meetings in conjunction with the South Dade Foster-Adoptive Parent Association monthly meetings.

The organizational structure at Our Kids includes two other areas that are essential, as well, in providing overall quality management to the clients we serve. The Chief of Operations includes work with the over eighteen year old population and processing their Road to Independence scholarships and transitional services. Intake is also within operations and manages all Family Preservation contracts. The Intake Department work very closely with DCF Protective Investigators and Family Counselors to ensure these families have appropriate services and follow-through to case closure. The Chief of Clinical Services includes Clinical, Utilization Management and Nurse Case Management departments. The quality assurance activities of these areas are crucial for success in our system of care. The four regional managers of Our Kids as well play a critical role in staffings, trouble shooting and maintaining close oversight of the operations of the six full case management agencies providing services directly by contract in Miami –Dade and Monroe Counties.

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

**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 (QA 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 monthly to staff and discuss difficult cases and also participate in permanency staffing to think ‘out of the box’ for the frequent runaways. Our Kids and DCF participate in work by local and national experts for victims of Commercial Sexual Exploitation of Children (CSEC) and will continue to do in response to Safe Harbor legislation and agreements with the State Attorney’s Office and local experts Kristi House of Florida. The entire Missing Persons team and many front line case managers have also been trained to identify signs of prostitution and human trafficking.

Highly critical incidents require the immediate notification of Our Kids. Highly critical incidents include client death, client injury or illness, suicide attempt, disease epidemic, sexual battery, teen pregnancy, child born to an active client, elopement and 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: altercation, criminal activity, abuse / neglect / abandonment / threat of Harm, vandalism/damage, foster home/facility complaint and high profile

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

Any incidents that is likely to involve media or public attention or which resulted in serious injury to a child are immediately reviewed by the Our Kids management team to determine the basic answers to who, what, when, where, and how the incident occurred. At a minimum, Our Kids staff will attempt to determine whether: a) Staff were in compliance with program policies and procedures; b) Appropriate handling of the situation and action taken to protect the child; c) Steps taken to maintain control or the situation and to limit risk to the child(ren) and liability to the project.

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

Our Kids in partnership with the Full Case Management Agencies QA/QI staff are responsible for the case record reviews using the Windows into Practice Case Management Standards and Quality Service Review protocol. The Department of Children and Families State Program Office continues 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.

The Our Kids QA Director or designee estimates the amount of time the entire review will need to take. This allows staff and supervisors to prepare personal workloads to include participating in the record review without letting other responsibilities suffer. Co-reviewers do not review cases in the sample that are assigned to their own agency. With this year’s return to the group process, all reviewers utilize the same room for reviews and the QA Director is present and involved in the process. At any time in the review, if reviewing teams do not agree on a how to rate a particular standard, the group process is used. All reviewers present stop their own review, and listen to the details of the reviewers who need assistance. A group discussion ensues to come to a consensus before all reviewers return to their own reviews. Throughout the review, 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. The Director or designee notifies the Full Case Management Agency Administrators and Our Kids Regional Director of the concern in writing (usually via email) and designates a time frame for a response on measures taken to address the concern. If there is a major safety concern, the RFA process in the Windows into Practice is followed as well and entered into FSFN as required.

Review schedule:
Quarter 1: August 22-31, 2012
Quarter 2: November 13-21, 2012
Quarter 3: February 20-28, 2013
Quarter 4: April 24-May 3, 2013

Deliverable for QA quarterly reviews:
- Ten (10) Special/topical reviews per quarter: 40
- Two (2) QSR reviews per quarter: 8
- 21 CM “QPS” reviews per quarter: 84

The tools for the thirty-three (33) cases reviewed each quarter will be entered into the QA Portal by the 10th day into the next quarter. For example by October 10th for Quarter 1; by January 10th for Quarter 2, by April 10th for Quarter 3 and by July 10th for Quarter 4. The stories for QSR are due by end of the first month following the quarter (October 30th, January 30th, April 30th and July 30th).

Last fiscal year, all Florida CBCs utilized the QSR protocol as decided and required. Our Kids reviewed eight (8) cases each quarter using this format. The final report provided to DCF’s Family Safety Office for these thirty-two (32) children was helpful and showed some of the same
overall opportunities as the CBC scorecard data and Our Kids Performance Management group. The Family Safety Office’s summary is described here:

“The most overarching strengths in the child and family indicators were noted in the areas of safety, overall physical health and parent/caregiver functioning. Opportunities for improvement were noted in the areas of permanency and academic status. Additional attention is also needed for pathways to independence. In practice indicators, engagement was noted as a strength; ratings for most cases were either ‘optimal’ or ‘good.’ On the other hand, however, CBC noted that teaming and partnering need attention. While engaging families, not all team members are working together or on the same page when presenting information to the court.”

CBC Scorecard and Our Kids Metrics

The Business Intelligence group takes data from the state CBC scorecard and refines it by agency. Providing each full case management agency (FCMA) the data on how they contribute to this Our Kids measurement derived from the scorecard’s algorithms helps them identify their own unique strengths and challenges. The scorecard has also helped contributing stakeholders like the courts and CLS see where they may contribute as well. All of the scores help us see the trends. The current areas of focus are improving time to permanency and reducing re-entry. Good practice helps us realize that finding the ‘sweet spot’ with those two indicators is a delicate balance that is only understood with case analysis.

Our Kids is fortunate that over the years we have developed three local ‘think tanks’ and decision making bodies. One is the Innovation Site Group composed of all full case management agencies and stakeholders which includes Our Kids, FCMA, GAL program, Foster Care Review, CLS, Judiciary, Behavioral Health Managing Entity and DCF. It is this group that created the reform message of our values and beliefs to undergird all casework and programs. Another ‘think tank’ is our Performance Management Team which goes into great detail on cases and processes that need to improve. Jim Dimas facilitates both the Innovation Site and the Performance Management. The third is the Performance Metrics team which works together under the direction and facilitation of Our Kids Chief of Performance Management. This group sets the targets we need to achieve for a local scorecard for full case management agencies. With the introduction last fiscal year of the CBC scorecard, Our Kids had essentially data from two scorecards to manage—the CBC scorecard run by DCF as well as Our Kids scorecard. The Our Kids scorecard is a combination of file reviews and data from FSFN/Mindshare reports. In order to have the best of both sets of targets managed well, the Performance Metric Group’s current discussions revolve around deciding if data from the CBC scorecards is enough to drive improved performance for our families in the system of care, or if choosing additional targets would yield more specific improvements. Several options are being discussed to reach a consensus for the rest of the fiscal year. At this time, we continue with both systems simultaneously.

Local Metrics Review

The Metrics are construction to focus on permanency and improvements. Our Kids feels that this will be more meaningful than having two scorecards that share some areas of redundancy. As in all improvement efforts, collaboration and insight is gained in meeting with the FCMA.
Background: 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 have included compliance with home studies for children in non-licensed homes; supervisory reviews; medical and dental periodicity schedules and obtaining documentation for the electronic file and education. Other metrics are face to face visits, visits with biological parents, photos, placement stability, case closures and incident reporting. With the DCF CBC scorecard Our Kids has made changes, most notably in measuring education. Our Kids first measured 3rd grade attendance due to research reporting that this was an indicator of future success in school. In the latter part of last fiscal year, Our Kids implemented an Education Plan for 2nd, 3rd and 4th graders. The plan had to be discussed with teachers and foster parents, signed and placed in the child’s file. This summer with the ‘roll-out’ of the new K-12 scorecard, the Our Kids education metric was changed again to utilize this process and be in line with the state’s initiatives. Other final assessment or scores on metrics allowed exceptions for reasonable barriers and attempts to surmount them. One example would be faulty technology or low signal for cell phones--such a cell phone could not take a photograph at particular visit due to faulty equipment, and a helpdesk ticket to match the date and reasons. Many measurements on the CBC Scorecard used by DCF do not allow exceptions; therefore Our Kids has required full case management agencies to adjust to this.

The Our Kids Metric, or Performance 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 are addressed and resolved. Traditionally, the 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. Note that Our Kids discusses 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, as described with Education above, when DCF makes changes to performance indicators, the scorecard measures at Our Kids may be adapted if warranted.

Our Kids notes major improvements made through local scorecard initiatives in our area since 2007 and values the process and collaboration with our partners. However, as stated, DCF has implemented the CBC scorecard in 2011 and there are some shared metrics. While Our Kids values the scorecard philosophy, it is notable that some staff feel pressured by them. Healthy competition between units and agencies is positive, while the pressure and ramifications on the front line in meeting those demands can be negative. Information from the workforce in focus groups, turnover statistics in the field and employee exit interviews suggest the front line staff interpret the metrics as somewhat punitive. Finding a balance between targets, the process improvements to meet them and a fair evaluation of trends and decision making is necessary. It may take more time to define what exactly is right to measure.
While thoughtfully considering all of these issues, the process continues in order for Our Kids to measure improvement. The local review schedule for manual reviews for performance metrics begins the second week of the last quarter of the month and data from FSFN and Mindshare is normally pulled on the 5th day of the month following the quarter to ensure data entered through the end of the month is captured. The process is completed 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. Even with a new approach to Our Kids metric scorecard, we envision this general schedule will be maintained.

**Performance Quality Improvement (P.Q.I.) Plan:**

In relation to the Our Kids submission to the Council on Accreditation (COA) due mid November 2012, Our Kids Quality Assurance Department has established a customer service objective to improve support provided to its FCM agencies and supporting Our Kids departments. The objective chosen benefits those areas of opportunities identified by the CBC scorecard and the results gleaned from the QSR process used last year. The P.Q.I plan focuses on reducing the time in out of home care for families (“Length of Stay” (LOS)). We have improved already since the beginning of project from June starting point of 33.6% for reunifications within 12 months on the state CBC Scorecard to 38.1% last month to currently 41.4%. Our improvement target is 48.4%.

The Performance Management group which includes members of each Full Case Management Agency (FCMA), have worked so well together on previous projects, that this group facilitated by national expert Jim Dimas, is also focusing on this area by choosing specific co-hort groups and measure progress. Jim Dimas’ Performance Management group continues to work on identified cohort populations from each agency and has achieved 38.4% of the target. CLS has joined those meetings and is partnering with us more closely. As an example, a CLS Division Chief has a new role as QA attorney working with specific cases and trends. In addition, Our Kids is attending the Division Chief’s meetings where we are learning about some of the courtroom challenges impacting case management and how poor case management impacts them.

**Supervisory Discussions, Mentoring and Case Ownership**

A core belief underlying Value #5 for Our Kids is “Nobody works well unsupervised.” We all need to know how we are doing and what we need to improve upon. This is extremely important for case managers responsible for the lives of children affected by the trauma of abuse and neglect. Our Kids places a high importance on the value that good supervision adds to the system of care. Our Kids also places high value on attracting, training and retaining the right talent for this work.

Our Kids brought in several other 3rd parties to evaluate the job, the requirements and administer the WAVE assessment. This is a psychometric evaluation to guide employees and managers and hiring professional. The WAVE was taken by all employees in the agencies and Our Kids. The measurement of the talent of the workforce was matched with the highest performers according to the job requirement for CMs and CMSs. Ensuring the right talent is the first step and then ensuring that talent is effective is the next.
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. Having quality and timely supervisory reviews every quarter for every case is a contract measurement that Our Kids requires of its subcontracted agencies. For three years, Our Kids has been looking at a sample of Supervisory Reviews for each subcontracted Full Case Management Agency. This past year, we began a new process for the Supervisory Review that also helps the certification process and the practice of case ownership. Over the past year, agencies with supervisors not meeting expectations have made personnel changes and documented action plans for staff. Last year, the metric team agreed that having each case manager accompanied on at least one field 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 QA team to review and for the metric team to discuss. Documentation of this joint visit with child, caregiver, supervisor and case manager; the discussion before and after visit; and the description of what has occurred during the visit now serve as a supervisory review. The information is also part of the coaching and field service mentoring that agencies can use in the certification process.

In addition to monthly workshops to discuss how this process is going, each quarter as part of the performance metrics review, these supervisory reviews are read and evaluated with comments sent back to supervisors and management. Another tool being implemented is the Case Ownership Survey. This will be used by supervisors and stakeholders in foster care review to help rate areas of excellence and areas where improvement is needed. Doing these surveys for each case manager at different times and for different types of cases can be powerful tools to retain staff. The surveys clearly show where one is doing well and gives clear pictures as to what the work would look like for the professional to show increased competency in their work.

This year the practice was formalized and though case managers and supervisors have been testing the theory and practicing since this time last year, formal presentation to the supervisors is scheduled for October 31, 2012. The Performance Management Group created the process called it Field Based Supervisory Review (F.S.B.R.) and developed the Case Ownership Survey to help define, measure and encourage improved practice in all areas. This information was presented by Our Kids at the Child Protection Summit in a workshop called “Collaboration, Case Ownership and Data Driven Decision Making”. Our Kids has offered to share this process at the next statewide QA Managers Meeting in early November.

It is still expected and required that each supervisor have a qualitative conversation with the assigned case manager for all other cases, as well, every ninety (90) days. A particular form is not required and agencies and supervisors have the freedom to use whatever type of format they would like. Our Kids QA staff reviewing must see that, the case manager is receiving guidance and that there is follow up to previous guidance. Reviewers must also see that the discussion is current and a picture of safety, well-being and the progress in the path to permanency is included. We know that in practice the case managers and supervisors are speaking much more frequently about the intricacies of each of the families. Our Kids believes that taking the time to step away from tasks in order to think, discuss and see the big picture
during a more formal discussion with supervisor helps ensure good decisions are being made, and mentoring is being received.

**QPI (Quality Parenting Initiative)**

Our Kids Strategic Plan includes continuing the implementation of QPI in the Southern Region to drive improvements in teamwork and to create more successful stories for the youth and children in our system of care. Our Kids began the initial steps to bring Quality Parenting Initiative to South Florida in October 2010. Carole Shauffer, Youth Law Center, and Gay Frizzell, DCF Tallahassee, facilitated multiple meetings with all community partners, including foster parents and youth to initiate this statewide Program in both Miami and the Florida Keys. As of August 2011 a QPI Steering Committee in both counties was created with representation from FCMA’s Licensing and Full Case Management, DCF staff and providers, community partners, Foster-Adoptive Parent Association (FAPA) representatives, and Our Kids staff. These QPI Steering Committees promote the initiative and work on implementing the basic tenants of “Respected Partners, Nurturing Children, Supporting Families, and Strengthening Communities”. Additional meetings were conducted to help Full Case Managers understand the new partnership and expectations of Foster Parents. These expectations are spelled out in the “New Bilateral Agreement” Partnership Plan Agreement for Children in Out of Home Care.

By January 2012, it became evident managing this QPI Project would be a full time job. An Our Kids QA Licensing Specialist was promoted to manage and coordinate activities to advance the QPI message and work in our two counties. Partnering closely with the QPI Project Manager is a retired Foster Parent of 18 years and active Adoptive Parent of three children. As a contracted consultant with Our Kids for Adoption Support Group Meetings and Co-Parenting, the QPI project was a great match. As the current President of the Florida State Foster/Adoptive Parent Association (FSFAPA) she also has a statewide view of Foster and Adoption Care and is a member of many statewide committees. This QPI Unit ((QPI Project Manager and QPI Project Consultant) has presented informational workshops regarding QPI, the Partnership Plan and Co-Parenting for Foster Parents, FCMA staff and our community partners as well as National and Statewide Conferences. In addition, the QPI workshop has been embedded in the LIFE Academy training for new FCMA staff.

As part of the work of the Steering Committee under the leadership of the QPI Project Manager, QPI Teams have been created within each of the FCMA’s that include full case managers, licensing, placement, and support staff as well as foster parents that meet monthly to discuss their progress with this change in philosophy and culture. The QPI Unit attends and provides support to the QPI Team’s Meetings. The QPI Teams report their accomplishments and plans at the monthly QPI Steering Committee Meetings. Carole Shauffer, Gay Frizzell and the QPI Florida Leaders, will be attending the November 8, 2012 meeting were the teams will be presenting what had been accomplished so far and what their plans are for the next 6 months.

Many exciting opportunities have been offered over this past year as a result of countywide meetings, including the creation of a Foster-Adoption Support Line (305-496-5098) which is a great resource for not just our Foster Parent community. While this Support Line existed for Adoption, Foster was added as a solution to Foster Parent challenges that came forward at Town Hall Meeting with Miami-Dade Judges facilitated by Miami-Dade FAPA in January 2012. Through this Support Line, we learn of issues related to court, homes, agencies and staff, and address the issues as they arise. Three very active local foster parenting associations and the
local CBC Alliances also provide information about local meetings and concerns regularly through a variety of formats and is included in the Quarterly QPI Newsletter.

The QPI Project also worked with stakeholders to create ID Badges for all Miami-Dade and Monroe Foster Parents to help promote professionalism and a sense of partnership. To support Quality Parenting and the Partnership Plan, PRIDE Training for all Potential Foster Parents is now the per-service training for all of Our Kids subcontracted providers as of October 1, 2012. To make PRIDE Training part of the FCMA’s practice, The LIFE Academy Curriculum Consultant, the QPI Project Manager and Project Consultant, Foster Parents, and PRIDE Trainers from each agency are meeting over the next months in to develop a PRIDE Practice curriculum for all case management staff. Not only will it coincide with their requirements for recertification but will give them the window to understand what Foster Parents are learning in PRIDE. They will be able to recognize how PRIDE really is a true match to their work as a case manager and re-enforces the Partnership Plan Agreement.

As part of the Partnership Plan Agreement and best practice, Co-Parenting is slowly but surely being understood and practiced in our FCMAs. The QPI Teams and our QPI Consultant are working on a case by case basis to initiative the Casey Foundation Ice Breaker Meetings that have been successful in other QPI sites in Florida and Northern Virginia.

The QPI Project Manager and Project Consultant participate and present workshops at local workgroups and community partner meetings, statewide QPI meetings and committees, as well as National Conferences and meetings. This QPI Unit will also be a part the QPI FL National Meeting with California, Nevada and Connecticut representatives in Tampa on November 29-30, 2012

**Licensing and Foster Parent Recruitment**

Our Kids works closely with Full Case Management Agencies, DCF licensing and DCF legal ensuring foster parents are approved to provide services to children in out of home care. This includes weekly legal staffings for specific concerns, including Abuse Reports and Foster Care Referrals. Initial and renewal packages received from the FCMA are reviewed by one of two Our Kids QA licensing staff or the Our Kids QA Manager. An attestation forms ensuring Our Kids has reviewed the file is signed and notarized and is then sent to DCF who issues the foster care license. Our Kids Administrative Support staff then ensures the names, license numbers and training hours are correctly entered into FSFN and that the print out of the license matches. In previous years the DCF licensing staff, FCMA staff and Our Kids licensing staff were co-located together, however DCF in December 2011 returned to their own offices for budgetary reasons and the attestation process began. The FCMA licensing staff also returned to their respective offices as well. Our Kids QA Manager and the Family Safety Program Administrator who oversees local DCF licensing group are planning a 10% review sample process for this fiscal year.

In January 2012, Our Kids QA specialists began visiting licensed foster homes in Miami-Dade and Monroe. These visits will continue as another way to access the quality of homes and to build partnerships with foster parents that benefit the youth and children they serve and the community at large. Our Kids goal is to disseminate the information to the foster parents and other stakeholders in various venues.
Our Kids and DCF also are working together to ensure the quality of care in licensed group homes improves. FCMA CQI staff was provided the Third Party Review which includes suggestions on quality assurance of children placed in group care and the placement decisions made. These same CQI members were also given three reports on congregate care for their review within their agencies. These reports were from Pete Digre and Patricia Armstrong on statewide figures in Florida, “Right Sizing Congregate Care” from the Annie E. Casey Foundation and “Defining Group Care Programs: an index of reporting standards” published by the School of Social Work at the University of Maryland. Our Kids QA Director, QA Manager/Licensing Supervisor and DCF Program Administrator are coordinating unannounced visits to the group homes that are managed by Our Kids FCMAs. Additionally the draft statewide protocol on unannounced home visits is under review locally in the Southern Region. Our Kids staff from QA, Clinical and Medical will plan to accompany DCF in the coming year to visit additional group homes, residential skilled nursing care facilities where children with very special needs reside, emergency shelter homes, medical foster homes and therapeutic foster homes. Our Kids and DCF also met with all FCMA who have DCF-licensed group home as well as other licensing agencies that do not subcontract with Our Kids directly. These professionals met in early August and agreed to incorporate Pride Competency training with their group home parents.

**Foster Parent Recruitment**

Our Kids and its partners agree that recruiting quality homes is paramount for the children we serve that require out of home placements. Our Kids Business Analysis team and QA Licensing looked at historical data. In the last contract year FY 11-12, our six (6) Full Case Management Agencies (FCMAs) licensed 60 new homes. These homes were part of an effort to make sure that we were licensing quality foster homes for the children of Miami-Dade and Monroe Counties. The approach is deliberate and focused to assure those applying to care for our foster children will meet the five (5) Pride Competencies and the fifteen (15) commitments of the Partnership Plan Agreement. As a district, Our Kids maintains more children at home with their parents and emphasizes and utilizes more relative placements than in the past. When a child does require removal and placement in licensed care this child comes with some very significant family issues. It does take a more skilled foster family to truly partner with our agencies to assist these families. These are the families we are looking for to care for our children.

As stated above, Our Kids has implemented the Quality Parenting Initiative and has raised the recruitment standards and the expectations of foster parents. All agencies are utilizing PRIDE training for foster parents as of October 1st (many have been using it for much longer). The expectation of Co-Parenting, attending court, medical appointments and participating in the child’s school is a different approach to just letting the case manager perform all those duties. We are very pleased with the level of commitment and support we are also getting to raise expectations. That shift will take time and we believe that we will see more and more quality homes open in Miami-Dade over time. Monroe County moved to PRIDE Training over 2 years ago and has seen a dramatic change in the commitment of foster parents they have licensed since changing from MAPP to PRIDE. Our Kids will continue applying high standards and work with agencies and local community leaders to increase the number of quality foster homes by 25% (75 new homes) by June 30, 2013.
Nurse Case Management

The Our Kids QA team receives assistance regularly from the Our Kids Nurse Case Management Group. An Our Kids QA specialist consults the team for any incident reports that require their review and assistance for children in licensed care. They discuss medical and dental care needs as needed and are ‘brought into the loop’ whenever QA reviewers need assistance in understanding medical documentation in the file. This group shares the same floor as the QA department, and assists the full case management agencies. The approach is collaborative and includes assessment, planning, implementation, evaluation, and interaction. The nurses are patient advocates that also provide trainings, community outreach, and refine policies. The team schedules the Initial Health Care Assessment, and 30 Day Comprehensive appointments, Initial Dental and oversees compliance. Nurses also speak with caregivers, case managers, and other staff (as needed) at entry into licensed out-of-home care in Miami, and all out of home care clients in Monroe County. Nurses also follow up on Judicial Reviews with medical recommendations. The team provides a licensing service for Our Kids as well by participating in monthly medical staffings for children in Medical Foster Care Skilled Nursing Facilities. When Citizen’s Review Panel reports concerns regarding medical and dental this team answers and keeps QA informed.

Specific Healthy Teen Activities

Our Kids Full Case Management Agencies each have a Healthy Teen Coordinator assisting youth and case managers. These coordinators are all certified to teach the Making Proud Choices curriculum and interact closely with the pre-independent living counselors of their own agencies. Healthy Teen Coordinators present the evidence-based curriculum, Making Proud Choices, to youth 11-14 years old quarterly. The Our Kids QA Director attended these internal and sub-group CBC Alliance meetings during the summer. The coordinators also meet with Our Kids and send representatives to a specialized work group sponsored by the CBC Alliance. We are excited to see beneficial networking with local representatives from the Department of Health, Planned Parenthood, University of Miami Adolescent Medicine and many other community organizations that have been critical partners as Our Kids works to develop a coordinated system of services for our youth. Our Kids is leading the development of training modules for case managers addressing adolescent sexual health under the direction of a curriculum development team. The training curriculum is comprehensive and up-to-date and will be available to the entire system of care. Our Kids devotes the time of an Adolescent Nurse Care Coordinator from the Our Kids Nurse Case Management Team to work with the Healthy Teen Coordinators to enhance timely medical services for youth in care.

This past year the National Council of Juvenile and Family Court Judges and The National Campaign to Prevent Teen and Unplanned Pregnancy developed a Pregnancy Prevention bench card. The cities of Miami and Los Angeles were chosen to work with dependency judges to create an implementation process and evaluate its use. Our Kids Director of Program Innovation and Fund Development who works closely with the Healthy Teen Coordinators, coordinated surveys and discussions with all stakeholders including the Judiciary, GALS, Foster Care Review and Children’s Legal Services (CLS) to create an implementation plan with broad community input. This strategic goal of Our Kids was strengthened this year with a grant allowing us to develop some baseline data as a good starting point to measure improvements. The project continues and learning so far shows that respectful communication with the right
person can have a big impact for the stability of our youth. Our Kids will continue to ensure that the training is offered to all of our youth, and that foster parents and case managers understand the importance of helping youth in appropriate, respectful ways that the youth are more likely to accept.

Pre-Independent Living

One Metric that has been monitored for two years are documentation of timely assessments and staffing’s for youth in licensed care from the ages of 13-17½. Last year in the annual report Our Kids reported great improvements. It was recently pointed out that education plans were not attached and normalcy plans were not being done for this population every quarter. The requirement is for them to be done every ninety (90) days until the youth either attain permanency or reach the age of majority. To address these findings, the lead QA Specialist met with the Independent Living staff from each FCMA to discuss their process. A staffing form was updated to reflect necessary changes and peer reviews were set up. The peer reviews will continue through Quarter 3 to determine progress towards compliance in this area. CQI members will also review results monthly until real gains have been made in this area. In addition to the peer reviews, Our Kids Lead QA specialist send to the FCMA’s a sample selection from the list of children that are required to have the Education-Career Plan and the Normalcy Plan updated or completed. The FCMA’s are then required to submit the completed plans for verification and second party review to Our Kids QA staff. During CQI meetings QA staff reminds one another that these quarterly requirements are excellent opportunities for helping the youth prepare for their future. The quality is in the discussion and interaction—not the form, yet the form is a way we can verify the conversations are taking place.

Missing Children

Our Kids QA has a devoted QA Specialist monitoring success with missing children to ensure excellence in preventing, reporting, locating and providing treatment and services to these children. The Executive Board, staff and contracted providers are committed to reduce the number of missing children and improve the effectiveness of services utilized to recover them while promoting permanency. The QA Department accomplishes this by daily monitoring (measuring) missing child case management and contracted providers’ operations. The ultimate goal for each full case management agency is not to have any child under their care missing and to provide a safe, effective and nurturing environment that meets their needs and in which they will prefer to stay safe and stable. In doing so, Our Kids and all case management agencies are consistent and comply with appropriate policies, improvement activities and established goals.

The scope of our procedures is comprehensive and includes both in and out of home children who are missing. Quality and safety must extend to all families and extends to all members of the organization. Accordingly, Our Kids missing child procedures addresses concerns regarding the guidelines and quality of placements, clinical issues contributing to triggers for this behavior, health and safety resources for children who are missing. It also addresses external services provided by contracted and non-contracted providers, high priority issues and partnership opportunities within our community.

The structure of our missing child procedure flows from the following principles: prevention;
locating and linking services. Prevention efforts to keep children from going missing or running away are first and foremost. Locating missing children and preparing a stabilization plan for them upon their return is paramount. And, when appropriate, ensure linkage to mental health services or other programs to address runaway behavior.

All full case management agencies and contracted providers along with Our Kids Quality Assurance plan together and share the purposeful definitions of safety, accountability and take advantage of improvement opportunities. The quality process begins with Our Kids’ mission, vision, strategic plan and core values. All quality related activities are focused on designing, implementing, monitoring and improving. On Our Kids Fiscal year 2012 monitoring auditors visited us and provided their report developed through their quality review. Upon their review it was suggested that specific metrics regarding missing children would be monitored to ensure acceptable performance. In order to manage ongoing improvement activities, action plans were developed in conjunction with each full case management agency and each party assumed ultimate responsibility for resolving identified quality and safety problems as well as taking advantages of any other opportunities to improve. These responsibilities are assumed by each missing child specialist representing each provider. The Quality Assurance Department, with the support and assistance of each case management agency ensures that:

- The chosen missing child improvement activates and group staffings for troubleshooting are being monitored and discussed monthly rather than quarterly;
- Necessary data is being collected weekly;
- Activities not meeting pre-established performance are being moved into quality improvement phase;
- Compliance is actively carried out;
- Identified quality and compliance issues are fully resolved.

**Licensing Exit Interviews**

Our Kids QA is working closely with the Full Case Management Agencies to improve timeliness and reporting of Exit Interviews, as well as ensuring they are placed in the foster parents licensing file. Administrative support obtains a weekly list derived from the FSFN about placement changes. This report is sent to agencies with a reminder to ensure a proper exit interview is conducted. The QA support staff, then checked the file for the report. To improve this process we are requiring full explanation and status as to the reports and discussing at monthly CQI meetings. This will continue until ample improvement is made.

**Psychotropic Medications and Other Clinical Reviews**

For the entire population, Our Kids relies on the Clinical Services Department to conducts monthly reviews of 100% of all children who are on active psychotropic medication according to in FSFN. Findings of this report are immediately provided to the FCMAs 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. “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.

Quality monitoring does not end once the medications are properly considered, approved and prescribed. In addition to regular consultations with overseeing psychiatrists, the case managers, caregivers and the children themselves need to discuss their medications. The Contract Oversight Unit’s (COU) quality review showed improvement is needed in how case management reviews these children during home visits. Our Kids QA and Licensing is also working in conjunction with the Our Kids Clinical Department to increase the agencies self-monitoring of the Medication Administration Logs (M.A.R.s) kept in the out of home placements.

The Clinical Department also conducts reviews of safety plans and the mental recommendations made in Level of Care Assessments (L.O.C.A.s) (also known as Comprehensive Behavior Health Assessments (C.B.H.A.)). These reviews are normally based on 100% of children and assessments. Alerts are received from three different sources for children that need safety plans for sexually reactive and sexually abused children: Critical Incident reports, LOCAs/CBHAs and the Intake Department for new cases. The Behavioral Health Clinical Coordinator reviews the case file to ensure they are done timely and according to statute and code. For the case plan recommendations, the clinical department receives a copy directly from the assessor and the case file in ASK is reviewed. The average is about twenty cases per month for each review sample. If there is a large influx of out of home cases then the sample size is reduced to 50%.

**Structure Decision Making (SDM)**

The National Council on Crime and Delinquency’s (NCCD) subgroup Children’s Research Center (CRC) has been developing Structured Decision Making (SDM) philosophy and assessment tools with twenty years of research in child welfare cases and outcomes. Currently the group is working with the State of Florida to establish a cohesive approach with the developers of Safety Framework for a state rollout next year. Our Kids involvement with the
CRC began in the development of the Our Kids three year strategic plan in 2008. The commitment to utilizing SDM was renewed in December 2011 with the new five year strategic plan. The Southern Region continues to utilize SDM to decide which children should be placed due to safety concerns and which families require the most intensive services. The Intake Department works closely with Child Protection Investigators in clarifying both the right family preservation service for voluntary case, and the risk levels for those cases proceeding to the dependency court system.

The roll-out of training began with a combination of Business Technology staff (then housed in Our Kids IT department) and QA coordinating training with the CRC in 2009. All full case management agencies were trained on philosophy, definitions and tools. In 2010 DCF PIs were then trained on safety and risk assessments. Now all prevention providers, CPI’s and FCMA utilize the tools and CLS and the judiciary informed and asking for related risk levels and potential for reunification for active cases. Since July 2012 the placement model support tools are being utilized for Adoption Reviews and permanency decisions when multiple placements are identified.

Characteristics of SDM are reliability, validity, equity and utility. Clients are assessed objectively, and decision making is guided by facts rather than individual judgment. The risk assessment is based on actuarial research. When properly used this assessment accurately classifies families and clients according to the likelihood of subsequent outcomes. The SDM model and its assessments are easy to use and understand and require clear definitions to remain true to the model. Assessments are designed to focus on critical characteristics that are necessary and relevant to a specific decision point in the life of a case. Workers are able to organize information gathering and case narratives in a meaningful way. Additionally, the assessments facilitate communication between worker and supervisor, and unit to unit, about the status of each case.

Our Kids incorporates training on SDM in pre-service curriculum for newly hired case managers for all agencies and has identified ‘SDM Champions’ for each agency to help troubleshoot and ensure fidelity to the model. Automated tools now in use not only help the front line workers, supervisory and upper management in evaluating the information, it creates an ability to establish usable data.

Though implementation on all levels in the field is occurring, it is recognized that additional learning is necessary for staff that are not in the field using the tools directly. The Our Kids QA department began during first quarter to inform supporting departments on SDM during casual lunch time sessions referred to as SDM Brown Bags. The goal is to ensure the entire agency understands well the research and outcomes in our system of care. While the workforce is utilizing the tools and informing case specific stakeholders, Our Kids realizes that upper management in the full case management agencies needs additional case specific readings as well. To this end round table discussion and presentations is planned throughout the year at meetings with the COO’s of the region.

Lastly, the tools are regarded as the assessment in the Southern Region. CQI members that actively review files quarterly using the Windows into Practice case management standards assess the proper use of the tools. Standards # 5 and #7 on the QA tool utilized in the portal are answered based on evidence of SDM tools and discussions about them with supervisors.
Family Preservation Services

The Intake Department and Contracts work together to closely review the quality of case work provided these families. Each provider enters notes Florida Safe Family Network (FSFN). All family preservation cases are reviewed by the Intake Department at ten days to ensure all data and face to face information is being entered. A thirty (30) day staffing then occurs until case closure. Research shows that quick and thorough intervention is most successful for these service recipients, therefore the goal is to work with the family for six (6) weeks, with the potential for extension if necessary. When necessary the QA team assists Intake and Contracts in audits and case readings for compliance if service from a certain agency or unit is causes concerns.

To ensure excellent continued excellent quality, Our Kids is currently in the process of procuring contracts for Intensive Family Preservation Services (IFPS). IFPS are designed to prevent unnecessary out-of-home placement of children. Families are referred at the point where an out-of-home placement is imminent (moderate to high risk). In Miami and the Keys, we previously referred to these services as Safe At Home (SAH) and Parents As Partners (PAP). IFPS is reserved for families facing imminent placement of a child to include a child that been classified as “conditionally safe” during the Our Kids Triage process. The submitted responses are set to be reviewed shortly by a team led by Our Kids Chief Operating Officer/ Vice-President.

Third Party Evaluations

In addition to feedback and a report received directly from DCF through the Peer Review and the Contract Oversight Unit, Our Kids has also gained insight into quality and practice from Able and Associates, Neuhauser, Lee & Associates, Inc., TalentLift, Inc., Jacklich Enterprises, Maze Consulting, The Children’s Network of Southwest Florida and The Ounce of Prevention of Florida.

- The Ounce of Prevention of Florida culminated its evaluation comparing family centered practice initiatives in Pensacola, Gainesville and Miami. The work centered on much of family preservation work in the Southern Region and is published and available at www.ounce.org.
- Neuhauser, Lee & Associates contributed greatly to establishing the strategic plan. They met with various community stakeholders and conducted numerous focus groups and interviews to inform the Board of Directors and CEO/President what stakeholders perceive to be Our Kids strengths, weaknesses and possible future opportunities it has as a start-up organization seeking to reach the next level.
- Ables and Associates conducted HIPAA compliance reviews for each subcontracted full case management agency. These reports led to improvement plans for each agency.
- TalentLift, Jacklich Enterprises Southeast, and Maze Consulting were brought in by Our Kids for several crucial purposes. Our Kids wanted outside subject matter experts in industrial psychology and curriculum development to review the types of candidates being hired and how the hiring and training processes functioned, as well as give suggestions as to how to evolve in these areas. These experts studied the system, conducted interviews and focus groups on the topics and went out into the field with case managers to observe the real work. Through the due diligence process, Our Kids acquired talent assessment tools and retention strategies to retain and grow a talented workforce from TalentLift. Our Kids gained valuable insight and direction for the Learning Institute for Excellence.
- The Peer Review process was initiated in March 2011 by DCF in conjunction with nineteen
(19) of the then twenty-one (21) CBCs was completed in September 2011 with results reported in December 2011 to Our Kids. Wisdom gained from that report as well as the Grand Jury report from the Nubia Report continue to be reviewed, creating policies and strengthen practices statewide and locally.

- In May 2012, DCF’s COU monitoring team reviewed compliance of the Our Kids contract and Our Kids subcontractors. All areas of concern are being addressed by the appropriate overseeing department.
- The Children’s Network of Southwest Florida (“The Network”) reviewed the Quality Service Reviews information entered in the QA portal, the thirty-two (32) written stories, DCF’s CBC scorecard data and considered Our Kids concerns with children placed in group homes.

The latter agency was the only outside reviewer of the QSR process and was initiated by the requirements of the Memorandum of Agreement between DCF and Our Kids for FY 2011-12 QA Activities. It is available on line at Florida’s Center for Child Welfare website hosted by the University of South Florida under the QA section. The Network reported to DCF that:

“During the past year and a half Our Kids has been under intense media scrutiny, but has remained resilient attaining high performance on many scorecard indicators as well as with contractual outcomes. Generally scores were over 80% for children reviewed. Most of the children with lower scores were teenagers; however, the size of the sample 32 cases from a population of 2913 was too small for much further analysis.”

What Our Kids found most helpful is the recommendation to conduct a retrospective analysis of placements in group homes. A sample tool was provided to focus on a random review of 5-10% of the current population residing in group homes with focus on demographics, placement options and current status of placement. A second recommendation was getting a micro view of group home placements on a selected day of the week to determine thought process of placement authority. Once that data is gained, The Network suggests having those that make placement decisions and their supervisors participate in an Our Kids training session to assure understanding of “best practices” by all parties. This exercise is planned for both Quarters 2 and 3.

Learning Institute For Excellence (L.I.F.E.)

The Our Kids Learning Institute for Excellence (OK LIFE) is a state-of-the-art approach to educating, supporting, developing, and evaluating new and current case managers, and supervisors. Remarks from a recent graduate of the program compared the training she received ten years ago with the OK LIFE curriculum: “I was pleased to go through this training again and to see how the whole culture of learning has changed,” she remarked. “My previous training focused more on case plans and compliance, but OK LIFE focuses more on children and families; there’s a real emphasis on engaging the families.” In 2011, community-based care agencies were required to follow a state-developed training curriculum with only some customized enhancements. Last year, the Florida Legislature passed a bill allowing these agencies to develop their own training curricula, and Our Kids, like other CBCs, seized the opportunity to make the learning specific to our community.
During this past fiscal year, OK LIFE focused extensively on improving the current child welfare core training while simultaneously designing a new recruitment, selection, and talent development system. Training enhancements will include:

- A new case practice-driven curriculum design reflecting the knowledge and skill competencies required by DCF and the FL Certification Board.
- New training modules incorporating local practices and introducing trainees to stakeholders and partners in the system of care.
- Integrated field training experiences, such as a two and a half day dependency court observation and on-site training at the children’s courthouse.
- Strategic partnerships with agencies and organizations, such as the City of Miami’s Police Training Center (see sidebar).

Held four times a year, the new 12-week training program consists of classroom and other learning opportunities. Upon completion, participants have a graduation ceremony and receive class pictures and a personalized photo/music CD of their class. In addition, they can earn special recognitions like the peer-selected class Leadership Award and a Certificate of Excellence.

Establishing an excellent professional development program is the first step in improving the quality of case management in our system of care. Recruiting, hiring and retaining a high-performing workforce that has the knowledge, skills and attitude to effectively engage in child welfare case management is also crucial. To that end, Our Kids is now developing an in-house Talent Development System (TDS) for frontline case workers and their supervisors, aimed at improving family and agency outcomes.

This past year, the Miami Police Department partnered with Our Kids by providing training consisting of situational awareness and drug recognition. Led by Major Ian A. Moffett, director of the Miami Police Training Center, participants learned about various types of illegal substances and their effects, as well as how to identify reasons for substance abuse, stages of chemical dependency and more. Our Kids looks forward to renewing the partnership with the Miami Police Department for space, graduation ceremonies and continual trainings in the next year.

**Partnership with DCF and the Children’s Bureau**

Through the Family Safety Office and Quality Assurance Chief, Our Kids along with the rest of the CBCs in Florida will participate in helping establish the pilot the Children’s Bureau is requesting for the next Child and Family Services Review (C.F.S.R.). This topic will be addressed more fully by the Family Safety Office at the November QA Managers meeting. At this point, there have been several calls and an Informational Memorandum (IM) from the CB has been received. Patricia Armstrong announced in September that Florida was one of four states chosen to participate. The IM outlines that having a documented and adequate C.Q.I. system of Quality Assurance may be replaced for a site visit in Round 3 scheduled for Fiscal Year 2014. All Full Case Management agencies in the Southern Region have been provided the information as well.
National Accreditation

Our Kids Strategic Plan includes obtaining national accreditation as an additional measure of its quality and performance. Our Kids senior management attended a national COA conference and all Our Kids staff has been reviewing policies and procedures in preparation for this opportunity. Our Kids will present its self-study in November 2012 to the Council on Accreditation (COA). A site visit should occur in March 2013.
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<th>Value</th>
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<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><strong>We</strong> 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><strong>We</strong> will earn each family’s trust which means:</td>
<td><strong>We</strong> ALWAYS are honest with families, <strong>we</strong> meet them where THEY are, and <strong>we</strong> BELIEVE the parents’ recovery is possible.</td>
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<td><strong>WE</strong> 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><strong>We</strong> identify STRENGTHS the family can build upon with our help.</td>
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<td><strong>We</strong> develop plans WITH the family that show: <strong>we</strong> listened to them, <strong>we</strong> understand how THEY perceive their needs, and <strong>we</strong> respect their culture.</td>
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<td><strong>We</strong> initiate services timely based on family needs and our agreed-upon plan.</td>
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<td><strong>We</strong> will BE THE BRIDGE for families in meeting the System’s expectations.</td>
</tr>
<tr>
<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><strong>We</strong> strive for every child in our care to be developmentally on-target.</td>
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<td></td>
<td>Long-term foster care is not a good enough outcome for any child.</td>
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<td><strong>We</strong> strive for the emotional, financial, residential, and legal stability of every adult caregiver with whom <strong>we</strong> 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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<tr>
<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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<tr>
<td></td>
<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></td>
<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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<tr>
<td></td>
<td><strong>We</strong> 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>
</tr>
<tr>
<td><strong>We</strong> 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></td>
<td><strong>We</strong> never forget that for each of the children <strong>we</strong> serve, their child welfare experience is likely to be their most profound childhood memory.</td>
</tr>
</tbody>
</table>

* "**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.