Quality Management Plan Update
2013 - 2014
# Table of Contents

- Introduction .................................................................................................................................................... 3
- Purpose of the Our Kids Quality Management Program .............................................................................. 3
- Fundamental Concepts Underlying the Quality Assurance Process ............................................................ 4
- Organizational Structure ............................................................................................................................... 4
- Focus on Results .......................................................................................................................................... 6
- Tracking and Reporting on Performance ...................................................................................................... 6
- Tracking and Reporting on the Performance of Contract Providers ............................................................ 7
- Critical Life, Health or Safety Threat is identified .......................................................................................... 8
- Windows into Practice, QSR, Florida Safety Methodology, and Special Reviews ....................................... 9
- CBC Scorecard and Our Kids Metrics ........................................................................................................ 10
- Supervisory Discussions, Mentoring and Case Ownership ........................................................................ 10
- QPI (Quality Parenting Initiative) ................................................................................................................. 11
- Licensing, Placements, ‘Rightsizing’ Group Care and Foster Parent Recruitment .................................... 12
- Nurse Case Management ........................................................................................................................... 12
- Specific Healthy Teen Activities .................................................................................................................. 12
- Missing Children .......................................................................................................................................... 13
- Psychotropic Medications and Other Clinical Reviews ............................................................................... 14
- Structure Decision Making (SDM) ............................................................................................................... 15
- Intensive Family Preservation Services (IFPS) ............................................................................................ 15
Introduction

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.

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, 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 and Contracts 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. Our Kids is proud to announce that it has received accelerated accreditation from the Council on Accreditation (COA) for providing the highest quality services in their field. COA is an
international, independent, behavioral healthcare accrediting organization that seeks to ensure that children, individuals, seniors, and families are receiving the highest quality care. Our Kids was granted accelerated accreditation based on the exceptional marks they received for meeting and exceeding industry standards.

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.

Our Kids leadership, Quality Assurance team, Training Department and CQI members from the subcontracted FCMA/CMOs will support best practices, legislative updates and third party reviews invited to provide insight and technical assistance. Third parties include but are not limited to the Annie E. Casey Foundation, Casey Program, CWLA, the National Resource Center and the National Council on Crime and Delinquency/Children’s Research Center who promote and license use of the Structured Decision Making model. Last year numerous individuals were trained in the Florida Safety Framework as Safety Practice Experts (SPE). Our Kids is excited that the memorandum of understanding has been entered by the NCCD/CRC and Florida Department of Children and Families for further refinement of child welfare practice.

**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 Executive Officer/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 Director of Business Intelligence monitors contract and CBC scorecard performance measures and informs senior management, the Board of Directors and Full Case Management Agencies 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.

**QA/CQI Staff/Infrastructure:** A Director, QA Manager and three Our Kids QA Specialists conduct reviews prescribed by the Family Safety Office (more details ensue below under Windows into Practice, QSR, and Special Reviews). QA staff from the six subcontracted Full Case Management Agencies (FCMA) also participate. The agencies are Wesley House Family Services in Monroe County and five FCMA in Miami-Dade: Children’s Home Society, Family Resource Center, CHARLEE Program, Center for Child and Family Enrichment and His House Children’s Home. The Contract Manager from the Southern Region of the Florida Department of Children and Families works closely with the Contracts Department of Our Kids. OK Contracts develop a department programmatic monitoring calendar, work with OK programs to keep providers aware of results of any reviews/audits, provide notice to providers when Our Kids is requesting Performance Improvement Plans (PIP) or Corrective Action Plans (CAP), follow up with OK departments and providers to ensure they are meeting requirements of any CAP or PIP. Finally, the Our Kids Contract Department reviews annually to make sure providers are meeting all contractual obligations.

The Director of Quality Assurance and Licensing 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. There is two QA licensing staff and a third is being hired. The QA licensing staff review initial files for licensure, re-licensing files for renewal and visits foster homes in the community for quality reviews. 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. This year QPI Foster Parent Mentors and a Coordinator joined the team to add direct support and advocacy for foster parents. These mentors will be assigned to newly licensed foster parents to help them adjust to the changes fostering is bringing into their homes and to give them support. They will also be trained to help the Southern Region meet the legislative mandate to extend foster care for youth over the age of 18 and Postsecondary Education Services and Support (PESS). The Coordinator also visits PRIDE classes and attends graduation ceremonies for all six full case management agencies. This coordinator has been responding to incoming calls of interest generated by an advertising campaign and
will be assist a newly hired Foster Parent Recruiter transition into this responsibility. All efforts intend to increase recruitment, quality and retention of excellent foster parents to care for the children in our care.

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. This year all adoption supervisors of the FCMA, Director of Quality Assurance, two LIFE Academy trainers and the Adoptions Manager underwent nine days of Train the Trainer curriculum for Adoption Competency with the National Resource Center for Adoption.

The organizational structure at Our Kids includes three other areas that are essential, as well, in providing overall quality management to the clients we serve. Transitioning Youth Services work with the over eighteen year old population and processing their Road to Independence scholarships (which will now be referred to as Postsecondary Education Services and Support, or PESS. The Our Kids Intake Department work very closely with DCF Protective Investigators to ensure all necessary information is available at transfer. They also work closely with Family Counselors in Intensive Family Preservation Services (IFPS) 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 for our children and agencies. 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 required 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. Additional five of the agencies are accredited by COA, and one agency is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

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
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 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 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. The QA Director or designee is responsible for informing 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. Honest discussions with the stakeholders in the system of care are required and third party experts may also be invited to review and provide guidance for improvement.

Windows into Practice, QSR, Florida Safety Methodology, 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 12-21, 2013
Quarter 2: November 12-20, 2013
Quarter 3: February 5-14, 2014
Quarter 4: April 4-16, 2014

Deliverable for QA quarterly reviews:
- Ten (10) Special/topical reviews per quarter: 40
- Two (2) QSR reviews per quarter: 8
- 17 CM “QPS” reviews per quarter: 68
The tools for the twenty-seven (27) 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).

During development of the DCF Transformation and Florida Safety Framework, an implementation plan was underway by DCF and Our Kids locally. This plan included training for CPIs, Case Managers and the development of Safety Practice Experts (SPEs). Discussions of returning to a peer review process with DCF and Our Kids were held. It had been decided that during Quarter 2, the local DCF office and Our Kids QA would conduct case readings as SPE’s together to provide timely feedback to CPIs on investigations. If new Fidelity Tools have been created or updated by that time, they will be used. Status provided at QA Statewide Meeting on this issue is the tools are being finalized and may be ready for testing in January 2014. The QA and QSR tools in the DCF QA Portal have questions related to transfer that can be used if the Fidelity tools are not available. Recently DCF and the NCCD-CRC signed a Memorandum of Understanding that may impact all tools. Our Kids continues to want to work closely with DCF to design and refine the best system of care possible for children and families. Using research-based assessment tools developed by the Children’ Research Center remains a priority for Our Kids.

**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.

**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.

In 2011, 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. Our Kids continues to use the WAVE assessments in the hiring process and FCMA are also required to utilize them to inform their hiring decisions.

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 four years, Our Kids has been looking at a sample of Supervisory Reviews for each subcontracted Full Case Management Agency. Last year, we began a new process for the Supervisory Review that also helps the certification process and the practice of case ownership. Each case manager is to be accompanied on at least one field visit every quarter for mentoring and guidance. The information is also part of the coaching and field service mentoring that agencies can use in the certification process. Another tool developed is the Case Ownership Survey. 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.

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 is starting its fourth year of this culture shift and are actively involved with Carole Shaufer, Gay Frizzell and the QPI Florida Leaders. Our Kids QPI Project Manager and Mentor Coordinator will focus on ensuring Foster Parent Mentors are prepared to assist newly licensed foster parents. The President of the Foster/Adoptive Parent association is actively involved as well as local groups and their leaders to improve collaboration. The FCMA agencies are utilizing QPI ice breakers with parents and foster parents at the same table more frequently and seeing the benefits of doing so. Recognition and honors for those excelling in co-parenting continue in our community and customer satisfaction surveys are being closely monitored quarterly for improvement and incentives for agencies.
Licensing, Placements, ‘Rightsizing’ Group Care 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 staffing for specific concerns, including Abuse Reports and Foster Care Referrals. Initial and renewal packages received from the FCMA are reviewed by Our Kids QA licensing staff or the Our Kids QA Manager. 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. 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 and that concerns are addressed. Our Kids, and FCMA are working together to ensure the quality of care in licensed group homes improves and that such placements are used for appropriate reasons rather than as a fallback. CEOs of FCMA are now required to staff and explain group home placements for younger children and frequent staffings are designed to move these children to more family-like placements quickly. Our Kids has an advertising campaign that is increasing attention to the needs in our community and the benefits of having diverse—even eclectic --family structures. (Local foster parent and kids are featured and honored in them.) Recruiting more quality foster parent partners is a priority and a recently hired experienced recruiter will be on board soon.

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 continues a commitment to giving our teens the tools they need to be healthy and successful. Our Kids is working with Dr. Michael Carrera to implement the Carrera Pregnancy Prevention Program, a nationally recognized evidence based program which has demonstrated a significant reduction in teen pregnancy rates and Increases high school graduation rates. The after school program has seven components including education, individual sports, health
care, creative arts, job readiness, family and sexual health and well-being. Our Kids is building a broad community base of support to make this program a reality.

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. 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.
Psychotropic Medications and Other Clinical Reviews

The Our Kids (OK) Clinical Department conducts monthly quality assurance reviews of the Full Case Management Agencies to ensure that all behavioral health services that are identified in behavioral health assessments or prescribed by a medical or mental health professional have been integrated into the family dependency case plan, are referred within seven (7) business days of being identified and that children are connected to behavioral health services within thirty (30) days following the completion of the behavioral health assessment. In the case of the Level of Care Assessments (also known as Comprehensive Behavior Health Assessments - CBHA) OK conducts monthly quality assurance reviews for 100% of the children who receive a LOCA to ensure that they are linked within thirty (30) days of the LOC assessment staffing.

The Our Kids (OK) Clinical Department is systematically beginning a quality assurance review process where 100% of active psychotropic medications entered in FSFN will be reviewed for the children in out-of-home care. The Full Case Management Agencies are provided with the outcomes of the review and are responsible for obtaining, entering and/or correcting any information FSFN. FSFN medication tabs are reviewed to ensure that the following information is entered: (1) Medication quantities and dosages; (2) Number of refills; (3) Precautions and warnings; (4) Medication instructions; (5) Date of Consent; (6) Target symptoms being addressed by the medication; and (6) Axis I-V diagnoses. Additionally, OK receives AHCA claims data for psychotropic medication on a monthly basis for the previous month. These claims are compared to FSFN data to ensure that medication being filled is entered accurately into FSFN or end dated based on the prescription authorization. Psychotropic medication monthly reviews include a thorough analysis of supporting documentation available in ASK, including, but not limited to: (1) Medical Report; (2) Parent express and informed consent; (3) Legal Request for a court order to administer the medication in the absence of parental consent; (4) Court Order to administer the medication in the absence of parental consent; (4) Mental health treatment plans supporting alternative or supplementary clinical interventions; (5) Initial Placement Medication Inventory Log for each new placement signed by the caregiver; (6) Medication Administration Logs; (7) Monthly visitation notes containing information that the effects of medication therapy were discussed during the required 30-day contact with the caregiver; (8) Pre-Consent reviews for children 0-10 years of age prescribed two(2) or more psychotropic medications. DCF legal submits a monthly log to Our Kids for children where a Legal Request was submitted to obtain a court order to administer the medication. 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 (COU) quality review has indicated 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 Our Kids (OK) Clinical Department also conducts reviews of safety plans for 100% of children who are determined to be victims of sexual abuse or who exhibit sexually reactive and/or aggressive behaviors. Alerts are received from the following three (3) sources indicating the need for a safety plans: (1) Critical Incident Reports (CIR); (2) Clinical assessment such as the LOCA/CBHA; and (3) and shelter orders for new cases. OK reviews the electronic case file (ASK) to ensure that safety plans are completed the same day of the incident or at the time of
placement and in accordance with Florida Administrative Codes.

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. 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 a non-judicial preservation case, and the risk levels for those cases proceeding to the dependency court system.

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.

Intensive Family Preservation Services (IFPS)

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. This year the team of experts of Foster Care Review will provide a third party review of the service provided these families.
<table>
<thead>
<tr>
<th>Value</th>
<th>Belief</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<td></td>
<td><strong>We</strong> will not confuse family-centered practice with unsafe practice.</td>
</tr>
<tr>
<td></td>
<td>Efforts to ensure child safety should engage both sides of the family.</td>
</tr>
<tr>
<td></td>
<td>Families should feel that it is alright to ask for help if they need it.</td>
</tr>
<tr>
<td></td>
<td>Vigilance and active communication can prevent us from being surprised.</td>
</tr>
<tr>
<td><strong>We</strong> will earn each family’s trust which means:</td>
<td><strong>We</strong> ALWAYS are honest with families, <em>we</em> meet them where THEY are, and we BELIEVE the parents’ recovery is possible.</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td></td>
<td><strong>We</strong> identify STRENGTHS the family can build upon with our help.</td>
</tr>
<tr>
<td></td>
<td><strong>We</strong> develop plans WITH the family that show: we listened to them, we understand how THEY perceive their needs, and we respect their culture.</td>
</tr>
<tr>
<td></td>
<td><strong>We</strong> initiate services timely based on family needs and our agreed-upon plan.</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td></td>
<td><strong>We</strong> strive for every child in our care to be developmentally on-target.</td>
</tr>
<tr>
<td></td>
<td>Long-term foster care is not a good enough outcome for any child.</td>
</tr>
<tr>
<td></td>
<td><strong>We</strong> strive for the emotional, financial, residential, and legal stability of every adult caregiver with whom we work.</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<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>
</tr>
<tr>
<td></td>
<td>Parents will leave us with the tools, insight, and ability to manage the behaviors that made their children unsafe.</td>
</tr>
<tr>
<td></td>
<td>Families will leave us with the ability and confidence to manage their own crises.</td>
</tr>
<tr>
<td></td>
<td>Children will leave us empowered to make good choices.</td>
</tr>
<tr>
<td></td>
<td><strong>We</strong> will BE THE BRIDGE in helping children overcome trauma.</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td></td>
<td>Nobody works well unsupervised.</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td></td>
<td>Evidence-based practice or promising practices (services of proven effectiveness provided on the basis of thorough and accurate assessments) produce better results.</td>
</tr>
<tr>
<td></td>
<td>If it doesn’t work it doesn’t help; the right metrics tell us what works and what doesn’t.</td>
</tr>
<tr>
<td></td>
<td><strong>We</strong> never forget that for each of the children we 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.