Annual Quality Management Summary 2013 - 2014
The Kids Central Quality Management Team

The Kids Central Quality Management (QM) Team is comprised of multi-talented staff members who bring a wealth of professional experiences from a variety of different backgrounds. The Quality Management Department functions under the supervision of the Director of Quality and Utilization Management. The QM team consists of a QM Supervisor, (6) QM Specialist’s, a QM Data Specialist and QM Data Analyst.

The function of each team member varies as each performs various duties and provides oversight for special areas within the System of Care. Some of these areas include, but are not limited to:

- Evaluating and Assessing the Quality of Services provided to youth and families by case management agency (CMA) partners, through the review of case records;
- Monitoring of Psychotropic Medications and Missing Children;
- Review of EXIT Interviews for youth transitioning from a Licensed Placement;
- Management and Oversight of Critical Incident Reporting;
- Responding to Licensing Concerns associated with Licensed Foster Care;
- Performing Special Reviews associated with Child Death’s and/or Concerns Related to Services;
- Facilitating Training for Partners and Service Providers;
- Compiling and Analyzing Statistical Data to Monitor Performance and Continuous Improvement Based on State Contract Measures and Strategic Goals

Quality Management Activities 2013 – 2014

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

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

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

A total of 116 reviews were completed this year, utilizing the Rapid Review method which focused strictly on the safety of children, in–home, ages 0 to 3.

<table>
<thead>
<tr>
<th>Name of Review:</th>
<th># of Reviews Completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st DCF Quarterly Reviews: QPS, QSR &amp; Supplemental</td>
<td>27</td>
</tr>
<tr>
<td>Review Type</td>
<td>Count</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Discretionary – Supervisory Review</td>
<td>90</td>
</tr>
<tr>
<td>Discretionary – Sexual Safety Plans</td>
<td>55</td>
</tr>
<tr>
<td>Discretionary – Sibling Visitation</td>
<td>52</td>
</tr>
<tr>
<td>COA Peer Reviews</td>
<td>*96 – peer reviewers</td>
</tr>
<tr>
<td>Discretionary – Exit Interviews</td>
<td>52</td>
</tr>
<tr>
<td><strong>2nd DCF Quarterly Reviews:</strong> QPS, QSR &amp; Supplemental</td>
<td>27</td>
</tr>
<tr>
<td>Over Capacity Waivers Review</td>
<td>31</td>
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<tr>
<td>Adoption Subsidy - Internal</td>
<td>35</td>
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<tr>
<td>COA Peer Reviews</td>
<td>*100 – peer reviewers</td>
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<tr>
<td><strong>3rd DCF Rapid Reviews</strong></td>
<td>62</td>
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<tr>
<td>ICPC Review</td>
<td>37</td>
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<tr>
<td>Psych. Med Review</td>
<td>47</td>
</tr>
<tr>
<td>COA Peer Reviews</td>
<td>*75 – peer reviewers</td>
</tr>
<tr>
<td><strong>4th DCF Rapid Reviews</strong></td>
<td>59</td>
</tr>
<tr>
<td>Discretionary Reviews: Sup. Review; Sibling Visit; Exit; Sexual Safety Planning</td>
<td>242</td>
</tr>
<tr>
<td>COA</td>
<td>*75 – peer reviewers</td>
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<tr>
<td>Missing Children</td>
<td>23</td>
</tr>
<tr>
<td>Incident Reporting</td>
<td>59</td>
</tr>
<tr>
<td><strong>Review Totals for 2013 - 2014</strong></td>
<td></td>
</tr>
<tr>
<td>Total Case File Reviews by Quality Management Spec.</td>
<td>972 (170 - DCF Quarterlies)</td>
</tr>
<tr>
<td>Total Case File Reviews completed by Peers</td>
<td>346</td>
</tr>
<tr>
<td>Special Reviews by Quality Management Specialists</td>
<td>10</td>
</tr>
<tr>
<td>Total Number of Reviews Completed and Managed by Quality Management Specialist’s during the 2013 – 2014 year:</td>
<td>1328</td>
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</tbody>
</table>

*Five Elements of Total Quality Management: Product (Programs); Leadership; Organization; Process; Commitment*
A comprehensive, ongoing management system incorporating intensive stakeholder involvement, systematic data collection and analysis, information sharing, and corrective action in order to improve the functioning of an organization.

*COA (Council on Accreditation) Glossary 8th Edition Standards

Quality Practice Standard (QPS) Reviews 2013 - 2014

Quality Practice Standard reviews were completed during the first two quarters of 2013 – 2014.

During the first two quarters we experienced improvement in all but one area with a variance of between 1% to 25% increases.
There was one area throughout both quarters that experienced a decrease. This area was Well-Being Outcome 2, which went from 94% in the first quarter to 88% in the second quarter.

Overall, the strengths and opportunities identified in the Quality Practice Standard reviews remained fairly consistent throughout the year as evidenced by the outcomes of other reviews. Areas considered strengths and achieving an overall percentage of 80% or greater were:

- Keeping children safe from re-abuse;
- The child was stable in the out of home placement and maintained positive relationships with parents, caregivers, peers as appropriate;
- Assessing educational needs and assuring that services are engaged as needed to resolve issues interfering with the child’s education;
- The child’s health care needs are being met and regularly maintained to include medical and dental needs;

Opportunities which generated focused improvement efforts throughout the year were areas achieving 79% or less. These areas included:

- Completion of family assessments and safety planning;
- Notifications regarding placement changes not occurring and engagement of parents;
- Timeliness, frequency and quality of supervisory reviews;
- Psychotropic medication management

Annual Summary of Quality Service Review (QSR) Findings
CBC Lead Agency: Kids Central, Inc.
12 Month Period: July 2013 – June 2014

Summary:
The following represents a comprehensive assessment of the indicators and practice trends associated with the Quality Service Reviews (QSR) completed during the first and second
quarter of the fiscal year (FY) 2013/2014. A total of four (4) cases were reviewed; two (2) cases per quarter. QSRs were completed in the first and second quarters of 2013/2014 as the Department of Children and Families adopted the Preventive Rapid Feedback Quality Assurance Reviews for the third and fourth quarters. In comparison to FY 2012/2013, the number of cases reviewed was significantly less; four (4) cases for FY 2013/2014 year compared to eight (8) cases for FY 2012/2013. Cases for the Quality Service Review were chosen by random sample after a sample abstract report was identified and provided by the Department of Children and Families.

The QSR is an evaluation tool designed to assist child welfare and social services agencies in assessing the effectiveness of their practices and interventions; it qualitatively assesses two categories; Child and Family Status Indicators and Practice Indicators. The Child and Family Status section encompasses eleven (11) categories and ten (10) Practice Indicators. Within these two categories are specific areas that are assessed, including, but not limited to, child safety, stability and parent/caregiver functioning, engagement and teaming. The QSR process analyzes, through case file reviews and in-person interviews, the case management agency’s services as well as the family’s and service providers’ commitment to child safety, permanency and well-being.

Performance:
A slight decrease in performance was noted from FY 2012/2013 to FY 2013/2014; 79% for 2013/2014 and 82% for the previous year. Significant disparity is noted in the Child and Family Status Indicator of “Living Arrangements”; a decrease from 93% (in FY 2012/2013) to 79% (a change of minus 15%) and in Practice Indicators, “Engagement”, minus 24%; “Planning Progress”, minus 14%; “Transition Planning”, minus 11%; and, “Implementation”, minus 13%. Particulars regarding performance are detailed later in this report.

Noted Strengths in Child & Family Status Indicators and Practice Indicators were:
- Living Arrangements were appropriate;
- Overall, the children were safe from exposure to threats of harm;
- Permanency achieved through adoption;
- Physical, dental and mental health needs met;
- Developmental milestones in early learning and development were achieved;
- Mitigation of child vulnerability was managed at a successful level; and,
- Assessment and understanding of the family were above average.

Opportunities for Improvement were identified in the following Areas:
- Engagement efforts;
- Effective teaming, assessment and understanding
- Effective planning towards case closure;
- Transitional identification, implementation and support;
- Implementation of effective strategies, services and adequate resources;
- Monitoring of child and family progress and;
- Monitoring of child and family progress.

Child and Family Status Indicators:

| Percent of Points Earned on Child & Family Status Indicators: | 85.6% |
The cumulative outcome for the Child and Family status indicator was found to be in the satisfactory range with a score of 85.6%. Points totaling at least 80%, is considered satisfactory. Children in the four sample cases were, routinely, found to be safe from exposure to threats of harm. Noteworthy status indicators include but were not limited to:

- 100% Physical and Dental Health
- 100% Early Learning and Development
- 100% Home Environment
- 100% Stability in School Setting
- 100% Educational Achievement
- 100% Mitigation of Vulnerability
- 100% Coping and Adapting Skills

Other indicators found in the “satisfactory” range were: Other environments; Caregiver capacity/behavior; Risk of Disruption to School Setting; Child’s risk to self and others; Stability in case management; Stability in service providers; Risk of disruption to living arrangement; Lifelong home and family; Achievement of optimal physical health; Caregiver resources and Supports to caregivers.

Opportunities exist in the following areas: Stability in Case Management was at 50% for all four of the cases reviewed; Services and Efforts was 50% in two of the four cases. Progress toward Reunification was at 50% in two cases and Education Supports in two of the cases was at 50%. Lifelong Home and Family was at 66% for three of the cases reviewed.

Practice Performance Indicators:

| Percent of Points Earned on Practice Indicators: | 71.9% |

The cumulative outcome for Practice Indicators was 78.4% for the previous year. In comparison to this year at 71.9%, it's a decline of 6.5 %. Practice indicators were frequently in the “marginal” to “satisfactory” performance range.

Outcomes practices with noteworthy outcomes were:

- 100% Engaging the Child and Mother
- 100% Caregiver Participant in Assessment and Goals
- 100% Update and apply Understanding
- 100% Individualized and Dynamic Planning
- 100% Transition Identification and Planning

Areas where opportunities exist are: Strategies for Effective Relationships; Engaging the Caregivers; Team Functioning and Effectiveness; Maintaining Family connections; Monitoring of Child/Family Progress.

Overall Findings:

| Total Percent of Points Earned: | 78.8% |

The overall combined percentage is 78.8%, down 2.5% from the previous year, which was 81.8%. The Case Management Agencies (Children’s Home Society, Youth and Family
Alternatives and the Centers) are working on initiatives to target those areas where performance was low. In areas such as, Engagement of fathers, trauma sensitivity and the maintenance of family connections, services are being identified to target these areas.

Kids Central’s policy, requiring that all children under supervision have the K-12 Report card completed, is expected to result in prompt identification of educational needs, resulting in improvements in the educational status. This along with the data agreements established with local school boards to provide educational information directly to Kids Central Educational Liaisons, is expected to expedite the process in identifying those children with significant needs and generate more timely responses in providing services.

Corrective Action Plans remain in place to focus resources on improvement in the area of psychotropic medication oversight. New legislation related to effective facilitation of supports and services to youth transitioning out of foster care and into adulthood will assist in moving troubled areas upward.

Rapid Safety Feedback Reviews

<table>
<thead>
<tr>
<th>Question #’s</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Overall Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3 2013 - 2014</td>
<td>40.3%</td>
<td>33.9%</td>
<td>54.8%</td>
<td>33.3%</td>
<td>56.5%</td>
<td>69.4%</td>
<td>46.8%</td>
<td>45.2%</td>
<td>29.0%</td>
<td>45.5%</td>
</tr>
<tr>
<td>Q4 2013 - 2014</td>
<td>40.3%</td>
<td>63.7%</td>
<td>64.9%</td>
<td>71.4%</td>
<td>55.3%</td>
<td>76.8%</td>
<td>54.0%</td>
<td>45.1%</td>
<td>50.4%</td>
<td>58.0%</td>
</tr>
</tbody>
</table>

Rapid Review Tool Questions

1. Is the case plan individualized for the family’s needs and related to known dangers?
2. Is safety planning sufficient?
3. Is the parent’s behavior change monitored as it relates to danger threats and safety concerns?
4. Is the case manager aware of any emerging dangers and, if so, are they followed up on urgently?
5. Is the quality of contacts sufficient to ascertain and respond to known threats and emerging dangers?
6. Is the frequency of contacts with the child and family sufficient to ascertain and respond to known threats and emerging dangers?
7. Are background checks and home studies sufficient and responded to appropriately?
8. Is communication with the case stakeholders sufficient to assess emerging dangers and parent behavioral changes?
9. Is there evidence the case management supervisor is regularly consulting with the case manager, recommending actions when concerns are identified, and ensuring recommended actions followed up on urgently?
10. Was the case consultation conducted to provide additional guidance?
11. Was an RFA completed in FSFN for an immediate child safety concern?
In the third quarter, the Department of Children and Families shifted from the Quality Practice Standard Reviews and the Quality Service Reviews to a, primary, focus on safety.

Implementation of Rapid Safety Feedback Reviews, were implemented, in response to the number of child deaths within the state of children ranging in age from 0 to 3.

In comparison between quarter 3 and quarter 4, there was improvement; however, opportunities remain in many areas:

**Improvements occurred from the 3rd quarter to the 4th quarter, in the following areas:**

- Sufficient Safety Planning
- Monitoring of parental behavior change as it relates to danger threats and safety concerns
- Case managers awareness of emerging dangers and follow up
- Frequency of contacts with the child and family is sufficient to ascertain and respond to known threats and emerging dangers
- Background checks and home studies were sufficient and responded to appropriately.
- Supervisor consulting with the case manager, recommending actions when there are concerns and ensuring that recommended actions are followed up on.

**Opportunities remain in the following areas:**

- Individualized case planning for the family related to known dangers
- Quality contacts sufficient to ascertain and respond to known threats and emerging dangers.
- Communication with case stakeholders to assess emerging dangers and parent behavioral changes.

Initiatives have been implemented to address many areas such as the establishment of a Supervisors’ workgroup who are participating in the re-design of the Supervisory Review process for the circuit.

**Incident Reporting:**

**Incident Reporting is guided by the Children and Families Operating Procedure 215 – 6**

***WHEN THE CATEGORY OF “INCIDENT” IS CHECKED ON THE INCIDENT REPORT FORM, INDICATING THAT IT IS A “CRITICAL”, THE REPORT REQUIRES ENTRY OF THE INCIDENT INTO THE DCF INCIDENT REPORTING ANALYSIS SYSTEM (IRAS) WITHIN ONE BUSINESS DAY OF THE INCIDENT OCCURRING. INCIDENT REPORTS ENTERED OUTSIDE OF ONE BUSINESS DAY ARE CONSIDERED LATE; WITH THE EXCEPTION OF A HOLIDAY, ENTRY INTO IRAS WOULD BE REQUIRED NO LATER THAN THE NEXT BUSINESS DAY.***

***Over the past fiscal year, incident reports with the following incident types have been most frequently received during the period of July 2013 thru June 2014:***

- Baker Acts: 172
- Client Injury/Illness: 243
- Missing Child: 260
**Other incidents consist of, but not limited to; parent arrests, abuse reports, car accidents & parent/relative/non-relative deaths.**
## Incident Reports Received Per Month, Per CMA for July 2013 thru June 2014

### Incident Reports Received Per CMA, Per Month - July 2013 Thru June 2014

<table>
<thead>
<tr>
<th>Month</th>
<th>CHS</th>
<th>THE CENTERS</th>
<th>YFA</th>
<th>OTHER</th>
<th>TOTAL</th>
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<tr>
<td>JULY</td>
<td>32</td>
<td>41</td>
<td>5</td>
<td>8</td>
<td>86</td>
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<tr>
<td>AUGUST</td>
<td>11</td>
<td>40</td>
<td>22</td>
<td>3</td>
<td>76</td>
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<tr>
<td>SEPTEMBER</td>
<td>124</td>
<td>38</td>
<td>34</td>
<td>12</td>
<td>208</td>
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<td>OCTOBER</td>
<td>61</td>
<td>46</td>
<td>19</td>
<td>5</td>
<td>131</td>
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<tr>
<td>NOVEMBER</td>
<td>66</td>
<td>58</td>
<td>20</td>
<td>11</td>
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<td>50</td>
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<td>19</td>
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<td>JANUARY</td>
<td>75</td>
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<td>41</td>
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<td>MAY</td>
<td>65</td>
<td>58</td>
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<td>153</td>
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<tr>
<td>JUNE</td>
<td>55</td>
<td>56</td>
<td>18</td>
<td>5</td>
<td>134</td>
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<tr>
<td>TOTAL FOR 2014</td>
<td>661</td>
<td>598</td>
<td>242</td>
<td>64</td>
<td>1,565</td>
</tr>
</tbody>
</table>

- **CHS**
- **THE CENTERS**
- **YFA**
- **OTHER**
- **TOTAL**

**CHS**: Community Health Services

**THE CENTERS**: The Centers, a community health center

**YFA**: Youth Family Assistance

**OTHER**: Other Incident Reports

**TOTAL**: Total Incident Reports Received Per Month
Psychotropic Medications:
Children, in Out of Home Care, Prescribed Psychotropic Medication by Case Management Agency

Number of Children Prescribed Psychotropic Medications as of June 27, 2014*

* Number of children on medication as per FSFN medication report, dated June 27, 2014

Percent of Children on Medications by Case Management Agency as of June 27, 2014*
Total: 130 for Circuit

* Number of children on medication as per FSFN medication report, dated June 27, 2014

For the 2013 – 2014 year, the number of youth on psychotropic medications decreased. Kids Central together with case management partners, developed and implemented an in-depth Performance Action Plan to address areas of concern identified through case file audits as well as the state audit of psychotropic medications.
Kids Central received a total of 67 client relations concerns for the fiscal year (2013-2014). Of this total, 58 client relations issues were filed on active cases assigned to a Case Management Agency.

Addressing the Findings:
During the course of the 2013 – 2014, Kids Central has implemented multi-dimensional approaches aimed at addressing areas of concern, improving performance and maintaining safe children with their families. Monitoring of areas such as medical, dental, mental health services, psychotropic medications, safety planning, supervisory consults and others are continuously evaluated.

Oversight, monitoring and evaluations of these areas are planned to continue through the facilitation of monthly data calls, quality improvement team meetings, implementation of the agency Business Plan as well as the Balanced Scorecard. Ongoing reviews will continue with specific areas of focus being continuously monitored.