Annual Summary of Quality Assurance Review
Findings 2014-2015
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Our Kids of Miami-Dade/Monroe, Inc. (Our Kids) is the non-profit lead agency for Community Based Care in Miami-Dade and Monroe Counties. The mission of Our Kids is to oversee and direct a coordinated system of care in order to deliver excellence to abused, abandoned, and neglected children and their families in Miami-Dade and Monroe counties. Our Kids’ vision is that every at-risk child in Miami-Dade and Monroe will grow up with a safe, loving, nurturing and permanent family.

Overview

This year-end report summarizes data and analysis for Case Management Quality Assurance Reviews completed in Circuit 11 (Miami-Dade) and Circuit 16 (Monroe) during Fiscal Year (FY) 14/15. In FY 14/15, Our Kids assessed, tracked and analyzed data relating to contract performance measures, CBC Scorecard measures, system utilization, practice management, subcontractor quality and compliance, and state quality reviews. This report analyzes quality assurance and programmatic outcomes with a focus on their impact on child safety, permanency, well-being, supervisory consultation and oversight as established by federal, state and local targets.

Data Sources used in this report

- The Department of Children and Families’ (DCF) QA Portal
- The Department of Children and Families’ Dashboard
- The Florida Safe Families Network (FSFN) Case and Reporting Systems
- Mindshare

Purpose of the Our Kids Quality Management Program

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 provides 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 statutory requirements in order to continually improve services.

A critical component in 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 of quality and outcomes; and
- Plans for correction of any observable deficiencies identified through Our Kids’ quality improvement process.

Our Kids QA staff and the Contracts department conducts all DCF and other funding entities’ quality assurance 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 the 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 accredited by 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.

The Quality Management Plan promotes quality care that meets 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/CMO’s 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. During the last fiscal year, numerous individuals were trained in the Florida Safety Framework.

**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 continually seek feedback from children and families, employees, community organizations, providers, and funding agencies in order to ensure quality services.
- We regularly reach out to stakeholders to share information, identify problems, propose and implement solutions, and evaluate results.
- Mistakes should be used for learning.

**Summary of FY 14-15 Quality Management Activities and Organizational Structure**

The Quality Management Department at Our Kids is headed by the Director of Compliance and Risk who reports to the Chief Executive Officer/President. The Director of Compliance and Risk oversees the Policy and Procedure Manager; the Metrics, Analytics and DCF Contract Manager; and the Quality Assurance Manager.
The Policy and Procedure Manager assists in ensuring that the strategic objectives of the organization are fulfilled through policy development and compliance with accreditation and contract requirements. His responsibilities include, but are not limited to the following:

- Make recommendations based on information gathered to improve existing policies and procedures;
- Document, format and publish accurate and timely policies and procedures;
- Perform ongoing internal and external compliance monitoring activities to ensure that privacy and security concerns, requirements and responsibilities are properly addressed in a timely manner;
- Initiate and facilitate activities that promote information privacy awareness throughout the organization and the network of providers;
- Review system-related information security plans to ensure alignment between security and privacy practices and serve as a liaison between information systems (IT) and program operations;
- Serve as the central point of contact for COA accreditation related matters for internal and external customers and ensure that the organization and network providers meet applicable standards and requirements;
- Audit program and services to evaluate COA compliance requirements and make recommendations for improvement;

The Metrics, Analytics and DCF Contract Manager monitors CAPS, contracts, performance measures and informs senior management on trends. This team provides performance analysis support, ad-hoc reporting and consulting services to direct care providers needing to improve their performance. The group is also tasked with the maintenance of the Our Kids Scorecard and supports the agency’s internal Performance Quality Improvement Plan. The Metrics, Analytics and DCF Contract Manager ensures that providers are meeting all contractual obligations. The Metrics, Analytics and DCF Contract Manager provides results of any reviews/audits, provides notice to providers, monitors and updates DCF on progress and resolution of Performance Improvement Plans (PIP) or Corrective Action Plans (CAP).

The Quality Assurance Manager supervises three Quality Assurance Specialists and one Data Analyst. The function of each team member varies as each perform various duties and provides oversight for special areas within the System of Care. Some of these areas include, but are not limited to:

- Produce daily, weekly and monthly management reports
- Monitor missing children
- Review Exit Interviews for youth transitioning from a licensed placement
- Review Home Studies for children in non-licensed placements
- Review compliance with Post Reunification visits
- Review compliance with completion of IL transition plans and staffings
- Review compliance with Credit Reporting for youths ages 16 and 17
- Manage and oversee Critical Incident Reporting
- Review daycare absences to ensure compliance with the Rilya Wilson Act
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- Monitor requests to and from other states (ICPC) and counties (OCS)
- Perform special reviews associated with child death’s and/or concerns related to services
- Facilitate training for partners and Service Providers
- Compile and analyze statistical data to monitor performance and continuous improvement based on State contract measures and strategic goals
- Oversee Full Case Management Agencies’ data quality
- Conduct reviews prescribed by the Family Safety Office. QA staff from the six subcontracted Full Case Management Agencies (FCMA) also participate. The agencies are Wesley House Family Services in Monroe County and four FCMA in Miami-Dade: Children’s Home Society, Family Resource Center, Gulf Coast Jewish Family and Community Services, and the Center for Child and Family Enrichment.
- Review and facilitate client record requests from a variety of sources.

The three Quality Assurance Specialists have been trained in the Florida Safety Methodology and have participated in implementation activities. The Quality Assurance Manager serves as one of our local Safety Practice Expert (SPE) and was the primary CBC Florida Safety Methodology trainer for most of the fiscal year.

The three regional managers of Our Kids play a critical role in staffing’s, trouble shooting and maintaining close oversight of the operations of the full case management agencies in Miami-Dade and Monroe.

Tracking and Reporting on Performance

Our Kids provides weekly data reports on contract measures to its providers. The data captured in the reports is primarily from FFSFN 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. Additionally, 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 through a number of mechanisms. The activities referenced below require a cooperative effort involving the Risk and Compliance Director, The Metrics, Analytics and DCF Contract Manager, the Quality Assurance Manager and the provider agencies. Combined efforts ensure that quality and compliance levels are not only monitored but also 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
2. Quarterly File Reviews
3. Performance Improvement Plans
4. Corrective Action Plans
5. Customer Satisfaction Surveys
6. Complaint monitoring and investigation

Contract Monitoring

The Our Kids Quality Assurance Department has developed a FCMA scorecard that tracks performance across state measures. The scorecard is provided to each agency by the 10th day of the month and scorecard review meetings are set within the week in order to discuss performance. During these one on one meetings we identify areas of continued deficiencies and together we explore new processes that may help increase compliance. The purpose of meeting with each agency is to gain an understanding to the obstacles they are facing and also come up with solutions. Furthermore, these meetings are used to identify areas where a particular agency is consistently a top performer. We analyze the procedures used by this top performer and share them with other agencies who may be struggling in the same measure.
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Annual Summary of Quality Assurance Review Findings

<table>
<thead>
<tr>
<th>Metric No.</th>
<th>Measure</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Rate of Abuse while in Foster Care</td>
<td>10.86%</td>
<td>10.17%</td>
<td>11.17%</td>
<td>11.58%</td>
<td>11.54%</td>
<td>11.91%</td>
<td>12.28%</td>
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<td>2</td>
<td>Children not Neglected In-Home</td>
<td>96.88%</td>
<td>97.25%</td>
<td>97.43%</td>
<td>97.09%</td>
<td>97.25%</td>
<td>97.67%</td>
<td>98.44%</td>
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<tr>
<td>3</td>
<td>Children not Abused w/in 6 mths TOS</td>
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<td>96.33%</td>
<td>96.29%</td>
<td>96.20%</td>
<td>96.75%</td>
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<td>4</td>
<td>Children seen every 30 days</td>
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<td>99.70%</td>
<td>99.70%</td>
<td>99.80%</td>
<td>99.70%</td>
<td>99.50%</td>
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<tr>
<td>5</td>
<td>Permanency within 12mths</td>
<td>44.55%</td>
<td>45.57%</td>
<td>46.15%</td>
<td>43.30%</td>
<td>43.95%</td>
<td>40.12%</td>
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<td>6</td>
<td>Permanency 12mth for 12-23mths in care</td>
<td>49.23%</td>
<td>48.98%</td>
<td>48.17%</td>
<td>44.11%</td>
<td>44.91%</td>
<td>43.54%</td>
<td>46.02%</td>
</tr>
<tr>
<td>7</td>
<td>Children Not Re-Enter within 12 mths Permanency</td>
<td>90.58%</td>
<td>89.01%</td>
<td>90.90%</td>
<td>88.04%</td>
<td>90.81%</td>
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<tr>
<td>8</td>
<td>Placement Moves per 1,000 days in FC</td>
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<td>4.99</td>
<td>4.79</td>
<td>5.08</td>
<td>4.85</td>
<td>5.09</td>
<td>5.07</td>
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<tr>
<td>9</td>
<td>Children Out-Home with Medical last 12mth</td>
<td>96.31%</td>
<td>96.16%</td>
<td>95.63%</td>
<td>95.96%</td>
<td>96.01%</td>
<td>95.46%</td>
<td>97.38%</td>
</tr>
<tr>
<td>10</td>
<td>Children Out-Home with Dental last 7 mths</td>
<td>82.42%</td>
<td>92.03%</td>
<td>93.52%</td>
<td>93.37%</td>
<td>94.32%</td>
<td>93.27%</td>
<td>95.34%</td>
</tr>
<tr>
<td>11</td>
<td>Young Adults in Secondary Ed</td>
<td>73.05%</td>
<td>70.21%</td>
<td>72.92%</td>
<td>87.67%</td>
<td>86.39%</td>
<td>86.75%</td>
<td>84.42%</td>
</tr>
<tr>
<td>12</td>
<td>Children placed with all siblings</td>
<td>53.67%</td>
<td>52.78%</td>
<td>56.34%</td>
<td>54.78%</td>
<td>56.04%</td>
<td>54.58%</td>
<td>53.50%</td>
</tr>
</tbody>
</table>

Contract Monitoring – 3rd Party Auditor

Public Consulting Group (PCG) is our contracted auditing group. PCG audits each of our FCMA contracts by going on-site and reviewing compliance to certain areas of the contract. The frequency and extent of the monitoring is dependent upon an Annual Risk Assessment, the contractor’s accreditation status, and the contractor’s previous monitoring results. FCMAs are put on Corrective Action Plans if weaknesses are identified. Subsequently, PCG will monitor CAP compliance and progress until the CAP is closed.

PCG creates monitoring tools for each program utilizing requirements from the contract with Our Kids, as well as, State and Federal laws. The PCG monitor meets with the FCMA QA staff after the audit is performed to discuss preliminary findings and gather additional information needed to ensure a comprehensive final report. FCMA submit Corrective Action Plans (CAP) to Our Kids for any findings identified. The CAP documents how the contract provider will address deficiencies. PCG utilizes the CAP to assist in ongoing monitoring of the compliance improvement efforts of the contract provider.

Talent Development System, Supervisory Discussions, Mentoring and Case Ownership

The purpose of the Our Kids’ Talent Development System (TDS) is to plan, provide, support and evaluate formal and informal instruction, learning opportunities, and talent development aimed at improving family and agency outcomes. The TDS will also serve as a strategic management tool to implement and sustain organizational change and improvement by ensuring that individual and organizational needs are linked to agency outcomes.

The primary goal of the TDS is to develop child welfare professionals and caregivers who are highly competent, self-confident, motivated, and equipped to realize their full potential. To achieve this goal, the child welfare system in Miami-Dade and Monroe will need to embrace a ‘learning organization’ mindset focused on continuously improving and developing its frontline, supervisory, and management/leadership professionals to improve safety, permanency and well-being outcomes for children and families in the system of care.
The TDS will comprehensively and strategically approach talent selection and development to ensure that child welfare professionals have the values, attitudes and skills required and that they are supported in implementing best and/or evidence-based practices. All learning activities will be competency-based, practice-driven and culturally grounded. The curricula will provide participants the knowledge, skills and values of the best in child welfare practice and research.

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. 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 every ninety (90) days with the assigned case manager for all other cases. 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.

**Quality Parenting Initiative (QPI)**

As part of our commitment to creating a community of quality foster families, Our Kids supports the Quality Parenting Initiative (QPI), a statewide program established to recruit and retain quality foster parents. Through QPI, we nurture collaboration and partnership across our system of care in order to meet the developmental, academic, and social needs of our children; facilitate healthy relationships between foster children and their biological families; and offer security, protection, and
permanency. Additionally, Our Kids facilitates and participates in many foster parent directed programs and events throughout the year, with a goal of providing education, training, resources, acknowledgment, and support. Our Kids QPI Action Plan includes:

1. QPI point person at each agency to interact with Our Kids QPI designee, Orlando Gonzalez
2. Add an additional QPI training to In-Service case manager training (to supplement the already existing web-based component on QPI embedded in training)
3. Add QPI training module to PRIDE classes
4. Our Kids to provide quarterly QPI training for FCMAs
5. Our Kids to staff cases of agencies on a regular basis to ensure QPI being effectively handled
6. Our Kids to continually elicit information from judges on needed QPI components and take necessary actions to implement recommendations
7. Our Kids to provide ongoing training opportunities for foster parents, both in-person (through Foster Adoptive Parent Associations) and web-based (e.g. QPI Just in Time Training)
8. QPI to be incorporated with relative and non-relative placements at initial home study and in follow up visits by the assigned agency to the case
9. Our Kids to establish a QPI workgroup, with representation from Our Kids, FCMAs (e.g. QPI point person), DCF, judiciary, and stakeholders such as foster/adoptive parent associations.

Adoptions

The Adoptions Program’s staff job involves the oversight of all Region Adoptions, including, but not limited to, the qualitative review and approval of all of the region’s Adoption Subsidy and Title IV-E subsidy packets, the Adoption Applicant Review Process and Monitoring of Adoption Related Performance Measures.

Our Kids has a dedicated full time employee that manages post adoption services and support. These include but are not limited to:

- Referrals and linkages for mental, behavioral health, family therapy, individual therapy, and tutoring services
- Assistance with Medicaid related issues (e.g.: ICAMA)
- Change of address assistance
- Request for information on biological parents/ Reunion Services
- Other Adoption related question assistance

In addition, other Our Kids’ staff members devote a portion of their efforts in order to timely manage other specific post adoption needs including but not limited to:

- Requests for Increase in Monthly Adoption Maintenance Agreements
- Requests for post adoption services that, if appropriate and approved, will require financial assistance by Our Kids
- Request for Tuition Waiver and overall educational eligibility issues.

Utilization Management

The Utilization Management Program’s staff job involves three key areas: managing utilization of resources, identifying gaps/operating problems and tracking financial pace of resource expenditure by cost center. As part of the utilization management process, staff are responsible for leading the 30-day
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Level of Care staffing for assigned agencies. Staff conduct on-going utilization reviews and audits to ensure children move timely through the system of care towards permanency. Staff are also responsible for the programmatic oversight of collaboration with Agency for Persons with Disabilities (APD) to ensure that children in foster care are identified and assessed for Medicaid Waiver eligibility. They oversee the Our Kids Children’s Courthouse unit that provides face-to-face, online and telephone support to the dependency system with linkages and referrals to public assistance, court documentation collection for Medicaid eligibility purposes and on-site DNA testing.

Transitioning Youth Program

The Independent Living Program’s staff job involves working with youth and young adults aging out of foster care to help youth develop a comprehensive, holistic and measureable plan for aging out of foster care and to guide and support youth in their transition to self-sufficiency and living an independent meaningful life.

Intake

Our Kids Intake Department is a team of highly qualified individuals who are available to DCF CPI’s 24/7/365 to triage and assign cases. The Intake Department is a full service engagement team ready by phone and in person to consult and reconcile all points of view when a case is likely to need on-going care and services. In order to support our sub-contractors, our Gatekeepers study each document and task to insure that the transition from investigation to services has left nothing unsaid or undone. This Department is tasked with the following:

- Create and input data into all Our Kids Data Systems as well as the State wide system, FSFN, to ensure timely initiation and follow through of all required protocols.
- Provide ongoing support to the Full Case Management Agencies staff as liaisons between the Department of Children and Families.
- Provide consultation, recommendation and referrals to Community Partners serving our population with specialized programs.
- Monitor cases through review and consultation at varied calendar points to facilitate timely processing and transfers throughout our system of care.
- Facilitate regularly scheduled Support Meetings with sub-contractors and community stakeholders in enhance the integration between Child Welfare and Community Providers.
- Oversee all Family Services which are concentrated, in-home services designed to prevent unnecessary out-of-home placement of children. Families are referred at the point where an out-of-home placement is imminent. Referrals are responded to within 2-48 hours based on the level of need.

Family Services

Family Services are in home therapeutic services available to those that have urgent needs. The success of our prevention and preservation services in reducing the number of children coming into care is higher than the national average.

This year we are building on that success by using the feedback our providers and families have given us. We have created a more flexible system that can better respond to the family’s individual needs.
and constraints. Along with the inclusion of the Regional Partnership Grant housed with Family Services provider, we are expecting great things.

**Clinical Reviews**

The Behavioral Health Department reports directly to the Chief of Staff. For the entire population, Our Kids relies on the Behavioral Health Department to conduct monthly reviews of 100% of all children who are on active psychotropic medication according to FSFN. Findings of this report are immediately provided to the FCMA who are responsible for obtaining any missing information and updating 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. 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. 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 that improvement is needed in how case management agencies review these children medications during home visits. Our Kids QA and Licensing is also working in conjunction with the Our Kids Behavioral Health Department to increase the agencies self-monitoring of the Medication Administration Logs (M.A.R.s), kept in the out of home placements.

The Behavioral Health Department also conducts reviews of safety plans and the mental health recommendations made in the Level of Care Assessments (L.O.C.A.s) (also known as Comprehensive Behavior Health Assessments (C.B.H.A.). 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 at Our Kids. The behavioral Health department reviews the CBHA recommendations and assures that the case plan has the updated recommendations from the CBHA.

Areas of strength:
- Our Kids is implementing a system to review all children on psych meds, not just a random sample.
- Our Kids has rolled out the APP for the IPhone for case workers to better track psych meds.

Five areas of concern emerged from reviews.
Incorrect or incomplete Medication Tab entry into FSFN.
- Missing or untimely documentation of Express and Informed Consent or Court Authorization.
- Missing or incomplete documentation of a current medical report (5339).
- Missing or incomplete documentation of pre-consent review when appropriate.
- Sporadic or missing medication log documentation and discussion.

**Sexual Safety Plans**

The Behavioral Health Department reviews all children on safety plans. Five areas of concern also emerged from this review.

- While it is both the expectation and practice of our contracted providers that all placements are informed of the sexual abuse history of any children needing a sexual safety plan prior to placement, no FSFN documentation was present to verify this had occurred.
- While caregiver, Case Manager and Case Manager Supervisor signatures were present, documentation did not support that they occurred timely.
- Documentation did not reflect that referrals for clinical consultation with a professional trained in childhood sexual abuse were initiated timely.
- Documentation did not reflect that age appropriate children understand the reason for their sexual safety plan. Further, documentation did not support that the child’s therapist/treatment provider was consulted and/or was in agreement with the sexual safety plan.
- When additional restrictions/guidelines were included in the Sexual Safety Plan documentation did not reflect they were being sufficiently monitored by case management and/or the caregiver/residential provider.

**Nurse Case Management Program**

The Our Kids QA team and FCMA agencies receive 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 who are not assigned to the Sunshine State Child Welfare Specialty Plan (CBCIH team provides coordination of care services for these children). 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 provides guidance 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 education, training, community outreach, and refine policies. The team schedules the Initial Health Care Assessment, 30 Day Comprehensive follow up appointments, and Initial Dental. In addition, the NCM department provides on-going support in ensuring that yearly physicals and 6 month dentals occur within the appropriate timeframes. Nurses also speak with caregivers, providers, 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. The team participates in monthly medical staffing’s for children in Medical Foster Care and for children in Skilled Nursing Facilities.
Healthy Baby and Me Program:

An assigned Nurse home visitor conducts a minimum of one monthly visit and provides household specific education based on observations. Each visit will include information about parenting and other necessary life skills. In addition, the Nurse Home Visitor will act as an integral part of any multi-disciplinary team as the program focuses on participants’ health as a whole. In addition, Healthy Baby and Me works hand in hand with current independent living standards and laws in order for the youth to be a successful participant in their education and life development as well.

Incident Reporting

The safety of children is the paramount concern of Our Kids. As such, Our Kids maintains a detailed incident reporting system, forms, and policy. Each contracted 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.

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. Currently the number of elopements (or runaways) is 35% of our yearly incident reports. Studies show the higher the number of elopements the greater chance a child is likely to be victim of CSEC. During this last fiscal year Our Kids was named a grant recipient and is spearheaded the Miami Cares project. Our QA specialist works with Miami Cares Project to identify trends in our children, ensuring appropriate steadfast attention is paid to them by the correct professionals in our continuum of care.

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 Manager 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 incident 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.

Over the past fiscal year, there were a total of 4587 incident reports received.

**OCS and ICPC**

Our Kids QA Team is a state leader in Out of County and Out of State matters. During FY14-15 Our Kids processed over a thousand Out of County (OCS) requests and hundreds of Interstate Compact (ICPC) requests.

Our Kids was one of two county agencies nationwide to work on an innovative national database pilot project called National Electronic Interstate Compact Enterprise (NEICE). The pilot project consists of only 6 states and is being led by Florida. During this year’s implementation it has been projected that NEICE has a total of 7000 cases, in which 56.81% of those cases belong to Florida. NEICE was developed in a response to speed up the process for children to be placed with forever families and biological relatives across the nation. Our Kids has the largest volume of submission of ICPC cases into the NIECE system in the state. The program is the predecessor of Florida’s own Interstate Compact System. By using the NEICE system, the average time to process a completed ICPC request from our office has been cut down to approximately 1-2 days.

**Out of County Service Requests**

<table>
<thead>
<tr>
<th>Request Type</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCS Sent</td>
<td>515</td>
</tr>
<tr>
<td>OCS Received</td>
<td>485</td>
</tr>
<tr>
<td>Transfer of Jurisdiction</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,025</strong></td>
</tr>
</tbody>
</table>

Transfers of Jurisdiction (TOJ’s) are done throughout the state of Florida with the lead CBCs in both counties. The designated Our Kids QA Specialist ensures that all parties work closely together for a smooth transfer. Our Kids worked closely with local Child Legal Services managing attorneys to streamline the TOJ process in the courtroom. As a result of joint efforts, a TOJ memo was developed and the number of TOJ’s ordered by the judiciary that did not follow the initial staffing protocol have been reduced.
Quality Assurance Reviews

As part of Windows into Practice, Our Kids conducts on-going targeted reviews of cases to determine the quality of child welfare practice related to safety, permanency, and child and family well-being. In addition, two full CFSR’s were conducted each quarter. The full CFSR included reading case files of children served under the title IV-B and IV-E plans and interviewing parties involved in the cases.

All quality assurance reviews are completed by Our Kids Quality Management (QM) Specialists. When available, QM staff may be partnered with a CMO Quality Assurance staff that has completed training and/or shadowing to gain proficiency in the process. The QA Manager and the senior Quality Assurance Specialist are responsible for assigning and reviewing cases. Reviewers read case notes from the Florida Safe Families Network (FSFN) to attain case details for the period under review.

The case review items are in a web-based tool that is accessible through the DCF web portal. The completed tool automatically tabulated, was immediately accessible and downloaded for review and discussion with CMO staff during the debriefing/consultation. The purpose of debriefing/consultation is to provide feedback on strengths and areas in need of improvement. The information gathered during these conversations filled the gaps reviewers had. Throughout the review, all reviewers are instructed to notify the Quality Assurance Manager 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 Quality Assurance Manager 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 Request For Action (RFA) process in the Windows into Practice is followed as well and entered into FSFN as required.

Sample Sizes: 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.

a) 15 case reviews per quarter for Safety.

b) 15 case reviews per quarter for Permanency

c) 15 case reviews per quarter for Well-Being.

d) 2 case reviews per quarter for In-Depth (CFSR)
Community Based Care
Annual Summary of Quality Assurance Review Findings

Sample Sizes by CBC

<table>
<thead>
<tr>
<th>Community Based Care Lead Agency</th>
<th>Number of Children as of 5/31/14</th>
<th>Quarterly Targeted Case Reviews</th>
<th>Total Case Reviews Per Year</th>
<th>Sample Size Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Home Services</td>
<td>Out-of-Home Care</td>
<td>Total In-Home and Out-of-Home Care</td>
<td>In-Home &amp; Out-of-Home Care</td>
</tr>
<tr>
<td>Big Bend</td>
<td>486</td>
<td>699</td>
<td>1185</td>
<td>36</td>
</tr>
<tr>
<td>CBC of Brevard</td>
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<td>498</td>
<td>913</td>
<td>15</td>
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<tr>
<td>CBC of Central Florida</td>
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<tr>
<td>CBC of Seminole</td>
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<td>453</td>
<td>15</td>
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<tr>
<td>ChildNet Inc.</td>
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<td>2933</td>
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</tr>
<tr>
<td>ChildNet Palm Beach</td>
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<td>1996</td>
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</tr>
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<td>Children’s Network of</td>
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<td>1129</td>
<td>1822</td>
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<tr>
<td>Community Partners</td>
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<td>Devereux CBC</td>
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<tr>
<td>Eckerd Community</td>
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<td>1677</td>
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<tr>
<td>Eckerd Community</td>
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<td>1730</td>
<td>2878</td>
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<td>974</td>
<td>1739</td>
<td>36</td>
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<tr>
<td>Family Support</td>
<td>1124</td>
<td>818</td>
<td>1942</td>
<td>36</td>
</tr>
<tr>
<td>Heartland for Children</td>
<td>584</td>
<td>990</td>
<td>1574</td>
<td>36</td>
</tr>
<tr>
<td>Kids Central, Inc.</td>
<td>796</td>
<td>997</td>
<td>1793</td>
<td>36</td>
</tr>
<tr>
<td>Kids First of Florida</td>
<td>108</td>
<td>186</td>
<td>294</td>
<td>15</td>
</tr>
<tr>
<td>Our Kids Inc.</td>
<td>1849</td>
<td>2011</td>
<td>3860</td>
<td>45</td>
</tr>
<tr>
<td>Partners hip for Strong</td>
<td>461</td>
<td>648</td>
<td>1109</td>
<td>36</td>
</tr>
<tr>
<td>Sarasota YMCA</td>
<td>334</td>
<td>652</td>
<td>986</td>
<td>15</td>
</tr>
<tr>
<td>St. Johns County</td>
<td>53</td>
<td>91</td>
<td>144</td>
<td>15</td>
</tr>
<tr>
<td>Statewide</td>
<td>14793</td>
<td>19487</td>
<td>32667</td>
<td>660</td>
</tr>
</tbody>
</table>

1 Sample size needed for confidence level 90% and confidence interval ±10

Review schedule
- Quarter 1: September-October 2014
- Quarter 2: November-December 2014
- Quarter 3: February-March 2015
- Quarter 4: April-June 2015

The tools for the forty-five (45) 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.
Rapid Safety Feedback (RSF) and Targeted Quality Reviews

For the purpose of FY 14/15, the completion of the quarterly Child and Family Services Reviews were considered practice reviews, as approved by the Department of Children and Families, in preparation for the 2016 CFSR Round 3 by the Administration for Children and Families (ACF). The CFSR is an assessment of a state’s performance related to child welfare. All States are assessed in the areas of child protection, foster care, adoption, family connections and independent living services. The CFSR looks at outcomes data and other sources to assess each State’s ability to achieve safety, permanency, and well-being for children and families. Specifically, the CFSR is conducted by the Health and Human Services Administration for Children and Families (ACF) in collaboration with each state. The CFSR is conducted in two parts: a Statewide Assessment and an Onsite Review.

The targeted review process allowed Our Kids to focus reviews on a targeted population of children who are most impacted by negative outcomes in the areas of safety, permanency, and well-being. Although the sample size was small, trends were still seen, as follows:

- Rapid Safety Feedback (RSF) focuses on open in-home services cases for children ages 0-4.
- A total of 8 RSF reviews were conducted during the FY 14/15.

Areas of Strength
During this time we observed our stronger overall scores to be in the areas of educational and medical/mental health well-being. Although quarterly sample sizes do not meet the threshold to reach the desired 90% confidence level with a ± 10 confidence interval, a decline in performance was observed during the 2nd and 3rd quarter. During this period, Our Kids transitioned out CMO CHARLEE and transitioned in Gulf Coast Jewish Family and Community Services.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>FY 14/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-Being 2</td>
<td>100%</td>
<td>79%</td>
<td>73%</td>
<td>93%</td>
<td>85.0%</td>
</tr>
<tr>
<td>Well-Being 3</td>
<td>96%</td>
<td>80%</td>
<td>54%</td>
<td>86%</td>
<td>77.8%</td>
</tr>
</tbody>
</table>

Although scores in the Permanency Outcomes were higher overall than the ones listed above, the number of applicable cases at an annual level did not reach 66 for either outcome. This means that the desired confidence level and confidence interval aren’t guaranteed for this sample.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>FY 14/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanency 2</td>
<td>98%</td>
<td>78%</td>
<td>90%</td>
<td>84%</td>
<td>88.1%</td>
</tr>
<tr>
<td>Permanency 1</td>
<td>100%</td>
<td>83%</td>
<td>83%</td>
<td>75%</td>
<td>86.1%</td>
</tr>
</tbody>
</table>

Areas for Improvement
We observed an overall need for improvement in the following areas. A decline in performance was observed in the 3rd and 4th Quarter. The decline in well-being was driven mostly by the decline in quality of visits with children and with biological parents. The drop off in the Safety Outcome is being driven by decline in the quality of safety assessments, safety plans and monitoring of safety plans.

(Could the drop off in 3rd quarter be a result of greater awareness on frequency of home visits for in-home clients and greater awareness of safety planning – change in workers doing reviews, training of workers doing reviews, etc.)
**Outcome** | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** | **FY 14/15**
--- | --- | --- | --- | --- | ---
Well-Being 1 | 89% | 80% | 63% | 54% | 71.8%
Safety 1 | 74% | 80% | 49% | 53% | 69.7%
Florida Specific: Case Consultations | 85% | 83% | 52% | 57% | 68.7%

Several strengths were identified from the reviews completed during the fiscal year, which continued to mirror the strengths identified in previous years. These include:

- Maintaining the child’s connections. At the end of Quarter 4 the score was 92%. Annual performance was at 82%
- Promoting relationships between parents and children. At the end of Quarter 4 the score was 93% and annual performance was at 94%.
- Assessing Children’s Educational Needs. At the end of Quarter 4 the score was 93% with annual performance at 85%.
- Efforts to prevent entry/re-entry into out-of-home care was at 100% at end of Quarter 4 and overall at 93% for the year.

These reviews identified several gaps that require continued improvement, including:

- The quality of supervisory reviews was another identified gap; although these reviews were completed at least quarterly, they did not consistently fully address safety, permanency, and well-being.
- Develop and Monitor Safety Planning.
- Improvement is needed with completing Initial and Ongoing Assessments of the parents while monitoring the family.
- Ensuring that timely post placement services are provided to manage the risks and prevent the child re-entry into out of home care was also an area needing improvement.
- Documenting conversations with the mother and father concerning their child’s healthcare, educational issues and activities was an area that needs improvement.
- Appropriate follow-up is needed in attaining DCF clearance letters.
- Assessing and establishing appropriate and timely Case Plans.
- Better documentation regarding quality visits between siblings, caregivers, and case workers.

Strengths and areas in need of improvement are identified through the QA Review process and are addressed at monthly Continuous Quarterly Improvement meetings. Attendees include QA staff from the CBC, case management agencies. Performance data and outcomes are discussed among the attendees and improvement strategies are developed.

**Requests for Action**

Any immediate safety concern identified by the reviewer will result in an RFA. Of the Rapid Safety Feedback Reviews completed, there were zero (0) Requests for Action (RFA) sent to the case management agencies.
CFSR Reviews with Stakeholder Interviews
This review process is a case file review and includes interviews with participants or community stakeholders. Prior to the review of a selected case, the reviewer researches FSFN to learn about the prior child welfare history in order to effectively assess current practice. Once the CBC QA specialist completes a case file review and completes the tool. The CBC QA specialist will debrief the case findings with the Case Manager and the Case manager Supervisor assigned to the case and the FCMA QA staff.

Areas of Strengths found in the CFSR Reviews:
- Frequency of contacts with the family.
- Background checks/home studies.
- Case plans that are individualized for the family’s needs and situation.
- Consultations with case managers and supervisors was effective as information gathered during these conversations filled gaps reviewers had.

Areas in need of Improvement found in the CFSR Reviews:
- Safety plans should be developed with the family and signed by all parties who play a role in the plan, including safety managers.
- Timely completion of initial family assessment is needed to assess the family’s current situation and provides the first opportunity for supervisory oversight.
- Documentation of monitoring parental behavior change; for example, how are they maintaining their sobriety (meetings, sponsor, step work, coping skills).
- Service provider contact to initiate timely referrals, obtain reports and discuss progress in the service not just compliance.
- There was lack of unannounced home visit reports. Unannounced home visit reports should be conducted a minimum of every 90 days.
- Some documentation was not uploaded into ASK or FSFN and it was learned during the debriefing process with case managers, supervisors and reviewers.
- Some home visit reports were poorly written and it was hard to understand the life of the case. Some of this is due to the template being utilized at the time. New technology with iPhones for front line staff is making this easier as the case managers can speak their notes into their phones to enter into FSFN.

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. Complaint monitoring and investigation
Community Based Care  
Annual Summary of Quality Assurance Review Findings

Summary of Case Management Practice Trends, Areas of Concern, and Synthesis

This summary includes an analysis of practice trends identified through Quality Assurance Reviews and, to the extent possible, how these trends inform quantitative Performance Measure data indicators in the following areas.

The frequency and quality of home visits between caseworkers and children and caseworkers and mothers and fathers impact safety, permanency and well-being. The most recently published CBC Scorecard (Q3) indicates that 99.7% of children were being seen with a minimum frequency of 30 days. However, the targeted quality reviews indicate that only 73.5% ±10 of the cases had visits during the review period with the required frequency and quality to ensure safety, permanency and well-being.

Safety

The quality reviews indicate a strength in making concerted efforts to provide services to the family to prevent children’s entry into out-of-home care or re-entry after a reunification. The annual score for Our Kids in this area was 92.8%. The areas that pertain to safety planning, documentation and monitoring are of concern.

Permanency

Quality reviews noted strength in placing children within close proximity to their parents and maintaining the child’s connections. Areas needing improvement are establishing appropriate permanency goals in a timely manner and ensuring that siblings are placed together in out of home care. Efforts to ensure siblings are placed together was at 95.8% in the quality reviews, which runs counter to data from the most recently published CBC scorecard showing that only 56.5% of siblings are placed together. This may be a result of too small a sample in the quality reviews or it may point to a lack of sufficient placement options willing to accommodate sibling groups.

Other areas of concern which have not trended significantly upward during the past year and which impact permanency include a lack of documented efforts to: 1) identify, locate, inform, and evaluate relatives and other potential caregivers who could provide possible permanent placements in a timely manner and 2) encourage and support the mother and father to be active participants in decisions pertaining to the needs of their children.

Our Kids exceeded the state’s target for the timely permanency measures on the CBC Scorecard. However, the agency underperformed by 1.7% on the no re-entry measure. On the 3rd Quarter CBC Scorecard 90% of the children did not reenter into care. The statewide performance during this same period was 87%.

Well-Being

Our Kids' strength is in the assessment of children’s educational needs and providing appropriate educational services and in the initial and ongoing assessment of children’s physical and dental needs. The area of most concern is seen in follow through with recommended routine treatments such as ensuring cavities are filled or following through with sealant treatment to prevent tooth decay.

During the review period 81.8% ±10 of the children had their mental/behavioral health needs addressed. A decline was observed during the last two quarters of the year that may be a result of smaller sample sizes. This will be closely monitored during the first quarter of FY 15-16 to ascertain whether this is an actual trend or not.
Supervisory Consultations
The area of supervisory consultation remains an area of concern for FY 14-15. There is no significant change in this area from FY 13-14. This finding was also noted in Rapid Safety Feedback and Targeted Quality Reviews.

Safe Case Closure
Quality Reviews revealed concerns in individualized case planning matched to child and family needs that include a realistic, long-term view toward safe closure. Our Kids scores fluctuate in the 60-88% compliance rate. This is an area needing improvement that we expect to improve with the implementation of the Safety Methodology.

Addressing Findings
As a way to increase safety, permanency and well-being for families served, the Our Kids Compliance and Risk Department has already implemented the following:

- A permanency Workgroup (PWG) was created to staff open cases that were in home or out of home for more than 12 months. The group consisted of the GAL program, CLS, Our Kids QA and Regional Managers, and Foster Care Review who met weekly to address barriers to permanency.
- The QA team facilitates weekly meetings with each FCMA which includes:
  - Review of Upcoming Court Document Submissions (10 Days ahead of Hearing Date).
  - The FCMA monthly scorecard findings. FCMA’s now have additional Performance Measures in addition to DCF Scorecard as follows:
    - Credit Reports Compliance (17yr. -18 yr.)
    - Medical Checkups (Yearly) & Dental Checkups (7 Mos.)
    - Home Study Compliance on Rel./Non-Rel. Placements
    - Exit interviews on Placement changes
    - Post-Reunification Visitation Compliance
    - Pre-18yr. Judicial Reviews Compliance
    - Transition Plan Compliance for 17.5 yr.
    - Use of iPhone for home visit note and child photos
    - Photo Quality (Facial Recognition, Clarity, Lighting, Visibility)
    - Proximity of Photo to Placement (Validations of FSFN placement information)
    - Bio Mom Visit in FSFN
    - Bio Dad Visit in FSFN
    - Average Length of Stay
    - Missing Children Report (MCR) timeliness in FSFN
    - Placement Disruptions (Less than 30 Days & Count of disruption for reporting period)
  - Corrective Action Plans
- The QA team sends reports and reminders to the FCMA’s on a weekly basis on:
  - Supervisory Review Timeliness (90 Day)
  - Missing FSFN Placements for Child in care
  - Missing Home Visit List (@ 20 days of 30 Day Cycle)
  - Missing Educational Record in FSFN (No Educ. Tab)
Community Based Care
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- Missing Day Care in FSFN (Enrollment information data)
- Education Compliance (Missing Diploma or GED on 18+)
- Monthly CQI meetings are held with the contracted case management agencies to discuss ongoing quality improvement strategies.

The findings for each of the practice areas will continue to be monitored by Our Kids to provide staff with opportunities for growth and improvement in the areas demonstrating need. Overall trends noted during these reviews will determine which direction the agency needs to take to improve or maintain service delivery to the children and families in its care. There continues to be noted areas for improvement from the previous fiscal year, which will assist the agency in determining opportunities for training and ongoing supervisory guidance. Case consultations appear to be extremely beneficial in the CQI process as evidenced by feedback from case participants.

**Recommendations**

In regards to the areas identified as needing improvement, management continues to work with training providers and the QA team to identify growth opportunities. The annual Quality Improvement Plan will be written to reflect ongoing activities for improving and strengthening the quality of work provided to our children and families served. Our Kids plans to address these areas through training, coaching, mentoring, case consultations and other activities to improve case manager’s knowledge, skills and practice.

1. **Safety Plans** -
   a) Developing safety plans with the family and their support system
   b) Developing safety plans that address diminished protective capacities and control for dangers
   c) Understanding and identifying appropriate safety management services/strategies
   d) Ongoing discussion of safety plan activities at home visits and other contacts with the family

2. **Quality Home Visits** -
   a) Proper documentation of home visits
   b) Meeting with children separately from parent/caregiver
   c) Discussions of family dynamics and interactions
   d) Discussions of child development, education and well-being
   e) Discussion of parental behavior change and changes to parental protective capacities. Discussion of safety plan effectiveness and making changes as needed
   f) Identification of and addressing emerging dangers
   g) Document unannounced visitations.

3. **Frequency of Home Visits** –
   a) Reunification home visits to occur as required by statute and rule related to child age and length of post placement supervision timeframe.
   b) Home visits with in-home cases to occur as specified in supervision and case staffing’s.
   c) Increased visitations upon identified risk and safety concerns.
Community Based Care  
Annual Summary of Quality Assurance Review Findings

4. **Two Way Communication with Service Providers** – Frequent contact focused on service needs, observations of the service provider and case worker, recommendations, follow-up and case planning.

5. **Out of home care cases** – Engaging mothers and fathers in:
   a) Ongoing assessment of their needs
   b) Ongoing case planning
   c) Participating and making decisions related to their children’s well-being, social activities, etc.
   d) Visitation with their children and proper documentation of those visits

6. **Include Supervisors in the discussion regarding solutions to address practice areas such as Case Consultation’s.**

7. **Instituting fidelity monitoring as it relates to Safety Methodology.**

8. **Our Kids changed FCMA funding from a Level of Care (LOC) model or pay per day per child to case manager to client ratio model. The supervisor to case manager ratio will be reduced to 18 children per case manager. This compensation model for the FCMA will improve the quality of practice. This process encourages agencies to maintain a standard level of care while discouraging case overload and employee turnover.**

9. **Planned Future Metrics to be added to the FCMA individual monthly scorecard:**
   - Safety Plan Compliance for Sexually Reactive/Aggressive Clients
   - Unannounced Visit (6 Months)
   - JR and Case Plans Timeliness (10 Days before hearing).
   - JR & Case Plan Quality (No Kickbacks from CLS)
   - Critical Incident Report Timeliness (24hr of event)

Karen Sanchez, QA/QI Manager  
8/14/2015

Rafael Campos, Director of Compliance and Risk  
8/14/2015
is the frequency and quality of visits between the child in out-of-home care and his or her mother, father, and siblings as of visitation between a child in out-of-home care and the family to prevent children's entry into out-of-home care and were identified needs appropriately addressed (unless a separation was necessary to meet the best interest of the child and consistent with achieving the child's permanency goal).

Are concerted efforts made to involve the child and his or her mother, father, and siblings as ofvisitation between a child in out-of-home care and his or her mother, father, and siblings as of

are any changes in placement that occurred during the period under review and were any changes in placement that occurred during the period under review made in the best interest of the child and consistent with achieving the child's permanency goal?

is the appropriate permanency goal established and occurring during the period under review and were any changes in placement that occurred during the period under review made in the best interest of the child and consistent with achieving the child's permanency goal?

were concerted efforts made to involve the child and his or her mother, father, and siblings as of

was a Request for Action completed in FSFN for the child and were identified needs appropriately addressed (unless a separation was necessary to meet the best interest of the child and consistent with achieving the child's permanency goal)?

was a Request for Action completed in FSFN for the child and were identified needs appropriately addressed (unless a separation was necessary to meet the best interest of the child and consistent with achieving the child's permanency goal)?

were concerted efforts made to ensure that the child was in a stable placement at the time of the review and were any changes in placement that occurred during the period under review made in the best interest of the child and consistent with achieving the child's permanency goal?

is the frequency and quality of visits between the child and his or her mother, father, and siblings as of

are concerted efforts being made to achieve case goals and adequately address the ongoing basis) to identify the services necessary to achieve the agency's involvement with the family, and are these services appropriate?

are concerted efforts being made to achieve case goals and adequately address the ongoing basis) to identify the services necessary to achieve the agency's involvement with the family, and are these services appropriate?

were concerted efforts made to maintain the continuity in the child's relationship with these close family, and provided the appropriate services?

was the appropriate permanency goal established and occurring during the period under review and were any changes in placement that occurred during the period under review made in the best interest of the child and consistent with achieving the child's permanency goal?

were concerted efforts made to ensure that the child was in a stable placement at the time of the review and were any changes in placement that occurred during the period under review made in the best interest of the child and consistent with achieving the child's permanency goal?

were concerted efforts made to involve the child and his or her mother, father, and siblings as of

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was the appropriate permanency goal established and occurring during the period under review and were any changes in placement that occurred during the period under review made in the best interest of the child and consistent with achieving the child's permanency goal?

was the appropriate permanency goal established and occurring during the period under review and were any changes in placement that occurred during the period under review made in the best interest of the child and consistent with achieving the child's permanency goal?
<table>
<thead>
<tr>
<th>Q1 2014-15 CFSR / RSF Statewide</th>
<th>Appl Cases</th>
<th>Strengt h Total</th>
<th>% Strengt h</th>
<th>Area Needing Improv Total</th>
<th>% Area Needing Improv</th>
<th>Not Rated Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety Outcome 1 = 74.2%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Is the case plan individualized for the family's needs and related to known dangers?</td>
<td>252</td>
<td>230</td>
<td>91.3%</td>
<td>22</td>
<td>8.7%</td>
<td>444</td>
</tr>
<tr>
<td>2 Is safety planning sufficient?</td>
<td>252</td>
<td>181</td>
<td>71.8%</td>
<td>71</td>
<td>28.2%</td>
<td>444</td>
</tr>
<tr>
<td>3 Is the parent's behavior change monitored as it relates to danger threats and safety concerns?</td>
<td>252</td>
<td>166</td>
<td>65.9%</td>
<td>86</td>
<td>34.1%</td>
<td>444</td>
</tr>
<tr>
<td>4 Is the case manager aware of any emerging dangers and, if so, are they followed up on urgently?</td>
<td>252</td>
<td>170</td>
<td>67.5%</td>
<td>82</td>
<td>32.5%</td>
<td>444</td>
</tr>
<tr>
<td>5 Is the quality of contacts sufficient to ascertain and respond to known threats and emerging dangers?</td>
<td>252</td>
<td>189</td>
<td>75.6%</td>
<td>63</td>
<td>24.5%</td>
<td>444</td>
</tr>
<tr>
<td><strong>Permanency Outcome 1 = 85.3%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Is the frequency of contact with the child and family sufficient to ascertain and respond to known threats and emerging dangers?</td>
<td>173</td>
<td>142</td>
<td>82.1%</td>
<td>31</td>
<td>17.9%</td>
<td>523</td>
</tr>
<tr>
<td>7 Are background checks and home studies sufficient and responded to appropriately?</td>
<td>173</td>
<td>153</td>
<td>88.4%</td>
<td>20</td>
<td>11.6%</td>
<td>523</td>
</tr>
<tr>
<td>8 Is communication with the case stakeholders sufficient to assess emerging dangers and parent behavioral changes?</td>
<td>173</td>
<td>148</td>
<td>85.5%</td>
<td>25</td>
<td>14.5%</td>
<td>523</td>
</tr>
<tr>
<td><strong>Well-Being Outcome 1 = 68.1%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>84</td>
<td>79</td>
<td>94.0%</td>
<td>5</td>
<td>6.0%</td>
<td>612</td>
</tr>
<tr>
<td>10 Was the case consultation conducted to provide additional guidance?</td>
<td>115</td>
<td>89</td>
<td>77.4%</td>
<td>26</td>
<td>22.6%</td>
<td>581</td>
</tr>
<tr>
<td>11 Was an RFA completed in FSFN for an immediate child safety concern?</td>
<td>160</td>
<td>133</td>
<td>83.1%</td>
<td>27</td>
<td>16.9%</td>
<td>536</td>
</tr>
<tr>
<td>12 Were concerted efforts made to place the child with relatives when appropriate?</td>
<td>145</td>
<td>112</td>
<td>77.2%</td>
<td>33</td>
<td>22.8%</td>
<td>551</td>
</tr>
<tr>
<td>13 Concerted efforts were made to promote, support, and/or maintain positive relationships between the child in out-of-home care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation?</td>
<td>102</td>
<td>77</td>
<td>75.5%</td>
<td>25</td>
<td>24.5%</td>
<td>594</td>
</tr>
<tr>
<td><strong>Well-Being Outcome 2 = 75.7%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Were concerted efforts made to assess the needs of children, parents, and foster parents (both at the child's entry into out-of-home care [if the child entered during the period under review] or an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provided the appropriate services?</td>
<td>195</td>
<td>159</td>
<td>81.5%</td>
<td>36</td>
<td>18.5%</td>
<td>501</td>
</tr>
<tr>
<td>15 Were concerted efforts made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?</td>
<td>162</td>
<td>118</td>
<td>72.8%</td>
<td>44</td>
<td>27.2%</td>
<td>534</td>
</tr>
<tr>
<td>16 Is the frequency and quality of visits between caseworkers and the child(ren) in the case sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals?</td>
<td>695</td>
<td>463</td>
<td>66.6%</td>
<td>232</td>
<td>33.4%</td>
<td>1</td>
</tr>
<tr>
<td>17 Is the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?</td>
<td>539</td>
<td>343</td>
<td>63.6%</td>
<td>196</td>
<td>36.4%</td>
<td>157</td>
</tr>
<tr>
<td><strong>Well-Being Outcome 3 = 77.3%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Did the agency make concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and were identified needs appropriately addressed in case planning and case management activities?</td>
<td>293</td>
<td>222</td>
<td>75.6%</td>
<td>71</td>
<td>24.2%</td>
<td>403</td>
</tr>
<tr>
<td>19 Has the agency addressed the physical health needs of the child, including dental health needs?</td>
<td>294</td>
<td>230</td>
<td>78.2%</td>
<td>64</td>
<td>21.8%</td>
<td>402</td>
</tr>
<tr>
<td>20 Has the agency addressed the mental/behavioral health needs of the child?</td>
<td>280</td>
<td>214</td>
<td>74.6%</td>
<td>66</td>
<td>25.4%</td>
<td>416</td>
</tr>
<tr>
<td><strong>Other: Florida Specific = 69.6%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Does the case plan for safe case closure provide a sequence of strategies, interventions, and supports that are organized into a coherent services process providing a mix of services that fits the child and family’s evolving situation?</td>
<td>689</td>
<td>542</td>
<td>78.7%</td>
<td>147</td>
<td>21.3%</td>
<td>7</td>
</tr>
<tr>
<td>22 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?</td>
<td>691</td>
<td>419</td>
<td>60.6%</td>
<td>272</td>
<td>39.4%</td>
<td>5</td>
</tr>
<tr>
<td><strong>Data Collection = 25.7%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Was a case consultation completed?</td>
<td>669</td>
<td>447</td>
<td>66.8%</td>
<td>222</td>
<td>33.2%</td>
<td>27</td>
</tr>
<tr>
<td>24 Was a Request for Action completed in FSFN for an immediate safety concern?</td>
<td>663</td>
<td>36</td>
<td>5.4%</td>
<td>627</td>
<td>94.6%</td>
<td>33</td>
</tr>
<tr>
<td>25 Was this case a safety methodology case?</td>
<td>660</td>
<td>29</td>
<td>4.4%</td>
<td>631</td>
<td>95.6%</td>
<td>36</td>
</tr>
</tbody>
</table>

Source: CMS Reviews Q12014-15 QA Web Portal Data as of 10/17/14