



KIDS CENTRAL, INC.

A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN

Building Better Lives

**QUALITY
MANAGEMENT
PLAN
2017 - 2018**

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Section I: The Organization, Leadership and Infrastructure

Kids Central is the Community Based Care non - profit Lead Agency for Florida’s Judicial Circuit 5. Kids Central began operations as the Lead Agency for Judicial Circuit 5 in 2003. The responsibility of Community-Based Lead Agencies (often referred to as “CBC’s”) is defined by the original legislative statute (s., 409.1671, F.S.), and include the ability to:

- **Coordinate, integrate and manage all foster care, adoption, and related child and family services in the community;**
- **Ensure continuity of care from entry to exit for all children referred;**
- **Accept accountability for achieving the federal and state outcomes and performance standards for safety, permanency, and child well-being;**
- **Have the capability to serve all children referred from protective investigations and court systems;**
- **Ensure staff providing services receive the training required by the Department of Children and Families (DCF).**

The implementation of community-based care has allowed lead agencies to engage directly with families within their communities to define needs and dedicate available funds to support programming and services designed to address those needs.

Mission Statement

Kids Central’s mission statement: **“Protecting children, supporting families, engaging communities”**, aligns with Kids Central’s scope, business model and strategic direction. It gets to the core of why Kids Central exists and why we do what we do. This succinct statement clearly states our fundamental purpose as a community-based organization. It is important to remember that Kids Central’s core mission remains caring for the abused, neglected and abandoned children as the lead agency; however, the new mission reflects our broadened responsibility as a community support organization.

Kids Central continues to seek and institute improvements that will help our community meet and exceed federal and state requirements related to safety, permanency and well-being for the children and families we serve.

Organizational Values

Integrity

We are professional and honest in our working relationships, honor our commitments and hold ourselves to the highest standards of ethics and conduct.

Accountability

As stewards of the public’s trust, we are responsible, transparent and dependable in our actions.

Excellence

We strive for excellence in our work, seek ways to continuously improve and ensure staff and partners have the proper competencies and capacity to exceed customer expectations.



Empowerment	<i>We empower staff, individuals, families, and communities by respecting their diversity, providing the information and authority necessary to make appropriate decisions, and ensuring they have a voice and choice in their future.</i>
Collaboration	<i>We engage community members, partners, stakeholders and service recipients in order to turn vision into action.</i>
Innovation	<i>We cultivate a learning, adaptable environment using feedback, data and innovative ideas to improve efficiencies, effectiveness and results.</i>

Our Vision

Kids Central will become the most effective lead agency for community-based care in the State of Florida, unencumbered by funding restrictions, and the communities in Circuit 5 will be the safest places in the State of Florida for children to live.

Vision Statements:

PREVENTION

We accept our responsibility to build better lives for children by taking a community approach to their welfare. In order to achieve our vision of minimizing the number of children who require Kids Centrals supervision, we will maintain a complete list of community prevention resources, function as a clearinghouse to access information on utilizing those assets, and act as a catalyst to identify, coordinate, and promote development of additional prevention programs, while effectively providing care to those children who require it.

SERVICE PROVISION

We will continuously evaluate all options for the delivery of services and make recommendations for improvement in the quality and efficiency of our existing programs.

SERVICE EVALUATION

We will constantly measure and evaluate service delivery and community environment using results to drive process improvement.

INVESTIGATIVE DECISIONS

We will strive to perfect the investigative process, focusing on case transfer staffing that make decisions to balance prevention and Kids Central supervision.

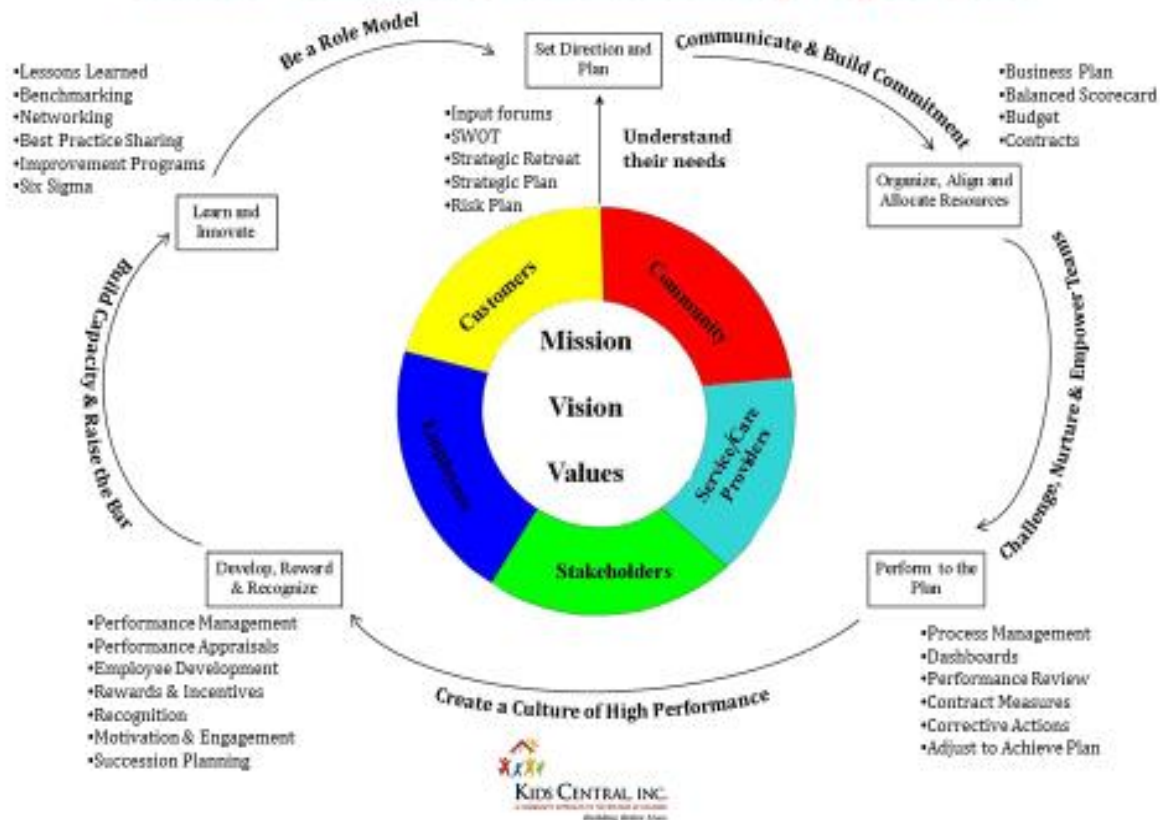
Leadership & Case Management Infrastructure

The Executive Leadership team consists of the Chief Executive Officer (CEO), Chief of Operations (COO), Deputy Chief of Programs, Chief Financial Officer (CFO) and the Chief of Strategy. Leadership is committed to reviewing, on an ongoing basis, organizational and management performance as well as its effectiveness. The Director of Quality and Utilization Management directs quality and utilization management as well as continuous quality improvement activities. Other management positions include, the Director of Community Affairs; Director of Training and Professional Development; Director of General Services and IT;

Director of Accounting and Revenue Maximization; Director of Prevention; Director of Planning and Special Projects; Director of Finance and Contracts; Director of Human Resources; Director of Family Preservation and the Director of Out of Home Care. Each Director plays a significant role in ongoing quality improvement practices.

Kids Central maintains strong corporate support, a strong management team, organizational infrastructure, capable staff, robust collaborations and community alliances with substance abuse and mental health agencies and others within the community that it serves.

Kids Central Leadership System



Kids Central Leadership continues to sub-contract with (3) case management agencies responsible for providing services in Circuit 5; The Centers, Youth and Family Alternatives (YFA) and Life Stream. During the 2015/16 fiscal year, Kids Central redesigned and restructured case management services in Circuit 5. These partners are tasked with identifying, developing and managing service delivery to ensure that families are directly engaged and are fully connected to and supported by their communities. Circuit 5 encompasses Citrus, Hernando, Lake, Marion and Sumter counties. The use of local nonprofits and community based providers allows communities to make localized decisions; thereby, maintaining ownership of the services provided to youth and families. Being community based also fosters accountability. By working with local stakeholders, including, mental health and educational organizations, appropriate interventions and prevention programs and activities continue to be developed to meet the various needs of families. This continues to result in locally driven quality

improvements, best practice initiatives, and capacity building initiatives being developed and implemented.

Previously, Circuit 5 was split into two case management service areas, with adoption services provided by one organization who covered the entire circuit. After restructuring the system of care, the CMA service areas fall naturally, along community boundaries: the Centers serve's Marion County; Life Stream serve's Lake and Sumter Counties; and Youth and Family Alternatives covers Citrus and Hernando Counties. All agencies now provide adoption services.

Kids Central continues to monitor and improve its system of care, to improve the overall network, and identify gaps and other opportunities for improvement. Kids Central was proactive in listening to stakeholders and monitoring performance, identifying that "continuity of care" was an issue that needed to be addressed. The redesign and alignment allows for a much smoother transition in bridging the handoff of adoption cases from one CMA to another. During FY 2016 – 2017, the realignment of service providers proved to be beneficial to maintaining the continuity of services.

The realignment continues to support the following:

- 1) Geographic Alignment
 - a. Aligns well with natural community boundaries
- 2) Caseload Balance
 - a. With the three CMA's,
 - b. Creating CMA case equity

As an additional benefit, the realignment provides caseload balance between the three providers. Each provider is responsible for approximately 700 children at any given point resulting in a balanced ratio of children per provider. Consistency in case management allows for seamless case management services, concurrent planning, and a streamlined adoption process.

Kids Central leadership maintains, as a priority, ongoing professional development of staff and recognition. As part of the FY 2016 - 17 Balanced Scorecard, the Board of Directors, again, chose to include staff development measures. During FY 2017 - 2018, supervisors, along with upper management and executive team members, will attend in - depth financial, cultural, and leadership trainings to ensure that at every leadership level, members are well versed on Kids Central's Leadership Core Competencies.

In FY 2017 - 2018 the Human Resource Department will continue the Employee Recognition program. The program includes recognition for employee service milestones as well as performance accomplishments. Meetings are held quarterly.

Section II: Strategy & Planning



Strategic Planning 2017 - 2018

As an overarching basis for all of its quality management activities, Kids Central developed a long term *strategic* plan. Developed with the Kids Central Board of Directors and with input from the community, the Strategic Plan projects five years into the future and is reviewed and updated annually.

Key Organizational Strategies:

1. Augment Federal and State funding through fund raising, business development and grant acquisition to support resource expansion and program enhancement.
2. Leverage funding by investing in proven prevention and family preservation programs to minimize the number of children who enter the formal dependency system.
3. Creation and implementation of integrated controls supporting continuous improvement across all services and programs.
4. Ensure efficient and effective delivery of services.
5. Augment Federal and State funding through fund raising, business development and grant acquisition to support resource expansion and program enhancement.
6. Provide legislative leadership and advocate for public policy supporting Community Based Care and the prevention of child neglect and abuse.
7. Develop a high level of local community awareness and advocate on behalf of Kids Central and Community Based Care.
8. Continually identify, assess and respond to local community needs.



Progress toward achieving annual goals will be reviewed quarterly by Kids Central's Board of Directors and Executive Leadership Team. This review will provide information not only as to progress, but whether each goal continues to be appropriate or warrants adjustment, in order to refine and make the process more useful.

Section III: Awareness, Prevention & Growth

As a Community-Based Care lead agency, community awareness and engagement is a major priority. Kids Central continues to increase its community presence through web-based initiatives, building relationships with media outlets and community involvement. Kids Central maintains a web presence using social media platforms, Facebook, LinkedIn, Twitter and YouTube, its website and new blog. Kids Central's blog, Kids Central Discussion, was launched and registers an average monthly visitations of over 800.

Prevention: Kids Central believes investing in families up front, before a call to the abuse hotline, reduces the likelihood that children will be abused or neglected and need help later. Kids Central's Prevention programs include Healthy Start, Neighborhood Projects, Family Team Coaching, Kinship Care, After School Funding, End Kids' Tears, The Resource Center, Baby Sleep Basics and Family Team Conferencing.

Healthy Start Program: Healthy Start is a comprehensive program promoting optimal prenatal health and developmental outcomes for all pregnant women and babies in Florida. It is a free program that provides screenings for pregnant women and infants to identify those at risk of low birth weight, poor prenatal health and child abuse and neglect. The fundamental goals of the Healthy Start Program are to reduce infant mortality, reduce the number of low birth weight babies and improve health and developmental outcomes. The program provides a holistic approach to maternal and child health, encompassing service planning, community involvement, funding and provision of services. Healthy Start also works with other community agencies to provide wrap around services.

Kids Central maintains three **Healthy Start** contracts in Alachua, Hernando, and Lake Counties. These programs have continued to show great progress and established new performance records across the state. In 2015, Kids Central's Healthy Start program became the first Healthy Start program in Florida to be accredited by the Council of Accreditation (COA).

Healthy Start Continuous Quality Improvement Projects:

Healthy Start has implemented a quarterly peer review process in addition to the annual audit conducted by Coalition Quality Assurance (QA) staff. As a result of Kids Central's proven success with the Lake and Alachua contracts, the Coalition awarded Kids Central the Healthy Start contract in Hernando County which began in October of 2016.

During fiscal year 2016 -17, Kids Central accomplished the following:

- Served over 1400 clients in Lake County
- Served over 1400 clients in Alachua County
- Served 465 clients since October 1, 2016 in Hernando County

The Maternal Infant Early Childhood Home Visiting Program:

Kids Central has two contracts for the Mother, Infant, Early-Childhood, Home Visiting Program, also known as MIECHV. One in Alachua and one was added in Marion County in May of 2017. Parenting can be tough! Learning to parent positively by understanding a child's development and how to deal with the ups and downs of parenting is key. With funding from the Healthy Start North Coalition, Kids Central's Healthy Start of Alachua County offers a free parenting program through the Maternal, Infant, and Early Childhood Home Visiting program. The MIECHV program uses an evidenced-based parenting model called Parents as Teachers. The program focuses on the following:

- Educating parents on their child's developmental milestones
- One-on-one parenting support
- Connecting parents through parenting support groups
- Addressing developmental delays and/or health issues
- Assisting parents with access to books and educational toys as well as community referrals
- Empowering parents to be their child's first teacher

The program is for parents and caregivers with children from birth to 3 years of age. Services are provided in the home by knowledgeable Parent Educators. In FY 2016 - 2017, we provided 135 parents with evidenced-based parenting program through MIECHV.

Healthy Start Continuous Quality Improvement Projects:

The Alachua MIECHV program participates in state - wide and local Continuous Quality Improvement (CQI) initiatives. Fiscal year (FY) 2016 - 2017 was focused on Family Engagement and Child Development CQI activities. In FY 2017 - 2018, the focus will be on Supporting Childhood Development. In addition to the CQI initiatives, MIECHV parent educators participate in regular unit meetings and mandatory reflective supervision sessions with the supervisor. Quarterly progress visits and in field observations are conducted by Coalition staff.

Neighborhood Projects:

Kids Central is vested in the development of neighborhood-based prevention projects to address the prevention of abuse and neglect by engaging families in services that promote family well - being, safety, and health. Starting in West Ocala in Marion County, a neighborhood with high rates of abuse, unemployment, drop-out rates, and other risk factors; the Neighborhood Project brought together existing resources available in the county.

The Neighborhood Projects involve residents, families, and resources from within the community to assist families in reaching their full potential. The goal is to strengthen families and build strong neighborhoods. The Neighborhood Projects, each, has a Community Facilitator who works with community residents within an asset-based community development framework to create more support resources for families; to increase access to services by engaging community partners in the coordination of services; and to bring services closer to the people who need them. Staff also work to enhance resources by reducing duplication and encouraging community partners to work together to address local needs. All the services and activities are endorsed by community residents and guided by research on the development of protective factors in parents and/or developmental assets of youth.

Each project reflects the assets and challenges of each respective neighborhood. Strategies reflect the communities' response to issues of isolation, poverty, unemployment, lack of education and single-parent households that were determined in the initial research (on factors in families with children coming into care) and which informed and prompted the first project in West Ocala.

Initially, Kids Central contracted with Devereux Kids to manage the Neighborhood Projects. On July 1, 2014 the projects' day-to-day staffing transitioned from Devereux Kids to Kids Central. Since inception, Devereux and the Neighborhood Project Facilitators have assisted Kids Central in expanding each project. They have been successful in increasing community trust between and within groups, as well as developing community cohesion through the Neighborhood Project activities. Each project developed partnerships in each community resulting in the harnessing of local power and buy-in.

In FY 2016 - 2017, Kids Central had two active Neighborhood Projects located in West Ocala - Marion County and Wildwood - Sumter County. The Ocala Resource Center located in West Ocala has a collaborative partnership with the City of Ocala for use of a building, College of Central Florida for parking, and various other community partnerships. The Wildwood Project is partnered with New Covenant Church Helping Hand Ministry to maintain the project in Wildwood, located in Sumter County.

Kids Central continues to seek funding through community partners, grants and contributions to meet the needs of the clients who come to the resource centers as well as to expand efforts throughout Circuit 5. Beginning FY 2017 – 2018, Kids Central will begin entering information, into Florida Safe Families Network (FSFN), for clients who are case managed through the Neighborhood Projects.

During Fiscal Year 2016 - 17, the Neighborhood Projects accomplished the following:

- The Kids Central Neighborhood Projects served over 5,000 clients (7,500 children)
- 281 clients were assisted with Access Florida.
- 504 clients were provided with resources such as clothing and household items.
- Held trainings with over 177 participants in attendance.

- 41 children were registered for VPK.
- Assisted 244 individuals with employability skills and 55 individuals reported obtaining jobs.
- Provided 37 families with Thanksgiving dinners with the generous donation from Frontier Church in Leesburg.
- Provided Christmas gifts to 432 children.
- Developed ongoing partnerships with new agencies including the Early Learning Coalition, Lake/Sumter United Way, University of Florida Extension, Goodwill Bookworks, Children's Medical Services, Career Source, and Fast Track.

BABY SLEEP BASICS

In the state of Florida, more children die from asphyxiation than drowning. Asphyxiation is due to co-sleeping and/or an unsafe sleep environment (e.g., placing an infant to sleep on a couch, futon, adult bed or sleeping arrangement other than crib or bassinette). The Centers for Disease Control (CDC) reports the leading cause of injury death in the U.S. for children less than one year old is unintentional asphyxiation (~1,000 infant deaths annually).

In 2015, in Circuit 5, 10 children died from some type of unsafe sleeping circumstance which is a 17% decrease from 2013. Kids Central continues working to stop preventable infant deaths due to co-sleeping by offering the Baby Sleep Basics Program. This program offers safe sleep education and Sudden Infant Death Syndrome (SIDS) information for all parents or guardians that reside in Citrus, Hernando, Lake, Marion, and Sumter Counties. If the parents or guardian have an infant under the age of one or are in their third trimester of pregnancy and meet income requirements, the parent or guardian may qualify for a pack-n-play upon completion of the educational training. Educational trainings are provided once monthly in each of the counties, or as needed on a case by case basis.

During Fiscal Year 2016 - 17, Baby Sleep Basics accomplished the following:

- During the year, 180 safe sleeping environments were distributed to caregivers of infants.
- Kids Central expanded training to Department of Children and Families Child Protection Investigators who can now identify an unsafe sleeping environment when they are home-visiting.
- Healthy Start and Neighborhood Project staff members provided safe sleep education and are equipped to distribute pack-n-plays to appropriate caregivers.

KINSHIP

Nearly 355,000 children in Florida (7.1% of all children in the state) live in grandparent-headed households, and another 122,000 children live in households headed by other relative caregivers. The children living in nearly 45% of these Kinship Care households do so without the presence of either parent (2014 Grand Fact Sheets, AARP/ Brookdale Foundation Group/Casey Family Programs/ CWLA/Children's Defense Fund/Generations United).

To meet the need of the over 14,000 children cared for by relatives in Circuit 5, a comprehensive Kinship Program was created. Kids Central's Kinship Care support services are part of multi-level prevention programming designed to keep children with family members in

safe, nurturing homes. Kinship families are served in and out of the formal child welfare system. The program continues to evolve to meet the needs of the circuit.

Currently, the Kinship Program provides the following services: monthly support groups, continuation groups, resource direction, ACCESS Florida Assistance, Family Team Coaching, Family Finding, legal services, case management, intergenerational activities, in-home services, educational advocacy, holiday assistance, community navigators and peer mentoring.

During Fiscal Year 2016 - 17, the Kinship Program accomplished the following:

- The Kinship Care Program served 190 caregivers and 338 children, providing them with case management services.
- Over the last seven years, the program has successfully diverted over 97% of participants from the formalized child welfare system.
- Provided 27 families with legal services
- Kids Central's Kinship Program assisted 145 families with ACCESS Florida Benefits.
- Throughout the five county area, 123 relative caregivers graduated from support groups.
- The Kinship Program supported families with assistance for Thanksgiving, Christmas, and back-to-school.
- The Kinship Program raised over \$27,000 in cash and in-kind donations.
- 134 children had Halloween costumes donated, 30 families were given Thanksgiving baskets and 311 relative caregivers and children attended the Christmas Party during which 106 children received gifts during Christmas.

Continuous Quality Improvement for Kinship:

The Kinship program staff participate in the Council on Accreditation (COA) peer review process. The Kinship Supervisor provides one-on-one supervision of cases. The Kinship Program is a COA accredited program. Therefore, it adheres to the COA standards and goes through the reaccreditation and audit process.

Section IV: Diversion

Kids Central, Inc.'s Commitment to Diversion

Kids Central continues its' commitment to utilization of evidence based Diversion Programming in Circuit 5. The redesign was founded on a continuum of evidence based interventions offered by a trained contingent of providers. Kids Central has maintained a dedication to the utilization of diversion services in an effort to keep families out of the child welfare judicial system. The utilization of evidence based services aligns the Diversion Program with family-centered practices replicable in diverse geographic/demographic settings. The transformation will provide a roadmap to Child Protective Investigators (CPI) and the Diversion staff will promote

consistency in practice, and align the “right” service with a family’s identified needs. Below are descriptions of selected interventions. They empower families to become engaged in their own service plans and outcomes. The diversion programming consists of Nurturing Parenting and Family Connections.

Kids Central used a collaborative approach and invited our case management partners, diversion providers, and the Department of Children and Families to the table as we explored ways to improve our system of care. Data indicated most families in Circuit 5 became engaged with the child welfare system due to substance abuse and/or neglect issues. As a result, interventions were chosen based on effectiveness in ameliorating issues and treating families where substance abuse or severe neglect is likely to result in removal of the child. Interventions will be provided in the context of the Department’s Safety Decision Making Methodology.

Nurturing Parenting: The Nurturing Parenting Programs (NPP), are family-based programs for the prevention and treatment of child abuse and neglect. The programs were developed to help families who have been identified by child welfare agencies for past child abuse and neglect or who are at high risk for child abuse and neglect. The goals of NPP are to: increase parents' sense of self-worth, personal empowerment, empathy, bonding, and attachment; increase the use of alternative strategies to harsh and abusive disciplinary practices; increase parents' knowledge of age-appropriate developmental expectations; and reduce abuse and neglect rates.

Family Connections: The Family Connections Collaborative (FCC) program serves families with children, aged 0 -17 years old, which are classified by the Department’s Family Functioning Assessment as “safe” but “high” or “very high” rating. Over the course of time with their families, the Provider strictly adheres to the theories and philosophies of the evidence based program. The FCC program also provides intervention to ensure a safe environment and develop working resource networks; and in doing so will serve as the least restrictive setting. This will decrease the reoccurrence of child maltreatment, and address factors related to child maltreatment in order to decrease the number of children in out of home placement.

Domestic Violence Diversion Services: Additional changes include Kids Central’s domestic violence diversion services, which has transitioned to local domestic violence shelters. Relying on local service providers allows victims to establish relationships with the appropriate facility and seek services directly, if needed, after case closure.

Substance Abuse & Mental Health in Home Services: Kids Central, in partnership with Life Stream and The Centers, remain committed to continuing the Integration of Substance Abuse, Mental Health and Child Welfare Services Pilot project, which delivers intensive services, in-home, to families suffering with debilitating substance abuse and mental health issues. Through this partnership, Kids Central, Life Stream, and The Centers will bring substance abuse treatment and mental health services directly to families in need in Marion and Lake Counties.

Section V: Managing Quality within our System of Care

Quality Management Concepts and Definitions

The concept of Continuous Quality Improvement (CQI) calls for perpetual organizational re-examination, not only of “problem” areas but also in those areas that are running with no identified problems. CQI presumes ongoing changes in client/customer needs, organizational resources

and public expectations. This requires ongoing evaluation and adaptation to achieve and maintain quality service delivery.

Systemic monitoring and evaluation of child service delivery to ensure that standards of quality are being met is considered Quality Assurance, or QA. Activities intended to improve the quality of child service delivery in order to make systems and processes more efficient are generally referred to as Quality Improvement or “QI”. QI and QA do, and should, overlap in order to assist in taking the pulse of an organization and provide information for short and long term planning.

Changes in policies and procedures may be instituted based upon review findings. If significant problems are identified within CMAs (or with particular Family Care Managers or supervisors), the Chief of Operations, in collaboration with the CMA Directors, examine and explore the problem areas and propose improvement plans to address problems. At that time, specific activities and timeframes will be established to include a realistic measure of improvement. The QM staff will ensure that results of any improvement plans are reviewed within the timeframes set forth and agreed upon. Providers are expected to comply with the terms of the corrective action, and non-compliance will lead to other corrective/punitive action as required.

When systemic improvement is needed, Kids Central will implement change by providing the CMAs with data to support the need and a timeline for training, implementation and subsequent review. CMA directors will be responsible for the dissemination of information to their management and operations staff, and ensuring that improvement activities are occurring. At the time set forth in the timeline, Kids Central will conduct a review to determine whether or not the established objective(s) has been achieved, and modify methods as needed.

The Purpose of Quality Management and Improvement is to:

- Effectively communicate to all staff, partners and stakeholders, the requirements, responsibilities and expectations for effective implementation and coordination of continuous quality improvement activities for the year;
- Ensure that the highest quality performance outcomes are achieved through consistency in monitoring, evaluating and communication of best practices, based on goals as established through state and federal contract measurements and requirements;
- Review, regularly, organizational and management processes as well as policies and procedures to evaluate their effectiveness as well as compliance;
- Outline methods and timeframes for Quality Improvement activities including, but not limited to internal, external programs, discretionary, quarterly and supplemental reviews;
- Ensure accurate and transparent reporting;
- Establish and maintain consistency in collecting and analyzing data and ensure timely dissemination of results and/or findings throughout the system of care;
- Acknowledge and enhance strengths, while managing opportunities through identification of issues and performance gaps;
- Assist in the development and implementation of counter measures to address performance gaps timely and effectively bring about improvement
- Identify and disseminate best quality practices
- Improve training, technical assistance, and collaboration, in order to increase the expertise of staff in our system of care

The quality management process is designed to provide crucial information to Kids Central Leadership, network and contract providers, the Department of Children and Families and other key stakeholders and families that receive services. The approach is inclusive. Quality Management and Improvement activities involve collecting, reviewing, analyzing, and using data

from key areas of operations. A primary goal of a comprehensive quality management system is to promote quality care.

Kids Centrals Guiding Authority for Continuous Quality Improvement



DMAIC: abbreviation of the Six Sigma five quality improvement steps:

Define: Kids Central defines the performance measures. It is important to define specific goals for achieving outcomes that are consistent with both, the client's demands and/or needs and the strategy to reach desired outcomes. These measures will come from the State Dashboard and Contract Measures as negotiated by DCF and KCI. Other measures considered are those associated with the Balanced Scorecard as established by the Board of Directors and Management Team. This phase is also focused on finding out directly from client/customers what their idea of quality is, and how well the current process is meeting that standard and this measure can be defined through surveys, evaluations, etc.

Measure: In this step, accurate measurements must be made and relevant data must be collected so that comparisons can be measured. This is a data collection step and the purpose of this step is to establish baselines as the basis for improvement. Kids Central provides an ongoing analysis of measures and reports this information out through various types of reports. Data is primarily collected from reports in FSFN and Mindshare, as well as other spreadsheets resulting from satisfaction surveys, Quality Service Reviews, Discretionary Reviews, Incident Report analysis. The data focuses on indicators related to safety, services delivery, effectiveness, timeliness and risk management. The data is analyzed by management and partners. Based upon the data collected, additional action may or may not be required. The measures continue to be monitored to ensure that defects are addressed. Performance baseline(s) from the Measure phase will be compared to the performance at the conclusion of the project to determine whether significant improvement has been made.

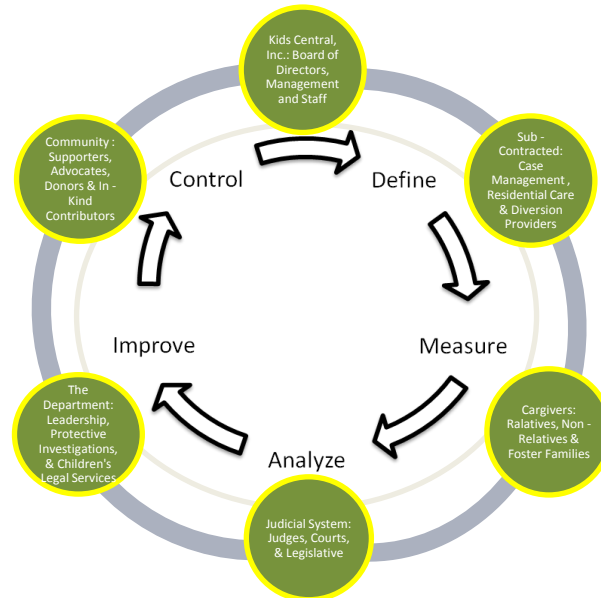
Analyze: Data is analyzed to identify possible causes for the area in need of improvement. These analysis, may take place during round table meetings with Leadership, at Quality Improvement Team meetings, during Data Calls, etc. Care is taken to assure that the appropriate partners/stakeholders are involved in identifying root causes. A variety of methods are used to identify potential root causes, narrow down the possibilities, and confirm the relationship between the suspected causes and the performance of the process. The purpose of this step is to identify, validate and select root cause for elimination.

Improve: As well, discussions and strategies regarding how to improve may occur through various activities to include, Board and staff meetings, Supervisor's meetings, round table discussions, Quality Improvement Team meetings and others. A variety of partners/stakeholders may also contribute to include the case management agencies, DCF as well as Judicial. The same data that was obtained during Measure to establish the baseline is again gathered after improvements are in place. The purpose of this step is to identify, test and implement a solution to the problem; in part or in whole. A detailed implementation plan is created and improvements tracked.

Control: Ongoing monitoring occurs, primarily, through consistent analysis of the CBC Report Card, Balanced Scorecard, results of reviews and surveys. To ensure and manage control, ongoing data tracking occurs by the Data Analyst. A plan for identifying when performance

starts to slip and appropriate action taken also occurs and is performed by the Data Analyst and Data Specialist. This information is also shared during various activities, to include Data Calls, Leadership and Quality Improvement Team meetings.

Kids Central, Inc. Continuous Quality Improvement Process/System:



Kids Central's Quality Management Department – Staff Structure

Kids Central's Quality Management (QM) Department structure includes the Director of Quality Management, Supervisor, Five Quality Management Specialists, a Quality Data Specialist and Quality Data Analyst. Each QM Specialist is certified and is experienced in the use of standardized review tools.

The Director of Quality Management is required to possess a Bachelor's degree in a related field and five years of experience in service provision to families including four years of supervisory experience. This position is responsible for the quality management activities of the agency, review of quality assurance reports prior to submission, identification of trends and patterns, analysis of both qualitative and quantitative data to provide management tools for standardization of performance measurement and drivers of improvement, oversight of all utilization management functions, and serving as one of the quality management liaisons for the agency.

The Quality Management Supervisor is required to possess a Bachelor's degree in social services and a minimum of 5 years of experience in service provision to families, including a minimum of two years of supervisory experience.

The Quality Management Specialists are required to possess a Bachelor's degree in social services or a closely related field with a minimum of 3 years of experience in an area of Human Services, preferably child welfare; and state certification in quality review. Responsibilities of QM Specialist's include but are not limited to data collection, trending and analysis, case practice reviews, supportive activities and numerous other internally directed quality improvement and assurance activities.

In addition to Kids Central QM staff, partner case management providers also maintain Quality Assurance staff, dedicated to managing quality for their agency. These team members work in partnership with Lead Agency QM staff on various projects.

Quality Management performs multiple duties and functions that includes, but are not limited to the following:

- Data Collection
- Monitoring, Evaluation, Analysis, Reviews and Reporting
- Training and Consultation
- System/Process/Policy & Procedural Development
- Technical Assistance and Support to Case Management Agencies and Partners
- Consumer/Stakeholder satisfaction surveys of: Kinship Caregivers, IL Youth, Foster Parents and others as requested and/or deemed necessary.

Council on Accreditation Standards – A Quality Impact

In July 2007, Kids Central became the second CBC Lead agency in Florida to receive network accreditation from the Council on Accreditation (COA), an international, independent, nonprofit accrediting body for community - based behavioral health care and social service organization.

Kids Central was accredited in the area of Independent Living in 2009, and is also accredited in the areas of Licensing, Re-licensing, Kinship Care (Informal) and Placement Services. In 2015, the Healthy Start Program joined the family of accredited service programs. In accordance with COA standards, the Kids Central Quality Management Plan describes processes and activities required by COA including: stakeholder participation, long-term planning, short-term planning, internal quality monitoring, case record reviews, outcomes measurement, customer satisfaction, feedback mechanisms, information management and improvement plans. Kids Central achieved full reaccreditation in 2015.

Kids Central, Inc.'s Training Dept.:

Kids Central's Training and Professional Development Department works collaboratively with our Case Management Agency Partners to provide in-service training and job coaching through communication and planning efforts. Meetings are frequent, job coaching is scheduled as mutually agreeable to provide maximum support to the Family Care Manager and Supervisor, in-service trainings are held as necessary as identified in quality management reviews identify topic areas such as; safety planning, psychotropic medications, and incident reporting, etc.

All staff continue to receive ongoing training as updates occur, in Safety Methodology and all new staff providing direct case management type services attend pre-service training which includes Safety Methodology curriculum.

Kids Central's Training and Professional Development Department provides pre-service, in-service and on-the-job field coaching. The pre-service training includes structured field days and classroom training and requires successful completion of a knowledge-based test to achieve Provisional Certification. All pre-service training follows the requirements outlined by state.

Training Calendars 2017 - 2018

Training Calendar August 2017 – December 2017		
JULY 12	LGBTQ	9:00 -- 12:00
JULY 13	EXIT INTERVIEWS	10:00-12:00
AUGUST 1	PSYCH MEDS	9:00 – 12:00
AUGUST 1	MISSING KIDS	1:00 - 3:00
AUGUST 29	NORMALCY	10:00-12:00
SEPTEMBER 12	INCIDENT REPORTING	9:00 – 11:00
SEPTEMBER 27	HUMAN TRAFFICKING	9:00 – 4:00
OCTOBER 3	SAFETY PLANNING	10:00-12:00
NOVEMBER 1	EXIT INTERVIEWS	10:00-12:00
NOVEMBER 15	NORMALCY	1:00-3:00
DECEMBER 6	HUMAN TRAFFICKING	9:00-4:00
DECEMBER 12	PSYCH MEDS	9:00-12:00
DECEMBER 12	MISSING KIDS	1:00-4:00
JULY 12	LGBTQ	9:00 -- 12:00
JULY 13	EXIT INTERVIEWS	10:00-12:00
AUGUST 1	PSYCH MEDS	9:00 – 12:00

Internal and Special Event Training Calendar August 2017 – December 2017		
JULY 26	NAPPI	9-11 OR 9-1
AUGUST 31	NAPPI	9-11 OR 9-1
SEPTEMBER 29	NAPPI	9-11 OR 9-1
October 24	NAPPI	9-11 OR 9-1
November 28	NAPPI	9-11 OR 9-1
TBD in December	NAPPI	9-11 OR 9-1
AWAITING DATE	ACE TRAINING WITH PAULA LUPTON	
AWAITING DATE	SUBSTANCE ABUSE TRAINING	9:00 – 11:00
AWAITING DATE	SUICIDE PREVENTION	9:00 – 11:00
AWAITING DATE	BUILDING RELATIONSHIPS/CHOSEN FILM	9:00-12:00
AWAITING DATE	MOTIVATIONAL INTERVIEWING	9:30-11:30
AWAITING DATE	COMPASSION FATIGUE	9:00-12:00

Relias Training Assignments for Kids Central Employees August 2017 – December 2017		
By December 31 st	Communication Essentials: The Effective Listener	These web-based trainings are for all KCI staff to increase all employee's knowledge, skills and abilities regardless of position type.
By December 31 st	High Performing Teams: Achieving Excellence	
By December 31 st	Advocacy and Multicultural Care	

The Kids Central Annual Training Plan has been submitted to the Department of Children and Families and can be found on the Center's website.

In-service training consists of on-the-job coaching and field observations to reach full Child Welfare Certification for all case management related staff. All staff is required to complete the requirements outlined by the Department of Children and Families Licensing Division. Completion of training is maintained in the personnel file and tracked through an on-line training data base for internal Kids Central staff. Verification of training completion is validated through a training certificate issued by the on-site trainer upon request and sign in sheets for hosted Kids Central trainings are shared via email to Case Management Agency points of contact.

While Kids Central may delegate certain responsibilities to the CMAs, the Kids Central Training and Professional Development Department maintains primary responsibility for organizing ongoing training for the CMA staff, based upon data gathered through case/performance reviews and contract requirements. Appropriate lessons will be translated into recommended policies and procedures that will be shared with Executive Leadership and the Kids Central Board of Directors. When approved, all agencies, stakeholders, and other interested parties will be informed, and appropriate steps will be taken to train staff and implement necessary changes.

Kids Central will provide all mandatory trainings. Sign in sheets are provided to each CMA and the CMA will track and report any other Title IV-E trainings to Kids Central monthly. Mandatory trainings have been identified and are in the CMA contracts to ensure compliance. Continued efforts to communicate training needs from QA reviews are planned, including interdepartmental meetings and training staff attending exit meetings on reviews.

Training needs are identified through CMA request, training survey responses, QA review outcomes and business planning through senior leadership. Leadership and Supervisory trainings are determined and offered as special events throughout the year.

Kids Central, Inc. employees are required to complete 15 professional training hours per calendar year. Various trainings are delivered and/or coordinated throughout the year by the Kids Central Training and Professional Development Department and made available to not only Kids Central's corporate staff, but to Case Management Agency staff and the Department of Children and Families staff. Kids Central staff have access to the Relias On-line training. Trainings are assigned annually to all staff and trainings are also assigned by supervisors holding certain positions. Trainings are also assigned for individual employee remediation or professional development.

Section VI: Monitoring, Reporting & Continuous Improvement

Monitoring Case Management Agencies and Network Providers:

As outlined in their contract, Kids Central's sub - contracted service providers are required to have a quality management and improvement process in place that's specific to their services and are required to support and participate, fully, in the Kids Central quality management and improvement processes. Kids Central will provide technical assistance to any provider needing assistance in implementing a quality management process.

Each contract with network providers and case management agencies will have expected outcomes and performance measures that are clearly established. Applicable Adoptions and Safe Families Act (ASFA) indicators will be included, when applicable, as well as any required and relevant DCF indicators that are included in the Kids Central service contract. The provider agrees to provide data to determine whether the terms of the contract have been sufficiently met. This information will also be included in our system-wide analysis.

It is the policy of Kids Central, Inc. to monitor and evaluate contracted programs and services within the network. Quality monitoring ensures that providers are in compliance with all contractual, administrative and programmatic standards and requirements.

Changes in policies and procedures may be instituted based upon review findings. If significant problems are identified within CMAs (or with particular Family Care Managers or supervisors), the Chief of Operations in collaboration with the Director of Operations may meet with CMA Directors and with the Family Care Managers or supervisors to examine and explore the problem areas and propose improvement plans to address problems. At that time, specific activities and timeframes will be established to include a realistic measure of improvement. The QM staff will ensure that results of any improvement plans are reviewed within the timeframes set forth and agreed upon. Providers are expected to comply with the terms of the corrective action, and non-compliance will lead to other corrective/punitive action as required.

When systemic improvement is needed, Kids Central will implement change by providing the CMAs with data to support the need and a timeline for training, implementation and subsequent review. CMA directors will be responsible for the dissemination of information to their management and operations staff, and ensuring that improvement activities are occurring. At the time set forth in the timeline, Kids Central will conduct a review to determine whether or not the established objective(s) has been achieved, and modify methods as needed.

Quality Management Requirements of Case Management Agency Providers:

Per contractual requirements, the provider shall have a quality management process in place and will participate, fully, in Kids Central quality management processes and activities. Technical assistance is provided as needed, regarding the implementation of quality focused activities.

1. An updated, written Quality Management Plan is required by each case management agency partner and is required to be submitted to Kids Central Contracts Department prior to each subsequent, annual, contract initiations.
2. Each case management agency maintains a policy related to Supervisor Reviews and understands the significant role of supervisor's related to quality of services and care. Diversion and other contracted providers are encouraged to, also, maintain policies and procedures that guide supervisor oversight.
3. Kids Central reserves the right to enhance or change procedures, as needed, to ensure the highest quality and level of services, in accordance with the state and federal authorities, best practices and evidence-based processes.
4. Providers shall participate in Quality Management activities, upon request. The quality management activities described, herein, is not an exhaustive description.
5. Information reviewed by the Quality Management Department and/or Provider agencies, on a regular basis, includes but is not limited to:
 - a. Peer review of records for compliance with state and federal laws;
 - b. Compliance with COA Standards;
 - c. Incidents, accidents, and consumer grievances;
 - d. Consumer, client and stakeholder satisfaction information;
 - e. Outcome and performance information;
 - f. Safety and risk management issues; and
 - g. Florida Safe Families Network data maintenance and integrity.
6. Quality Management staff performs the following essential functions:

- a. Data collection and measurement;
 - b. Evaluation, analysis and reporting;
 - c. Consultation/facilitation/training;
 - d. Monitoring; and,
 - e. System/process development, support and training.
7. Reviews occur, utilizing a random sampling methodology. Analysis of data and resulting compliance reports, which include both summary and detailed data, is provided by a frequency established by leadership; however, no later than 30 days after the successful completion and review of the last case file.
 8. Providers are required to implement and maintain peer record review procedures to assure compliance with federal and state guidelines. Personnel are requested not to review cases in which they have been directly involved. Review tools as well as results from reviews completed by Providers will be shared with Kids Central.
 9. Data gathered by Providers through their reviews will be used to: monitor and evaluate the system of care; identify opportunities for improving quality; establish initiatives to accomplish agreed upon improvements and monitor resolution of problems. These activities require a cooperative effort involving the Kids Central Quality Management, Contracts Management, Provider Agencies, and Stakeholders.
 10. Providers will employ Quality Assurance or Management Staff who will be available to participate and assist the Kids Central Quality Management Department with requested reviews and activities.

Quality Improvement Team

Quality Improvement (QI) activities are implemented based on an expected or established level of performance or compliance through contract or other agreed upon quality assurance activities. Performance and compliance is determined based on established benchmarks, goals and performance expectations. An indication of poor performance or lack of production is based on data reports and analysis conducted as part of quality assurance /improvement activities. Quality Improvement Team (QIT) Meetings are held quarterly and/or as needed.

Initiatives utilized to enhance and drive improvement are:

- Issues identified through Local and State Reviews
- State / Local Program Improvement Plan
- Strategic/Business Plans and Scorecards
- Use of Continuous Quality Improvement Teams and the Quality Management Department

The Quality Improvement Team is comprised of representatives from Kids Central's Quality Management Department as well as from each of the CMA providers, to include Quality Assurance Specialists and Leadership. Additionally, other staff from various departments may attend such as Permanency, Training, Out of Home Care and Contract Management staff. This composition allows different perspectives to be brought to the team. Meetings are facilitated by the Kids Central's Quality Management staff.

The QIT meets with the intent of reviewing and analyzing monthly and/or quarterly performance data from key quality indicators. Program Performance Reports and particular areas within the System of Care are regularly reviewed. These areas include but are not limited to: Incident

Reporting, Missing Children, Psychotropic Medications, Exit Interviews, Child Safety specific to ages 0 - 5 and other areas where trends and performance are consistently monitored. Other relevant performance data and outcomes that may be reviewed are generated by internal and external monitoring's, surveys and inspections that may reflect downward trends or highlight a decline in performance. QIT reviews and discusses accreditation standards, best practices, policy, procedural and programmatic issues and concerns identified and creates appropriate action plans or QI initiatives.

During the FY 2016 – 2017, the QIT maintained, Supervisory Reviews and Guidance as a primary focus and initiative. Efforts to solidify this process continues into FY 2017 – 2018. The year kicked off with development and roll out of a universal supervisory review format, being utilized by all contracted case management agencies within Circuit Five. Included in the roll out of the format was the mandatory requirement that all case management supervisor's attend and participate in training of the tool, which was and will continue to be facilitated by case management leadership. A goal through FY 2017 – 2018 is to have full implementation and utilization of the new format, circuit wide. The circuit will seek to see improvement in the documented guidance being provided to case managers by their supervisor's.

Other anticipated QIT focused initiatives involve ongoing education and professional development related to conducting and performing formal and informal assessments, to include Family Functioning Assessments. Additionally, Safety Plan development and monitoring will also be included as a focus.

Data Collection & Management

The Quality Management Department and Data Unit captures and reviews data from several sources. Primary mechanisms used to capture and compile data are the Family Safe Families Network (FSFN) and Mindshare. The Data Analyst, together with dedicated Data Specialist identifies and defines quality and compliance data elements to be collected, measured and/or evaluated. Appropriate data collection and measurement tools have been, and continue to be, developed in order to effectively analyze and communicate the strengths and weaknesses within a service, program or administrative department. The following are the tools/systems used to capture data and produce useful reports:

Depending on reporting requirements, multiple workflows and methods may be used:

Defining/Acquiring Data Source > Processing > Publishing/Distributing Report

Data sources are built or acquired using one (or more) standard reports (FSFN and TAPD) and/or custom queries (FSFN only) which may then be processed, using excel or access.

Many reports are pulled from FSFN to provide "Base" data. Most either are listings or summaries which are reported point-in-time (snapshots) or end-of month (delayed). These are often used as baselines because they provide fairly consistent views useful for detailed historic analysis (listings) or general comparisons (summaries).

The Department publishes useful listings (Federal and CBC Scorecard reports) which are used as a basis for performance reporting, producing exception listings and building drill down summaries. Additionally, the Department publishes historic summary reports which are used as the basis for extra-agency comparisons and workload assessments.

FSFN ad hoc provides access to Business Objects which allows some processing to be built-into custom FSFN queries.

The reports produced fall into the general categories of workload management (Weekly QM for example), performance management (CBC/Federal Scorecard), quality improvements (Exception listings for CBC/DCF Scorecard), demographics and general informational.

Data & Performance Related - Activities

Data/Performance Reports:

Person(s) Responsible: CMA Staff, Quality Management Department, Contract Management Unit, and the Kids Central Senior Management Team

Frequency: Varies by report

Process / Methodology: This activity is designed to provide constant, on-going data information to all departments within the company for the purpose of driving production. The goal is to place these issues as a priority in our day-to-day work / operations and use them as a benchmark to gauge the success of our activities in meeting the service needs of our families. Numerous data reports are reviewed on an on-going basis at various intervals. The CEO, Quality Management Team, CMA Directors, Case Management Supervisors and many others throughout the agency, gather this data. Various sources are utilized to collect the data and all are shared with the Senior Management Team. If data suggests that our compliance or production is not satisfactory or declines, daily reports are often developed to provide an on-going baseline for monitoring. Monthly data calls are conducted between Kids Central and Case Management to review data, identify trends and develop ways to address exceptions. All exceptions to the Child and Family Outcomes/Measures are reviewed and reported to each CMA agency monthly and this data and any relevant trends are discussed on the monthly data call.

Tools/Reporting Outcomes/Results: FSFN, Internal tracking forms, Ad Hoc Reviews, Excel, Mindshare and Performance Dashboard Reports.

The following Data Elements will be monitored, in the 2017 - 2018:

Data Element	Collection Tool(s)	Frequency
Children Movement	Census	Daily
Children Seen	Children Seen Report	Daily
Parent Contact		Twice a week
AFCARS	Adoption/FC AFCAR report	Weekly
Medical/Dental/Immunization	FSFN Report	Weekly
Placement Case Data Exceptions	FSFN Report	Weekly
Diversion Provider Capacity	Mindshare	Monthly
Jump Vault upload		Monthly

Incident Reports	Internal Log	Monthly/Quarterly
Exit Interviews	Internal Log	Quarterly
Rapid Safety Feedback	Internal Log	Quarterly
Missing Children	Internal Log	Quarterly
Client Relations	Internal Log	Quarterly

Monitoring Child and Family Outcomes, Quality Performance Indicators and the Plan for Performance Improvement Related to Systemic Factors:

Kids Central utilizes Quality Assurance and Continuous Quality Improvement findings in daily to drive, manage and improve daily and systemic practice. The Kids Central data department, together with leadership and case management partners tracks and reports outcomes and performance measures on a daily basis, consistent with the State Performance Improvement Plan (PIP) and incorporates performance indicators in its ongoing review of service delivery.

Kids Central, Inc. has developed performance improvement initiatives to address those systemic factors where performance fell below required standards. Activities are reflected in the Region Performance Improvement Plan (PIP). Additionally, other ongoing continuous improvement activities are outlined in this plan.

During fiscal year 2016 – 2017 continuous improvement occurred in several areas; however, performance in others declined and there remains ongoing opportunities for improvement. Of the twelve Contract Measures established and monitored by the Department, through contract; nearly all align directly with Child Safety, Permanency and Well-Being.

Safety			Permanency				Well-Being	
CBC01	CBC02	CBC03	CBC05	CBC06	CBC07	CBC08	CBC09	CBC10
Rate of abuse or neglect per 100,000 days in foster care	% of children not abused or neglected while receiving in-home services	% of children with no verified maltreatment within 6 months of termination of dependency supervision	% of children exiting foster care to a permanent home within 12 months of entering care	% of children exiting foster care to a permanent home in 12 months for children in foster care 12 to 23 months	% of children who do not re-enter foster care within 12 months of moving to a permanent home	Placement moves per 1,000 days in foster care	% of children in foster care who have received medical services in the last 12 months	% of children in foster care who have received dental services in the last 7 months

Kids Central met or exceeded performance targets in 9 of the 12 measures during 2016 – 2017 and with ongoing improvement initiatives in place and in ongoing development, plan to improve in those areas where performance fell below standards. **Those areas include:**

- **CBC07** (% of children who do not re-enter foster care within 12 months of moving to a permanent home) remains an area of focus as the target has not been met during the past three years.

- **CBC08** (Placement moves per 1000 days in foster care) and **CBC10** (% of children in foster care who have received dental services in the last 7 months) area areas where concentrated focus is occurring moving into 2017 – 2018 and opportunities for improvement exist.
- **CBC10** (% of children in foster care who have received dental services in the last 7 months)

Kids Central Monitors Performance thru Comparison's

	Target	Threshold	Good	2016 4th Qtr.	2017 4th Qtr.	
CBC01	8.5	8.85	▼	11.31	7.86	▼
Rate of abuse or neglect per 100,000 days in foster care						
CBC02	95	92.9	▲	94.7	98.5	▲
% of children not abused or neglected while receiving in-home services						
CBC03	95	92.9	▲	94	98	▲
% of children with no verified maltreatment within 6 months of termination of dependency supervision						
CBC04	99.5	98.9	▲	99.8	99.8	▲
Children under supervision who are seen every thirty 30 days						
CBC05	40.5	36.3	▲	32.6	44.2	▶
% of children exiting foster care to a permanent home within 12 months of entering care						
CBC06	43.6	39.2	▲	55	44.4	▶
% of children exiting foster care to a permanent home in 12 months for children in foster care 12 to 23 months						
CBC07	91.7	90.8	▲	83.7	83.8	▲
% of children who do not re-enter foster care within 12 months of moving to a permanent home						
CBC08	4.12	4.54	▼	3.67	4.47	▲
Placement moves per 1,000 days in foster care						
CBC09	95	89.9	▲	92.6	97	▶
% of children in foster care who have received medical services in the last 12 months						
CBC10	95	89.9	▲	90.2	92.1	▲
% of children in foster care who have received dental services in the last 7 months						
CBC11	80	69.9	▲	92.5	84.9	▲
% of young adults aged out of foster care completed/enrolled in secondary/vocational/adult education/training						
CBC12	65	60	▲	74.6	70.6	▶
% of sibling groups where all siblings are placed together						

Quality Management Activities outlined herein also align with the Regional Performance Improvement Plan which includes key activities to address local and state systemic factors identified through the Child and Family Service Reviews.

The following reflect the systemic outcomes/factors that guide the service array provided to children and families. Florida CQI reviews reflect opportunities in several areas for which key activities geared towards improving in these areas have been outlined in the Region Performance Improvement Plan and through other activities described in this Quality Management Plan.

Florida CQI Performance Items		July 2014- June 2015: 68 Reviews				July 2015 - June 2016: 72 Reviews				Year Comparisons
		Outcome Ratings				Outcome Ratings				
		SA	PA	NACH	NA	SA	PA	NACH	NA	
Safety Outcome 1	Children are, first and foremost, protected from abuse and neglect.	97% n=30	0% n=0	3% n=1	n=37	85% n=33	0% n=0	15% n=6	n=33	↓
Safety Outcome 2	Children are safely maintained in their homes whenever possible and appropriate.	59% n=40	21% n=14	21% n=14	n=0	68% n=49	18% n=13	14% n=10	n=0	↑
Performance Item or Outcome		July 2014- June 2015				July 2015 - June 2016				
		Outcome Ratings				Outcome Ratings				
		SA	PA	NACH	NA	SA	PA	NACH	NA	
Permanency Outcome 1	Children have permanency and stability in their living situations.	49% n=23	49% n=23	2% n=1	n=0	51% n=26	45% n=23	4% n=2	n=0	↑
Permanency Outcome 2	The continuity of family relationships and connections is preserved for children.	66% n=31	32% n=15	2% n=1	n=0	67% n=33	24% n=12	8% n=4	n=2	↑
Performance Item or Outcome		July 2014- June 2015				July 2015 - June 2016				
		Outcome Ratings				Outcome Ratings				
		SA	PA	NACH	NA	SA	PA	NACH	NA	
Well-Being Outcome 1	Families have enhanced capacity to provide for their children's needs.	51% n=35	37% n=25	12% n=8	n=0	39% n=28	49% n=35	13% n=9	n=0	↓
Well-Being Outcome 2	Children receive appropriate services to meet their educational needs.	83% n=35	5% n=2	12% n=5	n=26	86% n=30	9% n=3	6% n=2	n=37	↑
Well-Being Outcome 3	Children receive adequate services to meet their physical and mental health needs.	70% n=38	6% n=3	24% n=13	n=14	79% n=44	11% n=6	11% n=6	n=16	↑

Continuous Improvements already initiated include:

Safety Outcome 1 & 2 (children are first and foremost protected from abuse and neglect and are maintained safely in their homes whenever possible and appropriate):

- Operations identified a single point of contact responsible for ensuring dissemination of revised OP's to frontline staff.
- CFOP's are discussed and reviewed during various meetings to include Quality Improvement Team Meetings.
- Training has been and continues to be improved to address family engagement, safety planning, quality assessments and other areas.
- Quality Management has partnered with the Training Dept. to review results and issues associated with Request for Action and identified deficiencies.

Permanency Outcome 1 & 2 (children have permanency and stability in their living situations and the continuity of family relationships and connections is preserved for children):

- Out of Home care continues to increase the availability of quality foster homes.\
- Focus remains on ensuring that sibling groups remain together and separation of sibling groups requires approval of Executive Leadership.

- Working with DCF partners to strengthen focus on use of relative placement vs. foster when removal is necessary.
- Continue use and strengthen Kinship program.
- Enhancing training related to child placement agreements.
- Exploring engagement of fathers.

Well-Being Outcome 1, 2 & 3 (parents have enhanced capacity to provide for their children's needs; children receive appropriate services to meet their educational needs; children receive adequate services to meet their physical and mental health needs):

- Maintain and continuously improve Priority of Effort Service Array
- Will continuously improve on engagement of caregivers in service plans and work with frontline staff regarding service referrals for families.
- Continue to strengthen and maintain relationship with local school boards with the goal of academic improvement for youth.
- Continue to be creative and strategic through community partnerships with medical services to meet the physical needs of children to include a focus on assuring that dental outcomes are improved.

The Quality Management Department remains steadfast in its ongoing commitment to develop mechanisms for improving efficiency and effectiveness within the system of care. As the system is transformed with the focus no longer being on treating the allegation; but focused on increasing protective capacities to ensure and maintain children safely in the home; so shall the tools and mechanisms that are currently in use. Data will continue to be analyzed to support organization wide planning as well as correction of problem areas. Kids Central will continue to track and report outcome data in the domains that are consistent with federal and state mandates.

The Director of Quality and Utilization Management manages and facilitates each element of the quality management process and will continue to do so throughout the transformation of the child welfare system. Data gathered through all quality assurance reviews and activities are used to monitor and evaluate the system of care, identify opportunities for improving the quality of service, establish initiatives to accomplish agreed upon improvements, as well as monitor resolution of problem areas.

Information Sharing:

The Quality Management Department is responsible for ensuring that clear and accurate information is disseminated timely as it relates to various Quality Management activities. Information is reviewed by Executive and Senior Management, staff, contracted providers, community stakeholders and the Board of Directors, upon request. Kids Central will continue to convene public stakeholder forums, to share information and solicit feedback regarding various components of operations and services. Kids Central maintains and provides reports of findings of key quality management activities.

It is important to determine if the services offered by Providers are meeting needs of youth and families, as well as achieving program requirements as articulated in Kids Central's contract with the Department. Of significance is to assess whether services are assisting Kids Central in

meeting the overall goals of improving child welfare outcomes and reducing the time it takes to finalize a child's permanency plan. Kids Central will continue to refine its reporting processes and procedures to ensure that its partners, programs and agencies receive the most up to date and accurate information, in a timely manner

Kids Central has a multi-stage "Continuous Quality Improvement" system to evaluate the outcomes achieved by services provided through the Network. This system has been designed to provide the means for identifying issues or problems that effect program outcomes as they arise and allows Kids Central to implement quality improvement plans that will address opportunities for improvements as well as build upon Network strengths.

It is important to determine if the services offered by Providers are meeting needs of youth and families, as well as achieving program requirements as articulated in Kids Central's contract with the Department. Of significance is to assess whether services are assisting Kids Central in meeting the overall goals of improving child welfare outcomes and reducing the time it takes to finalize a child's permanency plan. Kids Central will continue to refine its reporting processes and procedures to ensure that its partners, programs and agencies receive the most up to date and accurate information, in a timely manner.

Quality Management Department Reviews & Activities:

Kids Central, Inc. Quality Management Annual Review Schedule 2017 - 2018

Month	Name of Review
July – Sept. 2017	1 st DCF Quarterly Reviews: Rapid Safety, FL CQI & PIP
	COA Peer Reviews
Ongoing	Review of Rapid Safety Cases with new intakes
QIT Meeting	QIT Meeting
Oct. – Dec. 2017	2 nd DCF Quarterly Reviews: Rapid Safety, FL CQI & PIP
Ongoing	Review of Rapid Safety Cases with new intakes
	FSFN Documentation*
	Sibling Visitation
	ICPC
	Adoptions
	COA Peer Reviews
QIT Meeting	QIT Meeting
Jan. – March 2018	3 rd DCF Quarterly Reviews: Rapid Safety, FL CQI & PIP
Ongoing	Review of Rapid Safety Cases with new intakes
	Safety Planning
	Request for Action Review*
	Missing Children
	COA Peer Reviews
QIT Meeting	QIT Meeting
April – June 2018	4 th DCF Quarterly Reviews: Rapid Safety, FL CQI & PIP
Ongoing	Review of Rapid Safety Cases with new intakes
	Supervisory Reviews*
	Over Capacity Waivers
	Rev. Max
	Adoption Subsidy
	COA Peer Reviews
QIT Meeting	QIT Meeting

May be subject to changes/additions/deletions *Side by Side to include Case Management Partners

The case record review/audit process is viewed as a comprehensive multi-tiered process that includes discretionary, special, contract required reviews and others, as part of supervision and oversight to track outcomes, determine effective utilization and ensure best practice. All reviews

will be conducted based on random sample and utilizing a 90/10 sampling methodology, unless otherwise decided based on requirements.

Discretionary Reviews:

Within this category are areas of focus identified, at the discretion of Management. Discretionary reviews are subject to change and may be requested to assess performance and/or by random request. Projected areas of focus for 2017 – 2018 are: Supervisory Reviews, FSFN File Cabinet, Separated Siblings, Safety Planning and Requests for Action (RFA's). **Note:** Reviews subject to addition and/or change.

Focus Area:	Frequency	Reviewers	Tools
Supervisory Reviews (CMA's)	As needed	QM Specialists	FSFN, Review tools, Case Files
Sexual Safety Plan (CMA's)	As needed	QM Specialists	FSFN, Review tools, Case Files
FSFN File Cabinet Documentation	As needed	QM Specialists	FSFN, Review tools, Case Files
Separated Sibling Visitation	As needed	QM Specialists	FSFN, Review tools, Case Files
Requests for Action (CMA's)	As needed	QM Specialists	FSFN, Review tools, Case Files

Discretionary - Supervisory Reviews:

This review will identify whether quality, purposeful and instructive face-to-face case discussion between the supervisor and family care manager is occurring with the goal of providing guidance. Reviewers will assess frequency as well as the quality of documentation and feedback/guidance provided to the Case Manager by the Supervisor. Cases to be reviewed will be selected by random sample.

Reviewers/Person(s) Responsible: Kids Central, QM Staff. CMA QM Staff may be invited to participate. The files of all three case management agencies will be reviewed.

Process / Methodology: This review is designed to evaluate casework activities and an assessment of child safety related to those activities

Desired Outcome: An established percentage of cases reviewed will accurately document the completion of Supervisory Reviews per the required frequency; are qualitative and offers guidance and follow up to the case manager.

Tools/Reporting Outcomes/Results: Review tools will be used to capture data after review of FSFN. Upon completion the QM Supervisor or designee will compile a roll up of the information collected. A written report inclusive of findings will be disseminated to the Upper management of Kids Central, as well as, to the Case Management Agencies.

*Review may be subject to change

Discretionary – Safety Planning:

The purpose is to assess compliance regarding ensuring that safety plans are completed and are up to date and accurate in FSFN. Additionally, reviewers will assess whether required information has been scanned into the FSFN file cabinet. Cases to be reviewed will be selected by random sample. The files of all three case management agencies will be reviewed.

Reviewers/Persons Responsible: Kids Central, QM Staff

Process/Methodology: Cases selected will be by random sample. A tool will be developed and utilized that's specific to the focus area.

Desired Outcome: For each session, an established percentage of cases reviewed will accurately document the completion of safety plans per the required frequency; and that concerns/issues are addressed.

Tools/Reporting Outcomes/Results: Review tools will be used to capture the data after the review of FSFN. The QM Supervisor or designee will compile a roll up of the information. A written report inclusive of findings will be disseminated to the Upper management of Kids Central, as well as, to the Case Management Agencies.

*Review may be subject to change

Discretionary – FSFN File Documentation:

The purpose is to assess compliance related to assuring that as required, that case file documents required to be maintained as the “official record” can be found in FSFN. Reviewers will assess whether required information has been sufficiently scanned into the FSFN file cabinet. Cases to be reviewed will be selected by random sample. The files of all three case management agencies will be reviewed.

Reviewers/Persons Responsible: Kids Central, QM Staff

Process/Methodology: Cases selected will be by random sample. A tool will be developed and utilized that’s specific to the focus area. **Frequency will be no less than, annual.**

Desired Outcome: For each review session, an established scale outlining an acceptable percentage of compliance/completion will be followed.

Tools/Reporting Outcomes/Results: Review tools will be used to capture the data after the review of FSFN. The QM Supervisor or designee will compile a roll up of the information. A written report inclusive of findings will be disseminated to the Upper management of Kids Central, as well as, to the Case Management Agencies.

*Review may be subject to change

Discretionary – Separated Sibling’s:

The purpose is to assess judicial compliance regarding separated sibling’s visitation with each other while placed in care. Reviewers will assess frequency as well as the quality of documentation. Cases to be reviewed will be selected by random sample. The files of all three case management agencies will be reviewed.

Reviewers/Persons Responsible: Kids Central, QM Staff.

Desired Outcome: For each session, an established percentage of cases reviewed will accurately document that visits have occurred per the required frequency; are qualitative and offers guidance and follow up to the case manager.

Process/Methodology: Cases selected will be by random sample. A tool will be developed and utilized that’s specific to the focus area.

Tools/Reporting Outcomes/Results: Review tools will be used to capture data after review of FSFN and the case file. Upon completion, the QM Supervisor or designee will compile a roll up of the information collected. A written report inclusive of findings will be disseminated to the Upper management of Kids Central, as well as, to the Case Management Agencies.

Discretionary – Request for Action:

The purpose is to assess compliance in satisfactorily completion of safety items identified during the review of an in-home case involving a child within the age range of 0 – 5. Reviewers will assess follow-up and completion of task(s) as well as the quality of documentation. Cases to be

reviewed may be selected by random sample or through use of the RFA log. The files of all three case management agencies will be reviewed.

Reviewers/Persons Responsible: Kids Central, QM Staff and/or case management staff.

Desired Outcome: An established percentage of cases reviewed will accurately reflect that completion of identified safety items occurred.

Process/Methodology: Cases may be selected by random sample. A tool will be developed and utilized that's specific to the focus area.

Tools/Reporting Outcomes/Results: Review tools will be used to capture data after review of the RFA, FSFN and/or the RFA log. Upon completion, a QM designee will compile a roll up of the information collected. A written report inclusive of findings will be disseminated to Kids Central, as well as, to the Case Management Agencies.

*Review may be subject to change

Internal/External Reviews:

The purpose of these reviews is to assess programs and services that are managed by the Kids Central, Inc. Corp. office. Programs that may be included are the Independent Living Program, Kinship, Licensing, Rev. Max and Healthy Start.

Reviewers/Person(s) Responsible: Kids Central, Inc., QM Staff

Process/Methodology: These reviews are usually pre-scheduled. Cases selected for review are by random sample and usually using the 90/10 confidence sampling methodology.

Dependent upon circumstances, a review may be requested at any time.

Tools/Reporting Outcomes/Results: Review tools will be used to capture the data after reviews of case files and/or FSFN. Upon completion, the QM Supervisor or designee will compile a roll up of the information. A written report inclusive of findings will be disseminated to Kids Central management, as well as, to the Case Management Agencies.

*Review may be subject to change

Department of Children and Families, Quarterly Reviews:

Reviewers/Person(s) Responsible: Kids Central, Quality Management Staff

Process / Methodology: These activities are designed to identify case practice efforts and effectiveness in relation to the guidelines contained within the case practice review tools and focus on safety, permanency, well-being and CFSR requirements. The Kids Central Quality Management Department will conduct reviews each quarter, based on the Windows into Practice guidelines, established by the Department. Three review types occur. They include Rapid Safety Reviews for children, in-home, ranging from ages 0 – 5; Florida Continuous Quality Improvement Reviews which are completed in the Children and Families Service Review Portal. In FY 2017 – 2018, Performance Improvement Plan Reviews will be conducted in partnership with QA staff of DCF. These reviews are a part of the state's performance improvement plan (PIP), resulting from not meeting Federal Measures. The number of cases to be reviewed will be determined by the Department and/or the Windows into Practice Guidelines. The review will appraise:

- the current status of a child in key areas: Safety, Permanency and Well - Being
- the status of the parent/caregiver, and
- the performance of key system of care practices for the same child and family

These reviews are designed to evaluate the quality of case management practices and processes utilized in service delivery. Kids Central will utilize the statewide review tool as a foundational resource to address all core elements identified by the Department of Children and Families as

quality case practice for the required reviews. The frequency of all cases reviewed, will be according to the Department and/or the Windows into Practice requirements.

Desired Outcome: An established percentage of cases reviewed will achieve a satisfactory or greater outcome.

Tools/Reporting Outcomes/Results: Review tools will be used to capture the data after review of the case file/FSFN. Upon completion, the QM Supervisor or designee will compile a roll up of the information. A written report inclusive of findings will be disseminated to the upper management of Kids Central, as well as, to the Case Management Agencies.

Special Reviews:

Reviewers/Person(s) Responsible: Kids Central, Inc. QM Staff and/or in conjunction with other identified parties.

Process/Methodology: Special reviews are conducted by Kids Central's QM Department or other approved staff when requested. Requests for reviews can be made by KCI Executive Management, DCF Administration, Kids Central staff or stakeholders. Prior to conducting the review, the purpose of the review will be established in conjunction with the requestor. Results are shared with Kids Central leadership. These reviews may be child specific and/or specific to a focus area.

Tools/Reporting Outcomes/Results: These reviews may require a review of the case file, FSFN and/or interviews with staff. Upon completion, a written report may be completed and provided to Kids Central management.

Kids Central Rapid Safety Reviews:

Reviewers/Person(s) Responsible: Kids Central, Inc. QM Staff.

Process/Methodology: During FY 2015 – 2016, an initiative to review 100% of in-home cases involving children ages 0 – 3 began. The goal in reviewing this population is to focus, specifically, on child safety. Phone consultations occur with case management staff, on each case, to offer guidance and support in assuring child safety.

Tools/Reporting Outcomes/Results: These reviews occur quarterly, through review of FSFN case documentation and may be subject to change.

Utilization Management Department – Reviews & Activities:

Annual Review Schedule 2017 - 2018

Dates:	Name of Review	UM Lead	Date Completed
July 1-7*	Quarterly Data Report	All	
July 31-Aug. 3	Family Connections Fidelity CHS	Julie VanNoy	
Aug. 7-9	Family Connections Fidelity-Centers	Julie VanNoy	
TBD	Family Connections Self-Assessment	Jennifer Bradshaw	
Sept. 12	Exit Interview-FC Centers and CHS	Julie VanNoy	
Sept. 11-12	Peer Reviews-Flex Funding	Laurie Schoncheck	
Sept. 19-20	Peer Reviews-D&E request	Jennifer Bradshaw	
Sept. 2017	CBC IH Monitoring	Jennifer Bradshaw	
October 1 – 7*	Quarterly Data Report	All	
Oct. 10-11	Peer Review-CHORE	Jennifer Bradshaw	
Oct. 23-26	Camelot IRP 6 month	Kayler McGill	
Nov. 1-7	CBHA Quarterly Review (July 1-Sept 30**)	Julie VanNoy	
Nov. 29	Camelot IRP Exit	Kayler McGill	
TBD	CBC IH Monitoring	Jennifer Bradshaw	
January 1-6*	Quarterly Data Report	All	
Jan. 29-Feb. 1	Family Connections Fidelity-CHS	Julie VanNoy	
Feb. 6-9	Family Connections Fidelity-Centers	Julie VanNoy	
TBD	Family Connections Self-Assessment	Jennifer Bradshaw	
Feb. 19-23	Devereux Review- Nurturing Parent/Parenting Journey	Kayler McGill/**Julie to assist with roll-up	
Feb. 26-Mar. 2	Devereux Review- Family Team Conf.	Kayler McGill	
March 9	Family Connections Exit	Julie VanNoy	
TBD	CBC Integrated Health On-site Monitoring	Jennifer Bradshaw	
March 26-30	CBHA Quarterly Review (Jan.-Feb**)	Julie VanNoy	
April 1-7*	Quarterly Data Report	All	
4/6/17	Devereux Exit Interviews	Kayler McGill	
4/16-4/19	Neighbor to Family Safety Management Review	Julie VanNoy	
4/24-4/26	Camelot IRP 6 Month Review	Kayler McGill	
5/21/17	Neighbor to Family Safety Management EXIT	Julie VanNoy	
5/30/17	Camelot IRP 6 Month Exit	Kayler McGill	
5/30-6/5	CBHA Quarterly Review (4 th Quarter**)	Julie VanNoy	

*This schedule may be subject to change

Utilization Management - Monitoring Subcontracted Providers:

Reviewers Person (s) Responsible: Kids Central Utilization Management Department, Subcontracted Providers.

Frequency: Quarterly or annually, as required by contract, as well as in special circumstances or when issues arise which warrant an additional review

Process/Methodology: This process is designed to measure contractual compliance, adherence to performance measures, and to ensure efficient utilization of funds and services. The purpose is to ensure appropriate services are being provided, there is no duplication of services, and to report the overall performance of the contracted provider. This review process often leads to changes in contract language and identifies areas of concern.

At a frequency based upon contract and need, the Utilization Management Team will conduct on-site reviews of randomly selected cases. Case files, stakeholder surveys, the Florida Safe Families Network, and Mindshare programs may be utilized in the review. Upon completion of

the review, there is an exit interview/debriefing, where identified concerns and specific circumstances can be openly discussed before the final report is submitted.

Tools/Reporting Outcomes/Results: Review Tools used will capture data from Florida Safe Families Network, Mindshare, invoices, client files and surveys. Upon completion, UM Staff will compile a roll up of the information. A written report inclusive of findings will be disseminated to Kids Central management and other appropriate parties as requested.

Utilization Management – Quality Analysis and Effectiveness of Funding

Requests:

Person(s) Responsible: Kids Central Quality and Utilization Management Departments

Frequency: Quarterly and/or as requested

Process/Methodology: This activity is designed to ensure funding requests are processed in accordance with the written Policies and Procedures. The purpose is to improve the quality and effectiveness of funding requests including Diagnostic and Evaluation (D & E) services, Flexible spending services, Restitutions, and Comprehensive Behavioral Health Assessment (CBHA) services. This is an internal review process in which randomly selected funding requests will be reviewed to evaluate timeliness of processing the request, an effectiveness and/or recidivism of the services rendered.

Tools/Reporting Outcomes/Results: Excel spreadsheets, Florida Safe Families Network and funding packets will be reviewed. Upon completion, UM Staff will compile a roll up of the information. A written report inclusive of findings will be disseminated to Kids Central management and other appropriate parties as requested.

Utilization Management - Random Validation of Compliance with CBHA

Recommendations:

Person(s) Responsible: Kids Central Utilization Management Department, CMA Caseworkers, CMA Supervisors.

Frequency: Quarterly and/or as requested

Process/Methodology: This process is used to measure compliance with recommendations noted on the Comprehensive Behavioral Health Assessments. The purpose is to determine the effectiveness of the CBHA reports and their recommendations. At a minimum of quarterly, a random sample of CBHA's (completed within the current fiscal year) will be reviewed to identify the recommendations and to follow up with the appropriate parties to validate whether the recommendations were completed.

Tools/Reporting Outcomes/Results: Excel spreadsheets, Florida Safe Families Network and funding packets will be reviewed. Upon completion, UM Staff will compile a roll up of the information. A written report inclusive of findings will be disseminated to Kids Central management and other appropriate parties as deemed appropriate.

Family Preservation Quality Improvement - Activities

Family Preservation – Community Based and Early Services Intervention

Staffing/Task Compliance:

Person(s) Responsible: Kids Central Family Preservation Specialists

Frequency: A minimum of Quarterly

Process / Methodology: This activity is designated to ensure that all cases that fit the category of “high or very high” are staffed directly with the Family Preservation Specialist. The cases that are accessed with a “low risk” will be referred to a community provider by the Child Protective Investigator.

This activity is designed to ensure that all diversion cases are staffed on a daily basis with the Family Preservation Specialist. The goal is to ensure families receive services in the least restrictive manner, while maintaining the family unit. The Child Protective Investigator and Diversion Provider will conduct an initial visit to discuss the services being offered to the family. If the family is uncooperative with the service provide, a final visit will be conducted in an attempt to re-engage the family. A joint visit will be conducted prior to re-staffing the diversion case for closure.

All activities and documents will accompany the Diversion and/or the Early Services Intervention (ESI) packet. Throughout the 2017 – 2018 year, goals will include:

- Review the Diversion programs and the effectiveness of the services being provided within Circuit 5.
- Review Diversion staffing forms to ensure appropriate services are being recommended to the families we serve.
- Implement the Family Preservation Program and conduct pre-service training for the staff. The staff will become child welfare certified and the program will accept unsafe diversion cases.
- A committee (DCF and Kids Central employees) will be developed to review shelter cases in an effort to determine whether or not diversion services should have been offered in lieu of sheltering the child(ren).

Tools/Reporting Outcomes/Results:

A log is maintained by each Family Preservation Specialist and is utilized to capture and track decisions and applicable activities that occur during staffing. A regular review of these logs will occur and be performed by the Chief of Operations and Director of Family Preservation Services. The Chief of Strategy will assist with the evaluation of the diversion services and the providers in Circuit 5

Family Preservation CQI:

Person(s) Responsible: Director of Family Preservation and Family Preservation Specialists

Frequency: Quarterly

Process/Methodology: This activity is designed to identify opportunities for continuous quality improvements as well as compliance with established protocol, policy and legal authorities. Notes, files and/or records maintained by Family Preservation Specialists will be randomly selected for peer review to be conducted by each specialist.

Tools/Reporting Outcomes/Results: Results and outcomes will be shared with staff and upper management. Information will be disseminated as deemed appropriate to determine additional training needs.

Incident Reporting, State Program Support, Missing Children and Psychotropic Meds Quality Assurance & Improvement Activities

Critical Incident Report Analysis:

Person(s) Responsible: Quality Management Department, Contracts Department, CMA Family Safety and Permanency Specialists

Frequency: Quarterly

Process / Methodology: This activity is designed to analyze the incident report data and identify trends or concerns. The goal is to ensure that providers are adhering to procedure, that children remain safe and that any concerning trends are identified and addressed (both internally and externally). Incident reports, both internal and external, are submitted to Kids Central and designated as provider information or reportable incidents. Reportable incidents are sent to the Department of Children & Families through the Incident Reporting System. Incident reports will be reviewed quarterly for trends or concerns.

Tools/Reporting Outcomes/Results: Data will be captured utilizing the incident reporting log, incident reports, FSN and communication with case management agencies. Results will be disseminated by Quality Management to various Leadership and will be discussed during Quality Improvement and other meetings.

Critical Incidents, Accidents and other Risk and Safety Issues:

It is the policy of Kids Central and its network provider agencies to identify and report critical incident information to ensure child safety and to prevent future risk. All Kids Central staff and contracted provider staff are required to promptly report all incidents, accidents, safety and risk issues in accordance with the requirements of 65C-30.020 F.A.C, and as outlined in Kids Central's Incident Reporting and Client Risk Prevention Policy.

The Incident Report form is used by Kids Central staff, all providers and Family Case Managers within the network. The Incident Report Form may be used internally to report an incident or event that may pose a threat to the child, document the actions taken, and formally notify Kids Central and the Family Case Manager and supervisor.

The incident report is used internally and externally to record an incident or event that does place the child or others at risk, to document the actions taken and the follow-up needed, and to formally notify the agency supervisor, Kids Central, and DCF.

The Rolling Incident Report monthly meeting continues as an additional resource in identifying gaps in service and opportunities for improvement. On a monthly basis, children having five or more incidents are reviewed and circumstances discussed. The meetings and the format are multi-disciplinary as well as interdepartmental as staff from within Kids Central, representing multiple departments, attend to review each child as well as to take action, as warranted. Kids Central is in the process of collaborating with several CBC's to assess risk on a global scale. A shared database is in the developmental stage and will enable participating CBC's to better analyze and trend aggregate data. Once implemented, this system should expedite the reporting and approval process and provide better reporting capabilities. It will also provide an early notification system for leadership.

Incident Reporting:

Any Kids Central contracted provider (CMA) staff that becomes aware of an incident that meets the criteria set forth by the Incident Report form must initiate the proper response and verbally

report the incident immediately to their supervisor, Program Director, CMA Director and/or the CEO of the provider organization.

In cases where health, safety and well-being of the client(s) have been critical or fatal or for those incidents that have the potential to create media involvement, the Case Management Agency will initiate the proper response to the incident (calling law enforcement, transporting client to the hospital) and make the verbal report immediately, not to exceed one hour from the time of the incident to the CMA CEO who will then notify Kids Central Executive Leadership, to include the CEO and COO and/or Deputy Chief, or identified designee.

For all incidents, the Incident Reporting Form must be completed, reviewed by the Supervisor or Director and emailed to the appropriate email address and/or Kids Central via IncidentReports@kidscentralinc.org, for processing. If entry into the Incident Reporting Analysis System is required, DCF will be notified through the DCF Incident Reporting System. If necessary, the form may be faxed; however, must be followed by an emailed version.

Kids Central will review, assess and analyze critical incidents, at a frequency to be determined by management; however, no less than semi - annually. Results will be compiled, reviewed and brought to the attention of the Kids Central's Executive Leadership. Timeliness and quality of reporting and appropriateness of follow-up activities and resolution will be evaluated based upon a specified review period.

For FY2017 – 2018, efforts are underway to establish and improve the way Community Based Care Lead agencies capture, report and monitor incidents. This is a collaborative effort.

Follow-Up Review of Incidents/Events to Prevent Future Occurrence:

Any incident which resulted in serious injury to a child and/or is likely to involve media or public attention will be immediately reviewed by the Kids Central Executive Leadership team to determine the basic answers to who, what, when, where, and how the incident occurred. At a minimum, Kids Central 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 of the situation and to limit risk to the child(ren) and liability to the project.

State Program Improvement Plan Supporting Activities:

Person Responsible: Quality Management Director; Quality Improvement Team Members

Frequency: Various

Process / Methodology: Based on the current emphasis and requirements outlined in the state Program Improvement Plan, Kids Central participates in all activities passed to the local district / CMA level. These activities vary based upon specifically identified areas of emphasis.

Tools/Reporting Outcomes/Results: FSFN, internal data collection, internal data analysis will be some of the tools utilized to complete these activities and others may be incorporated as well dependent upon the request.

Missing Children Analysis & Improvement:

Person(s) Responsible: QM Staff dedicated to monitoring Missing Children

Frequency: Daily and as needed.

Process/Methodology: This activity monitors and reports on children who have been reported or are missing. Ongoing communication occurs with the State of Florida Missing Child Specialist as well as with the Case Management Staff to ensure that efforts are documented and occurring as well as a staffing conducted, when appropriate.

Tools/Reporting Outcomes/Results: FSFN reports and the Missing Child log will be utilized to capture the data. Reports will be disseminated to the Case Management Agencies and Kids Central, Inc. Leadership.

Psychotropic Medications:

Person's Responsible: QM Staff dedicated to monitoring Psychotropic Medications

Frequency: Weekly and/or Quarterly

Process/Methodology: Reports are pulled to assess errors related to medications. Notifications are sent to the respective case management agency, requesting that immediate attention be given to the errors/issues, identified. The items/issues are tracked until resolved.

Tools/Reporting Outcomes/Results: Psychotropic Medication listing provided through the Office of Child Welfare Data Reporting Unit - FSFN Reporting are utilized to generate data and information. Reports are disseminated to the Case Management Agencies and Kids Central, Inc. Leadership.

Child Exit Interviews:

Person(s) Responsible: CMA Supervisor, CMA Director, Quality Management, Contract Management and other designees as identified

Frequency: Continual - daily; Compliance and Quality Reviews to be completed at least annually

Process / Methodology: This activity is designed to meet regulatory requirements and gain feedback from clients regarding each placement they experience. The goal is to ensure quality foster homes for clients. The process outlines that exit interviews must be completed by the case manager on any child that exits a licensed placement that lasted 30 days or more in duration. The Case Manager has five days to complete the interview. Within seven days, the Family Care Manager is required to submit the completed Exit Interview to the Exit Interview email address at Kids Central. A copy of the completed exit interview form is kept in the foster home licensing file and the child's case management file. The data collected includes the name of the child, the placement, the entrance and exit date, the exit interview completion date and the compliance indicator. The report is provided to various departments for annual review. Based on the data, quality improvement activities may be initiated.

Tools/Reporting Outcomes/Results: Exit Interview Forms and Logs are utilized to capture data.

Section VII: Risk Management

Kids Central, Inc. utilizes an Enterprise Risk Management (ERM) approach when evaluating and managing risk. As defined by the Casualty Actuarial Society, ERM is "the discipline by which an organization in any industry assesses, controls, exploits, finances, and monitors risks from all sources for the purpose of increasing the organization's short – and long – term value to its stakeholders."

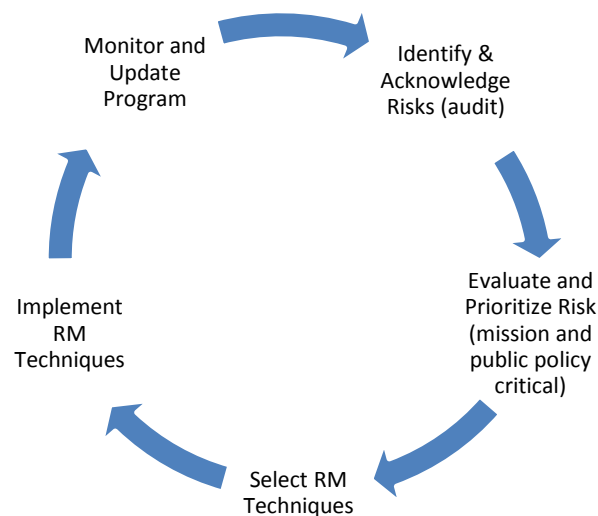
ERM requires an organization to consider risk as potential opportunities as well as potential threats. Potential risk opportunities are situations where Kids Central could benefit in some manner by increasing its overall risk level, for example accepting additional risk by starting a new program in order to offer new services or reach new clients. Kids Central evaluates risk

opportunities as part of its strategic planning process. Kids Central's Risk Management Process focuses on efforts to reduce the potential negative impact associated with the risk from current business and organizational activities.

KIDS CENTRAL INC. RISK MANAGEMENT PROCESS

Kids Central, Inc. is committed to fostering a culture of safety and security for those we serve, employees, partners and visitors. The Kids Central, Inc. Risk Management (RM) culture is both dynamic and comprehensive. Kids Central's guiding principle is ***if we effectively manage the risk for the children in our care, we are also managing Kids Central's risk.*** Kids Central's risk management process is depicted below.

Figure 1: The Risk Management (RM) Process is ***dynamic*** and ***ongoing***.



Risk Management Goals

Kids Central applies the risk management process with a focus on the goals described in the following paragraphs. These goals make the process tangible and applicable to our daily work and provide the framework for looking at risk from both an operational and strategic perspective.

Client Goals:

- Safety – assuring the children in our care are safe from further abuse, neglect, or harm.
- Permanency – establishing, as quickly as possible, a loving and permanent living arrangement that is able to meet the unique needs of each child.
- Well - being – providing children nurturing care, learning experiences, and life enrichment opportunities to help them achieve fulfilling lives.
- Prevention/Diversion – caring for children and families in the least restrictive and nonintrusive manner possible by providing effective services for all levels of care, including services delivered to individuals and communities before significant abuse or neglect occurs.
- Strengthen Families – identifying, supporting, improving, and utilizing family strengths as a critical component of service planning and delivery.

Funder Goals:

- Contractual – meeting or exceeding contract performance measures and deliverables.
- Compliance – adhering to applicable laws, rules, and regulations.

Organizational Goals:

- Reputation – earning and maintaining a perception in our community and industry as a professional organization that is self-accountable for demanding high ethical standards, producing excellent results, and demonstrating a strong commitment to stewardship in all of its endeavors.
- Diversify Funding – obtaining an adequate mix of private and government funding and funding sources to provide the budget flexibility required for current and future endeavors.
- Viability – building the organizational capacity, effective staff, and financial capital necessary to prepare for and react to changes, seize opportunities, prove resilient to setbacks, and demonstrate long-term success.

Risk Retention with Risk Control:

Risk retention with risk control means Kids Central retains the risk and implements controls to manage it effectively.

Management and Supervision:

Managing staff and managing processes are front-line controls of managing retained risk. Ensuring staff members understand their role in managing risk is critical and should be a topic of discussion during supervision sessions with staff members. Monitoring staff competency and performance to ensure processes are understood and applied appropriately and evaluating those processes to ensure they are effective and successful are important supervisory functions that support a proactive risk management approach. Finally, supervisors must ensure that staff members understand they have a role in risk management.

Quality and Utilization Management:

The Quality and Utilization Management process is another mechanism for monitoring compliance. The Quality Management Department periodically, randomly, and on no less than on a quarterly basis or as questionable compliance concerns emerge, confirms that provider contracts are fulfilled as contracted and measured for quality. The Quality Management Department is responsible for collecting and reviewing incident reports, providing feedback and guidance regarding incident report follow-up, and monitoring the process for compliance.

Policy and Procedure:

Risks that are retained or partially retained are also controlled through policies and procedures. Kids Central maintains a comprehensive web-based Policies and Procedures Manual that is reviewed and updated annually or as needed. Employees have access to the Kids Central web site and can access it any time whether in the office or working remotely. Managing risk includes the evaluation of policy compliance and adherence to well thought-out and tested

procedures. The expected outcomes of effective policies and procedures improve performance, increase efficacy, promote compliance, and serve to train.

Training:

Kids Central's training program is comprised of compliance training, safety and security training, performance enhancement, and competency based training programs. In addition to the established in-house Training and Development Department, a training and development budget is established for providing staff training and licensure that is obtained through other organizations.

Financial Management:

Sound financial management is a critical component of risk control. Kids Central's financial assets provide the funding for all the resources acquired to serve clients and reach goals. Safeguarding these assets and utilizing them in a cost effective manner is therefore, a natural precondition to the company's success. Kids Central strives to control financial risk by excelling in the following areas of financial management:

- Safeguarding Company Assets – Cash, equipment, and data must each be kept in a secure manner with access given to employees only to the extent required for them to perform job responsibilities. A system of internal controls will be used to help ensure financial assets are accessed and used properly.
- Financial Planning – Management will develop and use an annual operating budget based on company objectives and historical and forecasted resource utilization patterns. The Board of Directors will review and approve the annual operating budget.
- Financial Reporting – The Finance department will provide management with timely and relevant financial information to the extent needed to assess the company's financial performance. Procedures will be in place to verify reporting accuracy by reconciling reported amounts against transaction level documentation sources.
- Financial Oversight – The Chief Financial Officer (CFO) is primarily responsible for ensuring that the company's financial management practices meet the company's risk management expectations. The Finance Department receives oversight internally from the CEO and Board of Directors and externally from an independent audit, grantor monitoring activities, and the Council on Accreditation.

How Various Risks are Managed:

Risk reduction responsibility is everyone's role at Kids Central; however, ownership for implementing risk management techniques is championed by members of the Risk Management Committee and the System of Care Risk Committee

Risk Management Committee:

Scope: The Risk Management Committee is ultimately concerned with protecting the overall sustainability of the organization. Through the enterprise risk management approach, the Risk Management Committee has two main functions:

- 1) Proactively recognize risk exposures or loss
- 2) Analyze, correct and mitigate loss occurrence

Functionality: The Committee is comprised of the Executive Leadership Team, Directors from each Department, the Risk Manager, the Compliance Manager, and in-house Counsel. Meetings are held semi-annually with the option to assemble as needed between scheduled meetings to address imminent threat. Past events are reviewed with the Committee via department status reports. The Committee members report on select risks, which have been identified and addressed through a recommended activity and associated action plan per the annual Risk Management Plan. If necessary, any issue that affected risk management goals is analyzed and action plans are formulated to avoid future impact with timelines for completion.

Best practices identified through research, experienced by other child welfare organizations, or as identified by those in a risk sharing capacity are shared and considered by the Committee as new business

The Committee operates on an action plan platform and reports on progress as scheduled. The Committee further reviews the effect of the action taken to ensure that the desired removal or decrease of exposure has occurred or controlled.

The Risk Committee meeting agenda includes topics as follows:

- Review and prioritize risks identified in the risk assessment (FMEA) and make recommendations for the annual Risk Management Plan
- Monitor annual risk management plan initiatives and high risk potentials
- Evaluate incidents and near misses
- New business

An imminent risk or post-event Risk Management Committee meeting may be called by the Risk Manager and/or CEO. The purpose of this meeting shall be directed toward the imminent risk or post-event concern which prompted the meeting. The Risk Manager or designated Committee Members shall be responsible for collecting full and factual data from witnesses and relevant documents including review of incident reports. The purpose of the meeting is to develop a plan of action to avoid the imminent risk or mitigate the imminent risk or post-event loss.

System of Care Risk Committee:

The ability to effectively identify and manage risk is influenced significantly through collaboration with Kids Central's critical partners. The System of Care Risk Committee (SOC Risk Committee) is comprised of the Risk Management Committee, contract management staff and designated staff members from subcontracted providers.

Scope: The System of Care Risk Management Committee is ultimately concerned with avoiding or minimizing of the shared risk in the Child Welfare arena where contractually and morally joined. The goals of the SOC Risk Committee are identical to the goals of the Risk Management Committee:

- 1) Proactively recognize risk exposures or loss
- 2) Analyze, correct and mitigate loss occurrence

The SOC Risk Committee works to strengthen risk identification and risk control activities as a shared responsibility of Kids Central and its contracted providers. Critical to the sustainability of

each entity is the ability to collaborate on equal standing to avoid or minimize exposure to loss in the five county systems of care and beyond as best practices develop.

Functionality: The SOC Risk Committee meets semi-annually and can be assembled to address shared exposure or loss concerns and as needed when there is imminent threat. The SOC Risk Committee members complete the risk assessment (FMEA), prioritize risk and establish action plans for managing identified risk. The FMEA recommendations are incorporated into the annual Risk Management Plan along with the recommendations from the Risk Management Committee.

The risk management process provides all members with a communication format focusing on prevention and not blame. This allows for a culture of prevention and effective problem solving viewed from the *System of Care* (SOC) perspective and not as individual entities.

The SOC Risk Committee approach is proactive, recognizing exposure and determining alternatives to avoid or minimize risk system wide. Cooperation in achieving shared goals is focused on managing loss exposure so that losses will not prevent or interfere with subcontractor's ability to meet their contractual obligations, as well as drawing the information and other resources necessary to enable risk professionals to deal with the exposures of the system of care as a whole.

Emergency Preparedness Committee:

A specialized committee related to Risk Management is the Emergency Preparedness Committee. The role of the Emergency Preparedness Committee is to maintain Kids Central's Emergency Preparedness Plan and conduct training to ensure the management team and staff members understand their role during an emergency/disaster. The Emergency Preparedness Committee is comprised of the following positions:

- Chief Financial Officer
- Chief of Operations
- Out of Home Care Director
- Director of Human Resources
- Director of IT and General Services
- HR/Risk Manager

Scope: The Emergency Preparedness Plan includes formation of a Disaster Response Team which is charged with recognizing and providing planning and resolution to loss and potential loss related to a disaster. Details of the Disaster Response Team's roles and responsibilities are included in the Emergency Preparedness Plan.

Functionality: The Emergency Preparedness Committee meets as needed to review and update the Emergency Preparedness Plan, prepare for emergencies, and for evaluating post-emergency risk and/or loss.

Safety Committee:

The Safety Committee is responsible for implementing risk management techniques that maintain a culture of safety and security for employees, clients, visitors and property of Kids Central, Inc. Committee members include the Risk Manager, the Director of Human Resources, the Director of IT and General Services and one staff member from each division.

Scope: The Safety Committee is responsible for the following items:

- Reviewing employee incidents and/or injuries and action planning for correction and prevention of future incidents
- Reviewing facility hazards or potential hazards and action planning for correction and prevention of future incidents
- Fire drills
- Facility inspections
- OSHA compliance
- Employee safety training

Functionality: The Safety Committee meets quarterly and submits a fiscal year annual report to the CEO by July 31st each year for the preceding fiscal year.

Monitoring the Plan:

The FMEA risk assessment results and action plan recommendations are compiled into an annual Risk Management Plan. The plan is reviewed by the CEO, who makes recommendations for changes or makes a recommendation to the Board of Directors for approval.

After the annual Risk Management Plan is approved, The Risk Management Committee and System of Care Risk Management Committee members are tasked with implementing, monitoring, adjusting as needed, and reporting on the approved risk initiatives. The Risk Manager assists directors with implementation, monitoring and reporting, and beginning a new FMEA process.

The FMEA process includes evaluating outcomes of the risk management efforts for the previous year, identifying new risk, and creating recommendations for the new Risk Management Plan.

General Services and Technology: During 2016 – 2017, Kids Central's General Services and Information Technology Department continued improvements towards ongoing safety of the facility and security of IT systems. Moreover, completed a comprehensive all employee corporate office relocation. Plans for the 2017 – 2018 year include review and revision if need be of policy and procedures and work on the maturity of the IT program by enhancing IT Security.

General Services and Technology Improvements achieved during 2016 – 2017 are as follows:

- **Perimeter Security** – Enhanced firewalls with new features designed to maximum security like 'Geolocation' Services, these services block all access by countries adding a fine defense to rouge hackers trying to send malware to our systems. We continue to use the 'CIA' Triad of availability, integrity and confidentiality.
- **Wireless Security** – Tied access to the wireless based on Active Directory user account, so if a user does not have access to the Kids Central domain they will not be granted access to the wireless device.
- **Data Integrity** – Moved all servers to a state of the art hardened data center, this provides data availability even during any weather related event.
- **Data Backups** – Consistently test the backup system to ensure integrity of the system.

- **Software Upgrades** – Kept current on vendor software patches to ensure all vulnerabilities once identified are closed to provide accessibility to the software which improves uptime.
- **Facility** – Moved corporate office from Ocala to Wildwood to newly redesigned building, this new office space better accommodates the business model of Kids Central.
- **Facility** - Installed video surveillance system to monitor door access.
- **Facility** - Converted door badge access system to provide parameters to whom can enter the building at specific times.

Fiscal Management / Revenue Maximization – Quality Assurance Activities

Random Validation of Eligibility: Federal Funding; Annual Internal Review

Person(s) Responsible: Revenue Maximization Supervisor and Specialists; Quality Management

Frequency: Monthly; Annually

Process / Methodology: This activity is designed to assure accuracy of the revenue maximization files. On a monthly basis, the Revenue Maximization Unit completes peer reviews of federal funding files to ensure validity. Conflicts within the peer review process are brought to the Director of Accounting. The information is also validated against the Daily Log, and FSFN. Incomplete files or inaccuracies in paperwork are returned to the Revenue Maximization Specialist for correction. In addition to the peer reviews completed by Rev Max Specialists, an annual internal review will be conducted by Kids Central Quality Management, with report to Senior Management.

Tools/Reporting Outcomes/Results: Tools utilized to capture data will be the Daily Log and Revenue Maximization files and FSFN. A report summary will be compiled and disseminated to Kids Central Leadership as well as to the Director of Accounting.

Federal Funding

The Fiscal Management / Revenue Maximization category addresses internal tracking, making accurate determinations regarding Title IV-E, TANF and Medicaid and consists of entering information in FSFN.

Revenue Maximization Department consists of five (5) Rev Max Specialists who are supervised by the Supervisor of Revenue Maximization.

To ensure on-going training and technical assistance activities comply with changing federal requirements, the Director of Accounting & Revenue Maximization and Supervisor of Revenue Maximization participates in weekly Medicaid conference calls and monthly Revenue Maximization Statewide conference calls, facilitated by the CBC's Information that is disseminated is communicated to the Revenue Maximization Reviewers in written form along with supporting documentation, if applicable. Central Office provides technical assistance upon request thru the DCF Help Desk. The Supervisor and 2-Specialists attend the Annual Rev Max Conference, if held.

Specific Quality Management activities directly related to this category and completed by Rev Max and DCF include:

1. Performance/Data Reports Executive Leadership Team Meetings
2. FSFN Validation
3. Communication
4. Random Validation of Eligibility – (Federal Funding)

5. Process Medicaid applications for children in relative and non-relative care placements
6. Performance/Data Reports Executive Leadership Team Meetings
7. FSFN Validation
8. Communication
9. Random Validation of Eligibility – (Federal Funding)
10. Process Medicaid applications for children in relative and non-relative care placements

The CMA staff has been afforded the opportunity to attend training offered by the Department of Children and Families and the Revenue Maximization Dept. Revenue Maximization Staff employed by Kids Central, Inc. and the Central Office are available to provide support to the CMA's as required. Internal reviews are conducted in collaboration with the Central Office for federal funding.

The internal review structure consists of each Revenue Maximization Specialist participating in peer reviews.

Quality Client Services - Inquiries, Complaints & Grievances

It is the policy of Kids Central to hear all client complaints and to support the dignity and rights of all clients. All complaints are handled through the Kids Central Client Rights Designee. It is the responsibility of the Clients Rights Designee to investigate and seek resolution to all complaints.

The Client Rights Designee takes appropriate steps to mitigate the effects of any violation of client's rights. As documented in Kids Central's Client Complaints and Grievances Policy, the Client Rights Designee assures that all grievances are resolved quickly and at the lowest level possible.

The tracking system, Footprints, allows the Client Rights Designee to collect data monthly on Client Inquiries, Complaints and Grievances. The data collected includes the number of inquiries and complaints, average time from inquiry or complaint to resolution, and number of inquiries and complaints referred as grievances. This data will be provided monthly to Kids Central's Executive Leadership.

Client Inquiries: An "inquiry" is defined as an issue raised that requires clarification or attention but which may not indicate dissatisfaction with services. Client inquiries may be made to any employee, at any level, within the organization. Received inquiries will be forwarded to the Kids Central Clients Rights Designee, who will process, respond to and track inquiries. When an inquiry is made, the employee will seek to resolve the concern quickly and efficiently with the inquirer, the employee will document actions taken. If necessary, the inquiry will be forwarded to their Supervisor, and the employee will tell the inquirer when they can expect a response.

Upon receipt, the supervisor will investigate the inquiry and make a preliminary assessment of what action is required. The supervisor will seek to resolve the concern or problem expressed, making reasonable efforts to obtain resolution as requested by the inquirer. The results of the investigation and resolution will be clearly documented, logged, and filed.

Complaints

Kids Central defines a complaint as dissatisfaction with a case specific issue or service delivery issue, which is received verbally or in writing and for which a response is requested. When a

complaint is received, a written confirmation of the complaint and the Kids Central complaint procedure will be forwarded to the complainant. This confirmation will inform the complainant that Kids Central's Client Rights Designee is investigating the complaint/concern they have filed.

The Kids Central Complaint, Follow-up, and Resolution are documented in Footprints. If a complaint cannot be resolved by the Client Right's Designee, the issue will then be passed on to the Chief Executive Officer, or designee and the person issuing the complaint will be advised of further grievance and appeals procedures.

Grievance & Appeals Resolution Process

It is the policy of Kids Central to respond to all grievances and appeals in a manner that is respectful of individual clients, providers, and others who might file a grievance. The grievance and appeals process will be impartial, non-retaliatory and timely.

When a grievance or complaint is received the following process will ensue:

Receipt of a Complaint

1. The Kids Central Corporate office and DCF Client Relations will forward all complaints and/or grievances to the Client Rights Designee.
2. In addition, complaints are also received directly through telephone calls, to Kids Central, that do not come through DCF Client Relations.

Review of all Complaints and Grievances

The Client Rights Designee will collect data monthly on Client Inquiries, Complaints and Grievances, and provide results to Kids Central's Executive Leadership team, on a quarterly basis. Timeliness of resolution, actions taken, and customer satisfaction with the resolution will be addressed.

Consumer and Stakeholder Surveys

Annually, Kids Central solicits input from stakeholders through a variety of channels: written and web based surveys, meetings, evaluations, monitoring and data sharing. The information gained through each avenue is cumulatively shared with the Kids Central CEO and Senior Management Team for discussion and action. Ideas, concerns and comments are utilized to evaluate our system of care, drive production, identify areas of strength and weakness and provide the company with an overall means to improving our services.

Data from the surveys will be aggregated by each respective department for review and evaluation by the programs and the Senior Management Team. Certain findings may result in improvement projects for the Quality Improvement Team or may be utilized in the development and implementation of the Local Improvement Plan.

Section VIII: Fostering Partnerships & Community Awareness

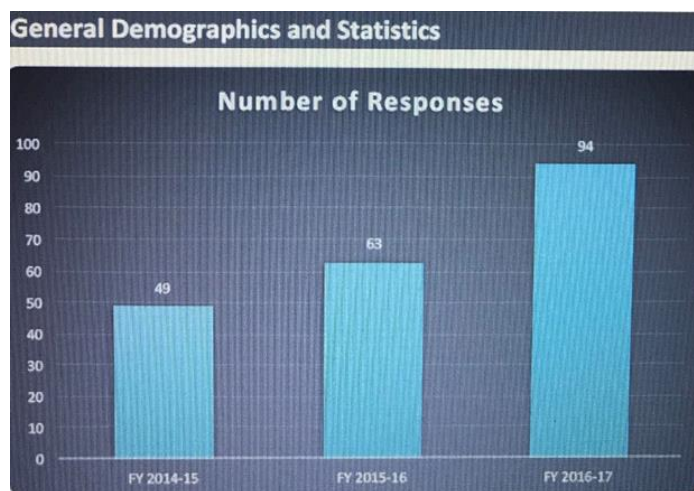
Stakeholder and Foster Parent Surveys

- Kids Central uses standardized instruments and the instrument used will allow for anonymity but will include basic demographic information.
- A sample survey of stakeholders and foster parents is taken annually.

- Surveys will be conducted utilizing web based tools through Survey Monkey
- Results are tabulated and included in the report to Kids Central Executive Leadership and CMAs as appropriate.

Survey responses received from foster parents for FY 2016 - 2017 survey year, reflects a significant increase in responses received, in comparison to the two previous years.

The results of the surveys identified various opportunities for improvement in multiple areas within the system of care. The Out of Home Care Department plans to convene a workgroup to develop an action plan to address several areas reflected, as needing improvement. Of primary focus are: Availability and access to services and supports to foster parents and interactions and support provided by case management to foster parents.



	FY'14-15	FY'15-16	FY'16-17 (YTD)	Trend
Number of Responses	49	63	94	
Clinical/Behavioral Health	3.62	3.96	3.48	↓
Transportation	3.88	4.02	3.45	↓
Respite Care	3.65	3.98	3.59	↓
Medical Care	4.02	4.07	4.20	↑
Trauma Counseling	3.54	3.69	3.42	↓
Educational Liaison	3.53	3.66	3.61	↓
Tutoring	3.29	3.55	3.31	↓
Foster Parent Mentor	3.51	3.98	3.51	↓
Extracurricular Activities	3.44	3.71	3.54	↓
Dental Care	4.05	4.04	3.82	↓
Support Groups & Peer-to-Peer Mentoring	3.93	4.21	3.79	↓

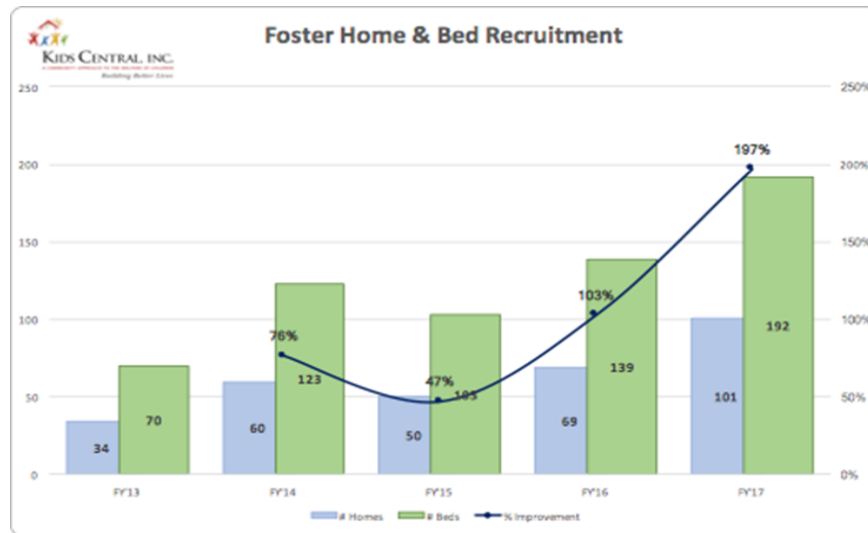
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Average Score	% Strongly Agree or
FY2014-15	22	23	3	0	1	4.33	91.84%
FY2015-16	33	26	3	1	0	4.44	93.65%
FY2016-17	35	25	3	1	0	4.44	93.65%

Foster Care and Adoptive Home Licensing, Approval, Recruitment & Retention

For the upcoming year, the Out of Home Care (OHC) Licensing Dept. has, again, set robust recruitment goals.

Partnerships with local churches and faith based organizations will continue and focused efforts will continue to be geared towards local businesses and organizations such as the school boards and hospitals.

Kids Central is responsible for recruitment of new foster and adoptive homes, training, management of the licensing process and submitting the licensing file to the Department of Children and Families.



Foster Parent and Bed Recruitment continues to trend in a positive direction, with an upward swing occurring, consecutively, over the past three years. With a continued focus on recruitment and retaining quality foster parents, the Out of Home Care Department will continue to monitor and maintain Foster Parent Recruitment as a primary focus.

Recruitment and Retention of Quality Foster Parents and Homes Remains a Focus:

- Some of the case management agencies have created a Foster Parent Liaison to assist in meeting the needs of the foster parents;
- Foster Parent Peer Mentoring has been implemented;
- Staffing of the Licensing Department has been streamlined and positions rededicated with emphasis focused on providing closer supervision of staff as well as monitoring the quality of work produced by Licensing Specialists;
- The Kids Central Foster Parent Navigator serves as the liaison between the foster parent and the Lead Agency. The Navigator spends more face time with foster parent to ensure we are delivering quality service and support. Post placement visits are now being done by FP Navigator a week after a child has been placed in a home.

Growth & Community Awareness:

Kids Central along with the Department of Children and Families and four other Community Based Care Lead Agencies, as participants in Florida's *Intelligent Recruitment Project (FIRP)*. Building upon *Fostering Florida's Future*, a statewide collaborative effort implemented to improve the quality and availability of foster and adoptive resource homes; an expert team convened to create an intelligence-driven approach to the diligent and targeted recruitment of

families for children in the foster care system. Utilizing Gold & Associates' "Intelligent Imagination"™— a value - and behavior-based multi-layered strategic marketing process deployed for Disney, GEICO, the NFL and many other Fortune 500s firms, FIRP is committed to breaking the 'plateaus' of child placement. Within this process, Kids Central and the project team will demonstrate the impact of using proven marketing strategies to identify permanent resource families for some of Florida's most difficult to place youth; many of whom have been languishing in the system.

To further improve permanency outcomes, increase placement opportunities and enhance best-matched placements, Kids Central continues to find innovative ways to recruit and retain foster families. Continuing its partnership with GOLD & Associates, a marketing agency, Kids Central is strengthening its strategic foster home recruitment plan om FY 2017 – 2018. Kids Central also adopted the New Generation PRIDE Foster Parent Training curriculum. By doing so, we've been able to better serve our prospective foster and adoptive parent more efficiently with a robust training program that incorporates distance learning as well as traditional classroom instruction. We've expanded the available trainer pool from 5 trainers to 21 trainers. With the growing difficulty of finding foster homes willing and able to care for teens, Kids Central will continue to focus on recruiting foster homes to specifically care for teenagers.

The following recruitment goals were accomplished in Fiscal Year 2016 - 17:

- FY 2016 – 2017: Licensed 100 New Foster Homes; 15 new homes in Citrus County for a total of 199 new beds
- Of the 100 new homes; 34 of the homes were teen (FIRP) homes
- Increased current foster home capacity by 27 beds
- Average of 57 days from class graduation to licensure of new foster parents

Additionally, Kids Central partnered with three other lead agencies and the Department of Children and Families for *Florida's Intelligent Recruitment Project (FIRP)*. The concerted efforts produced amazing results breaking all previous records. Building upon *Fostering Florida's Future*, a statewide collaborative effort implemented to improve the quality and availability of foster and adoptive resource homes, an expert team convened to create an intelligence-driven approach to the diligent and targeted recruitment of families for children in the foster care system. Utilizing Gold & Associates' "Intelligent Imagination"™— a value- and behavior-based multi-layered strategic marketing process deployed for national companies, FIRP is committed to breaking 'plateaus' of child placement.

With the process, Kids Central and the project team identified gaps between current practice and recognized best practice as it relates to trauma informed care training and cultural diversity awareness. The FIRP team made recommendations to all CBCs concerning resource parent training curriculum. Furthermore, psychographic, demographic, and geographic information of the "best of the best" resource parents were collected and analyzed to identify potential ways to reach others like them effectively in the market place. Recommendations regarding messaging, placement, and layout of marketing materials were made to all four CBCs. The team also analyzed the needs of the targeted youth population and the corresponding gaps in resource parents including programmatic, clinical, geographic, and capacity needs.

The Kids Central Quality Management Team will continue to monitor the performance and outcomes of the Out of Home Care Department through assessment of its compliance with guiding authorities, to include Kids Central Policies and Procedures.

In FY 2017 – 2018, the quality of services associated with Foster Parents will continue to be assessed and measured through the following activities:

- Annual and quarterly monitoring of Licensing Files;
- Review of incident reports involving licensed foster homes;
- Review of Exit Interviews with children;
- Data collected in each of the activities will be trended and analyzed.

The Department of Children and Families tracks the licensing and approval process via the Licensing Packet Review Form. This information is provided to Kids Central's contract management department and the report is developed and disseminated on a quarterly basis. Ongoing compliance issues or lacks in performance shall result in the implementation of a Program Improvement Plan, as determined by the Department of Children and Families and/or Kid's Central, Inc.

The overarching objectives in monitoring Licensing, Recruitment and Retention efforts are to:

- Ensure that the Network is reaching and recruiting foster parents that meet the demographic objectives and needs of children served by the Network;
- Ensure that licenses are renewed in an efficient and timely manner;
- Assure implementation of best practices associated with contact, communication and documentation;
- Ensure that federally mandated outcomes as measured through the Child and Family Services Review (CFSR) are reached.

It is Kids Central, Inc.'s policy that foster home licenses be renewed annually which includes review of documents such as the staff inquiry forms completed by the Family Care Managers with children placed in the foster home and exit interviews and completion of background screening. Kids Central will provide the opportunity for a qualifying foster home that meets requirements as set forth by Administrative Code, to acquire a three year license.

Each foster home has a designated Licensing Specialist, assigned, that provides ongoing support to the foster parent as well as an evaluation of services provided to the children.

Other priorities for FY 2017 - 2018 year, are to assure that sibling groups remain together when entering into out of home care, in addition to increasing the number of beds available for all children coming into care, as well as reducing the average cost of care for each child in Licensed Care.