



**KIDS CENTRAL, INC.**

A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN

*Building Better Lives*

**QUALITY  
MANAGEMENT  
PLAN  
2019 - 2020**

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## Section I: The Organization, Leadership and Infrastructure

Kids Central, Inc. (KCI) is the Community Based Care not for 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 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.*



<b>Empowerment</b>	<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>
<b>Collaboration</b>	<i>We engage community members, partners, stakeholders and service recipients in order to turn vision into action.</i>
<b>Innovation</b>	<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 Central's 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's supervision.

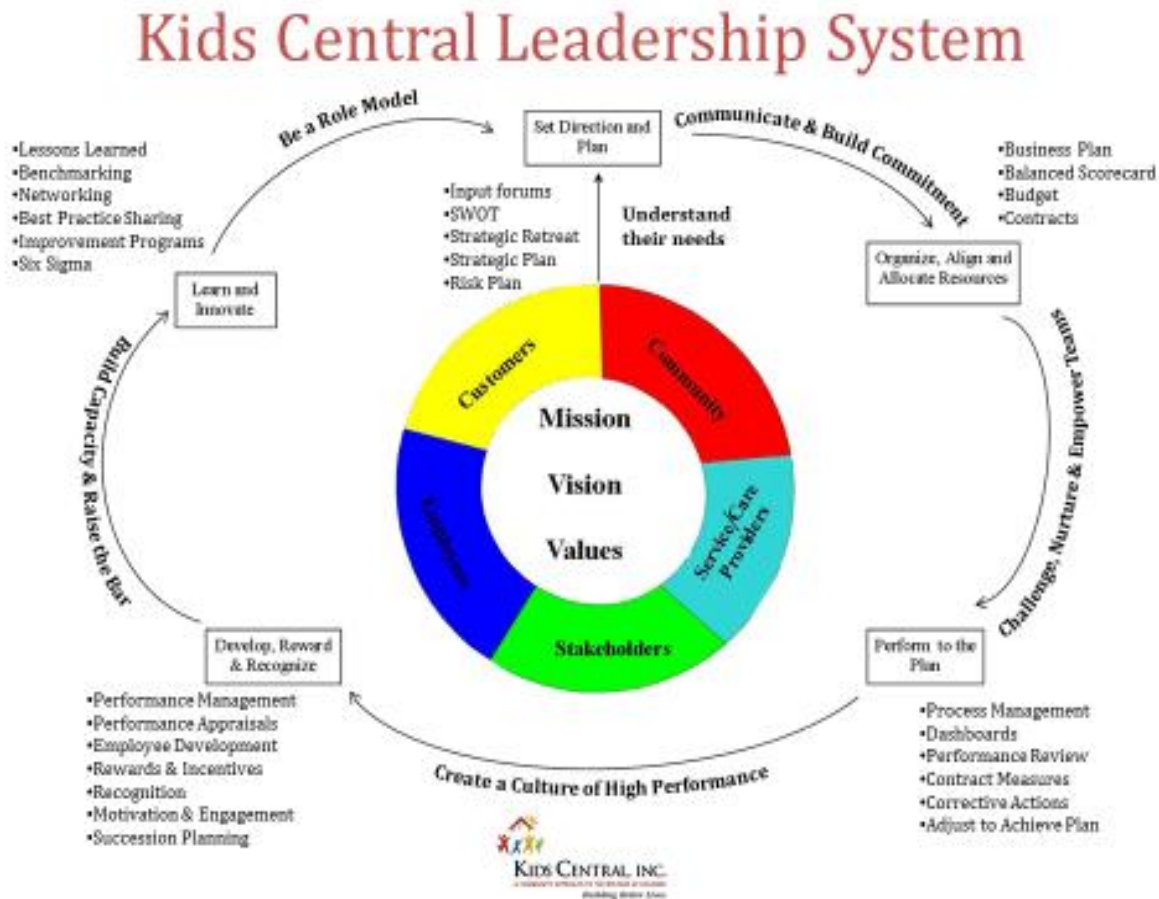
Kids Central continually monitors the children and families served within our System of Care. Below is a table showing the children served at the end of FY 2018-2019. This also shows the last five (5) years of Dependency programs as well as Family Support programs.

Dependency Programs	30-Jun-13	30-Jun-14	30-Jun-15	30-Jun-16	30-Jun-17	30-Jun-18	30-Jun-19
Alleged Victims in Closed Investigations	1630	1430	1527	1584	1644	1822	1522
Children Sheltered	59	59	71	111	110	81	69
Children Receiving in-Home Services	957	911	999	789	693	670	737
Children Receiving Out of Home Services	993	995	1184	1577	1621	1721	1718
Young Adults Receiving Services	41	21	64	58	43	44	27
Children and Young Adults Receiving Dependency Services	1991	1927	2247	2424	2357	2435	2482
Family Support Programs							
Children Receiving Evidence Family Support Services				136	229	263	161
Children Receiving Other Family Support Services	187	200	186	215	138	118	336
Total Children receiving Family Support Services	187	200	186	351	367	381	497
All Children Served							
Children Receiving In-home, Out of Home, Young Adult, & Family Support Services	2178	2127	2433	2775	2724	2816	2979

### ***Leadership & Case Management Infrastructure***

The Executive Leadership team consists of the Chief Executive Officer (CEO), Chief of Operations (COO), Chief Financial Officer (CFO), Deputy Chief of Prevention Services, In House Counsel, Chief Information Officer of Information Technology 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 Management (QM) directs quality management as well as Continuous Quality Improvement (CQI) activities. Other management positions include the Senior Director of Family Preservation, Assistant Director of Family Preservation, Senior Director of Out of Home Care, Assistant Director of Out of Home Care, Director of Training and Professional Development, Senior Director of Finance, Assistant Finance Director, Director of Human Resources, Director of Prevention Services, Senior Director of Healthy Start, Director of Community Affairs and Senior Director of Performance and Planning. Each director plays a significant role in ongoing Quality Improvement (QI) 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's Leadership continues to subcontract with three (3) Case Management Agencies (CMA) responsible for providing dependency and adoption services in Circuit 5; The Centers, Youth and Family Alternatives (YFA) and LifeStream. These partners are tasked with identifying, developing and managing service delivery to ensure 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 QIs, best practice initiatives, and capacity building initiatives being developed and implemented.

Kids Central continues to monitor and improve its system of care, to improve the overall network, and identify gaps and other opportunities for improvement. This monitoring and improvement also include ongoing professional development of staff and recognition. As part of the Balanced Scorecard for FY 2018-2019, the Board of Directors again chose to include staff development measures. During FY 2018-2019, supervisors, along with upper management and executive team members, attended various leadership trainings. The leaderships trainings will also be a part of the Balanced Scorecard for FY 2019-

2020. An additional opportunity to improve and expand on staff development will be updating and utilizing the Employee Training Plans annually and making this a part of the Annual Employee Evaluation.

For FY 2018-2019, the Human Resource Department continued the Employee Recognition program. The quarterly program includes recognition for employee service milestones as well as performance accomplishments. For FY 2018-2019, Kids Central hosted its first ever CARE (Celebrating Achievement, Recognizing Excellence) Awards event. It was an opportunity to recognize and celebrate the hard work of the employees of Kids Central and its subcontracted partners with lunch, various trainings and employee recognition awards. Community stakeholders were also invited and attended which included the Guardian ad Litem program, group home members and judiciaries to name a few. The CARE Awards event is scheduled for this FY on October 18, 2019.

## Section II: Strategy & Planning



### Strategic Planning 2019-2020

As an overarching basis for all its Quality Management (QM) 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 (5) 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, blog and community newsletter.

#### 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 has three (3) Healthy Start contracts in Alachua, Hernando and Lake Counties. They 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) and was reaccredited in FY 2018-2019.



**Healthy Start CQI Projects:**

Healthy Start has implemented a quarterly peer review process in addition to the annual audit conducted by Coalition Quality Assurance (QA) staff. Healthy Start Supervisors conduct reflective supervision with each staff member at a minimum of once a month.

**The Maternal Infant Early Childhood Home Visiting Program (MIECHV):**

Kids Central has two (2) contracts for Mother, Infant, Early Childhood, Home Visiting Program also known MIECHV 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 MIECHV 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 three (3) years of age. Services are provided in the home by knowledgeable Parent Educators. For FY 2017-2018, 74 parents in Marion County and 186 parents in Alachua County were provided with the evidenced based parenting program through MIECHV.

**MIECHV CQI Projects:**

The Alachua and Marion MIECHV program participates in statewide and local CQI initiatives. FY 2017–2018 focused on Supporting Childhood Development while FY 2018-2019 focused on fatherhood and mental health. 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.

***During FY 2018-2019, Kids Central accomplished the following in the Healthy Start and MIECHV Programs:***

- Served 6,023 clients in all programs
- Completed over 200 car seat safety checks
- Certified four (4) more car seat technicians
- Provided 30 safe sleep, car and home safety trainings to 15 different community partners
- Received \$133,000 of funding from Marion County Hospital District to increase the families served Marion MIECHV capacity from 50-80

## 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 project brought together existing resources available in the county.

The Neighborhood Projects involve residents, families and resources from the community to assist families to reach their full potential. The goal is to strengthen families and build strong neighborhoods. The Neighborhood Projects each have 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 works 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 but 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' responses 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) that informed the first project in West Ocala.

On July 1, 2014 the projects day to day staffing transitioned from Devereux Kids to Kids Central. Since inception, Devereux and the Community 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 Projects activities. Each project developed partnerships in each community resulting in the harnessing of local power and buy-in.

For FY 2017-2018, Kids Central had three (3) active Neighborhood Projects located in West Ocala, (Marion County), Wildwood (Sumter County) and Leesburg (Lake County). The Ocala Resource Center has a collaborative partnership with the City of Ocala for the building, the College of Central Florida for parking and various other community partnerships. The Wildwood Project has a partnership with New Covenant Church Helping Hand Ministry. The Leesburg Resource Center has a partnership with the City of Leesburg.

Kids Central continues to seek funding through community partners, grants and contributions to meet the needs of the clients coming to the resource centers and to expand efforts in Circuit 5. Kids Central's Neighborhood Projects began entering all client's case managed through the Neighborhood Projects in FSFN.

Kids Central's Neighborhood Projects were accredited through COA in FY 2018-2019.

***During FY 2018-2019, Kids Central accomplished the following:***

- Served 6,641 adults and 10,043 children (718 of the adults reported it was their first time receiving any type of services)
- Assisted 755 individuals with employment assistance
- Assisted 1128 individuals with Access Florida
- We worked with 14 families in the Self-Sufficiency Program
- Held 90 trainings/workshops for the community with 558 attendees.
- COA accreditation

**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 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 2018 in Circuit 5, seven (7) children died from some type of unsafe sleeping circumstance. Kids Central is 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 (1) 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 one (1) time per month in each of the counties or as needed on a case by case basis.

***During FY 2018-2019, Kids Central accomplished the following:***

- Received a \$500 grant from Walmart to purchase pack and plays
- Staff became Certified as Safe Sleep Ambassadors
- Worked with Advent Health to become a Safe Sleep Hospital
- Trained Diversion staff to be safe sleep trainers
- Provided training and pack and plays to 127 babies

**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 FactSheets, 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 area.

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 FY 2018-2019, Kids Central accomplished the following:***

- The Kinship Program kept 97% of participants out of foster care
- Consulted with Western Michigan on becoming evidenced based
- 212 new referrals to the Kinship Program
- 397 Children and 297 caregivers assisted through the program
- Over 83 caregivers have been assisted with ACCESS FL (\$787.00 in retro money was awarded to one relative caregiver)
- 15 Kinship Families were assisted with legal services
- 95 caregivers participated in Educational Support Groups
- 95 Kinship Children were assisted with Backpacks and Back to School Supplies
- 192 relative caregivers and children attended the Kinship Christmas Parties and 89 relative children received Christmas assistance through Kinship donations

**CQI for Kinship:**

The Kinship participates in the 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 reaccreditation and audit processes.

**Education:**

Most children have parents who monitor their academic progress, attend parent-teacher conferences, enroll them in appropriate classes and generally ensure they receive a high-quality education. Historically, foster children have experienced poor educational outcomes and frequently lack the educational advocacy necessary for successful outcomes. Without an educational advocate, they often do not receive the educational opportunities to which they are entitled. Kids Central works to ensure foster youth receive the educational advocacy and opportunities they need to succeed in school and in life.

Kids Central's Education Program provides a collaborative approach for foster children in Circuit 5 by identifying unmet needs affecting school performance. The Educational Liaison supports case managers to advocate for the educational success of children. Further collaboration exists within the Circuit 5 judiciary system and Children's Legal Services (CLS). Academic performance is reported to the court during routine court and status hearings when significant academic changes for students occur and Every Student Succeeds Act (ESSA) Staffing Forms are sent to CLS.

Kids Central's Educational Liaison works diligently to advocate for over 700 school-aged children in Circuit 5. Our multi-faceted solution to improving educational outcomes for youth in foster care includes

a data exchange system and policies and procedures have been developed for professionals and caretakers to further increase awareness and identify areas of focus needed by all. Through data exchange and intensive collaboration by case management, professionals and caretakers become knowledgeable and connected to all academic, medical and mental health service provisions to drive the students' academic success. Kids Central accepts referrals for educational services from case management agencies, DCF, diversion and prevention providers, and Guardian ad Litem and the Education Program provides the following services:

- Providing educational advocacy and support
- Assisting the child and family to cope with life transitions
- Improving educational outcomes for children
- Increasing engagement of parents/caregivers in the education of the child
- Increasing collaborative efforts with service providers
- Creating a plan for educational stability for children in out of home care
- Facilitating the Every Student Succeeds Act for foster children

The following are highlights from FY 2018-2019:

- 685 children were provided educational services
- 652 ESSA Staffing were facilitated
- 460 professionals were trained on educational advocacy
- Received \$3000 from Morrison United Methodist Church Opportunity Shop

## **Section IV: Family Preservation**

Kids Central continues its commitment to the utilization of evidence based Family Preservation 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 Family Preservation services in an effort to keep families out of the child welfare judicial system. The utilization of evidence based services aligns the Family Preservation Programs with family-centered practices replicable in diverse geographic/demographic settings. This transformation provides a roadmap to Child Protective Investigators (CPI) and the Family Preservation staff and promotes consistency in practice and aligns the "right" service with a family's identified needs. Below are descriptions of selected interventions which empower families to become engaged in their own service plans and outcomes. The Family Preservation programming consists of Safety Management Services, Family Group Decision Making (FGDM), Nurturing Parenting, Parenting Journey and Family Connections. Kids Central has absorbed the Family Preservation programs and now provides direct oversight of the five (5) services offered in the circuit to provide a more seamless transition of service referrals and more agility with service delivery to families in need. Kids Central will continue to use a collaborative approach and invite our case management partners and the DCF to be involved as we explore 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.

**Safety Management Services (SMS):**

SMS provides intensive, family-centered, strength-based and solution-focused services in the homes of families in crisis, to prevent placement of abused and neglected children into foster care. Accepting both dependency and diversion referrals, family advocates are available around the clock, to provide immediate responses when needed, ensuring that families in crisis are stabilized, and engaged at a frequency and intensity determined by input from the referral source and indicated in the family's safety plan. Services are provided at a duration that is specific to family needs and families are connected to community resources and supports that buttress the likelihood of ongoing success and amelioration of risk to the children.

**Family Group Decision Making (FGDM):**

FGDM is an evidence informed model of practice that addresses identified family needs and utilizes individual and family strengths to positively impact child safety, permanency and wellbeing. In Circuit 5, FGDM services are geared toward families that are high-risk and/or have allegations of domestic violence. FGDM empowers families to come together in active leadership roles and to develop personalized plans of action to responsibly and accountably address their own needs and behaviors. FGDM services are considered best practice approaches to serving families who are at risk of entering the child welfare system, in a family-centered, empowerment focused, trauma-informed archetype that addresses not only the victims, but the perpetrators as well.

**Nurturing Parenting Program (NPP):**

NPP is a set of evidence-based curricula for prevention, intervention and treatment of child abuse and neglect. The program uses a strength-based, research-derived approach designed to ensure families receive the education and tools they need to replace negative patterns with new, positive, nurturing patterns, thus honoring the emotional, physical and spiritual health of the young ones in their care.

The program is used 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. The philosophy and approach of NPP incorporates the protective factors and aligns with the missions of Kids Central.

**Parenting Journey Program (PJP):**

PJP is a 12-session group that helps parents take better care of themselves, gain new parenting skills and build strong relationships as they work toward reuniting with their children. It allows parents an opportunity to develop themselves as nurtured and nurturing people, capable of making responsible and informed choices in raising their children. The curriculum concentrates on the emotional understanding of what it means to be a parent; helps parents envision a positive future for themselves and their children; emphasizes the parent as a person rather than the child or the child in a disciplinary relationship with the parent; helps parents reflect on their own upbringing and draw conclusions about

how to be a good parent. The goals of PJP are to: for the parents to discover strengths as individuals and as parents, learn to value themselves and their children, increase their self-respect and self-esteem, learn about hope, trust and forgiveness, learn to cope with negative thoughts, establish goals for themselves and their children, discover their circles of community support, understand how past factors influence their parenting styles, and to develop skills to love, care for, protect and teach their children.

### **Family Connections Collaborative (FCC):**

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" risk. Over the course of time with their families, the provider strictly adheres to the theories and philosophies of the evidence based program. These strategies allow for 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.

### **CQI for Family Preservation:**

All the programs within Family Preservation participates in the Peer Review process on a quarterly basis. The Family Preservation Supervisors provides one on one supervision of cases.

## **Section V: Managing Quality within our System of Care**

### **QM Concepts and Definitions**

The concept 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 (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 (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 CMA's (or with particular Family Care Managers or supervisors), the COO, 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 Quality Management (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 CMA's 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 CQI activities for the year
- Ensure 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 QI 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 QM process is designed to provide crucial information to Kids Central Leadership, network and contract providers, DCF and other key stakeholders and families that receive services. The approach is inclusive. QM and Improvement activities involve collecting, reviewing, analyzing, and using data from key areas of operations. A primary goal of a comprehensive QM system is to promote quality care.

**Kids Central's Guiding Authority for CQI**



**DMAIC: abbreviation of the Six Sigma five (5) QI 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 Kids Central. 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.



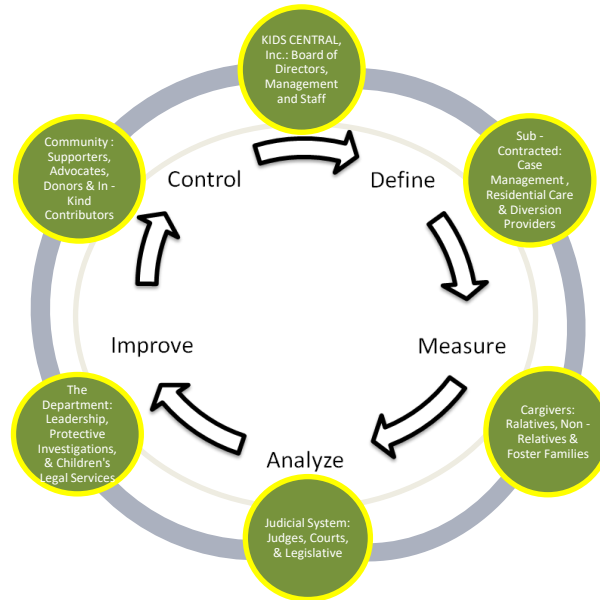
**Measure:** In this step, accurate measurements must be made and relevant data must be collected so that comparisons can be measured. This is a data collection step and the purpose of this step is to establish baselines as the basis for improvement. Kids Central provides an ongoing analysis of measures 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 QI 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, QI Team meetings and others. A variety of partners/stakeholders may also contribute to include the CMA's, 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 (QIT) meetings.

### Kids Central's CQI Process/System:



### Kids Central's QM Department – Staff Structure:

Kids Central's QM Department structure includes the Director of QM, QM Management Supervisor and five (5) QM Specialists. Each QM Specialist is certified and is experienced in the use of standardized review tools. The QM Department also consists of the Children's Mental Health Specialist and Nurse Care Coordinator. These positions are partially funded by Community Based Care Integrated Health (CBCIH) and assist with the youth who have mental health diagnosis and medical diagnosis.

The Director of QM is required to possess a Bachelor's degree in a related field and five (5) years of experience in service provision to families including four (4) years of supervisory experience. This position is responsible for the QM activities of the agency, review of QA 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 serves as one of the QM liaisons for the agency.

The QM Supervisor is required to possess a bachelor's degree in social services and a minimum of five (5) years of experience in service provision to families, including a minimum of two (2) years of supervisory experience.

The QM Specialists are required to possess a Bachelor's degree in social services or a closely related field with a minimum of three (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 QI and assurance activities.

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

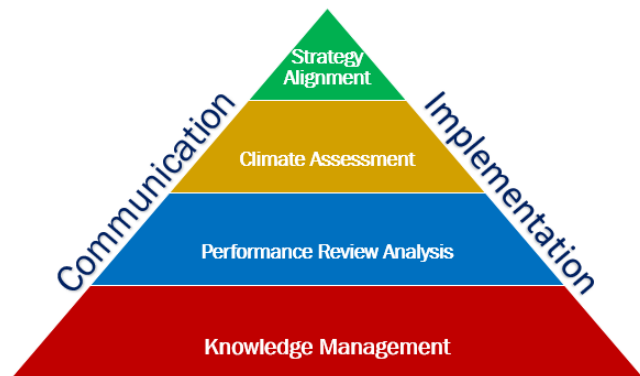
**QM performs multiple duties and functions that includes, but are not limited to the following:**

- Data Collection
- Monitoring, Evaluation, Analysis, Reviews and Reporting
- Training and Consultation
- System/Process/Policy & Procedural Development
- Technical Assistance and Support to CMA's and Partners

**Kids Central's Performance and Planning Department – Staff Structure:**

During FY 2018-2019, Kids Central created the Performance and Planning department. Two (2) positions within the QM Department were shifted to the Performance and Planning department, the Quality Data Specialist (position title changed to Data Analyst) and the Quality Data Analyst (position title changed to Senior Data Analyst). The entire department consists of the Chief of Strategy, Senior Director of Performance and Planning, Performance and Planning Supervisor, Senior Data Analyst and two (2) Quality Data Specialists.

The Performance and Planning department is tasked with building strong partnerships internally within Kids Central, as well as the CMA's to improve child welfare performance. The Performance and Planning department manages Kids Central's performance scorecards, provides technical expertise and training, assesses the current child welfare climate to further strategy decisions that leads to growth and performance improvement and acts as the conduit of performance information sharing. One of the main goals of the Performance and Planning department is to monitor and improve the performance of the CMA's. The team members within the department must be agile in their activities to meet the performance monitoring needs of the CMA's as child welfare initiatives and priorities are ever shifting in today's climate. The team utilizes face to face meetings, scorecards, trend analysis, bilateral performance communication and monthly phone calls to prioritize the performance goals and wants/needs of the CMA's. Through synthesizing, reconciliation and analysis of performance information from different sources, the Performance and Planning department provides technical experience that assists Kids Central's Operations Team and the CMA's ability to improve performance and make strategic long-term decisions. As a support team, our desire is to provide excellent customer service to the child welfare community and improve outcomes for children.



The Performance and Planning department is focused on two (2) improvement opportunities for FY 2019-2020:

- Improving timely permanency for children residing in out of home care.
- Improving case management parental engagement of our case management agencies and diversion services.

These improvement opportunities have heavily influenced Kids Central's and the CMA's Balanced Scorecards for FY 2019-2020. Through continual analysis and monitoring, improving, and control of initiatives, the Performance and Planning department supports Kids Central's Operations in driving performance improvement in these two (2) key areas.

### ***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 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 2019, the Neighborhood Projects also joined the family of accredited service programs. In accordance with COA standards, the Kids Central QM 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. Full reaccreditation occurred in 2019. Kids Central was expedited through the Pre-Commission Review Report process as a result of not receiving any out of compliance ratings in any of the fundamental practice standards.

### **Kids Central's Training Department:**

Kids Central's Training and Professional Development Department works collaboratively with our CMA partners to provide in-service training and job coaching through communication and planning efforts. Meetings are frequent and job coaching is scheduled as mutually agreeable to provide maximum support to the Family Care Manager (FCM) and Supervisor. In-service trainings are held as necessary as identified in QM reviews to include topic areas such as safety planning, psychotropic medications and incident reporting.

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 the state.

### Training Semi Annual Review Schedule 2019

Date	Type of Training
July 15	GAP Training – Lake/Sumter LifeStream
July 17	GAP Training – Lake/Sumter LifeStream
July 18	Domestic Violence
July 22	Opioid Training
July 22	GAP Training - Hernando
July 23	Safe Sleep (Healthy Start only)
July 25	GAP Training - Citrus
July 26	GAP Training - Centers
July 30	Conditions for Return – DCF, David Martine
August 5	GAP Training – Make up Session
August 7	De-escalation Techniques
August 7	HT: An Overview
September 11	Compassion Fatigue - Semi
September 11	Motivational Interviewing – Semi
September 19	Psych Meds, Missing Kids
September 25	Human Trafficking
September 30	Incident Report Training - 3rd quarter
September 30	Exit Interview Training - 3 <sup>rd</sup> quarter
October 9	FFA Assessment - Semi
October 17	Fatherhood Training
October 22	Internet Safety
October 22	Trauma Informed Care for HT Survivors
October 23	Quality Visits, Home Visits
November 6	Psych Meds, Missing Kids
November 13	Human Trafficking Trauma Informed
November 13	Normalcy
November 20	Incident Report, Exit Interviews
December 4	ACE Study - 2 <sup>nd</sup> training
December 10	Human Trafficking
December 11	Safety Management, Safety Plans - 4 <sup>th</sup> quarter
December 11	Child Placement - 4 <sup>th</sup> quarter

The Kids Central Annual Training Plan has been submitted to DCF. In-service training also 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 DCF's 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 CMA points of contact.

While Kids Central may delegate certain responsibilities to the CMA's, 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.

Kid's Central 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 CMA staff and DCF staff. For FY 2019-2020, Kids Central changed the on-line training provider from Relias to myLearningPointe. Trainings are assigned annually to all staff and trainings are assigned by supervisors holding certain positions. Trainings are also assigned for individual employee remediation or professional development.

For FY 2019-2020, Kids Central added a measure to the Balanced Scorecard to include Individual Training Plans for all Kids Central staff, to incorporate trainings specific to the employee's current position. These plans are developed by the employee and supervisor to encourage learning and growth, not only in the current position, but to prepare for future career progression.

## **Section VI: Monitoring, Reporting & Continuous Improvement**

### **Monitoring CMA's and Internal Programs**

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

Each contract with network providers and CMA's 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 to monitor and evaluate contracted programs and services within the network. Quality monitoring ensures providers follow 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 CMA's (or with particular FCM or supervisors), the COO in collaboration with the Senior Director of Out of Home Care may meet with CMA Directors and with the FCM 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 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 CMA's 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 the established objectives have been achieved, and modify methods as needed.

### LifeStream Quality Management Department Reviews and Activities:

#### Annual Review Schedule 2019 - 2020

Date	Type of Review	Sample
Within 6 business days of receipt	CBHA Recommendations	QAS reviews FSN documentation to verify submission of referrals for all recommendations
Within 6 business days of receipt and again within 10 business days of receipt	RFA Action Plans	QAS reviews FSN documentation to verify follow up on all items
Monthly by the 15 <sup>th</sup>	Psychotropic medication/prescribed medication	LPN reviews FSN documentation for all children on psychotropic/prescribed medication as part of CAP audit and CFSR reviews
Quarterly (September 2019, December 2019, March 2020, June 2020)	Peer Reviews	Each FCM and FCMS is assigned 1 randomly selected case to review
Monthly by the 10 <sup>th</sup>	Hospital discharges	LPN reviews FSN documentation for all children admitted to a hospital within the month to verify the 7 days post discharge visit has occurred
August 2019, October 2019, November 2019, January 2020, February 2020, April 2020, May 2020, June 2020	CFSR (without interviews)	QAS reviews FSN documentation to complete CFSR instrument on 1 randomly selected case
Monthly by the 15 <sup>th</sup>	Separated siblings	QAS reviews FSN documentation to verify completion of weekly sibling visits and efforts to reunite separated siblings
Monthly by the 20 <sup>th</sup>	Child Health Check-Ups	LPN reviews FSN documentation to verify medical appointments occurred as required in the month for children under the age of 2 and follow up occurred for all recommended services as part of CAP audit
Monthly by the 20 <sup>th</sup>	Missing Children	QAS reviews FSN documentation for all children reported missing in the month as part of CAP audit
Monthly by the 3 <sup>rd</sup> business day	Parental Engagement Review	QAS reviews FSN documentation for sufficiency of parental engagement

Quarterly	Rapid Safety Reviews	QAS will complete reviews assigned by KCI
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## The Centers Quality Management Department Reviews and Activities

### Annual Review Schedule 2019 - 2020

Reviews and Activities	
Frequency	Activity/Review
Daily	Incident Reports
Daily/Weekly	Adoption Transfer Reviews
Monthly/Quarterly	Rapid Safety Reviews
Quarterly (to being 2 <sup>nd</sup> Q 2019)	CFSR (internal)
Weekly/Monthly/Quarterly	Mindshare Reviews (Internal RSF)
Daily/Weekly	Missing Kids
Monthly	Missing Kids (CAP)
Quarterly (09/13/19, 12/13/19, 03/13/20, 06/12/20)	Peer Reviews
Monthly/Quarterly	CQI/CFSR
Monthly	Parent Engagement Reviews

## YFA Quality Management Department Reviews and Activities:

### Annual Review Schedule 2019 – 2020

Activity	Collection Tool	Frequency
Children Not Seen	FSFN or Mindshare	Daily
Medical/Dental/Immunization	FSFN, Mindshare	Weekly
Exit Interviews	Mindshare	Daily
AFCARS Tracking	FSFN	Weekly
High Level Needs	Internal Log	Monthly
KCI Balanced Score Card Monthly Tracking	FSFN, Mindshare & Internal Logs	Monthly
Client Satisfaction Survey	YFA CBC Survey Questionnaire	Quarterly

### Internal YFA Reviews and YFA Peer Reviews

Supervisory Review Samples	Monthly
Home Visit Note Samples	Monthly, New FCM 90 & 180 Days
New VPS Cases	At Transfer
New Babies Born into Open Cases	Upon Notification
Internal YFA File Reviews	At discretion of VP CBC North
YFA Agency Peer Reviews	Quarterly
YFA New FCM Orientation/QI Issues	Following each Pre-Service Cycle

## QM Requirements of CMA Providers

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

1. An updated, written QM Plan is required by each CMA partner and is required to be submitted to Kids Central Contracts Department prior to each subsequent, annual, contract initiations.



2. Each CMA 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 QM activities, upon request. The QM activities described, herein, is not an exhaustive description.
5. Information reviewed by the QM 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. QM 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 QM, Contracts Management, Provider Agencies and Stakeholders.
10. Providers will employ QA or Management Staff who will be available to participate and assist the Kids Central QM Department with requested reviews and activities.

## Performance Improvement Plans for Rapid Safety Feedback Reviews (RSF) and CQI Reviews

In FY 2018—2019, Kids Central and the CMA's began meeting quarterly after the CMA Performance Meeting to review their performance on the RSF and CQI reviews. Each of the CMA's completed PIP's to identify their areas for improvement and identify corrective actions to improve their performance. These PIP's will be reviewed and updated as needed. The below is information from the PIP's for each of the CMA's.

### The Centers

The RSF reviews yielded the following areas of improvement:

1. Quality of visits/conversations with parents are insufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes. Frequency of visits with each parent needs to be more consistent.
2. Safety Plans are insufficient and are not being monitored as required.
3. Documentation is lacking in terms of home visit notes, parent engagement, motivation for change, engagement in services and case planning.

The CQI reviews yielded the following areas of improvement:

1. Safety Plans are insufficient and are not being monitored as required.
2. Permanency goal not achieved timely.
3. Quality Supervisory reviews.

The Plan of Action developed by the Centers is as follows:

1. Safety Plans: Sufficiency, Monitors, Timely
  - a. Staff will be provided an updated training on safety planning in our building and be mandatory for all staff.
  - b. A half day focused meeting for all supervisors to review Safety Plans for appropriateness and updates. Assistant directors will be in attendance for questions and assistance.
  - c. Safety Plans will be reviewed ongoing in supervisor reviews. Each supervisor will complete two (2) reviews per week until compliance is obtained.
  - d. A tip sheet will be provided along with a reminder discussion at the end of the Safety Plan review on what Safety Plan monitoring looks like and what needs to be documented.

2. Contact with Parents: Frequency, needs assessment, discuss safety, progress of case plan  
Outcomes
  - a. The agency will develop a Tip Sheet that will be distributed with reminders on key points for all FCM's.
  - b. A working FSFN report would be helpful from FSFN to provide a basis of quantity.
  - c. Each supervisor is to complete two (2) reviews per week until compliance is obtained.
  - d. Provide a reminder to parent contacts in the all staff meetings on an ongoing basis.
3. Home visit documentation: Private discussion with child, expectations of home visit
  - a. Tip Sheet will be distributed with reminders on key points as well as a home visit note template.
  - b. Quality Improvement Home Visit training for new FCM's will continue to be on-going.
  - c. Updated home visit documentation was recently completed at a training and will be scheduled as needed ongoing.
  - d. Will review sample number of reviews per month for home visit documentation.
4. Quality of supervisory reviews
  - a. Supervisors are required to submit completion of a minimum of two (2) supervisory reviews per week.
  - b. Supervisors will send the names of the completed reviews to the Director for tracking and ongoing discussion and performance review.
  - c. Supervisors are required to address child visits with family, preserving connections/positive relationships with their parents and family, to include family finding.
  - d. Supervisors are required to address the following needs for children in reviews: well-being needs (physical/dental), mental health, CBHA recommendations and ongoing assessments of children's needs/services.
  - e. Supervisors are required to address the following needs for parents in reviews: assessments (ongoing-FFA and Progress Updates) and service delivery.

## YFA

The RSF reviews yielded the following areas of improvement:

1. Family Functioning Assessments are insufficient and not completed timely.
2. Quality of visits/conversations with parents are insufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes. Frequency of visits with each parent needs to be more consistent.
3. Safety Plans are insufficient and are not being monitored as required.
4. Family Care Manager Supervisor (FCMS) are not ensuring that actions to be followed up are being completed, as discussed during supervision with the FCM.

The CQI reviews yielded the following areas of improvement:

1. Risk and safety assessment and management - assessments are not timely or created at all critical junctures. Safety Plans not updated when needed or there is no documentation the Safety Plan is being followed or monitored.
2. The need for stable placement and to remain with siblings if feasible - documentation is needed, as well as, separated sibling staffings, if siblings are separated with a reason why.
3. Assessments documenting the needs of the parents can be improved in order to provide appropriate services for success. Additionally, the needs of the foster parents/caregivers with on-going assessments need to occur should the family or household situation change.
4. Documentation of home visits and private discussions with the child needs to be more detailed. Discussions with the child should include if the child feels safe in the home and with his/her caregiver. Home visit notes should correlate with the assessed risk in the home.
5. Physical and dental exams need to be documented in the Medical Tab, in addition to uploading the physical and dental exams in the Filing Cabinet.

The Plan of Action developed by YFA is as follows:

1. Family Assessments: Sufficiency, Critical Junctures, Timely
  - a. YFA will be completing an updated Family Functioning Assessment Ongoing (FFA-O) training at YFA to also include Critical Junctures by August 30, 2019.
  - b. The FCMS's will continue to report weekly to the Supervisor Specialist regarding the timeliness of initial FFA-O.
  - c. Staffing Facilitator will ensure clear and concise due dates will be on staffing recommendations for all critical junctures.

- d. FCMS will submit calendar invite for due date to both FCM and FCMS with the staffing recommendations and Progress Update due dates.
2. Safety Plans: Sufficiency, Monitors, Timely
    - a. Updated Safety Plan training at YFA All Staff Meeting every quarter in both counties; first training to be completed by September 30, 2019.
    - b. Staffing Facilitator will ensure a due date for the updated Safety Plan is added to staffing recommendations.
    - c. FCMS will submit a calendar invite for due date to both FCM and FCMS at the staffing with the due date for the Safety Plan.
    - d. Staffing Facilitator will ensure Safety Monitors are discussed and documented clearly in all staffing notes and uploaded into FSFN.
    - e. QI Coordinator will complete a random audit of Safety Plans for at least two (2) cases per unit, monthly.
  3. Contact with parents - frequency, needs assessment, discuss safety, progress of Case Plan Outcomes
    - a. The agency will develop a Tip Sheet that will be distributed with reminders on key points for all FCM's.
    - b. Supervisor Specialist will ensure tracker for parental contact will continue to be sent weekly.
    - c. QI to randomly review parent contact notes of at least two (2) cases from each unit, monthly.
    - d. Updated Parent Contact training at YFA All Staff Meeting every quarter in both counties; first training to be completed by September 30, 2019.
  4. Stable Placements: Reduce moves, family finders
    - a. Prior to moving a child from relative or non-relative care, case must be staffed with (APD) and Program Director (PD) to ensure all services have been utilized.
    - b. Identify those children with multiple moves and review cases to identify any ongoing trends.
    - c. Ensure appropriate wrap around services are in place upon receipt of the case.
    - d. Increase referrals to Kinship Care for relative/non-relative placements.
    - e. Expand family finding search.

5. Home visit documentation - private discussion with child and expectations of home visit
  - a. Tip Sheet will be distributed with reminders on key points.
  - b. QI Home Visit training for new FCMs will continue to be on-going
  - c. Updated Home Visits documentation training at YFA All Staff Meeting every quarter in both counties; first training to be completed by September 30, 2019.
  - d. QI coordinator will review two (2) cases per unit a month for home visit documentation.
6. Medical and Dental Exams - entered into Medical Tab with the records uploaded into FSFN
  - a. At quarterly supervision, FCMS will review Medical Tab and ensure records are uploaded in FSFN.
  - b. If the above is not in compliance, FCMS will add to SAFE tool as actions to complete.
7. Supervision follow up - follow up of directives timely
  - a. FCMS will copy and paste all Supervisory Review follow up tasks into an email for each FCM.
  - b. FCMS will send a calendar invite for the due date for urgent tasks as a reminder to follow up on completion of tasks.

### **LifeStream**

The RSF reviews yielded the following areas of improvement:

1. FFA's are insufficient and not completed timely.
2. Progress Updates are insufficient and not completed timely.
3. Safety Plans are insufficient and are not being monitored as required.
4. Individual case planning to include the parents and children (if age appropriate) that incorporates enhancing CPC's.
5. Home visit assessments and documentation.
6. Documentation of the child's needs, to include capturing all medications administered (this includes over the counter).
7. Quality and timely Supervisor Reviews, to include follow up on needed actions.

The Plan of Action developed by LifeStream is as follows:

1. Leadership will review samples for sufficiency and supervisory consultations on a quarterly basis.
2. Supervisors will provide supervisory consults monthly for review to ensure Safety Plan sufficiency and monitoring are addressed.
3. Each unit will receive group training on case planning.
4. A sample of home visit notes will be reviewed monthly. The Quality Assurance Specialist (QAS) will communicate with the APD's regarding insufficiencies to implement further training with FCMS and FCMs.
5. A sample of Home visit documentation will be reviewed quarterly. QAS or Program Nurse will communicate with the APD's regarding further training needs with FCMS and FCMs.
6. Supervisors need to provide supervisory reviews quarterly for review to ensure sufficiency and follow up being addressed.

### **Quality Improvement Team (QIT)**

QI activities are implemented based on an expected or established level of performance or compliance through contract or other agreed upon QA 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. 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 CQI Teams and the QM Department

The QIT is comprised of representatives from Kids Central's QM Department as well as from each of the CMA providers, to include QA 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 Kids Central's QM 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 FY 2018-2019, numerous policies were written and updated through QIT. In addition, numerous forms and trainings were also updated. Some of these policies included Client Drug Screening policy to include a procedure; Retention, Storage and Disposal of Client Records; Psychotropic Medications to include a brochure regarding psychotropic medications, training information for relatives and non-relatives and a Placement Change Form regarding psychotropic medications; Diligent Search – Fostering Connections policy; Diligent Search Training Manual and Implement Reunification/Post Placement Supervision policy.

Other accomplishments for QIT also included incorporating CMA QA staff into Rapid Safety Reviews and the completion of internal CFSR reviews.

For FY 2019-2020, Kids Central will be making changes to the QIT process to better meet the needs of the CMA's.

### **Data Collection & Management**

The QM Department and Performance and Planning Department 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 Senior Director of Performance and Planning, the Data Analyst, together with the Data Specialists 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 Reporting includes SAP Business Objects which provides a rich environment for building custom queries and reports.

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:**

**Reviewers/Person(s) Responsible:** CMA Staff, QM Department, Performance and Planning 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 ongoing basis at various intervals. The CEO, QM 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 FY 2019-2020:**

Data Element	Collection Tool(s)	Frequency
Children Movement	Mindshare (census)	Twice a week
Children Seen	Children Seen Report	Daily
Family Functioning Assessment	FSFN Report	Weekly
AFCARS	FSFN Report	Weekly
Medical/Dental/Immunization	FSFN Report	Weekly
Placement Case Data Exceptions	FSFN Report	Weekly
Diversion Provider Capacity	Mindshare	Monthly
Family Support (FS)30	FSFN	Daily
Incident Reports	Internal Log	Daily
Exit Interviews	Internal Log	Daily
Rapid Safety Feedback	Internal Log	Quarterly
Missing Children	Internal Log	Daily
EPSDT	FSFN	Weekly
Exits from Foster Care	FSFN	Daily
Entries and Exits	FSFN	Weekly

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

Kids Central utilizes QA and CQI findings drive, manage and improve daily and systemic practice. The Kids Central Performance and Planning department, together with leadership and case management partners track and report outcomes and performance measures on a daily basis, consistent with the State PIP and incorporates performance indicators in its ongoing review of service delivery.

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

During FY 2018-2019 improvement occurred in several areas; however, performance in others declined and ongoing opportunities for improvement remain. Of the twelve Contract Measures established and monitored by the Department, through contract nearly all align directly with Child Safety, Permanency and Well-Being.

Kids Central met or exceeded performance targets in eight (8) of the 11 measures during FY 2018–2019 and with ongoing improvement initiatives in place and in ongoing development, the plan is to improve in those areas where performance fell below standards. Those areas include:

- **CBC05** (% of children exiting foster care to a permanent home within 12 months of entering care)
- **CBC06** (% of children exiting foster care to a permanent home in 12 months for children in foster care 12 to 23 months)

Analysis and activities related to these three (3) measures is as follows:

- **CBC05** – Kids Central has not met CBC05 for zero (0) of the last four (4) quarters; however, we are continuing to trend up. Analysis of CBC05 is ongoing and will be discussed during monthly performance calls, monthly case management meetings and Balanced Scorecard initiatives. Activities to address this measure include meeting with case management leadership and staff monthly to discuss children and families that fall within this category. CBC05 performance is monitored as joint objectives in both the Kids Central and the CMA Balanced Scorecards.
- **CBC06** - Kids Central has not met CBC06 for zero (0) of the last four (4) quarters and we continue to trend down. The large influx of children entering out of home care during the latter half of FY 2016-2017 through FY 2017-2018 created a backlog for this population, slowing permanency. Additional capacity issues within the system of care among stakeholders outside the ability of Kids Central’s control continued to further acerbate the problem. Kids Central through collaboration with community partners has addressed the capacity issues. The current backlog of children includes 400+ children who are available for adoption and will soon achieve permanency over the coming months. CBC06 performance is monitored as joint objectives in both the Kids Central and the CMA Balanced Scorecards.

Although Kids Central met the performance measures for CBC09 and CBC10, they are being closely monitored internally at Kids Central and at the CMA's. Analysis and activities related to these two (2) measures is as follows:

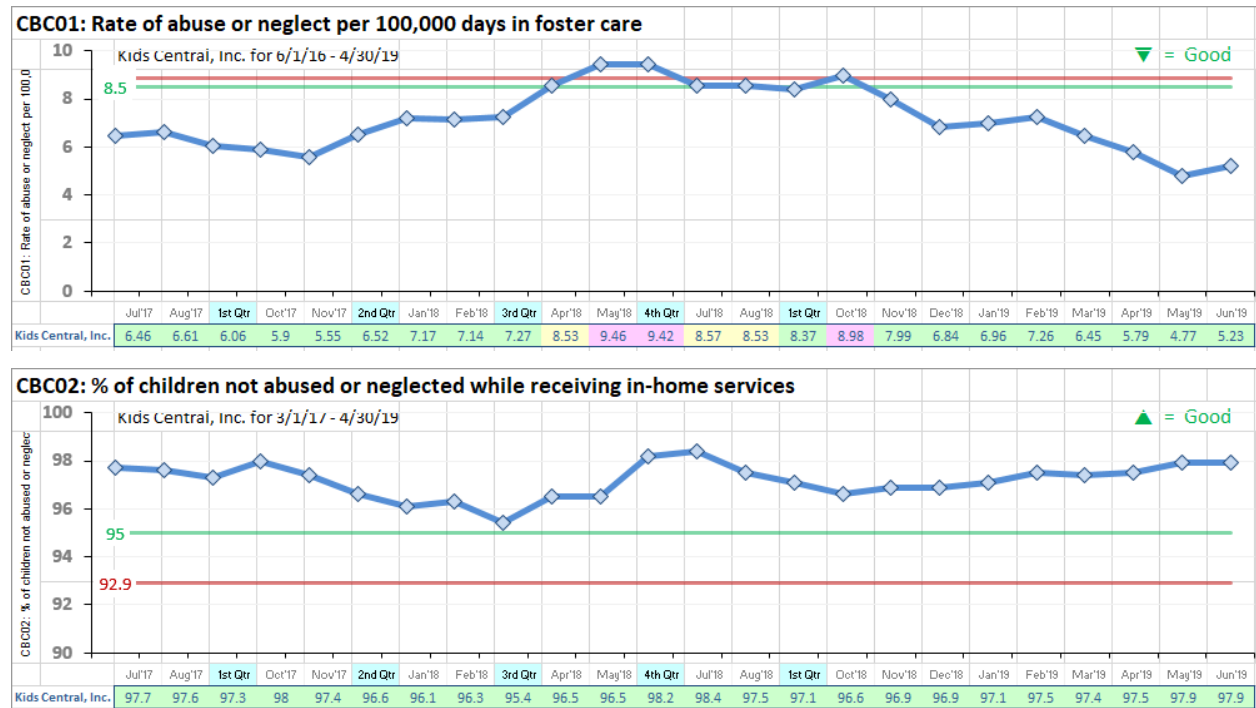
**CBC 09 & 10** (% of children in foster care who have received dental services in the last 7 months) - Root-cause analysis of children not receiving timely dental services revealed one (1) county had limited dental service availability. Kids Central collaborated with a partner to provide mobile dental vans twice a week. Data cleanup was initiated and the Data Technician at Kids Central provided trainings and provided one on one technical assistance at each CMA to assist in correcting errors. During FY 2017-2018, Kids Central continued to improve timeliness of medical and dental visits and managed to end the fiscal year surpassing targets and statewide performance for CBC09 and CBC10.

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

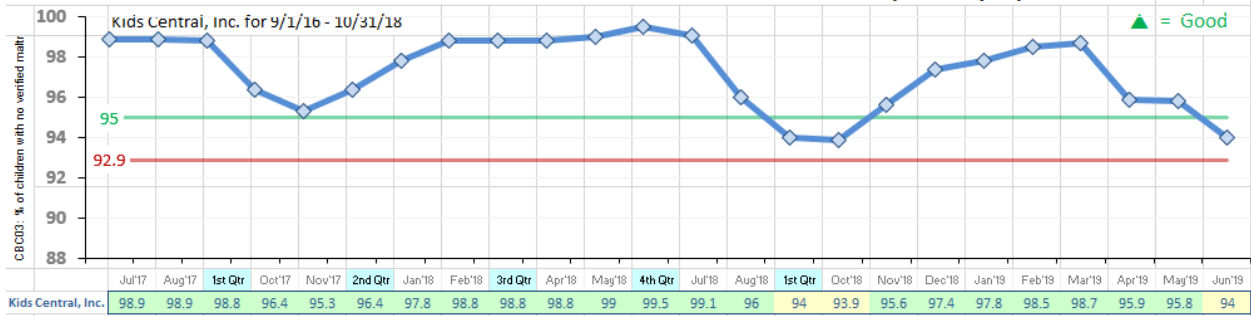
The following reflect the systemic outcomes/factors that guide the service array provided to children and families. Florida CQI reviews reflect opportunities in several areas for which key activities geared towards improving in these areas have been outlined in the Regional PIP and other activities described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

### DATA ANALYSIS SUMMARY IN RELATION TO FEDERAL OUTCOMES

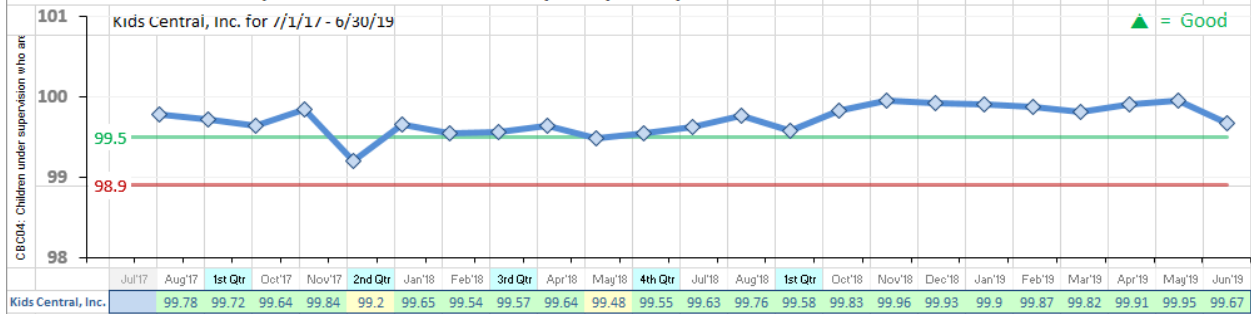
During FY 2018-2019, Kids Central has either met or outperformed overall statewide performance for important safety related CBC Scorecard measures.



**CBC03: % of children with no verified maltreatment within 6 months of termination of dependency supervision**

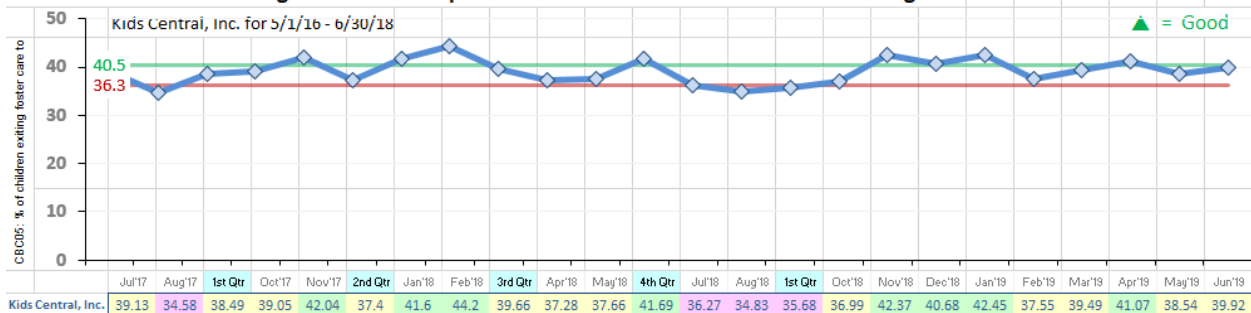


**CBC04: Children under supervision who are seen every thirty 30 days**

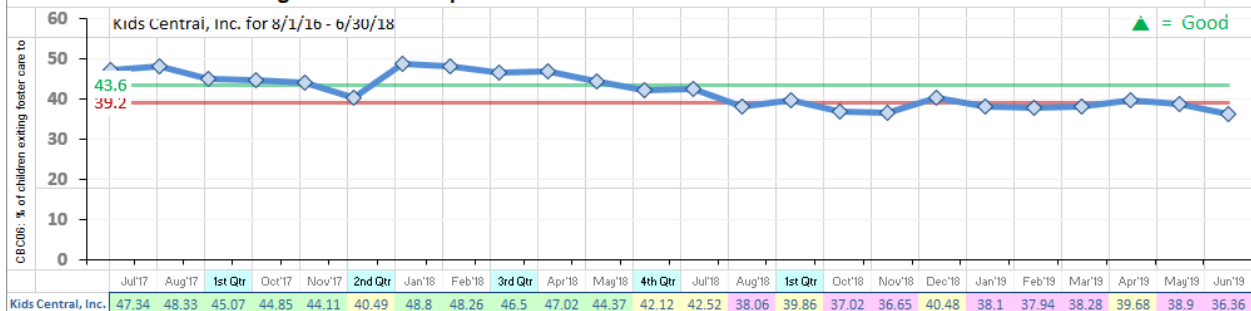


In January 2018 and 2019, Kids Central implemented findings from a DMAIC projects to improve CBC05 and CBC07 performance. The CBC05 team determined most cases failing to reach permanency within 12 months had experienced court related issues in either Citrus or Lake County. Problems included delayed adjudication, communication and scheduling issues. Kids Central continues to implement opportunities for CBC05; however, a new in-depth look will be applied to improving performance in CBC06 through FY 2019-2020. Due to the emphasis on moving children to permanency who have been in care greater than 24 months, CBC06 scores were adversely affected.

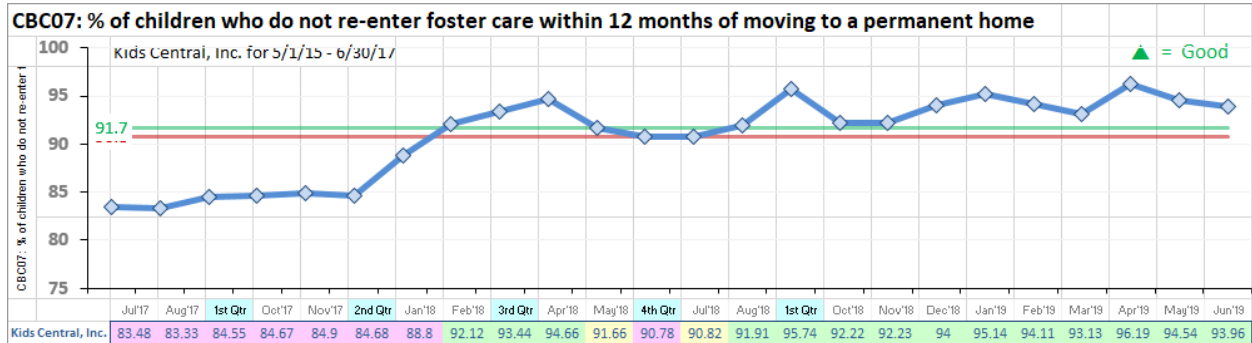
**CBC05: % of children exiting foster care to a permanent home within 12 months of entering care**



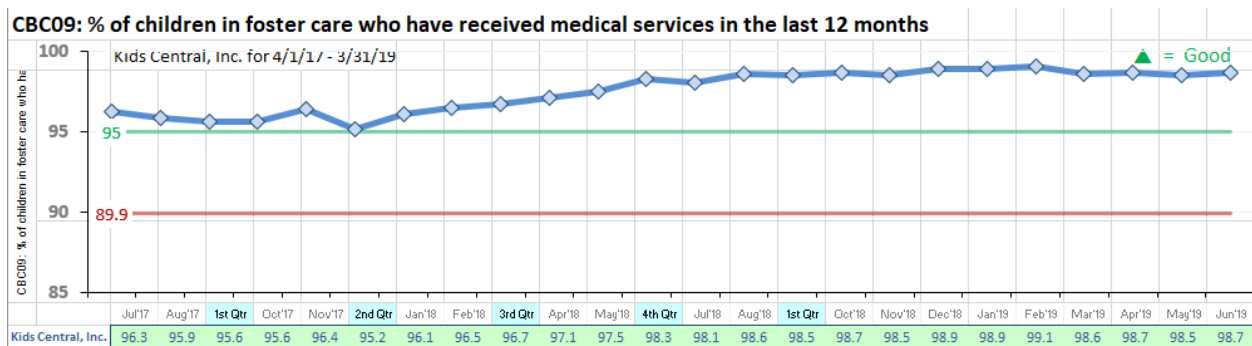
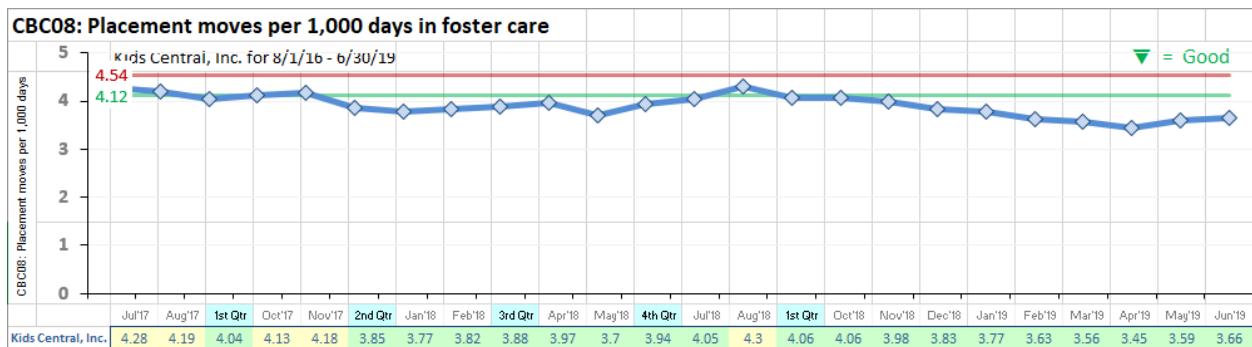
**CBC06: % of children exiting foster care to a permanent home in 12 months for children in foster care 12 to 23 months**



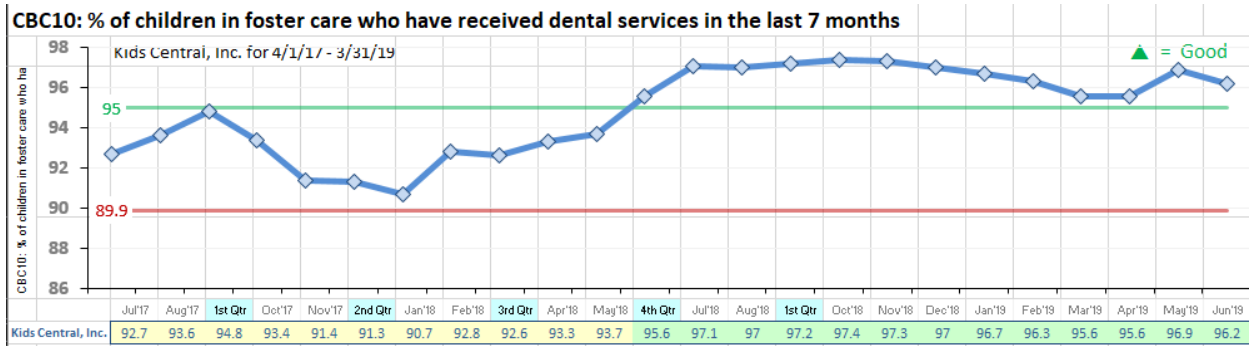
Analysis of CBC07 exceptions determined most reentries were involving reunifications where family assessments could have been more comprehensive. Kids Central developed training to address this and other issues. Further analysis determined there were problems related to the diversion program specifically used for this population; however, these programs were brought under into Kids Central and performance immediately improved.



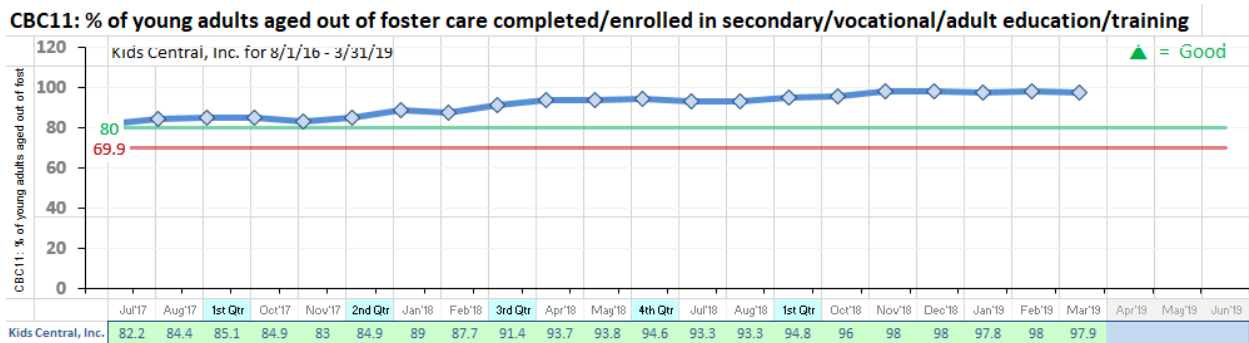
Kids Central has continued to be a statewide leader of CBC12 performance while reducing placement moves to meet target and surpassing statewide CBC08 performance levels.



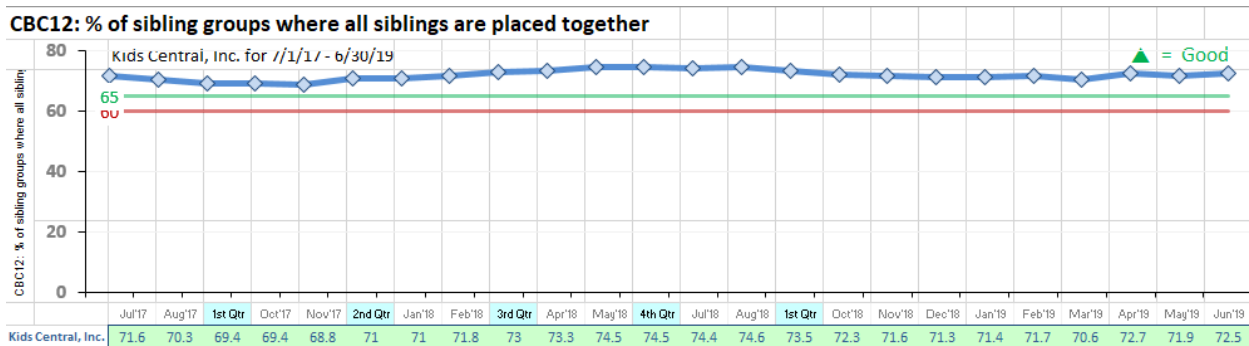
Root-cause analysis of children not receiving timely dental services (CBC10) revealed one (1) county had limited dental service availability. Kids Central collaborated with a partner to provide mobile dental vans twice a week. During FY 2018-2019, Kids Central showed great improvement, and was a leader in the state in providing timely medical and dental services to children.



Kids Central has met CBC11 target for all four (4) quarters and surpassed statewide performance for the last two (2) fiscal years.



Kids Central has continued to be a statewide leader of CBC12 (siblings placed together) performance while reducing placement moves to meet target and surpassing statewide CBC08 performance levels.



Kids Central has met DCF assigned targets, outperformed statewide performance or at least significantly improved performance for each CBC Scorecard measure except CBC06. There will be continued focus and additional analysis on the weakest performance areas (CBC05 & CBC06).

### CONTRACT PERFORMANCE AND CBC SCORECARD PERFORMANCE MEASURES

Scorecard measures focus on federal indicators related to Florida’s community-based care child welfare system. The table below depicts the performance since FY 2016-2017, where Kids Central has exceeded the statewide performance quarterly across 12 CBC contract measures. Over the last three (3) fiscal years, Kids Central exceeded statewide performance and performed on par or better than CBC’s located in the Central Region.

**Performance Measures Achieved**

Quarterly CBC Scorecard Targets Met	FY 2016/17		FY 2017/18		FY2018/19		Last 3 Fiscal Years	
	#	%	#	%	#	%	#	%
Kids Central Inc	31	64.6%	35	72.9%	36	75.0%	102	70.8%
Statewide	27	56.3%	25	52.1%	21	43.8%	73	50.7%
Central Region	29	60.4%	37	77.1%	37	77.1%	103	71.5%
Adoptions Target Performance	Target	%	Target	%	Target	%	Target	%
Kids Central Inc	170	110.6%	175	114.3%	200	107.5%	545	110.6%

Source: DCF Dashboard [www.myffamilies.com/programs/childwelfare/dashboard](http://www.myffamilies.com/programs/childwelfare/dashboard)

Kids Central has developed an internal CBC scorecard that monitors performance monthly during the fiscal year. The monitoring allows management and the case management agencies to adjust sooner rather than relying on only quarterly data. Although some of the data on the internal tracking may not be “exact” to DCF quarterly tracking, it is a legitimate representation of performance throughout the fiscal year.

Using the scorecard below, you can see where in the fiscal year adjustments were needed, allowing Operations and QA teams to work quickly with the case management agencies to make performance improvements. You can see this in action for CBC01, CBC05, and CBC07. Kids Central continues to focus on children in care greater than 24 months. Because of this, CBC06 will start to show modest gains in performance over FY 2019-2020 as the populations stabilize and a re-emphasis is placed on children in care between 12 and 23 months.



Kids Central, Inc.

June, 2019

>	2018/19	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	<	12 mo. Trend	This FY 2018/19					
Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	

**CBC Scorecard Measures** Months between quarters are calculated by "sliding" quarterly report periods forward monthly.

CBC01: Rate of abuse or neglect per 100,000 days in foster care	32 per 610,908	Avg.Qtr.																
8.5	8.85	▼	9.42	8.57	8.53	8.37	8.98	7.99	6.84	6.96	7.26	6.45	5.79	4.77	5.23	▶		6.73
CBC02: % of children not abused or neglected while receiving in-home services	944 of 964	Avg.Qtr.																
95	92.9	▲	98.2	98.4	97.5	97.1	96.6	96.9	96.9	97.1	97.5	97.4	97.5	97.9	97.9	▶		97.3
CBC03: % of children with no verified maltreatment within 6 months of termination of dependency supervision	284 of 302	Avg.Qtr.																
95	92.9	▲	99.5	99.1	96	94	93.9	95.6	97.4	97.8	98.5	98.7	95.9	95.8	94	▼		96.1
CBC04: Children under supervision who are seen every thirty 30 days	71,587 per 71,819	Avg.																
99.5	98.9	▲	99.55	99.63	99.76	99.58	99.83	99.96	99.93	99.9	99.87	99.82	99.91	99.95	99.67	▶		99.8
CBC05: % of children exiting foster care to a permanent home within 12 months of entering care	107 of 268	Avg.Qtr.																
40.5	36.3	▲	41.69	36.27	34.83	35.68	36.99	42.37	40.68	42.45	37.55	39.49	41.07	38.54	39.92	▲		38.96
CBC06: % of children exiting foster care to a permanent home in 12 months for children in foster care 12 to 23 months	152 of 418	Avg.Qtr.																
43.6	39.2	▲	42.12	42.52	38.06	39.86	37.02	36.65	40.48	38.1	37.94	38.28	39.68	38.9	36.36	▼		38.79
CBC07: % of children who do not re-enter foster care within 12 months of moving to a permanent home	109 of 116	Avg.Qtr.																
91.7	90.8	▲	90.78	90.82	91.91	95.74	92.22	92.23	94	95.14	94.11	93.13	96.19	94.54	93.96	▶		94.17
CBC08: Placement moves per 1,000 days in foster care	625 per 170,441	Avg.Qtr.																
4.12	4.54	▼	3.94	4.05	4.3	4.06	4.06	3.98	3.83	3.77	3.63	3.56	3.45	3.59	3.66	▶		3.78
CBC09: % of children in foster care who have received medical services in the last 12 months	1,616 of 1,636	Avg.																
95	89.9	▲	98.3	98.1	98.6	98.5	98.7	98.5	98.9	98.9	99.1	98.6	98.7	98.5	98.7	▲		98.6
CBC10: % of children in foster care who have received dental services in the last 7 months	1,109 of 1,152	Avg.																
95	89.9	▲	95.6	97.1	97	97.2	97.4	97.3	97	96.7	96.3	95.6	95.6	96.9	96.2	▶		96.7
CBC11: % of young adults aged out of foster care completed/enrolled in secondary/vocational/adult education/training		Avg.Qtr.																
80	69.9	▲	94.6	93.3	93.3	94.8	96	98	98	97.8	98	97.9				▶		96.8
CBC12: % of sibling groups where all siblings are placed together	307 of 423	Avg.																
65	60	▲	74.5	74.4	74.6	73.5	72.3	71.6	71.3	71.4	71.7	70.6	72.7	71.9	72.5	▲		72.4

**Additional Measures**

Measure is "grayed-out" when Data Not Available or Measure Not Applicable for Agency/Entity/Unit.

% of children not neglected or abused within 6 months after Family Support Services Completed	334 of 350	Avg.Qtr.															
95	▲	95.6	93.2	95.2	95.9	96.6	97	95.8	97.5	96.8	97.1	95.6	95.4	95.4	▶		96.1

Source: Multiple DCF specified reports as obtained from FSFN or provided by DCF. See Notes for details.

Stan Baran - Data Analyst - Kids Central, Inc.

6/30/19



Continuous Quality Improvement Reviews FY 2018/19 Summary		Kids Central		Statewide	
Safety Outcome 1		57 Cases		859 Cases	
		N	%	N	%
Children are, first and foremost, protected from abuse and neglect.					
1	Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency policies or state statutes?	42	86.7%	515	90.3%
Safety Outcome 2					
Children are safely maintained in their homes whenever possible and appropriate.					
2	Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?	30	37.7%	684	71.9%
3	Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?	24	71.8%	358	91.5%
3	Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?	39	47.7%	732	73.1%
Permanency Outcome 1					
Children have permanency and stability in their living situations.					
4	Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?	20	42.4%	344	50.5%
4	Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?	29	73.7%	505	81.5%
5	Did the agency establish appropriate permanency goals for the child in a timely manner?	31	76.1%	510	83.8%
6	Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?	28	68.3%	455	75.5%
Permanency Outcome 2					
The continuity of family relationships and connections is preserved for children.					
7	Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?	20	56.7%	399	58.6%
7	Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?	13	85.2%	319	80.9%
8	Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?	22	60.7%	373	60.3%
9	Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?	25	70.0%	471	72.2%
10	Did the agency make concerted efforts to place the child with relatives when appropriate?	27	75.7%	491	79.7%
11	Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?	17	39.8%	315	48.4%
Well-Being Outcome 1					
Families have enhanced capacity to provide for their children's needs.					
12	Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	25	21.3%	517	46.2%
12	Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	38	34.9%	654	57.5%
12A	Needs Assessment and Services to Children	49	77.1%	807	88.8%
12B	Needs Assessment and Services to Parents	35	33.9%	587	59.3%
12C	Needs Assessment and Services to Foster Parents	24	77.4%	489	85.8%
13	Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	41	42.5%	634	58.0%
14	Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?	44	47.1%	680	61.5%
15	Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?	31	21.6%	518	40.3%
Well-Being Outcome 2					
Children receive appropriate services to meet their educational needs.					
16	Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?	23	88.5%	407	79.9%
16	Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?	25	80.0%	424	80.2%
Well-Being Outcome 3					
Children receive adequate services to meet their physical and mental health needs.					
17	Did the agency address the physical health needs of children, including dental health needs?	20	44.1%	511	64.1%
17	Did the agency address the physical health needs of children, including dental health needs?	27	58.8%	519	73.9%
18	Did the agency address the mental/behavioral health needs of children?	18	63.3%	349	65.8%

Continuous Improvements already initiated includes:

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 Operation Procedures (OP) to frontline staff.
- OP's are discussed and reviewed during various meetings to include QIT meetings.
- Training has been and continues to be improved to address family engagement, safety planning, quality assessments and other areas.
- QM has partnered with Training 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 to use and strengthen the Kinship program.
- Enhancing training related to Child Placement Agreements.
- Exploring engagement of fathers.
- Parental engagement of mothers and fathers and the quality of home visits with each parent.

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.
- Develop new training related to Risk Assessments and conduct quarterly staff trainings.
- 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 QM 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, the tools and mechanisms that are currently being used do the same. 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 Management manages and facilitates each element of the QM process and will continue to do so throughout the transformation of the child welfare system. Data gathered through all QA 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.

Kids Central's QM department continues to engage the CMA's QA staff in reviews. For FY 2018-2019, QA staff participated in individual and side by side reviews for RSF. QA staff also chose cases to complete CFSR on, excluding the interview piece. These two (2) reviews were on the CMA BSC last FY and will continue to be measures for FY 2019-2020. For FY 2019-2020, a parental engagement review looking at the quality of visits with mothers and fathers was added as a review. This review is part of the CMA and Kids Central's BSC for this FY.

**Information Sharing:**

The QM Department is responsible for ensuring clear and accurate information is disseminated timely as it relates to various QM 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 QM activities.

It is important to determine if the services offered by providers are meeting the needs of youth and families, as well as achieving program requirements as articulated in Kids Central's contract with DCF. 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 its partners, programs and agencies receive the most up to date and accurate information, in a timely manner. Kids Central has a multi-stage "CQI" 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 QI plans that will address opportunities for improvements as well as build upon network strengths.

Information related to performance, to include the CBC Scorecard, CFSR and Rapid Safety Reviews are shared at the monthly performance meetings which includes representatives from Kids Central and management from each of the CMA's. This meeting allows the opportunity for discussion of positive performance and areas for improvement and gives the CMA's the forum to learn from each other and share tactics that are working for their agency.

During FY 2018-2019, a System of Care quarterly newsletter was developed which is shared with the CMA's and some DCF staff. This provides an opportunity to disseminate information that is happening within Kids Central and the CMA's and is an avenue to information sharing data, such as CFSR results. Individual CFSR results and Rapid Safety Feedback results are now being shared after the quarterly Combined Performance Review Meeting which includes the three (3) CMA's. This is also a forum to discuss the individual CMA PIP's related to the CFSR's and RSF reviews.

## Kids Central, Inc. Quality Management Annual Review Schedule FY 2019-2020

Month	Name of Review
July – Sept.	1 <sup>st</sup> DCF Quarterly Reviews: Rapid Safety & FL CFSR
	KCI Rapid Safety Mindshare Reviews
	COA Peer Reviews
QIT Meeting	QIT Meeting
Oct. – Dec.	2 <sup>nd</sup> DCF Quarterly Reviews: Rapid Safety & FL CFSR
	KCI Rapid Safety Mindshare Reviews
	COA Peer Reviews
	*Missing Children
	Overcapacity Waivers
QIT Meeting	QIT Meeting
Jan. – March	3 <sup>rd</sup> DCF Quarterly Reviews: Rapid Safety & FL CFSR
	KCI Rapid Safety Mindshare Reviews
	COA Peer Reviews
	Rev. Max
QIT Meeting	QIT Meeting
April - June	4 <sup>th</sup> DCF Quarterly Reviews: CFSR Version of Reviews
	KCI Rapid Safety Mindshare Reviews
	COA Peer Reviews
	Psych. Med Review
	*Supervisory Reviews: Joint
QIT Meeting	QIT Meeting

Schedule may be subject to changes to include but is not limited to additions, deletions or amendments

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.

### Quality Management

#### 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 FY 2019-2020 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**Internal/External Reviews:**

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

**Reviewers/Person(s) Responsible:** Kids Central 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 CMA's. The review may be subject to change.

**DCF Quarterly Reviews:**

**Reviewers/Person(s) Responsible:** Kids Central QM 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 QM Department will conduct reviews each quarter, based on the Windows into Practice guidelines, established by the Department. Three (3) review types occur. They include Rapid Safety Reviews for children, in-home, ranging from ages 0 – 5; Florida CQI Reviews which are completed in the Children and Families Service Review Portal. In FY 2017-2018, Performance Improvement Plan Reviews were 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 CMA's.

Rapid Safety Reviews FY 2018/19 Summary		Kids Central		Statewide	
1	Are family assessments of danger threats, child vulnerability, and family protective capacities sufficient to identify safety concerns and case plan actions needed to effectively address caregiver protective capacities and child needs?	n		n	
1.	Is the most recent family assessment sufficient?	40	30.0%	795	55.0%
2.	Is the most recent family assessment completed timely?	40	25.0%	794	43.8%
2	Are visits between case managers, children, and parent(s) or legal custodian(s) sufficient to ensure child safety and evaluate progress toward case plan outcomes?				
1.	Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	40	47.5%	792	54.2%
2.	Is the frequency of visits between the case manager and the child(ren) sufficient to ensure child safety and evaluate progress toward case plan outcomes?	40	67.5%	794	75.1%
3.	Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	38	47.4%	770	63.1%
4.	Is the frequency of the visits between the case manager and the child's mother sufficient to ensure child safety and evaluate progress toward case plan outcomes?	39	69.2%	778	78.1%
5.	Is the quality of the visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	33	18.2%	590	49.8%
6.	Is the frequency of the visits between the case manager and the child's father sufficient to ensure child safety and evaluate progress toward case plan outcomes?	37	24.3%	632	51.1%
3	Are background checks and home assessments sufficient and responded to with a sense of urgency when needed to address potential danger threats?				
1.	Are background checks and home assessments completed when needed?	40	55.0%	794	70.3%
2.	Is the information assessed and used to address potential danger threats?	40	60.0%	794	75.3%
4	Is a sufficient safety plan in place to control danger threats to protect a child?				
1.	Is the safety plan sufficient?	40	32.5%	782	58.2%
2.	Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?	39	15.4%	772	46.9%
5	Is the case manager supervisor conducting guided discussions at specific points in the case management process focused on promoting effective practice and decision making?				
1.	Is the supervisor regularly consulting with the case manager?	40	37.5%	794	58.1%
2.	Is the supervisor ensuring recommended actions are followed up on?	40	27.5%	794	50.0%

### Special Reviews:

**Reviewers/Person(s) Responsible:** Kids Central 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 Kids Central's 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.

**Rapid Safety Reviews:**

**Reviewers/Person(s) Responsible:** Kids Central QM Staff

**Process/Methodology:** During FY 2015–2016, an initiative to review 100% of in-home cases involving children ages 0–3 began and still continues. 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 FSN case documentation. The review may be subject to change.

**Utilization Management (UM) Department – Reviews & Activities:****Annual Review Schedule 2019-2020**

Dates	Name of Review/Assignment	UM Lead	Date Completed
Sept. 19-20	Peer Reviews (Chore, Flex, and D&E)	Jennifer Bradshaw	
Sept. 23-30	CBHA Quarterly Review Q1 (7/1-9/13)	Julie VanNoy	
Nov. 18-22	Camelot IRP 6 <sup>th</sup> Month Review	Kayler McGill Walker	
Dec. 3-6	Family Connections Fidelity	Julie VanNoy	
TBD	Camelot IRP Exit Interview	Kayler McGill Walker	
Dec. 12-13	Peer Review (Chore, Flex, and D&E)	Jennifer Bradshaw	
Dec. 16-20	CBHA Quarterly Review Q2 (10/1-12/6)	Julie VanNoy	
TBD	Family Connections Exit	Julie VanNoy	
Jan. 13-17	Family Team Conferencing Review	Christine Ciulla	
Feb. 3-7	Safety Management Services	Julie VanNoy	
TBD	Family Team Conferencing Exit	Christine Ciulla	
Mar. 23-24	Peer Reviews (Chore, TANF, D&E)	Jennifer Bradshaw	
TBD	Safety Management Services Exit	Julie VanNoy	
Mar. 25-31	CBHA Quarterly Review Q3 (1/1-3/15)	Julie VanNoy	
April 13-17	Nurturing Parent/Parenting Journey	Kayler McGill Walker	
May 4-8	Camelot IRP 6 Month Review	Kayler McGill Walker	
TBD	Nurturing Parent/Parenting Journey Exit	Kayler McGill Walker	
May 25-29	Family Connections Fidelity	Julie VanNoy	
June 15-19	CBHA Quarterly Review Q4	Julie VanNoy	
June 24-25	Peer Reviews (Chore, TANF, D&E)	Jennifer Bradshaw	
TBD	Camelot IRP Exit	Kayler McGill Walker	

## ***Utilization Management***

### **UM Provider Monitoring:**

**Reviewers/Person (s) Responsible:** Kids Central UM staff

**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 or internal provider. This review process often leads to changes in contract language or internal processes and identifies areas of concern, as well as strengths.

At a frequency based upon contract or internal policies and/or need, the UM team will conduct on-site reviews of randomly selected cases. Case files, stakeholder surveys, the FSFN 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.



Intensive Reunification Program Reviews FY 2018/19		Oct 2018		May 2019		
		Target	n	% Yes	n	% Yes
1	Did the provider assign themselves to the case as secondary in FSN within forty-eight(48) hours of referral acceptance?		33	84.85%	27	100.00%
2	Did IRP initiate (face to face) services within 7 days of the referral date? Or acceptance date IF there is a reported wait list	95.0%	33	60.61%	27	66.67%
3	Is there documentation in FSN to support diligent efforts to initiate services within seven (7) days?	99.5%	13	46.15%	9	0.00%
4	Did IRP complete the NCFAS G+R as required? (within 4 days of the initial visit, at 45 days after case initiation, and at case closure)	98.0%	33	63.64%	27	77.78%
5	Did the Service Plan contain 2-3 domains from the NCFAS G+R?		33	100.00%	27	81.48%
6	Was the CBHA used as collateral documentation for the Service Plan? (N/A if there was not a CBHA completed or if there is documented justification for not using the CBHA as collateral)		30	100.00%	25	92.00%
7	Did the adult client(s) involved in IRP substantially complete the goals of the Family Service Plan?	70.0%	22	86.36%	22	100.00%
8	Did the children (12& up) participate in the creation of the Service Plan?	80.0%	8	37.50%	10	70.00%
9	Did IRP complete visits with the family at least every seven (7) days*? *exceptions will be made for family vacation/breaks that don't exceed more than two (2) consecutive weeks	90.0%	33	33.33%	27	22.22%
10	Is there documentation in FSN to support diligent efforts to make face to face contact within seven (7) days?	99.5%	22	45.45%	19	5.26%
11	Did the IRP Support Specialist have a formal consultation at least every thirty (30) days with the Family Care Manager?	90.0%	33	39.39%	27	51.85%
12	Did IRP document events in the case record/FSFN within forty-eight (48) hours of the activity being completed?	90.0%	33	63.64%	27	59.26%
13	Did IRP make linkage and referrals to non-traditional supports identified by the family? (Finance, vocation, mental health, substance abuse, physical health, housing, safety, transportation, etc.) Must be documented.	95.0%	18	83.33%	9	100.00%
14	Upon successful case closure, did IRP provide the family with an Aftercare/Safety Plan linking them to informal community resources for support after case closure?		19	78.95%	22	95.45%
15	If the case was open longer than 90 days but up to 120 days, was there documentation that IRP requested an extension from the Kids Central Utilization Department by the 110th day?		0	N/A	0	N/A
16	Were the children free from substantiated/verified child abuse/neglect report(s) during the service period?	90.0%	22	100.00%	22	100.00%
17	Were the children free from verified child abuse/neglect reports within six (6) months of IRP case closure date?		1	N/A	10	100.00%
18	Was the family referred to Devereux Kids for a Reunification Family Team Conference at least thirty (30) days prior to case closure?... Or Was the family referred to Kids Central's FGDM for a Reunification Family Team Conference at least thirty (30) days prior to case closure?	90.0%	25	48.00%	22	81.82%
19	Was the case closed in FSN within forty-eight (48) hours of case closure?		22	36.36%	22	59.09%

### **UM – Quality Analysis and Effectiveness of Funding Requests:**

**Reviewers/Person(s) Responsible:** Kids Central UM staff

**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, FSN 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.

### **UM - Random Validation of Compliance with CBHA Recommendations:**

**Person(s) Responsible:** Kids Central UM staff, CMA Caseworkers, CMA Supervisors

**Frequency:** Quarterly and/or as requested.

**Process/Methodology:** This process is used to measure compliance with recommendations noted on the CBHA's. 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, FSFN 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.

CBHA Referrals Completed within 7 days										
	1st Qtr		2nd Qtr		3rd Qtr		4th Qtr		FY	
	#	%	#	%	#	%	#	%	#	%
Citrus	12	100.0%	21	75.0%	27	96.3%	8	83.0%	68	88.9%
Hernando	26	95.5%	18	81.0%	16	80.0%	23	95.0%	83	87.7%
Lake	19	82.4%	5	100.0%	19	100.0%	18	71.0%	61	85.5%
Marion	50	66.0%	44	67.0%	40	46.0%	36	71.0%	170	62.6%
Sumter	9	77.7%	9	100.0%	2	100.0%	14	92.0%	34	90.6%
Kids Central, Inc.	116	79.0%	97	76.0%	104	75.8%	99	79.0%	416	79.0%

### ***Family Preservation***

#### **Family Preservation – Community Based and Early Services Intervention Staffing's:**

**Reviewer/Person(s) Responsible:** Kids Central Family Preservation Specialists

**Frequency:** Quarterly

**Process/Methodology:** This activity is designated to ensure 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 CPI. All cases are staffed daily with the Family Preservation Specialist. The goal is to ensure families receive services in the least restrictive manner, while maintaining the family unit. The CPI and Family Preservation 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 to re-engage the family. A joint visit will be conducted prior to re-staffing the case for closure. All activities and documents will accompany the Family Preservation and/or the Case Transfer Staffing (CTS) packet.

**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 case transfer staffing and permanency staffing's. A regular review of these logs will occur and be performed by the Chief of Operations and Senior Director of Family Preservation Services. The Chief of Strategy will assist with the evaluation of the diversion services and the providers in Circuit 5.

***FY 2019–2020 goals are as follows:***

- Continue to provide optimal customer service to our internal and external stakeholders through prompt coordination of Case Transfer Staffing's and support service assessment.
- Review the Family Preservation programs and the effectiveness of the services being provided within Circuit 5.
- Review Family Preservation staffing forms to ensure appropriate services are being recommended to the families we serve.
- DCF and Kids Central employees will partner in looking at trends in the Family Supports Services to determine system improvements in the referral and engagement stages of the process.
- Increase referrals and service to Hernando and Citrus counties.

***Incident Reporting, State Program Support, Missing Children and  
Psychotropic Meds QA & Improvement Activities***

**Critical Incident Report Analysis:**

**Reviewers/Person(s) Responsible:** QM 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 DCF 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, FSFN and communication with CMA's. Results will be disseminated by QM to various Leadership and will be discussed during QIT 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, all providers and FCM's 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 FCM 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 (5) 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 act, 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.

In FY 2019-2019, a change was made to the Rolling Incident Report meeting requiring the CMA's to provide background information on the children included on the report to better allow the team members to glean a clearer picture of the children, to include services the child is receiving, behaviors currently being exhibited, episodes such as Baker Acts or elopements, DJJ involvement, higher level of care information if applicable and Child Placement Agreement information. This process has improved the dialogue at the meeting and allows for better recommendations from the team related to these children.

### **Incident Reporting:**

Any Kids Central contracted 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, PD, 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 CMA 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 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](mailto: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.

**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 followed 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:**

**Reviewers/Person Responsible:** QM Director, QIT 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:**

**Reviewers/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 CMA 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 CMA's and Kids Central Leadership.

**Psychotropic Medications:**

**Reviewers/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 CMA, 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 CMA's and Kids Central Leadership.

### **Child Exit Interviews:**

**Reviewers/Person(s) Responsible:** CMA Supervisor, CMA Director, QM, 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 (7) days, the FCM 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, QI activities may be initiated.

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

For FY 2018-2019, a change was made to the process of how Kids Central reported back to the CMA's regarding their compliance with their submission of Exit Interviews. The CMA's are provided a monthly report completed by QM documenting the timely Exit Interviews submitted, late Exit Interviews and Exit Interviews that need updates or are missing information. The CMA's are then provided with a due date of when these missing or corrected Exit Interviews are due back.

## **Section VII: Risk Management**

Kids Central 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's Risk Management Process

Kids Central is committed to fostering a culture of safety and security for those we serve, employees, partners and visitors. Kids Central's 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 can 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 UM:**

The QM process is another mechanism for monitoring compliance. The QM 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 QM 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's 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 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 (SOC) Risk Committee is comprised of the Risk Management Committee, contract management staff and designated staff members from subcontracted providers.

**Scope:** The SOC 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
- Senior Out of Home Care Director
- Director of Human Resources
- Chief Information Officer of Information Technology

**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's Committee members include the Risk Manager, the Director of Human Resources, the Chief Information Officer of Information Technology 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 31<sup>st</sup> 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 Information Technology:**

For FY 2019 – 2020, a major project is planned to move the main data center where our servers are located to a new location closer to the corporate office. This new data center offers many enhancements over the current data center. Kids Central took another step forward in cyber security by replacing the aging firewalls with new ones and deploying a total security package provided by WatchGuard. This package helps to win the fight against Ransomware attacks by leveraging multiple security services which includes 'Advanced Persistent Threat' (APT) blocker, Web blocker and Host Ransomware Prevention.

***FY 2019–2020 goals are as follows:***

- **Data/Telephones** – Move LifeStream in Leesburg to SIP telephone services and increase the number of conference lines available.
- **Data Availability** – Replace the core switches for both the ‘Storage Area Network’ (SAN) and the ‘Local Area Network’ (LAN). The current switches are aging, and every computer transaction goes through these switches.
- **Deploy Host Ransomware Prevention to all workstations** – This software leverages behavioral analytics to detect and determine if an event is malicious. If malicious, it will automatically block the threat from acting on the device ensuring encryption does not take place which thwarts what the ransomware intends to do.

**ACCOUNTING AND REVENUE MAXIMIZATION****Random Validation of Eligibility: Fiscal Management/Revenue Maximization – QA Activities**

**Reviewer/Person(s) Responsible:** Revenue Maximization Supervisor and Specialists, QM

**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 Senior Director of Finance. 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 Revenue Maximization Specialists, an annual internal review will be conducted by Kids Central QM, 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 Senior Director of Finance.

**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 seven (7) Revenue Maximization 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 two (2) specialists attend the Annual Revenue Maximization Conference, if held.

Specific QM activities directly related to this category and completed by Revenue Maximization 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 and changing primary care providers for children in care
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 DCF and the Revenue Maximization Department. Revenue Maximization staff employed by Kids Central 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 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 quarterly to Kids Central's Executive Leadership or more frequently as requested.

#### **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 CEO 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 or walk-ins, 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 to include the annual SWOT analysis, 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.

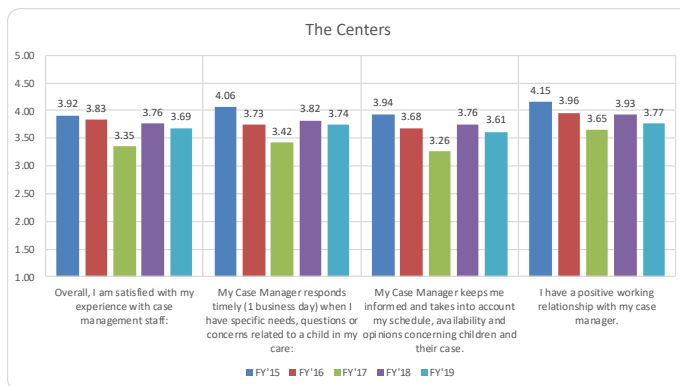
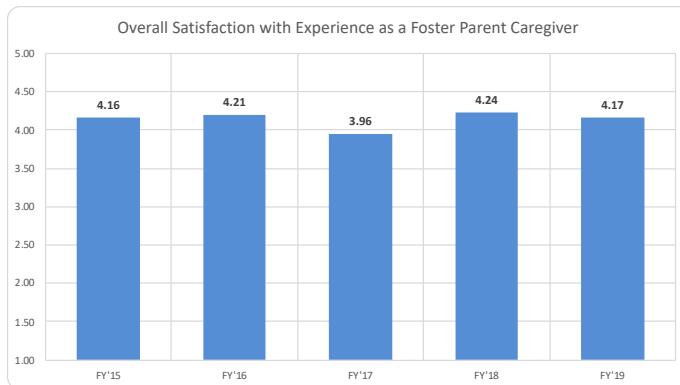
Data from the surveys will be aggregated by each respective department for review and evaluation by the programs and the Senior Management Team. Certain findings may result in improvement projects for the QIT or may be utilized in the development and implementation of the Local Improvement Plan.

## Section VIII: Fostering Partnerships & Community Awareness

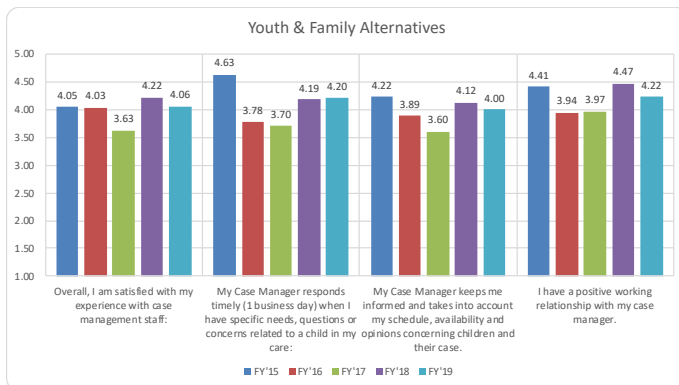
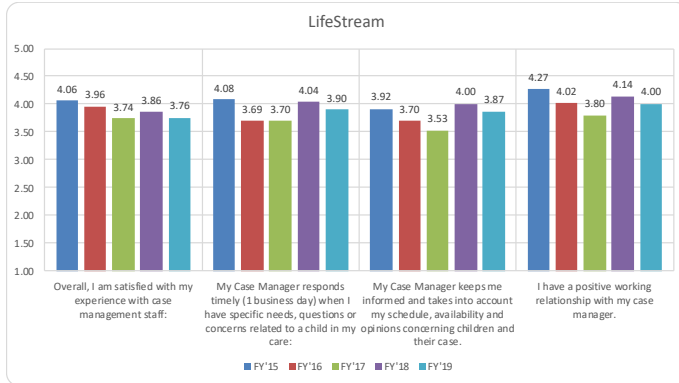
### Stakeholder and Foster Parent Surveys

- Kids Central uses standardized instruments which allows anonymity, but provides the option for respondents to request someone to contact them about their comments.
- Stakeholders and foster parents are surveyed annually.
- Surveys are conducted using web-based tools such as Survey Monkey.
- Results are tabulated and included in the report to Kids Central’s Executive Leadership, CMA’s and other stakeholders as appropriate

Survey responses received from foster parents for FY 2018-2019 indicate foster parent satisfaction has remained high and stable over the past five (5) years. After falling during FY 2016-2017, foster parent satisfaction rose significantly during FY 2017-2018 and while dipping slightly in the past year continues to be strong.







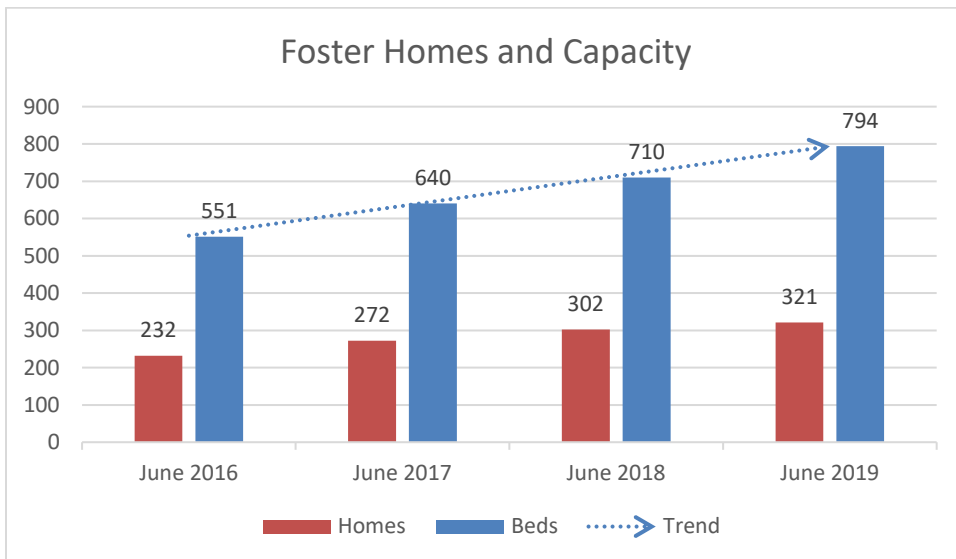
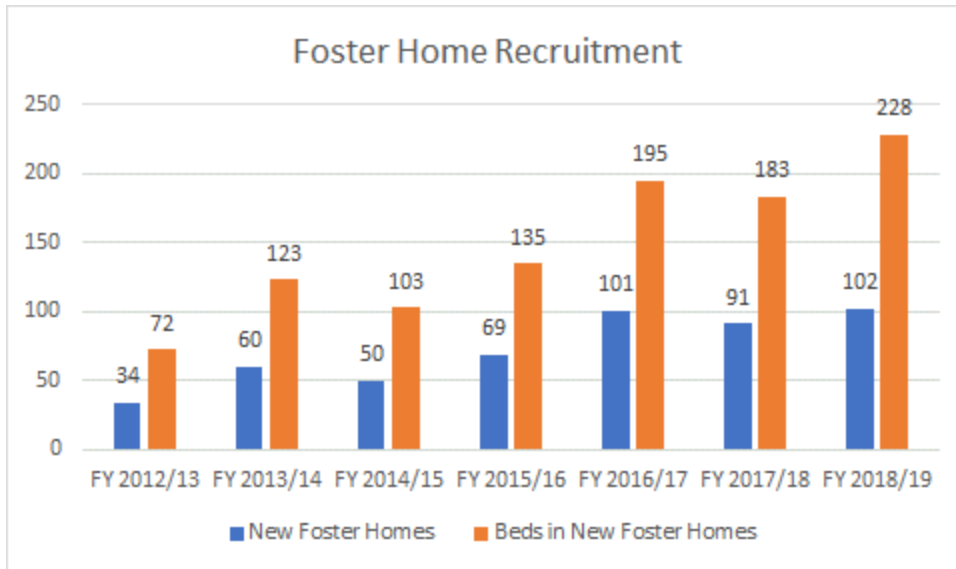
### Foster Care and Adoptive Home Licensing, Approval, Recruitment & Retention

For the upcoming year, the Out of Home Care Department has set a robust recruitment goal of 110 homes for this fiscal year.

Partnerships with local churches and faith-based organizations continues and focused efforts continue to be geared towards local businesses and organizations, such as the school boards and hospitals. Kids Central continues to use social media outlets to target a diverse population.

***During FY 2018-2019, Kids Central accomplished the following:***

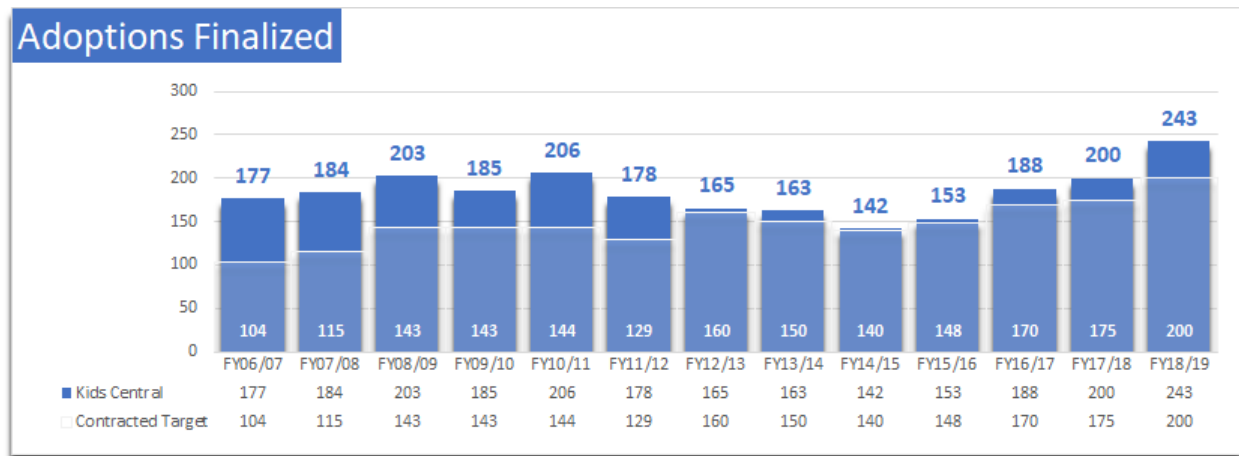
- Licensed 102 new foster homes
- Licensed 227 new beds
- Increased foster home capacity by 60 beds
- Average of 55 days from class graduation to licensure of new foster parents



Foster parent and bed recruitment continues to trend in a positive direction, with an upward swing occurring, consecutively, over the past five (5) 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.

The state of Florida has implemented the Guardianship Assistance Program (GAP). Under this umbrella relative, non-relative and fictive kin caregiver have been given the opportunity to become licensed as Level I foster homes. This program will provide will supports and financial resources to families as they care for children who have been removed from their home. The Level I licensure will allow caregivers to receive a monthly stipend of \$333 per month per child that will continue if the child is in their care.

Kids Central continues to meet and exceed the adoption finalized goal set by DCF. For FY 2018-2019, Kids Central ended the year with 243 finalized adoptions, the highest adoptions finalized within the history of Kids Central.



***FY 2019-2020 goals are as follows:***

- Placement of sibling groups together
- Increase the number of foster home beds
- Increase the number of foster home beds in Citrus and Sumter counties
- Increase the number of teen specific beds
- Reduce the average cost of care for children in licensed care
- Increase the number of children placed in relative or non-relative placement through GAP

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

- Foster Parent Peer Mentoring has been implemented to provide support and guidance to newly licensed foster parents. The mentoring program will assist in retaining foster parents and providing the one on one assistance needed while addressing foster care concerns.
- The Licensing Department continues to ensure quality licensing files are being submitted timely to DCF.
- The Kids Central's Foster Parent Navigator serves as the liaison between the foster parent and the Lead Agency. The Navigator spends more face to face time with foster parents to ensure we are delivering quality services and support.
- The Kids Central's GAP Navigator serves as the liaison between the Level I foster parent and the Lead Agency. The Navigator spends more face to face time with Level I foster parents to ensure we are delivering quality services and support.
- The Licensing Specialist is also assisting the Foster Parent Navigator by contacting newly licensed foster parents within 48 hours of being licensed.

- The GAP Licensing Specialist will ensure that the placement line is changed in FSFN within 48 hours of licensure to ensure the board stipend is processed without delay.

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

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

Foster and adoptive home recruitment, approval and licensing is conducted through Kids Central which is responsible for completing the licensing process and submitting the licensing file to DCF. Each foster home has a designated Licensing Specialist that provides ongoing support to the foster parent as well as an evaluation of services provided to the children. It is Kids Central's policy that foster home licenses be renewed annually which includes the review of documents such as the staff inquiry forms completed by the FCM with children placed in the foster home, exit interviews and completion of background screening. Kids Central will be extending the ability to acquire a three (3) year license to the foster homes that meet the requirement for that designation as set forth in Administrative Code.

DCF 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 shared on a quarterly basis. Ongoing compliance issues or lack in performance shall result in the implementation of a PIP, as determined by DCF and/or Kid's Central, Inc.

#### **Growth & Community Awareness:**

Kids Central's Community Affairs team continues to focus on foster parent recruitment and retention by focusing on social media, digital and print media, along with community outreach. Given the amount of data gathered by Gold and Associates, the focus strategically targets demographics in which potential foster parents/families frequent. For FY 2019-2020, Kids Central's continues to be focused on the recruitment of new foster homes, teen foster homes and retention of current foster homes. For FY 2018-2019, Kids Central's Community Affairs team was able to increase social media presence by 150%, along with significant increases in engagement and interaction across social media platforms.