

Annual CBC Lead Agency CQI Report Outline

I. Our Kids of Miami-Dade/Monroe

In the past year, Our Kids' Quality Assurance department has transformed from a Compliance driven department into a department that drives Continuous Quality Improvement. In alignment with the Department's Office of Child Welfare, Our Kids is guided by the Results-Oriented Accountability Framework. The purpose of ROA is to monitor and measure the use of resources, the quality and amount of services provided, and child and family outcomes operationalized within a cycle of accountability. Once the desired outcomes were identified, the ROA group selected measures that drive those outcomes and FSFN reports were made available to inform on those measures. The State CBC Scorecard includes these measures which we track on a monthly basis and that scorecard is divided into Full Case Management Agency scorecards.

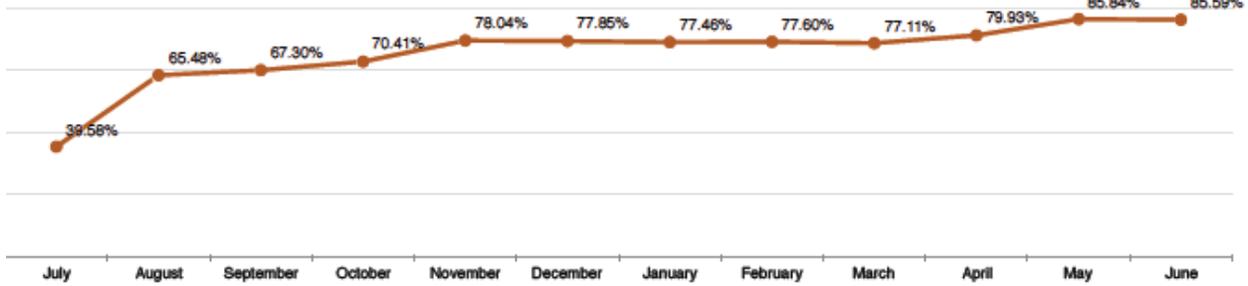
Our Kids QA Department is staffed by a Director of Quality and Planning, six QA Specialist and two Performance Management Analyst. All Quality Assurance Specialist are trained by the Department of Children and Families to be Certified Case Reviewers using the CFSR and RSF tools. Our Kids works in partnership with each of our 4 Full Case Management Agencies Quality Assurance Departments in order to improve the system of care. There is a monthly CQI meeting held at the Our Kids office where all QA staff come together to discuss areas that need improvement and action items that can be implemented systemically in order to drive performance.

Our Kids		FY 2018 Q1			FY 2018 Q2			FY 2018 Q3			FY 2018 Q4			Mid-Range
Metric	Measure	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
SM01	Rate of Abuse or Neglect per 100K Days in Foster Care	7.83%	7.38%	6.90%	6.48%	6.47%	7.30%	7.31%	7.44%	7.58%	7.01%	7.01%	7.55%	8.04% - 8.84%
SM02	% of Children not Abused While Receiving In-Home Services	98.00%	98.70%	98.30%	99.10%	99.00%	98.70%	97.90%	97.00%	97.70%	97.70%	98.52%	98.10%	95.0% - 92.9%
SM03	% of Children who Maltreatment within 6 mos. TOS	98.20%	96.20%	95.00%	95.50%	96.70%	95.70%	95.30%	94.40%	95.80%	96.90%	100.00%	100.00%	95.0% - 92.9%
SM04	% of Children under supervision seen every 30 days	99.60%	99.60%	98.50%	99.50%	99.50%	99.40%	99.50%	99.60%	99.60%	99.60%	99.50%	99.50%	99.5% - 98.9%
SM05	% of Children exiting to Permanent home within 12mths	36.39%	39.82%	37.50%	37.10%	36.80%	33.82%	38.50%	39.50%	34.60%	28.50%	28.12%	30.80%	40.4% - 36.3%
SM06	% of Children over 12 mos. In FC that exit FC before 24mos	48.10%	47.80%	51.10%	60.60%	47.00%	47.18%	47.60%	46.60%	42.10%	44.20%	45.78%	43.30%	43.7% - 39.2%
SM07	% of Children Not Re-Entering within 12 mths Permanency	86.30%	89.70%	90.90%	92.10%	95.80%	89.70%	89.10%	86.40%	90.00%	91.00%	90.65%	90.00%	91.7% - 90.8%
SM08	Average Number of Placement Moves per 1,000 days in FC	5.21	5.35	5.12	5.17	5.06	5.27	5.28	5.62	5.2	5.4	5.76	5.93	4.12 - 4.54
SM09	% of Children in FC who received Medical Svcs last 12mth	97.05%	97.60%	97.30%	97.30%	97.90%	97.40%	97.30%	97.60%	98.80%	98.60%	97.90%	96.90%	95.0% - 89.9%
SM10	% of Children in FC who received Dental Svcs in last 7mths	95.00%	96.97%	93.90%	95.90%	96.30%	95.10%	95.65%	96.70%	97.60%	96.40%	94.45%	94.68%	95.0% - 89.9%
SM11	% of Aged Out Young Adults enrolled in Secondary Ed	84.50%	84.50%	81.80%	81.30%	84.00%	82.05%	83.00%	84.00%	85.60%	85.60%	83.33%	85.20%	80.0% - 69.9%
SM12	% of Sibling Groups where All Siblings are placed together	58.80%	57.00%	57.10%	57.00%	55.90%	55.90%	55.50%	55.10%	55.00%	47.50%	54.40%	53.50%	65.0% - 60.0%

II. Performance Improvement

In FY17-18, Our Kids of Miami-Dade and Monroe underwent a transition in leadership. Under the direction of our new leadership, Our Kids Quality Assurance Department assessed Case Management's adherence to the Florida Practice Model. In July of 2017, only 39.58% active cases had an approved FFA-O. Our Kids leadership held an FCMA leadership meeting where all of the CEOs and program directors were instructed to immediately implement the Florida Practice Model into their case management practice. Our Kids worked with Mindshare Technology to provide a data report per agency in order to monitor progress specifically in the launching and approving of the FFA-O. The chart below shows the progress made throughout Fiscal Year 2017-2018.

FFA-O Implementation Our Kids



The Rapid Safety Feed and CFSSR results are shared with the case managers and supervisors so that they can see trends in case work performance. Each quarter the results of the CQI and RSF reviews are shared with FCMA leadership and QA staff. Along with the data, we discuss specific areas that need improvement such as case work documentation. Case Review “debriefs” are led by Our Kids’ reviewers at the Full Case Management Agency office where case managers, supervisors and QA staff come together to review the tool and discuss specific ways that case managers can improve their overall performance not only as it pertains to the CFSSR scores but to best practices in general. The chart below shows the performance by Full Case Management Agency for the past four quarters. Along with DCF Southern Region, Our Kids has hosted stake holder meetings in order to address areas needing improvement and discuss the barriers in the system of care.

CFSSR ITEM	CFCE		FRC		CHS		Wesley House		Sothern Region			PIP Goal
	Strength	ANI	Strength	ANI	Strength	ANI	Strength	ANI	Strength	ANI	Strength %	
1 Timeliness of Investigations	5	0	2	0	4	0	1	0	12	0	100%	91.60%
2 Sevices to prevent removal/re-entry	2	0	2	0	3	0	0	0	7	0	100%	85.80%
3 Risk and Safety Assessment	2	4	2	2	4	1	1	0	9	7	56.25%	77.70%
4 Placement Stability	1	2	4	0	4	1	0	0	9	3	75%	88.50%
5 Establishment of Goal	2	1	4	0	2	3	0	0	8	4	66.67%	82.10%
6 Achievement of Goal	0	3	4	0	3	2	0	0	7	5	58.33%	75.40%
7 Siblings Placed Together	2	0	3	0	4	1	0	0	9	1	90%	
8 Child Visits with Family	1	2	3	0	3	2	0	0	7	4	63.64%	
9 Preserving the Child's Connections	2	1	3	1	4	1	0	0	9	3	75%	
10 Placement with Relatives	1	2	4	0	4	1	0	0	9	3	75%	
11 Relationship with Parents	1	2	3	0	3	1	0	0	7	3	70%	
12 Assessments of needs	3	3	3	1	1	4	1	0	8	8	50%	58.40%
12A Child Needs	6	0	4	0	4	1	1	0	15	1	93.75%	
12B Parent Needs	3	3	2	1	2	3	1	0	8	7	53.33%	
12C Caregiver Needs	1	2	4	0	3	1	0	0	8	3	72.73%	
13 Case Planning	3	3	3	1	2	3	1	0	9	7	56.25%	70.70%
14 Visits with Child	5	1	3	1	4	1	1	0	13	3	81.25%	78.90%
15 Caseworker visits with Parent	2	4	1	2	1	4	1	0	5	10	33.33%	51.10%
16 Child's Educational Needs	2	1	4	0	4	0	0	0	10	1	90.91%	
17 Child's Physical Health and Dental Needs	2	1	3	1	4	1	0	0	9	3	75%	
18 Child's Mental Health Needs	2	0	4	0	3	1	1	0	10	1	90.90%	

Our Kids of Miami-Dade & Monroe identified areas needing improvement and created a new Performance Incentive which allows each agency the opportunity to earn a performance bonus. The Performance Incentive is divided into three categories: (1) Overall CBC Performance (as compared to other CBCs in the state), Permanency Metrics and Individual Performance Metrics. The overall CBC performance compares all of the CBCs in the state in regards to their performance on the State Metrics. The CBC ranking is given based on how many of the 12 State Metrics meet the desired target established by the state. At the end of Quarter 3, Our Kids ranked 18th among all CBCs in State Metric Performance. Subsequently, at the end of Quarter 4 Our Kids had improved to rank 15th among all CBCs. (2) Permanency Metrics – Permanency within 12 months; Permanency within 12 months for children in care 12-24 months; Permanency within 12 months for children in care 24+ months; Re-Entry within 12 months of achieving permanency and Education

for children aging out of foster care. (3) Individual Performance Metrics which are 2 measures selected by each FCMA as an area in which they will focus improvement. Each of the Individual Metrics were selected to achieve the overall outcome of improved fidelity to the Florida Practice Model.

CFCE	Performance Metrics:	Baseline	Q4 Score	Goal
Overall Agency	Our Kids Ranking	18	14	<18
CFCE	Performance Metrics:	Baseline	Q4 Score	Goal
PM01	Permanency Within 12 mos	39.79%	30.90%	40.40%
PM02	Permanency 12-24 mos	47.33%	43.20%	43.70%
PM03	Permanency >24 mos	29.31%	42.55%	30.30%
PM04	Re-entry	81.73%	96.67%	91.70%
PM05	Education Enrollment	88.97%	88.01%	80.00%
CFCE	Individual Performance Metrics			
IM01	Case Plans in FSN	10.00%	55.56%	50.00%
IM02	FFA-O/Quality	24.86%	40.43%	40.00%

CHS	Performance Metrics:	Baseline	Q4 Score	Goal
Overall Agency	Our Kids Ranking	18	14	<18
CHS	Performance Metrics:	Baseline	Q4 Score	Goal
PM01	Permanency Within 12 mos	34.83%	27.97%	40.40%
PM02	Permanency 12-24 mos	39.20%	41.53%	43.70%
PM03	Permanency >24 mos	33.33%	29.66%	30.30%
PM04	Re-entry	92.60%	82.83%	91.70%
PM05	Education Enrollment	92.60%	87.50%	80.00%
CHS	Individual Performance Metrics:			
IM01	Supervisor Consult	0.00%	42.31%	25.00%
IM02	FFA-O Approved	77.56%	93.00%	85.00%

FRC	Performance Metrics:	Baseline	Q4 Score	Goal
Overall Agency	Our Kids Ranking	18	14	<18
FRC	Performance Metrics:	Baseline	Q4 Score	Goal
PM01	Permanency Within 12 mos	44.10%	30.07%	40.40%
PM02	Permanency 12-24 mos	48.17%	44.97%	43.70%
PM03	Permanency >24 mos	38.24%	40.41%	30.30%
PM04	Re-entry	95.23%	95.37%	91.70%
PM05	Education Enrollment	80.36%	84.90%	80.00%
FRC	Individual Performance Metrics:			
IM01	Supervisor Consults	20.00%	92.31%	60.00%
IM02	Safety Plans	20.00%	60.00%	60.00%

WH	Performance Metrics:	Baseline	Q4 Score	Goal
Overall Agency	Our Kids Ranking	18	14	<18
WH	Performance Metrics:	Baseline	Q4 Score	Goal
PM01	Permanency Within 12 mos	12.71%	23.87%	40.40%
PM02	Permanency 12-24 mos	61.53%	74.10%	43.70%
PM03	Permanency >24 mos	20.00%	44.44%	30.30%
PM04	Re-entry	79.33%	100.00%	91.70%
PM05	Education Enrollment	100.00%	100.00%	80.00%
WH	Individual Performance Metrics:			
IM01	Bio Parents Visits	40.00%	72.33%	65.00%
IM02	Home visit Case Note	38.55%	78.21%	61.55%

III. Findings

Quality Visits and Case Notes: As part of our monthly Quality Assurance reviews and CFSR case reviews Our Kids identified a need to focus on the quality of the visits that occur between the case manager and caregivers, children and bio-parents. In order to ensure that family engagement is occurring we developed a tool that is used by the FCMA QA staff and Our Kids QA uses the same tool to review a sample of cases every quarter. As you can see below, home visit notes are reviewed for quality to ensure the items below are addressed by the case manager in the FSFN note. A performance score is given based on the number of items correctly addressed in the notes by the case manager (numerator) divided by the items applicable to the case (denominator) keeping in mind that not all cases will have all 17 items applicable. A baseline was determined in Quarter 3 and a goal was set by the FCMA to be achieved by the end of Quarter 4.

Home Visit Tool

- 1 Child's Education Status/Progress
- 2 Child's Health:
 - a Medical
 - b Dental
 - c Mental\Behavioral
- 3 Child's Needs - Referrals
- 4 Child's Photo taken
- 5 Child's Safety and Well-Being
- 6 Discussion\Interaction with child
- 7 Environmental Safety of Home (only when this may be a concern)
- 8 Any new residents or frequent visitors to the home
- 9 Discussion\Interaction with caregivers
- 10 Child Resource Record Available and up to date
- 11 Independent Living (if applicable)
- 12 Child Placement Agreement (if applicable)
- 13 Psychotropic Medications - Review logs, discuss benefits and side-effects
- 14 Safety Plan discussion (as applicable)
- 15 Safety Plan sufficiency (is it working)
- 16 Discussion with or about Informal Safety Providers
- 17 Case Plan progress/discuss progress update

Likewise, a tool was developed to review Bio-Parent Visit notes. Our Kids acknowledged that if biological parents are engaged then reunification can occur more quickly. Therefore, Our Kids QA uses the tool below to review the quality of Bio-Parent Visit notes entered into FSFN by the case manager. The same method described above is used to come up with a performance score for the cases reviewed in the quarter. A baseline was determined in Quarter 3 and a goal was set by the FCMA to be achieved by the end of Quarter 4.

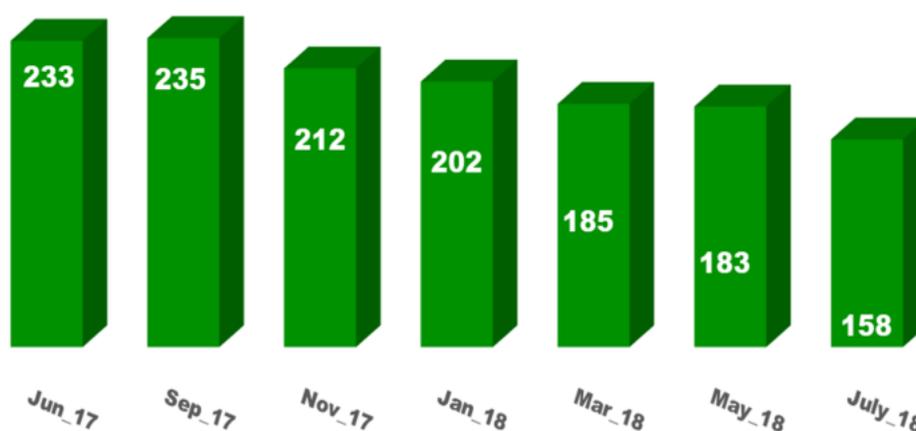
Bio-Parent Visit Note

- 1 Face to face with the parent(s).
- 2 Is the appropriate note type entered?
- 3 Is there a start and end time for the visit(s)?
- 4 Is the face to face completed

- 5 Did the case manager document case plan progress within the bio parent visit note?
- 6 Did the case manager document the parent(s) GOALS?
- 7 Did the case manager document any behavioral changes or enhanced protective capacities for the parent(s).
- 8 Are the parent needs or any barriers to change documented if applicable?
- 9 Are parent(s) being invited to medical, dental, therapeutic, psychiatric, and education meetings if applicable?
- 10 Is there ongoing documentation of parental involvement in child's psychiatric care/psychotropic medications if applicable?
- 11 Is there documentation of the parent(s) current services?
- 12 Is there documentation of visits with the child(ren)?

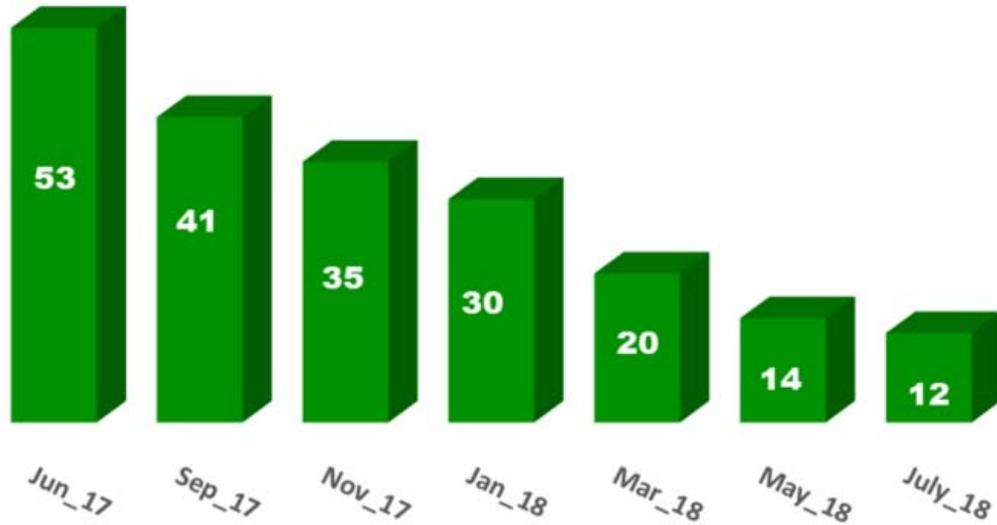
Placement: Another area that required immediate attention from Our Kids new leadership was the placement of children in out of home care. As a CBC, Our Kids had the highest percentage of out of home children placed in group care settings. Our Kids CEO and COO immediately implemented a call to action to move children out of group homes and into family settings. A QA staff member was assigned to lead the review of cases and facilitate multi-disciplinary staffings to identify the next best placement for each child in group care. The graph below shows the decrease of children in group care during the fiscal year from 233 children at the beginning of the year to 158 at the end of the year representing a 32% decline.

Children All Ages in Group Care Decrease of 32%



In particular, there was a focus on moving children ages 0-5 out of group care and a firewall was implemented so that no child under the age of 5 could be placed into group care without the authorization of Our Kids COO. As shown in the graph below, there are only 12 children currently ages 0-5 in "group care" and of those only 6 are in shift care. The other 6 are in family homes licensed as group care due to their licensing standards (APD or Licensed for 6 children).

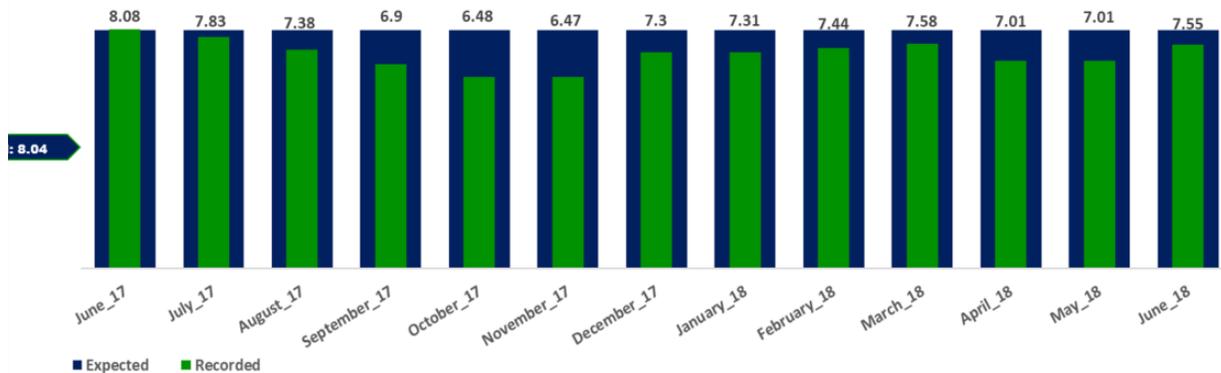
Children Ages 0-5 in Group Care Decrease of 77%



Our Kids CEO, George Sheldon, also assembled a Placement Assessment Committee to conduct a review of the placement process and resources available in the Miami-Dade and Monroe areas. The committee identified gaps in our placement process such as lack of quality foster homes, especially homes for siblings and teens, lack of electronic systems to help match children to appropriate foster homes based on demographics and child specific needs and a placement department that was severely understaffed. Therefore, a “placement redesign” was provided by the assessors which recommended a robust licensing department led by a newly hired Licensing Manager and the hiring of foster parent support staff that would serve as a support system with the goal of minimizing placement disruptions by providing foster parents and the children in their homes the needed services and/or resources to ensure placement stability. Our Kids began to implement the redesign in FY17-18 and currently continue to hire staff to adequately serve our communities.

State Metrics: Our Kids struggled in the Rate of Abuse while in Foster Care metric in FY16-17 and focused on the drivers of this metric. In FY17-18 Our Kids reaped the benefits of training case managers and analysis of this metric as shown in the graph below. Our Kids identified data errors as one of the reasons why this metric was not being met and had designated data specialists in the FCMA's correct the data errors. The other driver for poor performance was the case manger calling in abuse reports that could be mitigated through safety planning and management. Once training was provided to the case management agencies to address this systemic issue we were able to see improvement in the metric and Our Kids was able to sustain the target performance set by the state through the fiscal year.

Rate of Abuse or Neglect per 100K Days in Foster Care



III. Gaps Between Findings and Benchmarks

Re-Entry: In order to study the pattern for re-entry of the children in our system of care within 12 months after achieving permanency the data is retrieved from the FSFN data management system. A review of the cases revealed certain patterns of issues that are responsible for the removal of children from the parents or legal guardians. Our Kids Performance Analyst reviewed a sample size of 483 children who achieved Permanency within 12 months after coming into our care and identified 59 children who had a re-entry into care within the subsequent 12 months. In other words, 12% of the children who achieved permanency within 12 months had a re-entry in the next 12 months. The state target is that less than 8.3% of children will have a re-entry within 12 months of achieving permanency. Data shows that 16 children came back due to domestic violence and 11 due to substance abuse which suggests that there is a direct correlation between the substance abuse, domestic violence and re-entry. The next most common causes for re-entry are refusal to provide care = 7, neglect = 6 and inadequate supervision = 5. The fourth category responsible for re-entry are non-compliance = 3, physical abuse = 3, judicial re-opening = 3 and natural calamity = 2. The last category consisted of deceased parents = 1, human trafficking = 1, and maltreatment = 1.

The above numbers help us to understand that we need to focus more attention on providing services for the domestic violence in the family and substance abuse issues. Moreover, we need to pay attention to the mental or physiological issues of the parents and family members as substance abuse is directly related to the mental health. Our Kids will focus on services provided to families after reunification and ensure that quality in-home visits are occurring to support the reunification.

Permanency: Our Kids Quality Assurance identified a decline in timely permanency in FY17-18. In an effort to address permanency a Quality Assurance staff was assigned to facilitate permanency staffings with each Full Case Management Agency and assist in overcoming barriers. The first set of cases staffed where those were children under the age of 12 who were in group care. Of those, many were able to be reunified but they did not meet the 12 month target.

IV. Intervention findings

Our Kids of Miami-Dade and Monroe is under the new leadership of George Sheldon. He began his leadership in July of 2017 and with that he brought an assessment team that is looked at the operations of the organization, its current management staff and the system of care as a whole. The assessment team made recommendations that were used to develop our strategic plan for FY17-18. The main focus

is on the placement department and recruitment for more foster homes. To address the our subpar performance in Permanency we have met with all of the Full Case Management Agency's leadership for a "Call to Action" where all of the partners within the system of care will focus on timely permanency. This includes CLS, GAL, Case Managers and the courts. Our Kids QA will facilitate the permanency staffings at 3,6 and 9 months in order to assist the agencies in moving the cases towards the permanency goal. Our Kids is partnering with Casey Family Programs to implement their evidence based Rapid Permanency Reviews focused on the children who have a goal of adoption and have been in care over 24 months. Our Kids will train internal staff, as well as, staff from each of the Full Case Management Agencies to conduct these reviews with the intent to use the model again on another target population later this fiscal year. In an effort to stabilize the workforce, Our Kids has implemented the Butler Model across the agencies in Miami-Dade County. Butler is an evidence based model shown to reduce worker turnover.

As shown throughout this report, Our Kids Quality Assurance has transformed from a compliance driven department to one that drives continuous quality improvement. Our Kids Quality Assurance reviews are proactive rather than re-active in order to ensure cases are on track from the initiation of a case rather than looking back to review where processes could have been improved. This is an approach that must be done in partnership with the training department in order to continuously improve practice.

