



KIDS CENTRAL, INC.

A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN

Building Better Lives

**QUALITY
MANAGEMENT
PLAN
2018 - 2019**

Table of Contents

Section I: Organization, Leadership & Infrastructure	3 - 6
Section II: Strategy and Planning	6 - 7
Section III: Awareness, Prevention and Growth	7 - 11
Section IV: Family Preservation.	11 - 13
Section V: Managing Quality within our System of Care.	13 - 18
Section VI: Monitoring, Reporting and Continuous Improvement	19 – 38
Section VII: Risk Management	38 – 47
Section VIII: Fostering Partnerships and Community Awareness	47 – 50

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.



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

Our Vision

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

Vision Statements:

PREVENTION

We accept our responsibility to build better lives for children by taking a community approach to their welfare. In order to achieve our vision of minimizing the number of children who require Kids 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.

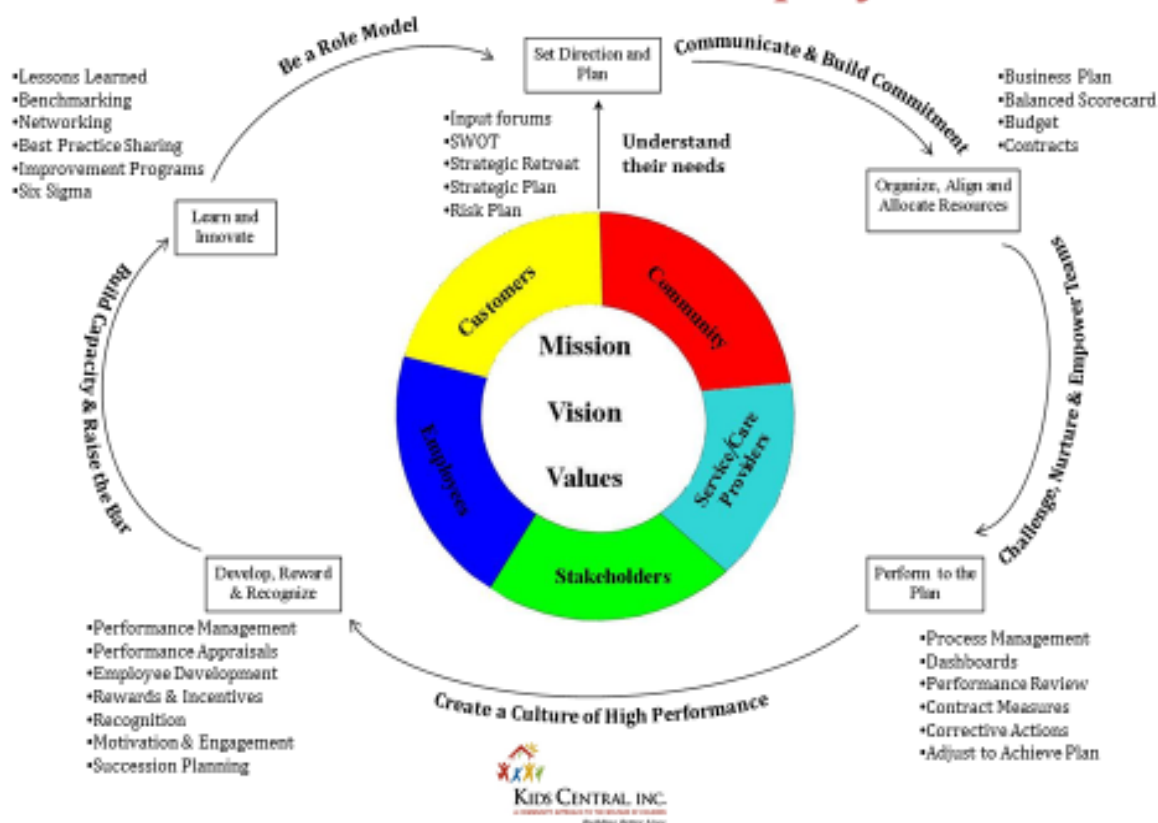
Leadership & Case Management Infrastructure

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 Accounting and Revenue Maximization, Director of Human Resources, Director of Prevention Services, Senior Director of Healthy Start, Director of Community Affairs and

Director of Planning and Special Projects. 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 Leadership System



Kids Central's Leadership continues to subcontract with three (3) Case Management Agencies responsible for providing 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.

Previously, Circuit 5 was split into two (2) case management service areas, with adoption services provided by one organization who covered the entire circuit. After restructuring the system of care, the CMA service areas fall naturally along community boundaries. The Centers serves Marion County,

LifeStream serves Lake and Sumter counties and YFA covers Citrus and Hernando counties. All agencies now provide adoption services.

Kids Central continues to monitor and improve its system of care, to improve the overall network, and identify gaps and other opportunities for improvement. Kids Central was proactive in listening to stakeholders and monitoring performance, identifying that “continuity of care” was an issue that needed to be addressed. The redesign and alignment allows for a much smoother transition in bridging the handoff of adoption cases from one CMA to another. The realignment that occurred in FY 2016-2017 continues to support the following:

The realignment continues to support the following:

- 1) Geographic Alignment
 - a. Aligns well with natural community boundaries
- 2) Caseload Balance
 - a. With the three (3) CMA’s
 - b. Creating CMA case equity

As an additional benefit, the realignment provides caseload balance between the three (3) providers. Consistency in case management allows for seamless case management services, concurrent planning and a streamlined adoption process.

Kids Central’s leadership maintains, as a priority, ongoing professional development of staff and recognition. As part of the Balanced Scorecard for FY 2017-2018, the Board of Directors again chose to include staff development measures. During FY 2017-2018, supervisors, along with upper management and executive team members, attended various leadership trainings.

For FY 2017-2018, the Human Resource Department continued the Employee Recognition program. The quarterly program includes recognition for employee service milestones as well as performance accomplishments.

Section II: Strategy & Planning



Strategic Planning 2018-2019

As an overarching basis for all of 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 is working on reaccreditation of COA for this next fiscal year.

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.

During FY 2017-2018, Kids Central accomplished the following:

- Served over 1700 clients in Lake County
- Served over 1500 clients in Alachua County
- Served over 750 clients in Hernando County

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. Fiscal year 2016-2017 focused on Family Engagement and Child Development CQI activities while fiscal year 2017–2018 focused on Supporting Childhood Development. For fiscal year 2018-2019, MIECHV will focus 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.

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.

Initially, Kids Central contracted with Devereux Kids to manage the Neighborhood Projects. On July 1, 2014 the projects day to day staffing transitioned from Devereux Kids to Kids Central. Since inception, Devereux and the 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 opened in May of 2018 and is 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.

During FY 2017-2018, Kids Central accomplished the following:

- Served 6489 clients (9583 children) through the Neighborhood Projects
- 835 clients were assisted with Access Florida
- 649 clients were provided with resources such as clothing and household items
- Assisted 2429 with Job and Educational Guidance
- Provided Christmas gifts to almost 300 children
- Developed ongoing partnerships with agencies including the Early Learning Coalition, Lake/Sumter United Way, University of Florida Extension, Goodwill Bookworks, Children's Medical Services, Langley Mobile Medical Buses, Career Source and Fast Track

Baby Sleep Basics:

In the state of Florida, more children die from asphyxiation than drowning. Asphyxiation is due to co-sleeping and/or an unsafe sleep environment (e.g., placing an infant to sleep on a couch, futon, adult bed or sleeping arrangement other than crib or bassinette). The 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 2017 in Circuit 5, 17 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 2017-2018, Kids Central accomplished the following:

- During the year, almost 200 sleeping environments were distributed to caregivers of infants and provided with training on safe sleeping
- Healthy Start, MIECHV, and Neighborhood Project staff members provided safe sleep education and equipped to distribute pack-n-plays to appropriate caregivers

Kinship:

Nearly 355,000 children in Florida (7.1% of all children in the state) live in grandparent headed households and another 122,000 children live in households headed by other relative caregivers. The children living in nearly 45% of these Kinship Care households do so without the presence of either parent (2014 Grand 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 2017-2018, Kids Central accomplished the following:

- The Kinship Care Program served 325 caregivers and 455 children, providing them with case management services
- Over the last seven (7) years, the program has successfully diverted over 97% of participants from the formalized child welfare system
- Provided 20 families with legal services
- Kids Central's Kinship Program assisted 107 families with ACCESS Florida Benefits
- Throughout the five-county area, 78 relative caregivers graduated from support groups
- The Kinship Program supported families with assistance for Thanksgiving, Christmas and back-to-school
- The Kinship Program raised over \$18,500 in cash and in-kind 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.

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 the table 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:

Safety Management 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:

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

Parenting Journey:

The Parenting Journey Program (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:

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

CQI for Family Preservation:

Family Preservation will participate 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 that the highest quality performance outcomes are achieved through consistency in monitoring, evaluating and communication of best practices, based on goals as established through state and federal contract measurements and requirements
- Review, regularly, organizational and management processes as well as policies and procedures to evaluate their effectiveness as well as compliance
- Outline methods and timeframes for 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 FSN and Mindshare, as well as other spreadsheets resulting from satisfaction surveys, Quality

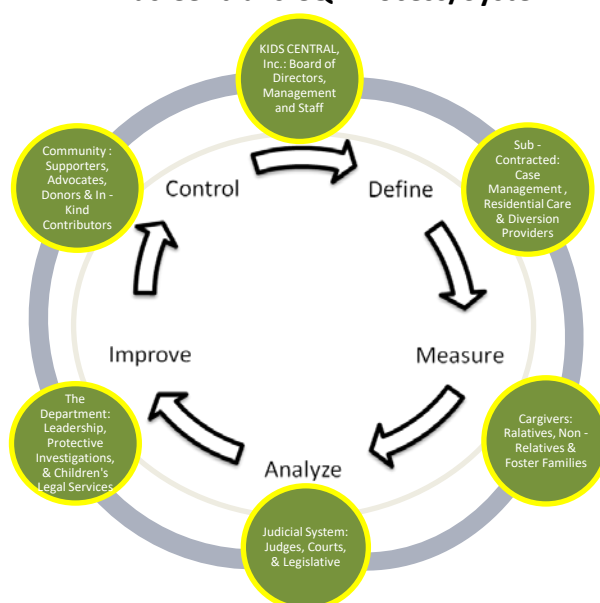
Service Reviews, Discretionary Reviews, Incident Report analysis. The data focuses on indicators related to safety, services delivery, effectiveness, timeliness and risk management. The data is analyzed by management and partners. Based upon the data collected, additional action may or may not be required. 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 QI Team 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, Supervisor, five (5) QM Specialists, a Quality Data Specialist and Quality Data Analyst. Each QM Specialist is certified and is experienced in the use of standardized review tools.

The Director of 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 serving 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
- Consumer/Stakeholder satisfaction surveys of: Kinship Caregivers, IL Youth, Foster Parents and others as requested and/or deemed necessary

Council on Accreditation Standards – A Quality Impact

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

Kids Central was accredited in the area of Independent Living in 2009 and is also accredited in the areas of Licensing, Re-licensing, Kinship Care (Informal) and Placement Services. In 2015, the Healthy Start Program joined the family of accredited service programs. In accordance with COA standards, the Kids Central 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 is scheduled to occur in 2019. The Neighborhood Projects will be going through the accreditation process in 2019 as well.

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 Calendar:

Annual Review Schedule 2018-2019

Month	Training
August 2	Child Placement Agreement
August 29	Unified Home Study
September 18	Normalcy
September 18	LGBTQ
September 26	Psychotropic Medications
September 26	Missing Kids
October 3	Exit Interviews
October 3	Cultural Competency
October 30	General Safety Planning
October 30	Child Placement Agreement
November 7	Incident Reporting
TBD	Human Trafficking (6 hours)
Internal and Special Event Training Calendar August 2018 – November 2018	
August 9	Hope for Healing and Building Relationships
August 14	NAPPI
August 22	Trauma Informed Care for HT Survivors

September 12	Compassion Fatigue and Motivational Interviewing
September 25	Domestic Violence
October 2	Adverse Childhood Experiences and Substance Abuse
October 23	Autism Spectrum Disorder
November 13	Human Trafficking, An Overview

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

In-service training consists of on the job coaching and field observations to reach full Child Welfare Certification for all case management related staff. All staff is required to complete the requirements outlined by the 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. Kid's Central staff have access to the Relias On-line training. 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 2018, Kids Central implemented individual training plans for each employee at Kids Central. These plans were developed by the individual and his/her supervisor to encourage employee learning and growth, not only in his/her current position, but to prepare him/her 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 are in compliance with all contractual, administrative and programmatic standards and requirements.

Changes in policies and procedures may be instituted based upon review findings. If significant problems are identified within 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 or not the established objectives has been achieved, and modify methods as needed.

LifeStream Quality Management Department Reviews and Activities:

Annual Review Schedule 2018-2019

Frequency	Type of Review
Within 6 business days of receipt	CBHA Recommendations
Within 6 business days of receipt and again within 10 business days of receipt	RFA Action Plans
Monthly by the 15 th	Psychotropic Medication
Quarterly (September 2018, December 2018, March 2019 and June 2019)	Peer Reviews
Monthly by the 10 th	Hospital discharges

July 2018, August 2018, October 2018, November 2018, January 2019, February 2019, April 2019 and May 2019	CFSR (without interviews)
Monthly by the 15 th	Separated siblings
Monthly by the 20 th	Child Health Check Ups
Monthly by the 20 th	Missing Children
Monthly by the 20 th	Reunification – Post Placement
Quarterly	Rapid Safety Reviews

The Centers Quality Management Department Reviews and Activities

Annual Review Schedule 2018-2019

Reviews and Activities	
Frequency	Activity/Review
Daily	Incident Reports
Daily/Weekly	Adoption Transfer Reviews
Weekly	Rapid Safety Reviews
Quarterly (to begin 2 nd Q 2018)	CFSR (Internal)
Daily/Weekly	Mindshare Reviews (Internal RSF)
Daily/Weekly	Missing Kids
Monthly	Missing Kids (CAP)
Quarterly (to begin 2 nd Q 2018)	Peer Reviews
Weekly/Monthly	CQI/CFSR

YFA Quality Management Department Reviews and Activities:

Annual Review Schedule 2018-2019

Internal Reviews and Peer Reviews	
Frequency	Activity
Monthly	Supervisory Review Samples
Monthly	Home Visit Note Samples
At Transfer	New VPS Cases
Upon Notification	New Babies born into Open Cases
At discretion of Senior Leadership	Internal YFA File Reviews

Quarterly	YFA Agency Peer Reviews
Quarterly	Rapid Safety Reviews
Quarterly	CFSR

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

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.

Quality Improvement Team

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. Quality Improvement Team (QIT) Meetings are held quarterly and/or as needed.

Initiatives utilized to enhance and drive improvement are:

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

The QI Team 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 2016–2017, the QIT maintained Supervisory Reviews and Guidance as a primary focus and initiative. Efforts to solidify this process continued into FY 2017–2018. The year kicked off with development and roll out of a universal supervisory review format, being utilized by all contracted CMA's within Circuit 5. Included in the roll out of the format was the mandatory requirement all case management supervisor's attend and participate in training of the tool, which was and will continue to be facilitated by case management leadership. For FY 2017–2018, full implementation of the new format was achieved.

Other anticipated QIT focused initiatives that were completed were: ongoing education and professional development related to formal and informal assessments, to include Family Functioning Assessments and Safety Plan development and monitoring.

Initiatives for FY 2018-2019 include updating the supervisory review tool, incorporating CMA QA staff into Rapid Safety Reviews internal CFSR reviews.

Data Collection & Management

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

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

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

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

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

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

FSFN 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, 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 2018-2019:

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

Incident Reports	Internal Log	Daily
Exit Interviews	Internal Log	Daily
Rapid Safety Feedback	Internal Log	Quarterly
Missing Children	Internal Log	Daily

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

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

During fiscal year 2017-2018 improvement occurred in several areas; however, performance in others declined and there remains ongoing opportunities for improvement. Of the twelve Contract Measures established and monitored by the Department, through contract nearly all align directly with Child Safety, Permanency and Well-Being.

Kids Central met or exceeded performance targets in nine (9) of the 12 measures during FY 2017–2018 and with ongoing improvement initiatives in place and in ongoing development, plan to improve in those areas where performance fell below standards. Those areas include:

- **CBC01** (Rate of abuse or neglect per 100,000 days in foster care)
- **CBC06** (% of children exiting foster care to a permanent home in 12 months for children in foster care 12 to 23 months)
- **CBC07** (% of children who do not re-enter foster care within 12 months of moving to a permanent home)

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

- **CBC01** – Kids Central has met CBC01 target for four (4) of the last five (5) quarters. Analysis of CBC01 exceptions is ongoing and will continue to be discussed during biweekly data calls. Currently Kids Central is developing a CBC01 exception review tool to assist with this process moving forward. This tool will be sent to the CMA's for completion and discussed on the biweekly data calls.
- **CBC06** – Kids Central has met CBC06 for two (2) of the last four (4) quarters although we are continuing to trend down. Analysis of CBC06 is ongoing and will be discussed during biweekly data calls. Activities to address this measure include meeting with Adoptions staff monthly to discuss the children that fall within this category. This measure is also on each of the CMA Balanced Scorecards and performance is discussed monthly on the data calls.
- **CBC07** - Analysis of CBC07 exceptions determined most reentries were involving reunifications where family assessments could have been more comprehensive. Kids Central is developing training to address this and other issues. Further analysis determined there were problems

related to the diversion program specifically used for this population, to include staffing issues and the fidelity of the program. Due to these issues, the program was placed on a Corrective Action Plan (CAP). Leadership at Kids Central has been working with the provider to ensure these issues are remedied. During FY 2017-2018, Kids Central's CBC07 performance has significantly improved.

Although Kids Central met the performance measures for CBC05 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:

CBC05 (% of children exiting foster care to a permanent home within 12 months of entering care) – In January 2018, Kids Central and staff from all three (3) CMA's began collaborating on 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 adjudications, communication and scheduling issues. Communication is ongoing between leadership at Kids Central, the CMA's, judiciaries and CLS on ways to remedy these issues. Kids Central met CBC05 target for the 4th quarter FY 2017-2018.

CBC10 (% 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 Region Performance Improvement Plan and through other activities described in this QM Plan.



Kids Central, Inc.

June, 2018

building better Lives															
> 2017/18			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			< 12 mo.
Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	△	Trend	

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															58 per 615,211	
8.5	8.85	▼	8.18	6.46	6.61	6.06	5.9	5.55	6.52	7.17	7.14	7.27	8.53	9.46	9.42	
CBC02: % of children not abused or neglected while receiving in-home services															885 of 901	
95	92.9	▲	98.5	97.7	97.6	97.3	98	97.4	96.6	96.1	96.3	95.4	96.5	96.5	98.2	
CBC03: % of children with no verified maltreatment within 6 months of termination of dependency supervision															232 of 233	
95	92.9	▲	97.9	98.9	98.9	98.8	96.4	95.3	96.4	97.8	98.8	98.8	98.8	99	99.5	
CBC04: Children under supervision who are seen every thirty 30 days															202,559 per 203,468	
99.5	98.9	▲	99.9		99.78	99.72	99.64	99.84	99.2	99.65	99.54	99.57	99.64	99.48	99.55	
CBC05: % of children exiting foster care to a permanent home within 12 months of entering care															123 of 295	
40.5	36.3	▲	44.41	39.13	34.58	38.49	39.05	42.04	37.4	41.6	44.2	39.66	37.28	37.66	41.69	
CBC06: % of children exiting foster care to a permanent home in 12 months for children in foster care 12 to 23 months															198 of 470	
43.6	39.2	▲	45.74	47.34	48.33	45.07	44.85	44.11	40.49	48.8	48.26	46.5	47.02	44.37	42.12	
CBC07: % of children who do not re-enter foster care within 12 months of moving to a permanent home															138 of 152	
91.7	90.8	▲	82.79	83.48	83.33	84.55	84.67	84.9	84.68	88.8	92.12	93.44	94.66	91.66	90.78	
CBC08: Placement moves per 1,000 days in foster care															725 per 183,786	
4.12	4.54	▼	4.48	4.28	4.19	4.04	4.13	4.18	3.85	3.77	3.82	3.88	3.97	3.7	3.94	
CBC09: % of children in foster care who have received medical services in the last 12 months															1,636 of 1,664	
95	89.9	▲	96.8	96.3	95.9	95.6	95.6	96.4	95.2	96.1	96.5	96.7	97.1	97.5	98.3	
CBC10: % of children in foster care who have received dental services in the last 7 months															1,069 of 1,118	
95	89.9	▲	91.9	92.7	93.6	94.8	93.4	91.4	91.3	90.7	92.8	92.6	93.3	93.7	95.6	
CBC11: % of young adults aged out of foster care completed/enrolled in secondary/vocational/adult education/training															53 of 56	
80	69.9	▲	84.9	82.2	84.4	85.1	84.9	83	84.9	89	87.7	91.4	93.7	93.8	94.6	
CBC12: % of sibling groups where all siblings are placed together															326 of 437	
65	60	▲	71.5	71.6	70.3	69.4	69.4	68.8	71	71	71.8	73	73.3	74.5	74.5	

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

Stan Baran - Data Analyst - Kids Central, Inc.

Continuous Quality Improvement Reviews FY 2017/18 Summary		Kids Central		Statewide	
Safety Outcome 1		49 Cases		820 Cases	
Children are, first and foremost, protected from abuse and neglect.		34	79.4%	575	91.5%
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?	37	78.4%	586	91.5%
Safety Outcome 2					
Children are safely maintained in their homes whenever possible and appropriate.		45	62.2%	829	72.3%
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?	28	85.7%	452	91.2%
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?	54	59.3%	896	72.5%
Permanency Outcome 1					
Children have permanency and stability in their living situations.		24	33.3%	519	55.3%
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)?	31	67.7%	588	81.5%
5	Did the agency establish appropriate permanency goals for the child in a timely manner?	31	67.7%	587	83.3%
6	Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?	31	71.0%	588	73.3%
Permanency Outcome 2					
The continuity of family relationships and connections is preserved for children.		26	65.4%	522	61.7%
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?	18	88.9%	363	84.3%
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?	25	56.0%	510	62.5%
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?	31	74.2%	593	73.7%
10	Did the agency make concerted efforts to place the child with relatives when appropriate?	31	64.5%	574	80.0%
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?	22	54.5%	476	53.6%
Well-Being Outcome 1					
Families have enhanced capacity to provide for their children's needs.		42	26.2%	789	48.2%
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?	54	25.9%	899	62.6%
12A	Needs Assessment and Services to Children	54	74.1%	899	86.2%
12B	Needs Assessment and Services to Parents	48	33.3%	806	66.0%
12C	Needs Assessment and Services to Foster Parents	31	77.4%	567	89.1%
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?	54	53.7%	863	59.8%
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?	54	59.3%	898	61.9%
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?	46	15.2%	802	37.0%
Well-Being Outcome 2					
Children receive appropriate services to meet their educational needs.		27	70.4%	491	80.2%
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?	31	67.7%	510	80.6%
Well-Being Outcome 3					
Children receive adequate services to meet their physical and mental health needs.		30	60.0%	677	66.9%
17	Did the agency address the physical health needs of children, including dental health needs?	35	65.7%	657	75.8%
18	Did the agency address the mental/behavioral health needs of children?	25	36.0%	465	71.0%

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 OP's to frontline staff.
- CFOP's are discussed and reviewed during various meetings to include QI Team 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.

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.

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.

Quality Management Department Reviews & Activities:

Annual Review Schedule 2018 – 2019

Month	Name of Review
July – September	1 st DCF Quarterly Reviews: Rapid Safety and FL CFSR
July – September	KCI Rapid Safety Mindshare Reviews
July – September	COA Peer Reviews
QIT Meeting	QIT Meeting
October – December	2 nd DCF Quarterly Reviews: Rapid Safety and FL CFSR
October – December	KCI Rapid Safety Mindshare Reviews
October – December	COA Peer Reviews
October – December	Adoption Subsidy
October – December	Overcapacity Waivers
QIT Meeting	QIT Meeting
January – March	3 rd DCF Quarterly Reviews: Rapid Safety and FL CFSR
January – March	KCI Rapid Safety Mindshare Reviews
January – March	COA Peer Reviews
January – March	Psychotropic Medication Review – Joint *
January – March	Revenue Maximization
QIT Meeting	QIT Meeting
April – June	4 th DCF Quarterly Reviews: CFSR Version of Reviews
April – June	KCI Rapid Safety Mindshare Reviews
April – June	COA Peer Reviews
April – June	Overcapacity Waivers
April – June	Missing Children *
April – June	Supervisory Reviews – Joint *
QIT Meeting	QIT Meeting

*Review may be subject to change

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 2018-2019 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.

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. The goal in reviewing this population is to focus, specifically, on child safety. Phone consultations occur with case management staff, on each case, to offer guidance and support in assuring child safety.

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

Utilization Management Department – Reviews & Activities:

Annual Review Schedule 2018–2019

Dates	Name of Review/Assignment	UM Lead
July 1-7	Quarterly Data Report	All
September 10-14	Peer Reviews (Chore, Flex and D&E)	Jennifer Bradshaw
September 24-28	CBHA Quarterly Review – Q1	Julie VanNoy
October 1-7	Quarterly Data Report	All
October 8-12	Camelot IRP 6 Month Review	Kayler McGill Walker/TBD
November 5-9	Family Connections Fidelity	Julie VanNoy
November 16	Camelot IRP Exit Interview	Kayler McGill Walker
December 5-7	Peer Reviews (Chore, Flex and D&E)	Jennifer Bradshaw
December 10-14	CBHA Quarterly Review – Q2	Julie VanNoy
December 17	Family Connections Exit	Julie VanNoy
January 1-7	Quarterly Data Report	All
January 8-11	Family Team Conferencing Review	Kayler McGill Walker
February 4-8	Safety Management Services	Julie VanNoy
February 18	Family Team Conferencing Exit	Kayler McGill Walker
March 7-14	Peer Reviews (Chore, Flex and D&E)	Jennifer Bradshaw
March 11	Safety Management Services Exit	Julie VanNoy
March 25-29	CBHA Quarterly Review – Q3	Julie VanNoy
April 1-7	Quarterly Data Report	All
April 8-12	Nurturing Parent/Parenting Journey	Kayler McGill Walker
May 6-10	Camelot IRP 6 Month Review	TBD
May 20	Nurturing Parent/Parenting Journey Exit	Kayler McGill Walker
June 3-7	CBHA Quarterly Review – Q4	TBD
June 11-14	Peer Reviews (Chore, Flex and D&E)	Jennifer Bradshaw
June 20	Camelot IRP Exit	TBD
June 24-28	Family Connections Fidelity	Julie VanNoy

Utilization Management

Utilization Management 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 provider. This review process often leads to changes in contract language and identifies areas of concern.

At a frequency based upon contract and need, the 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.

Utilization Management – 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, 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 requested.

Utilization Management - 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.

Family Preservation

Family Preservation – Community Based and Early Services Intervention Staffings:

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 on a daily basis with the Family Preservation Specialist. The goal is to ensure families receive services in the least restrictive manner, while maintaining the family unit. The 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 in an attempt 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 Early Services Intervention (ESI) 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 staffings. 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 2018–2019 goals are as follows:

- Continue to provide optimal customer service to our internal and external stakeholders through prompt coordination of Case Transfer Staffings and support service assessment
- Provide continued support in completion of Permanency Staffings to reduce bottlenecks within the system of care
- 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.
- A committee (DCF and Kids Central employees) will be developed to review shelter cases in an effort to determine whether or not diversion services should have been offered in lieu of sheltering the children.

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 the Department of Children & Families through the Incident Reporting System. Incident reports will be reviewed quarterly for trends or concerns.

Tools/Reporting Outcomes/Results: Data will be captured utilizing the incident reporting log, incident reports, FSFN and communication with CMA's. Results will be disseminated by QM to various Leadership and will be discussed during QI 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 or more incidents are reviewed and circumstances discussed. The meetings and the format are multi-disciplinary as well as interdepartmental as staff from within Kids Central, representing multiple departments, attend to review each child as well as to take action, as warranted. Kids Central is in the process of collaborating with several CBC's to assess risk on a global scale. A shared database is in the developmental stage and will enable participating CBC's to better analyze and trend aggregate data. Once implemented, this system should expedite the reporting and approval process and provide better reporting capabilities. It will also provide an early notification system for leadership.

Incident Reporting:

Any Kids Central contracted CMA staff that becomes aware of an incident that meets the criteria set forth by the Incident Report form must initiate the proper response and verbally report the incident immediately to their supervisor, Program Director, CMA Director and/or the CEO of the provider organization.

In cases where health, safety and well-being of the client(s) have been critical or fatal or for those incidents that have the potential to create media involvement, the 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, 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 were in compliance with program policies and procedures;
- b) Appropriate handling of the situation and action taken to protect the child;
- c) Steps taken to maintain control of the situation and to limit risk to the child(ren) and liability to the project.

State Program Improvement Plan Supporting Activities:

Reviewers/Person Responsible: QM Director, QI Team Members

Frequency: Various

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

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

Missing Children Analysis & Improvement:

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 Case Management Staff to ensure that efforts are documented and occurring as well as a staffing conducted, when appropriate.

Tools/Reporting Outcomes/Results: FSFN reports and the Missing Child log will be utilized to capture the data. Reports will be disseminated to the 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.

Section VII: Risk Management

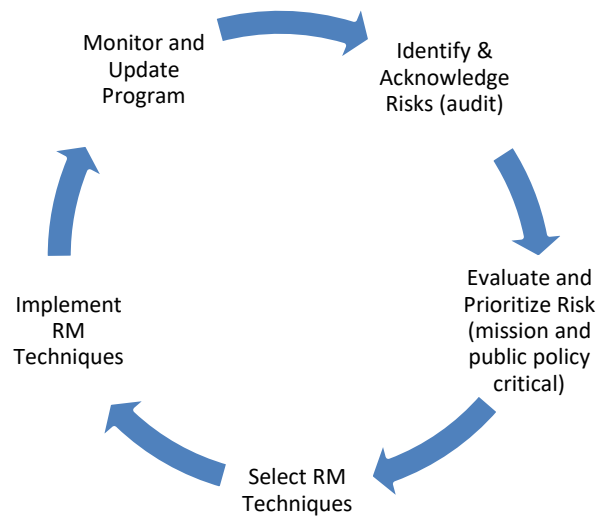
Kids Central utilizes an Enterprise Risk Management (ERM) approach when evaluating and managing risk. As defined by the Casualty Actuarial Society, ERM is "the discipline by which an organization in any industry assesses, controls, exploits, finances, and monitors risks from all sources for the purpose 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 is able to meet the unique needs of each child
- Well - being – providing children nurturing care, learning experiences, and life enrichment opportunities to help them achieve fulfilling lives
- Prevention/Diversion – caring for children and families in the least restrictive and nonintrusive manner possible by providing effective services for all levels of care, including services delivered to individuals and communities before significant abuse or neglect occurs
- Strengthen Families – identifying, supporting, improving, and utilizing family strengths as a critical component of service planning and delivery

Funder Goals:

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

Organizational Goals:

- Reputation – earning and maintaining a perception in our community and industry as a professional organization that is self-accountable for demanding high ethical standards, producing excellent results, and demonstrating a strong commitment to stewardship in all of its endeavors

- Diversify Funding – obtaining an adequate mix of private and government funding and funding sources to provide the budget flexibility required for current and future endeavors
- Viability – building the organizational capacity, effective staff, and financial capital necessary to prepare for and react to changes, seize opportunities, prove resilient to setbacks, and demonstrate long-term success

Risk Retention with Risk Control:

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

Management and Supervision:

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

Quality and Utilization Management:

The 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 Director of IT and General Services and one staff member from each division.

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

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

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

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

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

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

General Services and Information Technology:

For FY 2017-2018, the current Internet Service Provider (ISP) was updated for data and telephones to decrease cost, improve network connectivity and to change the voice protocol to 'Session Initiation Protocol' (SIP) technology. These changes allowed place Kids Central and the CMA's to be in a better position to take advantage of the rising use of web based applications. Complementing this is enhancing email attachment screening and embedded URL screening within emails then upgrading the end-user anti-virus software that has an Artificial Intelligence (AI) component which is cloud based so it learns from all the other sites across the globe to better achieve an early warning on a virus outbreak.

FY 2018–2019 goals are as follows:

- **Data/Telephones** - Change ISP to CenturyLink as this change will represent a substantial savings for both data and telephone costs. It will also double the network throughput to our CMA's
- **Data Availability** – Replace an aging Storage Area Network (SAN) equipment to a state of the art storage array with added storage for projected growth. This new SAN will complement our virtual server environment which will provide an increase of file access speed when retrieving stored files
- **Anti-Virus/Anti-Malware Upgrade** – Replace the current anti-virus software with a version that proactively alerts if a virus is trending around the globe, then proactively shields us from being infected with the same virus
- **Facility** – Upgrade the door access system as this upgrade will allow Kids Central to perform a building lock-down in the event of a threat lurking close to the building perimeter

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 Director of Accounting and Revenue Maximization. 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 Director of Accounting and Revenue Maximization.

Federal Funding

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

Revenue Maximization Department consists of five (5) 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 monthly to Kids Central's Executive Leadership.

Client Inquiries:

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

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

Complaints:

Kids Central defines a complaint as dissatisfaction with a case specific issue or service delivery issue, which is received verbally or in writing and for which a response is requested. When a complaint is received, a written confirmation of the complaint and the Kids Central complaint procedure will be forwarded to the complainant. This confirmation will inform the complainant that Kids Central's Client Rights Designee is investigating the complaint/concern they have filed.

The Kids Central Complaint, Follow-up, and Resolution are documented in Footprints. If a complaint cannot be resolved by the Client Right's Designee, the issue will then be passed on to the 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, to Kids Central, that do not come through DCF Client Relations.

Review of all Complaints and Grievances:

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

Consumer and Stakeholder Surveys:

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

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

Section VIII: Fostering Partnerships & Community Awareness

Stakeholder and Foster Parent Surveys

- Kids Central uses standardized instruments and the instrument used will allow for anonymity but will include basic demographic information
- A sample survey of stakeholders and foster parents is taken annually
- Surveys will be conducted utilizing web based tools through Survey Monkey
- Results are tabulated and included in the report to Kids Central's Executive Leadership and CMA's as appropriate

Survey responses received from foster parents for FY 2017-2018 reflect an increase in satisfaction overall. Foster parent satisfaction increased to 88.06%, an increase of 13% points from FY 2016-2017. Satisfaction with the CMA's also increased, with the Centers at 73%, LifeStream at 72% and YFA at 84%.

Customer Service Training was developed as a part of the Florida Intelligent Recruitment Project (FIRP) grant and will be incorporated into Kids Central training within the next fiscal year. It is the intention of this training to further improve the customer service provided to the foster parents and stakeholders served within Kids Central's system of care.

Overall Satisfaction with Experience as Foster Parent							
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Average Score	% Strongly Agree or Agree
FY2014-15	19	24	3	1	2	4.16	87.76%
FY2015-16	20	38	4	0	1	4.21	92.06%
FY2016-17	28	41	15	5	3	3.93	75.00%
FY2017-18	26	33	6	2	0	4.24	88.06%

Overall Satisfaction with CMAs					
	FY'14-15	FY'15-16	FY'16-17	FY'17-18	Trend
Aggregate Score					
LifeStream (formally CHS)	4.14	3.92	3.73	4.06	↑
The Centers	4.05	3.90	3.53	3.94	↑
Youth & Family Alternatives	4.27	3.98	3.78	4.25	↑
% "Strongly Agree" or "Agree"					
LifeStream (formally CHS)	81%	76%	60%	72%	↑
The Centers	79%	75%	61%	73%	↑
Youth & Family Alternatives	83%	73%	65%	84%	↑

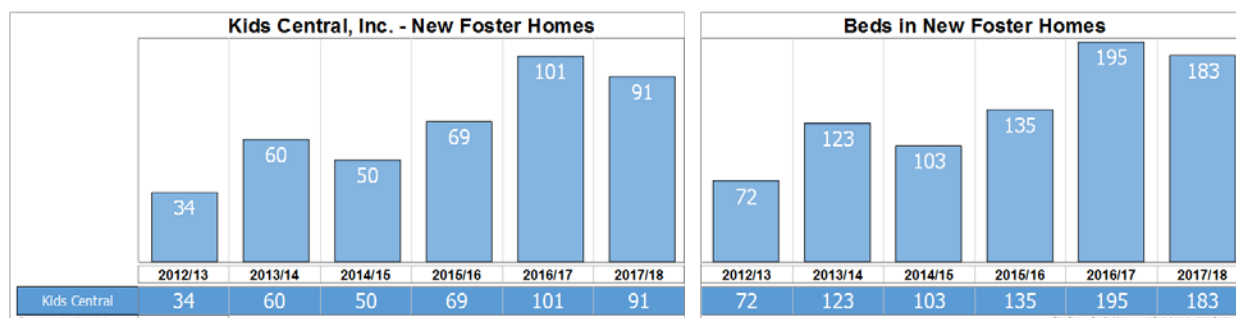
Foster Care and Adoptive Home Licensing, Approval, Recruitment & Retention

For the upcoming year, the Out of Home Care Department has set a robust recruitment goal of 120 homes for this fiscal year.

Partnerships with local churches and faith based organizations will continue and focused efforts will continue to be geared towards local businesses and organizations such as the school boards and hospitals. Kids Central will use various marketing strategies to continue the recruitment of foster parents, to include television, outdoor billboards, brochures and radio advertisement. Kids Central will also employ social media outlets in an effort to target a diverse population.

During FY 2017-1018, Kids Central accomplished the following:

- Licensed 91 new foster homes
- Licensed 183 new beds
- Increased foster home capacity by 69 beds
- Average of 62 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 four (4) 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.

FY 2018-2019 goals are as follows:

- Placement of sibling groups together
- Increase the number of foster home beds
- Increase the number of teen specific beds
- Reduce the average cost of care for children in licensed care

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

- Some of the CMA's have created a Foster Parent Liaison to assist in meeting the needs of the foster parents
- 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 time with foster parent to ensure we are delivering quality service 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 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 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. Kids Central will provide the opportunity for a qualifying foster home that meets requirements as set forth by Administrative Code, to acquire a three (3) year license.

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 Program Improvement Plan, as determined by DCF and/or Kid's Central, Inc.

Growth & Community Awareness:

Kids Central along with DCF and two (2) other CBC's, are participants in the FIRP grant. Building upon *Fostering Florida's Future*, a statewide collaborative effort implemented to improve the quality and availability of foster and adoptive resource homes; an expert team convened to create an intelligence-driven approach to the diligent and targeted recruitment of families for children in the foster care system. Utilizing Gold & Associates' "Intelligent Imagination"™— a value and behavior based multi layered strategic marketing process deployed for Disney, GEICO, the NFL and many other Fortune 500s firms, FIRP is committed to breaking the 'plateaus' of child placement. Within this process, Kids Central and the project team have been working to demonstrate the impact of using proven marketing strategies to identify permanent resource families for some of Florida's most difficult to place youth, many of whom have been languishing in the system.

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

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