

FY 22 - 23

# **Annual Performance & Quality Improvement Plan**



**KIDS CENTRAL, INC.**

A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN

*Building Better Lives*



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## Section I: The Organization, Leadership & Infrastructure

Kids Central, Inc. is a not-for-profit 501 (c) (3) corporation organized under the laws of the State of Florida. The corporation formed March 22, 2002, pursuant to the Florida Not-for-Profit Organization Act, Chapter 617, Florida Statutes. With administrative offices in Wildwood Florida, located in Sumter County, and satellite offices strategically located in the communities we serve, Kids Central has been able to develop and maintain strong community ties and is governed by a community-based board of directors.

Kids Central supports youth and families in five counties that make up Circuit 5 (Citrus, Hernando, Lake, Marion, and Sumter). Over the past years, the organization has matured into one the highest performing and innovative Community Based Care Lead Agencies for Child Welfare in Florida. A few of our strengths include the services array and engagement with families, community relationships, collaborative partnerships, and local support.



The responsibilities of Community Based Care (CBS's) Lead Agencies are 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).

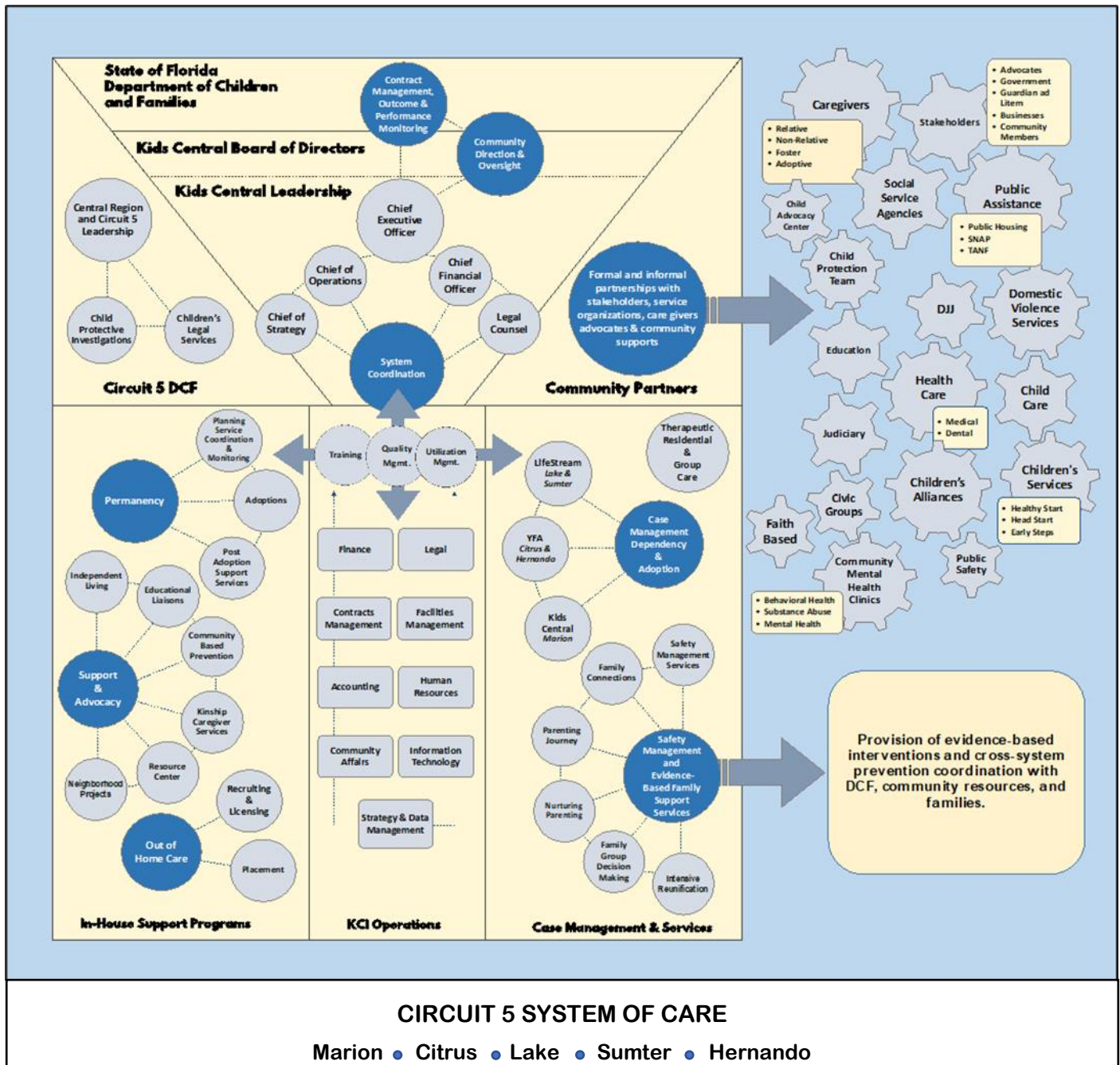
Community Based Care allows us to engage directly with families, within their communities.

Governed by a community-based board of directors, comprised of representatives from each of the counties in our Circuit, Kids Central's system of care draws upon existing local resources, develops new resources that are responsive to the needs of the community and is effectively integrated into and supports a community-centered approach. Our system of care is based on a philosophy of providing:

An effective system of care that meets and exceeds federal and state requirements, laws, and expectations. *(See Figure: C5 System of Care)*

- An array of evidence-based, trauma informed, family-centered prevention services.
- A program delivery system that protects, supports, and engages families and children.

- An array of relative, foster, and adoptive homes capable of supporting a child in the most appropriate, least-restrictive setting possible while facilitating permanency efforts.
- A comprehensive approach to performance quality improvement and quality management based on a model of continuous improvement.
- Fiscal management and cost allocation plans that direct the allowable and effective use of available funding.
- A comprehensive data management and information technology system designed to accurately collect client data and protect client confidentiality.



(C5 System of Care)

## Mission, Vision, and Values

Kids Central’s mission, vision, and values serve to direct our efforts as we work with our communities to build better lives for abused, neglected, and abandoned children and their families. They are practiced with the overarching intent of valuing children and families, supporting community, and making the areas we serve the safest places in the State of Florida for children to live. In FY 22 – 23, Kids Central leadership will seek input from all levels of staff, to update the organizations Vision statement.

### Mission

Kids Central’s mission statement:

#### *Protecting Children, Supporting Families, and Engaging Communities*

This mission is driven by our core values, which include the belief that all children have the inalienable right to grow up safe, healthy, and fulfilled in families that love and nurture them. To this end, Kids Central seeks to institute improvements that will help our community meet and exceed federal and state requirements related to safety, permanency, and well-being for the children we serve and their families.

### Vision

Kids Central’s vision is to be the most effective and recognizable lead agency for community-based care, providing child-centered practices that strengthen families and help create, support, and maintain a safe environment for children.

### Organizational Values

Kids Central’s values provide a philosophical basis which guides our services, interactions with the community and collaborate with stakeholders, partners, and co-workers. Our system of care and service model is based upon the following core values:



<b>Integrity:</b>	We are professional and honest in our working relationships, honor our commitments and hold ourselves to the highest standards of ethics and conduct.
<b>Accountability:</b>	As stewards of the public’s trust, we are responsible transparent and dependable in our actions.
<b>Excellence:</b>	We strive for excellence in our work seek ways to continuously improve and ensure staff and partners have the proper competencies and capacity to exceed customer expectations.
<b>Empowerment:</b>	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.

**Collaboration:** We engage community members, partners, stakeholders, and service recipients in - order - to turn vision into action.

**Innovation:** We cultivate a learning, adaptable environment using feedback, data, and innovative ideas to improve efficiencies, effectiveness, and results.

### **Philosophy of Care**

As a Community-Based Care Lead Agency, Kids Central is responsible for coordinating the support and commitment of our communities' response to protecting abused and neglected children and improving the outcomes for their families by increasing the quality, efficiency, and accountability of in-home and out-of-home care child welfare services.

Through a network of providers (partners), Kids Central coordinates a comprehensive continuum of both formal (contractual) and informal (non-contractual) services including family engagement, health, mental health, family safety, case management, foster care, family support, and community referral.

### **Governance Structure**

Kids Central develops and maintains strong community ties and is governed by a community-based board of directors.

#### ***Board of Directors***

Organizational structure begins with our Board of Directors. This board is fully vested in organizational policy making, management and operational control of Kids Central. Board members are held to a strict code of ethics that ensures they do not have business or financial ties (conflicts of interest), with Kids Central, that result in personal financial gain.

All voting board members are community-based volunteers and are not representatives from Kids Central's service providers.

The Board of Directors provides governance and guidance for Kids Central through the following functions:

Function	Description
<b>Governance and Fiscal Oversight</b>	The Board of Directors sets the tone at the top of the organization insisting that all company business be conducted ethically, effectively, and be focused on the goal of serving children and families. All company policies are approved by the Board to ensure Kids Central has the

Function	Description
	framework of rules necessary to conduct business in an acceptable manner. The Board also provides authorization for the annual budget and all major business decisions.
<b>Evaluation of Company Performance</b>	The Board of Directors reviews operating and finance reports and feedback from DCF, providers, and community members to determine if Kids Central is progressing towards company goals. Affirmation of strong performance, as well as areas of concern and suggestions for improvement, is provided to management.
<b>Selection and Evaluation of Chief Executive Officer</b>	The Board of Directors is responsible for recruiting and selecting the CEO. The Board provides the CEO a formal performance evaluation, annually, and provides informal feedback on performance throughout the year.
<b>Risk Management</b>	The Board of Directors ensures management has an adequate system in place to allow all types of risk to be identified, assessed, monitored, and if possible, mitigated. The Board monitors this system at least annually.
<b>Strategic Planning</b>	The Board of Directors develops and maintains a five-year strategic plan for Kids Central. The plan consists of long-term goals and the initiatives needed to reach the goals. The Board holds an annual retreat to review and update the plan. The Board also manages strategic planning through review and approval of the organization's Balanced Scorecard. Kids Central uses the Balanced Scorecard to align the daily efforts of all staff as closely as possible to the Board's strategic goals. The Strategic Plan and the Balanced Scorecard have contributed significantly to Kids Central's performance.
<b>Community Representation</b>	The Board of Directors serves as Kids Central's eyes and ears in the community. Through community interactions, board members are better able to evaluate Kids Central's performance and incorporate community needs in Kids Central's goals and objectives. Regarding child welfare issues, the Board also serves as the voice of the community when meeting with stakeholders, legislators, and community partners.

### Governance & Board Structure

Kids Central is committed to ensuring its Board of Directors is structured to allow representation and adequate governance for our entire service area. To achieve this objective, members of the board serve on the following committees:

Committee	Responsibility
<b>Executive &amp; Legislative Committee</b>	Comprised of the Chairman of the Board committee, the immediate past chairman of the Board and the current Board officers. This committee prepares issues for the full Board of Directors and in emergencies, makes Board decisions if time constraints do not permit assembly of a Board quorum. The members of each Executive Committee also serve as representatives on the Kids Central Board of Directors. The Committee also reviews legislative issues impacting Kids Central, provides state and local advocacy, and nominates, orientates, and mentors new Board members.
<b>Finance Committee</b>	Monitors all issues regarding finance, human resources, and the risk management process.
<b>Board Development Committee</b>	Nominates, orientates, and mentors new Board members.
<b>Audit Committee</b>	Makes recommendation for the selection of the independent auditor and serves as the Board's point of contact with the independent auditors.
<b>Quality Committee</b>	Engages in the assessment and efficiency of the quality of services provided by KCI through its programs and contracted providers. The committee provides the opportunity for the Board to be informed of performance management functions and allow the Board to be a well-informed advocate on our behalf.
<b>Ad Hoc Committees</b>	As areas of specific need identified, the Board takes the opportunity to establish an Ad Hoc Committee focused on developing specific strategies or approaches to mitigate problems or capitalize on the expansion of best practices.

### Organizational Structure: Leadership and Case Management

Kids Central's leadership structure is arranged into five divisions: Executive, Legal, Finance, Operations, Information/Technology and Strategy. Our executive leadership team guides and sustains Kids Central by establishing company-wide strategies and performance goals which reflect the needs and expectations of our customers, funders, and stakeholders. Senior leaders are responsible for aligning the efforts of employees and subcontracted service providers (case management) to achieve organizational strategic objectives, contractual outcomes, and performance goals.

## Leadership

Kids Central's organizational structure includes five executive leadership positions:

**Chief Executive Officer:** The Chief Executive Officer (CEO) is responsible for ensuring that Kids Central Inc.'s vision mission and strategic goals are met. The Board of Directors delegates authority to the CEO to conduct day-to-day business and to establish organizational structure and accountability.

**Chief Legal Officer:** The Chief Legal Officer oversees all legal activities, including internal, contractual, risk and judicial activities.

**Chief Financial Officer:** The Chief Financial Officer (CFO) is responsible for oversight of financial and contract management, human resources, facility, and technology resources; monitoring financial performance; ensuring system integrity; and managing risk.

**Chief of Operations:** The Chief of Operations (COO) is responsible for the oversight of Case Management Services (internal and subcontracted), Out-of-Home Care (Placement and Licensing), Permanency, Adoptions, and Family Preservation departments.

**Chief of Strategy:** The Chief of Strategy (SOC) provides oversight and monitors program data and performance, quality improvement/management and establishes performance objectives and develops strategic/operational plans for Kids Central.

### Senior leadership includes the following positions:

**Chief Information Officer:** The Chief Information Officer oversees and directs the activities of the Information Technology, general building facilities, the security and maintenance of KCI corporate facilities and is responsible for management of KCI fleet program.

**Director of Human Resources:** The Director of Human Resources is responsible for all aspects of human resources (HR), including risk management, recruitment and retention, benefits administration, employee relations, and risk management.

**Senior Director of Finance:** Directs and controls the activities of the Finance, Contracts, Accounting, Revenue Maximization, and Utilization Management departments. Assist the CFO with the planning and management of financial resources.

**Assistant Finance Director:** Provides day-to-day supervision, leadership, and performance management for the Finance and Accounting Departments.

**Senior Director of Family Preservation:** Oversees the Diversion and Case Transfer Staffing (CTS) process. Coordinates and oversees Diversion programming.

**Clinical Director of Family Prevention:** Responsible for direct and clinical oversight of Evidence Based and Family Support Programs to include Family Connections, Nurturing Parent Program, Parenting Journey, and Safety Management Services.

**Senior Director of Out-of-Home Care:** Responsible for oversight of: Intake, assessment, and placement of children; recruitment, licensing and re-licensing of foster homes, recruitment and approval of adoptive homes, permanency planning process, adoption and post-adoption services/support, independent living services, and out-of-county services and Interstate Compact on the Placement of Children (ICPC).

**Assistant Director of Out-of-Home Care:** Responsible for management of Initial Licensing and Relicensing, Placement Services, and Independent Living Departments.

**Director of Prevention Services:** Directs and controls the activities of the Kinship Care Program, directs the Education program, Neighborhood Centers, Guardianship Assistance Program (GAP), and Level 1 programs and coordinates all direct services related to prevention.

**Director of Adoption Services:** Responsible for supervision of Adoption staff and ensuring timely adoptive services are provided to the children within our System of Care.

**Senior Director of Performance and Planning:** The Senior Director for Performance and Planning works with the Chief of Strategy and oversees the Data, Training and Quality Management Dept's.

**Director of Quality Management:** Directs the organizations quality assurance and quality improvement functions and activities.

**Director of Training and Professional Development:** Responsible for delivery of Pre-Service Training field-based performance assessments and required training for Kids Central employees and contracted providers.

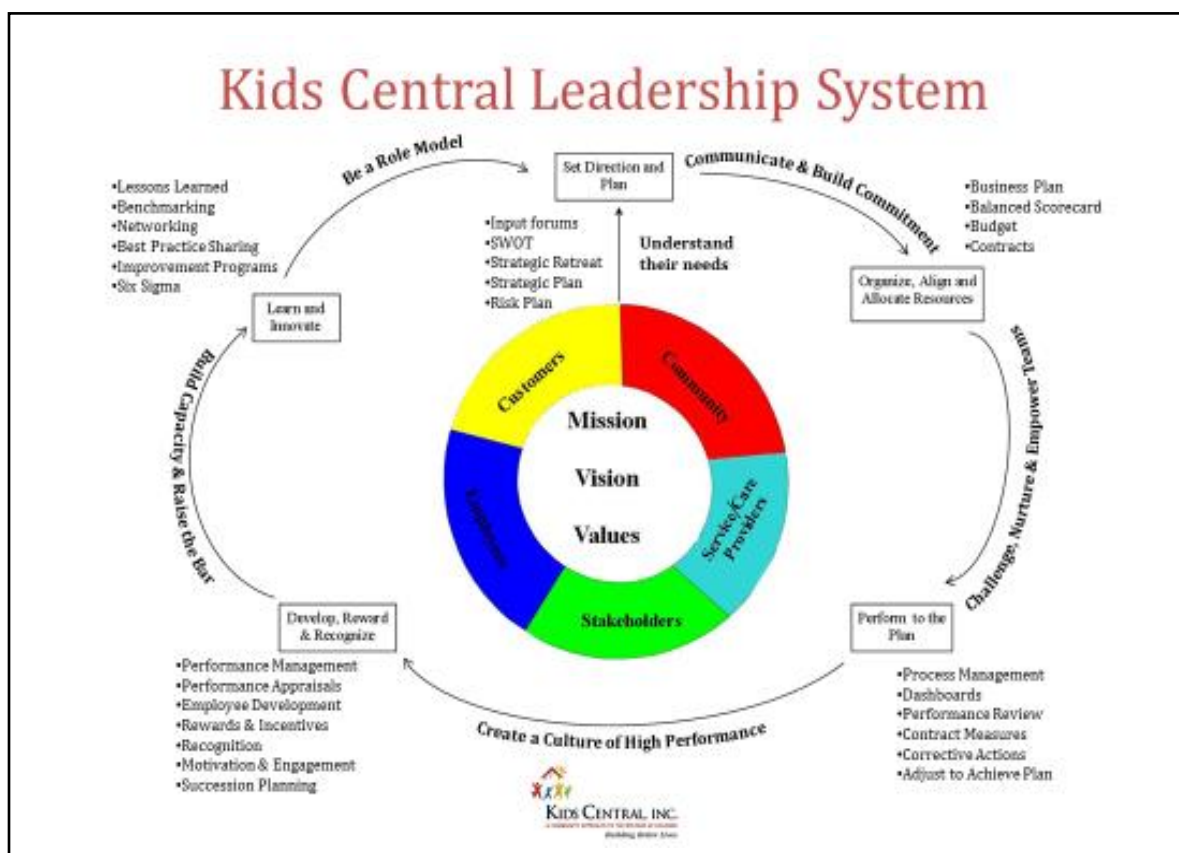
**Director of Community Affairs:** Oversees community development and awareness, public information, material creation, resource parent recruitment marketing, marketing coordination, social media management, website management, corporate communications, fundraising, event planning, legislative coordination, and public relations activities for Kids Central Inc and its mission.

**Senior Director of Maternal and Infant Programs:** Provides oversight of the Healthy Start/MIECHV (Maternal, Infant and Early Childhood Home Visiting) Programs in Alachua, Hernando, Lake, and Marion Counties.

Kids Central reviews its leadership structure on an ongoing basis and promotes from within at a high percentage. A commitment to mentoring employees who have expressed interest in leadership is in place and consistent. An example is the Director of Quality Management, who

began, at Kids Central, as a Quality Management Specialist – promoted to Quality Management Supervisor and is now the Director of the Quality Management Department.

Kids Central maintains a strong leadership system and organizational infrastructure that ensures robust collaborations and establishment of alliances within communities.



## Case Management

Kids Central contracts with two Case Management Agencies (CMA) responsible for providing dependency and adoption services in Circuit 5. They include Youth and Family Alternatives (YFA) and LifeStream. These partners are tasked with identifying, developing, and managing service delivery to ensure children and 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.

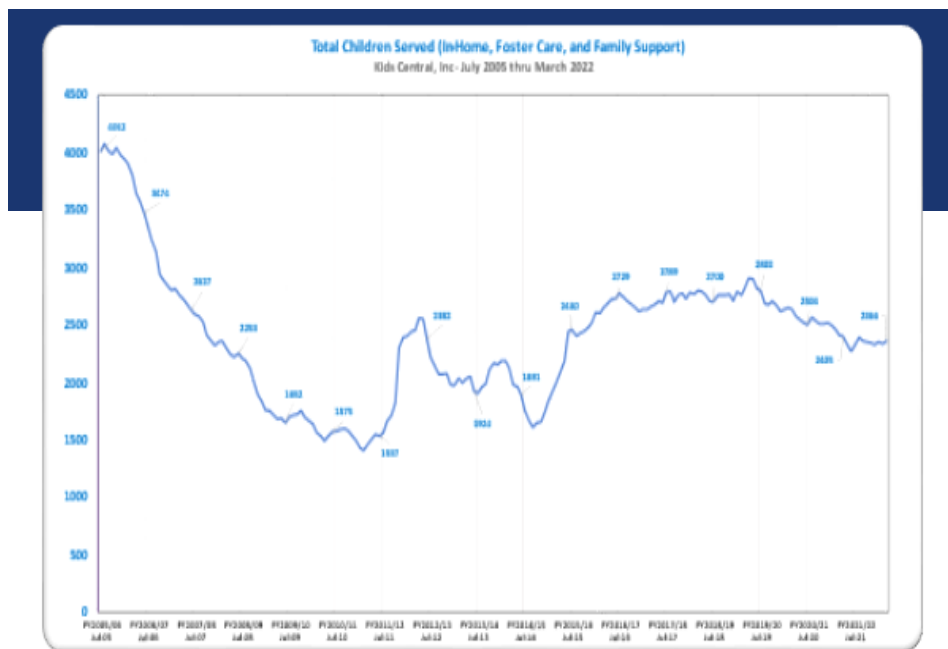
Kids Central understands that we are ultimately responsible for the provision of services to children and families involved with our system of care. As the Lead Agency, it is our responsibility to establish a vision for these services and provide the oversight needed to ensure they are provided with quality.

Case Management and administrative services provided, to families in Marion County, are managed and supported through Kids Central. Kids Central allocates approximately 100 plus staff, who provide case management and other support and administrative services. Kids Central's case management program will seek accreditation in FY 22 – 23, through the Council on Accreditation.

Though Kids Central leadership assists in the development and oversight of programs and services, it is our internal and subcontracted front-line staff who carry out the daily activities of these programs. We provide oversight through Quality Assurance, Utilization Management, Data Management and Reporting, Strategic Planning, Fiduciary Oversight and Contract

Monitoring. In

addition, Kids Central leadership provides ongoing communication and guidance to network partners, stakeholders, and subcontractors.



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**\*See Case Management Logic Model in Appendices p. 101**

## Youth and Family Alternatives

Since its founding in 1970, Youth and Family Alternatives, Inc. (YFA) has helped more than 175,000 children and families in the Tampa Bay & Central Florida area. YFA is committed to working in a collaborative partnership with families and communities to establish and maintain a nurturing environment for children. The organization coordinates child welfare services in nine (9) West Central Florida counties providing runaway and youth crisis services, community-based care, foster care and adoptions and prevention services.

Under the current Circuit 5 Lead Agency contract, YFA is responsible for the provision of subcontracted case management services in Citrus and Hernando counties.

## LifeStream

LifeStream Behavioral Center, Inc. (LifeStream) is a behavioral health and social services organization that provides high-quality treatment, education, care management, rehabilitation,

child welfare, primary care and homeless services to children, adolescents, and adults. Located in Central Florida, LifeStream primarily serves the residents of Lake, Citrus and Sumter Counties, with additional programs located in Orange, Marion, Hernando, and Hillsborough Counties.

Under the current Circuit 5 Lead Agency contract, LifeStream is responsible for the provision of subcontracted case management services in Lake and Sumter counties.

Kids Central continually monitors the children and families served within our System of Care. The table, below, illustrates the number of children served during **FY 21 – 22**. The table also reflects data for the last ten years, reflecting a significant decrease in the number of clients served, within the system.

FY	Children Served by Type of Service			Total Children Served	Young Adults Served	Total Clients Served
	Family Support Services	In-Home Services	Out-of-Home Care			
2012/13	1,956	3,128	2,084	6,205	157	6,308
2013/14	1,473	2,961	1,930	5,631	120	5,710
2014/15	990	2,740	1,992	5,062	141	5,158
2015/16	1,676	2,231	2,375	5,466	141	5,561
2016/17	1,577	1,857	2,600	5,273	158	5,365
2017/18	1,912	1,834	2,648	5,669	140	5,741
2018/19	1,633	1,951	2,712	5,563	117	5,645
2019/20	1,365	2,009	2,609	5,264	141	5,364
2020/21	928	1,859	2,457	4,702	143	4,790
2021/22	818	1,635	2,321	4,266	81	4,331

## Stakeholders:

Community based care, fosters, accountability. Working with local stakeholders, appropriate interventions and prevention programs and activities continue to be developed to meet the various needs of children and families. This results in locally driven quality improvement, best practice and capacity building initiatives being developed and implemented.

In addition to various community entities children youth and families are key stakeholders in evaluating the effectiveness of child welfare agencies.

Long-term success of our child welfare services depends on building and maintaining a strong community-based support system. By reaching out to families, businesses, schools, faith communities and partner agencies; we identify and combine assets and resources to establish and maintain a community safety net.



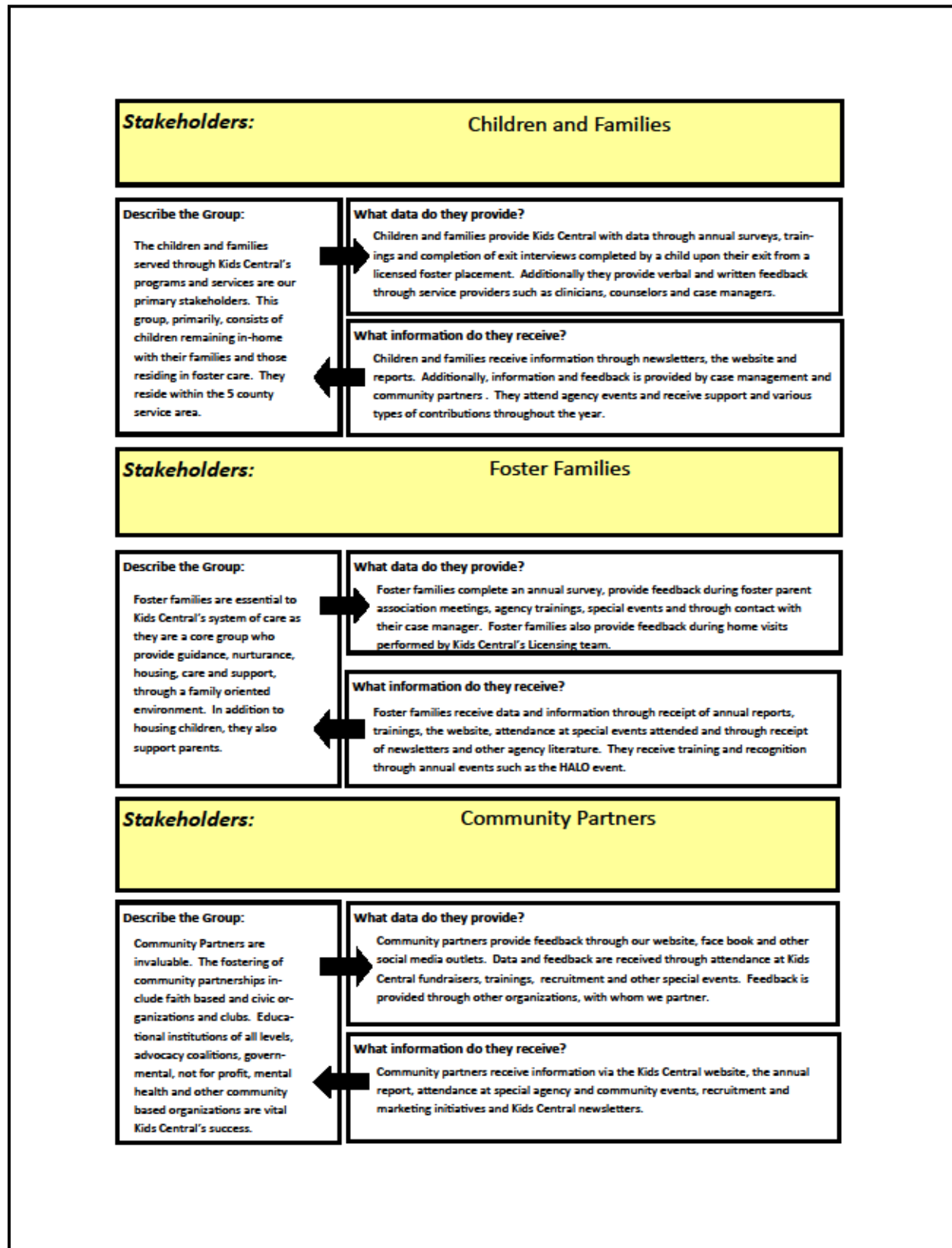
Engaging members of communities, not just service providers, is essential when it comes to policy and programming. The most significant allies in these efforts are often the families themselves hired as either regular or contracted employees. Their outreach to the community and its families, have positive effects on the community view of child welfare. Kids Central, has on staff, adoptive and foster parents, who serve as liaisons to other foster parents through Foster Parent Associations and who also serve on Kids Central's Board of Directors.

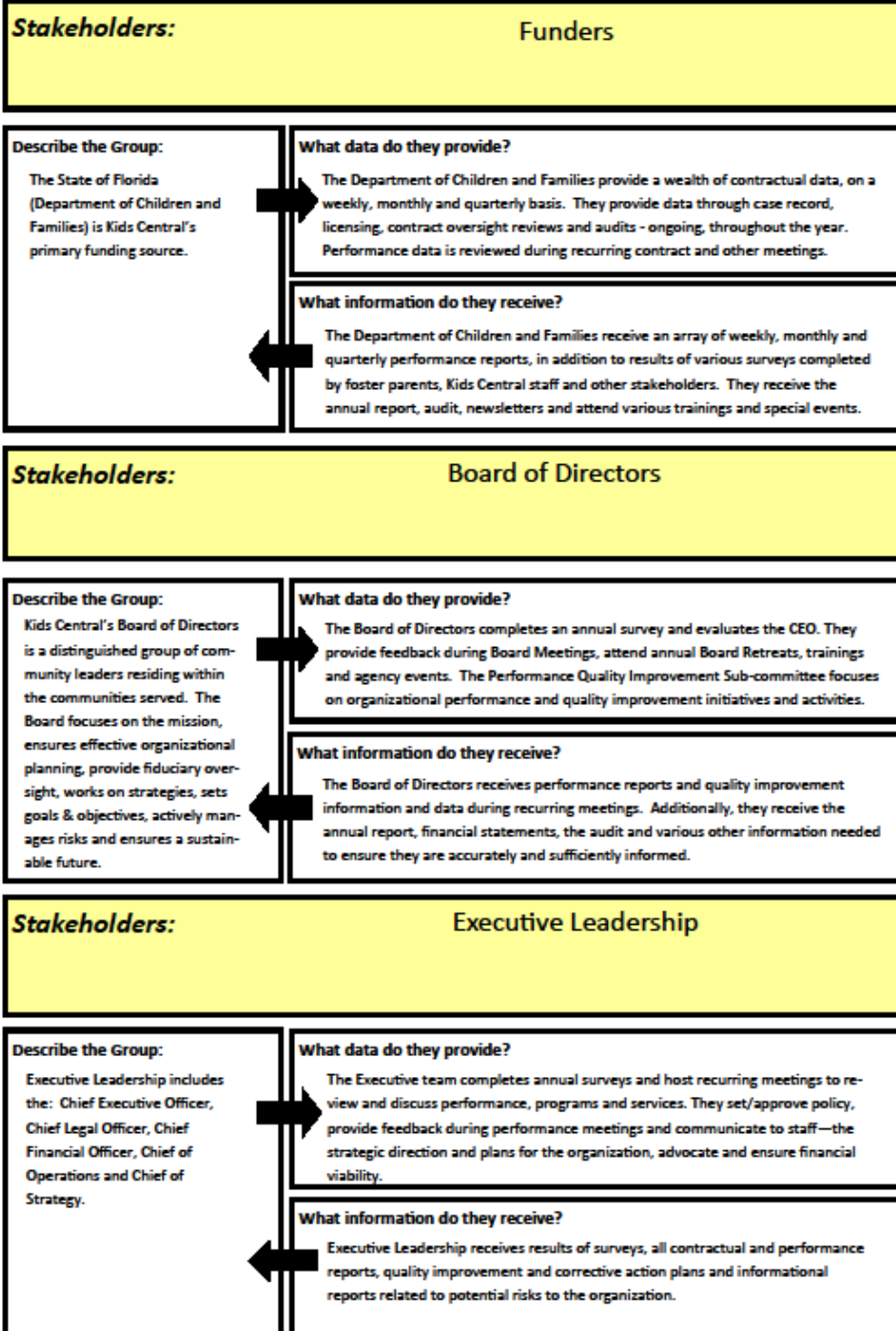
Stakeholders are essential to a nonprofit's success because they support the overall movement of a nonprofit organization in different ways. Proper stakeholder stewardship is essential to a nonprofit's success. And stewardship does not always need to be about big sweeping gestures. As with any relationship, Kids Central realizes that it's the little things and attention that matter the most. The use of data is critical to successful stewardship.

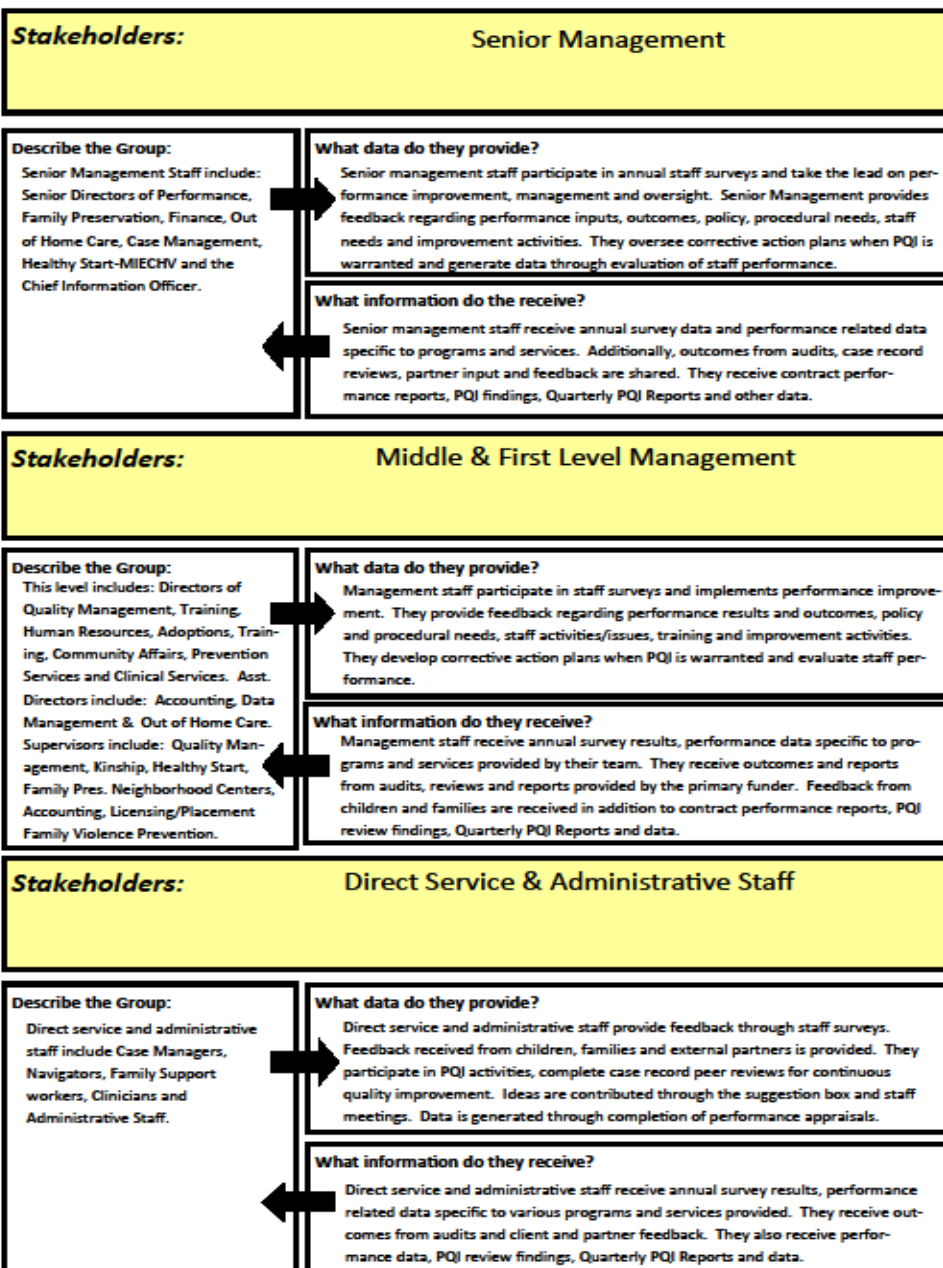
Data such as programs, services, outcomes, event successes, when and what kind of communication is needed, used, and sent; when and how contributions of goods, monetary and other resources are made, donor connections, community engagement and contacts, events attended and volunteer hours spent, performance reviews; all inform and contribute to the advancement of our cause and purpose.

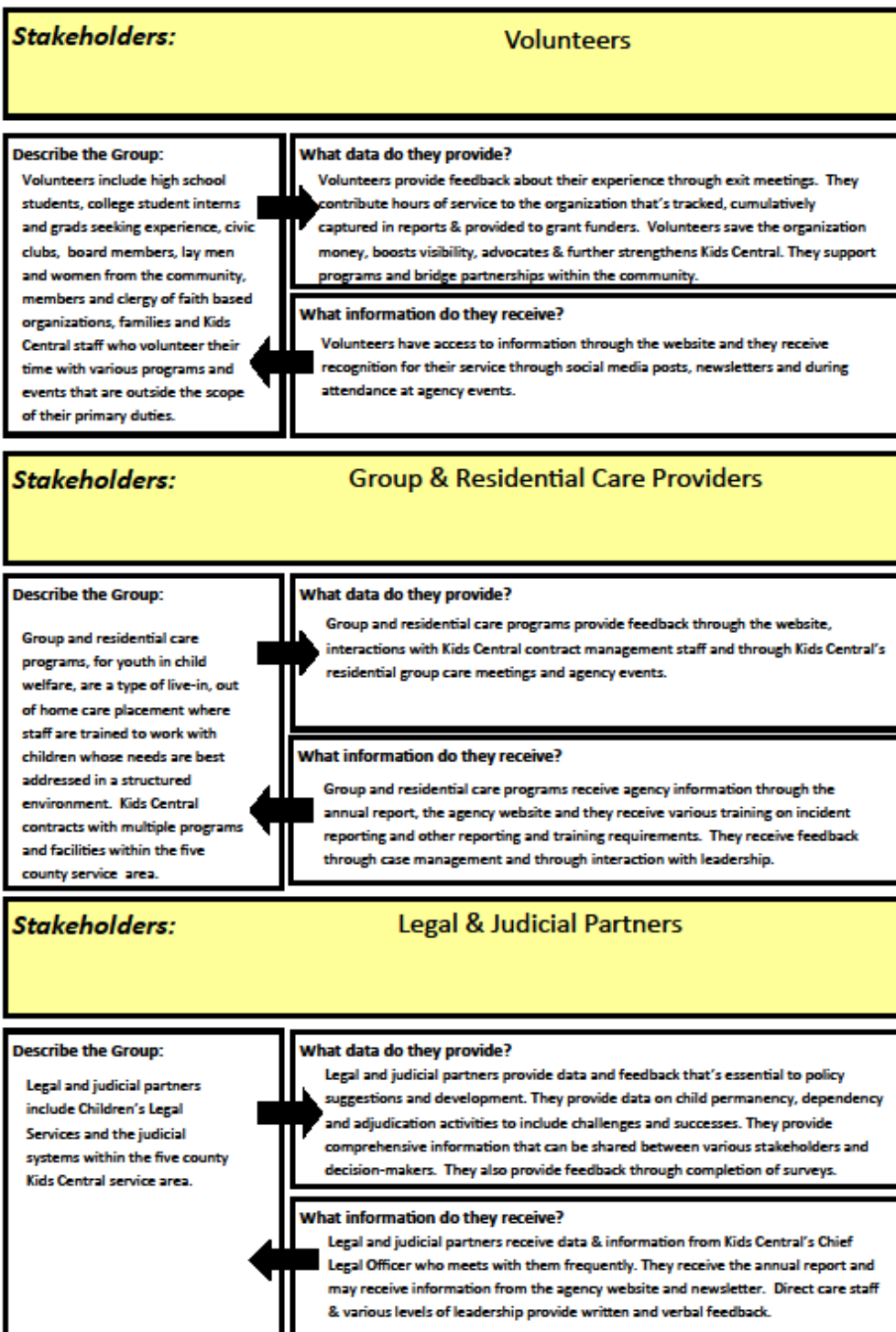
As an organization dependent on successful relationships, we understand that transparency is important, and we seek to consistently keep stakeholders informed with where the organization is headed. Stakeholders provide the manpower and resources an organization needs to achieve its mission and they directly influence an organizations success. They hold a vested interest in the outputs and outcomes because of their contributions.

*The following illustrates our Stakeholder involvement:*





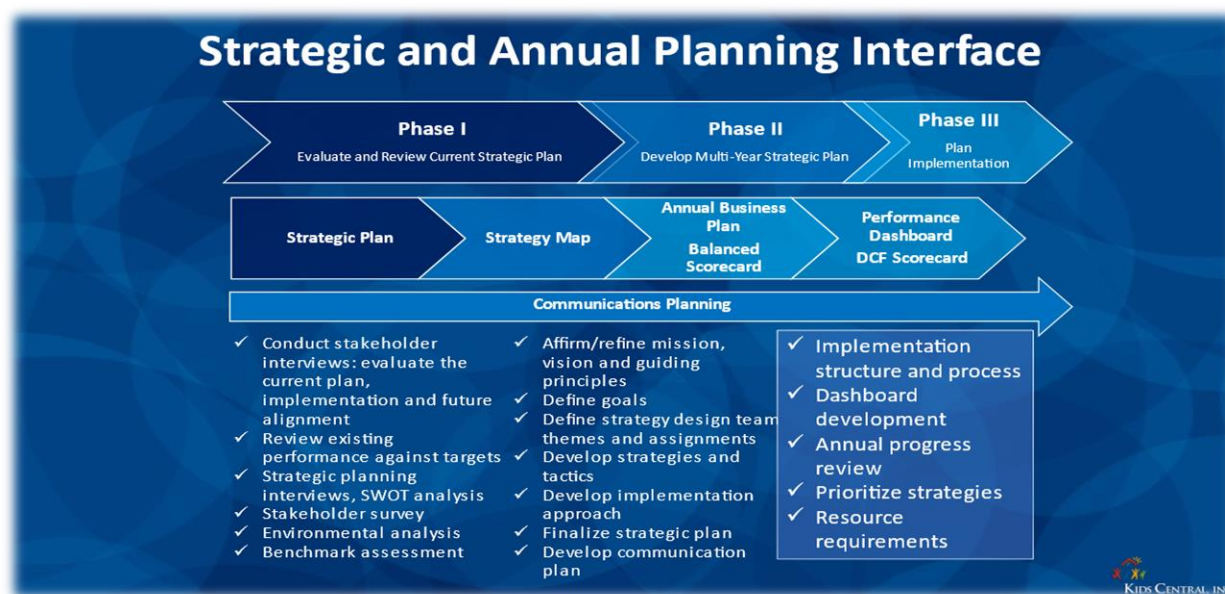




## Section II: Strategies, Priorities and Planning

### STRATEGIC PLANNING CONSIDERATIONS FISCAL YEARS 2022 - '23 THROUGH 2026 - '27

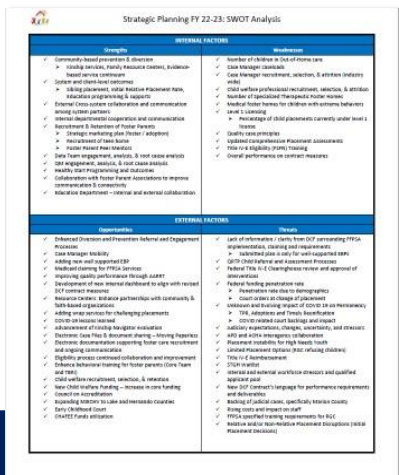
As an overarching basis for its Quality Management activities, Kids Central maintains a long-term Strategic Plan, utilizing a comprehensive development process, inclusive of the Kids Central Board of Directors, varying levels of Kids Central staff, partners, and stakeholders from whom input is sought and valued. Kids Central's Strategic Plan projects five (5) years into the future and is reviewed annually and updated as appropriate.



### Key Organizational Strategies

1. Continually identify, assess, and respond to the needs of families and children living in our communities.
2. Ensure the efficient and effective delivery of services.
3. Invest in proven prevention and family preservation programs to support children and families in the most appropriate, least restrictive setting.
4. Recruit and retain qualified and capable staff internally and in partnership with our subcontracted providers while emphasizing the development of future child welfare leaders.
5. Provide training, supports, and resources to caregivers, to allow children to remain with family and in their county when in their best interest.
6. Create and implement integrated controls supporting continuous improvement across all services and programs.
7. Augment Federal and State funding through business development, grant acquisition and fund raising to support resource expansion and program enhancement.

8. Recruit and educate Board Members from each of our communities, to ensure and sustain the long-term viability of Kids Central as a community-based organization.
9. Provide legislative leadership and advocate for public policy supporting Community Based Care and the prevention of child neglect and abuse.
10. Develop a high level of local community awareness and advocate on behalf of Kids Central and Community Based Care.



Strategic Planning FY 22-23: SWOT Analysis

**INTERNAL FACTORS**

**Strengths**

- Community-based perspective & direction
- Strong services, family resource centers, business services contracts
- Strong and stable leadership
- Strong placement, initial foster care placement, education and employment support
- External Crisis Center collaboration and communication among foster parents
- Internal departmental cooperation and communication
- Investment & leadership of foster parents
- Strategic marketing plan (poster / adoption)
- Recruitment of foster family
- Foster parent team network
- Strong team engagement, services, & cost case analysis
- Strong engagement, services, & cost case analysis
- Healthy team engagement and collaboration
- Collaboration with Foster Parent Associations to improve communication & consistency
- Interactive dashboard - internal and external collaboration

**Weaknesses**

- Number of children in Out of Home care
- Case Manager caseloads
- Case Manager recruitment, retention, & attrition (primary and secondary)
- Child welfare professional recruitment, retention, & attrition
- Number of placement changes for foster families
- Medical foster families for children with serious behaviors
- Low staffing
- Percentage of child placements currently under level 2 review
- Quality care strategies
- Increased comprehensive placement assessments
- High or a slightly poor rating
- Good performance on various measures

**EXTERNAL FACTORS**

**Opportunities**

- Enhanced structure and processes for internal and external engagement
- Case Manager stability
- Adding new and expanded EBP
- Productive teams for EBP services
- Improving quality performance through client
- Development of new internal dashboard to align with recent EBP control measures
- Resource status, and data partnership with community, & non-profit organizations
- Adding new services for challenging placements
- Child welfare team and
- Advancement of strategic marketing evaluation
- Enhance Case Plan & document sharing, among partners
- Enhance documentation supporting foster care recruitment and ongoing communication
- Eligibility process continued collaboration and improvement
- Enhance foster care team to foster parents (Case Plan and T&E)
- Child welfare recruitment, retention, & retention
- New Child Welfare Funding - increase in case funding
- Increased recruitment
- Recruitment strategy to take and increase caseload
- Early Childhood Court
- CHART Family Initiative

**Threats**

- Lack of information / gaps from EBP surrounding EBP, implementation, training and requirements
- Substantive gaps in care for well-served cases
- EBP Child Welfare and Assessment Process
- Reduced T&E, EBP, and other review and approval of placement
- Reduced funding, retention rate
- Retention rate due to demographics
- Case plan review of placement
- Retention and training support of EBP in the community
- T&E, retention and T&E, recruitment
- Child welfare team and support
- Quality expectations, change, retention, and retention
- EBP and other strategic communication
- Placement instability for high health youth
- Increased placement stability and ongoing training
- T&E & EBP
- EBP training
- Internal and external workforce retention and qualified applicant pool
- New EBP contract language for performance requirements and retention
- Recruitment of foster families, specifically foster family
- Strong control and impact on staff
- EBP control and impact on staff
- Retention and/or non-retention placement decisions (initial placement decisions)

**Mission and Objectives**

Vision to guide pursuit of future opportunities and a commitment to business and fiscal objectives

**Environmental Scanning**


Comprehensive environmental and SWOT analysis relying on community and stakeholder input

**Strategy Formulation**


Identification of goals and objectives memorialized and communicated through strategic and business planning

**Evaluation and Control**


Utilization and communication of balance scorecards, project plans, management dashboards, and scheduled accountability meetings



Evaluation



Communication



Implementation


Annual evaluation of community and stakeholder needs

## Strategic Planning

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**Fiscal Year 22 – 23 Priorities:** Below is a snapshot of Kids Central’s priorities. Leadership and staff are engaged – ongoing, in reviewing and identifying priorities. Progress toward achieving annual goals is reviewed, quarterly, by Kids Centrals Board of Directors and

## Fiscal Year 2022/23 Priorities

 **Culture of excellence and innovation**


Goal:

- National Accreditation
- Improved Mobility and ERR
- CFSR & AARRT Framework
- Performance Management

 **Invest in our system of care and our team**


Goal:

- Stakeholder Investment
- Workforce Focus
- Workplace 2.0

 **Responsive system of care designed to move families forward before and after maltreatment occurs**

Goal:

- Reimagine the Intake Process
- Enhance EBP Network
- Increase Level I & II Network
- Permanency

 **Communicate our mission with those we serve, our stakeholders, and the community**

Goal:

- Why Community-Based Care works
- Share what we have accomplished
- Youth Voice

Executive Leadership Team. These reviews provide information not only as to progress, but whether each goal continues to be appropriate or warrants adjustment.

### **Section III: Community Awareness, Healthy Start & Growth**

#### **Community Affairs**

As a Community Based Care lead agency, community awareness and engagement are major priorities. 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.

Kids Central's Community Affairs team continues to focus on foster parent recruitment and retention by focusing on social media, digital and print media, live events, along with ongoing community outreach. Given the amount of data gathered by Gold and Associates, the focus strategically targets the demographics potential foster parents/families frequent.

**In FY 22 - 23**, Kids Central's Community Affairs Dept. will continue and maintain focus on marketing and community visibility with priority being the steady recruitment of new foster homes, teen foster homes, sibling placements, and retention of current foster homes. With the strategic focus on maintaining a steady pipeline of new foster homes, along with retention of current foster homes, Kids Central's recruitment marketing focus remains targeted on social media, video ads, and local media outlets (outdoor and radio). Kids Central's social media presence continues to grow, increasing year over year at approximately 77%, with engagement continuing to perform at 100%. We continue to research and adapt to the ever-changing social media landscape to continue to target homes that have qualified interests in fostering. Our faith-based approach, along with market research on quality foster parents guides our marketing and recruitment efforts. A few, annual Balanced Scorecard goals for Community affairs include increased growth in faith-based partnerships and resource development.

#### **Healthy Start Programs and Services**

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.

Alachua Healthy Start has five (5) Care Coordinators and one (1) Family Support Worker. Last fiscal year they served 1247 clients. Alachua serves a large international population due to the

University of Florida. They are very intentional about providing culturally responsive services and resources. Hernando Healthy Start has five (5) Care Coordinators. Last fiscal year they served 449 clients. Hernando tends to serve a lot of Substance Exposed infants and Substance Using Women. They have a strong relationship with DCF and receive most of their referrals from them. Lake Healthy Start has six (6) Care Coordinators and one (1) Family Support Workers. Last fiscal year they served 1162 clients. Lake has a large Spanish speaking population and in response to that four (4) of our home visitors are English/Spanish bilingual. KCI's Healthy Start Programs are committed to providing quality services and were the first in the state to be COA accredited in 2015. They were reaccredited in 2018.

### Healthy Start CQI Projects/Activities

Healthy Start completes monthly and quarterly peer reviews in addition to the annual audit conducted by Coalition Quality Assurance (QA) staff. Healthy Start Supervisors conduct reflective supervision with each home visitor at a minimum of once a month and conduct biweekly unit meetings. In May of 2021, Kids Central hired an internal Quality Assurance Specialist for the Healthy Start and MIECHV programs. This was out of a desire to streamline processes between the different programs, provide new employee orientation and training, update and maintain employee training manuals, and manage and update program policies and procedures.



### Healthy Start and MIECHV Planned Quality Management Reviews and Activities FY 22 - 23:

\*See Healthy Start and MIECHV Program Logic Models in Appendices, pgs. 97, 98

Activity	Collection Tool	Frequency
Healthy Start Peer Reviews	Well Family	Monthly
Healthy Start & MIECHV Peer Reviews	Well Family, FLOHVIS & Penelope	Quarterly
MIECHV CDQR	FLOHVIS	Monthly
MIECHV APR	Penelope	Monthly
MIECHV APR	Penelope	Annually
MIECHV CQI PDSA	PDSA Worksheet	Monthly
Healthy Start Coalition Audit	Well Family	Annually
MIECHV Coalition Audit	FLOHVIS & Penelope	Annually
MIECHV State Audit	FLOHVIS & Penelope	Annua

## Performance Outcomes Healthy Start Alachua County 2021 - 2022

Alachua County 2021-2022

North Central Healthy Start Coalition

Core Performance Measures	Description	Goal	Jul - Feb
Core Performance Measure A	Received IA ATC w/n 5 working days	95.0%	100.0%
Core Performance Measure B	Documentation of an IPC at Initial Assessment	95.0%	100.0%
Core Performance Measure C	Participants who needed services received at least 1 PW Visit w/in 30 days of IA	75.0%	100.0%
Core Performance Measure D	Participants who have a developed and updated Family Support Plan	75.0%	100.0%
Core Performance Measure E	Participants received risk-appropriate care based on Prenatal PW	75.0%	100.0%
Core Performance Measure F	Participants received risk-appropriate care based on Infant PW	75.0%	100.0%
Core Performance Measure G	Participants received appropriate Perinatal Depression PW services	75.0%	100.0%
Core Performance Measure H	Participants received appropriate IPV Pathway services	75.0%	100.0%
Core Performance Measure I	Participants received appropriate Substance Abuse Intervention PW services	75.0%	100.0%
Core Performance Measure J	Participants received appropriate Developmental Intervention PW services	75.0%	100.0%
Core Performance Measure K	Participants received appropriate Interconception Care Model services	75.0%	100.0%
Core Performance Measure L	Records in compliance with HSS&G	80.0%	100.0%
Core Performance Measure M	Participants reporting tobacco use who received LTAT curriculum services	60.0%	70.0%

Core Outcome Measures	Description	Goal	Jul - Feb
Core Outcome Measure A	All Participants Postpartum Perinatal Depression Screening	75.0%	92.0%
Core Outcome Measure B	Positive Score on Depression Screening Referred for Services	75.0%	100.0%
Core Outcome Measure C	ASQ-3 or ASQ-SE for all Participants	75.0%	94.3%
Core Outcome Measure D	Infants Score Below Cutoff are Referred for Services	75.0%	100.0%
Core Outcome Measure E	Women in ICC Pathway Receive Education on Family Planning Waiver	75.0%	100.0%

### The Maternal Infant Early Childhood Home Visiting Program (MIECHV)

MIECHV is a program designed to improve outcomes for at-risk children and families through evidence-based home visiting programs. The program was established in 2010 and is administered by the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF). MIECHV grants are made to states and tribal communities to deliver effective evidence-based early childhood home visiting programs. 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 North Central Healthy Start Coalition, Kids Central offers a free parenting program through the MIECHV program. The MIECHV program uses an evidenced-based parenting model called Parents as Teachers (PAT). 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

- Kids Central has 2 MIECHV contracts in Alachua and Marion counties. Utilizing the PAT curriculum, Alachua and Marion MIECHV serve parents and caregivers with children from birth to three (3) years of age. Services are provided in the home by knowledgeable Parent Educators. Alachua MIECHV has five (5) Parent Educators and served 152 families last fiscal year. Marion MIECHV has 3 Parent Educators and served 98 families last fiscal year.

### **MIECHV CQI Projects**

MIECHV performs quarterly peer reviews in addition to the annual audit conducted by Coalition Quality Assurance (QA) staff. The MIECHV supervisor conducts reflective supervision with each home visitor at a minimum of once a month and conducts biweekly unit meetings. Along with the duties mentioned above, our internal Quality Assurance Specialist tracks data weekly to ensure compliance and inputs data daily in our federal data base. This position also coordinates with State level quality assurance personnel to implement updates and generate monthly, quarterly, and annual reports. The Alachua and Marion MIECHV program participates in statewide and local CQI initiatives and this fiscal year we are focused on increasing parent participation in monthly group connections.

### **MIECHV Recognition**

Through participation in the Parents as Teachers Quality Endorsement and Improvement Process, both Alachua and Marion MIECHV were awarded Blue Ribbon Affiliate status by the Parents as Teachers National Office. This endorsement process took over a year to complete and required self-studies, file reviews, interviews, and successful completion of the current year's essential requirements. The Parents as Teachers Quality Endorsement and Improvement Process helps ensure that Parents as Teachers affiliates are achieving fidelity to the Parents as Teachers model and facilitates continuous quality improvement. Parents as Teachers affiliates are required to engage in the Quality Endorsement and Improvement Process in their fourth year of implementation and every five years after that.




### ***During FY 2021 - 2022, Kids Central accomplished the following in the Healthy Start and MIECHV Programs:***

- Provided 41,799 services to 2,876 Healthy Start clients
- Completed over 150 virtual educational client groups
- Completed 3,154 visits with 244 MIECHV clients
- Graduated 36 MIECHV families (successful completion of 2 or more years in the program)
- Achieved Blue Ribbon Affiliate Status with the Parents as Teachers National Office in both Alachua and Marion MIECHV programs

- Demonstrated fidelity to all Essential Requirements of the Parents as Teachers Model in Alachua and Marion MIECHV's annual Affiliate Performance Reviews

## Healthy Start and MIECHV Fiscal year 2021-22 Highlights



**Healthy Start contracts in Alachua, Hernando & Lake. Services include:**

- Breastfeeding Education and Support
- Tobacco Cessation and Education
- Parenting Education and Support
- Childbirth Education
- Child Safety Education
- Linkage to Community Resources

**Maternal, Infant and Early Childhood Home Visiting (MIECHV) contracts in Alachua and Marion. Services include:**

- One-on-One parenting education and support
- Developmental Screenings
- Bi-Weekly home visits
- Family Goal Planning
- Linkage to community resources
- Parenting support groups

- Served over 2800 clients in all 5 programs
- Provided over 7000 service to Healthy Start Participants
- Provided over 100 virtual educational sessions on topics such as: Safe Sleep, Infant/Child CPR, Water Safety, Post Partum Care, Car Seat Safety, Mindfulness, Infant Nutrition, Etc..
- Awarded Blue Ribbon Status for Alachua and Marion MIECHV by Parents as Teachers

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## Safety Management Services (SMS)

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 increase the likelihood of ongoing success and mitigate the risk to the children.

\*See Safety Management Logic Model in Appendices, pg. 100

## Education

Historically, children who enter out of home care have experienced poor educational outcomes and frequently lack the educational advocacy necessary for successful outcomes. Without an educational advocate, they often do not receive the educational opportunities to which they are entitled. Kids Central works to ensure foster youth receive the educational advocacy and opportunities they need to succeed in school and in life.

Kids Central's Education Program provides a collaborative approach for children in foster care in Circuit 5 by supporting case managers to advocate for the educational success of children. Further collaboration exists within the Circuit 5 judiciary system, Children's Legal Services (CLS)

and the GAL office. Academic performance is reported to the court during routine court and status hearings when significant academic changes for students occur.

Through strong partnerships with the school districts in Circuit 5 (Citrus, Hernando, Lake, Marion, and Sumter counties), the Education Department maintains a collaborative approach to meeting the educational needs of our over 900 school-aged youth in out-of-home care.

Every **Student Succeeds Act (ESSA)** provides provisions which offers specific guidelines for students in foster care and is designed to support school districts in their efforts to serve foster youth effectively. The ESSA legislation includes assurances that youth who enter out of home care and/or changes placements while in out of home care remain in their school of origin, unless there is a determination that it is not in their best interest to do so. It provides guidelines for immediate enrollment for a foster youth that does not remain in the school of origin, including immediate enrollment in a new school, regardless of whether the youth can produce the records typically required for enrollment. When a foster youth changes schools, the enrolling school must immediately contact the previous school to obtain academic and other records.

The Education Department facilitates ESSA staffing's when a child in out of home changes placements. In October 2021, ESSA staffing's for children entering out-of-home care were shifted to the Department of Children and Families to address as part of their Multi-Disciplinary Team staffing's held, per Senate Bill 80. The staffing is a collaborative conversation to determine if it is not in the child's best interest to remain at their school of origin. The staffing allows case management, the parent, foster parent or relative caregiver, GAL, school district, child, if age appropriate, and any other interested parties to participate in a meeting to discuss the child's educational needs and determine if the child should remain at their school of origin or if they should change schools. This meeting allows the new placement and the new school to learn about the child's educational needs, which will help assist the child with their transition to a new placement and possibly a new school. The ESSA Staffing Forms are sent to the receiving school district for their records, to the case manager to be uploaded into FSFN and to CLS to be filed with the court. While the federal ESSA regulations and entitlements do not apply to reunification, it is our practice to use the same staffing format to promote parental engagement and ensure that they have relevant educational information regarding their child(ren) as they advocate for their students' needs.

The Kids Central's Educational Department works diligently to advocate for over 900 school-aged children in Circuit 5. Referrals for Education Liaison services come from case management agencies, DCF, diversion and prevention providers, Guardian ad Litem, school districts and other community partners. Specifically, the Education Liaison personnel:

- Provide technical assistance within the child welfare system on education matters
- Consult with Child Welfare staff, parents, providers, and other community stakeholders as needed
- Participate in school-based conferences and IEP staffing's, as needed
- Promote collaboration between child welfare and educational personnel

- Assess tutoring requests and processes accordingly
- Coordinate educational staffing's as needed
- Provide ongoing training for child welfare professionals, caregivers, foster parents, and GALs on a variety of educationally related topics
- Assess the need for, and facilitate appointments of, surrogate parents for eligible children
- Work with Independent Living staff to support completion of secondary education for youth approaching, and reaching, adulthood

**The following are highlights from FY 21 – 22:**

- 463 children served
- 83% of young adults who have aged out of Foster Care had completed or were enrolled in secondary education, vocational training, and/or adult education.
- 537 ESSA staffing's were facilitated
- 102 school staffing's (IEPs, discipline, Section 504) were attended

**Planned activities and growth for FY 2022 - 23 include:**

- Filling a vacancy for the second Education Liaison position. This will enable greater depth of support for case management staff, direct interventions, and follow-up on specific student needs, as well as enhancing training, outreach and connections with community partners and stakeholders.
- Efforts are underway with the Foundation for Foster Care Children to look at expansion of their support services, specifically tutoring, to children from the 5<sup>th</sup> circuit residing in Lake County.

**Family Resource Centers**

Kids Central is vested in the development of neighborhood-based prevention programs to address the prevention of abuse and neglect by engaging families in services that promote family well-being, safety, and health. The Ocala Family Resource Center started in West Ocala in Marion County, in a neighborhood with high rates of abuse, unemployment, drop-out rates, and other risk factors. The Ocala Family Resource Center brought together prevention programming and existing resources available in the county to the families in the area.

Since July 1, 2014, Kids Central has managed the day - to - day activities of each Family Resource Center. Each Family Resource Center reflects the assets and challenges of each respective neighborhood it serves. Since inception, each center has worked to increase the community trust, as well as developing community cohesion through the Family Resource Center activities. Each center developed partnerships in each community resulting in the harnessing of local power and buy-in.

The Family Resource Centers involves residents, families, and resources from the community to assist families to reach their full potential. The goal is to strengthen families and build stronger

neighborhoods. One of the goals of the Family Resource Centers is 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. Each Family Resource Center has a Community Facilitator who works with community residents and community providers with an asset-based community development framework to create more support resources for families. Each center has a Community Workgroup that is comprised of residents and community service providers that meets monthly to determine what services are needed in the community while enhancing resources by reducing duplication of services 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.

### **Resource Family Locations**

Kids Central has three (3) active Family Resource Centers located in West Ocala, (Marion County), Leesburg (Lake County) and Brooksville, (Hernando 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 within the community. In April of 2022 the Wildwood Family Resource Center was merged with the Leesburg Family Resource Center and continues to be in partnership with New Covenant Church. The Leesburg Resource Center has a partnership with the City of Leesburg, the City of Leesburg provides building space and partners with Kids Central to provide services to the families in the Leesburg area and various other partnerships within the community.

### **Self- Sufficiency Program**

In 2017, the Family Resource Centers implemented the Self-Sufficiency Program. The Self-Sufficiency Program provides case management to parents and caregivers in need of financial stability. The program features weekly Support Groups that offer fellowship with other families; information on accessing services; and educational sessions that offer guidance with adverse childhood experiences, protective factors, money management, parenting, credit repair, and more. For FY 21 - 22, the Self-Sufficiency Program assisted 5 families.

During the in FY 2018 - 2019 Kids Central's Family Resource Centers went through the COA review process and became accredited.

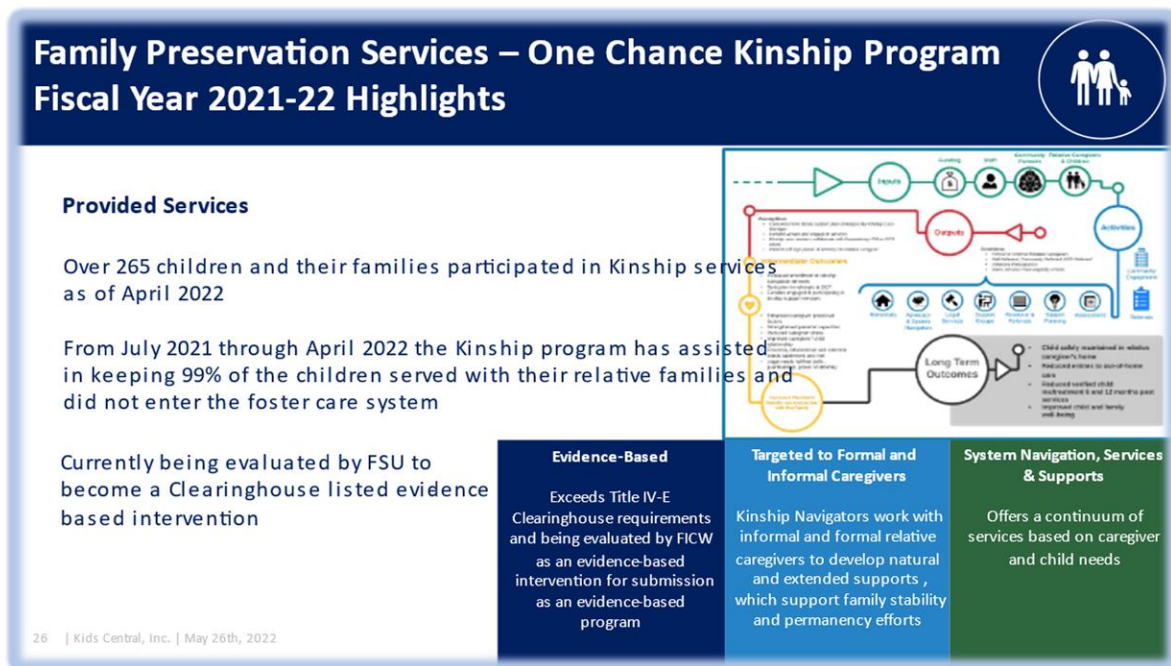
### ***During FY 21 - 22, Kids Central accomplished the following:***

- Served 1,099 adults and 1,449 children (269 of the adults reported it was their first time receiving any type of services)
- Assisted 53 individuals with employment assistance
- Assisted 146 individuals with ACCESS Florida
- Worked with 5 families in the Self-Sufficiency Program
- Held 5 trainings/workshops for the community

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 Family Resource Centers began entering all client's case managed through the Family Resource Centers in FSFN. Kids Central has maintained relationships with faith-based organizations which has resulted in over \$20,000.00 in donated funds to assist families served through the Family resource centers.

## Kinship Program

To meet the needs of the over 14,000 children cared for by relatives in Circuit 5, a comprehensive Kinship Program was created. Kids Central's Kinship Care program is part of multi-level prevention programming designed to keep children with family members in safe, nurturing homes. The Kinship Program provides services to relative caregivers that are both involved in the formal and informal child welfare system. Currently, the Kinship Program provides the following services: case management, monthly support groups, continuation groups, resource direction, dependency support, ACCESS Florida Assistance, legal services, intergenerational activities, in-home services, educational advocacy, holiday assistance, and peer to peer connections. Referrals to the Kinship Program are accepted from any agency or individual working with a relative caregiver, the relative caregiver can refer themselves to the program.



Since the Kinship Program's inception, it has been successful in diverting over 98% of its participants out of the child welfare system. Currently, the Kinship Program provides the following services:

## **Kinship Case Management**

Kids Central Inc. assesses the needs of the Kinship family and determines how to best support the family by conducting a home visit with the family and complete various assessments that helps identifies the strengths of the family and assess the means of the caregivers' protective capacities. The Kinship Staff utilize a needs assessment for the caregivers, a strength-based family assessment developed on the 5 protective factors of the caregiver, along with a family support plan that is centered around the strengths of the family.

Case management services involves a home visit with the caregiver and the child(ren) to discuss the current situation and determine how the Kinship Program can assist the family. The case manager can support the family in applying for ACCESS Florida benefits, navigating the court or school system, support groups, peer to peer connections and providing relatives with referrals for services in the community.



## **Support Groups**

The support groups cover topics such as parenting the second time around, navigating the school system, legal issues, self-care, money management, community resources and trauma. Mileage reimbursement and childcare are provided for all relatives who attend our groups. The Kinship Support Group Curriculum is evidence-based curriculum from Western Michigan University.

## **Continuation Groups**

Upon graduating from support groups, caregivers are encouraged to stay connected to the Kinship Program and the other caregivers they have met during their support group time. The Continuation Support Groups occur once a month and are facilitated by Kids Central Kinship staff. Topics are chosen based on the area of needs the caregivers have expressed interest in learning more about. At times, guest speakers are brought into the support groups to educate and share with caregivers. Free childcare is also provided at the support group meetings, this assists in providing respite for the caregivers.

## **Peer to Peer Connections**

Kids Central's Kinship Program encourages caregiver to develop peer relationships. Caregivers often learn and feel comfortable sharing their personal experiences with other peers who have encountered similar situations of raising their relative children.

## **Legal Services to Kinship Families**

Kids Central Inc. provides free legal services to relative caregivers; legal services are only rendered if the caregivers are actively participating in the program and meet the qualifying

guidelines as determined by Kids Central. The legal services encompass temporary custody, adoption, power of attorney, along with wills and trusts.

***During FY 21 - 22, Kids Central accomplished the following:***

- The Kinship Program kept 99% of participants out of foster care (only 3 out of 313 children entered foster care)
- Kinship Continues to use the updated Curriculum and remain in partnership with Western Michigan University.
- Received 221 new referrals to the Kinship Program
- Assisted 357 children and 270 caregivers through the program
- Assisted over 113 caregivers with ACCESS Florida
- Assisted 19 Kinship families with legal services
- Graduated 14 caregivers from Educational Support Groups
- Assisted 43 Kinship Children with backpacks and back to school supplies
- 89 relative children received Christmas assistance through Kinship donations

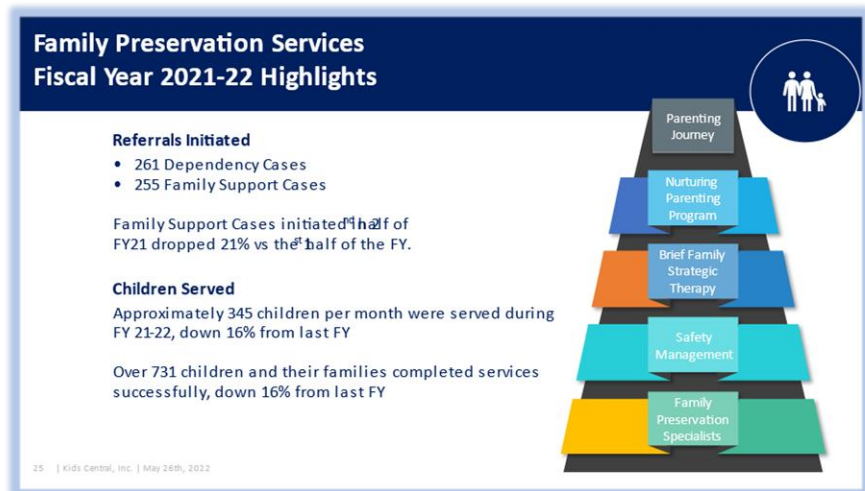
**Performance Quality Improvement Activities include for Kinship**

Kinship Case Managers and the Supervisor 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.

The Kinship program has added two positions, Kinship Support Specialist, these positions will work with new dependency relative caregiver families from the time the children are placed in their home. The Kinship Support Specialist will work with families to help ensure they are successful one day at a time, to provide long term placement for the children placed in their home. The specialist will assist with ACCESS Florida benefits, referrals in the community, items from the resource center at Kids Central, refer the family to the Kinship Program, discuss Level 1 licensure from the onset of the case.

## 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 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 Nurturing Parenting Program (NPP), Parenting Journey Program (PJP), Brief Strategic Family Therapy (BSFT) which replaced Family Connections and Parents as Teachers (PAT). Kids Central is currently implementing two (2) additional Family Preservation Programs, Functional Family Therapy (FFT) and Homebuilders which should be providing services to our families in the next several months.

Kids Central absorbed the Family Preservation programs and now provides direct oversight of the 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 continues to use a collaborative approach and invites our case management partners and the DCF to be involved as we explore ways to improve our system of care. Data indicated most families in Circuit 5 became engaged with the child welfare system due to substance abuse and/or neglect issues. As a result, interventions were chosen based on effectiveness in ameliorating issues and treating families where substance abuse or severe neglect is likely to result in removal of the child. Interventions will be provided in the context of the Department’s Safety Decision Making Methodology.

Staff serving Family Preservation Programs consists of the Senior Director of Family Preservation, Director of Clinical Services, four (4) Family Preservation Supervisors, three (3) Nurturing Coaches/Trainers, five (5) Nurturing Coaches, five (5) BSFT Specialists, one (1) FFT Specialist and an Administrative Assistant. Currently, vacancies consist of the following: six (6) positions for Nurturing Coaches and one (1) for a BSFT Specialist. Kids Central is in the process of hiring additional staff for FFT, to include two (2) FFT Specialists and one (1) FFT Case Manager.

Goals for **FY 22-23** - All Family Preservation programs will continue with the Peer Review process on a quarterly basis. The Family Preservation Supervisors will continue to provide one on one supervision with staff and the review of cases to ensure appropriate delivery of services. Beginning October 1, 2023, Kids Central will implement an online referral system for all Family Preservation services. This referral system through the KCI Connect will establish and promote a single point of access for referrals. All referrals will be screened and scored to ensure the families are directed to the most appropriate service to meet the needs of the family. Family Preservation is committed to continue increasing the number of referrals received, families served and the hiring of staff. Having our programs fully staffed will allow us to serve more families within the System of Care. In FY 22-23, the Family Preservation programs will be going through accreditation process through the Council on Accreditation (COA).

### **Nurturing Parenting Program (NPP)**

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

The program is used to help families who have been identified by child welfare agencies for past child abuse and neglect or who are at high risk for child abuse and neglect. The goals of NPP are to: increase parents' sense of self-worth, personal empowerment, empathy, bonding, and attachment; increase the use of alternative strategies to harsh and abusive disciplinary practices; increase parents' knowledge of age-appropriate developmental expectations; and reduce abuse and neglect rates. The philosophy and approach of NPP incorporates the protective factors and aligns with the missions of Kids Central.

### **Parenting Journey Program (PJP)**

PJP is a 12-session group that helps parents take better care of themselves, gain new parenting skills, and build strong relationships as they work toward reuniting with their children. It allows parents an opportunity to develop themselves as nurtured and nurturing people, capable of making responsible and informed choices in raising their children. The curriculum concentrates on the emotional understanding of what it means to be a parent; helps parents envision a positive future for themselves and their children; emphasizes the parent as a person rather than the child or the child in a disciplinary relationship with the parent; helps parents reflect on their own upbringing and draw conclusions about how to be a good parent. The goals of PJP are to: for the parents to discover strengths as individuals and as parents, learn to value themselves and their children, increase their self-respect and self-esteem, learn about hope, trust and forgiveness, learn to cope with negative thoughts, establish goals for themselves and their children, discover their circles of community support, understand how past factors influence their parenting styles, and to develop skills to love, care for, protect and teach their children.

**Parents as Teachers (PAT)**

Parents as Teachers (PAT) takes a holistic approach to strengthening families through an evidence-based, early childhood home visiting model. This model promotes the optimal early development, learning, and health of children, by supporting, engaging, and educating their parents and caregivers. The PAT approach is to partner, facilitate, and reflect and incorporates three areas of emphasis at each session: parent-child interaction, development-centered parenting, and family well-being. The goals of PAT are to prevent child abuse and neglect; increase parent knowledge of early childhood development; improve parenting practices; increase school readiness and success and provide early detection of developmental delays and health issues. This model is utilized at Kids Central for parents of children, birth to three years of age, involved in the child welfare system.

**Brief Strategic Family Therapy (BSFT)**

Brief Strategic Family Therapy (BSFT) is a short-term, problem-focused, evidenced-based model of family therapy for family, adolescents, and their families provided in the home. The BSFT model targets children ages 6-17 years old with the following issues: conduct problems, problematic family relationships, substance abuse, oppositional defiant behavior, delinquency, aggressive & violent behavior, risky sexual behavior, and anti-social peer involvement. This model of therapy involves the entire family in family therapy sessions and focuses on changing the way family members interact, so that positive relationships are strengthened, and negative behaviors are reduced. BSFT assumes the family is the most important and influential system in the lives of family, that each family is unique, and that the behavior of each member can be understood only by considering the family context in which it occurs. BSFT is a strategic approach that uses pragmatic, problem-focused, and planned interventions that improve relationships in the family and helps parents develop strong, consistent, and effective parenting skills. BSFT is a flexible approach that can be adapted to a broad range of family situations in a variety of settings.

**Functional Family Therapy (FFT)**

Functional Family Therapy is a short-term, evidenced based family counseling service provided in the home. FFT works with the entire family and extrafamilial influences to facilitate growth and development. It serves children from 11 to 18 years of age who are at risk or have behavioral or emotional problems. Sessions are held weekly for one (1) hour and average 12-14 sessions. FFT targets families with drug abuse, conduct disorder, mental health concerns, truancy, and related family problems. The model consists of three (3) phases: engagement and motivation phase, behavior change phase and generalization phase. The goals of FFT are to eliminate youth referral problems (delinquency, oppositional behaviors, violence, etc.) and improve prosocial behaviors (school attendance).

## **Homebuilders**

Homebuilders is an intensive, evidenced based model designed to avoid the removal of children from their homes. It serves families with children birth to 18 years of age. Homebuilders staff engage families by delivering services in the home and enlisting the family as partners in assessment, goal setting and treatment planning. Homebuilders addresses areas such as family conflict and violence, poor parenting skills, depression, aggression/anger, substance abuse, child abuse and neglect. Sessions are conducted three (3) to five (5) times per week, with sessions lasting two (2) hours in duration. Services last an average of four (4) to six (6) weeks. Two (2) after-care 'booster sessions' totaling up to five (5) hours are available in the six (6) months following the referral. The goals of Homebuilders are to: reduce child abuse and neglect, reduce family conflict, reduce child behavior problems, and teach families the skills needed to prevent the removal or reunify with their children. Homebuilders will be a service contracted out by Kids Central to Bethany Services.

### ***Family Preservation***

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

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

**Frequency:** Daily/Weekly

**Process/Methodology:** This activity is designated to ensure all cases that fit the category of "medium," "high or very high" for future maltreatment, abuse and neglect are staffed directly with the Family Preservation Specialist. The cases that are accessed with a "low risk" will be referred to a community provider by the CPI. All cases are staffed daily with the Family Preservation Specialist. The goal is to ensure families receive services in the least restrictive manner, while maintaining the family unit. The CPI and Family Preservation Provider will conduct an initial visit to discuss the services being offered to the family. If the family is uncooperative with the service provider, a final visit will be conducted to re-engage the family. A joint visit will be conducted prior to re-staffing the case for closure. All activities and documents will accompany the Family Preservation and/or the Case Transfer Staffing (CTS) packet.

**Tools/Reporting Outcomes/Results:** A log is maintained by each Family Preservation Specialist and is utilized to capture and track decisions and applicable activities that occur during case transfer staffing and permanency staffing's. Family Preservation actively tracks the case transfer process to ensure case transfers occur within 10 days as outlined in the CBC scorecard. 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.

## Section V: Managing and Improving Quality

Kids Central remains committed to the ongoing implementation and evaluation of innovative, comprehensive Quality Assurance (QA) and Continuous Quality Improvement (CQI) activities that address and guarantee the oversight and accountability of child welfare services in Circuit 5. Our approach to Quality Management (QM), is designed to promote, build, and nurture a culture of care focused on accountability and committed to facilitating positive outcomes for children and families. This philosophy is systematically implemented and communicated within the system of care through the engagement of internal and external partners and programs.

Kids Central maintains rigorous quality assurance and improvement processes, which are compliant with federal and state policies as well as with the standards established by our accrediting body, the Council on Accreditation (COA).

### Quality and Performance Management - Concepts and Definitions

The concept continuous quality improvement (CQI) calls for perpetual organizational re-examination, not only of “problem” areas, but also in those areas that are running with no identified problems. CQI presumes ongoing changes in client/customer needs, organizational resources, and public expectations. This requires ongoing evaluation and adaptation to achieve and maintain quality service delivery.



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

Changes in policies and procedures may occur based upon review findings, surveys and other data generating activities through which valuable input feedback comes. When performance/quality related problems are identified within Case Management Agencies (CMA), the Chief of Operations (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 plan for 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 explores change by providing the data to support the need and a timeline for training, implementation, and subsequent review. CMA directors are responsible for the dissemination of information to their staff and ensuring that improvement activities are occurring.

**The Purpose of Quality Management and Improvement is to:**

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

The QM process provides meaningful information to Kids Central Leadership, contract providers, DCF and key stakeholders and families that receive services. The intent and approach are to be inclusive. QM and Improvement activities involve collecting, reviewing, analyzing, and using data from key areas of operations, with the primary goal being to promote and support quality care. Findings from Quality Improvement activities are used to identify opportunities, drive improvements, and inspire innovation within our system of care.

Our Quality Assurance (QA) and Continuous Quality Improvement (CQI) practices allow us to identify issues or problems that may impact program outputs and outcomes while providing the opportunity to develop and take actions that are asset based, designed to address existing challenges, and build upon systemic strengths. Performance improvement activities collectively serve to improve circuit-wide outcomes and promote Federal Child and Family Service Review (CFSR) performance. Our continuous quality improvement system is focused on positive performance outcomes and grounded in helping our system of care safeguard and improve the safety, permanency and well-being of children and families served.

**Quality Management and Integration into the Service Delivery System**

Kids Central's QM process is designed to engage and collaborate with key stakeholders to collect, aggregate, assess and disseminate the information and data needed to assess the quality of services provided and promote positive outcomes for children and families within the system of care. These efforts are supported by several factors which support the integration

and understanding of quality improvement efforts into the system of care. These factors include:

- Input and feedback from our governing body (Board of Directors),
- Our organizational structure,
- Implementing an annual business planning process inclusive of quality measures gleaned from QM activities to promote a culture of learning
- Process management and control systems, including the use of *the Lean Six Sigma improvement strategies including the Define, Measure, Analyze, Improve and Control (DMAIC) process*.
- KCI has strong governance oversight, and our Board of Directors is highly attuned to and focused on the quality of services provided and resulting outcomes. The Board has established a quality subcommittee dedicated to improving performance and engaging stakeholders. The subcommittee provides its members with a transparent view of our approach to quality management and better understanding of the impact of our quality improvement initiatives.

Kids Central's organizational structure is designed to make improvements to performance. There are strong communication methods between departments and leadership, which enables the organization to quickly identify trends or changes to organize improvement efforts as they arise.



The continued development of our infrastructure, for the purpose of achieving practice excellence for families, remains paramount. Establishment of a quality focused subcommittee within Kids Central's governing Board of Director's, in addition to the integration of quality focused goals and outcomes into the Annual Business Plan, Strategic Plan, and Balanced



## Kids Central's Guiding Authority for Continuous Quality Improvement



**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.

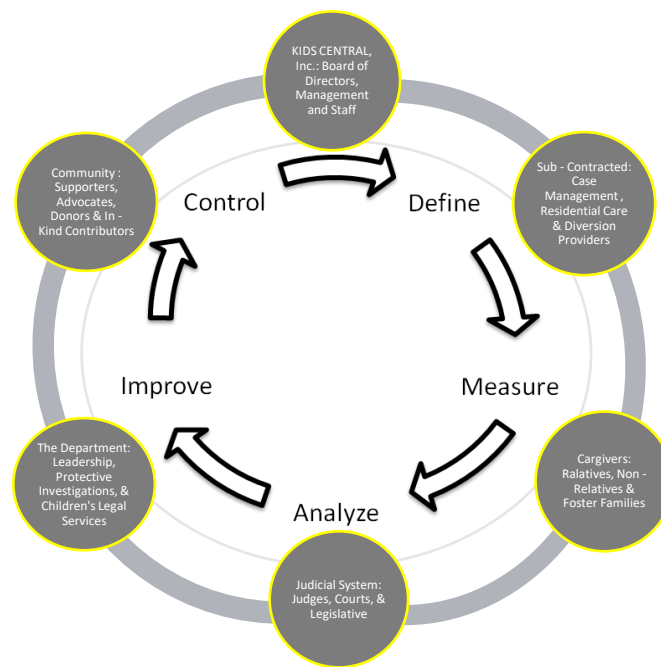
**MEASURE:** In this step, accurate measurements must be made, and relevant data must be collected so that comparisons can be measured. This purpose of this step is to establish baselines as the basis for improvement. Kids Central provides an ongoing analysis of measures and reports this information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

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

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

**CONTROL:** Ongoing monitoring occurs, primarily, through consistent analysis of the CBC Report Card, Balanced Scorecard, results of reviews and surveys. To ensure and manage control, ongoing data tracking occurs by the Data Analyst. A plan for identifying when performance starts to slip and appropriate action taken also occurs and is performed by the Data Analyst and Data Specialist. This information is also shared during various activities, to include Data Calls, Leadership and Quality Improvement Team (QIT) meetings.

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



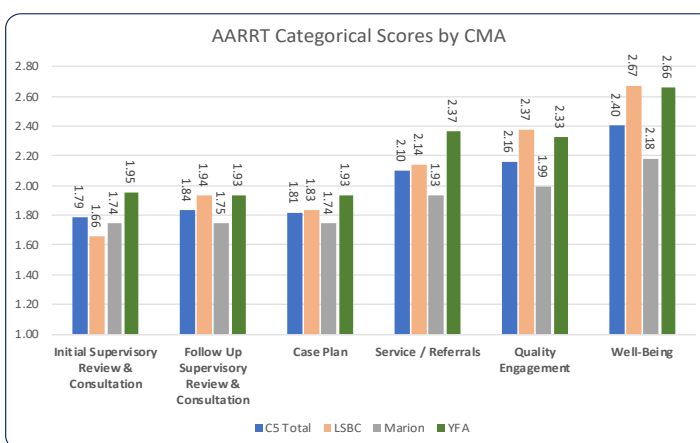
**QM performs multiple duties and functions that includes, but are not limited to the following:**

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

Kids Central's leadership team and staff focus on continuous improvement across our workforce and system of care. Contractual requirements, performance objectives and organizational priorities drive the development of innovative services, quality assessment tools and other initiatives designed to improve outcomes for children and families. Our approach to quality management has been strengthened through several innovative changes and initiatives. Collectively, these changes promote accountability and outcomes across the entire system of care:

**Integration of Quality Improvement, Data Management, Training and Strategic Planning Departments:** In alignment with DCF's *Results Oriented Accountability* (ROA) framework, outlined in Florida Statute 409.997 (2); Kids Central's merger of the Quality Management Department, Training, Performance, Data and Strategy Departments maximizes staff capacity to effectively design and implement analytical frameworks to monitor and drive performance, aggregate data, measure outcomes, assess the quality and quantity of services provided by internal programs and external case management partners, and implement improvement system-wide improvement strategies.

**Automated Accountability Review and Response Tool (AARRT):** CQI efforts have been enhanced through the development and implementation of an innovative technology solution, the *Automated Accountability Review and Response Tool (AARRT)*. AARRT is a focused review and assessment of all open cases between 100 – 130 days of case transfer. The review is designed to assess the quality of initial and follow-up supervisory reviews, case planning, service referrals, family engagement and well-being factors related to each case. Aligned with federal Child and Family Services Review (CFSR) requirements, DCF Accountability Metrics, and the AARRT provides supervisors and case managers with case-specific feedback at a point when any performance issues can still be addressed and corrected. An automated data system provides leadership with a real-time, comprehensive dashboard, which permits performance to be monitored, compared, and tracked by case management agency, unit, or individual worker. These data are used to assess compliance with federal and state requirements while serving as a benchmark against which improvement can be monitored. Items are rated a 1, 2 or 3, with 3 being most favorable.



**AARRT was implemented with the objectives of:**

- Improving state and federally monitored areas of child safety, permanency, and well-being,
- Accelerating progress and driving outcomes for children and families,
- Ability to adjust the case path in real-time,
- Shaping practice and accountability, and
- Providing leadership with immediate, real-time feedback depicting the quality of case work.

**Interrater Reliability:** As a routine training and educational requirement, the Quality Management team conducts case file review exercises, quarterly, utilizing the same case, with the goal of strengthening interrater reliability. The case to be reviewed is selected by the QM Supervisor. When identifying a case to review; considerations include rotating the case types

such as in-home and out of home cases, to ensure that reviewers gain and maintain knowledge related to all case types. QM Specialists receive a case assignment and each reviews case file information, maintained in the state of Florida's electronic case record system – the Florida Safe Families Network (FSFN). QM Specialists review the case independent of one another and without discussion. Each are given the due date to complete the exercise and submit ratings. Upon completion and compilation of ratings, group discussion occurs, where each item is reviewed, and exchanges occur as to how/why reviewers arrived at their ratings. Results from these interrater exercises provide invaluable benefits, to include: the potential need for policy/process updates, clarification to written interpretive guidance and many others.



The data, below, reflects the most recent interrater case review results. The case name has been changed, to a fictitious name, to ensure confidentiality. Using Cronbach's alpha, the score is .9779, which indicates almost perfect agreement. Using Fleiss's Kappa, the score is .694, which is in the "good" range and indicates substantial agreement between reviewers. Be aware that Fleiss's Kappa does have a tendency, to calculate/ score lower scores even when interrater agreement is strong. Overall, responses to 17 of 29 questions (58.62%) were in total agreement. Only one question (4d) indicated a substantial variance between reviewer scores.

Interrater Reliability Exercise: Sarah Brown Case				
#	Reviewer 1	Reviewer 2	Reviewer 3	Reviewer 4
1a	2	3	3	3
1b	2	2	2	2
1c	2	2	3	2
1d	2	2	2	2
1e	2	2	3	2
	2	2.2	2.6	2.2
2a	2	2	2	2
2b	2	2	3	2
2c	2	3	3	3
2d	3	3	3	3
2e	N/A	NA	N/A	NA
2f	N/A	NA	N/A	NA
	2.25	2.5	2.75	2.5
3a	1	2	2	2
3b	2	1	1	1
3c	1	1	1	1
3d	N/A	NA	N/A	NA
	1.33	1.33	1.33	1.33
4a	2	2	2	2
4b	1	2	2	2
4c	2	3	3	3
4d	1	3	2	3
	1.5	2.5	2.25	2.5
5a	2	3	3	3
5b	1	2	1	1
5c	N/A	NA	N/A	NA
5d	N/A	NA	N/A	NA
5e	N/A	NA	N/A	NA
5f	2	2	2	2
	1.67	2.33	2.00	2.00
6a	N/A	3	3	3
6b	N/A	NA	N/A	NA
6c	N/A	NA	N/A	NA
6d	N/A	NA	N/A	NA
	#DIV/0!	3	3	3
	1.63	2.31	2.32	2.26

**Circuit 5 Quality Dashboard:** Kids Central maintains a comprehensive dashboard of data to sufficiently inform sub-contracted partners, internal and external stakeholders, and leadership - ongoing. The dashboard provides to-date and real-time snapshots of performance, depicting performance data and providing analysis of Kids Central's performance in comparison to other CBC Lead Agencies within Florida and other case management agencies. The dashboard is used to identify high and low-performing areas often prompting quality improvement initiatives.

**CQI Progress Report:** Kids Central distributes quarterly performance snapshot of activities and findings associated with Incident Reports, Focus and Discretionary Reviews, Request for Actions, Continuous Quality Improvement and other DCF reviews. As with the Quality Dashboard, the quarterly report is used to inform the need for specific improvements and facilitate discussion with our partner agencies.

#### **Resources Dedicated to Ongoing Quality Improvement:**

Kids Central leadership is committed to dedicating the personnel and resources necessary to complete quality improvement activities. The department consists of seven (8) full-time staff members who, collectively, bring over 100 years of human service and child welfare experience and expertise to the department. Positions include: the Senior Director of Performance and Planning, Director of Quality Management, QM Supervisor, and five QM Specialists. Staff member experience includes being: case manager, case manager supervisor, permanency specialist, adoption specialist, trainer, program director, contract oversight and management, quality assurance, protective investigator, and other front-line child welfare experience. All QM Specialists maintain child welfare certifications and receive ongoing training.

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

Kids Central's QM Department structure includes the Director of QM, QM Management Supervisor and five (5) QM Specialists.

The Director of QM is required to possess a bachelor's degree in a related field and five (5) years of experience in service provision to families including four (4) years of supervisory experience. This position is responsible for the QM activities of the agency, review of QA reports prior to submission, identification of trends and patterns, analysis of both qualitative and quantitative data to provide management tools for standardization of performance measurement and drivers of improvement, oversight of all utilization management functions and serves as one of the QM liaisons for the agency.

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

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

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

### **Quality Management Performance Reporting Analysis and Findings**

To fulfill the Departments and Kids Centrals requirements for a comprehensive continuous quality improvement system, Kids Central collects and aggregates data and analyzes findings and outcomes in accordance with Windows into Practices, Florida Statute, Administrative Code, Operating Procedures, Methodology, Child and Family Service Review guidelines and Kids Central Policies.

### **Data Elements**

The QM Department identifies and defines the quality and compliance data elements to be collected and measured/evaluated and used to drive improvement efforts. Appropriate data collection and measurement tools have been, and continue to be, developed to analyze, and communicate the strengths and weaknesses within a service, program, or administrative department. Collected data assess required outcomes, outputs, and consumer satisfaction/feedback. Examples of data that is collected include:

**Outcome Related Data:** Performance/Outcome measures (including CFSR/CQI and Rapid Safety data), Contract deliverables, Case and other Record reviews, and Qualitative measurement of specific activities.

**Output Related Data:** Client counts, Staff turnover, Contract, and service specific outputs (Quantitative measurement of activities), Incident Reports, Sub-contractor management meetings, Operations management meeting minutes, Risk Management Committee meeting minutes, Record reviews.

**Satisfaction Data:** Consumer Satisfaction (Youth, Families), Stakeholder Satisfaction (Kinship Caregivers, foster parents, IL Youth) satisfaction.

### **Quality Assurance Activities**

Quality management activities assess compliance and quality surrounding output, outcome, and satisfaction expectations.

Data collected through case management and Quality Management activities are analyzed and reported to DCF and our network partners. Aggregate data and other information are used to establish quality improvement initiatives to meet outcomes expectations.

**Collection and Analysis of Case-Specific Outcome and Output Data:** Through several mechanisms, including Case Reviews, Permanency Tracking, Analysis of Supervisory Reviews, System of Care Monitoring, Incident Reporting, our Quality Management team collaborates with network partners to review and assess various compliance and quality-related elements.

**Review of Data and Reports:** The QM team utilizes multiple data sources to continuously assess service provision and outcomes. FSFN data, case specific data and FSFN reports are reviewed and analyzed regularly to assess progress toward contractual outcomes and performance expectations. This information is reported regularly and integrated into a continuous quality improvement cycle.

**Program Evaluation Data and External Monitoring:** Our system of care integrates findings from evaluation and external monitoring processes (including but not limited to, state quality assurance reviews, fiscal monitoring, eligibility monitoring, and contract monitoring) into our assessment and reporting procedures. These reports are used to create performance improvement initiatives.

**Client Feedback and Satisfaction Data:** Kids Central uses Exit Interviews, client satisfaction data, and stakeholder satisfaction data to improve program quality and services. Information collected through these sources is reported to network partners and is used to enhance the effectiveness of the service delivery system.

**Escalation Process:** Disagreements between QM reviewers, case management organizations, stakeholders, or internal Departments are assessed on an individual basis by the Director of Quality Management in consultation with the Senior Director of Performance and Planning. Depending on the nature of the QM disagreement, KCI will always defer to our mission, vision, statutes, policy, and best practice during the escalation process and determining course of action for children and families.

**Incident Reports:** Information from incident reports is monitored, compiled, reviewed, and reported to the leadership team on a semi-annual basis (or as requested).

**Data Analysis and Monitoring of Outcomes and Quality Performance Indicators:** Kids Central tracks and reports outcomes and performance measures consistent with the State Performance Improvement Plan (PIP) and the Circuit 5 Local Improvement Plan (LPIP) and incorporates performance indicators in its review of delivered service.

**Data related to Quality, is used for several purposes, including but not limited to:**

- Monitoring contractor performance and compliance with contractual expectations, Assessing system outcomes, and
- 
- Managing and facilitating provider-specific and system-wide performance improvement initiatives.

**Integration with the Department of Children and Families (DCF): Communication Strategies and Partner Engagement**

Effective communication strategies and partner teaming and engagement are essential to the success of Circuit 5's system of care. The performance and quality assurance expectations,

outlined by the Department and the Quality Office, are integrated into all Kids Central's QA/QI activities, and are reflected in services provided to families. Kid Central's Quality Management staff collaborate with and participates in statewide quality focused initiatives, conducts, supports and coordinates quality improvement activities as outlined in contract, statute, and performance improvement plans. Additionally, Kids Central partners and supports other state-wide and circuit-specific performance and QA/QI initiatives.

Kids Central's Quality Management and Operations staff meet and work directly with the Departments Central Region, Circuit five, and state team members, on a regular basis, to assess performance, track progress, resolve challenges and celebrate outcomes.

**Standing meetings/combined activities include:**

**Statewide Quality Managers Meetings:** Kids Central's QA Director, Sr. Director and Supervisor attend/participate in various meetings, held monthly and/or quarterly. The meeting is led/facilitated by the Department's Quality Office and discusses planned initiatives.

**Kids Central and Dept. of Children & Families (DCF) Leadership Meeting:** These meetings are attended by the Circuit Administrator, DCF Contract Manager, Regional QA Staff, Kids Central Circuit Operations Staff, Quality Management and Performance/Strategy Staff, CLS Managing Attorney, Substance Abuse Mental Health Circuit Manager, APD Manager, Kids Central CEO, Kids Central COO, Kids Central CFO, Kids Central Attorney; the meetings are held monthly. The meetings cover a variety of topics and are used to problem solve circuit wide issues, as well as provide agency updates.

**Kids Central/DCF/Children's Legal Services (CLS) Monthly Meeting:** These meetings are held the first Tuesday of every month and are attended by the Circuit Administrator, DCF Operations Manager, CLS managing attorney, Kids Central Chief of Quality Assurance, Kids Central Chief of Operations and Kids Central Chief Executive Officer. These meetings address a variety of topics related to court and legal issues. It allows all the key players to have a consistent approach to cases and system management. An example of a topic where an action plan was developed at this meeting was the recent psychotropic drugs initiative.

**Kids Central/DCF /Guardian Ad Litem (GAL) Monthly Meeting:** This meeting is attended by the Circuit Administrator, Kids Central Chief Executive Officer, and Director of Circuit 5 - GAL program. These meetings have been used to discuss system issues, concerns, and successes. The open dialogue has allowed the leaders of each organization to have a better understanding of the other prospective. This has generated joint problem solving and joint trainings which has increased cooperation and understanding circuit wide.

**Town Hall Meetings:** The Circuit Administrator and Kids Central Chief Executive Officer have held joint town hall meetings with line staff. The intent of the joint meeting was for a consistent message to be presented to all circuit child welfare professionals. These meetings allowed the

staff to ask questions and hear the same information communicated and the joint goals and objectives in Circuit 5 to be championed.

Additionally, Kids Central Quality Management team facilitates several recurring quality focused meetings with contracted partners, including case management providers, residential care providers, and internal programs.

***These meetings include and are not limited to:***

- Monthly Quality Team Meetings with case management QA Staff and Leadership
- Quality Team Conferences (QTC) with case management partners
- Participation in Florida Coalition for Children QA Subcommittee Meeting
- Quality Round Table (QRT) meetings with case management staff, including the case manager, supervisor, director, assistant director, and quality management staff.

**Special Reviews, Projects, and Collaborations**

Kids Central's Quality Management team actively engages network providers in quality improvement activities and initiatives and maintains and regularly updates contract monitoring policies, procedures and tools that guide our mission. All network providers are required to develop, implement, and maintain an internal quality management process and participate in Kids Central's quality management and monitoring processes. Each partner case management agency is accredited and adheres to the quality-focused standards established by their accrediting body.

Kids Central supports subcontractors with the implementation and oversight of Quality Management systems through offering technical and other assistance to any provider that's in need of assistance with their quality management.

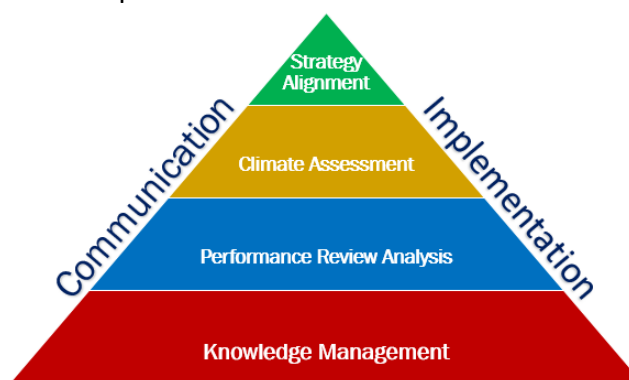
Contracted providers are held to standards of accountability established by DCF and Kids Central. Quality management processes are integrated into subcontracted services in a collaborative and purposeful way. This is accomplished through inclusion of performance criteria and expectations that align and meet performance requirements as outlined in the Departments' Results Oriented Accountability, the DCF and Kids Central Contract, the Accountability Metrics and Balanced Scorecards. Kids Central collaborative projects and activities with subcontracted providers is driven by findings/results of case file reviews and other qualitative/data measures, on a daily, monthly, and weekly basis. Facilitation of peer reviews by subcontracted providers and side by side reviews between Kids Central QM and Case Management QM, supports interrater reliability efforts and allows the system to, collectively, identify opportunities for improvement.

Kids Central has a quarterly peer review process for programs, including Licensing, Re-Licensing, Kinship Services, and Independent Living Services. The peer review process is facilitated by the Kids Central QM team and includes instruction, facilitation, completion of data roll-ups, drafting of summarized reports, requests for corrective action, when applicable and other actions as necessary.

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

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

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



### The Performance and Planning Department is focused on two (2) improvement opportunities for FY 2022 – 2023:

- Improving timely permanency for children residing in out of home care
- Increase the utilization of Family Preservation Services via the coordination of an array of services to support children and families in the most appropriate, least restrictive manner

These improvement opportunities have heavily influenced Kids Central's and the CMA's Balanced Scorecards for FY 2022-2023. Through continual analysis and monitoring, improving, and control of initiatives, the Performance and Planning department supports Kids Central's Operations in driving performance improvement in three (3) key areas of permanency, safety, and well - being for all youth the organization is charged with serving.

**Council on Accreditation (COA) Standards – A Quality Impact**

In July 2007, Kids Central became the second Community Based Care (CBC) Lead agency in Florida to receive network accreditation.

Kids Centrals Youth Independent Living (YIL) program was accredited in 2009. Also accredited are Kids Central's Licensing, Re-licensing, Kinship Care (Informal), Placement Services and Adoptions. In 2015, the Healthy Start Program joined the family of accredited service programs. In 2019, the Neighborhood Projects/Family Resource Center also joined the family of accredited service programs. In accordance with COA standards, the Kids Central QM Plan highlights past and planned quality improvement initiatives, events and data activities including, but not limited to stakeholder participation, strategic planning, quality monitoring and data management and sharing, case record reviews, outcomes measurement, customer satisfaction, feedback mechanisms, information management, corrective action, reporting and improvement plans.

**Kids Central's Training Department**

Kids Central's Training and Professional Development Department works collaboratively with our case management agencies, to provide in-service training and job coaching through communication and planning efforts. Meetings are frequent and job coaching provides 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, family functioning assessments, psychotropic medications, and incident reporting, to name a few.

All staff receive ongoing training to align with updates in policy, legal authorities, and best practice. All new staff providing direct case management and licensing services must achieve Child Welfare Certification through successful completion of pre-service training and pass the knowledge-based test, meeting minimum test score requirements. The training course requires successful completion of a knowledge-based test to achieve "Provisional Certification" Kids Central's training facilitators utilizes DCF's Child Welfare Pre-Service Training curriculum.

Kids Central's Training Department provides, comprehensive, pre-service, in-service and on the job field coaching. Pre-service activities include structured field days (providing hands on interactions with families and stakeholders), job shadowing and virtual training.

Due to COVID, some trainings were held virtually, via Zoom or were recorded for staff and available for viewing.

Kids Centrals Training unit consists of the Director, Administrative Support and three (3) certified Job Trainer/Coaches.

The Training units' recent merger into the Performance and Quality Management Department is a win – win for Kids Central and its stakeholders. The review findings and data result's, makes for naturally beneficial outcomes, in supporting staff who are providing direct services to children and families.

### Training - Semi Annual Schedule FY 22 - 23

Date	Topic	Length of training
July 1	Psych Meds	2 hours
July 1	Missing Kids	2 hours
July 12	Quality Parenting Initiative	3 hours
July 14	Quality Parenting Initiative	3 hours
July 26	Quality Parenting Initiative	3 hours
July 27	Quality Parenting Initiative	3 hours
July 29	Human Trafficking	6 hours
August 10	Quality Parenting Initiative	3 hours
August 11	Quality Parenting Initiative	3 hours
August 19	Home Visit Refresher Training	1 hour
August 22	Family Finding	2 hours
August 30	FFA-O/Case Planning	2 hours
August 31	Human Trafficking Tool	2 hours
August 31	Conditions for Return	2 hours
September 7	Exit Interviews	1 hour
September 7	Incident Report	2 hours
September 12	Progress Updates, Judicial Reviews	2 hours
September 14	Quality Client Contacts	2 hours
September 14	Trauma Informed Care	3 hours
September 30	Child Placement Agreement	2 hours
September 29	Safety Management, Safety Plans	2 hours

In-service training also consists of on the job coaching and field observations to reach full Child Welfare Certification for all case management related staff. All staff is required to complete the requirements outlined by DCF's Licensing Division. Completion of training is maintained in the personnel file and tracked through an on-line training data base for internal Kids Central staff. Verification of training completion is validated through a training certificate issued by the on-site trainer or virtual attendance log for Kids Central facilitated trainings which 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. A sign in sheet is 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 contracted providers. Kids Central utilizes the on-line training provider MyLearningPointe. Trainings are assigned annually to all staff and trainings are assigned by supervisors holding certain positions. Trainings are also assigned for individual employee remediation or professional development.

Individual Training Plans for all Kids Central staff incorporate trainings specific to the employee's current position. These plans are developed by the employee and supervisor to encourage learning and growth, not only in the current position, but to prepare for future career progression.

At this time, Kids Central, primarily, utilizes virtual trainings in lieu of face-to-face to comply with social distancing protocols until deemed unnecessary.

Successes (7/1/22 - 9/12/22)	
Pre-Service Training attendees	41
Job Coaching hours provided to provisionally certified staff	163.75
Online trainings completed by staff	611
Attendees for in services training	405

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

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

Changes in policies and procedures may be instituted based upon review findings. If significant problems are identified within CMA's (or with a 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 improvements are needed, Kids Central will implement change by providing the CMA with data to support the need and a timeline for training, implementation and subsequent review of actions taken, outcomes and ongoing plans to improve. CMA directors are responsible for the dissemination of information to their management, staff and ensure that improvement activities are occurring. At the time described in formal written requests for action or corrective action, Kids Central will conduct a review/assessment to determine whether the established objectives have been achieved, or improvements made and will modify methods as needed.

To maintain a commitment to transparency; a host of recurring meetings occur at multiple levels, with case management staff. Meetings include Combined Performance meetings where leadership within Kids Central and case management meet to review, discuss, and update regarding components that affect performance. Individual management meetings are held with case management, including Momentum meetings, where review findings are shared/discussed, in addition to contractual and balanced scorecard measures. This meeting provides opportunity to discuss challenges/barriers for the specific agency, as well as celebrate progress and excellence. Kids Central, regularly, attends staff meetings hosted by case management agencies; providing the opportunity to speak with the direct care team.





## SCHEDULE OF ANNUAL QA ACTIVITIES

Date	Type of Reviews	Sample
Within 6 business days of receipt of the AARRT notification.	AARRT Review	LSBC QA Staff will review FSN documentation to verify that a supervisory consult has been completed outlining concerted efforts and providing guidance to resolve the concerns identified in the review in a timely manner.
2 Quarterly	CFSR (without interviews)	LSBC QA Staff to review FSN documentation to complete CFSR instrument on 2 randomly selected cases per quarter.
Submit to KCI by the 2 <sup>nd</sup> Friday of each month	Quality Team Report <ul style="list-style-type: none"> <li>• Parent Engagement</li> <li>• FFA's/PU</li> <li>• Safety Plan</li> <li>• Exit Interviews</li> <li>• Supervisory Reviews</li> <li>• 2-4 Consults from CTS</li> </ul>	QA Staff will complete reviews and report out to KCI monthly.
Within 6 business days of receipt of the CBHA.	CBHA recommendations	LSBC POC will review FSN documentation to verify submission of referrals and will assist with the completion of referrals for all recommendations.
Quarterly (September 2022, December 2022, March 2023, June 2023)	Peer Review	Each FCM and FCMS is assigned 1 randomly selected case to review.
Weekly	Permanency Staffing to drive permanency for cases: <ul style="list-style-type: none"> <li>• 12 mos.</li> <li>• 12-23 mos.</li> <li>• 24 mos.+</li> </ul>	LSBC QA Staff to schedule weekly staffings to drive permanency and document completion of the staffings in FSN.
Monthly	Scorecard Measures	QA Staff will report out monthly to frontline staff on performance measures.
Weekly	AFCAR Measures	QA Staff will follow up with frontline staff and report out to KCI weekly.
Immediate Follow Up	ICSAR's	QA Staff will reach out to frontline staff/LSBC Leadership team to staff internally.

## KCI CMA - Marion FY 2022 – 2023 Quality Management Activities

Date/Time Frame	Type of Review/Activity	Methods/Responsible Persons
Prior to day 3 of receipt	CBHA recommendations	Admin reviews & enters recommendations and emails to FCM/FCMS.
Within 24 hours of safety related upon receipt; within 72 hours for non-safety related upon receipt.	RFA action plans	ADs review FSN documentation to verify follow-up on all items.
Monthly by the 15 <sup>th</sup>	Psychotropic medication/Prescribed Medication	Program Nurse reviews FSN documentation based upon psych errors.
Quarterly (September 2022, December 2022, March 2023, June 2023)	Peer review	Each FCMS is assigned 3 randomly selected case to review.
Monthly by the 15 <sup>th</sup> & follow up by the 28 <sup>th</sup>	Hospital discharges	Program Nurse reviews FSN documentation for all children admitted to a hospital.
Pending	CFSR internal (without interviews)	QI Supervisor, ADs & PD will review FSN documentation to complete CFSR instrument.
Monthly by the 15 <sup>th</sup>	Separated siblings	FCMS to report, monthly, to their ADs regarding the separated siblings.
Weekly	Medical/Dental	Admin and Program Nurse review unit performance medical & dental.
Monthly by the 15 <sup>th</sup>	Missing Children	QI Specialist will review FSN to ensure all attempts and/or information is documented.
Monthly by the 15 <sup>th</sup>	Parental Engagement Review	QI Specialist reviews FSN for proper documentation.
Monthly	Length of Stay: 12 months, 12-23 months, 24 plus months, permanency drivers	Barriers and projections are discussed with data team during monthly SCORES meeting. Discussed during permanency staffings (3-, 6- & 9-month staffings) and discussed during supervisory reviews/consults.
Monthly	Quality Team Reviews	QIS reviews the selected sample size for the selected FFA-O's/PU, Safety Plans and Supervisory Reviews as part of the quality process through QM report
Monthly	Parental Engagement and Home Visits Forms	FCMS will review all parental engagement and home visit forms.
Daily	Incident Reports	QI Specialist to review and ensure IRs are fully completed and entered its IRAS & ERMS if applicable. Will send back to FCM/FCMS if there are any errors that need to be completed prior to full approval
Monthly	High Volume IR Reviews/IR Meetings	QI Specialist reaches out to FCM/FCMS for any missing information and rolls into the Rolling IR Report and Quality Team Report.

Quality Assurance Plan  
YFA North CBC (Hernando/Citrus)  
2022-2023

ACTIVITIES

Activity	Collection Tool	Frequency
Children Not Seen	FSFN or Mindshare	Daily
Medical/Dental/Immunization	FSFN, Mindshare	Weekly
Exit Interviews	Mindshare	Daily
AFCARS Tracking	FSFN	Weekly
High Level Needs	Internal Log	Monthly
KCI BSC Monthly Tracking	FSFN, Mindshare, & Internal Logs	Monthly
Client Satisfaction Survey	YFA CBC Survey Questionnaire	Quarterly
Request for Action	KCI recommendation and FSFN	Follow up 6 business days after receipt.
Parent Engagement Reviews	FSFN	Monthly
Monthly Quality Reviews (35)	FSFN, Mindshare, & Internal Logs	Monthly

INTERNAL YFA REVIEWS AND YFA PEER REVIEWS

Supervisory Review Samples	Monthly
Home Visit Note Samples	New FCM 60 & 180 Days
New Babies Born into Open Cases	Upon Notification
Internal YFA File Reviews	At discretion of PD CBC North
YFA Agency Peer Reviews	Quarterly
YFA New FCM Orientation/QI Issues	Following each PreService Cycle-Within 30 Days
Life of Case Reviews	Monthly
Follow up of YFA Critical Incident Reports	2 weeks after incident

**Quality Management 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
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 (QIT)**

Quality Improvement 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 are determined based on established benchmarks, goals, and performance expectations. An indication of poor performance or lack of production is based on data reports and analysis conducted as part of quality assurance/improvement activities. QIT meetings are held quarterly and/or as needed.

Initiatives utilized to enhance, and drive improvement are:

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

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

The QIT meets with the intent of reviewing and analyzing monthly and/or quarterly performance data from key quality indicators. Program Performance Reports and particular areas within the System of Care are regularly reviewed and discussed. These areas include, but are not limited to: Incident Reporting, Missing Children, Psychotropic Medications, Exit Interviews, AARRT Reviews, Child and Family Service Reviews, DCF Reviews, Focus/Discretionary Reviews 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.

Policies are written and processes updated through QIT, in addition to process changes. In addition, numerous forms and trainings were also updated. Some of these policies included Client Drug Screening policy to include a procedure; Retention, Storage and Disposal of Client Records; Psychotropic Medications to include a brochure regarding psychotropic medications, training information for relatives and non-relatives and a Placement Change Form regarding psychotropic medications; Diligent Search – Fostering Connections policy; Diligent Search Training Manual and Implement Reunification/Post Placement Supervision policy.

Quality Team meetings occur monthly to review and discuss continuous quality improvement activities. Through this meeting, the Supervisor Review form is being updated to a technology-based document which will support case management supervisor's in providing more timely and efficient guidance to case managers.

### FY '22 – '23 Quality Team Meeting & Report Schedule

Month of Report	Month of Activities being reviewed	Date Sample to be provided to CMA by:	Date Report is Due to KCI QM	Date of Quality Team Meeting	Comments:
July 2022	6/1/22-6/30/22				Old tool utilized
August 2022	7/1/22-7/31/22	8/2/22	8/22/22	8/25/22	Use of new tool
September 2022	8/1/22 – 8/31/22	9/1/22	9/19/22	9/22/22	Use of new tool
October 2022	9/1/22-9/30/22	10/3/22	10/24/22	10/27/22	Use of new tool
November 2022	10/1/22-10/31/22	11/1/22	11/21/22	11/24/22 (Holiday)	No meeting due to Holiday. Report Req.
December 2022	11/1/22-11/30/22	12/1/22	12/19/22	12/22/22	No meeting due to Holiday. Report Req.
January 2023	12/1/22-12/31/22	1/3/23	1/23/23	1/26/23	Use of new tool
February 2023	1/1/23-1/31/23	2/1/23	2/20/23	2/23/23	Use of new tool
March 2023	2/1/23-2/28/23	3/1/23	3/20/23	3/23/23	Use of new tool
April 2023	3/1/23-3/31/23	4/3/23	4/24/23	4/27/23	Use of new tool
May 2023	4/1/23-4/30/23	5/1/23	5/22/23	5/25/23	Use of new tool
June 2023	5/1/23-5/31/23	6/1/23	6/19/23	6/22/23	Use of new tool
July 2023	6/1/23-6/30/23	7/3/23	7/24/23	7/27/23	Use of new tool

\*Note: Dates subject to change due to unforeseen or other circumstances

- Timely Report submission required, whether meetings occur or are cancelled/postpone. Data is used for various purposes including reporting to DCF Quality Office.
- Submit reports to the attention of: Retta Barber, Valerie Threadgill, Jessica Scicchitano, Billy Kent, Shalonda McHenry Sims, Applicable CMA team members.
- Correction to Reports may be requested with the goal of ensuring accuracy of data to the extent possible. Please take care in completing reviews and ensure utilization of the interpretive guide that's been provided.
- Remember to only consider activities/work completed in the specific month for which you're reporting. (Example - If you're completing the October report, only activities conducted from 9/1/22 through 9/30/22 would be included in the tool and responses.)
- Always reach out to your KCI QM Team partners: Valerie Threadgill or Jessica Scicchitano should you have questions or need additional guidance.

## QA Partner Meeting Schedule

\* Attendees are the QA staff from each case management organization.

Month of Meeting	Date of Scheduled Meeting
July 2022	7/14/2022
August 2022	8/11/22
September 2022	9/8/2022
October 2022	10/13/2022
November 2022	11/10/22
December 2022	12/8/2022 (Meeting cancelled due to holiday schedule)
January 2023	1/12/2023
February 2023	2/9/2023
March 2023	3/9/2023
April 2023	4/13/2023
May 2023	5/11/2023
June 2023	6/8/2023

Meetings are scheduled on the 2<sup>nd</sup> Thursday of the month.

Quality Assurance points of contact from each CMA are expected to attend meetings

### The Quality Partner Meeting

Quality Partner meetings are held, monthly, and specifically include the Quality Management staff of each case management organization. This meeting provides opportunity for Kids Central QM team to speak with, train and work with them on Quality focused initiatives such as the Quality Team Reviews that each CMA Quality Management team, performs monthly. Additionally, it provides opportunity to discuss and review other improvement initiatives, such as outcomes associated with the Automated Accountability Review and Response Tool.

The Quality Partner Meeting does not include CMA leadership, providing for first level opportunity to engage, at the base level.

## Data Collection & Management

### Data-Driven, Performance-Based and Results Oriented

The QM Department and Performance and Planning Department captures and reviews data from several sources. Primary mechanisms used to capture and compile data are the Family Safe Families Network (FSFN) and Mindshare. The Senior Director of Performance and Planning, the Data Analyst, together with the Data Specialists identifies and defines quality and compliance data elements to be collected, measured and/or evaluated. Appropriate data collection and measurement tools have been, and continue to be, developed 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 consistent views useful for detailed historic analysis (listings) or general comparisons (summaries).

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

FSFN Reporting includes SAP Business Objects which provides a rich environment for building custom queries and reports.

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

### **Data & Performance Related – Activities:**

**Reviewers/Person(s) Responsible:** CMA Staff, QM Department, Performance and Planning Department, Contract Management Unit, and the Kids Central Senior Management Team

**Frequency:** Varies by report

**Process/Methodology:** This activity is designed to provide constant, on-going data information to all departments within the company for the purpose of driving production. The goal is to place

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

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

**The following Data Elements will be monitored in FY 2022 - 2023:**

Data Element	Collection Tool(s)	Frequency
Children Movement	Mindshare (census)	Twice a week
Children Seen	Children Seen Report	Daily
Family Functioning Assessment	FSFN Report	Weekly
Safety Plan Report	FSFN Report	3x Weekly
AFCARS	FSFN Report	Weekly
Medical/Dental/Immunization	FSFN Report	Weekly
Reunification for ESSA Staffing's	FSFN Report	Weekly
Placement Case Data Exceptions	FSFN Report	Weekly
Diversion Provider Capacity	Mindshare	Monthly
Schools List and Enrollment	FSFN Report	Monthly
Family Support (FS)30	FSFN	Daily
Permanency Staffing	FSFN	Monthly

Incident Reports	Mindshare	Daily
Exit Interviews	Internal Log	Daily
Rapid Safety Feedback	Internal Log	Quarterly
Missing Children	Internal Log	Daily
EPSDT	FSFN	Weekly
Exits from Foster Care	FSFN	Daily
Entries and Exits	FSFN	Daily
Daily MTD Cost of Care Report	FSFN	Daily
Guardianship & Reunification Reporting	FSFN	Daily
Children Available for Adoption and CMA Case Assignment	FSFN	Monthly
Contact with Bio Parents	FSFN	Weekly
Scores	FSFN	Bi-weekly
Relative Caregivers by County	FSFN	Weekly
PSSF Quarterly	Various Sources	Quarterly
SAV Quarterly Report	Various Sources	Quarterly
Daily Census	Mindshare	Weekly

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

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

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

During FY 2021 - 2022 Kids Centrals performance, maintained or improved across all areas in our contract measures. In January 2022 the Department of Children and Families modified the contract measures and targets. There are now 13 measures related to the qualitative side of performance for safety, permanency, and well-being.

Kids Central met or improved performance targets in 9 of the 13 new measures during FY 2021 - 2022 and will continue ongoing improvement initiatives throughout the new fiscal year with a major emphasis on permanency.

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

Performance in “Rate of Abuse or Neglect...” has continued to be a strong point for Kids Central. Each individual child management agency (CMA) performance is reviewed monthly by the performance and strategy team and CMA leadership. Any drops in performance are reviewed and performance corrections put in place in partnership with licensing and DCF.

		2022 Performance Contract Measures															
		Target	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
M:01	Safety	Percent of children with no verified maltreatment within six months of termination of supervision.															
		95.00%	100.00%	99.05%	100.00%	96.47%	97.33%	96.59%	97.30%	95.60%	91.10%	96.50%	93.30%	96.00%	99.00%	94.60%	98.20%

Kids Central continues to monitor % of Children with no verified maltreatment within six months of termination of supervision” closely. Performance continues to be consistent over the last 15 months and will be continually assessed.

		2022 Performance Contract Measures															
		Target	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
M:02	Safety	Children with no recurrence of verified maltreatment within 12 months of a prior verified maltreatment															
		90.90%	95.50%	97.60%	95.80%	98.10%	92.30%	91.80%	95.50%	92.85%	93.52%	91.55%	97.50%	92.24%	97.43%	92.86%	96.84%

Kids Central will continue to monitor and take correction actions in any deviation in performance for M:03, M:04, and M:05.

		2022 Performance Contract Measures															
		Target	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
M:03	Permanency	Children achieving permanency within 12 months of entering care.															
		41.00%	28.60%	35.50%	23.00%	26.60%	22.80%	33.40%	42.20%	18.60%	38.60%	32.90%	38.40%	40.80%	28.30%	28.30%	48.00%
M:04	Permanency	Children achieving permanency within 12 months for children in Out of Home care between 12 and 23 months.															
		44.00%	40.51%	37.30%	33.50%	32.64%	36.34%	35.18%	35.30%	39.70%	41.90%	43.10%	44.90%	45.00%	47.10%	44.20%	45.40%
M:05	Permanency	Children achieving permanency within 12 months for children in out-of-home care for 24 months or more															
		30.00%	39.80%	41.00%	41.00%	39.80%	40.00%	39.80%	38.60%	2.33%	4.58%	8.16%	10.65%	11.53%	13.54%	15.66%	32.98%

Notably, M03 and M:04 have not met the target the delays and issues related to exiting of children is directly correlated to the Coronavirus Pandemic and its impact on the judiciary as well as available services for parents and youth to engage in to address the issues that brought them to DCF attention. However, Kids Central has shown much improvement in M:C05 over the last 12 months. This can be attributed to an enhanced review and oversight of children permanency drivers using key processes. Kids Central remains laser focused on permanency outcomes and integrating systems and process across the system of care to help increase outcomes for permanency performance measures.

		2022 Performance Contract Measures															
		Target	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
M:06	Permanency	Children who do not re-enter foster care within 12 months of moving to a permanent home.															
		91.70%	92.50%	91.80%	89.30%	88.80%	92.50%	90.30%	90.80%	90.10%	90.40%	89.50%	91.20%	87.10%	87.90%	88.60%	89.10%

The % of Children Who are not abused or neglected while in out of home care” and “Percentage of children not abused or neglected while receiving in home services “performance has performed above the target each month while also exceeding the statewide average as well.

		2022 Performance Contract Measures															
		Target	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
M:07	Safety	Percent of children not abused or neglected while in out of home care.															
		98.00%	100.00%	99.90%	99.90%	99.70%	100.00%	99.90%	99.68%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.80%
M:08	Safety	Percent of children not abused or neglected while receiving in-home services.															
		96.00%	98.60%	99.20%	99.80%	99.80%	98.50%	99.20%	99.20%	98.80%	99.00%	99.60%	99.20%	99.40%	99.70%	98.60%	99.70%

The “% of Children under supervision who are seen every 30 days” has been a measure Kids Central has historically met and exceeded. With spikes in Coronavirus infections and resulting destabilization of the workforce there are pockets of time in which the organization missed the

measure. Ensuring child safety is the organizations top priority and is monitored daily with all CMA's. Kids Central Inc will take corrective actions against organizations who fail to meet the required outcome for this measure. Parental Contact is also discussed with each program at monthly meetings and via weekly reporting.

		2022 Performance Contract Measures															
		Target	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
M:09	Well-Being	Percent of children under supervision who are seen every 30 days.															
		99.50%	98.76%	99.00%	99.30%	99.64%	99.57%	99.00%	94.09%	99.78%	99.74%	99.72%	99.74%	99.71%	99.82%	99.82%	99.70%
		2022 Performance Contract Measures															
		Target	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
M:10	Well-Being	Percent of cases with caseworker visits with parents monthly.															
		80.00%	32.94%	34.70%	34.10%	38.53%	36.38%	34.12%	30.00%	31.92%	42.10%	43.65%	39.89%	46.64%	50.09%	53.29%	53.20%

“Placement Moves per 1,000.” the Department of Children and Families changed the algorithm for this data capture when sweeping changes to the scorecard were made. As a result of these changes performance significantly declined statewide. In June of 2022 DCF modified the data capture algorithm which has resulted in performance reflecting above the target range. Kids Central Operations team continuously staff's youth in care and placement needs working to stabilize placements. The addition of the MDT Facilitator has also helped in the Operations teams efforts for placement stability.

		2022 Performance Contract Measures															
		Target	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
M:11	Permanency	Children's placement moves per 1,000 days in foster care.															
		≤4.0	3.83	6.54	6.15	6.16	26.63	16.02	19.09	36.00	15.23	39.43	13.50	13.09	21.07	15.99	16.79

Kids Central will continue to monitor and take corrective actions in any deviation in performance for M:12 and M:13. Placing siblings together remains a high priority for Kids Central Inc to ensure sibling relationships while youth are placed in out of home care.

		2022 Performance Contract Measures															
		Target	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
M:12	Permanency	Percent of children placed with relatives or nonrelatives.															
		65.00%	53.00%	59.10%	58.70%	58.90%	58.90%	60.10%	60.00%	60.28%	59.63%	58.68%	59.26%	56.97%	56.39%	56.77%	58.08%
M:13	Permanency	Percent of sibling groups where all siblings are placed together.															
		65.00%	65.60%	65.90%	67.10%	68.60%	69.60%	70.20%	69.67%	69.92%	69.40%	71.72%	71.43%	71.80%	72.27%	72.42%	71.99%

Continuous Quality Improvement Activities Are Based Include, But Are Not Based on The Following:

## DCF QUALITY OFFICE REVIEWS

### Child and Family Service Review (CFSR)

The Florida Department of Children and Families (DCF) Quality Office (QO) practice Child and Family Service Reviews (CFSR) are an effort to prepare our circuit and the state for the official CFSR, scheduled to begin in October 2023. The State of Florida receives funding from the Federal Department of Health and Human Services (DHHS)/Federal Children's Bureau, to support its' Child Welfare System, including Child Protective Investigations (CPI) and Community Based Care (CBC). Through partnership with the Federal Children's Bureau, DCF and the CBC, Child and Family Services Reviews are performed every 3 to 5 years for the sole purposes of assessing Florida's Child Welfare System. The reviews are comprehensive and include assessments of Child Protective Investigations, Case Management Services and the Judicial Systems. The following practice CFSR data provides a snapshot of the health of Circuit 5. The CFSR is structured to help states identify strengths and opportunities for improvement. The CFSR focuses on the following: safety, permanency, and well-being.

Agency	# Of Reviews Completed
Life Stream	16
KCI Marion CMA	31
Youth and Family Alternatives	20
Circuit 5	67

\*Above information reflects a breakdown of the total number of Child and Family Service Reviews completed, by the DCF Quality Office for Circuit 5 for FY 21 - 22. Information generated by Kids Central Quality Management tracking and the DCF Quality Office Data System.

Children and Family Service Review 2021-2022							
CFSR Outcome	CFSR Item	Item Description	KCI CMA	LSBC	YFA	Circuit 5	State
		Reviews Completed	31	16	20	67	
Safety Outcome 1	1	Investigations: child victims seen timely	94%	78%	100%	93%	88.8%
Safety Outcome 2	2	Services to prevent entry or re-entry into foster care	83%	100%	100%	93%	88.2%
	3	Risk assessment and safety concerns	58%	44%	50%	52%	65.0%
Permanency Outcome 1	4	Placement Stability	83%	80%	64%	77%	78.1%
	5	Permanency Goal Established Timely	87%	80%	64%	79%	78.1%
	6	Permanency Goal Achieved Timely	39%	30%	50%	40%	52.2%
	7	Siblings Placed Together	83%	50%	100%	79%	77.2%
Permanency Outcome 2	8	Child visits with Family	16%	14%	36%	22%	43.1%
	9	Preserving the Child's Connections	30%	50%	43%	38%	50.9%
	10	Placement with Relatives	91%	40%	71%	74%	66.1%
	11	Promote and/or maintain positive relationships with parent	20%	14%	11%	17%	33.7%
	12A	Assessments and Services for Children	83%	75%	80%	80%	82.1%
	12B	Assessment and Services for Parents	21%	14%	12%	17%	36.7%
	12C	Assessment and Services for Foster Parents	70%	70%	71%	70%	77.3%
Well-Being Outcome 1	13	Children and Parents Involved in Case Planning	30%	27%	25%	28%	36.3%
	14	Caseworker Visits with Child	35%	31%	50%	39%	48.2%
	15	Caseworker Visits with Parents	18%	0%	13%	12%	19.3%
Well-Being Outcome 2	16	Child's Educational Needs	78%	89%	30%	68%	73.6%
Well-Being Outcome 3	17	Child's Physical Health and Dental Needs	32%	60%	40%	40%	59.0%
	18	Child's Mental Health Needs	54%	30%	20%	36%	52.1%

\*Above data was pulled from DCF Quality Office's CFSR Qualtrics Dashboard, reflecting cumulatively for FY 21 – 22. It is reflective of each case management agency and the Circuit. The data reflects the percentage of "Substantially Achieved" ratings for each item of the (18) items assessed within the CFSR.

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

- Operations identified a single point of contact responsible for ensuring dissemination of revised Operation Procedures (OP) to frontline staff.
- Operating Procedures are discussed and reviewed during various meetings to include QIT meetings.
- Training has been and continues to be improved to address family engagement, safety planning, quality assessments and other areas.
- QM has partnered with Training to review results and issues associated with Request for Action and identified deficiencies.

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

- Out of Home Care continues to increase the availability of quality foster homes.
- Focus remains on ensuring that sibling groups remain together, and separation of sibling groups requires approval of Executive Leadership.
- Working with DCF partners to strengthen focus on use of relative placement vs. foster when removal is necessary.
- Continue to use and strengthen the Kinship program.
- Enhancing training related to Child Placement Agreements.
- Exploring engagement of fathers.
- Parental engagement of mothers and fathers and the quality of home visits with each parent.

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

- Maintain and continuously improve Priority of Effort Service Array.
- Develop new training related to Risk Assessments and conduct quarterly staff trainings.
- Will continuously improve on engagement of caregivers in service plans and work with frontline staff regarding service referrals for families.
- Continue to strengthen and maintain relationship with local school boards with the goal of academic improvement for youth.
- Continue to be creative and strategic through community partnerships with medical services to meet the physical needs of children to include a focus on assuring 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.

### **Quality 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 multi-faceted "CQI" systems and initiatives intended to evaluate outcomes and services, provided through our case management network. This system has been designed to provide the means for identifying opportunities for improvement that impede successful outcomes for families. Each subcontracted case management partner submits an annual quality improvement plan that will include planned activities and address previously identified barriers and challenges that affected quality outcomes and achievement of performance goals.

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.

In FY 21 - 22, the Kids Central Quality Management Team, established a Mission Statement specific to "Quality" and supporting partners. This mission statement aligns with the core mission of Kids Central.

**Quality Managements Mission:** To engage, support and collaborate with partners to continuously improve the quality of programs and services.

Additionally, the Quality Management Team, developed and implemented Quality Clinics based on performance and input from case management partners. Quality Clinics are designed to provide hands on support, in a small group or individual manner, with the goal of providing individual support using real time case examples as well as written resources created by our QM team. In FY 21 – 22, in an effort to provide as many resources as possible, to support partners in securing information; the Quality Management Team established an email address: [QualityMatters@kidscentralinc.org](mailto:QualityMatters@kidscentralinc.org), intended to encourage timely inquiry when there's a question or information is needed. Each member of the Quality Management team is attached to the email and a response is provided no later than one business day.

In FY 22 – 23, Quality Management will implement a “Quality Strong” initiative, intended to recognize subcontracted case management partners who meet and exceed qualitative expectations.

### Quality Management Annual Review Schedule

2022 – 2023

May be subject to changes/additions/deletions

Dates	Name of Review
Jul. – Sep. 2022	1 <sup>st</sup> Quarter Reviews: 135 Cases
July 19 <sup>th</sup> & July 20 <sup>th</sup>	COA Peer Reviews: IL, Initial & Re Licensing, Kinship*
August 1 <sup>st</sup> – 3 <sup>rd</sup>	Incident Reports – Focused Review – 3 <sup>rd</sup> Qtr 21-22
August 22 <sup>nd</sup> -24 <sup>th</sup>	Exit Interviews
September 12 <sup>th</sup> -14 <sup>th</sup>	Post Adoptions
September 26 <sup>th</sup> -28 <sup>th</sup>	Incident Reports – Focused Review- 4 <sup>th</sup> Qtr 21-22
Oct. – Dec. 2022	2 <sup>nd</sup> Quarter Reviews: Projected 120
October 11 <sup>th</sup> – 12 <sup>th</sup>	COA Peer Reviews: IL, Initial & Re Licensing, Kinship*
October 17 <sup>th</sup> – 19 <sup>th</sup>	DCF CFSR side-by-side Review
October 24 <sup>th</sup> – 26 <sup>th</sup>	Exit Interviews
Nov. Oct. 30 <sup>th</sup> – 4 <sup>th</sup>	AARRT Exercise - Testing
Nov. 7 <sup>th</sup> – 10 <sup>th</sup>	Incident Reports – Reviewing 1 <sup>st</sup> Qtr 22 - 23
Nov. 14 <sup>th</sup> – 17 <sup>th</sup>	Post Adoptions
Nov. 14 <sup>th</sup> -18 <sup>th</sup>	DCF CFSR Side-by-side Review
Dec. 8 <sup>th</sup> -21 <sup>st</sup>	Discretionary Review – Initial Home Visits
Dec. 8 <sup>th</sup> – 15 <sup>th</sup>	AARRT Interrater Exercise
January-March 2023	3 <sup>rd</sup> Quarter Reviews: TBD AARRT
January 10 <sup>th</sup> – 13 <sup>th</sup>	Exit Interviews
January 9 <sup>th</sup> – 13 <sup>th</sup>	DCF CFSR Side-by-side Review
January 16 <sup>th</sup> - 20 <sup>th</sup>	Incident Reports – Reviewing 2 <sup>nd</sup> Qtr 22-23
January 24 <sup>th</sup> - 25 <sup>th</sup>	COA Peer Reviews: IL, Initial & Re Licensing, Kinship*
February 6 <sup>th</sup> – 8 <sup>th</sup>	AARRT Interrater Exercise
February 14 <sup>th</sup> - 18 <sup>th</sup>	Post Adoptions
February 20 <sup>th</sup> –24 <sup>th</sup>	DCF CFSR Side-by-side Review
March 6 <sup>th</sup> – 10 <sup>th</sup>	Conditions for Return
March 27 <sup>th</sup> – 30 <sup>th</sup>	Psych Meds
April – June 2023	4 <sup>th</sup> Quarter Reviews: TBD AARRT
April 3 <sup>rd</sup> – 5 <sup>th</sup>	Exit Interviews
April 10 <sup>th</sup> – 14 <sup>th</sup>	Incident Reporting – Reviewing 3 <sup>rd</sup> Qtr.
April 11 <sup>th</sup> -12 <sup>th</sup>	COA Peer Reviews: IL, Initial & Re Licensing, Kinship*
April 24 <sup>th</sup> – 27 <sup>th</sup>	AARRT Interrater Exercise
May 1 <sup>st</sup> - 5 <sup>th</sup>	Post Adoptions Review
May 15 <sup>th</sup> – 17 <sup>th</sup>	Condition for Return
June 12 <sup>th</sup> – 16 <sup>th</sup>	Review – Parenting Journey or other program

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

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

### ***Quality Management***

#### **Discretionary Reviews:**

Within this category are areas of focus identified, at the discretion of Management. Discretionary reviews are subject to change and may be requested to assess performance and/or by random request. Projected areas of focus for **FY 2022 - 2023** are: Supervisory Reviews, FSFN File Cabinet, Separated Siblings, Safety Planning and Requests for Action (RFA's). **Note:** Reviews subject to addition and/or change.

<b>Focus Areas:</b>	<b>Frequency</b>	<b>Reviewers</b>	<b>Tools</b>
Supervisory Reviews (CMA's)	As needed	QM Specialists	FSFN, Review tools, Case Files
Safety Plans (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
Incidents & Child Exits from Foster Care	As needed	QM Specialists	FSFN, Review tools, Case Files

#### **Internal/External Reviews:**

These reviews assess programs and services that are managed by Kids Central. Programs that may be included are the Independent Living Program, Kinship, Licensing, Family Preservation, Adoptions, Healthy Start, Case Management and others as deemed necessary.

**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 review of hard copy case files and/or utilizing the electronic case record - FSFN. Review tools are developed by the Quality Management Team, with input from case management and Kids Central leadership. Content and questions are, often, derived from performance challenged areas. 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.

**The following is the quarterly schedule of COA Peer Reviews for the FY 22 - 23**

<b>Date of Review</b>	<b>Makeup Date</b>	<b>Due Date for Updated Tools</b>	<b>Due Date for Populations</b>	<b>Due Date for Lists of Staff to Review</b>
July 19 <sup>th</sup>	July 20 <sup>th</sup>	June 27 <sup>th</sup>	July 6 <sup>th</sup>	July 6 <sup>th</sup>
October 11 <sup>th</sup>	October 12 <sup>th</sup>	September 28 <sup>th</sup>	October 5 <sup>th</sup>	October 5 <sup>th</sup>
January 24 <sup>th</sup>	January 25 <sup>th</sup>	January 4 <sup>th</sup>	January 11 <sup>th</sup>	January 11 <sup>th</sup>
April 11 <sup>th</sup>	April 12 <sup>th</sup>	March 29 <sup>th</sup>	April 5 <sup>th</sup>	April 5 <sup>th</sup>

**Youth Independent Living Program Strengths for FY 21 – 22**

- All EFC case plans were initiated within 30 days of the young adult's 18<sup>th</sup> birthday or approval of entry into extended foster care.
- Documentation to reflect the young adult participating in creating the annual judicial review was located.
- Qualitative discussions with the youth during face-to-face visits are being documented.
- The youth has signed an Authorization of Release to allow the CBC/DCF to access school records for PESS recipients.
- All PESS applications contain required signatures.
- All Aftercare recipients meet eligibility criteria for receipt of services.

**Improvement Opportunities for FY 22 – 23**

- Notes were not entered within the required timeframe, which is within 2 business days of contact, for all service recipients.
- Formal Independent Living assessments, including the 16/17-year-old Transition Plan/My Pathways to Success Plan, both ongoing and final were not located in the FSFN file cabinet or filed with the court on a consistent basis.
- Face-to-face contact was not located or documented as being completed monthly for EFC recipients.
- Proof of full - time enrollment for eligibility purposes (PESS students) was not located in FSFN records reviewed.

**DCF Quarterly Reviews:**

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

**Process/Methodology:** These reviews are designed to identify case practice issues and opportunities and focus on safety, permanency, well-being and CFSR requirements. The Kids Central QM Department will conduct reviews each quarter, based on guidelines, established by the Federal CFSR and DCF. Review type: Florida CQI Reviews, which are completed in the Children and Families Service Review Portal. These reviews are a part of the state's plan in preparation for the Federal Child and Families Service Reviews, slated to begin in October 2023. The number of cases to be reviewed will be determined by the Department. The reviews will assess the following for both open and closed - in-home and foster care cases:

- Child Safety, Permanency and Well-Being
- Parent/Caregiver, Child participation in services and services received
- The comprehensive system of care assessment, associated with the child and family, to include internal and external providers, legal/judicial practices or activities occurring within the case

These reviews assess the quality of case management practices, processes utilized in service delivery as well as assessment of providers/stakeholders involved with the family. 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.

**Tools/Reporting Outcomes/Results:** Cases will be selected by the Quality Management Supervisor and reviews will be completed in the Child and Family Services Review portal. Each QM Specialist has received training and are certified to complete reviews within the portal. Case information will be reviewed utilizing the Florida Safe Families Network (FSFN) electronic network.

**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, FSN and/or interviews with staff. Upon completion, a written report may be completed and provided to Kids Central management.

**Automated Accountability Review and Response Tool (AARRT) Reviews:**

**Reviewers/Person(s) Responsible:** Kids Central QM Staff **Process/Methodology:** During FY 2020, the Automated Accountability Review and Response Tool was created and implements. These reviews assess 100% of cases open at the 100 – 130-day mark, following case transfer to case management services. The review assesses safety, permanency and well-being activities and provides a real-time snapshot of case status with the goal being to address any barriers that may inhibit successful case progression.

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

**Utilization Management (UM) Department – Reviews & Activities: FY 2022-2023**

<b>Dates:</b>	<b>Name of Review/Assignment</b>
<b>First Quarter</b>	
TBD	IRP Exit
<b>Second Quarter</b>	<b>Quarterly Report Due</b>
Oct. 24-28th	Safety Management Services
TBD	Family Team Conferencing
Dec. 5th	Safety Management and FTC Exits
<b>Third Quarter</b>	
Jan 30-Feb 3	Peer Review (D&E: 100/806 & Parenting Funding)
Feb. 20-24	<b>Nurturing Parent/Parenting Journey</b>
Feb. 27th	Peer Review Exit (UM only)
March 28th	<b>Nurturing Parent/Parenting Journey Exit</b>
<b>Fourth Quarter</b>	
May 8-12	Camelot IRP Annual Review
June 1-8	Peer Reviews (Chore, TANF, D&E)
June 19th	Camelot IRP Exit
June 29th	Peer Review Exit (UM only)

\*All dates are subject to change and/or additional reviews may be added.

***Utilization Management***

**UM Provider Monitoring & Improvement Activities:**

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

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

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

At a frequency based upon contract or internal policies and/or need, the UM team will conduct on-site reviews of randomly selected cases. Case files, stakeholder surveys, the FSFN and Mindshare programs may be utilized in the review. Upon completion of the review, there is an exit interview/debriefing, where identified concerns and specific circumstances can be openly discussed before the final report is submitted.

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

<b>Performance Measure</b>	<b>Target Goal</b>	<b>June 2022</b>	<b>June 2021 Review</b>	<b>Nov. 2019 Review</b>
<b>Initiating IRP services within 7 days of the referral date</b>	<b>95%</b>	<b>91.30%</b>	94.74%	78.95%
<b>Documentation in FSFN to support diligent efforts to initiate services within 7 days</b>	<b>99.5%</b>	100%	100.00%	50.00%
<b>Children (12 &amp; up) participating in the creation of the Service Plan</b>	<b>80%</b>	85.71%	69.23%	50.00%
<b>IRP staff completing visits with the family every 7 days</b>	<b>90%</b>	<b>17.39%</b>	84.21%	42.11%
<b>Documentation of diligent efforts to complete visits with the family every 7 days</b>	<b>99.5%</b>	<b>73.68%</b>	66.67%	27.27%
<b>IRP having a formal consultation at least every thirty (30) days with the Family Care Manager and Intervention Specialist; the family will also be included as necessary</b>	<b>90%</b>	<b>69.57%</b>	100.00%	68.42%
<b>IRP documented events in FSFN within 2 business days</b>	<b>90%</b>	<b>78.26%</b>	89.47%	89.47%
<b>IRP make linkage and referrals to non-traditional supports identified by the family.</b>	<b>95%</b>	<b>90.91%</b>	100.00%	100.00%
<b>Children free from substantiated/verified abuse reports during service period.</b>	<b>90%</b>	95.65%	94.74%	100.00%

<b>Family free from substantiated/verified abuse reports during within 6 months of closure.</b>	<b>90%</b>	94.44%	93.75%	Not Rated
<b>Adult clients involved in IRP substantially completed Family Service Plan goals.</b>	<b>70%</b>	90.48%	89.74%	100.00%
<b>The family being referred to Kids Central's Family Preservation Department for a Reunification Family Team Conference at least thirty (30) days prior to case closure</b>	<b>90%</b>	77.27%	100.00%	33.33%

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

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

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

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

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

### ***Family Preservation***

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

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

**Frequency:** Quarterly

**Process/Methodology:** This activity is designated to ensure all cases that fit the category of “high or very high” are staffed directly with the Family Preservation Specialist. The cases that are accessed with a “low risk” will be referred to a community provider by the CPI. All cases are staffed daily with the Family Preservation Specialist. The goal is to ensure families receive services in the least restrictive manner, while maintaining the family unit. The CPI and Family Preservation Provider will conduct an initial visit to discuss the services being offered to the family. If the family is uncooperative with the service provide, a final visit will be conducted to re-engage the family. A joint visit will be conducted prior to re-staffing the case for closure. All activities and

documents will accompany the Family Preservation and/or the Case Transfer Staffing (CTS) packet.

**Tools/Reporting Outcomes/Results:** A log is maintained by each Family Preservation Specialist and is utilized to capture and track decisions and applicable activities that occur during case transfer staffing and permanency staffing's. A regular review of these logs will occur and be performed by the Chief of Operations and Senior Director of Family Preservation Services. The Chief of Strategy will assist with the evaluation of the diversion services and the providers in Circuit 5.

***FY 2022 - 2023 goals are as follows:***

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

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

**Critical Incident Report Analysis:**

**Reviewers/Person(s) Responsible:** QM Department, Contracts Department, CMA Family Safety and Permanency Specialists

**Frequency:** Quarterly

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

**Tools/Reporting Outcomes/Results:** Data will be captured utilizing the incident reporting log, incident reports, FSFN and communication with CMA's. Results will be disseminated by QM to various Leadership and will be discussed during QIT and other meetings.

### **Critical Incidents, Accidents and other Risk and Safety Issues:**

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

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

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

The Rolling Incident Report monthly meeting continues as an additional resource in identifying gaps in service and opportunities for improvement. On a monthly basis, children having five (5) or more incidents are reviewed, and circumstances discussed. The meetings and the format are multi-disciplinary as well as interdepartmental as staff from within Kids Central, representing multiple departments, attend to review each child as well as to act, as warranted.

Kids Central is in the process of collaborating with several CBC's to assess risk on a global scale. A shared database is in the developmental stage and will enable participating CBC's to better analyze and trend aggregate data. Once implemented, this system should expedite the reporting and approval process and provide better reporting capabilities. It will also provide an early notification system for leadership.

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

### **Incident Reporting:**

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

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

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

For all incidents, the Incident Reporting Form must be completed, reviewed by the Supervisor or Director. Critical incidents, DCF and Kids Central's criteria, require entry into the DCF Incident Reporting Analysis System (IRAS). Notification to DCF occurs, immediately, upon entry of an incident into the IRAS system. If entry into the Incident Reporting Analysis System is required, DCF receives details through the DCF Incident Reporting System. In the event, that a child fatality occurs; DCF is notified via completion of a written summary.

Kids Central reviews critical incidents, at several different junctures, including daily review by supervisor's, Kids Central Chief of Operations, Quality Management quarterly reviews and certain incident types are reviewed/discussed during Kids Central's quarterly Risk Management Committee meetings.

Review results are compiled, to include detailed written summaries inclusive of results, strengths and opportunities for improvement recommended. Review summaries are provided to leadership.

#### **Missing Children Analysis & Improvement:**

**Reviewers/Person(s) Responsible:** QM Staff dedicated to monitoring missing children

**Frequency:** Daily and as needed.

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

**Tools/Reporting Outcomes/Results:** FSFN Reports, and the Missing Child log will be utilized to capture the data. Reports will be disseminated to the CMA's and Kids Central Leadership.

#### **Psychotropic Medications:**

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

**Frequency:** Weekly and/or Quarterly

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

**Tools/Reporting Outcomes/Results:** Psychotropic Medication listing provided through the Office of Child Welfare Data Reporting Unit - FSN 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**

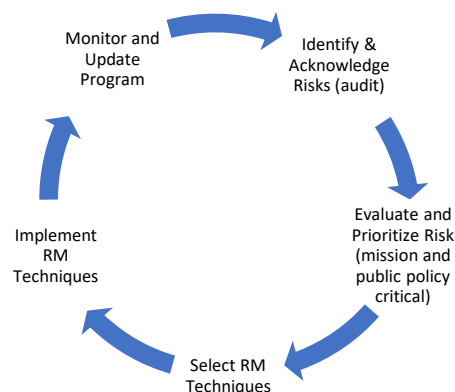
Kids Central utilizes an Enterprise Risk Management (ERM) approach when evaluating and managing risk. As defined by the Casualty Actuarial Society, ERM is "the discipline by which an organization in any industry assesses, controls, exploits, finances, and monitors risks from all sources for the purpose 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 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.

The Risk Management (RM) Process:



## Risk Management Goals

### Client Goals:

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

### Funder Goals:

- Contractual: Meeting or exceeding contract performance measures and deliverables
- Compliance: Adhering to applicable laws, rules, and regulations

### Organizational Goals:

- Reputation: Earning and maintaining a perception in our community and industry as a professional organization that is self-accountable for demanding high ethical standards, producing excellent results, and demonstrating a strong commitment to stewardship in 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 organizational capacity, effective staff, and financial capital necessary to prepare for and react to changes, seize opportunities, prove resilient to setbacks, and demonstrate long-term success

### **Risk Retention with Risk Control:**

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

### **Management and Supervision:**

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

### **Quality and UM:**

The quality and utilization management review processes are another mechanism for monitoring compliance. 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 management is everyone's responsibility, at Kids Central; however, ownership for implementing risk management techniques is championed by members of the Risk Management and System of Care Committees.

**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 include, however, are not limited to 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
- Review critical incidents
- New business

An imminent risk or post-event Risk Management Committee meeting may be requested by the Risk Manager and/or CEO. 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 risks, 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.

#### **Emergency Preparedness Committee:**

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

- Chief Financial Officer
- Chief of Operations
- Senior Out of Home Care Director
- Director of Human Resources
- Chief Information Officer of Information Technology

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

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

### **Safety Committee:**

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

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

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

**Functionality:** The Safety Committee meets quarterly.

**Monitoring the Plan:** The Failure Modes and Effects Analysis (FMEA) risk assessment is a systematic, proactive method for evaluating a process to identify where and how it might fail and to assess the relative impact of different failures, to identify the parts of the process that are most in need of change. 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 initiatives. The Risk Manager assists directors with implementation, monitoring, and reporting, and managing the FMEA process.

The FMEA process includes ongoing review and evaluation and creating recommendations for the new Risk Management Plan. A FMEA is created, annually, and primarily by those departments that are greatest risks. Departments include but are not limited to: Licensing and placement, Technology, Case Management, and other departments may complete a FMEA as a best practice.



### **General Services and Information Technology:**

As a result of COVID, during FY 2022 - 2023, Kids Central's workforce continues to morph into a hybrid work environment as such the Information Technology (IT) department continues to place heavy emphasis on security of the data systems. With Virtual Private Network (VPN) being the only method to gain access to

company resources and with the laptop itself not being within the brick and mortar of the premises a move to increase security was initiated.

**Summarized:** During this period an enterprise-wide data security enhancement is being deployed by the IT team, this security upgrade is called Multi-Factor Authentication (MFA). The MFA technology will enhance the security of our data by ensuring you are who you say you are. The MFA was deployed in a tiered process starting with the laptops themselves, although the laptops are encrypted this enhancement ensured even if the password was inadvertently hacked access to the laptop would be impossible, along with that Kids Central applied the MFA to all Office 365 applications which greatly increased the security around email, cloud-based file storage 'One Drive' and the cloud based financial system. Lastly accessing company resources remotely via VPN is now covered by this MFA technology ensuring access is only to those who were issued the MFA token meaning just employees and approved contractors.

Furthermore, in the past year we made changes to the email security monitoring software to provide enhanced protection against malware embedded within the email message, although this change creates additional false positives it does a deeper dive to ensure we prevent bad emails from entering the system.

General Services reviewed each of the fleet vehicles and determined 15 of the company cars were ready to be retired, fifteen new cars were purchased and have been deployed to the agencies to replace these aged cars.

**FY 2022 - 2023 Goals:**

- Keep looking for additional methods to protect the data and system access
- Data Security – Continue to ensure we deploy the latest software patches to ensure security
- Servers – Working to upgrade the core servers to the latest version
- Security training – continually the use of training software that simulates bad actor emails to our workforce to teach the users what to look for in this very hostile cyber environment.
- Facility Safety – continual to perform regular security walk-thru's to ensure a safe clean working area.

**Accounting and Eligibility**

**Random Validation of Eligibility: Fiscal Management/Revenue Maximization – QA Activities**

**Reviewer/Person(s) Responsible:** Eligibility Supervisor, Eligibility Specialists and QM, if requested.

**Frequency:** Monthly, annually

**Process/Methodology:** This activity is designed to assure accuracy of the revenue maximization files. The Eligibility Unit completes peer reviews of federal funding files to ensure

validity. Conflicts within the peer review process are brought to the Senior Director of Finance. The information is also validated against the Daily Log and FSFN. Incomplete files or inaccuracies in paperwork are returned to the Eligibility Specialist for correction. In addition to the peer reviews completed by Eligibility Specialists, an external review is completed.

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

### **Federal Funding**

The Fiscal Management/Eligibility category addresses internal tracking, making accurate determinations regarding Title IV-E, TANF and Medicaid and consists of entering information in FSFN. The Eligibility Department consists of seven (7) Eligibility Specialists and a Supervisor.

To ensure on-going training and technical assistance activities comply with changing federal requirements, the Senior Director of Accounting and Finance and Supervisor of Eligibility participate in weekly Medicaid conference calls and monthly Eligibility Statewide conference calls, facilitated by the CBC's

Specific QM activities directly related to this category and completed by the Eligibility Dept. 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. 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.

### **Quality Client Services - Inquiries, Complaints & Grievances**

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

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

The tracking system, Footprints, allows the Client Rights Designee to collect data monthly on Client Inquiries, Complaints and Grievances. The data collected includes the number of inquiries and complaints, average time from inquiry or complaint to resolution, and number of inquiries and complaints referred as grievances. This data will be provided quarterly to Kids Central's Executive Leadership or more frequently as requested. The designee attends and reports client complaints/grievances, at quarterly Risks Committee meetings.

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.

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 occur:

#### **Receipt of a Complaint**

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

#### **Review of all Complaints and Grievances**

The Client Rights Designee will collect data monthly on Client Inquiries, Complaints and Grievances, and provide results to Kids Central's Executive Leadership team, on a quarterly basis.

Timeliness of resolution, actions taken, and customer satisfaction with the resolution will be addressed.

## **Section VIII: Fostering & Adoptions**

### **Foster Parent and Stakeholder Surveys**

Annually, Kids Central solicits input from stakeholders through a variety of channels, to include written and web - based surveys, meetings to include the annual Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis, training evaluations, monitoring, and data sharing. The information gained through each, is shared with the Kids Central CEO and the Senior Management Team. Feedback, concerns, and comments are reviewed – ongoing, to assess the system of care, identify areas of strength and opportunities and provide the company with an overall means to improving our services.



Kids Central surveys foster parents in a manner that ensures anonymity; however, offers that if the respondent would like to speak with someone regarding their feedback; someone would be happy to contact them provided, contact information is included.

Surveys are completed, electronically, using a web-based system – such as Survey Monkey.

Results are aggregated and shared with the Governing Body, Executive and Senior Management.

The Chief of Operations and the Senior Director of Out of Home Care, take a deep dive into the feedback received, to develop a plan to address areas that are identified as warranting attention/change.

Feedback is also shared with the Out of Home Care staff who, often, have direct contact with Foster Parents/Caregivers. Foster Parent survey results influence change in policy, practice, and process, when warranted and are a valued resource to Kids Central.

Feedback from foster parents also occurs during recurring Foster Parent Association Meetings. Kids Central has a Foster Parent Navigator on staff, who once served as a foster parent and, ultimately, adopted the child. There's value in having a liaison, who understand the challenges that come with fostering and who has a direct communication line to the Out of Home Care leadership and staff, to share feedback and offer suggestions.

## Foster Parent Satisfaction Survey Results

General Questions		FY'15	FY'16	FY'17	FY'18	FY'19	FY'20	FY'22	FY'23 YTD
I am provided sufficient information about the child at the time of placement:		3.65	3.79	3.29	3.67	3.51	3.55	3.78	3.58
I am provided with sufficient notice before a child is moved from my home:		3.71	3.52	3.40	3.70	3.58	3.95	3.50	3.58
Ongoing training is available to help me better meet the needs of children in my care:		4.33	4.44	4.19	4.25	4.21	4.34	4.45	4.33
I understand the roles and responsibilities of the individuals I interact with:		4.42	4.47	4.42	4.52	4.42	4.43	4.47	4.17
I understand my roles and responsibilities as a foster parent:		4.61	4.60	4.54	4.75	4.58	4.57	4.63	4.58
Foster parent checks (payment) arrive on time?		4.55	4.46	4.46	4.69	4.52	4.81	4.58	4.58
Overall, I am satisfied with my experience as a foster parent:		4.16	4.21	3.96	4.34	4.17	3.95	4.19	3.93
Marlon (Kids Central)		FY'15	FY'16	FY'17	FY'18	FY'19	FY'20	FY'22	FY'23 YTD
Overall, I am satisfied with my experience with case management staff:		3.92	3.83	3.85	3.76	3.69	3.75	4.00	3.83
My Case Manager responds timely (1 business day) when I have specific needs, questions or concerns related to a child in my care:		4.06	3.73	3.42	3.82	3.74	3.63	3.92	4.00
My Case Manager keeps me informed and takes into account my schedule, availability and opinions concerning children and their case:		3.94	3.68	3.26	3.76	3.61	3.38	4.13	3.67
I have a positive working relationship with my case manager:		4.15	3.96	3.65	3.93	3.77	3.56	4.20	3.50
Sunter / Lake (Bedstream)		FY'15	FY'16	FY'17	FY'18	FY'19	FY'20	FY'22	FY'23 YTD
Overall, I am satisfied with my experience with case management staff:		4.06	3.96	3.74	3.86	3.76	4.10	3.92	3.67
My Case Manager responds timely (1 business day) when I have specific needs, questions or concerns related to a child in my care:		4.08	3.69	3.70	4.04	3.90	4.30	3.71	4.00
My Case Manager keeps me informed and takes into account my schedule, availability and opinions concerning children and their case:		3.92	3.70	3.53	4.00	3.87	4.30	3.95	3.67
I have a positive working relationship with my case manager:		4.27	4.02	3.80	4.14	4.00	4.25	3.95	4.00
Chris / Hernandez (VIA)		FY'15	FY'16	FY'17	FY'18	FY'19	FY'20	FY'22	FY'23 YTD
Overall, I am satisfied with my experience with case management staff:		4.05	4.03	3.83	4.22	4.06	3.70	3.96	3.67
My Case Manager responds timely (1 business day) when I have specific needs, questions or concerns related to a child in my care:		4.63	3.78	3.70	4.19	4.20	3.80	4.00	4.00
My Case Manager keeps me informed and takes into account my schedule, availability and opinions concerning children and their case:		4.32	3.89	3.60	4.12	4.00	3.90	4.14	3.67
I have a positive working relationship with my case manager:		4.41	3.94	3.97	4.47	4.22	4.22	4.26	3.67
% of Responses (Highly Agree or Agree / Highly Satisfied or Satisfied)		Marlon	Sunter/Lake	Chris/Hernandez					
		FY'15	80.00%	80.79%	82.74%				
		FY'16	74.80%	76.15%	76.10%				
		FY'17	61.94%	61.16%	64.89%				
		FY'18	74.46%	75.84%	84.18%				
		FY'19	72.44%	75.00%	78.77%				
		FY'20	71.70%	86.21%	72.88%				
		FY'22	85.00%	77.17%	82.71%				
		FY'23 YTD	72.22%	62.50%	66.67%				
I am shown appreciation for my service to children by:		FY'15	FY'16	FY'17	FY'18	FY'19	FY'20	FY'22	FY'23 YTD
Case Manager				4.04	4.36	4.12	4.44	4.23	4.14
Re-licensing Specialist				4.35	4.59	4.56	5.00	4.70	4.50
Guardian ad Litem				4.22	4.60	4.43	5.00	4.48	4.63
Children's Legal Services (CLS)				3.52	3.75	4.07	4.00	3.78	4.00
Protective Investigator (DCI)				3.49	3.65	3.56	4.11	3.86	4.14
Independent Living (forteen)				3.35	3.33	3.88	4.40	3.55	3.60
Therapeutic Mental Health Provider (for therapeutic foster parents only)				3.32	3.40	4.14	4.00	3.83	4.00
As a Foster Parent, the level of support I receive is the same or greater than when I was being licensed or recruited:		FY'15	FY'16	FY'17	FY'18	FY'19	FY'20	FY'22	FY'23 YTD
				3.84	3.95	3.69	4.13	3.76	3.88
I feel that I receive excellent customer service from:		FY'15	FY'16	FY'17	FY'18	FY'19	FY'20	FY'22	FY'23 YTD
Case Manager				3.76	4.36	3.87	4.43	4.17	3.86
Re-licensing Specialist				4.37	4.64	4.45	5.00	4.62	4.57
Guardian ad Litem				4.10	4.50	4.38	4.43	4.39	4.86
Children's Legal Services (CLS)				3.61	3.63	4.06	4.00	3.96	3.67
Protective Investigator (DCI)				3.60	3.56	3.35	4.00	3.94	4.00
Independent Living (forteen)				3.42	3.25	3.90	3.60	3.70	4.00
Therapeutic Mental Health Provider (for therapeutic foster parents only)				3.30	3.55	3.75	4.00	3.88	4.20
I feel that my opinion is valued regarding the children in my care by:		FY'15	FY'16	FY'17	FY'18	FY'19	FY'20	FY'22	FY'23 YTD
Case Manager				3.73	4.08	3.77	4.11	4.11	4.25
Re-licensing Specialist				4.35	4.68	4.41	5.00	4.56	4.75
Guardian ad Litem				4.05	4.48	4.40	4.67	4.40	4.75
Children's Legal Services (CLS)				3.50	3.59	4.07	4.00	3.74	3.83
Protective Investigator (DCI)				3.44	3.63	3.39	4.20	3.96	3.83
Independent Living (forteen)				3.35	3.15	3.90	3.75	3.58	3.60
Therapeutic Mental Health Provider (for therapeutic foster parents only)				3.33	3.70	3.75	4.00	3.64	4.00
I feel that the partners within the local child welfare system work in partnership regarding the children in my care:		FY'15	FY'16	FY'17	FY'18	FY'19	FY'20	FY'22	FY'23 YTD
				3.55	4.09	3.60	3.75	3.79	4.38

NOTE: Due to COVID-19, FY21 survey results are not available.

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

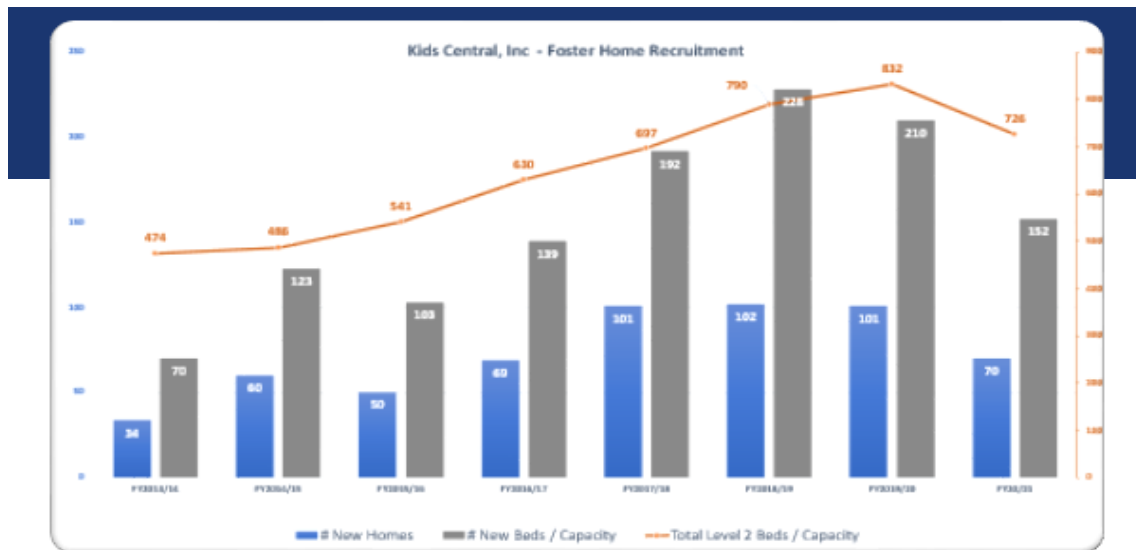
FY 22 - 23 goals are as follows:

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

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

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

\*



20 | Kids Central, Inc. | May 26th, 2022

See Foster Home Licensing, Placement and Intake Logic Models in Appendices, pgs. 105, 106

- The Licensing Specialist is also assisting the Foster Parent Navigator by contacting newly licensed foster parents within 48 hours of being licensed.
- The GAP Licensing Specialist will ensure that the placement line is changed in FSFN within 48 hours of licensure to ensure the board stipend is processed without delay.

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

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

Foster and adoptive home recruitment, approval and licensing is conducted through Kids Central which is responsible for completing the licensing process and submitting the licensing file to DCF. Each foster home has a designated Licensing Specialist that provides ongoing support to the



foster parent as well as an evaluation of services provided to the children. It is Kids Central's policy that foster home licenses be renewed annually which includes the review of documents such as the staff inquiry forms completed by the FCM with children placed in the foster home, exit interviews and completion of background screening. Kids Central will be extending the ability to acquire a three (3) year license to the foster homes that meet the requirement for that designation as set forth in Administrative Code.

DCF tracks the licensing and approval process via the Licensing Packet Review Form. This information is provided to Kids Central's Contract Management Department and the report is shared on a quarterly basis. Ongoing compliance issues or lack in performance shall result in the implementation of a PIP, as determined by DCF and/or Kid's Central, Inc.

## Kids Central Adoption Services

Kids Central's philosophical approach to adoptions identifies the child as the primary focus of the service, considers their culture, identity, background, and spiritual beliefs during the entire adoption process and is grounded in the belief that all children and families must receive culturally appropriate services regardless of race, color, sexual identify or national origin. The process begins at the time adoption is identified as the primary goal, is sustained through finalization, and continues after the child has found his/her forever home. Kids Central is guided by the principal all children in the foster care system deserve permanency in a safe, loving, and

stable home. Kids Central's team is highly knowledgeable and experienced in providing services to the child, the family, and extended family members when there is an identified need. During the three years prior to the transition to Community-Based Care, DCF averaged sixty-three (63) adoptions per year. Since accepting responsibility for child welfare services in Circuit 5, Kids Central has facilitated more than 2,700 adoptions, averaging more than 190 per year.

**Activities/Services/Training's/Support Groups provided, etc., to include frequency....**

Monthly, Kids Central holds Adoption meetings with the Case Management Agencies (CMA) to review the children who are matched and not matched with a family and who they are recruiting for. These meetings review the status of the child, any issues the child is currently experiencing, any barriers and action steps. Any follow up needed is worked on during the month following the meeting so when the next meeting is held, the follow up is reviewed and the current situation of the child is discussed.

Kids Central's Adoption and Post Adoption staff consist of the following:

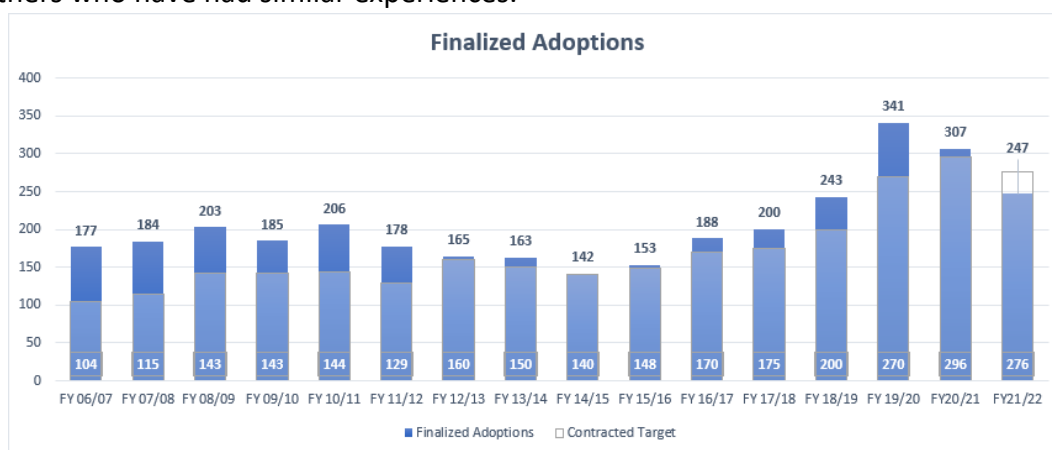
**Director of Adoptions:** The Director of Adoptions monitors and analyzes FSFN reports to ensure cases are assigned as secondary once the TPR Petition has been filed/granted and an adoptive family has been identified. Further, the director reviews and oversees submission of Enhanced Subsidy packets, reviews adoption subsidy packets for approval, participates in AARC's and Separated Sibling staffing's, and serves as the lead agency senior operational liaison with the contracted case management agencies.

**Adoption Coordinators:** The primary job duties of the two (2) Adoption Coordinators includes researching operating procedures in accordance with federal law, Florida Statutes, Florida Administrative Code and Florida Juvenile Rules of Procedure; ensuring policy updates or changes are communicated to assigned CMA's; developing processes to ensure CMA outcome measures comply with statutorily mandated benchmarks for permanency and adoption related services; serving as a representative for Kids Central on the Adoption Review Committee; reviewing Enhanced Subsidy packets and facilitating Separated Sibling staffing.

**Post Adoption Support Coordinator:** This position is responsible for creating and distributing an informational newsletter to post adoptive families facilitating support groups, communicating with adoptive families, and documenting services, support group participation and communication in FSFN. For FY 22 - 23, Kids Central will be adding another Post Adoption Support Coordinator.

**Post Adoption Support Specialist:** This Post Adoption Support Specialist provides families with information describing available services, benefits and resources; opens the Post Adoption case and updates Post Adoption information in FSFN; coordinates efforts to access Medicaid, subsidy, and Social Security, interacts with the family to answer questions, maintains eligibility records, and works in conjunction with DCF to process Interstate Compact on Adoption & Medicaid Assistance (ICAMA) requests.

**For FY 22 - 23**, Kids Central is focusing on the redesign of the Post Adoption Support Groups. The restructuring will better meet the needs of families. This will be accomplished through the introduction of peer-mentors who have adopted children in the past. The mentors will assist with facilitation of group activities and provide one-on-one guidance to adoptive families by answering questions and helping them to navigate the system. Pre-adoptive parents will be provided with information about the support groups at the time the child is placed with the family and attendance will be mandatory prior to finalization. The support groups will serve to decrease the number of disruptions by creating a forum where adoptive parents can learn from each other's experiences, discuss available services, and engage in a safe and supportive environment with others who have had similar experiences.



**For FY 21 - 22**, Kids Central did not meet their DCF contracted measure for adoptions finalized. Kids Central ended the FY with 247 finalized adoptions. Kids Central did meet the bottom tier of their Balanced Score Card initiative for FY 21 - 22.

**For FY 22 - 23**, Kids Central's DCF contracted measure goal is to finalize 242 adoptions. To assist with children achieving permanency in a timely manner, each Case Management Agency contract was given a Permanency Specialist. These Permanency Specialists are responsible for staffing children in licensed care and participates in the process of setting appropriate permanency goals.

An additional initiative for the Adoptions Department for FY 22 - 23, will be the participation in case transfers to the Case Management Agencies Adoptions unit. When cases are transferred from the Dependency unit to the Adoption unit, a member of Kids Central's Adoption team will participate in the case transfers meeting to ensure necessary services and supports in place and any referrals have been made so subsidy approval will not be delayed. Participation in the case transfer staffing will also provide the

Adoptions Department the opportunity to identify additional steps, such as Enhanced Subsidy packets or Adoption Applicant Review Committees (AARC), that may be required prior to subsidy approval.

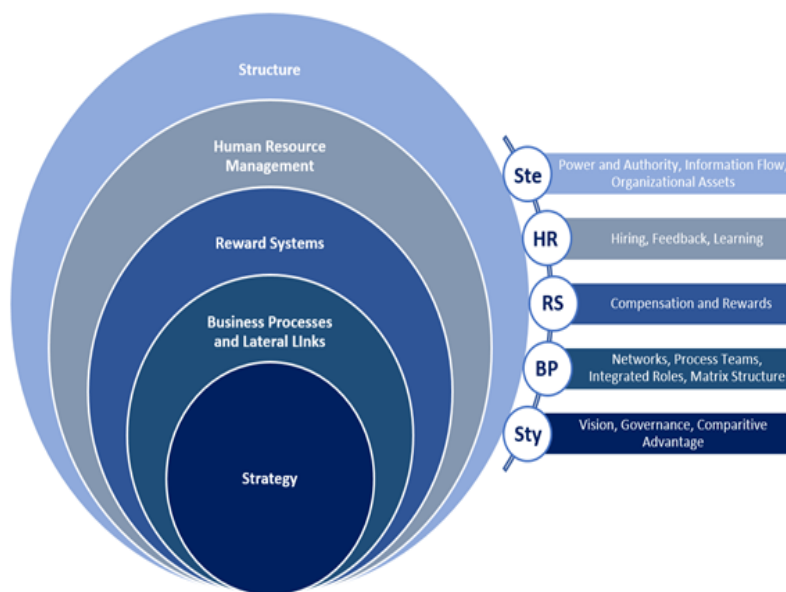
## Section IX: Human Resources

Kids Central continues to monitor and improve its system of care, to improve the overall network, and identify gaps and other opportunities for improvement. This monitoring and improvement also include ongoing professional

	Total #	% White	% Black	% Hispanic	% Other
C5 Population	1,130,515	87.16	7.72	10.34	3.58
Clients Served	5,364	71.4	17.6	9.6	1.4
Kids Central Staff	285	52	28	9	11
Subcontract Providers	189	60	29	7	4
Kids Central's Governing Body	16	75	25	0	0
Kids Central and Subcontractor Diversity	490	56	28	8	8

development of staff and recognition. As part of the Balanced Scorecard for FY 22 - 23, the Board of Directors again chose to include staff development measures. During FY 21 - 22, supervisors, along with upper management and executive team members, attended various leadership trainings. An additional opportunity to improve and expand on staff development will be updating and utilizing the Employee Training Plans annually and making this a part of the Annual Employee Evaluation.

Kids Central's Human Resources Department is responsible for ensuring that staff within our system of care culturally mirrors our community and the children and families we serve. As depicted in following table, Kids Central and our subcontractors seek to successfully recruit and retain a culturally diverse staff to promote and facilitate the provision of culturally sensitive practices.



For FY 22 - 23, the Human Resource Department plans to refresh and renew the Employee Recognition program, which was significantly impacted by COVID. The quarterly program includes recognition for employee service milestones as well as performance accomplishments. In FY 22 - 23, Kids Central's annual Employee Retreat will be held. In FY 22 - 23, Kids Central hosted its second Celebrating Achievement and Recognizing

Excellence (CARE) Awards event. It is an opportunity to recognize, train and celebrate the hard work of the employees of Kids Central and its subcontracted partners, with lunch, various trainings, and employee recognition awards. Community stakeholders are also invited and recognized.

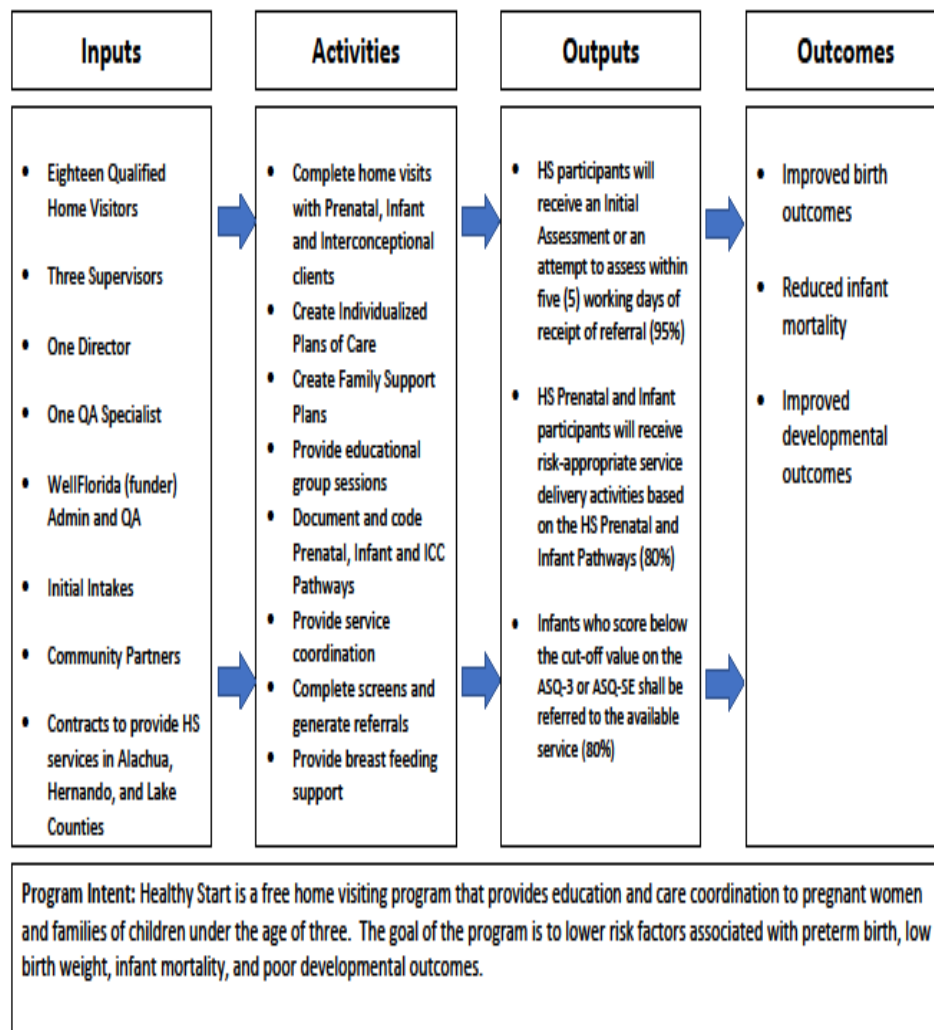
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## Appendix A

### Logic Model: Healthy Start

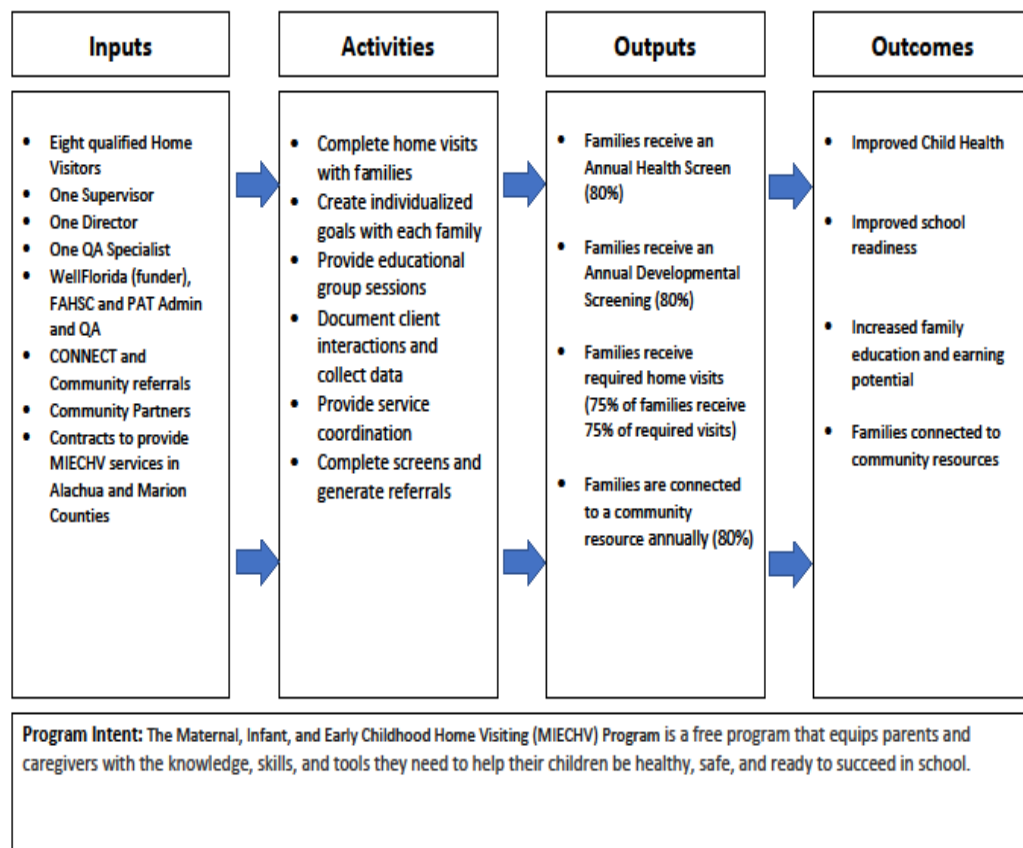
Logic Model: Kids Central's Healthy Start Programs



## Appendix B

### Logic Model: MIECHV

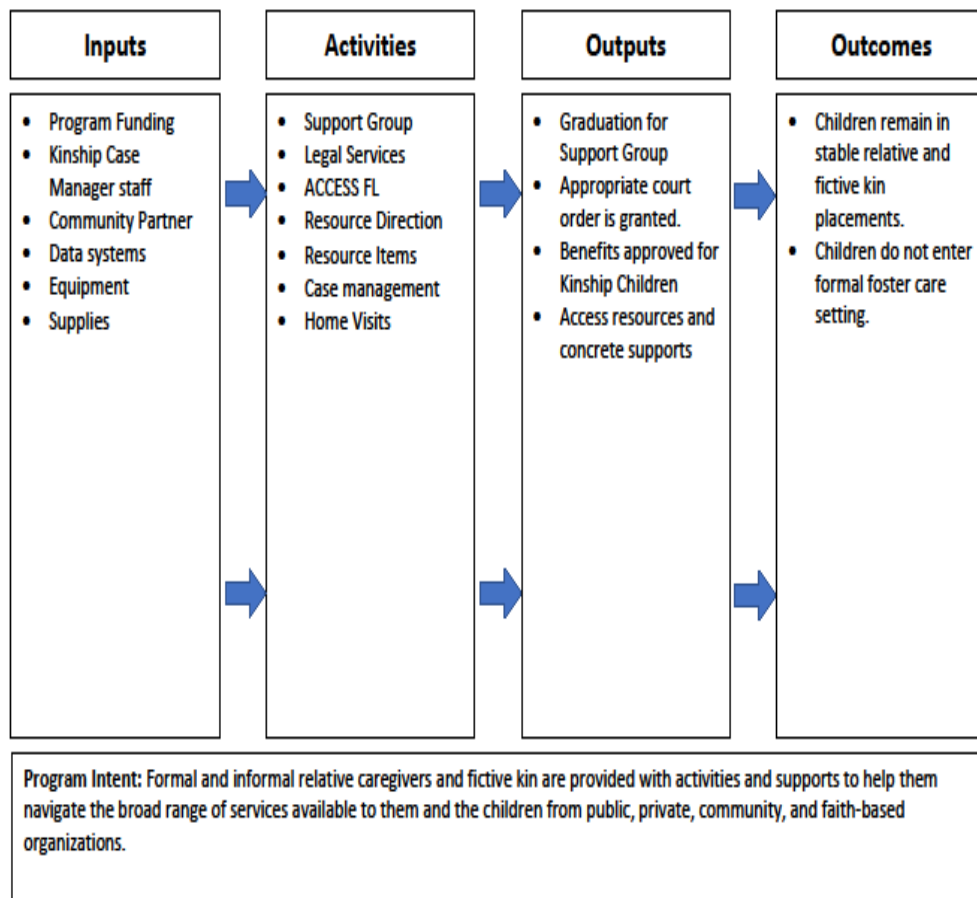
Logic Model: Kids Central's Maternal and Infant Early Childhood Home Visiting Program



## Appendix C

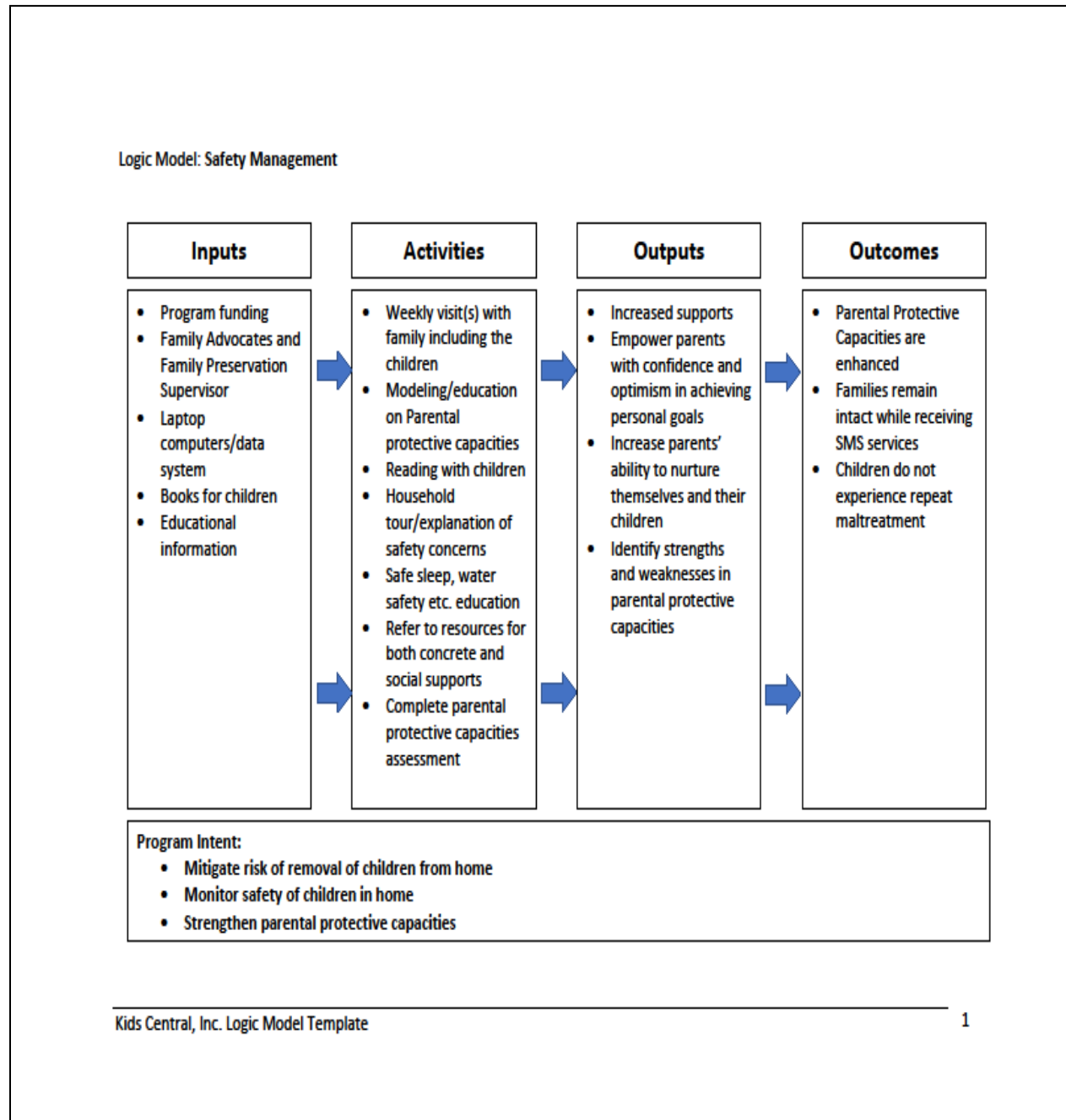
### Logic Model: Informal Kinship

Logic Model: Informal Kinship



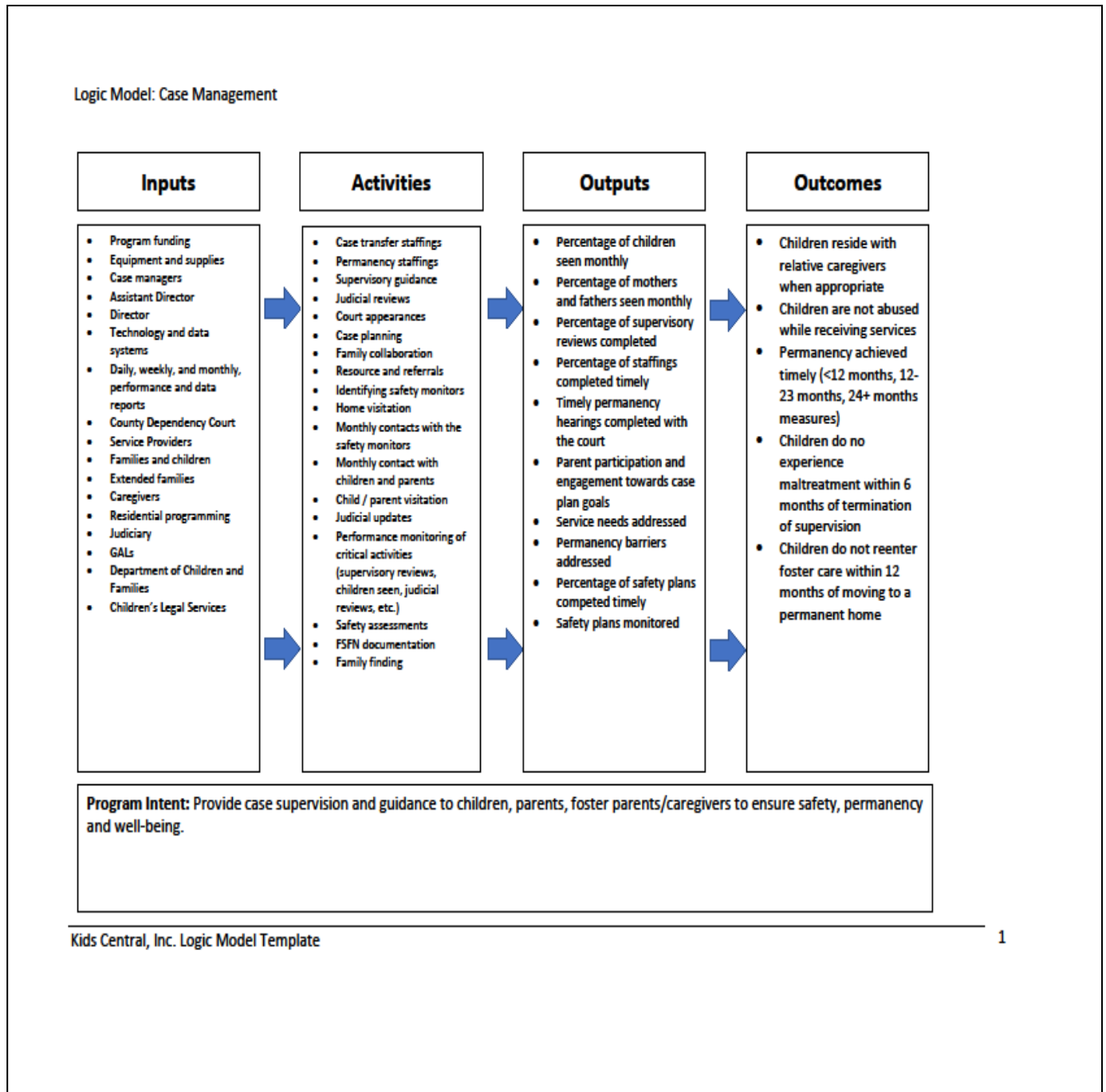
## Appendix D

### Logic Model: Safety Management



## Appendix E

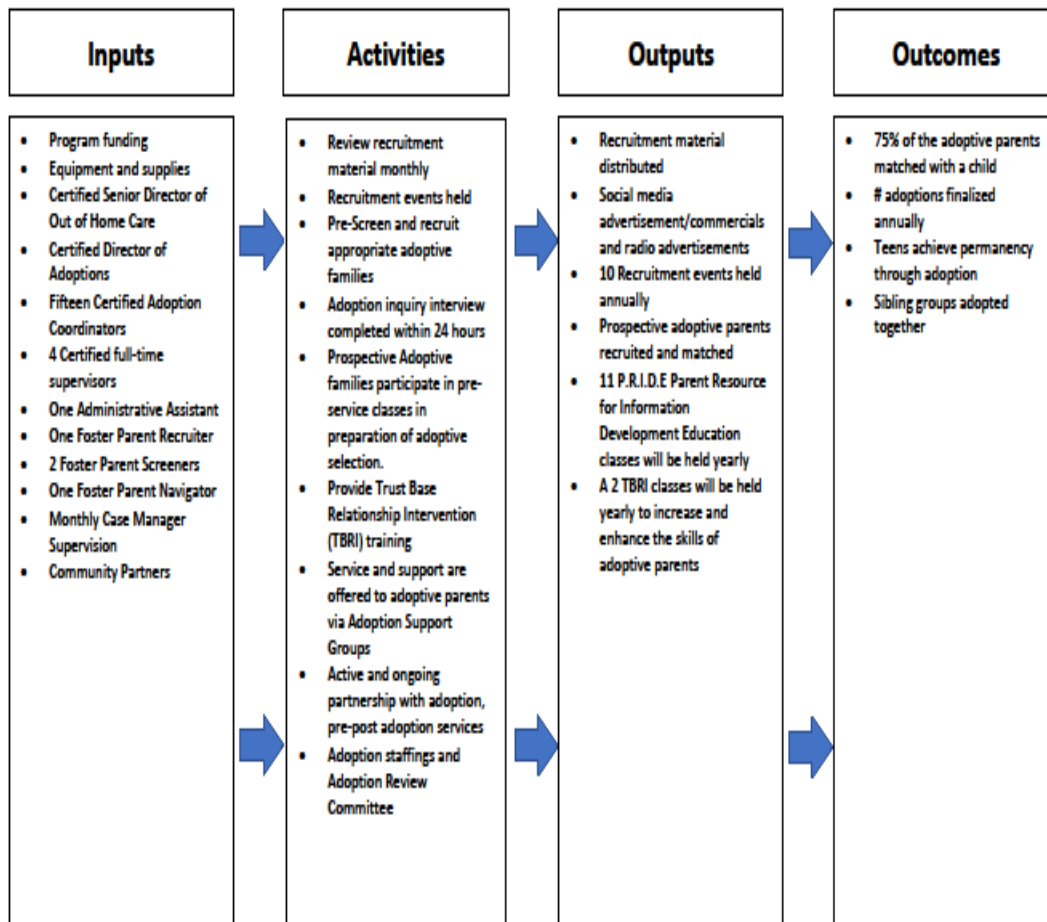
### Logic Model: Case Management



## Appendix F

### Logic Model: Adoption

#### Logic Model: Adoption

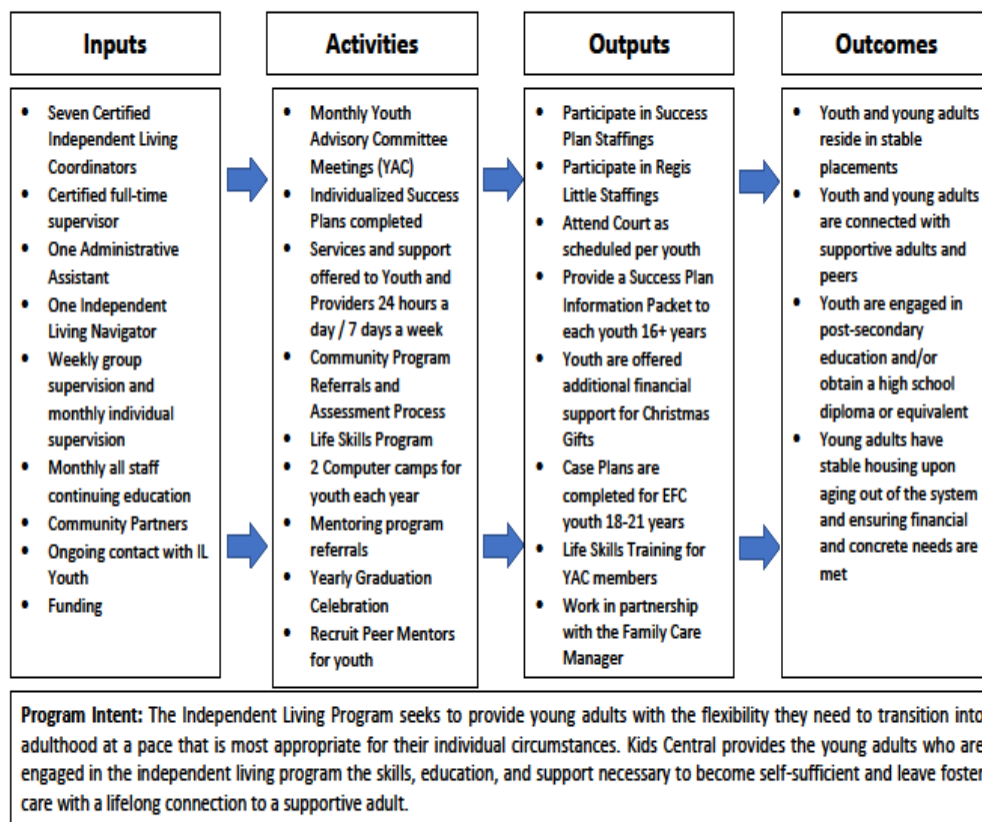


**Program Intent:** Adoption services are intended to recruit, train, and match permanent, loving families with available children.

## Appendix G

### Logic Model: Youth Independent Living

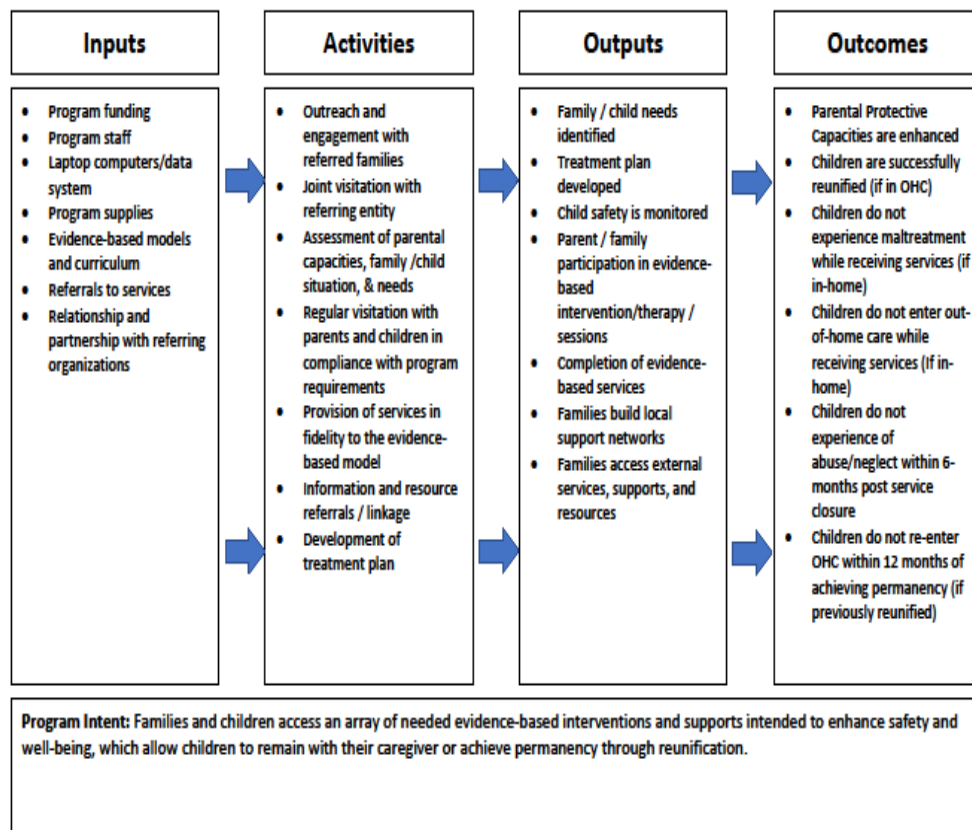
Logic Model: Independent Living



## Appendix H

### Logic Model: Family Preservation

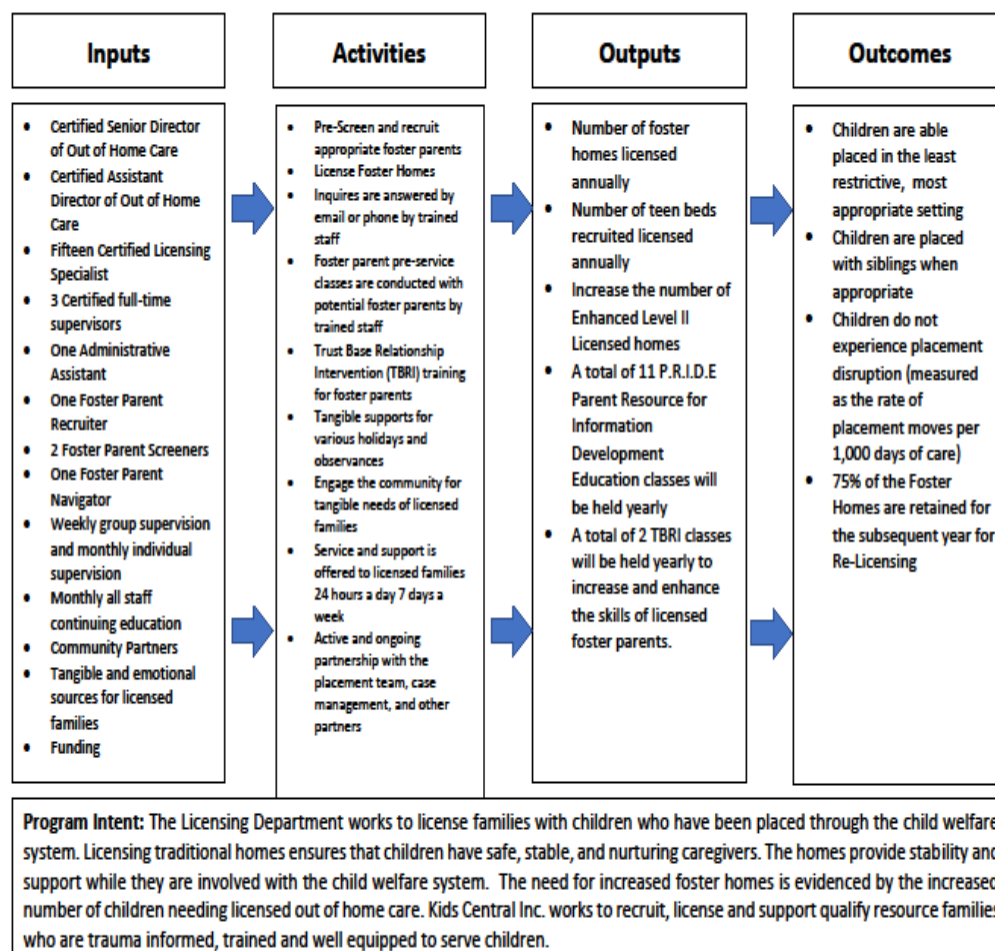
Logic Model: Family Preservation Services



## Appendix I

### Logic Model: Foster Home Licensing

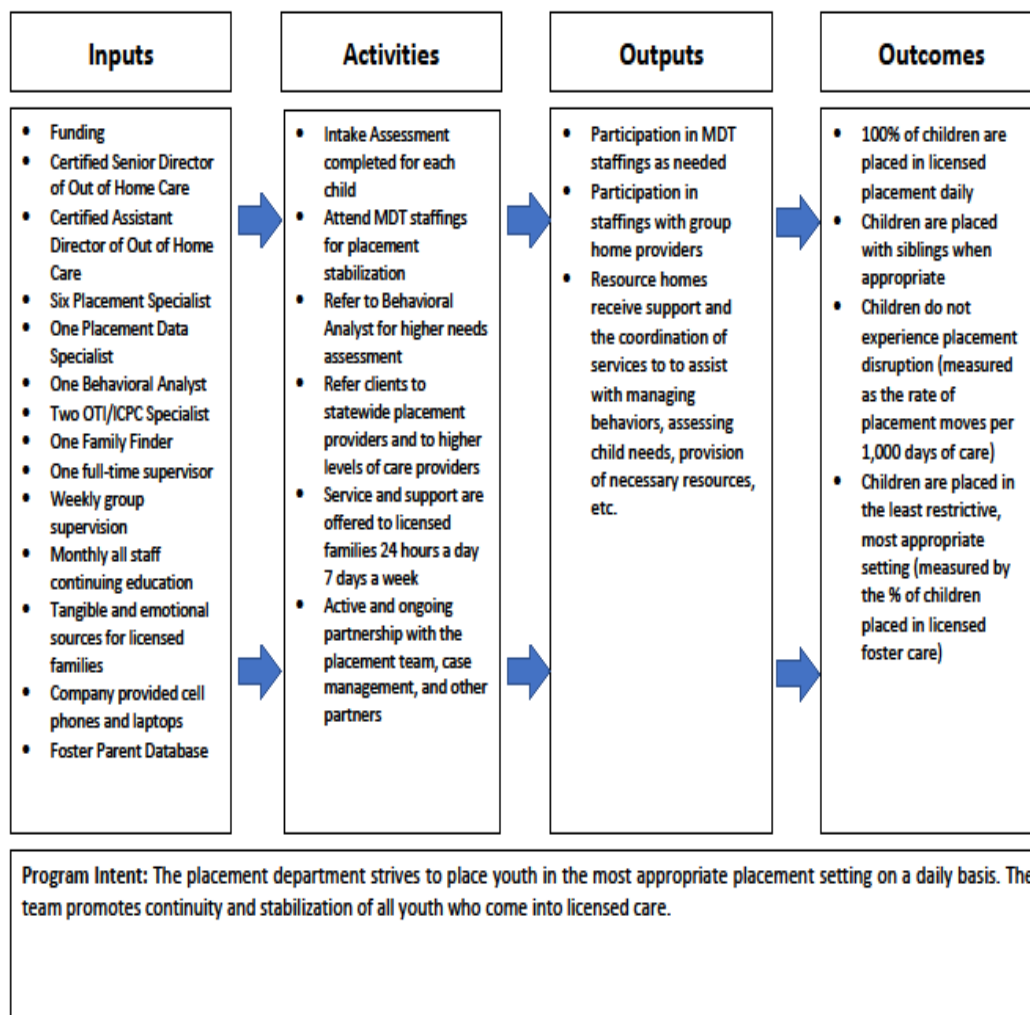
Logic Model: Foster Home Licensing



## Appendix J

### Logic Model: Intake and Placement

Logic Model: Intake and Placement



## Appendix K

### Logic Model: Post Adoption

Logic Model: Post Adoption Services

