



**Our Kids**

**Quality Management Plan  
2017-2018**

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## About Our Kids

Our Kids of Miami-Dade/Monroe, Inc. (Our Kids) is the non-profit lead agency for Community Based Care in Miami-Dade and Monroe Counties. The mission of Our Kids is to oversee and direct a coordinated system of care in order to deliver excellence to abused, abandoned, and neglected children and their families in Miami-Dade and Monroe counties. Our Kids' vision is that every at-risk child in Miami-Dade and Monroe will grow up with a safe, loving, nurturing and permanent family.

Our Kids has been accredited as a Network Management Agency by the Council on Accreditation (COA) since 2013.

## Intake

Our Kids Intake Department is a team of highly qualified individuals who are available to DCF CPI's 24/7/365 to triage and assign cases. The Intake Department is a full service engagement team ready by phone and in person to consult and reconcile all points of view when a case is likely to need on-going care and services. In order to support our sub-contractors, our Gatekeepers study each document and task to ensure that the transition from investigation to services has left nothing unsaid or undone. This Department is tasked with the following:

- Create and input data into all Our Kids Data Systems as well as the State wide system, FSFN, to ensure timely initiation and follow through of all required protocols.
- Provide ongoing support to the Full Case Management Agencies staff as liaisons between the Department of Children and Families.
- Provide consultation, recommendation and referrals to Community Partners serving our population with specialized programs.
- Monitor cases through review and consultation at varied calendar points to facilitate timely processing and transfers throughout our system of care
- Facilitate regularly scheduled Support Meetings with sub-contractors and community stakeholders to enhance the integration between Child Welfare and Community Providers.
- Oversee all Family Services which are concentrated, in-home services designed to prevent unnecessary out-of-home placement of children. Families are referred at the point where an out-of-home placement is imminent. Referrals are responded to within 2-48 hours based on the level of need.

## Family Services

Family Services are in home therapeutic services available to those that have urgent needs. The success of our prevention and preservation services in reducing the number of children coming into care is higher than the national average. This year we are building on that success by using the feedback our providers and families have given us. We have created a more flexible system that can better respond to the family's individual needs and constraints. Along with the inclusion of the Regional Partnership Grant housed with Family Services provider, we continue to see success in avoiding removals.

**Turnover Data**

The following turnover data, is in compliance with the Florida Coalition for Children specifications:

<b>TURNOVER</b>	<b>No Longer Assigned</b>	<b>Workers at Beginning of Month</b>	<b>Workers at End of Month</b>	<b>Percent Turnover</b>
<u>PRIOR MONTH</u> <u>(06/01/2017 - 06/30/2017)</u>	13	188	188	6.91%
FISCAL YEAR (07/01/2016 - 06/30/2017)	95	204	204	48.47%
12 MONTHS YTD (06/30/2016 - 06/30/2017)	95	204	204	48.47%

**Purpose of the Our Kids Quality Management Program**

The Our Kids Quality Management Plan is a critical part of the overall mission to provide innovative approaches and services to meet the needs of the children and families served. The Quality Management Plan establishes processes, and procedures for conducting Quality Assurance and Continuous Quality Improvement (CQI) activities. The Quality Management Plan provides vital information to the Our Kids Board of Directors, Chief Executive Officer/President, network providers, the Community-Based Care Alliance, the Department of Children and Families and other key stakeholders. Central to quality management is Our Kids’ quality assurance activities, which involve collecting, reviewing, analyzing and using data from key areas of operations to ensure compliance with statutory requirements in order to continually improve services.

A critical component in assuring quality care within Our Kids and through its network of providers is a continuous quality improvement (CQI) process through which employees at every level of the organizations have access to:

- Evaluation results regarding effectiveness and efficiency of services;
- Information regarding whether services meet expectations of quality and outcomes; and
- Plans for correction of any observable deficiencies identified through Our Kids’ quality improvement process.

Our Kids QA staff and the Contracts department conducts all DCF and other funding entities’ quality assurance reviews. The goal of these activities is to improve the quality and cost-effectiveness of services provided and to dynamically modify services to meet the changing needs of children in care. Our Kids incorporates its external quality assurance component to include monitoring and support of its contracted providers and when needed, a continuous quality improvement plan to monitor and support services delivered within the Our Kids’ organization. As part of its leadership and accountability model, Our Kids contracts with agencies which have been nationally accredited and have implemented an internal Continuous Quality Improvement system. Our Kids is accredited by the Council on Accreditation (COA) for

providing the highest quality services in their field. COA is an international, independent, behavioral healthcare accrediting organization that seeks to ensure that children, individuals, seniors, and families are receiving the highest quality care.

The Quality Management Plan promotes quality care that meets Federal Adoptions and Safe Family Act (ASFA) requirements consistent with community and national accreditation standards that provide mechanisms for evaluating and continuously improving the system of care. Our Kids' leadership, Quality Assurance team, Training Department and CQI members from the subcontracted FCMA/CMO's support best practices, legislative updates and third party reviews invited to provide insight and technical assistance. Third parties include but are not limited to the Annie E. Casey Foundation, Casey Program, CWLA, and the National Resource Center.

### **Fundamental Concepts Underlying the Quality Assurance Process**

Quality assurance and improvement activities are designed to ensure that benchmarks are achieved through a shared philosophy of service that responds to contract requirements as well as best practices. The following beliefs are at the heart of our Quality Management plan:

- Good outcomes are achieved through consistent monitoring, evaluation, and sharing of best practices.
- A stratified approach to collecting data is essential.
- Data collection, analysis and reporting are key components in identifying trends over time.
- Quality Improvement is part of each employee's day-to-day work.
- Improving services is a continuous process.
- We continually seek feedback from children and families, employees, community organizations, front line staff and providers, and funding agencies in order to ensure quality services.
- Mistakes should be used for learning.
- Training and appropriate staff supervision are necessary to assure consistent implementation of best practices.
- Increase evidence-based best practices in the system of care.
- Assure all programs are providing services in accordance with agency standards, state and federal guidelines.

### **Summary of FY 16-17 Quality Management Activities and Organizational Structure**

The Quality Management Department at Our Kids is headed by the Director of Compliance and Risk who reports to the Chief Executive Officer/President. The Director of Compliance and Risk oversees the Policy and Procedure Manager, Client Records, and the Quality Assurance Manager.

The Policy and Procedure Manager assists in ensuring that the strategic objectives of the organization are fulfilled through policy development and compliance with accreditation and contract requirements. His responsibilities include, but are not limited to the following:

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- Make recommendations based on information gathered to improve existing policies and procedures;
- Document, format and publish accurate and timely policies and procedures;
- Perform ongoing internal and external compliance monitoring activities to ensure that privacy and security concerns, requirements and responsibilities are properly addressed in a timely manner;
- Initiate and facilitate activities that promote information privacy awareness throughout the organization and the network of providers;
- Review system-related information security plans to ensure alignment between security and privacy practices and serve as a liaison between information systems (IT) and program operations;
- Serve as the central point of contact for COA accreditation related matters for internal and external customers and ensure that the organization and network providers meet applicable standards and requirements;
- Audit program and services to evaluate COA compliance requirements and make recommendations for improvement;

The Quality Assurance Manager monitors CAPS, contracts, performance measures and informs senior management on trends. This team provides performance analysis support, ad-hoc reporting and consulting services to direct care providers needing to improve their performance. The group is also tasked with the maintenance of the Our Kids Scorecard and supports the agency's internal Performance Quality Improvement Plan. The Quality Assurance Manager/DCF Contract Manager ensures that providers are meeting all contractual obligations, as well as, provides results of any reviews/audits, provides notice to providers, monitors and updates DCF on progress and resolution of Performance Improvement Plans (PIP) or Corrective Action Plans (CAP).

On a weekly basis, the QA Manager meets with case management leadership to discuss compliance with court document submission to CLS, evaluate progress made towards meeting statewide performance indicators, locally negotiated contract measures as defined in the lead agency contract, and identified performance improvement initiatives. As practice improvements are identified and performance is tracked, root causes are discussed and counter measures are put in place. The process is designed to allow for the addition of performance measures at any time depending on the issues impacting the System of Care.

The Quality Assurance Manager is responsible for planning, implementing and reporting agency performance, quality assurance, and quality improvement activities. The Quality Assurance Manager supervises five (5) Quality Assurance Specialists. The function of each QA Specialist varies as each perform various duties and provide oversight for special areas within the System of Care. Some of these areas include, but are not limited to:

- Data Tracking and Reporting- produce daily, weekly and monthly management reports;
- Monitor missing children;
- Review Exit Interviews for youth transitioning from a licensed placement;

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- Review Home Studies for children in non-licensed placements;
- Review compliance with Post Reunification visits;
- Review compliance with completion of IL transition plans and staffing's;
- Review compliance with Credit Reporting for youths ages 16 and 17;
- Manage and oversee Critical Incident Reporting;
- Review daycare absences to ensure compliance with the Rilya Wilson Act;
- Monitor requests to and from other states (ICPC) and counties (OCS);
- Perform special reviews associated with child death's and/or concerns related to services;
- Facilitate training for partners and Service Providers;
- Compile and analyze statistical data to monitor performance and continuous improvement based on State contract measures and strategic goals;
- Oversee Full Case Management Agencies' data quality;
- Conduct reviews prescribed by the Family Safety Office. QA staff from the four subcontracted Full Case Management Agencies (FCMA) also participate. The agencies are Wesley House Family Services in Monroe County and three FCMA in Miami-Dade: Children's Home Society, Family Resource Center, and the Center for Child and Family Enrichment;
- Review and facilitate client record requests from a variety of sources;
- Complete DCF-required quality assurance reviews and interviews. For FY 17-18 this will be CFSR case reviews, CFSR PIP Reviews, and Rapid Safety feedback Case Reviews;
- Monthly Supervisory Reviews-based on case file reviews;
- Review 100% of children on Sexual Safety Plans.
- Review 100% of children taking psychotropic medication.

The five Quality Assurance Specialists have significant experience in child welfare, have been trained in the Florida Safety Methodology and have participated in implementation activities. All reviewers have been trained or are certified QA specialists. As additional staff gets hired, they will attend QA training provided by DCF as training dates are determined.

## Tracking and Reporting on the Performance of Contract Providers

Our Kids subcontracted with four full case management agencies (FCMA's) are required to have their own quality management process in place and participate fully in the Our Kids quality assurance process. Our four FCMA's are:



### Center for Family and Child Enrichment

1825 NW 167th Street, Ste. 102  
Miami Gardens,  
33056  
305.624.7450



### Children's Home Society of Florida

800 N.W. 15th Street  
Miami,  
33136  
305.324.1262



### Family Resource Center of South Florida

155 South Miami Avenue, Suite 400  
Miami,  
33130  
305.374.6006



### Wesley House Family Services

1304 Truman Ave  
Key West,  
33040  
305.809.5000

Our Kids requires that each provider demonstrate a sound approach to quality management. Our Kids provides technical assistance to any provider in need of help in implementing a quality management



process. When a provider's contract is monitored, evidence of their quality management program is sought and its effectiveness evaluated.

Every contract with network providers and full case management agencies has its outputs and outcomes clearly established. Applicable Adoption and Safe Families Act (AFSA) indicators are included, as well as any required, relevant DCF indicators that are included in the Our Kids service contract. The provider is contractually responsible to provide data that Our Kids and DCF needs in order to not only determine whether the terms of the contract have been met, but to include that provider's data in our system-wide analysis. Additionally, four of the agencies are accredited by COA and one agency is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Our Kids monitors the contracted providers through a number of mechanisms. The activities referenced below require a cooperative effort involving the Risk and Compliance Director, the Quality Assurance Manager and the provider agencies. Combined efforts ensure that quality and compliance levels are not only monitored but also continually improved. The following overview of provider oversight and quality assurance and improvement activities is not intended to be an all-inclusive description:

1. Quarterly Analysis of Outcome and Performance Data
2. Quarterly File Reviews
3. Performance Improvement Plans
4. Corrective Action Plans
5. Customer Satisfaction Surveys
6. Complaint monitoring and investigation

### **Contract Monitoring**

The Our Kids Quality Assurance Department has developed a FCMA scorecard that tracks performance across state measures. The scorecard is provided to each agency by the 10<sup>th</sup> day of the month and scorecard review meetings are set within the week in order to discuss performance. During these one on one meetings we identify areas of continued deficiencies and together we explore new processes that may help increase compliance. The purpose of meeting with each agency is to gain an understanding to the obstacles they are facing and also come up with solutions. Furthermore, these meetings are used to identify areas where a particular agency is consistently a top performer. We analyze the procedures used by this top performer and share them with other agencies who may be struggling in the same measure.

### **Contract Monitoring – 3<sup>rd</sup> Party Auditor**

Public Consulting Group (PCG) is our contracted auditing group. PCG audits each of our FCMA contracts by going on-site and reviewing compliance to certain areas of the contract. The frequency and extent of the monitoring is dependent upon an Annual Risk Assessment, the contractor's accreditation status, and the contractor's previous monitoring results. FCMA's are put on Corrective Action Plans if weaknesses are identified. Subsequently, PCG will monitor CAP compliance and progress until the CAP is closed.

PCG creates monitoring tools for each program utilizing requirements from the contract with Our Kids, as well as, State and Federal laws. The PCG monitor meets with the FCMA QA staff after the audit is performed to discuss preliminary findings and gather additional information needed to ensure a comprehensive final report. FCMA submit Corrective Action Plans (CAP) to Our Kids for any findings identified. Once approved by Our Kids, the CAP documents how the contract provider will address deficiencies. PCG utilizes the CAP to assist in ongoing monitoring of the compliance improvement efforts of the contract provider.

### **Talent Development System, Supervisory Discussions, Mentoring and Case Ownership**

The purpose of the Our Kids' Talent Development System (TDS) is to plan, provide, support and evaluate formal and informal instruction, learning opportunities, and talent development aimed at improving family and agency outcomes. The TDS will also serve as a strategic management tool to implement and sustain organizational change and improvement by ensuring that individual and organizational needs are linked to agency outcomes. The DCF-mandated integrated pre-service curriculum is currently used. This training features several days of training on the SACWIS system (FSFN) and provides a comprehensive basis for child protection work, including laws, types of maltreatments, removal and placement, interviewing families, assessment, case planning, special placements, and adoptions. The curriculum can be downloaded from The Florida's Center for Child Welfare.

The primary goal of the TDS is to develop child welfare professionals and caregivers who are highly competent, self-confident, motivated, and equipped to realize their full potential. To achieve this goal, the child welfare system in Miami-Dade and Monroe will need to embrace a 'learning organization' mindset focused on continuously improving and developing its frontline, supervisory, and management/leadership professionals to improve safety, permanency and well-being outcomes for children and families in the system of care.

Our Kids has partnered with the Butler Institute and launched the Butler Supervisor Training for 15 Supervisors from 3 case management agencies (Family Resource Center, Children's Home Society, and the Center for Family Child Enrichment) and local Protective Investigative Supervisors from the Department of Children and Families. The mission of the Field Coaching Program is to further enhance and support the mission of Our Kids by transitioning the on class learning process into practicum fieldwork. New case manager trainees will have one-on-one coaching centered on Florida's safety practice.

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Each case manager trainee will have up to three months follow up of coaching, with contact between the coach and their supervisors. Case managers will receive observations of field activities, assessment of effective case management skills, and modeling of essential skills such as interviewing, engagement, communication, planning, critical thinking, advocacy and quality of care. Our Kids Coaches will collaborate with agency supervisors by assessing case manager trainees with the:

- Development of court documents (JR, Case Plan, referrals etc.)
- Court Preparation and Presentation Observation
- Home Visit
- Staffing's (Legal/Educational/Permanency/Multidisciplinary)
- Development of the FFA-Ongoing (Phases of the model to include preparation, introduction, exploration and case planning)
- Professional Development (professionalism, time-management, organizational system etc.)

The goal is to provide feedback to agency supervisors and case managers and to reinforce the on class learning techniques as they apply the practice model on the field. In return, case manager trainees will feel supported and we should see better quality case managers, better retention of staff, and a better quality work product (documentation, case ownership, case movement, safety assessments/safety planning, etc.) The buy-in for the agencies is that this plan incorporates what their supervisors want, what their trainees need, and what the families deserve (quality case management). In addition, booster training along with the ACTION case reviews continues on a monthly basis.

A core belief underlying Value #5 for Our Kids is "Nobody works well unsupervised." Supervisors are responsible for developing a training/development plan as part of the performance assessment for employees after the employee's achievement of the FCB Child Welfare credential. The credential must be achieved within a year from the date of completing pre-service training or 15 months of hire date. Our Kids Trainers and Quality Assurance staff deliver enhanced training as indicated through quality assurance reviews, contract monitoring reviews or training committee meetings.

Case Manager Supervisors are required to enter chronological notes in Florida Safe Families Network (FSFN) documenting the completion of supervisory case reviews. The note is to be entered as a case note type of "Review-Supervisory" in order to distinguish the type of case activity conducted in the electronic case record. Having quality and timely supervisory reviews every quarter for every case is a contract measurement that Our Kids requires of its subcontracted agencies. For four years, Our Kids reviewed samples of Supervisory Reviews for each subcontracted Full Case Management Agency. In 2013, we began a new process for the Supervisory Review that also helps the certification process and the practice of case ownership. Each case manager is to be accompanied on at least one field visit every quarter for mentoring and guidance. The information is also part of the coaching and field service mentoring that agencies can use in the certification process. Another tool developed is the Case Ownership Survey. Doing these surveys for each case manager at different times and for different types of cases can be powerful tools to retain staff. The surveys clearly show where one is doing well and gives clear pictures as to what the work would look like for the professional to show increased competency in their work.

It is still expected and required that each supervisor have a qualitative conversation every ninety (90) days with the assigned case manager for all other cases. Our Kids QA staff reviewing must see that the case manager is receiving guidance and that there is follow up to previous guidance. Reviewers must also see that the discussion is current and a picture of safety, well-being and the progress in the path to permanency is included.

During the FY 15/16 the Continuous Quality Improvement team which consists of Our Kids QA staff and FCMA QA staff developed and implemented a uniform supervisory template. At a minimum, the following information must be documented on the "Supervisory Review" FSFN chronological note:

- Date of supervisory discussion/ individuals present
- Current permanency goal and progress/barriers towards permanency
- Case management tasks required to achieve permanency and person(s) responsible
- Follow-up from previous supervisory review tasks and discussion
- Verification that the data entered in FSFN continues to be accurate
- Assessments of risk and safety
- Continued appropriateness of a safety plan if one exists,
- Frequency and types of contact the case manager is having with the family to ensure safety and engagement activities (including the child, both parents and the caregiver),
- Sibling and parent visitation
- Identification of relatives or other connections for the child
- CBHA recommendations
- Child well-being needs ( physical, dental, mental health and school needs)
- Psychotropic Medication utilization and procedural compliance
- Evaluation of conditions for return
- Independent Living Services/caregiver form

The Quality Assurance Department and Senior Management Team will continue to track compliance through FSFN reports and Mindshare. In addition to tracking compliance, a random sample will continue to be selected on a quarterly basis to review the chronological note for quality.

### Stakeholder Involvement and Client Feedback

**Child Exit Interviews:** The QA Department is responsible for the oversight of child exit interviews (feedback). Exit Interviews have been added to the FCMA individualized scorecards as a means to reinforce Continuous Quality Improvement efforts. The FCMA's send exit interviews to a mailbox that is received and reviewed by QA and Licensing staff. If an issue is identified on the form, the QA Specialist follows up with the internal licensing department for follow-up with licensed providers.

### **Client Relations Concerns and Consumer Grievances:**

Any customer receiving services from Our Kids, employees, applicants, stakeholders or one of the subcontracted providers is able to file an inquiry, complaint, or grievance if s/he believes that fair and consistent application of a policy has not been followed. In most cases, Our Kids expects that the customer will be able to satisfactorily address such concerns with the person or provider delivering the service. However, when a customer issue has not been satisfactorily resolved directly with the person or provider with whom they have an issue, Our Kids offers the right to file a grievance by using the Client Inquiry Resolution form. Our Kids will respond with a written notification of the resolution within 10 days. Any reasons for delays beyond this time-frame will be noted on the Client Complaint Resolution Form.

**Grievance FIRST Appeal:** The Our Kids Department/Program Director and/or CEO shall schedule a meeting with the grievant no later than 14 business days from receipt of the grievance. The Our Kids Department/Program Director and/or CEO will act as chairperson of the meeting, hear both sides of the dispute, render a written decision following the hearing, and provide the parties with copies of the decision within 7 business days following the meeting.

**FINAL appeal:** The grievant may submit a final appeal to the Our Kids Chief Executive Officer (CEO) within 7 calendar days of the written decision from the appropriate Our Kids Department/Program Director and/or CEO. The Our Kids CEO shall review the grievance along with the prior determination and render a final written decision within 21 days from receipt of appeal request.

Our Kids QA staff will collect data from the Client Complaint Resolution forms. An annual summary report will be completed for the data collected which will include, but not be limited to, number of complaints, average time from complaint to resolution, and number of complaints referred for the grievance process. The annual summary report will direct corrective actions as necessary to address issues raised by complaints, and delays in resolving client complaints. Our Kids will continue employing strategies to obtain feedback from stakeholders. This can include:

- Community Forums
- Child Exit Interviews
- Employee Exit interviews
- Community Alliance Meetings
- Surveys
- Strategic Planning meetings
- Focus Groups
- Provider Meetings
- Foster and Adoptive Parent Association meetings

### **Quality Parenting Initiative (QPI)**

As part of our commitment to creating a community of quality foster families, Our Kids supports the Quality Parenting Initiative (QPI), a statewide program established to recruit and retain quality foster parents. Through QPI, we nurture collaboration and partnership across our system of care in order to

meet the developmental, academic, and social needs of our children; facilitate healthy relationships between foster children and their biological families; and offer security, protection, and permanency. Additionally, Our Kids facilitates and participates in many foster parent directed programs and events throughout the year, with a goal of providing education, training, resources, acknowledgment, and support. Our Kids QPI Action Plan includes:

1. QPI point person at each agency to interact with Our Kids QPI designee, Orlando Gonzalez
2. Add an additional QPI training to In-Service case manager training (to supplement the already existing web-based component on QPI embedded in training)
3. Add QPI training module to PRIDE classes
4. Our Kids to provide quarterly QPI training for FCMA's
5. Our Kids to staff cases of agencies on a regular basis to ensure QPI being effectively handled
6. Our Kids to continually elicit information from judges on needed QPI components and take necessary actions to implement recommendations
7. Our Kids to provide ongoing training opportunities for foster parents, both in-person (through Foster Adoptive Parent Associations) and web-based (e.g. QPI Just in Time Training)
8. QPI to be incorporated with relative and non-relative placements at initial home study and in follow up visits by the assigned agency to the case
9. Our Kids to establish a QPI workgroup, with representation from Our Kids, FCMA's (e.g. QPI point person), DCF, judiciary, and stakeholders such as foster/adoptive parent associations.

### Adoptions

The Adoptions Program's staff job involves the oversight of all Region Adoptions, including, but not limited to, the qualitative review and approval of all of the region's Adoption Subsidy and Title IV-E subsidy packets, the Adoption Applicant Review Process and Monitoring of Adoption Related Performance Measures.

Our Kids has a dedicated full time employee that manages post adoption services and support. These include but are not limited to:

- Referrals and linkages for mental, behavioral health, family therapy, individual therapy, and tutoring services;
- Assistance with Medicaid related issues (e.g.: ICAMA);
- Change of address assistance;
- Request for information on biological parents/ Reunion Services;
- Other Adoption related question assistance.

In addition, other Our Kids' staff members devote a portion of their efforts in order to timely manage other specific post adoption needs including but not limited to:

- Requests for Increase in Monthly Adoption Maintenance Agreements;
- Requests for post adoption services that, if appropriate and approved, will require financial assistance by Our Kids;

- Request for Tuition Waiver and overall educational eligibility issues.

## Utilization Management

The Utilization Management Program's staff job involves three key areas: managing utilization of resources, identifying gaps/operating problems and tracking financial pace of resource expenditure by cost center. As part of the utilization management process, staff are responsible for leading the 30-day Level of Care staffing for assigned agencies. Staff conduct on-going utilization reviews and audits to ensure children move timely through the system of care towards permanency. Staff are also responsible for the programmatic oversight of collaboration with Agency for Persons with Disabilities (APD) to ensure that children in foster care are identified and assessed for Medicaid Waiver eligibility. They oversee the Our Kids Children's Courthouse unit that provides face-to-face, online and telephone support to the dependency system with linkages and referrals to public assistance, court documentation collection for Medicaid eligibility purposes and on-site DNA testing.

## Fiscal

Working with our providers, monitors, auditors, and the Department of Children and Families, the Finance Department ensures that all expenditures are reasonable, allowable, and necessary, while overseeing the following essential tasks:

- Reviewing title IV-E adoption files and processing adoption subsidy payments each month.
- Disbursing Independent Living subsidy and aftercare payments for qualifying young adults.
- Managing the personal trust accounts for children receiving Social Security and disability benefits.

## Transitioning Youth Program

The Independent Living Program's staff job involves working with youth and young adults aging out of foster care to help youth develop a comprehensive, holistic and measurable plan for aging out of foster care and to guide and support youth in their transition to self-sufficiency and living an independent meaningful life.

Our Kids supported 646 eligible Independent Living youth. Youth turning 18 have the opportunity to enter the Post-Secondary Services and Support (PESS) program if the youth have already obtained a high school diploma or a GED. The PESS program provides a monthly educational stipend, up until age 23, that supports the youth while they complete a post-secondary degree. The IL team also links clients to supportive services on campus such as the Single Stop program at Miami Dade College and the Golden Scholars program at Florida International University. The IL team has also partnered with various community organizations such as Miami Dade County Public Schools, Communities in Schools, College Summit, Educate Tomorrow, Barry University, City Year, Vocational Rehabilitation, Job Corps, Greater Miami Services Corps., Children's Trust-After school providers, Women of Tomorrow, 100 role models, FDLRS (Florida Diagnostic and Learning Resource System), Lotus House, The Switch Board of Miami, Florida Virtual School, Early Learning Coalition, Edu Care Miami, and Career Source of South

Florida. Approximately 200 youth took advantage of our biannual Health Fair, an all-day event held simultaneously in three different locations in Miami- Dade.

## Clinical Reviews

The Behavioral Health Department (BH) currently reports to the Director of Operations. For the entire population, Our Kids relies on the Behavioral Health Department to schedule all the Certified Behavioral Health Assessments (CBHA) for any child that has been sheltered by the State. In addition, the Behavioral Health department reviews the CBHA and meets with each Case Management Agency to discuss the needs of the child/children and determine the level of care. We also conduct reviews of the linkage to the recommendations rendered by the CBHA for each child. Within the CBHA process the BH department is responsible for identifying and referring children for referrals to Early Steps and FDLRS, as well as linking to services for victims of sexual exploitation and Human Trafficking.

The Behavioral Health department also oversees the Substance abuse and Mental Health budget (SAMH) which allows Our Kids the ability to fund services that are necessary but not covered by Medicaid. This includes obtaining all documentation required to justify the use of funds, making referrals, contracting with community providers for services needed, and identifying new services that we can use this budget for.

The Behavioral Health department coordinates and hosts the Multi-Disciplinary Staffing's that are required to explore higher levels of care for children with more severe emotional and behavioral needs. After recommendations are rendered the referral process for certain services and placements is also managed by the BH team.

Prior to the end of the fiscal Year 2016, the BH team transitioned the responsibility of tracking the Psychotropic Medications as well as Safety Plan compliance to the QA department. However, due to the changes made when managing those two items, compliance with Psychotropic Medications was increased and compliance with Safety plans was at its highest, leading to the removal of the CAP that was in place.

## Nurse Case Management Program

### Medical and Dental Resource Support Staff:

Coordinate with case managers and caregivers on a daily basis for the following:

- Verify Medicaid and pull Immunizations from Florida Shots system.
- Contact assigned HMO to verify Primary Care Physician (PCP) information.
- Schedule Initial 72 hour medical and Dental appointments.
- Schedule 30 day medical follow up and 6 month dental follow up appointments.
- Coordinate with caregivers, foster parents and case workers prior to scheduling.
- Create and Fax medical release packet to providers.



- Ensures that all immunizations and medical and dental visits are updated in FSFN and Safe Haven; an internal data management system.
- Requests medical and dental records.
- Files all records received in the client's electronic record.
- Makes PCP change as needed in order for the child to be seen within the allotted timeframe.

### **Nurse Care Coordination:**

- Follow up with the medical care coordination of children in licensed care.
- Makes referrals as needed and link to appropriate departments and services (medical foster care, Agency for Persons with Disabilities (APD), Skilled Nursing Facility).
- Coordinates services in the home for the child (home health nurse, medications, medical equipment).
- Provides medical training/education for foster parents, caregivers, case managers, and shelters as needed.
- Makes PCP change as needed/requested.
- Follow up with all incident reports as needed and provide care coordination when necessary
- Attend staffings.
- Monthly visits for children placed in skilled nursing facilities.
- Works with all parties to identify least restrictive setting to avoid skilled nursing facility placement and/or assist in the transition out of the skilled nursing facility.
- Assists the adoption team with case reviews prior to adoption (obtain medical records, conference calls with providers/specialists, unofficial staffing's using the CMAT staffing tool in order to obtain a level of care/reimbursement based on the child's specific medical needs and care).
- Provides follow up for children who are in the hospital. Obtains medical update from hospital social worker, nurse or attending physician and keep everyone involved in the case informed. Also, monitors child until discharge to make sure all services, medical supplies and medications are set up in the home prior to discharge as well as obtain medical record (discharge summary)
- Run monthly reports in integrate to make sure that all outstanding HRA's are completed in a timely manner
- Run biweekly reports in FSFN to monitor and track yearly physicals and all children under the age of 12 months
- Update FSFN and internal data management systems in a timely manner

### **Nurse Home Visitor:**

- Provides education and training to pregnant and parenting youth who are in foster care or are active in one of the Independent living programs, (Extended Foster Care or PECS)
- Complete home visits to educate young parents on life skills (grocery shopping and healthy cooking, proper baby care, access to community services, home economics)
- Educate young parents on appropriate child development, skills and activities to assist in developing child's five domains of development

- Educate young parents on appropriate parenting skills to avoid adverse events in the home
- Provide telephonic support when needed
- Update FSFN and SharePoint with home visits in a timely manner
- Advocate in court for young parents in the program when needed
- Attend medical/dental visit with young parent
- Monitor medications, medical equipment, home health orders as needed for both parent and child
- Assist youth with any insurance issues as needed
- Provides basic essentials to young parents when needed (strollers, bottles, pacifiers, cribs, etc.)

**Miami-Dade IMPACT Project-Regional Partnership Grant to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse**

Grant period: 9/30/2014 – 9/29/2019

Our Kids of Miami-Dade/Monroe, Inc., the Florida Department of Children and Families Southern Region, Family Central Inc., Federation of Families Miami-Dade Chapter, Inc., South Florida Behavioral Health Network, the University of South Florida, two departments of the University of Miami, and Miami-Dade Community Based Care Alliance join in partnership to bring much needed resources to Miami-Dade County and demonstrate that the early identification, use of a best practice interventions, combined with peer support, ongoing follow up, a closely coordinated team approach over a longer period of time can change outcomes. The IMPACT Project is family centered and child focused, with the goal of keeping children safe at home.

A clearly identified population has been selected for this project: 288 families who come through the Child Protective Investigation process with either suspected or verified substance abuse indicators, are referred to Our Kids for diversion or prevention programs, have children ages 0-11, and who are determined to be “High to Very High Risk – with no safety threat” or “Moderate to Very High Risk – and Conditionally Safe.” The IMPACT project will engage and retain these families in treatment, thereby increasing child and family and preventing deeper penetration in the child welfare and dependency systems.

Local child welfare data show that of the total number of child abuse and neglect reports investigated in 2012-13 half were referred for services and about half of those actually engaged in services. Only about 15% were admitted to substance abuse treatment and of those only 36% successfully completed. Once identified by Child Protective Investigation and referred to Our Kids families will be randomized in two groups: Control group will receive Intensive Family Preservation Services – case management and Motivational Support Program (as usual) and the Intervention group will receive Engaging Parents Care Coordination combined with Intensive Family Preservation Services, Continuing Care Peer Specialists, and the Motivational Support Program.

The overarching objective of the IMPACT Project is to demonstrate that an integrated continuum of care, combined with an intensive family engagement component and peer support, will result in increased parental retention in treatment, enhanced provision of targeted services for children and parents,

improved parenting practices, and a decrease in family trauma. The ultimate aim is to enhance child and family well-being and reduce incidences of re-abuse, child welfare re-referrals and removals.

### ***Miami CARES Project-Address Trafficking within the Child Welfare Population***

#### **Brief Project Overview**

The Miami CARES Project provides greatly needed resources and structure to a community considered to be a “hot spot” and “gateway” for human trafficking. The project brings a clear focus to services, needs, and policies to address child welfare involved victims. Miami and the State of Florida have recent legislation and emergent initiatives to address human trafficking, including a direct service program to address the needs of child welfare involved victims of human trafficking. The Miami CARES Project focuses on cross-initiative alignment and coordination while also serving as the multi-system organizing body to ensure efforts are not duplicative, responses are aligned, and data is gathered consistently and collectively.

The Miami CARES Project spans across Miami-Dade County, bringing together a cross-section of community organizations and government entities to build infrastructure, increase collaboration, raise awareness, train first responder staff, interpret and enforce existing legislation, advocate for needed legislation, gather data, and ultimately develop infrastructure and protocols for a coordinated child welfare system response to the trafficking of minors.

Outcomes expected of the Project include increased collaborative capacity among interagency partners; reduction in youth being recruited into trafficking; earlier identification of youth who have been trafficked; improved social, emotional, behavioral and health outcomes for youth victims; increased awareness and ability to identify and respond to risk factors among community stakeholders; consistent collection, sharing, and use of data to inform practice, policy, and decision-making; and the community and child welfare field at large will be able to access Miami CARES information, data, and findings. The project efforts will be sustained long-term by ensuring the efforts are institutionalized and fully integrated in individual partner organizations as well as community-wide through policies and protocols.

#### **Significant Project Activities Accomplished**

Miami Dade Human Trafficking Subcommittee: Miami CARES has successfully convened two sub-committee meetings of the Miami Dade Human Trafficking Coalition. The main purpose of this meeting is to increase collaboration among partner organizations, and ultimately develop a protocol to foster understanding of effective practices, support dissemination across our county and identify areas where changes may be needed.

Training: Miami CARES has conducted HT 101 trainings; over 200 case managers have received the training in addition to Guardian Ad Litem and foster parents. Currently Miami CARES is working with Citrus Health Network on developing a HT training that will include description of the services provided by the CHANCE program currently available in the Miami area.

HT Dependency Court Cases Consolidation: Judge Sampedro-Iglesia, Associate Administrative Judge for the Juvenile Division has taken a special interest in all Human Trafficking cases and is a member of the State Attorney's Human Trafficking task force. In coordination with the Guardian Ad Litem (GAL) program, all CSEC cases assigned to other divisions were identified and transferred to Judge Sampedro's division since January 2015.

Staffings: Weekly *Multidisciplinary (MDT)* staffings are convened to ensure all CSEC victims are receiving appropriate services and intervention. Placement for the children is also addressed and determined during the staffing. Additionally, *DCF (PI Level)* staffings are held every Thursday, bringing together DCF, Law Enforcement, State Attorney Office, Kristi House, Homeland Security and FBI to discuss new DCF CSEC investigations for community children and/or current dependency cases.

Collaboration with the CHANCE program: Miami CARES have been working together with the CHANCE program, our primary therapeutic provider for CSEC victims. By working together we are helping the CBC agencies understand the referral process, expediting services. The CHANCE program has been a critical piece in helping these children stay out of the streets.

### **Description of Evaluation Activities and Any Preliminary Findings**

The evaluation uses a mixed methods approach to assess the implementation process and key outcomes connected to the Miami CARES project. Evaluation activities to date have included administration of the Wilder Inventory to establish a baseline assessment of interagency collaboration, and collection of demographic and outcomes data using the CANS-CSE on identified CSE youth receiving treatment services. Results from the Wilder Inventory indicate that the domains of Environment, Communication, and Purpose are areas where the Miami CARES Project is excelling. Action steps for improved collaboration need to target collaborative processes and structures, including clarity of partner roles and responsibilities, and the availability of specified resources for the collaboration, including financial resources, appropriate staff, and time for collaborative activities. Data collection on identified youth victims has shown some promising preliminary treatment results; at 6 months of intervention (N=34), statistically significant improvements have been seen in youth social and family functioning, school behaviors, runaway behaviors, intentional misbehavior, anger control, conduct and oppositional behaviors, and adjustment to trauma. However, post-traumatic symptoms do continue to plague these youth and will likely require long-term treatment. Additional evaluation activities currently in process include administration and analysis of the Trafficking Awareness Survey during CSEC trainings, baseline stakeholder interviews with key partners participating in the project coalition, and development of a Network Analysis survey.

### **Project Successes to Date**

The Miami CARES Project is off to a strong start. We are proud of the many successes experienced to date. For the purposes of this profile, we selected one particular success to highlight – our collaboration with the judicial system. Miami CARES has been well accepted by the Dependency Court System. A new protocol

was implemented by Judge Sampedro-Iglesia, in which directives were given to all dependency Judges that upon finding a case that is believed to be a HT case, Miami CARES is to be informed, at which point a staffing will be convened within 24 hours to determine if it meets criteria for Human Trafficking. If the criteria is met, the cases are then transferred to Judge Sampedro-Iglesia's division. The consolidation of cases has helped ensure streamlined services and processes for all involved in the case.

### **Project Challenges Encountered and Any Solutions Used**

Many victims of Human Trafficking have to undergo depositions during the perpetrator's criminal proceedings. As a result, the children frequently run away prior to the scheduled deposition, or decompensate physiologically either prior to the deposition or immediately thereafter. Miami CARES has partnered with the State Attorney's Office to advocate for CSEC victims to not undergo this traumatic experience. The task force/subcommittee has identified this as one of its action items.

### **Lessons Learned**

Although there are many organizations eager to help victims of Human Trafficking there is much work still to be done as we continued to need more appropriate foster home/placement options for our children. Closely related to the placement challenge is the issue of stabilizing children who run away habitually. Miami CARES will prioritize these challenges as the project continues.

### **Incident Reporting-Critical, Health or Safety Threats**

The safety of children is the paramount concern of Our Kids. As such, Our Kids maintains a detailed incident reporting system, forms, and policy. Each contracted agency has access to input their incidents at any time 24 hours a day. Incidents are reviewed daily by Our Kids Quality Assurance Department. Each report that needs additional follow up is reviewed by the appropriate Our Kids medical or mental health professional and reports that have inadequate information are sent back and not accepted until the reports are complete. QA then run reports from the Incident Reporting system monthly to ensure timely reporting of incidents.

Critical incidents require the immediate notification to Our Kids. Critical incidents include client death, client injury or illness, suicide attempt, disease epidemic, sexual battery, teen pregnancy, child born to an active client, elopement and circumstance initiated by something other than natural causes or out of the ordinary such as a tornado, kidnapping, riot or hostage situation, which jeopardizes the health, safety and welfare of clients who are in the physical custody of Our Kids.. The following are incidents or events that must be reported within 24 hours to Our Kids: altercation, criminal activity, abuse / neglect / abandonment / threat of Harm, vandalism/damage, foster home/facility complaint and high profile.

Our Kids tracks and analyzes all incident reports. On a monthly basis, Our Kids reports to the providers at Continuous Quality Improvement Meetings, the number of reports, filed the nature of the reports, the actions taken as a result of the report, and any underlying problems that the reports may indicate need

attention. The QA Manager or designee is responsible for informing senior management staff and the Department of Children and Families within 8 hours of the critical incident report being filed and immediate notification is required for highly critical incidents. Any incident that is likely to involve media or public attention or which resulted in serious injury to a child are immediately reviewed by the Our Kids management team to determine the basic answers to who, what, when, where, and how the incident occurred. At a minimum, Our Kids staff will attempt to determine whether: a) Staff were in compliance with program policies and procedures; b) Appropriate handling of the situation and action taken to protect the child; c) Steps taken to maintain control of the situation and to limit risk to the child(ren) and liability to the project.

The same Quality Assurance Specialist (QA Specialist), who reviews, accepts and reports on critical incidents also works closely with local and state DCF representatives, police departments and detectives to help our system of care locate and prevent runaways and missing persons. Each FCMA has a point person that is the designated missing child specialist. They meet monthly to staff and discuss difficult cases and also participate in permanency staffing's to think 'out of the box' for the frequent runaways.

Studies show the higher the number of elopements the greater chance a child is likely to be victim of CSEC. During this last fiscal year Our Kids was named a grant recipient and is spearheading the Miami Cares project. Our QA specialist works with Miami Cares Project to identify trends in our children, ensuring appropriate steadfast attention is paid to them by the correct professionals in our continuum of care.

### **OCS and ICPC**

Our Kids QA Team is a state leader in Out of County and Out of State matters. During FY14-15 Our Kids processed over a thousand Out of County (OCS) requests and hundreds of Interstate Compact (ICPC) requests.

Our Kids was one of two county agencies nationwide to work on an innovative national database pilot project called National Electronic Interstate Compact Enterprise (NEICE). The pilot project consists of only 6 states and is being led by Florida. During this year's implementation it has been projected that NEICE has a total of 7000 cases, in which 56.81% of those cases belong to Florida. NEICE was developed in a response to speed up the process for children to be placed with forever families and biological relatives across the nation. Our Kids has the largest volume of submission of ICPC cases into the NIECE system in the state. The program is the predecessor of Florida's own Interstate Compact System. By using the NEICE system, the average time to process a completed ICPC request from our office has been cut down to approximately 1-2 days.

Transfers of Jurisdiction (TOJ's) are done throughout the state of Florida with the lead CBCs in both counties. The designated Our Kids QA Specialist ensures that all parties work closely together for a smooth transfer. Our Kids worked closely with local Child Legal Services managing attorneys to streamline the TOJ process in the courtroom. As a result of joint efforts, a TOJ memo was developed and the number of TOJ's ordered by the judiciary that did not follow the initial staffing protocol have been reduced.

## Quality Assurance Reviews

As part of Windows into Practice FY 2016-2017, Our Kids will conduct on-going targeted reviews of cases to determine the quality of child welfare practice related to safety, permanency, and child and family well-being.

Our Kids conducts **Child and Family Services Reviews (FCFSR)** which includes reading case files of children served under the title IV-B and IV-E plans and conducting case specific interviews with case participants. The reviews include an on-line monitoring system that allows QA reviewers to collect child welfare data more efficiently and to compile comprehensive and accurate review results. The automated review instruments allow reviewers to enter information about case record reviews, case-related interviews, and stakeholder interviews. Review results are automatically tallied; allowing the CBC and state to have real-time access to preliminary findings from the reviews through a variety of reports. The CFSR will provide ongoing trend data on child welfare practice that will be used for further analysis, scorecards, etc. This information will also be used to track progress in areas needing improvement as identified by the Federal CFSR. All reviews are to be completed using the federal Online Management System (OMS) at <https://www.cfsrportal.org/oms>.

Every five years a formal Federal Child and Family Services Review (CFSR) review is conducted under the guidance of the Children's Bureau. The overall goals of the reviews are to (1) Ensure conformity with title IV-B and IV-E child welfare requirements using a framework focused on safety, permanency and well-being through seven outcomes and seven systemic factors; (2) Determine what is happening to children and families as they are engaged in child welfare services; and (3) Assist states in helping children and families achieve positive outcomes. After receiving the results of the review, states that are not in substantial conformity with title IV-B and IV-E requirements must enter into a Program Improvement Plan (PIP) to address areas that the Children's Bureau determines require improvement. During the review, a team of reviewers examine case records and conduct case related and stakeholder interviews to collect qualitative and quantitative information on outcomes and systemic factors to supplement the data/information reported through the statewide assessment. The combination of this information is used to make determinations of whether a state is in substantial conformity with federal requirements regarding the seven child and family outcomes and seven systemic factors, and to inform the development of plans for improvement and additional technical assistance. For ongoing CQI purposes, it is important for Our Kids to have ownership of the CFSR case review process. By adopting the CFSR onsite review instrument, Our Kids will be able to monitor improvements against the federal measures. Random samples have been selected from children in out-of-home care during the period of April 1 – September 30, 2016. For in-home cases, a random sample was also selected from family units receiving in-home services for at least 45 consecutive days during the sampling period and in which no child in the family unit had been placed in out-of-home care longer than 24 hours during any portion of the period under review. Case selection was completed by the state office using a random sample tool and cases were assigned to each site for review.

**Rapid Safety Feedback (RSF) reviews** are designed to flag key risk factors in in-home services cases that could gravely affect a child's safety. These factors have been determined based on reviews of other cases where child injuries or tragedies have occurred. Factors include but are not limited to the parents' ages, the presence of a boyfriend in the home, evidence of substance abuse, or previous criminal records, and prior abuse history. RSF's will continue to be completed in a web-based tool that is accessible through the DCF web portal. The completed RSF tools automatically tabulate, are immediately accessible and downloaded for review and discussion with CMO staff during the debriefing/consultation. The purpose of debriefing/consultation is to provide feedback on strengths and areas in need of improvement. The tools for the cases reviewed each quarter were entered into the QA Portal by the 10th day into the next quarter.

**Discretionary and/or Special Reviews:** Discretionary, or special reviews are completed as requested by Management Team Members and Executive Leadership. These reviews are completed as needs are identified, due to practice-related complaints or concerns and in any transition of services from one contracted provider to another.

QA Specialists conducting reviews are responsible for:

- Addressing any safety concerns with the Dependency Case Manager and the Dependency Case Manager Supervisor immediately upon discovery;
- Informing the Quality Management Director and FCMA QA Manager of concerns and findings;
- Assuring that appropriate action and follow-up are initiated to assure safety;
- Facilitating case consultations;
- Documenting the child safety concern and follow-up actions as a formal Request for Action (RFA) in FSFN;
- If, during the course of the reviews, a reviewer notes an administrative or safety concern, a written Request for Action is generated and sent to the CMO responsible for management of the case. The CMO is notified immediately by phone, or in person for safety concerns followed by a written request for action. A formal response is due back to Our Kids within two business days for administrative RFAs and one business day for safety RFAs.
- Maintaining a copy of the RFA, documentation of completed follow-up actions and the resolution of the concern with the original review documentation.

All quality assurance reviews are completed by Our Kids Quality Management (QM) Specialists. When available, QM staff may be partnered with a CMO Quality Assurance staff that has completed training and/or shadowing to gain proficiency in the process. The QA Manager and the senior Quality Assurance Specialist are responsible for assigning and reviewing cases. Reviewers read case notes from the Florida Safe Families Network (FSFN) to attain case details for the period under review.

The information gathered during these conversations filled the gaps reviewers had. Throughout the review, all reviewers are instructed to notify the Quality Assurance Manager or designee if they have any concerns regarding the quality of care provided to the client and/or any safety threats to a child. The Quality Assurance Manager or designee notifies the Full Case Management Agency Administrators and Our Kids Regional Director of the concern in writing (usually via email) and designates a time frame for a



response on measures taken to address the concern. If there is a major safety concern, the Request For Action (RFA) process in the Windows into Practice is followed as well and entered into FSFN as required.

The QA Department analyzes the data collected overall and identify trends, effective practices, and areas of concern, synthesizing the information to demonstrate and discuss practices and performance. By August 15<sup>th</sup> of each year, the QA Manager will prepare a comprehensive QA review report for Miami-Dade and Monroe Counties. The review report will include findings from the reviews. The Director of Compliance and Risk will approve the report and forward to the Department's Contract Managers. This report will provide a comprehensive view of quality outcome measures and provide a basis for prioritizing QA activities for the next year. Areas that need improvement may be further analyzed using root cause analysis to determine what factors may be contributing to poor performance and what actions can be immediately implemented to improve performance. In-service training sessions to address training needs are also identified. The agency will track and report on ongoing improvement initiatives that will be occurring during the upcoming fiscal year. Items that rise to a corrective action are monitored on a regular basis for compliance. This information is reported to the DCF Contract Manager.

### **Annual Report of Case Management Practice Trends, Areas of Concern, and Synthesis seen during each Fiscal Year:**

Our Kids submits an annual report to the Department's central office 45 days after the end of the fiscal year. The report includes a summary of findings, an analysis of root causes, and action taken by the region to improve practice. Annual reporting includes information from case reviews such as the Rapid Safety Feedback and Florida CFSRs. Once all cases are reviewed, OK QA staff analyzes the data collected and identifies trends, effective practices, areas of concern, and synthesizes the information to demonstrate and discuss Our Kids practices and performance. This provides Our Kids with an opportunity to address areas of concern and if there is a downward trend in a particular practice that could be remedied with immediate interventions.

### **Summary of Case Management Practice Trends, Areas of Concern, and Synthesis**

This summary includes an analysis of practice trends identified through Quality Assurance Reviews and, to the extent possible, how these trends inform quantitative Performance Measure data indicators in the following areas.

The frequency and quality of home visits between caseworkers and children and caseworkers and mothers and fathers impact safety, permanency and well-being. The most recently published CBC Scorecard for FY 16/17 indicates that 99.5% of children were being seen with a minimum frequency of 30 days for FY 16/17. However, the quality of those visits as noted in FSFN case notes is lacking. We are working with supervisors to help them mentor case managers in the area of documenting a home visit.

#### **Safety**

The quality reviews indicate a strength in making concerted efforts to provide services to the family to prevent children's entry into out of care or re-entry after a reunification. The annual score for Our Kids in

this area was 89.01%. The areas that pertain to safety planning, documentation and monitoring are areas of concern although we saw improvement during the fourth quarter of the fiscal year with 91.96%.

### Permanency

Quality reviews noted strength in placing children within close proximity to their parents and maintaining the child's connections. Areas needing improvement are establishing appropriate permanency goals in a timely manner and ensuring that siblings are placed together in out of home care. Other areas of concern which have not trended significantly upward during the past year and which impact permanency include a lack of documented efforts to: 1) identify, locate, inform, and evaluate relatives and other potential caregivers who could provide possible permanent placements in a timely manner and 2) encourage and support the mother and father to be active participants in decisions pertaining to the needs of their children.

### Well-Being

Our Kids' strength is in the assessment of children's educational needs and providing appropriate educational services and in the initial and ongoing assessment of children's physical, mental health and dental needs. The area of most concern is seen in follow through with recommended routine treatments such as ensuring cavities are filled or following through with sealant treatment to prevent tooth decay.

### Addressing Findings

As a way to increase safety, permanency and well-being for families served, the Our Kids Compliance and Risk Department implemented the following:

- A permanency Workgroup (PWG) was created to staff open cases that were in home or out of home for more than 12 months. The group consisted of the GAL program, CLS, Our Kids QA and Regional Managers, and Foster Care Review who met weekly to address barriers to permanency.
- The QA team facilitates weekly meetings with each FCMA which includes:
  - Review of Upcoming Court Document Submissions (10 Days ahead of Hearing Date).
  - The FCMA monthly scorecard findings. FCMA's now have additional Performance Measures in addition to DCF Scorecard as follows:
    - 🚩 Credit Reports Compliance (17yr. -18 yr.)
    - 🚩 Medical Checkups (Yearly) & Dental Checkups (7 Mos.)
    - 🚩 Home Study Compliance on Rel./Non-Rel. Placements
    - 🚩 Exit interviews on Placement changes
    - 🚩 Post-Reunification Visitation Compliance
    - 🚩 Pre-18yr. Judicial Reviews Compliance
    - 🚩 Transition Plan Compliance for 17.5 yr.
    - 🚩 Use of iPhone for home visit note and child photos
    - 🚩 Photo Quality (Facial Recognition, Clarity, Lighting, Visibility)
    - 🚩 Proximity of Photo to Placement (Validations of FSFN placement information)
    - 🚩 Bio Mom Visit in FSFN
    - 🚩 Bio Dad Visit in FSFN

- ✚ Average Length of Stay
  - ✚ Missing Children Report (MCR) timeliness in FSFN
  - ✚ Placement Disruptions (Less than 30 Days & Count of disruption for reporting period)
  - ✚ Psychotropic Medications
  - ✚ Safety Plan Compliance for Sexually Reactive/Aggressive Clients
  - ✚ Critical Incident Report Timeliness (24hr of event)
  - ✚ Case Management Staff turnover
  - ✚ Caseload ratios
- Corrective Action Plans
  - Monthly CQI meetings are held with the contracted case management agencies to discuss ongoing quality improvement strategies.
  - Inclusion of Supervisors in a pilot geared to address practice areas. As a result, a uniform supervisory review template was developed for quarterly reviews that is expected to increase the quality of the reviews.
  - Our Kids changed FCMA funding from a Level of Care (LOC) model or pay per day per child to case manager to client ratio model. The supervisor to case manager ratio was reduced to 18 children per case manager. This process encourages agencies to maintain a standard level of care while discouraging case overload and employee turnover.

The findings for each of the practice areas will continue to be monitored by Our Kids to provide staff with opportunities for growth and improvement in the areas demonstrating need. Overall trends noted during these reviews will determine which direction the agency needs to take to improve or maintain service delivery to the children and families in its care. There continues to be noted areas for improvement from the previous fiscal year, which will assist the agency in determining opportunities for training and ongoing supervisory guidance. Case consultations appear to be extremely beneficial in the CQI process as evidenced by feedback from case participants.

### Recommendations

In regards to the areas identified in FY 16/17 as needing improvement, management continues to work with training providers and the QA team to identify growth opportunities. The annual Quality Improvement Plan will be written to reflect ongoing activities for improving and strengthening the quality of work provided to our children and families served.

Our Kids plans to address these areas through training, coaching, mentoring, case consultations and other activities to improve case manager's knowledge, skills and practice to improve with:

1. Quality Home Visits-
  - a) Proper documentation of home visits
  - b) Meeting with children separately from parent/caregiver
  - c) Discussions of family dynamics and interactions
  - d) Discussions of child development, education and well-being

- e) Discussion of parental behavior change and changes to parental protective capacities.  
Discussion of safety plan effectiveness and making changes as needed
  - f) Identification of and addressing emerging dangers
  - g) Document unannounced visitations.
2. Frequency of Home Visits –
- h) Reunification home visits to occur as required by statute and rule related to child age and length of post placement supervision timeframe.
  - i) Home visits with in-home cases to occur as specified in supervision and case staffing's.
  - j) Increased visitations upon identified risk and safety concerns.
3. Two Way Communication with Service Providers –Frequent contact focused on service needs, observations of the service provider and case worker, recommendations, follow-up and case planning.
4. Engaging mothers and fathers in:
- k) Ongoing assessment of their needs
  - l) Ongoing case planning
  - m) Participating and making decisions related to their children's well-being, social activities, etc.
  - n) Visitation with their children and proper documentation of those visits
5. Planned Future Metrics to be added to the FCMA individual monthly scorecard:
- **Unannounced Visit (6 Months)** - Unannounced home visit reports should be conducted a minimum of every 90 days.
  - **Safety Methodology Scorecard-** as an effort to increase fidelity to the Safety Methodology model. This scorecard is also expected to have a positive impact on safety, permanency and well-being measures. Scorecard items include:
    - Safety Plans -
      - ✚ Developing safety plans with the family and their support system
      - ✚ Developing safety plans that address diminished protective capacities and control for dangers
      - ✚ Understanding and identifying appropriate safety management services/strategies
      - ✚ Ongoing discussion of safety plan activities at home visits and other contacts with the family
      - ✚ Safety plans should be signed by all parties who play a role in the plan, including safety managers.
      - ✚ Timely completion of initial and ongoing family assessments.
      - ✚ Documentation of monitoring parental behavior change; for example, how are they maintaining their sobriety (meetings, sponsor, step work, coping skills).
  - File Review Scorecard- Our Kids will aggressively monitor safety, permanency and well-being outcomes based on CFSR case reviews on a monthly basis with each FCMA.

- An Educational Specialist and Manager will join the Our Kids team. The specialist will who will serve as a single point of contact for the school systems to increase Education Information and Service Integration for Child Well-being
- Our Kids has partnered with the Butler Institute and launched the Butler Supervisor Training for 15 Supervisors from 3 case management agencies and local Protective Investigative Supervisors from the Department of Children and Families. The mission of the Field Coaching Program is to further enhance and support the mission of Our Kids by transitioning the on class learning process into practicum fieldwork. New case manager trainees will have one-on-one coaching centered on Florida's safety practice.
- Together Facing the Challenge- Improving Implementation of Evidence-Based Treatment Foster Care through Coaching and Consultation
- Non-Abusive Psychological and Physical Intervention- NAPPI focused on training professionals in behavioral safety training.
- Our Kids will implement the Treatment Foster Care Adolescents (Oregon Model) - In the TFCO program, children are placed in a family setting for six to nine months. Foster parents are recruited, trained, and supported to become part of the treatment team. They provide close supervision and implement a structured, individualized program for each child. The child's program is designed by the Program Supervisor with input from the treatment team. It builds on the child's strengths and at the same time sets clear rules, expectations, and limits to manage behavior.