



## **QUALITY ASSURANCE PLAN FY 2018-2019**

**A success journey envisioned through the eyes of Our Kids  
Our Kids of Miami-Dade/Monroe Inc.**

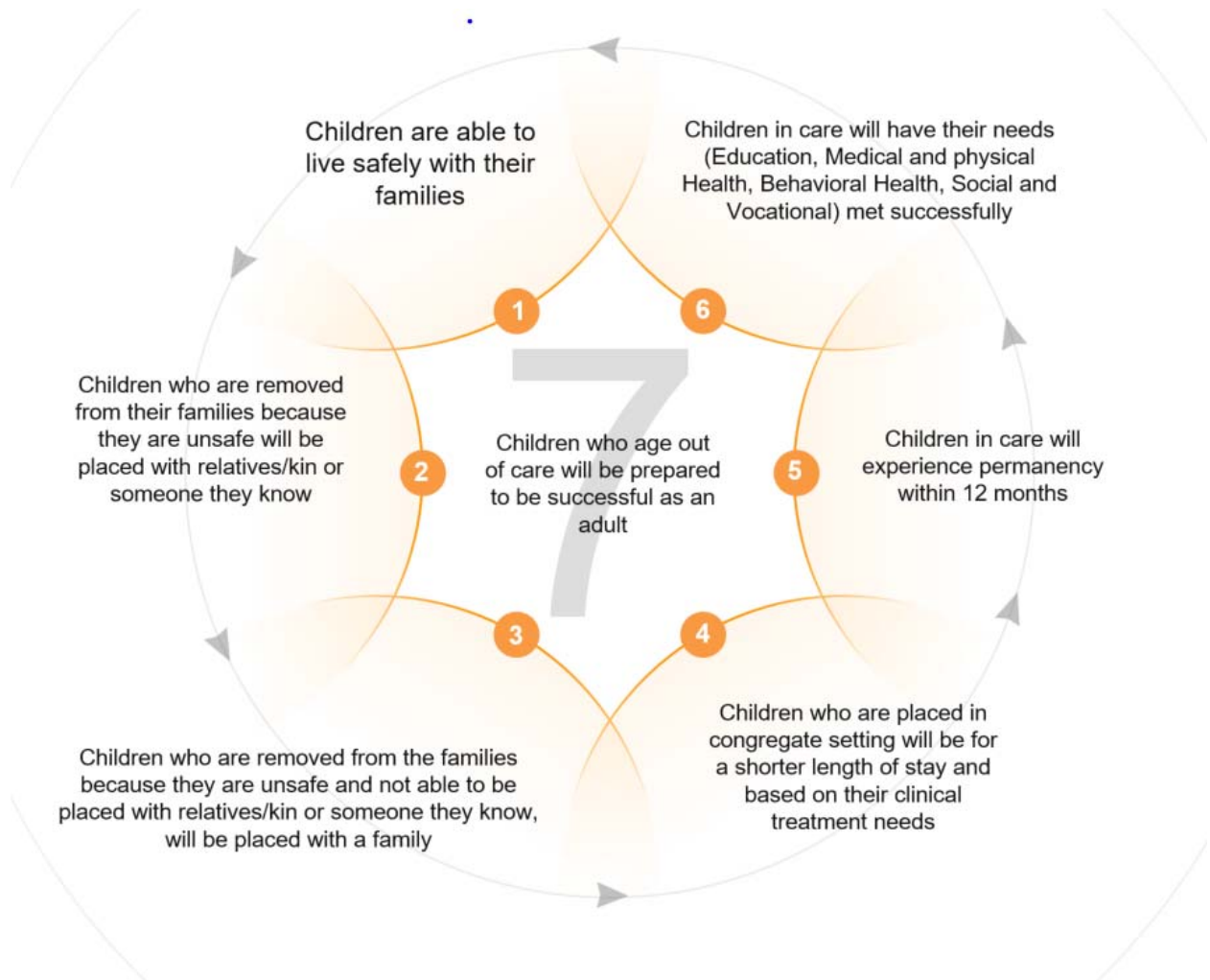
## SECTION I – INTRODUCTION

In the past year, Our Kids has shifted our role as the lead CBC in our system of care from being viewed as a pass through of resources and information to the Full Case Management Agencies, and our providers, to that of being the leader of the system of care. Our Kids' Quality Assurance department has transformed from a Compliance driven department into a department that drives Continuous Quality Improvement. As a result, we developed a robust QA/CQI system and a new Contracts Management division to provide oversight and accountability of all contracted services in our service array.

In alignment with the Department's Office of Child Welfare, Our Kids is guided by the Results-Oriented Accountability Framework. Established by the Florida Legislature in 2014, the purpose of ROA is to monitor and measure the use of resources, the quality and amount of services provided, and child and family outcomes operationalized within a cycle of accountability. The Office of Child Welfare has led the implementation of ROA by creating a statewide workgroup made up of CBC QA Managers including Our Kids. Once Desired Outcomes were identified we selected measures that drive those outcomes and FSFN reports were made available to inform on those measures. The State CBC Scorecard includes these measures which we track on a monthly basis.



As the leader, we are aligning our system around producing seven child-centered results and most importantly we have created an accountability structure and a performance management system to assure all contracted providers, especially FCMA's, are performing at the expected standard and producing the results for children and families.



## **SECTION II – OUR KIDS QUALITY ASSURANCE STRUCTURE**

Central to our QA System is the ROA program driven by the Goals of Safety, Permanency and Well-Being. Our Kids uses several tools to assess the system of care such as CFSR (Child and Family Services Reviews) and Rapid Safety Feedback. The Quality Assurance department consists of 6 Quality Assurance Specialists and 2 Performance Analyst. All Quality Assurance Specialist are trained by the Department of Children and Families to be Certified Case Reviewers using the CFSR and RSF tools.

The State of Florida is currently on a Performance Improvement Plan as a result of the Federal CFSR reviews completed in 2016. Each Quarter, 4 PIP reviews are done using the CFSR tool. The reviews are done by the Southern Region's PIP lead and the OK QA Specialist. These in-depth case reviews consist of interviews with case participants (CPI, Case Managers, Supervisors, Caregivers and Children). Once the tool is completed they "debrief" the case management agencies sharing with them the ratings for each item and the reasons for the areas that need improvement. In an effort to move the needle on the PIP goals, we have strengthened our partnership with DCF/QA by including them in our monthly Quality Assurance meetings with our FCMA's. Also, we held a joint stakeholders meeting last quarter which included CPI, Case Management, Foster Parents, GAL, Prevention Providers and former Foster Youth.

Our Kids contracts with 4 Full Case Management agencies. Each agency has a Quality Assurance Department tasked with monitoring their agency's case work. Our Kids holds monthly CQI meetings at their headquarters to discuss performance issues, changes to CFOPs, priorities of efforts and any other case management topics. Recently, the DCF Southern Region QA director and PIP lead have joined these meetings. The purpose of these meetings is to collaborate and share practice improvements that have proven to be effective in other agencies.

## **SECTION III – Fidelity to the Florida Child Welfare Practice Model**

Our Kids lagged in the implementation of the Florida Practice Model. In June of 2017, only 39% of our cases had an approved FFA-O. We realized not only did we need to drive compliance but we also had to improve quality and Fidelity to the Practice Model. Since January, DCF Southern Region and Our Kids have jointly participated in trainings provided by ACTION FOR CHILD PROTECTION in the areas of FFA Completion, Progress Updates and Safety Planning. These joint workgroups give child welfare professionals the opportunity to ask questions and also see how their work impacts other professionals in the system. Our Kids QA has developed a Fidelity Review Tool similar to the one used by ACTION to assess quality and fidelity to the practice model. We review a sample of cases from each agency every quarter and provide them with the tool so that they can see areas that need improvement, as well as, areas where they have shown improvement. The tool was developed with input from DCF SR QA and FCMA QA Managers and is shown below.

<b>Item</b>	<b>COMPONENTS</b>
1	Preparation Stage
2	Introduction Stage
3	Exploration Stage
4	5 Day Supervisory Case Consultation
5	Supervisory Consultation prior to the Approval of the FFA-O
6A	Ongoing (Primary Household) FFA-O Completed and Approved within 30 days of CTS/Primary Assignment
6B	Secondary Household FFA-O Completed and Approved within 30 days/Primary Assignment
7A	FFA-O Domains: Additional Ongoing information Related to Maltreatment/Nature of Maltreatment
7B	Child Functioning
7C	Adult functioning (Primary Caregiver)
7D	Adult Functioning (Secondary or Additional Caregivers)
7E	Parenting General: Discipline/Behavior Management(Primary Caregiver)
7F	Parenting General: Discipline/Behavior Management (Secondary or Additional Caregivers)
8	Reasons for Involvement/Danger Statement
9	Scaling of Child Needs: Supported by Information in the ongoing Family Functioning Assessment (FFA-O)
10	Scaling of Caregiver Protective Capacities: Supported by Information in the FFA-O and reconciled with reason for intervention
11	Family Change Strategy: Family Goal/Ideas/Potential Barriers
12	Safety Summary and Planning: In-Home Safety Analysis and Planning Conditions for Return
13	Monitoring of Safety Plan
14	Changes to the Safety Plan
15	Case Plan Development
16	Supervisory Consultation Prior to the Approval of the Case Plan
17	Case Plan Outcomes were Developed in Collaboration with the Family
18	Case Plan Outcomes
19	Supervisory Consultation Prior to the Approval of the Progress Update
20	Progress Update Completion of Progress Update at a minimum every three months or at critical junctures
21A	Additional Ongoing Information Related Maltreatment/Nature of Maltreatment
21B	Child Functioning
21C	Adult functioning (Primary Caregiver)

21D	Adult Functioning (Secondary or Additional Caregivers)
21E	Parenting General: Discipline/Behavior Management(Primary Caregiver)
21F	Parenting General: Discipline/Behavior Management(Secondary or Additional Caregivers)
22	Reason(s) for Ongoing Involvement/Danger Statement
23	Scaling of Childs Needs
24	Scaling of Protective Capacities
25	Safety Summary and Planning: In-Home Safety Analysis and Planning Conditions for Return
26	Outcomes Evaluation
27	Decision of Next Steps
28	Supervisory Consultation(s)

The Fidelity Review Tool shown above is used to review a sample of cases on a quarterly basis. Our Kids QA selects 2 cases per unit in each agency to evaluate the implementation of the Florida Practice Model. After the tool is completed it is shared with the FCMA Staff and a discussion is held around the items that were not sufficient. Our goal is for the FCMA's to use this tool with the case managers as a guide to documenting their case work.

As informed by our CFSR reviews, Family engagement is another area that we as an agency want to enhance. Our Kids Quality Assurance has developed a tool to review Bio-Parent visit notes and another tool used to review Home Visit Case Notes. We will continue to use these tools and share them with our FCMA's so that there is consistency across the all agencies.

Indicator	Bio-Parent Note Component
1	Face to face with the parent(s).
2	Is the appropriate note type entered?
3	Is there a start and end time for the visit(s)?
4	Is the face to face completed
5	Did the case manager document case plan progress within the bio parent visit note?
6	Did the case manager document the parent(s) GOALS?

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

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

### **Section III (A) – Fidelity to the Florida Child Welfare Practice Model through Intake**

#### Child Protection:

- Our Kids Intake Department serves as the centralized single point of access for all children and families referred by DCF/CPS who are in need of services that ensure safety, well-being and permanency. Please note, this includes judicial, non-judicial, prevention and Special Condition Referrals.
- The Intake Department is available to receive referrals from DCF/CPS and assign cases to our providers 7 days a week, 24 hours a day, including weekends and holidays to ensure timely provision and initiation of services.
- Family engagement and case ownership begins at the time of case assignment to our sub-contractors.
- Intake staff are co-located at a minimum of four (4) days per week in each of the DCF/CPS Services Hubs to promote collaboration, team work and attentiveness to the needs of our CPS partners. In Monroe County, we operate out of WHFS Key Largo, FL location.

- Intake Assessment Report has been revamped as follows: Completed in CareMatch, removal of SDM language to ensure consistency with the Practice Model and “family finders” language has been incorporated in various sections to ensure alignment with our Strategic Plan.
- The Case Transfer Staffing (CTS) occurs within 14 days following referral to Our Kids and is a family-centered process used to support a smooth transition from child protective investigation to ongoing case management for children who have been determined to be unsafe. This transition is accomplished through the engagement of the family and collaboration with all formal and informal persons involved with the family. The focus of the CTS is on the family, the FFA-Investigation and the current safety plan.

Safety Management & Family Preservation:

- Our Kids prevention network in Miami/Dade County consist of five (5) providers: Citrus Health Network, Family Central, Inc., Federation of Families, New Horizons Community Mental Health Center and The Village South, Inc. Monroe County is serviced by Wesley House Family Services. In addition, Our Kids collaborates with the Managing Entity, South Florida Behavioral Health Network (SFBHN) for screenings, assessment and wraparound services via Motivational Support Services (MSP) and Family Intensive Treatment Team (FITT).
- Following referral by Child Protective Services (CPS), most interventions begin within 24-48 hours and all activities are noted in Florida Safe Families Network (FSFN). However, our sub-contractors are able to provide a response time within two (2) hours, when necessary to assist the Child Protective Investigator (CPI) manage a current danger threat. Our providers are able to wrap around families in their homes or current place of residence with very short notice and keep difficult situations from escalating.
- All of Our Kids Subcontracted Prevention and Case Management agencies are able to and have provided Safety Management Services in one or all of the categories as defined by the Florida’s Safety Framework.
- Formal Safety Services (FSS) may be requested when the Child Protective Investigator (CPI) has identified Present Danger that does not meet the threshold for a removal and the Present Danger Safety Plan is developed. Utilizing Peers through Federation of Families has thus far yield very promising results.



## **SECTION IV – Performance Improvement**

Our Kids' new leadership identified 14 Metrics of Concern that align with the ROA Goals of Safety, Permanency and Well-Being:

### **METRICS OF CONCERN**

1. Removal rates per 100 by circuit
2. Continual increase in OOH cases
3. Service matrix spends more on OOH than In Home Care
4. Permanency within 12 months
5. Permanency within 12 months for cases 12-23 months
6. Permanency 24 months and over (long stayers)
7. Re-Entry rate
8. Placement moves in Foster Care
9. Siblings Separated
10. Children in Group Care
11. Aging Out Youth prepared for success through Education
12. Missing Children
13. Increasing DJJ population
14. Human Trafficking population

These metrics are used to gauge our system of care in Miami-Dade and Monroe Counties. As you can see, many align with the 12 State Performance Metrics which are measures identified in our DCF Contract. Our Kids publishes the State Metric Scorecard on a monthly basis, and each Full Case Management Agency is provided with their own scorecard so that we can track individual agency performance.

Our Kids has also developed an FCMA Performance Incentive Plan which gives agencies the opportunity to earn a quarterly bonus. They are incentivized for attaining the state target in selected state measures and, additionally, they are each able to choose 2 individual metrics which are agency specific areas needing improvement. As shown below, 4 of the 5 Performance Areas which are incentivized through quarterly bonuses are related with how well we achieve permanency for children in our care.

<b>Metric</b>	<b>Weight</b>	<b>State Standard</b>
Permanency Within 12 months	<b>30%</b>	40.4%
Permanency 12-24 months	<b>30%</b>	43.7%
Permanency > 24 months	<b>20%</b>	30.3%
Re-entry rate	<b>10%</b>	91.7%
Education enrollment at transfer	<b>10%</b>	80%

Furthermore, the Individual Performance Metrics chosen by the agencies are were selected in order to increase the Regional fidelity to the practice model.

<b>Individual Performance Metrics</b>
Bio Parents Visits
Home visit Case Note
Supervisor Consults
Safety Plans
Supervisor Consult
FFA-O Approved
Case Plans in FSFN
FFA-O/Quality

After scores are tabulated for the quarter, Our Kids visits each Full Case Management Agency to discuss their performance. This meeting is led by Our Kids COO, Our Kids Director of Quality & Planning and Our Kids Director of Contract Management. The purpose of this meeting is to discuss areas that have shown improvement and address those areas that did not meet the targets. If system barriers are identified in the meeting then Our Kids leadership will address those barriers at the following FCMA Leadership meeting in order to come up with ways to remedy those barriers. Furthermore, if an agency underperforms for 3 consecutive months then Our Kids may request a Correct Action Plan for the area needing improvement.

## **SECTION V – Data Driven Performance**

Our Kids of Miami-Dade and Monroe is a data-driven, data-informed organization. In past years, we have painfully explored data-mining systems that lacked validity and reliability. In a commitment to provide reliable data we have re-engaged with Mindshare. Mindshare has proven success in data-mining throughout the state of Florida. Together we have developed data dashboards that provide performance data by agency and those dashboards are accessible by our FCMA's on a daily basis. Mindshare also created Executive dashboards that provide our Leadership with a Daily Snapshot of our System of Care.

Although Our Kids Quality Assurance has shifted its focus to quality over compliance we still utilize certain reports from Mindshare to ensure minimum compliance standards are met. The following areas are tracked in Mindshare for compliance purposes:

- Timeliness of Case Note into FSFN
- Timeliness of Children Seen every 30 days
- Timeliness of Medical and Dental check-ups
- Timeliness of Supervisory Reviews
- Timeliness of FFA Compliance
- Timeliness of Case Transfer Staffing (from PI to Case Management)

In an effort to track engagement and concerted efforts by our case managers, Mindshare also provides the FCMA's the functionality of sending the case management supervisors an email notification after a home visit note is entered and allows for the supervisor to immediately provide feedback to the case manager if questions of risk, safety and well-being are not adequately assessed or documented in the home visit note.

## **SECTION VI– Quality Assurance Reviews**

The Quality Assurance Department is responsible for planning, implementing and reporting agency performance, quality assurance, and quality improvement activities. 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;
- 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;
- 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 deaths 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 18-19 this will be CFSR case reviews, CFSR PIP Reviews, and Rapid Safety feedback Case Reviews;
- Review 100% of children on Sexual Safety Plans.

### **SECTION VII– Contract Monitoring**

Our Kids hired a new Director of Contracts and under her leadership every sub-contract created by Our Kids has been reviewed to ensure the contract language meets DCF requirements. The Director also completes risk analysis of each contract in order to determine the level of monitoring required such as in-house reviews or desk reviews. The contracts department will create a monitoring schedule for Fiscal Year 2018-2019 and based on the monitoring results they will may impose Corrective Action Plans.

### **SECTION VIII– Quality Parent Initiative**

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.

## **SECTION IX– Adoptions**

The Adoptions Department provides 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.

## **SECTION X– 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.

## **Section XI – Quality Case Reviews**

Our Kids conducts **Child and Family Services Reviews (CFSR)** 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.

**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.

**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 FSN;
- 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 Assurance 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. 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.

### **Section X – Closing Summary**

Our Kids Quality Assurance will focus on fidelity to the practice model and family engagement through its monthly reviews. Any systemic gaps identified through the QA process will be discussed with the Contract Management Department and with the Full Case Management Agencies. Our Kids will also maintain a close relationship with Our Kids training department and inform them of areas in practice that seem to be related with lack of training or in need of booster trainings. This will ensure that the workforce is understanding and implementing the practice model in a uniform fashion. We recognize that quality work is not achieved simply by looking at a scorecard or at a particular metric, rather it is a continuous engagement of workers, reviewers and trainers that will keep our system of care moving toward excellence.