



Community Based Care: Hardee, Highlands & Polk Counties

*Improving safety, permanency and well-being for all children in Hardee, Highlands and Polk Counties*

# **FY 2017/2018**

# **Quality Management Plan**

Define, Measure, Analyze, Improve, and Control

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## SECTION 1: INTRODUCTION

### ❖ 1.1: BACKGROUND AND OVERVIEW

In March 2003, Heartland for Children (hereafter referred to as HFC) was selected as the lead agency for Community Based Care for Polk, Highlands, and Hardee, and by 2004, the transition from DCF to HFC was completed. As a lead agency, HFC has assumed the responsibility of System Administrator for a service provider network that includes: Prevention, Diversion, Protective Services, Foster Care, Adoptions, Independent Living and other related services.

### ❖ 1.2: HFC's MISSION AND VISION

**Mission Statement:** Improving safety, permanency and well-being for all children in Hardee, Highlands and Polk Counties.

**Vision Statement:** To eliminate child abuse and neglect in Hardee, Highlands, and Polk Counties.

### ❖ 1.3: HFC's ORGANIZATIONAL STRUCTURE

HFC's Executive Management Team consists of four chief officers who report directly to the Chief Executive Officer (CEO). These positions include: Chief Operating Officer, Chief Quality & Performance Officer, Chief Financial Officer, and Chief Community Relations Officer. HFC's Management team consists of the Executive Management Team and nine Directors who report to the chief officers. Management meetings are held several times within a month to provide updates and address any barriers affecting performance in each area of responsibility. The organizational chart below outlines HFC's operational structure.





projects and one serves as the local Missing Child Specialist. The remaining three are focused on subcontract management and compliance monitoring.

❖ **1.6: Description of QA/CQI infrastructure**

HFC assumes the responsibility for adherence to the Windows into Practice Guidelines for Quality Assurance Reviews FY 16-17 and case reviews as required by DCF each quarter. HFC has and will continue to participate in the design and implementation of statewide QA/CQI projects as they are presented.

HFC is nationally accredited by the Council on Accreditation (COA). HFC has created and supports a provider network that has the capacity to deliver a full array of in-home, community-based, and placement service options that can be selected on the basis of child and family strengths and needs. These providers are contracted to provide services in Polk, Highlands, or Hardee Counties, and additional providers are explored based upon the needs within each County. All providers who apply for formal contracting are subjected to an application, selection, contract monitoring, and approval procedure. All direct services providers are required to be or in the process of working towards meeting national accreditation standards as appropriate. Case Management is a core child welfare service and HFC contracts with Children’s Home Society of Florida, Devereux Florida, Gulf Coast Jewish Family and Community Services and One Hope United to provide a full array of Case Management services. Each case management organization holds national accreditation and maintains independent CQI operations as part of their accreditation standards. HFC works closely with the designated QA staff for each agency. They receive information regarding agency performance on scheduled quarterly case reviews required by DCF. They also are heavily involved in special reviews, performance improvement projects, and other practice change initiatives being implemented in Circuit 10.



**SECTION 2: PURPOSE & SCOPE**

The purpose of this Quality Management Plan is to establish the goals, processes, and responsibilities required to implement effective quality management functions. The plan is designed to:

- Ensure quality assurance and improvement of performance outcomes



- Validate independent, verifiable processes leading to child safety, permanency, and well-being outcomes
- Comply with all relevant state and federal requirements
- Ensure accurate and transparent reporting
- Acknowledge and enhance strengths, while managing weaknesses through identification of issues and performance gaps
- Develop and implement counter measures to address performance gaps timely and effectively to bring about improvement
- Identify and disseminate best quality practices
- Improve training, technical assistance, and collaboration, in order to increase the expertise of staff in our system of care

Implementation of and compliance with the Quality Management Plan is the shared responsibility of all stakeholders within the system of care.



## **SECTION 3: QUALITY MANAGEMENT MODEL**

### **❖ 3.1: PERFORMANCE AND QUALITY IMPROVEMENT (PQI) STRUCTURE**

HFC recognizes that the commitment to the continuous improvement in quality services and outcomes for children and families of Polk, Highlands and Hardee counties is shared throughout the community: from HFC’s Board of Directors, case management agencies, contracted providers, and to the community at large. HFC continually provides information and solicits reciprocal input and feedback from the community. HFC recognizes that an informed, integrated, and participatory community affords the best opportunity to maximize resources and produces the best outcomes for children and families.

HFC’s Performance and Quality Improvement (PQI) Program is fluid and dynamic and involves over 80 stakeholders, including HFC management, HFC staff, the Board of Directors, Case Management Organizations, in home service providers, mental health providers, and other identified stakeholders. At the core of the PQI program is the PQI Committee. Due to the complexities of the child welfare system, this committee meets weekly. Prior to the meeting, all participants are distributed an extensive report that includes data analysis of performance in a variety of target/focus areas and identifies topics of discussion. Also included in this report is an annual report of HFC’s performance on



dashboard and scorecard (including national data indicators) measures that includes the year end performance from previous fiscal years to show trend analysis. These scorecards are periodically updated to monitor performance and allow for process improvement as needed. The participants of the PQI committee are invited to participate either in person or via conference call. The committee is focused on process improvement based upon performance measure or identified need, and it ensures that performance is monitored and maintained. As part of the improvement process, ad hoc committees are created as a subcomponent of the PQI Committee as needed. These ad hoc committees typically include participants of the PQI committee; they can be pre-established teams (such as HFC Management Team or the CMO workgroup) or they can be comprised of participants identified based upon a specific need. The results of the ad hoc committees are then brought back to the PQI committee for further process improvement, if needed, or for ongoing monitoring.

Both the PQI Committee and the ad hoc committees utilize elements of the DMAIC cycle as outlined below. The PQI Committee and the ad hoc committees both utilize this cycle. Examples of the utilization of this cycle are listed below:

- **Define:** As the first step of the cycle, HFC defines the performance measures. These measures can be defined by the State of Florida (dashboard and scorecard measures), negotiated by DCF and HFC, established by HFC Executive Management Team and the Board of Directors, or identified by HFC staff or stakeholders either as part of the PQI committee or in an alternate forum.
- **Measure:** The PQI Committee provides ongoing analysis of measures and reports results in each meeting. Data is collected from a wide array of pertinent sources which may include, but may not be necessarily limited to: FSFN, satisfaction surveys, tracking spreadsheets, incident reports, and Quality/Compliance Reviews. The data that is produced is both quantitative and qualitative and focuses on indicators related to safety, service delivery, effectiveness, and timeliness. Once collected, the data is analyzed by HFC's Information Management Department or by other stakeholders and included in the report. Based upon the data collected, further action may not be required, and the measures continue to be monitored to ensure that prospective difficulties are addressed.



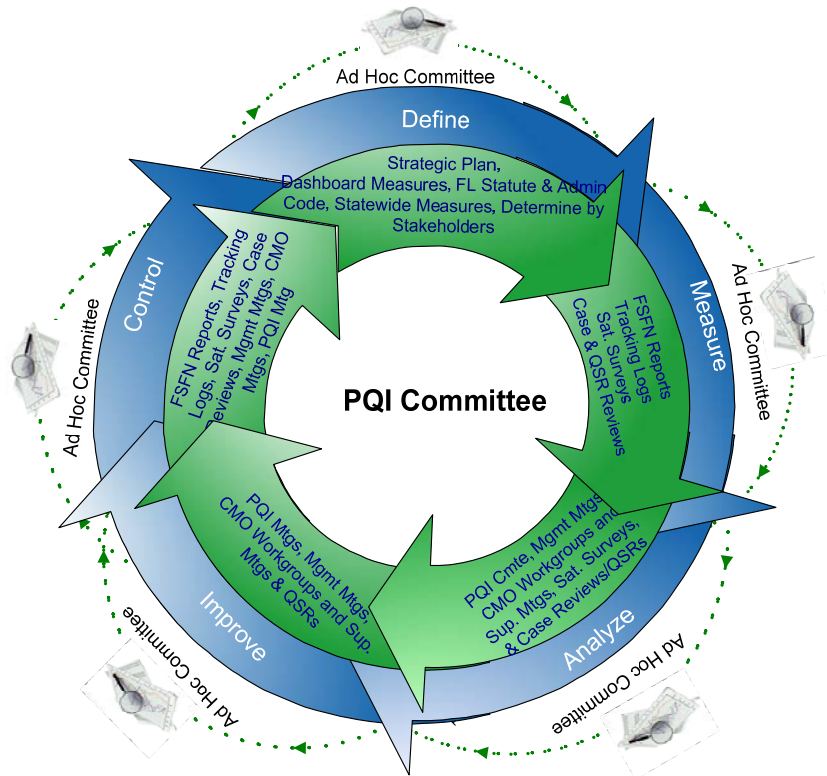
- **Analyze:** Based upon the data collected, analysis is conducted to identify possible causes for the area in need of process improvement. This analysis is often conducted during the ad hoc committees to ensure that the appropriate stakeholders are involved in the root cause analysis.
- **Improve:** The identified countermeasures can be discussed in the PQI Committee, HFC Management meetings, Board of Director meetings, CMO Workgroup or Supervisor's meetings, or in other identified forums. Quick fixes are typically addressed in the PQI committee; whereas, more complex issues are addressed in the ad hoc committees. The countermeasures that are implemented are discussed and tracked in the PQI committee.
- **Control:** Ongoing monitoring of the performance measures or other identified areas in need of improvement occurs in the PQI committee. Charts and tables are updated as the data is available to ensure that the process improvement has been effective and is maintained; as needed, further process improvements may occur based upon further need or due to changes within the child welfare system.

The process of gathering, sharing, evaluating, and acting upon information is dynamic and continuous due to the changing needs of the population of clients receiving child welfare prevention and intervention services and due to changes in the funding and availability of services. Continual evaluation of performance and other data elements provides the basis for defining quality improvement activities that both support and encourage HFC's PQI Program. The chart below illustrates HFC's PQI Program:



# HFC's PQI Program

PQI Stakeholder Membership	
• HFC Board of Directors	
• HFC CEO	
• HFC Management Team	
• HFC Data Management	
• HFC Contract Management	
• HFC Quality Management	
• HFC Foster Parent	
• Licensing/Re-Licensing	
• HFC Placements	
• HFC Rev Max	
• HFC Adoptions	
• HFC Front End Operations	
• HFC Prevention	
• HFC Training	
• CMO Management	
• Protective Investigations	
• DCF Contract Management	
• Children's Legal Services	
• DCF Contract Manager	
• In Home Service Providers	
• Mental Health Providers	
• Gap Program	
• Other Providers	



## 3.2: DESCRIPTION OF PLANNED QUARTERLY QA/CQI ACTIVITIES AND OTHER PERFORMANCE AND QUALITY IMPROVEMENT ACTIVITIES/REVIEWS

HFC utilizes a number of activities to monitor the service array, systemic factors, and state and national data indicators. Outlined below are examples of these activities:

- Performance & Quality Improvement Committee & Report:** As previously described, this committee meets weekly and utilizes the DMAIC Cycle. Ad hoc committees are utilized as needed to ensure continued performance improvement. Prior to the committee meeting, a comprehensive report is compiled. HFC's Information Management Department obtains the data from Mindshare, FSFN, Performance Measures website, incident reports, client concerns, quality/compliance reviews, and tracking systems maintained by HFC and CMO staff; this data is then presented in the report which is submitted to the stakeholders via email and posted on HFC's website. HFC's Chief Quality & Performance Officer, or designee, facilitates the meeting and discussion. The PQI





Committee meeting is open to all HFC staff, HFC's Board of Directors, Case Management Organizations, Contracted and Community Providers, Children's Legal Services, Department of Children and Families, and other community stakeholders. These stakeholders are involved in the discussions that drive performance improvement within the quality management system of HFC. The Performance Improvement Report is designed to be fluid and flexible to allow for the addition of performance measures at any time depending on the issues impacting the System of Care.

- **Case Management Case Reviews:** HFC's Quality Management team conducts quarterly case reviews utilizing the standards outlined by DCF in the statewide QA/CQI system. A minimum number of cases are randomly selected utilizing a stratified random sampling method. The minimum numbers of reviews outlined for FY 2016-2017 per quarter are 10 Rapid Safety Reviews, 18 Florida Child and Family Service Reviews without case specific stakeholder interviews and 2 Florida Child and Family Service Reviews with case specific stakeholder interviews. These sample sizes have been reduced for the 1<sup>st</sup> quarter of FY 2016-2017 due to HFC's participation in the Federal Child and Family Services Review. The sampling methodology utilized ensures a fair distribution of youth from in-home and out-of-home services are represented during the fiscal year. As part of their national accreditation, each Case Management Organization also completes additional internally identified file reviews to assess quality of service delivery.

If, during the course of the reviews, a reviewer notes a 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 HFC within one business day for safety RFAs. Follow-up on all RFAs is tracked by the QM staff and failure to appropriately address identified concerns timely leads to the concerns being elevated through HFC Contract staff and HFC Leadership, potentially leading to formal corrective action or other curative measures if necessary.



- **Discretionary and/or Special Reviews:** Discretionary, or special reviews, are conducted by HFC's QM Department or other approved staff when requested. Requests for discretionary reviews can be made by HFC Executive Management, DCF Administration, HFC staff, or stakeholders. Prior to conducting the review, QM staff will determine the purpose of the review in conjunction with the requestor. Results are shared with HFC's leadership and the requesting party. These reviews may be child specific and or specific to a focus area.
- **Technical Assistance:** Technical assistance is provided internally and externally. Technical assistance can be shared among HFC staff and with the contracted providers and other stakeholders. It can be addressed formally or informally. Formal technical assistance would involve training provided by HFC Staff. Informal technical assistance would include responding to questions, making suggestions for improvement, and highlighting issues through the data report or CMO meetings. Technical assistance is also provided from one stakeholder to another during the PQI Committee or ad hoc committee meetings.
- **Placement Report Cards (Child Exit Interviews):** The Quality and Contracts Department is responsible for the oversight of child exit interviews. Results are aggregated on a macro level for system improvements. If an issue is identified on the form, the Quality & Contract Management staff follows up with the HFC Re-Licensing Department or the provider for follow-up. The results of the interviews are shared with HFC's Management, HFC's Board of Directors, Case Management Organizations, foster parents and other stakeholders.
- **Orientation of New HFC Staff:** When new employees are hired, they are oriented to the system of care and the responsibilities of various departments, including, but not limited to, quality and contract management, information management, finance, licensing, and adoptions.
- **Training Newly Hired Child Protection Professionals:** As part of the pre-service process where Case Managers, Licensing Counselors and their Supervisors are trained and certified, HFC provides training on various elements of the system of care, including but not limited to Missing Children and the elements of the Quality & Contract Management Department.



- **Incident Reporting:** Completion of incident reports is required by all contracted providers when an incident or accident occurs; this provides HFC with an early notice of an unusual situation or circumstance which may jeopardize the health, safety, or well-being of a child or person receiving services under the supervision of HFC or a HFC contracted provider. The Quality and Contract Management Department is responsible for reviewing incident reports received from the providers and entering the incident into the HFC database. Additional entries are made into the state database for those incidents that meet the criteria of reportable incidents. If an issue is identified, follow-up is made with the appropriate parties until resolution is achieved. Results are aggregated on a macro level for system improvements. Additionally HFC is continuing to develop and improve upon methodologies for tracking timeliness of submission and addressing late reports through elevation procedures and corrective/curative actions if necessary.
- **Client Relation Concerns:** The QM Specialist receives all concerns, grievances, and questions and/or complaints of services, processes, employees, or other issues that pertain to child protection. HFC's QM Specialist ensures follow-up action is taken to address the concerns and documents the steps taken to resolve the issue. Results are aggregated on a macro level for system improvements.
- **Birth/Foster Parent and Relative/Non-Relative Surveys:** The QM Department is responsible for the oversight of Birth/Foster Parent and Relative/Non-Relative satisfaction survey results. QM Specialists distribute satisfaction surveys to birth parents, foster parents, relatives, and non-relatives on an annual basis. These surveys are distributed via mail, electronically, or hand delivered. The results of the interviews are shared with HFC's Management, HFC's Board of Directors, Case Management Organizations, foster parents and other stakeholders. Positive comments toward specific case managers or HFC staff members are forwarded to those individuals for recognition via a letter from the HFC CEO.
- **Stakeholder Survey:** Annually, HFC distributes an electronic satisfaction survey to all stakeholders, including: Case Management Organizations, Guardian Ad Litem's Office, Children's Legal Services, DCF, the Court System, and other



contracted providers. This survey requests that stakeholders rate their satisfaction with HFC. The results are analyzed and discussed with HFC Management and staff to improve performance when needed and are shared with the Board of Directors and stakeholders.

- **Employee Satisfaction Surveys:** HFC disseminates employee satisfaction surveys on an annual basis to all employees who have been employed for a minimum of a year. The results are discussed at the Executive Management Meetings, and, as needed, countermeasures are implemented. The results are presented to HFC staff during a quarterly all staff meeting and are also included in the reporting to the Board of Directors.
- **System of Care Meetings:** System of Care meetings are held minimally quarterly and system wide stakeholders are invited to participate in these meetings. These meetings provide a forum to inform stakeholders of changes within the system, to discuss performance measures, and to provide training.
- **CMO Workgroup:** The CMO Workgroup meets generally multiple times a month but minimally once a month. This workgroup consists of the leadership of the Case Management Organizations, HFC Management and other staff. During the workgroup meetings, performance issues are discussed and countermeasures identified; technical assistance is also shared among the Case Management Organizations.
- **Shelter Workgroup:** HFC facilitates a shelter workgroup every two weeks reviewing all the shelters which have occurred since the last meeting of the workgroup. Members of this workgroup include HFC leadership, DCF Operations Director and Program Administrators, DCF Contract Manager, and Neighbor to Family (HFC's Safety Management Provider). All of the shelters are reviewed independently by each member of the group prior to the workgroup meeting and each member can identify any shelter which they feel needs to have further discussion with the entire workgroup. The intent of the meeting is to have decision makers at the table to review shelter activity, identify early service referrals needed for families and identify trends and gaps in our system of care.



- **Targeted Systemic Review Areas Planned for CQI Improvement**

**Activities:**

There are a number of additional reviews/activities planned during the year. These are based upon the results of the reviews conducted during the previous fiscal year and also relate to the identified areas needing improvement from the Federal CFSR review. Please see the annual report for the previous fiscal year for the analysis.

Many of these items are included on the statewide and region Performance Improvement Plan that was developed based upon the results of the CFSR. These targeted activities include, but not limited to:

1. Practice Model Fidelity: Implement a local fidelity monitoring processes following the tools and processes ACTION utilized for on-going review of practice.
2. Family Connections: Implement analysis of sibling separations and initiative to improve sibling connections.
3. Family Engagement: Implement an early and rapid engagement process for cases entering services allowing for an increased number of case plans to be developed by the family through a Family Team Conferencing process.
4. Rapid Permanency Reviews: Develop and implement a rapid permanency review process locally with an initial focus on children who have been in care for more than 2 years and in a family based placement for at least 12 months.
5. Improve the timeliness of reporting and recording: Establish monitoring points to evaluate the timeliness of entry of placement changes and chrono notes in FSFN and improve the timeliness of reporting critical incidents.
6. Quality of contacts with parents: In an effort to continue to improve the overall quality of birth parent contacts, HFC developed structured practice



guidelines for case managers. HFC has also implemented increased oversight and consultation to improve quality of contacts with birth parents.

7. Quality Supervisory Reviews: In an effort to continue to improve the overall quality of supervisory reviews, HFC revised structured practice guidelines for supervisory reviews/consultations. An ongoing monitoring/ oversight process is being implemented to ensure fidelity to the practice guidelines.



## SECTION 4: MEASURES AND OUTCOMES

### ❖ 4.1: Long Term Strategic Goals and Outcomes

Every three years, HFC reviews, and updates as necessary, its strategic plan to identify long term goals for HFC. HFC's Board of Directors has identified the following long term strategic goals:

**Goal 2a:** Children in Hardee, Highlands and Polk Counties served by Heartland for Children are safe.

#### **Objectives:**

- Reduce the rate of abuse per day while in out-of-home care (*Program level*)
- Percent of children who are not neglected or abused during in-home services (*Program level*)
- Decrease in annual child deaths with verified abuse/neglect (*Population level*)

**Goal 2b:** Children and Families in Hardee, Highlands and Polk Counties thrive.

#### **Objectives:**

- Increase children exiting foster care to a permanent home within 12 months of entering care (*Program level*)
- Increase Children achieving permanency in 12 months for children in foster care 12-23 months (*Program level*)



**Goal 3b:** Families in Hardee, Highlands and Polk Counties provide nurturing home environments.

**Objectives:**

- Improve Satisfaction with Placements (*Program level*)
- Increase placement stability by increasing the percent of children in out-of-home care eight days to 12 months with two or fewer placements (*Program level*)
- Decrease total domestic violence offenses (*Population level*)

**Goal 2c:** Children and youth in Hardee, Highlands and Polk Counties have permanent homes.

**Objectives:**

- Increase percent of children adopted timely (*Program level*)
- Reduce the percent of children in out of home care greater than 12 months (*Program level*)
- Reduce median length of stay for the 100 children in out-of-home care the longest (*Program level*)

**Goal 2d:** Heartland for Children is a center of excellence in child welfare.

**Objectives:**

- Comparison on Performance Measures/Contract Measures – by Lead Agency (*Program level*)
- Innovations and Acknowledgements (*Program level*)

**Goal 3d:** Stakeholders and Partners in the Heartland for Children system of care are effective and efficient.

**Objectives:**

- Reduce Daily Expenditures in out of home care (*Program level*)
- Increase contract oversight and performance (*Program level*)



**Goal 2e:** Residents in Hardee, Highlands and Polk Counties are caring, informed and engaged in the community.

**Objectives:**

- Raise Voluntary Revenues - Rudolph Round-Up Holiday Toy Drive (*Program level*)
- Increase Relative and Non-Relative Placements for children in out of home care (*Program Level*)
- Increase Foster Home Recruitment inquiries (*Program level*)
- Guardian ad litem volunteers (*Population level*)

**Goal 3e:** Parents in Hardee, Highlands and Polk Counties are productive and engaged.

**Objectives:**

- Increase family engagement (*Program level*)
- Increase the percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education (*Program level*)

**Goal 2f:** Children and Families in Hardee, Highlands and Polk Counties do not experience abuse and neglect.

**Objectives:**

- Decrease pregnancies for families and teens in the system of care (*Program level*)
- Decrease teen pregnancy rates (*Population level*)
- Decrease child abuse rates per 1,000 (*Population Level*)

❖ **4.2: Performance and Scorecard Measures**

Statewide measures are identified for all Community Based Care (CBC) Organizations within the state of Florida. Many of these are derived from the national data indicators. Performance measures are outlined within each of the CBC contracts and the targets for these measures are generally established by Department of Children and Families and are consistent across all CBCs with the exception of the number of adoptions to be finalized





each year. The scorecard evaluates the lead agencies on key measures to determine how well they are meeting the most critical needs of at-risk children and families. These measures are additionally monitored through the weekly PQI Committee meeting mentioned previously. Additionally please see the annual report for the previous fiscal year which includes the analysis of the performance trends.

#### ❖ **4.3: Additional Tracking and Analysis**

Additional areas are tracked by the PQI Committee based upon identified needs. As the PQI Committee is dynamic and fluid, these areas are continually changing. Areas that are currently being tracked and analyzed include, but are not limited to, the following:

- Percent of children in out of home care who are placed with relatives or non-relatives
- Removal and discharge rate per 1000 children
- Weekly report of number of children sheltered in each County served and the percentage of these children that are placed in foster care
- The caseload census by agency and individual worker for each Case Management Organization
- The number of children entering and exiting out of home care each month
- The 100 children in care the longest
- The recording of medical, dental, and immunization information in FSFN
- Missing children reporting and documentation
- Evaluation of AFCARS timeliness errors



## **SECTION 5: Results of Reviews and Utilization of Results for Improvement**

The results of all reviews completed are analyzed to identify trends, anomalies, areas in need of improvement, and areas of high performance. At a minimum, analysis will include: overall performance in achieving safety, permanency, and well-being; local practice trends; areas of strength; and opportunities for improvement. Corrective action plans will be initiated when necessary with subcontracted providers.

