Quality Management Plan
FY 2011 - 2012

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. In July 2011, HFC entered into a Quality Assurance Memorandum of Agreement with the Florida Department of Children and Families Office of Family Safety and Community Services for fiscal year 2011/2012.

HFC is nationally accredited by the Commission on Accreditation (COA). HFC has created and supports a provider network (approximately 80) 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 procedures. All direct services providers are required to be or in the process of obtaining national accreditation. Case Management is a core child welfare service and HFC contracts with Children’s Home Society of Florida, Devereux Florida, Gulf Coast Community Care and One Hope United to provide A-Z Case Management.

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: ORGANIZATIONAL STRUCTURE

The organizational structure currently consists of four chief officers who report directly to the Chief Executive Officer (CEO). These positions include: Chief Operating Officer, Chief Administrative Officer, Chief Financial Officer, and Chief Community Relations Officer. Eight directors report to the chief officers. The Quality Management team reports to the Chief Administrative Officer under the direction of the Quality Management Director. The organizational chart below outlines HFC’s operational structure.
1.4: MANAGEMENT TEAM

HFC's Management Team consists of the Chief Executive Officer (CEO), Chief Officers, and Directors. The CEO and Management Team promote a culture of quality and excellence throughout HFC through weekly executive management meetings, weekly management meetings, regular staff meetings, quarterly all staff meetings, PQI Committee Meetings, analysis of satisfaction surveys, monitoring of performance outcomes, analysis on the weekly performance improvement call, support of strategic goals, and HFC's Annual Report. The goal is to promote ongoing quality improvement of systemic issues.

During the Management Team and Executive Management meetings, quality elements are discussed, such as the results of satisfaction surveys, discussions about the budget, a review of the quarterly QM reports, and, when needed, a review of contracted providers to determine if resources are adequately utilized. Based upon these discussions, appropriate actions are taken to address deficiencies in performance and satisfaction.

The Directors and Supervisors within HFC are responsible for regular meetings within their departments. During these meetings, updates are given, departmental issues are discussed, and quality elements are reviewed.

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 independently, 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
- Act on 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 child welfare and quality staff.
Implementation of and compliance with the Quality Management Plan is the shared responsibility of all personnel. Quality management, HFC staff and Case Management organizations are thus integrated with and committed to the success of overall Quality Management.

**SECTION 3: QUALITY MANAGEMENT MODEL**

HFC's assumption is 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, Community Alliance, case management agencies, contracted providers, and to the community at large. HFC will continually provide information and solicit 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 and contracted providers produce data that provide quantitative, qualitative, and financial cost information. This information will be shared, as appropriate, with the community, network providers and case management agencies for the purposes of planning (program improvement, contracting, policy and procedural changes), identifying training needs, and reallocating or enhancing funding sources. The process of gathering, sharing, evaluating, and acting upon information will be continuous because the needs of the population of clients receiving child welfare prevention and intervention services changes over time and because the funding for services and the availability of services changes as well. Continual evaluation of performance and other data elements will provide the basis for defining quality assurance activities that both support and encourage quality improvement activities.

**SECTION 4: QUALITY DEPARTMENT ROLES & RESPONSIBILITIES**

HFC embraces quality throughout the organization, and recognizes that all staff has a role towards this end. HFC also recognizes the importance of a dedicated quality department. The Quality Management Department is responsible for:

- **Performance and Quality Improvement (PQI) Committee**: The purpose of this committee is to improve performance through an analysis and understanding of current practice with the intent of strengthening policy and promoting best practices through a holistic approach. Currently this committee meets on an as needed basis and is comprised of HFC staff and stakeholders.

- **Quality Services Reviews (QSR)**: The In-depth QSR is a powerful self-evaluation tool designed to aid child welfare and social services agencies in assessing the effectiveness of their practices and interventions provided to the child and family. The process focuses on two major components to include Child and Family Status Indicators and Practice Performance Indicators. The status indicators measure the extent that desired conditions are found in the lives of the child, parents, and/or caregivers. There are currently eleven components of the status indicators that are related to well-being and functioning. The practice indicators measure the extent that core practice functions are successfully utilized by the system of care. The QSR process includes a review of the case file and focuses on case specific interviews with relevant participants in the case, such as: Case Manager, Case Manager Supervisor, Child, Parents, Caregivers, Teachers, GAL, attorneys, and any other identified participants. The results of the QSR are inputted into DCF’s web based QSR database.
Quarterly a sample of 6 open cases will be randomly selected for this process. The sample will be stratified to ensure each Case Management Organization is represented and all permanency goals have been evaluated during the fiscal year. At the conclusion of the QSR reviews debriefings are held with the respective CMO, HFC leadership and case participants. The purpose of the de-briefing is to address findings, provide feedback and discuss practice change at a macro level.

- **Case Management Practice Case Reviews**: HFC’s Quality Management team will conduct case reviews utilizing the Case Management Practice Tool on a quarterly basis. HFC’s QM department will generate a stratified random sample of cases each quarter ensuring each CMO is represented and all permanency goal options have been reviewed.

The results of the reviews 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; practice trends; areas of excellence; and opportunities for improvement.

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 HFC within two business days for administrative RFAs and one business day for safety RFAs.

On a quarterly basis, a sample of 8 open cases will be randomly selected for this process. At the conclusion of the Case Management Practice Case reviews debriefings are held with the respective CMO and HFC leadership. The purpose of the de-briefing is to address findings, provide feedback and discuss practice change at a micro level.

- **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 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 topic specific e.g. Independent Living, APPLA or Post Adoption Supports.

- **Ensuring Performance Improvement**: The Quality Management Specialists work hand-in-hand with the case management organizations and communicate with the HFC Contract Managers regarding the provider performance such as, concerns noted in case reviews, incidents and satisfaction surveys. The HFC Contract Managers and Quality Management Specialists are then responsible for conducting follow-up reviews to ensure that improvement has occurred. The results are included in a quality management report and or contract monitoring report.

- **Placement Report Cards (Child Exit Interviews)**: The QM 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 QM Specialist follows up with the HFC Re-Licensing Department or HFC Contract Department for follow-up with the residential provider or foster home. The results of the interviews are shared with leadership, board of directors, case management organizations, foster parents and stakeholders.
• **Orientation of New Staff to the QM Model:** When new employees are hired, the QM Department is responsible for conducting an orientation regarding the QM Model during orientation. This training includes an overview of the QM Model and how quality is connected to the roles and responsibilities of the new employee’s position.

• **Training Newly Hired Case Managers:** As part of the pre-service process where Case Managers and Protective Investigators are trained, the QM Specialist discusses quality and case reviews with these trainees.

• **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. QM Specialists are 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, the QM Specialist follows-up with the appropriate parties until resolution is achieved. Results are aggregated on a macro level for system improvements.

• **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.

• **Foster Parent and Relative/Non-Relative Surveys:** The QM Department is responsible for the oversight of Foster Parent and Non-Relative satisfaction survey results. QM Specialists distribute satisfaction surveys to foster parents, relatives, and non-relatives on an annual basis. These surveys are distributed via mail, electronically, or hand delivered. HFC will post our results on the HFC’s website for stakeholders to view. The results of the surveys are shared with leadership, board of directors, case management organizations, foster parents and stakeholders.

• **Analysis:** The QM team conducts additional analysis as designated by HFC, such as implementing Quality and Improvement Control Stories.

• **Quality Improvement Report and Meeting:** On a weekly basis the HFC produces a quality improvement report and meets with approximately 80 stakeholders to discuss HFC’s, case management and providers performance. Performance data is reviewed on both a micro and a macro level. As practice improvements are identified the information is added to the performance improvement report and performance is tracked and root causes are discussed and counter measures are put in place.

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**4.1: QUALITY IMPROVEMENT - DMAIC CYCLE**

A key component of the QM Model is the improvement process. HFC utilizes the DMAIC Cycle from Six Sigma. The steps of the DMAIC cycle include: Define, Measure, Analyze, Improve, and Control.

• **Define** - In this step, HFC identifies the area in need of improvement and determines the process improvement goals. This step is often defined by the goals established by DCF and HFC, such as the strategic plan goals, contract goals with providers, and the dashboard measures established by DCF.

• **Measure** - In this step, HFC collects the relevant data. Data sources may include: FSFN reports, HFC tracking logs, incident reports, exit interviews, CMO reported data, case record reviews, Out of Home Care Database, and satisfaction surveys.
- **Analyze** - In this step, the data is analyzed through histograms, Paretos, bar graphs, line graphs, and other analysis techniques to determine root causes. HFC reports this analysis and discusses the graphs on the Performance and Improvement Call which includes HFC employees and stakeholders.

- **Improve** - During this step, HFC develops action steps or countermeasures to address the area in need of improvement. This process can be achieved through brainstorming and Quality Improvement and Control (QIC) Stories.

- **Control** - In this step, HFC ensures that the target is achieved. As a part of this process, recent data is collected and re-graphed to determine that the improvement has occurred.

Figure 4.1 depicts the DMAIC cycle. The outer ring of the illustration depicts the steps of the DMAIC cycle, and the inner ring gives examples of methods and tools that HFC utilizes for each stage in the DMAIC cycle.

**SECTION 5: QUALITY MANAGEMENT METHODS & ACTIVITIES**

HFC conducts a large number of quality management activities on a daily, monthly, quarterly, and annual basis that support one or more of the categories listed below. The information gained from these activities is collected via various tools and methods and is used to determine compliance, to evaluate effectiveness, and drive performance. The resulting reports are shared with HFC’s management staff on a weekly / monthly / quarterly basis. Service performance and data reporting is made available to HFC’s Board of Directors, foster parents, and community stakeholders via meetings and on HFC’s website at [www.heartlandforchildren.org](http://www.heartlandforchildren.org). Reports are also shared with DCF per negotiated timelines.

**Performance Improvement Report and Meeting**: To ensure the integrity of data collected, HFC uses multiple reports from MindShare and FSFN. On a weekly basis, FSFN data is also reviewed during HFC’s performance improvement Call/meeting. The performance meeting also provides HFC leadership an avenue to meet with the CMOs and community providers to address ongoing system improvements. The status of improvement initiatives identified will continue to be tracked and reported through the Performance Improvement Report which is distributed to various stakeholders and HFC staff. 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. The performance improvement call/meeting is open to
all HFC staff, HFC’s Board of Directors, Case Management Organizations, Contracted and Community Providers, Child Legal Services, Department of Children and Families, and other community stakeholders.

5.1: FEEDBACK METHOD

While conducting quality improvement activities, strengths and opportunities for improvement are identified and provided as feedback in the following methods:

- Activities within the QM department are reported to HFC Management, Board Members, and Stakeholders through the QM Quarterly Report. These activities include: incident reporting, client concerns, child exit interviews, and case reviews.

- Feedback on the results of the case reviews is given to the Case Management Organizations via a copy of the completed tool and case debriefings.

- Requests for Action are completed when action is required as a result of the case review. Requests for Action provide immediate feedback on safety concerns, documents needed, data correction needed, or other action needed.

- When strengths in case management practice are identified during a case review, the Case Manager or CMO is acknowledged. This occurs during the debriefing process completed with each CMO at the completion of all file reviews.

- Technical assistance and training will be arranged for each respective CMO as needed, based on the deficiencies noted. Technical assistance can be addressed formally or informally. A formal technical assistance would involve training provided by HFC Staff. An informal technical assistance would include responding to questions, making suggestions for improvement, and highlighting issues through the data packet or CMO meetings. Analysis of the subsequent quarter data will be conducted to determine if the technical assistance/ training provided were effective.

When opportunities for improvement are identified through exit interviews, incident reports, client concerns, missing children tracking, satisfaction surveys, and case reviews, a corrective action plan may be required. Corrective action / action planning can occur in a variety of ways. The following are methods of corrective action / action planning currently utilized:

- Request for Action - This document is utilized to describe presenting issues and action steps required as it relates to the following concerns/needs: Safety, Administrative Reviews, Data Correction, Document Requests, Training, and other actions needed.

- Correction Action Plans - Oversight of formal corrective action plans with providers will be the responsibility of HFC’s Contract Management Department

- Training - As part of the quality improvement process, when deficiencies are noted through QM Activities, they are communicated to the training department to enhance the pre-service and in-service trainings provided.

SECTION 6: INDEPENDENT ANNUAL EVALUATION AND SYSTEM IMPROVEMENT PLAN:

HFC has contracted with a third party reviewer to conduct the independent annual evaluation of HFC’s implementations of the Quality Management Plan and child welfare practices and outcomes. The outcome of
this evaluation will be reviewed by HFC management team and Board of Directors to aid in the development of an System Improvement Plan (SIP). The SIP will establish system priorities, develop improvement goals, and outline needed action steps to drive performance improvement. A copy of the Annual Independent Evaluation and the System Improvement Plan will be provided to the Department in accordance to the Quality Assurance Memorandum of Agreement.

HFC has a history of being very data driven in its approach to quality improvement. Information on children in care, quality improvement metrics including DCF performance measures are routinely collected, updated, and analyzed to guide decision-making and quality assurance activities. With the assistance of an independent evaluator who is very familiar with HFC and its management history, the intent will be to apply higher order statistical analyses to existing data sets to fully exploit their potential to more efficiently explain factors related to CQI outcomes, predict the results of quality improvement strategies, and possibly create a smaller but more robust set of CQI metrics through approaches such inter-item correlation analyses. The Statistic Package for the Social Sciences (SPSS) an IBM software program or similar product will be used to execute higher order statistical analyses.