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<td>Modifications made from internal review.</td>
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<td>Updated for yearly review and process improvement.</td>
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<td>1.5</td>
<td>8/01/2007</td>
<td>Final Modifications made, plan submitted to DCF</td>
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<tr>
<td>2.0</td>
<td>6/3/2008</td>
<td>Updated for yearly review and addition of revised statewide QA plan criteria</td>
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<td>Received items for clarification from DCF</td>
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## Quality Management Plan Review and Approval

### Quality Management Plan Review History

<table>
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<th>Reviewer</th>
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Section 1 – Background & Introduction

1.1 Background
The State of Florida has faced a range of challenges to assure the safety and well-being of children. Some of the challenges include the dynamic characteristics of the population, inconsistent accountability within state and local agencies, and intensified scrutiny of the Department of Children and Families (DCF) by stakeholders. Fluctuations in the state economy create additional stresses on families which often translate into more referrals to the state welfare and child protection systems. The collective forces of these challenges served as a catalyst for the legislative mandate of 1999 to transition DCF functions to a community-based care (CBC) system.

As part of this transition to community-based care, an Invitation to Negotiate (ITN) was posted by the DCF. This document requested that providers seeking lead agency status submit a proposal detailing the process for service delivery improvement. The ITN for a lead agency in District 14 was released in spring 2002, and Heartland for Children (Heartland) was selected to serve as the Community Based Care lead agency for the district. Heartland is a private non-profit agency founded by Devereux, the nation’s largest independent non-profit provider of treatment services for individuals with emotional, behavioral, and developmental disabilities. The start-up contract was signed in March 2003, and services began to transition to Heartland from DCF in January 2004. By June 2004, the transition was complete.

1.2 Services Provided by Heartland and Sub-Contracted Providers
Heartland has created and continues to support 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. All providers who apply for formal contracting are subjected to an application, selection, contract monitoring, and approval procedures. Heartland has three types of providers:

- Case Management Organizations (CMOs) – Heartland contracts with child welfare agencies to provide case management services to families receiving traditional child protection services. All CMO providers are actively involved in shaping the System of Care and receive an overview on Heartland’s policies and procedures. Additionally, CMO providers are given a copy of Heartland’s policies and procedures at time of contract signing and annually thereafter.

- Contracted Providers – Heartland maintains a contractual relationship with these providers (i.e., Heartland will reimburse the provider for services according to agreed-upon terms). These providers go through Heartland’s approval, contracting, and monitoring processes. These providers include child and adult behavioral health services, and community-based organizations that provide a wide array of preventive and early intervention services and supports. The services provided by the network to meet the individual needs of children and families include case management; retention and support; and a full array of placement,
and service options, ranging from home-based interventions to out-of-home placements within the community.

- Non-contracted Network providers – Heartland or the CMO refers children and their families to community groups for services or resources. Though Heartland does not reimburse for these services, the providers are viewed as an integral part of the service array. These providers offer a range of community-based, non-traditional services and supports—from activities and supports provided by faith-based organizations to a host of community-funded family and youth services and supports. These providers are not subjected to the standard contracting approval process; however, Heartland does make referrals based upon quality and does track the services delivered and the outcomes of interventions.

Many services currently are available from community providers who are under contract with Heartland. However, the capacity for services continues to be increased as needed. Heartland works closely with community stakeholders to review current capacity and contracts, and to assess fully the capacity to deliver all of the services in a manner that reflects consistent quality and meets state, community and national standards. Heartland maintains an aggressive capacity-building plan to significantly expand needed services and placement options. Heartland has worked consistently with the community to identify and “map” needs and to encourage providers to offer new or additional services. Heartland maintains an open policy in adding new providers to the network, and utilizes a process to procure services that are not currently under contract, but are identified as needed. The success of the Heartland’s System of Care depends upon a sustained collaboration between multiple public sector agencies, the schools, private agencies, individual service providers, community resources, legal services, the courts, and the family.

Heartland initiated the process of engaging provider organizations in developing the System of Care by holding provider meetings. Heartland has focused on gathering input from the provider community on challenges facing the district and generating solutions. Previous development activities included a series of forums held in each county with the provider community as well as the Department to identify services that were currently available in the community as well as services that were still needed to meet the needs of the children and families in each county. Service Providers made a commitment to working with Heartland to increase capacity of services already provided and to expand service. The following charts list the current case management organizations as well as our contracted network providers.
Table A-2. Case Management Organizations

<table>
<thead>
<tr>
<th>Case Management Organization</th>
<th>Description of Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Home Society of Florida-Gulf Coast Division</td>
<td>A-Z Case Management Services</td>
</tr>
<tr>
<td>The Devereux Foundation, Inc.</td>
<td>A-Z Case Management Services</td>
</tr>
<tr>
<td>Gulf Coast Community Care</td>
<td>A-Z Case Management Services</td>
</tr>
<tr>
<td>Kids Hope United – Florida Region, Inc.</td>
<td>A-Z Case Management Services</td>
</tr>
</tbody>
</table>

Table A-3. Contracted Network Providers

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Description of Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTS</td>
<td>Emergency Shelter services at the Tampa JARF</td>
</tr>
<tr>
<td>ALPHA “A Beginning”</td>
<td>Residential group home for pregnant teenage mothers and their babies</td>
</tr>
<tr>
<td>Alpha House of Tampa</td>
<td>Residential group home for pregnant teenage mothers and their babies</td>
</tr>
<tr>
<td>Anchor House Ministries, Inc.</td>
<td>Residential group care for teen boys</td>
</tr>
<tr>
<td>Bay Area Behavioral Services</td>
<td>Provides adoption home and child studies for children in District 14 who have an identified placement or who have been targeted for finalization.</td>
</tr>
<tr>
<td>Brookwood Residential</td>
<td>Residential group care for teen girls working towards Independent Living</td>
</tr>
<tr>
<td>Children’s Home Society of Florida-Brevard</td>
<td>Emergency Shelter and Residential Group care at Hacienda in Melbourne and foster care services in Brevard County</td>
</tr>
<tr>
<td>Children’s Home Society of Florida-Gulf Coast</td>
<td>Emergency Shelter at Hansen Center in Sebring and Residential group care at Joshua House in Lutz</td>
</tr>
<tr>
<td>Children’s Home Society of Florida</td>
<td>Supervised Visitation</td>
</tr>
<tr>
<td>Children's Services Foundation of Highlands County</td>
<td>The Children's Services Program is designed to promote, develop, and implement early intervention and abuse prevention programs and services for families, to preserve and strengthen families, and prevent further disruption and conflict for children due to abuse, abandonment, or neglect.</td>
</tr>
<tr>
<td>Covenant Kid's Manor</td>
<td>Emergency Shelter and Residential Group Care in Orlando, FL</td>
</tr>
<tr>
<td>Destiny House II LLC</td>
<td>Residential Group Care in Sanford, FL</td>
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The Prevention Services Program provides services through
<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Devereux Foundation, Inc.</td>
<td>Facilitation, education, engagement, and coordination strategies; identifies, enhances, develops prevention resources, and engages the broader community in prevention and support for families. Provides communication and training opportunities for community partners and community residents to promote a sense of community responsibility for the welfare and care of the community's children through the Front Porch Project®, Community Capacity Building, GAP, and Capacity Building Training.</td>
</tr>
<tr>
<td>Independent Living Services</td>
<td>The Devereux Foundation, Inc. Independent Living Services is a continuum of services designed to help eligible youth obtain the necessary skills to become self-sufficient and be productive members of society. These skills may include, but are not limited to, life skills training, educational and vocational skills. Road to Independence Scholarships, Transition Support Services, and Aftercare services are available to participants, 18-23, to support their successful transition to self sufficient adulthood.</td>
</tr>
<tr>
<td>FL Baptist Children's Homes, Inc.</td>
<td>Emergency Shelter Care and Residential Group Care for children ages 6-17. Foster Care homes are also available through this provider.</td>
</tr>
<tr>
<td>FL United Methodist Children's Home</td>
<td>Residential group care and foster home services in Volusia County.</td>
</tr>
<tr>
<td>Florida Sheriff's Youth Ranch</td>
<td>Residential group care services available in Bartow and at three (3) additional sites in the state</td>
</tr>
<tr>
<td>Genesis House</td>
<td>Residential group care</td>
</tr>
<tr>
<td>Gulf Coast Community Care</td>
<td>Family Builders- an in-home family preservation service delivered by a trained professional to ensure the safety of children and to help stabilize the family structure.</td>
</tr>
<tr>
<td>Hands of Mercy Everywhere, Inc.</td>
<td>Residential group home for pregnant teenage mothers and their babies</td>
</tr>
<tr>
<td>Healthy Start Coalition of Hardee, Highlands, and Polk</td>
<td>Teen Pregnancy Prevention Services providing education, training, and developing social marketing campaigns to promote awareness on teen pregnancy prevention and teen birth rates and resources available to support agencies, parents and teens in the prevention of teen pregnancies.</td>
</tr>
<tr>
<td>Hibiscus Children’s Center, Inc.</td>
<td>Therapeutic group home</td>
</tr>
<tr>
<td>Hope Youth Ranch, Inc.</td>
<td>Therapeutic Group Care</td>
</tr>
<tr>
<td>Jireh Residential, Inc.</td>
<td>Residential Group Care for teen boys and girls</td>
</tr>
<tr>
<td>Juli Davis</td>
<td>Provides an education program designed to teach anyone who transports children in any capacity how to properly identify and install a child passenger car seat. Also provides training to foster parents.</td>
</tr>
<tr>
<td>Kristine Self</td>
<td>An independent provider that conducts routine updates of</td>
</tr>
<tr>
<td>Organization</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>MaidPro</td>
<td>Provides residential cleaning support and instruction services to empower participants to meet the cleaning needs in their homes in order to provide a safe environment for children.</td>
</tr>
<tr>
<td>Marlynn Salzmann</td>
<td>An independent provider that provides individual therapeutic services to dependent children, ages 2-18, who are awaiting adoptive placement or at risk of adoptive placement disruption. Provider also conducts Educational Seminars/Adoptive Parent Support Groups which focus on providing relevant information to adoptive families.</td>
</tr>
<tr>
<td>Florida Mentor</td>
<td>Specialized Therapeutic Foster Care and Developmental Disability Services statewide.</td>
</tr>
<tr>
<td>Opportunity House</td>
<td>Residential Group Care for teen boys.</td>
</tr>
<tr>
<td>Park Place</td>
<td>Emergency Shelter and Therapeutic Group Home services in Kissimmee.</td>
</tr>
<tr>
<td>Peace River Center</td>
<td>Family Builders- an in-home family preservation service delivered by a trained professional to ensure the safety of children and to help stabilize the family structure</td>
</tr>
<tr>
<td>Pleasant Place, Inc.</td>
<td>Residential group home for pregnant teen mothers and their infants in Gainesville, FL.</td>
</tr>
<tr>
<td>Prosperous Group Home</td>
<td>Residential Group Care for boys.</td>
</tr>
<tr>
<td>Rachel Medlin</td>
<td>An independent provider that provides legal services to finalize adoptions for children in the care of DCF/HFC and under the jurisdiction of the 10th Circuit Court of Highlands, Hardee, and Polk Counties.</td>
</tr>
<tr>
<td>Shalom-Center for Peace and Restoration</td>
<td>Emergency Shelter in Lakeland, FL.</td>
</tr>
<tr>
<td>Sisters of Salt</td>
<td>Residential Group Care for teen girls.</td>
</tr>
<tr>
<td>Tampa Bay Academy</td>
<td>Therapeutic group home and Residential Treatment Center services.</td>
</tr>
<tr>
<td>The Children’s Home, Inc. - Residential Group Care</td>
<td>Residential group care, foster care homes, and adoption services.</td>
</tr>
<tr>
<td>The Devereux Foundation, Inc.</td>
<td>Emergency Shelter, Residential Treatment Center, Dual Diagnosis Center, Therapeutic Group Home, DD Family Care, Specialized Therapeutic Foster Care and Pre-Independent Living Services</td>
</tr>
<tr>
<td>The Haven for Children, Inc.</td>
<td>Emergency Shelter and Residential Group Care in Satellite Beach.</td>
</tr>
<tr>
<td>Vision Quest - Rivendell</td>
<td>Residential group home for children whose legal status is foster care in Altoona.</td>
</tr>
<tr>
<td>Winter Haven Hospital, Inc.</td>
<td>Family Builders- an in-home family preservation service delivered by a trained professional to ensure the safety of children and to help stabilize the family structure</td>
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</table>
The Family Assistance Support Team (FAST) of Winter Haven Hospital, Inc. The FAST program serves families and children with problems in parenting abilities, family environment, or child-safety. The Provider offers a variety of parenting programs to families in need. Programs are available in classroom/group based formats or in-home depending on the family’s individual needs.

Youth and Family Alternatives, Inc

Emergency Shelter Care for children ages 12-17. Services are available at the George W. Harris Jr. Shelter in Bartow, RAP House in New Port Richey, and New Beginnings shelter in Hernando County

Family Intervention Team- an in-home family preservation service delivered by a trained professional to ensure the safety of children and to help stabilize the family structure.

1.3 Mission
Heartland’s mission is to develop and manage a comprehensive, community based, coordinated system of care for abused, neglected, and abandoned children and their families and for children and families who are at risk of maltreatment and/or placement in the foster care system.

1.4 Organizational Structure
Heartland’s organization structure has evolved as changes to the system of care were needed to provide oversight, accountability, and evaluation. Four Assistant Executive Directors report directly to the organization’s Executive Director. The positions include: Chief Financial Officer, Assistant Executive Director – Prevention and Community Relations, Assistant Executive Director – Operations and the Assistant Executive Director – Administrative Services. The organizational chart below outlines Heartland’s operational structure.
Note: The above organizational chart was current as of May 30, 2008. Subsequent changes may have been made in staff.
1.5 Board of Directors

Heartland has developed a diverse and qualified Board of Directors. Board members are community residents who bring leadership skills, vision, knowledge, and experience needed to lead and govern the organization in accomplishing its mission. Board members are responsible for fiscal approval and the Executive Director’s annual performance review.

Heartland has a seven person Board of Directors who represents the tri-county area in Circuit 10. Heartland’s Board of Directors meets on a monthly basis, and monthly board meeting agendas, minutes, financial reports and attachments are maintained. The Board is dedicated to increasing the knowledge of its members by continually educating members on the legal, financial, and operational aspects of a community-based care agency. Heartland recognizes the importance of maintaining Board meeting minutes, and each Board member is aware of his/her responsibility for ensuring the accuracy of the minutes. Meeting agendas are prepared with public comment opportunities and minutes are maintained by Heartland’s Executive Assistant at 1239 East Main Street, Bartow, FL, to preserve their integrity.

To ensure that the members of the Board are properly trained and prepared for their service, the organization conducts Board orientation training for new Board members and on-going Board information and training sessions throughout the duration of their terms. The experienced Board members will share their insights and coach the new members in fulfilling their Board duties. Annual board retreats are also planned to provide additional training opportunities.

The Board members of Heartland will conduct a Board self-assessment at least once every two years. The Board will use the self-assessment as a tool to improve its performance and energize the organization to achieve its mission.

Section 2 – Quality Management Plan

2.1 Purpose

The purpose of this Quality Management Plan (QMP) is to establish the goals, processes, and responsibilities required to implement effective quality management functions. Quality Management (QM) identifies both the underlying concepts on which the plan is based and the specific activities conducted to:

- Validate, independently verifiable processes leading to child safety, permanency, and well-being outcomes
- Ensure timely, accurate, and appropriate information for management and practice
- Comply with all relevant state and federal laws
- Ensure transparent reporting
- Acknowledge and enhance strengths, while managing weaknesses through identification of issues and performance gaps
- Prepare for federal Child and Family Services Review (current and future)
• Allocate resources that support the quality management system
• Act on performance gaps timely and effectively
• Require regular, consistent, disciplined reporting on quality management, including corrective action
• Ensure consequences for inaction or insufficient action (contract management, corrective action plans, etc. depending on focus of the responsibility)
• Identify and disseminate best quality practices
• Apply Systems Thinking to decision making
• Improve training, technical assistance, and collaboration, in order to increase the expertise of child welfare and quality staff. Primary focus areas include:
  ➢ Analysis,
  ➢ Practice,
  ➢ Supervisory skills,
  ➢ Quality management skills, including certification

2.2 Scope
This QMP applies to all system development and maintenance efforts, including those tasks performed by subcontractors. This plan is intended for use by all personnel to understand and perform the quality activities applicable to their responsibilities. Quality management includes obtaining the commitment of the organization, marshaling resources, and ensuring quality objectives and processes are used and supported effectively.

• Implementation of and compliance with the QMP is the shared responsibility of all personnel. Both quality management and all Heartland staff are thus integrated with and committed to the success of overall Quality Management.

2.3 References and Related Documents
The QM plan was developed in accordance with the following documents and resources:
• Council on Accreditation Network Standards
• Department of Children and Families Statewide Quality Assurance Planning Criteria
• Department of Children Families Child Welfare Regional Quality Management Model
• Heartland for Children Policy and Procedures
• Department of Children and Families Operating Procedures (CFOP)
Section 3 - Quality Department Role & Responsibilities

This section identifies the QM Department’s responsibilities and relationships. The quality assurance component begins with continual review of the day-to-day operational data and numerous quality assurance activities (outlined at the conclusion of this section). Quality assurance (QA) is the ongoing review of data to ensure that required contract outcome measures and internal benchmarks are met, which ultimately ensures children are safe and provided quality services.

If an area is determined to be deficient in production or non-compliant, the QM Department assumes the lead role in seeking the appropriate method to address the issue. Methods include, but are not limited to, in depth reviews of the data to ensure accuracy, development of quality improvement teams, specific studies to determine the root cause, identification of training needs, and general process evaluation. Through the implementation of one or more of these methods, assignments are made dependent upon the area of the System of Care (SOC) that is directly affected.

The QM Department is only the originating source of the method of action. Once the method is decided, the Quality Improvement Team is developed based on the area of concentration within the SOC and includes all levels of staff associated with the issue. In the instance of home visits, the Quality Management Department works with the CMO Program Directors / Managers, Case Manager Supervisors, Case Managers, and the Training Coordinator to gather data and form teams. Once the cause for non-compliance or poor performance is identified, the QM Department, in conjunction with associated staff, determines what method should be utilized to address the issue. As a part of the continuous quality improvement process, the QM Department, in partnership with Heartland’s Contracts Department supports performance through standardized quality assurance activities or special ad hoc reviews to determine increased success and compliance.
3.1 Quality Management Team Organization

Heartland Quality Management Team reports to the Assistant Executive Director of Administrative Services. The Quality Management Team consists of an Assistant Director of Administrative Services, four Quality Assurance Specialists, and a Missing Persons Specialist. The Chart below illustrates the organizational structure of Heartland’s QM Department.

Assistant Director of Administrative Services (Quality Management)

This position oversees all aspects of Heartland’s Quality Management program. This position requires at least a bachelor’s degree (master’s degree preferred) and at least three years experience directly related to or inclusive of quality management. A minimum of 15 hours of annual training is required. Specific duties include:

- Develop and implement the Heartland’s Quality Management program to assure continuous quality improvement and ongoing organizational viability
- Recruit, hire, and supervise the Quality Assurance/Quality Improvement staff
- Develop, implement, and manage the Heartland’s incident reporting/client relations systems
- Stay current with DCF, ASFA, and other external required outcome measures and reporting requirements
- Research best practices and pursue opportunities to replicate within the district
- Prepare for appropriate accreditation and sustain accreditation once achieved
Missing Children Specialist (1)

This staff member serves as the missing children specialist for Heartland. Requirements for this position include at least a bachelor's degree and at least two years child welfare/case management experience. A minimum of 15 hours of annual training is required. Specific duties include:

- Tracks and coordinates timely reporting of missing children for each CMO
- Enter and tracks reported missing children in an established database. Coordinates appropriate follow-up to reports of missing children to ensure required timelines are adhered
- Provide technical assistance and training in the area of missing children in an effort to reduce the number of children who go missing from care
- Supports both the QA Specialist and Client Relations Specialist with administrative requirements and quality improvement activities associated with reported missing children episodes and service delivery

Quality Assurance Specialists (4)

These staff members assist with the implementation of Heartland's QM Plan. These positions require at least a bachelor's degree and at least two years experience in child welfare or a related field. A minimum of 15 hours of annual training is required. Specific duties include:

- Establish and maintain positive working relationships with Heartland stakeholders
- Conduct specialized case file reviews as requested
- Aid with continuous quality improvement activities
- Collect data, track trends, conduct analyses, develop reports etc.
- Research best practices and pursue opportunities to replicate within the Circuit
- Perform analysis on data collected to include the preparation of reports and a briefing on the results.
- Provide technical assistance to providers regarding issues of quality assurance and continuous quality improvement
- Assist with the development of new Quality Assurance /Quality Improvement tools and instruments
- Handle client relations communications through the system to an appropriate resolution
- Serve as liaison with the Department for client relations inquiries that come through their system
- Record and track all incident reports and client relations issues
Heartland’s QM Plan is based on the Child Welfare Quality Management Regional Model proposed by Secretary Butterworth. Key features of the regional model for child welfare quality assurance activities (QA) include:

- Standardized tools and processes, with some flexibility to meet local needs
- Ongoing and systematic review of the integrity of case work
- Local authority and responsibility for getting information, taking action, and balancing resources, within the Department’s regions and its community-based care (CBC) service partners
- High level visibility and clear expectations for achieving results for children and families

There are opportunities to collect data and information and to examine utilization, contract compliance and case management performance throughout the System of Care. The Heartland QM Model takes advantage of these opportunities during routine events/processes that occur throughout the system of care. The Heartland QM Model also allows for immediate feedback to be given to the case manager, requires coordination and cooperation among the parties and providers involved in a case, and results in a more individualized course of action which thereby imposes a greater likelihood that outcomes will be achieved more timely. By involving everyone from the case manager, supervisor, program director, and provider to Heartland management Leadership in various activities of QM it will ensure that all staff are engaged in the process of examining data and making improvements. It will also allow for the early detection of performance deficiencies as well as promising practices.

4.1 Purpose of QM Model

The primary purpose of the Heartland’s Quality Management Model is to strengthen practice and improve the timeliness, accessibility, quality and effectiveness of services. This purpose is to also increase natural and enduring community supports for children and families. Heartland seeks to identify in-process and end-process measurements that align with these goals while ensuring substantial conformity with federal requirements of the Adoptions and Safe Family Act (ASFA) and achievement of the Contract Performance Measures set forth in the contract TJE01.

Heartland’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 Heartland’s Board of Directors, Community Alliance, case management agencies, network providers, contract providers, to the community at large. Heartland will continually provide information and solicit reciprocal input and feedback from the community. Heartland recognizes that an informed, integrated, and participatory community affords the best opportunity to maximize resources and produces the best outcomes for children and families.

Heartland and the contracted providers will produce data that provides quantitative, qualitative, and financial cost information (as applicable) on the following:

- Demographics of the population served
• Type and units of services provided
• Quality and effectiveness of services delivered
• Services needed and service availability
• Client concerns
• Incident Reports
• Contract Performance and Compliance
• Caseload size and vacancy rate
• Performance on internal reviews

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 supports and encourages quality improvement activities.

The vision of the regional model for child welfare quality assurance activities (QA) includes the following points:
• Ultimately, the goal of quality assurance is to support the delivery of services to ensure safety, achieve permanency, and promote well-being for children.
• The Department of Children and Families (DCF) has the final responsibility and authority for child welfare in Florida, under state and federal law.
• To be efficient and effective, the QA system must be based on a coherent and consistent statewide framework that also allows for appropriate local customization.
• All aspects of the model should emphasize implementation of evidence-based approaches; use of expertise from local, state, and national child welfare professionals; and incorporate best practices from the field.
• Information shall be accessible, transparent, and usable.
• Resource allocation is possible at all levels.
• Quality assurance must align with the Department’s reorganization and innovation under the guidance of Secretary Butterworth and Governor Crist.
• Supervisors, managers, and quality assurance staff will all have appropriate training so they can implement effective quality assurance and use the results for improvement.
• All staff should understand that each person has a role in quality assurance. Everyone must be responsible for taking immediate action when there is any evidence the life, safety, or health of a child may be threatened. Whether the evidence is observed in the field, identified through formal QA review, or heard in an interview or other discussion with knowledgeable case participants or stakeholders, personal integrity and responsibility require action.
• A quality assurance system is not a stand-alone entity. In order to ensure the success of any service delivery system, quality assurance must be based on:
4.2 What is Quality Management?

Quality management includes both quality assurance and quality improvement. Quality assurance and quality improvement are concepts that have many variants, and are known by many terms. In general, quality assurance is determining the extent to which processes are implemented and achieving results according to requirements and standards (e.g., quantifying gaps in performance), while quality improvement defines and guides changes in processes to enable them to meet requirements and achieve standards (e.g., closing gaps in performance). Quality assurance is also related to making sure the organization or function is taking a systematic approach and providing competent, effective process or service delivery, increasing the confidence of funders and stakeholders that there is appropriate accountability.

Heartland’s QM model incorporates the concepts of the well-known “plan, do, check, act” cycle, as adopted by DCF in the Child Welfare Quality Management Regional Model (see Figure below).

![Quality Management Cycle Diagram](image)

Figure 4.1 Quality Management Cycle
4.3 Quality Management Methods and Activities

A quality process is anything that enhances service delivery from the viewpoint of the customer or stakeholder. The purpose of quality assurance and quality improvement is to serve as an ongoing system to monitor and evaluate the quality and appropriateness of service delivery for the purpose of pursuing opportunities for improvement and resolution of identified problems used to evaluate effectiveness and drive production.

Heartland conducts a large number of QA / QI 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 Heartland’s management staff on a weekly / monthly / quarterly basis. Service performance and data reporting shall be made available to Heartland’s Board of Directors, foster parents, and community stakeholders via Heartland’s website at www.heartlandforchildren.org. Reports are also shared with DCF on a quarterly basis or per negotiated timeline.

The following is a comprehensive list of quality assurance and quality improvement activities to include strategy, description, document, frequency, Feedback Method, and responsible party.
<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>DATA SOURCE</th>
<th>REPORT</th>
<th>FREQUENCY</th>
<th>FEEDBACK METHOD</th>
<th>RESPONSIBLE PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Measures</td>
<td>Monday Morning Data Call tracks performance on weekly basis- data collected from FSFN reports, DCF Dashboard, internal tracking systems, and self reporting from identified stakeholders</td>
<td>Monday Morning CBC Data Packet. Data discussed on Monday mornings at 9:00 a.m. via conference call.</td>
<td>Weekly</td>
<td>All Stakeholders</td>
<td>Assist. Director of Data Services or Designee</td>
</tr>
<tr>
<td>Track Performance System of Care</td>
<td>Tracks activities as defined in the System of Care-data collected from contract measures, AFSA outcomes, and other measures identified – are included in the SOC</td>
<td>SOC Cross Walk</td>
<td>Quarterly</td>
<td>HFC Management</td>
<td>QA Specialist</td>
</tr>
<tr>
<td>Request for Action</td>
<td>Request for follow up information or action from CMOs regarding incident reports, missing children, and identified areas of concern found during case reviews.</td>
<td>Request for Action Form</td>
<td>As needed</td>
<td>CMOs, Assist. Director of Administrative Services</td>
<td>QA Specialist</td>
</tr>
<tr>
<td>Case Reviews</td>
<td>A random selection of cases are reviewed using the Core Elements Review Tool (CERT)</td>
<td>Matrix</td>
<td>Quarterly</td>
<td>DCF, CMOs HFC Management</td>
<td>QA Specialist</td>
</tr>
<tr>
<td>Provider Decision Matrix</td>
<td>Assessment of factors to determine frequency and intensity of contract monitoring</td>
<td>Decision Matrix</td>
<td>Ongoing (within 60 days of contract execution)</td>
<td>All contract providers</td>
<td>Contracts Department</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>DATA SOURCE</td>
<td>REPORT</td>
<td>FREQUENCY</td>
<td>FEEDBACK METHOD</td>
<td>RESPONSIBLE PARTY</td>
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<tr>
<td>Contract Monitoring</td>
<td>Includes records, interviews, and observations; standardized tool as set forth. As Defined in the Decision Matrix (Minimally Occurs every one to three years)</td>
<td>Contract Monitoring Report</td>
<td>As Defined in Matrix per service provider</td>
<td>CMOs</td>
<td>Contracts Department and QM Department</td>
</tr>
<tr>
<td>Incident Report Tracking</td>
<td>Aggregate information is tracked, analyzed, and reported as relevant and important to the quality of services being provided.</td>
<td>Incident Report Database</td>
<td>Quarterly</td>
<td>HFC Management</td>
<td>QA Specialist</td>
</tr>
<tr>
<td>Client Complaint Tracking</td>
<td>Aggregate information is tracked, analyzed, and reported as relevant and important to the quality of services being provided.</td>
<td>Client Concern Database</td>
<td>Quarterly</td>
<td>HFC Management</td>
<td>QA Specialist</td>
</tr>
<tr>
<td>FSFN Validation</td>
<td>This activity is designed to ensure accurate data is entered into the official system of record, Florida Safe Families Network.</td>
<td>Various reports</td>
<td>Varies</td>
<td>HFC staff</td>
<td>Assist. Director of Data Services</td>
</tr>
<tr>
<td>Foster Care Exit Interviews</td>
<td>This activity is designed to meet regulatory requirements and gain feedback from clients regarding each placement they experience.</td>
<td>Exit Interview Roll-up report</td>
<td>Quarterly</td>
<td>HFC management, CMOs Residential Providers, and Foster Homes</td>
<td>QA Specialist</td>
</tr>
<tr>
<td>Contract Management Satisfaction Survey</td>
<td>The instrument solicits information from providers regarding their satisfaction</td>
<td>Survey Results</td>
<td>Yearly</td>
<td>HFC Management</td>
<td>Contracts Department</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>DATA SOURCE</td>
<td>REPORT</td>
<td>FREQUENCY</td>
<td>FEEDBACK METHOD</td>
<td>RESPONSIBLE PARTY</td>
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</tr>
<tr>
<td>Provider Satisfaction Survey</td>
<td>The instrument is designed to solicit information from providers regarding their satisfaction with case management staff and organizations.</td>
<td>Survey Results</td>
<td>Yearly</td>
<td>HFC Management</td>
<td>Contracts Department</td>
</tr>
<tr>
<td>Case Management Satisfaction Survey</td>
<td>The instrument is designed to solicit information from case managers regarding their satisfaction with providers.</td>
<td>Survey Results</td>
<td>Yearly</td>
<td>HFC Management</td>
<td>Contracts Department</td>
</tr>
<tr>
<td>Foster Parent Satisfaction Survey</td>
<td>The instrument is designed to solicit information from foster parents surrounding their satisfaction with case management and re-licensing staff</td>
<td>Survey Results</td>
<td>Semi-annually</td>
<td>HFC Management Licensing, and Contracts</td>
<td>QA Specialist</td>
</tr>
<tr>
<td>ESI/PI/ICPC – Case Distribution &amp; Tracking</td>
<td>Ensure cases that are coming into the System of Care are appropriately tracked and equitably distributed to the Case Management Organizations.</td>
<td>Fiscal Year Tracking Database</td>
<td>Daily</td>
<td>HFC Management and CMOs</td>
<td>Assist. Director of Operations</td>
</tr>
<tr>
<td>Out-of-home care Database</td>
<td>The data base is designed to track the number and cost associated with children in out-of-home care placements. Placement data is tracked on a monthly Excel spreadsheet.</td>
<td>Database</td>
<td>Daily</td>
<td>HFC Management and CMOs</td>
<td>Data Specialist</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>DATA SOURCE</td>
<td>REPORT</td>
<td>FREQUENCY</td>
<td>FEEDBACK METHOD</td>
<td>RESPONSIBLE PARTY</td>
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</tr>
<tr>
<td>Utilization Management Report</td>
<td>Identify the number of reviews that occur weekly. This activity is also utilized to identify the number of children that were reviewed during the week that have not reached disposition and identified barriers to permanency.</td>
<td>Word document</td>
<td>Weekly update</td>
<td>HFC Management</td>
<td>Director of Operations</td>
</tr>
<tr>
<td>Front end Diversion</td>
<td>This activity tracks those children who have been diverted from entering the System of Care.</td>
<td>Excel report</td>
<td>Monthly (updated daily)</td>
<td>All Stakeholders</td>
<td>Assist. Director of Operations</td>
</tr>
<tr>
<td>Intake and Placement Tracking Log</td>
<td>This activity tracks those children who have been diverted from licensed care</td>
<td>Excel report</td>
<td>Monthly (updated daily)</td>
<td>HFC Management</td>
<td>Directory of Operations</td>
</tr>
<tr>
<td>Initial Foster Parent Licensing Tracking (active)</td>
<td>This activity tracks names and capacity of prospective foster homes completing the foster care licensing process.</td>
<td>Word document</td>
<td>Updated daily</td>
<td>HFC staff, Licensing staff</td>
<td>Assistant Director Foster Care Programs</td>
</tr>
<tr>
<td>Quarterly QM report</td>
<td>An analysis of data collected from Exit Interviews, client complaints, Incident Report, Missing children, and Case file reviews</td>
<td>Word document</td>
<td>Quarterly</td>
<td>HFC Management, Board, CMOs</td>
<td>QM Department</td>
</tr>
<tr>
<td>Missing Child Tracker</td>
<td>This activity tracks names of children currently on runaway/missing/ab sconded status. It tracks timely reporting and efforts to locate</td>
<td>Word/Excel</td>
<td>Weekly</td>
<td>All Stakeholders</td>
<td>Missing children Specialist</td>
</tr>
</tbody>
</table>
4.4 Quality Management Focus on Results

1. Heartland tracks weekly performance on contract measures through the Monday Morning Data Call. The Monday Morning Data packet contains the current baseline performance status on contract and other identified measures. The packet also contains comparative statewide data, trends, strengths and identified areas for improvement. The Monday Morning Call is utilized as opportunity to discuss deficiencies and monitor measures put in place. The Monday Morning Call is open to all Heartland staff, Heartland’s Board of Directors, Case Management Organizations, Network Providers, Child Legal Services, Department of Children and Families, and other community stakeholders. Data included in the packet is obtained from Florida Safe Families Network (FSFN), DCF Dashboard, Heartland Internal Tracking Systems, and self-reporting from identified stakeholders.

2. Heartland contract performance measures have been reported on and discussed at Board meetings. Current performance compared to targets as well as data showing all CBC’s performance (comparison data) has been shared with the Board of Directors. Currently, each quarter, performance is reported on contract measures, AFSA outcomes, and other measures identified in the system of care (SOC) to the Board of Directors and Heartland’s Management Team via the SOC Crosswalk. The Board has endorsed the system of care and the priorities identified in the crosswalk.

The Board has endorsed the pursuit of COA accreditation as a strategic objective. The Board is kept informed of Heartland’s progress towards COA accreditation at the Board meetings. The Board of Directors has a Board Strategic Planning retreat scheduled for June 26, 2008. Heartland is also in the process of developing a strategic plan, which will clarify Board directed strategic objectives. Once the Board has clarified those strategic objectives, data sources will be identified that can appropriately track the progress on the objectives. Performance will be communicated to management via the regularly scheduled management team meetings, with the Board at regularly scheduled Board meetings and with other stakeholders at appropriate meetings (i.e., community alliance) and via postings on the HFC website.

3. The responsibility of tracking and reporting on performance of contract providers is a shared function within Heartland. The chart below demonstrates how Heartland will track and report on the performance of contracted providers and communicate the results to Heartland Management, internal Heartland staff, Board of Directors, and community stakeholders.
### Table A-5. Tracking and Reporting of Performance of Contracted Providers

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>PROVIDER</th>
<th>DATA SOURCE</th>
<th>REPORT</th>
<th>FREQUENCY</th>
<th>FEEDBACK METHOD</th>
<th>RESPONSIBLE PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>To monitor performance through invoice verification, reviews of exit interviews and incident reports, conduct satisfaction surveys, review case files, and conduct a site review</td>
<td>CMOs</td>
<td>Case Reviews, Site Review</td>
<td>Monitoring Report</td>
<td>Every six months</td>
<td>Results are disseminated to CMOs and Heartland Management; corrective action is required for identified deficiencies.</td>
<td>Contracts Department, QM Department</td>
</tr>
<tr>
<td>To monitor performance according to contract, including: invoice verification, reviews of exit interviews and incident reports, conduct satisfaction surveys, review case files, and conduct a site review</td>
<td>Contracted Providers</td>
<td>Case Reviews, Site Review</td>
<td>Monitoring Report</td>
<td>Per Decision Matrix</td>
<td>Results are disseminated to providers and Heartland Management; corrective action is required for identified deficiencies.</td>
<td>Contracts Department</td>
</tr>
<tr>
<td>To monitor the quality of services provided regarding safety, permanency, and well being</td>
<td>CMOs</td>
<td>Case Reviews</td>
<td>QM Quarterly Report or Excel Matrix</td>
<td>Quarterly</td>
<td>QM Quarterly Report includes the results of the case reviews; it is disseminated to Heartland Management, Board, and CMOs. The Excel Matrix with the results is distributed to DCF and the CMOs.</td>
<td>QM Department</td>
</tr>
<tr>
<td>To ensure compliance with completion of Exit Interviews as delineated in Administrative Code</td>
<td>CMOs</td>
<td>Placement Database</td>
<td>Out of Home Care Exit Interview Report</td>
<td>Quarterly</td>
<td>The information is distributed to Heartland Management &amp; CMOs</td>
<td>Data Management Department</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>PROVIDER</td>
<td>DATA SOURCE</td>
<td>REPORT</td>
<td>FREQUENCY</td>
<td>FEEDBACK METHOD</td>
<td>RESPONSIBLE PARTY</td>
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<tr>
<td>To ensure children’s satisfaction with placement (for children between the ages of 5 and 18)</td>
<td>Foster Homes or Contracted Facilities</td>
<td>Exit Interviews</td>
<td>Exit Interview Report</td>
<td>Quarterly</td>
<td>The interviews and report are disseminated to HFC Contracts, Re-Licensing, and Heartland Management Team. HFC Contracts or the Licensing addresses any identified concerns.</td>
<td>QM Department</td>
</tr>
<tr>
<td>To monitor the diversion rate of children entering care</td>
<td>FIT Family Builders</td>
<td>Fit Tracking Spreadsheet</td>
<td>Fit Log, FIT Staffing Spreadsheet</td>
<td>Weekly</td>
<td>The log is disseminated to PI; the spreadsheet is included on the Monday Morning Data Call.</td>
<td>Front End Operations</td>
</tr>
<tr>
<td>To ensure adherence with CFOP 175-72</td>
<td>CMOs</td>
<td>Case Reviews</td>
<td>Crosswalk</td>
<td>Quarterly</td>
<td>The crosswalk is reviewed by Heartland Management Team</td>
<td>QM Department</td>
</tr>
<tr>
<td>To ensure adherence to Red Flag Staffing Protocol</td>
<td>CMOs</td>
<td>Case Reviews</td>
<td>Crosswalk</td>
<td>Quarterly</td>
<td>The crosswalk is reviewed by Heartland Management Team</td>
<td>QM Department</td>
</tr>
<tr>
<td>To ensure all children received protective services are seen each month</td>
<td>CMOs</td>
<td>FSFN Report: “Children Seen Not Seen”</td>
<td>Monday Morning Data Packet</td>
<td>Weekly</td>
<td>The Data Packet is distributed to HFC Management and staff, DCF, FSFN staff, Board Members, CLS, &amp; CMOs</td>
<td>Data Management Department, QM Department</td>
</tr>
<tr>
<td>To evaluate the completion and quality of supervisory reviews</td>
<td>CMOs</td>
<td>Case Reviews</td>
<td>Case Review Matrix, Crosswalk</td>
<td>Quarterly</td>
<td>The Crosswalk is distributed to HFC Management, and the Matrix is disseminated to DCF</td>
<td>QM Department</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>PROVIDER</td>
<td>DATA SOURCE</td>
<td>REPORT</td>
<td>FREQUENCY</td>
<td>FEEDBACK METHOD</td>
<td>RESPONSIBLE PARTY</td>
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<tr>
<td>To ensure that efforts were made to provide court ordered visitation between the parent and child in out of home care</td>
<td>CMOs</td>
<td>Case Reviews</td>
<td>Case Review Matrix, Crosswalk</td>
<td>Quarterly</td>
<td>The Crosswalk is distributed to HFC Management</td>
<td>QM Department</td>
</tr>
<tr>
<td>To ensure diligent efforts are made for all absent parents</td>
<td>CMOs</td>
<td>Case Reviews</td>
<td>Case Review Matrix, Crosswalk</td>
<td>Quarterly</td>
<td>The Crosswalk is distributed to HFC Management</td>
<td>QM Department</td>
</tr>
<tr>
<td>To ensure the percent of adoption goals are met</td>
<td>CMOs</td>
<td>FSFN Reporting and Adoption Tracking Sheet (self-reporting)</td>
<td>Monday Morning Data Packet</td>
<td>Weekly</td>
<td>The Data Packet is distributed to HFC Management and staff, DCF, FSFN staff, Board Members, CLS, &amp; CMOs</td>
<td>Director of Operations</td>
</tr>
<tr>
<td>To ensure the percent of adoptions are finalized within 24 months</td>
<td>CMOs</td>
<td>Adoption Tracking Sheet (self-reporting)</td>
<td>Monday Morning Data Packet</td>
<td>Weekly</td>
<td>The Data Packet is distributed to HFC Management and staff, DCF, FSFN staff, Board Members, CLS, &amp; CMOs</td>
<td>Director of Operations</td>
</tr>
<tr>
<td>To ensure that fingerprints, photographs, and birth verifications are received for children in out of home care and in a court ordered in home placement</td>
<td>CMOs</td>
<td>FSFN Reporting</td>
<td>Monday Morning Data Packet</td>
<td>Weekly</td>
<td>The Data Packet is distributed to HFC Management and staff, DCF, FSFN staff, Board Members, CLS, &amp; CMOs</td>
<td>Data Management Department</td>
</tr>
<tr>
<td>To ensure the number of missing children is less than 10 per 1000.</td>
<td>CMOs</td>
<td>FSFN Reporting</td>
<td>Monday Morning Data Packet</td>
<td>Weekly</td>
<td>The Data Packet is distributed to HFC Management and staff, DCF, FSFN staff, Board Members, CLS, &amp; CMOs</td>
<td>Missing Child Specialist</td>
</tr>
<tr>
<td>To ensure timely reporting when a child is missing</td>
<td>CMOs</td>
<td>Missing Child Reporting System and Incident</td>
<td>Missing Children Report</td>
<td>Weekly</td>
<td>The Data Packet is distributed to HFC Management and</td>
<td>Missing Child Specialist</td>
</tr>
</tbody>
</table>
4. Heartland tracks ongoing performance initiatives through the Monday Morning Data Call and Permanency Reviews:

- The Monday Morning Data Call is utilized to evaluate the current status or performance gap on contract measures and other measures identified by Heartland, which currently include:

  - FS 101: Percent of children not abused or neglected during services. As of 12/31/07, Heartland has exceeded the target for this measure; however, it continues to be monitored on the data packet to ensure that the outcome is met.

  - FS106: Percent of children who were subjects of reports of verified or indicated maltreatment shall not exceed 1%. As of 3/31/08, Heartland is in compliance with this measure; however it continues to be monitored to ensure that the outcome is met.

  - FS302: Percent of children removed within 12 months of a prior reunification shall not exceed 9%. Heartland is currently out of compliance with this measure; it will continue to be evaluated on the Monday Morning Data Call to ensure that the outcome is achieved.

  - FS107: Percent of children in active cases required to be seen who are seen monthly. This outcome fluctuates on a monthly basis; as a result it continues to be included on the data packet and discussed during the call to ensure all children are seen monthly.

  - FS108: Number of missing children per 1000 in in-home and out of home care shall not exceed 10. Heartland is currently in compliance with this measure; however this outcome continues to be monitored on the data call.

  - FS 301: Percent of children reunified within 12 months of the latest removal. As of 3/31/08, Heartland has not met this outcome. This measure will continue to be included on the Data Call.

  - FS 303: Percent of adoptions finalized within 24 months of removal. Heartland is currently exceeding this target due to the continue evaluation on the Data Call. This measure will continue to be monitored to ensure compliance.

  - Percent of Fingerprints, Photos, and Birth Verifications Obtained. Heartland is currently the first in the state on these three measures; however, Heartland has not achieved 100% compliance. These measures will continue to be included on the Data Packet to ensure continued improvement and compliance.

When areas for improvement are identified, additional drill down is reported on the data call to help identify root causes. The status of improvement initiatives identified will be tracked and reported through the Morning Monday
Data Packet which is distributed via email and hard copy to Heartland Management, Board of Directors, Case Management Organizations, DCF Administrations, CLS, and other community stakeholders. The Data Call is also open to all Heartland staff.

Historically, performance is improved once identified and tracked on the Data Call by utilizing the Hawthorne Effect. The Hawthorne Effect indicates that when a measure is reviewed, performance is improved. The data packet 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.

- Two permanency initiatives have been implemented to ensure permanency for children in out of home care.
  - For those children who are in care for 24 month or long, the cases are reviewed on a quarterly basis. Results are to be distributed to the management team.
  - Another initiative has been implemented for children in care for 18 months or greater with a goal of reunification. Results are distributed to the CMO to verify if the goal of reunification is still appropriate. If the goal is incorrectly identified in FSFN, the goal is modified in FSFN to reflect the current goal.

5. Heartland has identified additional performance initiatives for the 2008–2009 fiscal year. The status of improvement initiatives identified will be tracked and reported through the Morning Monday Data Packet which is distributed to Heartland Management, Board of Directors, DCF, and other community stakeholders. These measures include:

- Heartland Management team identified the need to reduce the number of placements for children licensed out of home care placements. A Quality Improve Control (QIC) Story will be utilized to address this need.
- Due to placement instability for teenagers, Heartland Management identified the need for targeted recruitment for foster homes (teen specific). The teen population was identified as an area of concern. The HFC recruitment plan has incorporated recruitment of teen specific homes. Placement changes are monitored on a daily basis. This tracking system will help monitor and identify areas to improve and reduce the replacement of our teen children.
- FS 302: percent of children removed within 12 months of a prior reunification. This measure was identified as an area needing improvement due to the current performance on Dashboard. This measure is evaluated during the CMO Meetings and is included on the Data Packet.
- Drill down analysis will be conducted on Heartland’s 18 month Adoption Plan to identify all the children that may be available for adoption within the next 18 months. Heartland will use the drill down analysis to determine reasons why children come into care and behaviors of children or other
identified areas that may result in delays in achieving adoption. Heartland may implement services within the community to improve the system. This plan will evaluate cases where children are available for adoption but have not been adopted.

- Heartland Management Team identified the timely completion of Placement Report Cards (Exit Interviews) as an area in need of improvement due to current compliance with Administrative Code. Data will be collected on a daily basis and tracked on the Monday Morning Data Packet.

6. As new information becomes available, Heartland will determine what steps will be taken to evaluate the issue and act accordingly. When appropriate, the new information will be tracked and monitored on a weekly basis on the Monday Morning Data Call. In addition, other projects may be initiated, such as a QIC story, if it is selected as a method to address new information identified.

7. If a critical life, health, or safety threat to a child is identified during any quality assurance or other review activity, Heartland will assure that the situation is immediately addressed and corrected. This action is completed through several methods to include:

- 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, Incident Reporting follow-up, Client Concerns, and Efforts to Locate for missing children
- Reports to Abuse Hotline – When abuse or neglect is suspected or identified through exit reviews, incident reports, client concerns, contract monitorings, and case reviews a report is made to the Florida Abuse Hotline
- Corrective Action Plans (CAP) - When a safety concern has been identified Heartland’s Management Team or Contracts Department will immediately initiate a CAP with the provider to ensure the situation is addressed and corrected. Continued follow-up will occur as needed by the initiator of the CAP
- Specialized Staffings – A specialized staffing is held when a need has been identified through case reviews, incident reports, client concerns, placement needs, mental health / substance abuse needs, and a review of chronic runaways. A staffing can also be held at the request of DCF, foster parents, caregivers, Guardian Ad Litem, child in care, and any other community stakeholders

8. Heartland recognizes the importance of obtaining national accreditation as an additional quality assurance measure for the organization. Obtaining accreditation also enhances the organization’s credibility among its customers, providers, and stakeholders. Heartland is currently pursuing accreditation through the Council on Accreditation (COA).
and validate organizational effectiveness”. The accreditation process is holistic and involves everyone from Heartland’s Board of Directors, staff, stakeholders, and the community. In accordance with COA standards, the QM plan describes processes and activities required by COA including: stakeholder participation, long-term planning, short-term planning, internal quality monitoring, case record review, outcomes measurement, customer satisfaction, feedback mechanisms, and corrective actions. The Continuous Quality Improvement (CQI) efforts are planned and implemented to support the organization’s and system’s vision, mission, and core values. It also embraces best practice efforts in the field of quality improvement, which includes involving consumers and stakeholders in program planning, case planning and case review, as well as convening teams to provide assistance and support in the activation of improvement initiatives. Heartland is currently involved in pre-planning activities and has submitted an accreditation application as of May 2008.

4.5 Quality Management System Components

The Core Components of the Quality Management System are summarized below.

Community Engagement

Heartland’s quality management process is woven throughout the agency which involves staff, contracted providers, and stakeholder groups across organizational units as well as the community. All phases of continuous quality improvement emphasize participation, communication, and cooperation. Participation of stakeholders is fundamental to a well-designed and implemented quality improvement process. Heartland Stakeholders include:

- Children and families served;
- Staff members
- Board members
- Contract Providers
- Department of Children and Families (DCF)
- Foster Parents
Community Involvement
Heartland was successfully integrated into the communities of Polk, Highland, and Hardee counties and maintains high visibility by demonstrating leadership on community projects. In addition, Heartland places strong emphasis on making child abuse prevention a priority and utilizing multi-media approaches to educate and promote awareness by sharing our mission and vision for children and families in Circuit 10. Efforts can be seen on local television shows such as PGTV (Public Broadcast Television), recruitment initiatives, and with collaborative work with community groups such as the local Junior Leagues, Rotary and Kiwanis clubs, Community Vision Committees, local art councils, and all school districts.

The Executive Director and/or designee attends or facilitates community meetings such as the, Circuit 10 Heart of Community Alliance, Polk Vision, Highlands County Child Advocacy Meetings, Polk County Sexual Abuse Task Force, Polk County Child Advocacy Council Meetings, DJJ Board Meetings, D-14 Prevention Workgroup and United Way meetings on a monthly basis sharing updates on the progress of Community Based Care and developing strategies to collaborate with the other representatives. In November 2005, Heartland was selected by Polk Works and Success by 6 as one of the “Best Places to Work” and as one of the “Spirit of The Family” award winners in the Polk County Community. In December 2005 in Highlands County, Heartland has partnered with large community events that supported foster care and adoption recruitment efforts. In 2006, Heartland was a National Award winner with Bright House Cable and the National Ad Awards for Adoption Recruitment Commercials that HFC created and produced.

Circuit 10 has developed an active Prevention Workgroup, which includes representation from a diverse group of community partner agencies – both traditional and non-traditional. This group not only focuses on issues of child abuse and neglect prevention and brings the District together to work on the 5 Year Prevention Plan and implementation of strategies, but also coordinates the Child Abuse Prevention Awareness activities and plans in April.

In December 2005, Heartland for Children rolled out our first Rudolph Round-Up Holiday Toy Drive project lead by Heartland, which generated gifts for over 2500 children in Circuit 10 that are being served by case management or protective investigations. In 2006, this project was duplicated and served close to 2800 children and linked HFC up to new community partners that will be encouraged to support ongoing efforts of development in the years to come. In 2007, over 2000 children were supported during the holiday. This project continues to be a signature event in the community, and ensures that children under protective services, foster parents, relatives, and non-relatives are supported during the holiday.
School Collaboration
Heartland for Children is committed to improving communication and partnership with our local school boards. We are party to interagency agreements along with DCF, each school board and the local workforce board for each of the three counties we serve. These agreements specify the goals of educational stabilization for children and enhancing communication on behalf of children in our system so that educational outcomes are improved.

QA/QI Activities
Heartland for Children meets regularly with the liaisons for each school board to address concerns, systems improvement, training needs and any needed updates to the interagency agreement. Heartland for Children has provided assistance with training of school board staff on identifying and reporting child abuse and continues to provide training opportunities for HFC staff, Child Protective Investigators and foster parents on school related issues. Since many of the processes are new to our system, the practice for evaluating their effectiveness is still in the implementation phase. Some quality improvement processes that are planned to be implemented are:

Satisfaction Survey of school personnel
- Linking the Independent Living Staffings to the school IEP staffings held at the school
- Evaluation of the compliance of case managers with sharing information with schools
- Implementation of the Endless Dreams Curriculum
- Continued meetings with school board personnel to assess needs

Contract Management
The Contract Management Department is responsible for the procurement, support, and monitoring of quality child welfare service delivery for Circuit 10. The Heartland provider network consists of a broad array of in-home, out of home, and community based services supporting Heartland’s mission to develop and manage a comprehensive, community based, coordinated system of care for abused, neglected, and abandoned children and their families and for children and families who are at risk of maltreatment and/or placement in the foster care system.

Heartland utilizes a monitoring team for the oversight of contracted providers. This team will generally consist of Contract Management and/or Quality Assurance staff. Other individuals may participate on this team, at the discretion of the Assistant Director of Administrative Services - Contract Management, if they have a demonstrated knowledge of and/or experience in the child welfare system, contract management, quality assurance/management, or the services being monitored. Peer reviewers will be required to be trained on the instruments utilized, prior to participation.
QA/QI Activities

- Provider Procurement and Retention-
  - All prospective providers seeking entry into the provider network are required to complete an application. Applications are reviewed for content and completeness by the contract management staff. The applications are forwarded to the Assistant Director of Administrative Services-Contracts and/or EMT for review of the proposed service, rate, and need of the service. Other agencies and/or monitoring reports may be consulted regarding the prospective provider’s program/service.
  - All contracts whose terms are ending are reviewed for continued service need and/or satisfactory performance by the HFC contract management staff and EMT. Contract Management staff review the utilization and performance of each provider.
  - HFC Contract Management staff and other departments are available for limited technical assistance regarding service delivery and contract requirement compliance.

- Invoice Verification- All invoices for contracted services will be reviewed for accuracy of demographic information, service provided and required deliverables are submitted.

- Contract File Review- Contract management staff conduct periodic contract file reviews for receipt of all required contract deliverables.

- Contract Monitoring-. Contract Monitoring is a continual process encompassing the following activities: verification and validation of invoices and deliverables, review of Exit Interviews and Incident Reports pertaining to contracted services/providers, conducting Satisfaction Surveys, contract File Reviews, and formal Contract Monitoring with a site review and file review.
  - Formal Contract Monitoring Frequency is determined by a decision matrix that factors in the amount of the contract, type of services, number of children served, and management changes.
  - A schedule of contract monitoring is completed on an annual basis and updated as necessary.
  - A monitoring team leader is selected for each monitoring and cannot be the contract manager for the provider being monitored.
  - The team leader conducts the entrance and exit interview and will coordinate the review activities of the team.
  - Monitoring may be conducted on the following programmatic components:
    - Client files
    - Financial systems and accountability
    - Site Safety review including vehicles used for transportation of clients.
    - Compliance with Contract requirements.
    - Policies and Procedures
    - Other agency monitoring reports
• Facility abuse report history
• History of police call outs
• Satisfaction Surveys
• Incident Reports
• Medication Administration

• Satisfaction Surveys- On an annual basis, the contract management staff conducts satisfaction surveys on the following:
  o Provider satisfaction with Case Management Services.
  o Case Management satisfaction with Provider services.
  o Provider satisfaction with HFC Contract Management.

• Exit Interviews- Exit Interviews regarding contracted services/providers are reviewed by the contract manager and/or the Asst. Dir. of Admin-Contracts for satisfaction of the services received by the child.

• Incident Reports- Incident reports are reviewed by contract management staff to identify incident type trends with providers, timeliness of reporting (contract requirement), and follow up.

• Stakeholder meetings are coordinated by the Contract Management Dept. and are conducted with providers and community partners on a bi-monthly basis. Topics may include:
  o Educational presentations regarding community resources pertaining to child welfare
  o Trends in child welfare
  o Information pertaining to HFC service delivery
  o Presentations by contracted providers to highlight their program
  o Input from community partners

Feedback Method
• Provider Procurement and Retention Feedback:
  o The prospective provider is notified within 60 days of the intention to either enter negotiations or rejection of the application and reason for the rejection. Performance information may be obtained from a variety of sources to include Case Management, other providers, GAL, licensing, FSFN, and contract files. Contract Management staff present each provider in summation to include service, expenditure, utilization, and performance to the EMT with recommendations for renewal, programmatic or funding changes, or non-renewal.
  o All contracted providers who are providing a service with continued need by HFC will be invited to complete an application for contract/vendor agreement renewal. Applications are reviewed for content and completeness by the contract management staff. These applications are forwarded to the Assistant Director of Administrative Services-Contracts and/or EMT for any programmatic and/or rate changes.
  o HFC may provide linkage between providers and/or other HFC departments for training opportunities.
- When discrepancies are found during invoice verifications, the contract management staff will contact the provider to verify the information submitted, request additional information, and/or provide necessary corrections. If the discrepancy is due to internal processes, the appropriate Heartland department is contacted for research and resolution of the issue.

- During contract file reviews, if it is determined that a provider has not submitted a required deliverable, the contract manager will contact the provider regarding the missing item. In the event of continued provider non-compliance, the Asst Dir. of Admin Services-Contracts will be notified by the contract management staff.

- Upon completion of contract monitoring, formal monitoring reports are released to the contracted provider within 30 days from the date of the monitoring visit. Monitoring results are shared with the EMT staff prior to the release of the monitoring report. Other agencies to include CBCs and licensing may receive copies of the monitoring report as requested or if serious findings are made that jeopardizing the health and well-being of children in the provider’s care. If during a monitoring review an incident of suspected abuse or neglect is found by the monitoring team, an abuse report will be made to the abuse hotline.

- The results of satisfaction surveys are presented to the Asst Dir. of Admin Services-Contracts and may be presented to the EMT. Results may also be shared with the provider and/or included in any contract monitoring reports.

- When dissatisfaction is indicated on an exit interview, the provider is contacted for follow up. The assigned case manager may be contacted to obtain additional input. In cases of suspected abuse or neglect, an abuse hotline report is made by the contract manager and/or the Asst. Dir. of Admin-Contracts. The EMT will be made aware of contracted provider issues. The appropriate licensing office may be notified by the contract manager and/or the Asst Dir. of Admin-Contracts or the CPI.

- When dissatisfaction is identified in an incident report, the provider is contacted for follow up. The assigned case manager may be contacted to obtain additional input. In cases of suspected abuse or neglect, an abuse hotline report is made by the contract manager and/or the Asst. Dir. of Admin-Contracts. The EMT will be made aware of contracted provider issues. The appropriate licensing office may be notified by the contract manager and/or the Asst Dir. of Admin-Contracts or the CPI.

- Stakeholder Meetings- Suggestions and input from community partners and providers will be submitted to the EMT for service enhancement.

**Corrective Action / Action Planning**

- Action plans may be developed to identify strategies for provider service improvement.

- When invoice discrepancies are identified, payment will be withheld until all discrepancies are resolved or submission of all required contract deliverables.

- During contract file reviews, a Notice of Non Compliance will be issued to the provider with a deadline for compliance. Invoice payments may be withheld.
Corrective Action Plans will be required for continued non compliance up to an including initiation of formal contracting monitoring and termination of the contract if the situation warrants.

- Upon completion of contract monitoring, the contracted provider will be required to submit a formal corrective action plan for areas of deficiency identified by the monitoring team with a deadline for submission. A follow up review will be conducted and may include a site visit and/or a desk review of the corrective items identified. If the provider continues to have areas of deficiency that remain uncorrected the following may occur.
  - Financial sanctions
  - Placed on a no placement status
  - Removal of clients from the program
  - Termination or non renewal of the contract

- As a result of satisfaction surveys, action plans may be developed depending on the feedback from the EMT regarding the input from providers and community partners.

- Depending on the severity of the exit interview:
  - Contract management staff and/or the Asst. Dir. of Admin may meet with the agency management to address the issue and resolve.
  - An unannounced or announced site visit may occur.
  - Initiation of Contract Monitoring Review may occur.
  - A formal corrective action plan may be required.

- In the event of identifiable trends in type of incidents, increases in incident occurrences and/or issues in timely reporting
  - Contract management staff and/or the Asst. Dir. of Admin may meet with the agency management to address the issue and resolve.
  - An unannounced or announced site visit may occur.
  - Initiation of Contract Monitoring Review may occur.
  - A formal corrective action plan may be required.

Data Services
Heartland provides ongoing and regularly scheduled opportunities for collecting, reporting and analyzing data from its various systems. Heartland’s Data Services Unit strives to ensure data integrity by completing entry of information into all of the data systems maintained by Heartland, including Florida Safe Families Network, ICWSIS, and CMHC and Oracle - the financial databases utilized for payment of invoices. Data systems are monitored regularly and processes for reconciling are assessed and improved on a continuous basis.

Data for analysis is gathered through the available FSFN reports, Dashboard reports, and ad hoc reports using the data repository. Data are published regularly in the Weekly Data Packet and used for discussion during the weekly Monday Morning Data Call. The data packet includes charts and reports relevant to each of the eight contract performance measures. The contract performance measures and other measures and outcomes being monitored are addressed during these weekly calls.
The Weekly Data Packet includes both weekly and monthly data reports. By monitoring some measures on a weekly basis, service providers are able to address emerging issues in a timely manner.

Heartland provides ongoing and regularly scheduled processes for ensuring data integrity, as follows:

- Identified areas of concern, such as missing fingerprints or photos, visits, etc. are addressed with additional ad hoc and/or data reports on the Monday Morning Data call. Where there may not be sufficient data available in FSFN, other tracking systems augment with the needed data for reporting and validation. Examples of these systems include the ESI staffing tracking log, information on timely submission of court documents and adoption finalization information. When received, these reports are verified against data in FSFN, and if there are inconsistencies, Heartland’s staff works with the providers to resolve identified issues.

- The Data Services Unit continually monitors incoming invoices for data discrepancies between the invoice and Heartland data systems. When discrepancies are identified, the case file is researched for accurate information, and all systems are checked to verify and/or update the data. This process is especially effective in identifying and addressing demographics and placements information.

- Heartland utilizes the Florida Safe Families Network exception reports to address data integrity issues in both FSFN and in ICWSIS. Reports are generated as needed and systems are reconciled by the Data Services Unit.

- Additional ad hoc reports are obtained from both FSFN and ICWSIS and used to reconcile the two systems with each other and with the HFC financial data systems. Inconsistencies are identified and corrected to ensure valid data in all systems.

- Data errors in Florida Safe Families Network, ICWSIS and CMHC (the software program that supports financial functions) are tracked and researched to identify trends and issues in data entry processes.

- Data discrepancies, when detected, are researched via the actual paper case file, and all systems are checked to ensure that that correct data is entered. In addition, the quality management reviews compare the actual case file to the printouts from FSFN.
Feedback Method
Copies of the data packet are distributed at the end of every work week and are the focus of discussion each Monday morning on the Data Call. Regular participants on the Monday Morning Data Call include: Heartland’s Management staff, Contract Management, Child Protective Investigations, CWLS, Florida Safe Families Network staff, and representation from each of the CMOs to include both Management and Supervisors. Additional invited participants include: DCF Office of Quality Management staff and partner providers. By keeping everyone informed and having multiple sets of eyes reviewing the data, trends can be detected earlier and interventions identified and implemented early to effect positive outcomes.

Corrective Action / Action Planning
If data integrity, data timeliness or data entry issues are identified either through the Monday Morning Data Calls or through monitoring efforts within HFC, CMOs may be tasked with an assignment to correct the issue within a specified timeframe. By completing these ongoing corrective action projects, the data remains as current and accurate as we can make it.

If a short term assignment is not appropriate to address the existing issue, a workgroup is convened to review the current situation, identify trends and implement countermeasures. In these instances, an ongoing report will be provided and updated weekly in the Data Packet to keep all shareholders updated.

Federal Funding
State child welfare services rely heavily on federal funding. In order to preserve this valuable source of funding, Heartland and its contracted providers must comply with legal requirements set forth by the Federal Government as identified in Florida’s TANF and Title IV-E State Plans, Children and Family Operating Procedures 175-71, 175-93 and 175-29. Federal funding sources for child welfare services include TANF, TANF – MAS for adoptions and Title IV-E. Per the protocols established under the Title IV-E Waiver, effective October 1, 2006, Title IV-A/EA is no longer to be used as a funding source for new children entering licensed out of home care. Children who had previously been determined eligible for Title IV-A/EA continued to be eligible for IV-A/EA funded services through the end of the authorized service period per procedures outlined in CFOP 75-93. At the end of the authorized service, continued funding was to be established per the Title IV-E Protocol.

Heartland conducts reviews designed to assess the Federal and state compliance with established eligibility criteria and to provide technical assistance to unit and case management organization (CMO) staff to ensure the proper application of the criteria. These reviews are based on the children under Heartland’s responsibility for placement and care. Success of the review process is evidenced by the appropriate expenditure of funds. Systems required in the review process are, FSFN, ICWSIS, Florida Online Recipient Integrated Data Access (FLORIDA) and FMMIS. RevMax staff also visit with each CMO on a monthly basis to provide hands-on training in completing appropriate RevMax documents. RevMax provides formal training to new PI and CMO Case
Manager Trainees in Pre-service Training. All field staff are continually provided with updated forms and formats both via email and via Heartland’s website.

The RevMax workflow cycle, is defined as a process of document collection, review and research, information system updates, documentation updates, file and data management, customer conflict and resolution efforts. Both external and internal factors affect the RevMax workflow cycle and performance indicators. In order to improve our internal performance, the RevMax Unit:

- Practices open communication with the protective investigations, case management, child welfare legal and internally,
- Keep standardized processes updated and disseminated to relevant parties,
- Offer refresher training as and when requested to protective investigation and case management,
- Provide training to new investigators and case managers as part of the pre-service training and
- Issues unable to be resolved through the above methodology is brought to the attention of the executive management team for resolution

QA / QI Activities
Title IV-E Adoption Reviews by RevMax

- Each month a review report will be generated for the coming month with a list of names of adopted children eligible for Title IV-E, completing an anniversary date per the signed Adoption Assistance Agreement.
- The RevMax Specialist will check ICWSIS for correct payment history and if Title IV-E funds were claimed during any period of ineligibility, recoupment of such funds will be initiated for the ineligible period. A Notice of Case Action (NOCA) will be completed and forwarded to Fiscal for updating ICWSIS. At the same time the DCF Child in Care (CIC) will be notified of the review, who will document ongoing Medicaid on the child’s FLORIDA Medicaid case. Fiscal will ensure that recoupment is completed within thirty (30) days, and return to RevMax Unit a copy of the recoupment paperwork for our audit file. RevMax Specialist will update FSFN accordingly.
- 100% reviews of Foster Care Adoption cases will be completed each month for the following month.

TANF – MAS Adoption Reviews by RevMax

- Each month a review report will be generated for the coming month with a list of names of adopted children eligible for TANF MAS, completing an anniversary date per the signed Adoption Assistance Agreement.
- The RevMax Specialist will mail the MAS TANF form to the adopted families annually for verification of any change in child’s income status, continued Florida residency confirmation, and signatures. A NOCA will be completed for any periods of ineligibility and forwarded to Fiscal for updating ICWSIS. The DCF CIC will be notified of any changes to update child’s Florida Medicaid case accordingly. Fiscal will ensure that funding is switched to General Revenue within thirty (30) days, and return to RevMax Unit a copy of the paperwork for our audit file. RevMax Specialist will update FSFN accordingly.
• 100% reviews of TANF – MAS adoption cases will be completed each month for the following month.

Feedback Method
The RevMax Supervisor provides monthly statistical data and report updates to Heartland’s Chief Financial Officer. These include, but are not limited to, monthly Title IV-E, TANF and Adoption findings. Tracking Logs are continually updated by RevMax Unit staff.

Front End Operations
Early Services Intervention (ESI)
The Protective Investigator can access an ESI staffing at any juncture in their involvement with a family, when their assessment concludes that the present risk to the child requires the ongoing supervision of a formal support system, or the involvement of the judiciary to protect the child. Heartland is responsible for the scheduling of staffings and determination of CMO case assignment. All things being equal, cases will be assigned on a unit rotational system. Heartland’s ESI Staffing is attended by a standing committee of treatment professionals who utilize their clinical expertise and knowledge of the child welfare system to review and assess the service intervention needs of the child and family and provide expert opinions regarding the direction of a case, including identification of appropriate interventions and permanency options. Decisions are made during the staffing regarding the family’s risk level, intensity of services, identification of absent parents and frequency of Case Manager contact needed to ensure child safety. The ESI Staffing serves as the Case Management Organization’s official acceptance of a case from investigations. At the conclusion of the staffing the negotiated services and responsibilities will be identified in writing on the ESI form and a process for continuing to share information determined.

Child Protective Investigations Staffing
The Child Protective Investigations Staffing is our second early diversion program available to Child Protective Investigators. The CPI Staffing process serves as a venue to explore alternative options/resources available to maintain a child in their home and prevent further entry into Heartland’s system of care. The Child Protective Investigations Staffing is initiated by the Child Protective Investigator and chaired by a Heartland CPI Staffing Master. This staffing is used by the child protective investigator to identify and/or solidify interventions needed for implementation of a safety plan as part of their overall assessment process.

Family Intervention Team Staffing
The Family Intervention Team is a new program exclusively for child protective investigators and offers intensive intervention services to families whose children are at risk of imminent out-of-home care placement. During the course of an investigation, the child protective investigator can make a referral to the Family Intervention Team whose goal is to ensure the protection of the child’s safety while working with the family. Our Family Intervention Team staff work with the family during the course of the abuse investigation (approximately 60 days). During this time, the team will assist the family by offering services that include, intensive crisis counseling, parenting, budgeting, food,
clothing, housing, utilities, transportation and other assistance to meet the special physical, mental or emotional needs of the children.

**QA / QI Activities**
A case distribution and tracking Log is maintained by Heartland’s Front End Operations Department to ensure cases that are coming into the System of Care are appropriately tracked and equitably distributed to the Case Management Organizations. It is also used to track the diversion rate of children not coming into the System. The log is tracked / updated on daily basis and is utilized for fiscal year tracking. The case distribution and tracking log is provided weekly to Heartland’s Data Services Department for inclusion in the Monday Morning Data Packet.

**Feedback Method**
Data gathered on the case distribution and tracking log is outlined in the Monday Morning Data Packet. Discussions and updates regarding case tracking and distribution is shared with Heartland’s management team, Board of Directors, CMOs, DCF, CLS, and other community stakeholders weekly through the Monday Morning Data Call.

**Finance**
The Chief Financial Officer (CFO) is responsible for management and oversight of Heartland’s Finance Department. Fiscal operations are reviewed by Heartland’s finance committee which consists of the Executive Mgmt Team. The Finance committee meets monthly to review Heartland’s budget, staff positions, proposed contract changes, and results of monthly operations.

**Feedback Method**
A cash management report is shared on a weekly basis with Heartland’s Management Team during management team meeting for review and discussion. Minutes from the weekly management team meeting are maintained by Heartland’s Executive assistant on a monthly basis, the financial results are shared with Heartland’s Board of Directors for their review and approval. Minutes supporting financial discussions and Board approval are maintained by Heartland’s Executive Assistant.

**Corrective Action / Action Planning**
In the event negative variances to the budgeted line items are discovered, the cause is discussed during the monthly Board Meetings. If the variances are significant further investigative actions would be taken in subsequent months.

**Human Resources**
Heartland for Children wants to ensure we attract and retain the most highly qualified workforce available. It is Heartland’s intention to make known information about Heartland’s employment opportunities, to ensure compliance with the law, attraction of new employees and recognition and development of current employees. Heartland is a drug free workplace and complies with all applicable local, state and federal laws and regulations regarding non-discrimination in employment. All job offers are contingent
upon the applicant consenting to and successfully passing, a pre-employment drug screening test prior to starting work.

**QA/QI Activities**

- All new employees are required to submit to a drug screens within twenty-four hours of a job offer.
- All new employees will undergo a thorough background screening prior to their first day of employment which will consist of: Live Scan of fingerprints sent to the Florida Department of Law Enforcement, Local Law Check of both Polk county and county the employee resides in if different from Polk county, completed and notarized Affidavit of Good Moral Character, driving history, statewide criminal check if resided outside of Florida in the past year and FACIS screening. Annual background screenings are conducted on all employees at the time of their annual assessment.
- Heartland for Children encourages the growth and development of staff through periodic performance evaluations. Heartland for Children strives to have a well-trained and competent staff in order to provide high quality services to our customers. The completion, review and implementation of employee performance assessments are an integral part of staff development and recognition. Staff receive a 90-Day assessment, Six Month assessment and Annual Assessment.
- An upcoming and overdue performance assessments report is maintained by the HR Department and distributed monthly to the Heartland Management Team.

**Corrective Action/Action Planning**

- Heartland will attempt to provide each employee with the appropriate level of coaching and counseling to assist them in adhering to Heartland’s standards conduct and performance expectations during all assessments.
- Heartland for Children Employees have an obligation to observe and follow Heartland for Children’s policies and procedures and to maintain proper standards of conduct at all times. If an individual’s behavior interferes with the orderly and efficient operation of a department, corrective disciplinary measures will be taken. Disciplinary action may include a verbal or written warning, suspension with or without pay, or discharge. The appropriate disciplinary action imposed will be determined by Heartland for Children. Heartland for Children does not guarantee that one form of action will necessarily precede another.

**Licensing / Re-licensing**

Recruitment, licensing and retention efforts are monitored on an ongoing basis, in order to meet the unique needs of the children that are served in Polk, Highlands and Hardee counties. This includes responsibility for recruiting families to be foster parents, training them, supporting them, determining their suitability to be foster parents, and presenting a completed home study to the Department for licensure. Responsibilities also include providing ongoing training, support, and assessment to foster parents, so they experience mastery while fostering children and will be eager to spread the word about their positive experience while fostering children in Circuit 10.
QA / QI Activities

The following are list of activities completed in the licensing and re-licensing units:

- Approval of Licensing and Re-licensing Packets: all homes that are submitted for licensure or re-licensure are reviewed by Heartland before the Department of Children and Families’ Licensing unit approves and signs the license

- Monthly reports: A report is completed that captures the recruitment, licensing and retention data for the month. For example, it captures: number of newly licensed homes, number of re-licensed homes, number of closures and reasons for closures, number of foster care referrals, number of new abuse reports on foster parents, number of homes in each county for Circuit 10, etc

- Quarterly reports: DCF Zone licensing provides Heartland with quarterly reports, which captures the timeliness of studies submitted for licensure or re-licensure

- Recruitment and Retention Plan: This targeted recruitment plan is developed every year by a team of professionals which includes foster parents. In addition to existing homes, Heartland performs a needs assessment to determine the gaps in capacity and works with community providers to fill the gaps. Heartland maps current foster homes to look for recruitment opportunities.

- Foster Parent Surveys: These surveys are distributed semi-annually to enable Heartland to assess the needs of foster parents and determine quality improvement opportunities.

- Exit Interviews: Children in foster care participate in exit interviews following a change in foster care placement. Exit interviews are reviewed by Heartland Management and feedback is used to enhance training opportunities for foster parents. It is also used to assess and monitor foster parent skills.

The quality of services provided by foster homes is measured in several ways:

- Exit interviews: required to be conducted on every child that leaves a licensed placement. The exit interview form utilized was adapted from the Department of Children of Families and complies with the requirements in Florida Administrative Code, 65C-28.017. The Case Manager is responsible for completing the interview with the child.

  1. Once the questionnaire has been completed, the CMO is responsible for forwarding a copy to Heartland’s Data Services Department.

  2. If the child alleges abuse, neglect or any maltreatment or the interviewer has suspicion of abuse, an immediate report will be made to the Florida Abuse Hotline. Concerns regarding licensing violations or quality of care issues must also be reported immediately to Heartland’s Re-licensing unit.

  3. The Assistant Director of Licensing/Re-licensing or designee will conduct an analysis of the exit interview and determine if there are any concerns. If there are safety or quality of care issues identified, a corrective action plan shall be developed and monitored.
4. All exit interviews must be maintained in the foster parent licensing file.

5. The Quality Management Department will review all exit interviews to identify trends and will evaluate patterns of exit interviews that are submitted.

- Monthly visits: Case Managers are required to visit all children monthly in the foster home. The visit must be face-to-face and the Case Manager documents the home visit. If the Case Manager identifies concerns in the foster home, they are forwarded to the Re-licensing Counselor or the Placement staff.

- Quarterly home visits: Re-licensing & Retention Counselors conduct a quarterly monitoring with all foster homes. The monitoring is documented and placed in the foster parent’s re-licensing file.

- Monthly staffing: The Re-Licensing & Retention Counselors and the Placement Specialist meet on a monthly basis to discuss any training needs and concerns with foster homes. Concerns related to safety are addressed with Quality Management Operations and Licensing Management.

- Statewide Licensing and Retention Conference Calls: Heartland participates during these conference calls in effort to improve recruitment, licensing and retention throughout Circuit 10. The calls are held monthly and the Assistant Executive Director of Prevention and Community Relations or designee participates on the call.

Heartland continuously strives for quality improvement of foster and adoptive homes. Strategies include the following:

- Foster Parent Training Workgroup: This workgroup meets quarterly and consists of foster parents and Heartland staff. This group continuously focuses on training needs and the development of a resource library for foster and adoptive families.

- Foster Parent Leadership Council: This is a quarterly meeting that includes foster parents, Heartland, and the four CMOs. Foster parents are provided updates in many areas of the child welfare system. Systemic issues are discussed and foster parents are given the opportunity to address the CMOs.

- Foster Parent Mentor Program: The mentoring program is a voluntary program that is designed for new Foster Parents. Upon initial licensing of the foster home, the licensing and re-licensing counselors conduct a welcome visit to the home together within 72 hours of licensing. During this visit, the initial licensing counselor inquires as to if the Foster Parent would be interested in having a Foster Parent mentor. Names of those interested are provided to the Foster Parent Association President, who will match a newly licensed Foster Parent with an experienced Foster Parent to provide ongoing support. The mentor is available by telephone and can provide answers based on their own experience and knowledge of children they have had in their home.

- Foster Parent Newsletter: A monthly newsletter is sent to all Foster Parents in Circuit 10. The newsletter is developed by a Foster Parent and approved
by Heartland. This newsletter provides updates and training opportunities for Foster Parents. It includes information and education about the system of care.

- MAPP Training: Heartland now provides separate MAPP training for adoptive and foster families. The families are no longer mixed in the same classes, which allows for more individualized training to meet the unique needs of each group.
- The MAPP Training Evaluations are reviewed immediately by the Licensing Program Manager and Assistant Executive Director (of Prevention and Community Relations) once the MAPP class is completed. These evaluations are also shared with the Executive Director. Any concerns are immediately addressed with staff and feedback from the evaluations is used to make changes in the schedule, trainers, room layout and curriculum.
- Heartland’s website www.heartlandforchildren.org has a page dedicated to community events and updates for foster parents. Monthly usage hit data is reviewed to make enhancements or adjustments by the management team on a quarterly basis. The contracts department monitors monthly usage by community residents, foster parents, and contracted providers.

**Quality Management**

Heartland’s Management Team and QM Department promote a culture that values quality and continual efforts by the organization as whole, its Board, CMOs, Network Providers, and community stakeholders to achieve strong performance, program goals, and positive results for children and their families.

**QA / QI Activities**

**Focus on Coordination**

a) CBC Supervisory Reviews: A supervisory review will be conducted quarterly by Case Management Supervisors on 100% of the cases in their unit. The “Mentoring and Modeling Quality, A Discussion Guide for Case Management Supervisors” developed in collaboration with CBCs and DCF will be incorporated into the existing process of conducting reviews. This model promotes qualitative discussion between supervisors and staff, and provides an opportunity for supervisors to mentor staff regarding best and effective practices. Supervisors can review this simple, straightforward guide to evaluate the quality of casework completed and systematically document their reviews for QA purposes.

CMO supervisors will be required to use elements of the guide to assist in case discussion; as applicable to the case being reviewed. CMO supervisors will also continue to utilize Heartland’s supervisory review checklist to assist in case reviews. All reviews completed will be documented in FSFN in summary form to minimally include the identification of the risk level, continued appropriateness of a safety plan if one exists, and specific instruction regarding the level of visits that are required to ensure safety and achieve the permanency goal established for the case as documented on the case plan.
Prior to implementation, Heartland will review and discuss this guide during the monthly Supervisor’s Meeting to ensure a thorough understanding of how the guide will be used. Utilization of the guide will be monitored internally through case reviews and performance reported to Heartland’s Management team. Heartland will periodically conduct a random review of unit supervisory reviews. A brief but qualitative review will be conducted, providing immediate feedback. This practice will allow managers to assess the supervisor’s level of skill and identify his/her needs towards improvement and staff development.

Frequent reviews between the case manager and supervisor provide the case manager an opportunity to initiate necessary actions to correct a situation before a larger problem results. It also provides the case manager with reassurance as they build increasing competence, and results in more sound decision making that impacts everything from child safety to achievement of permanency.

b) CBC Base Reviews: A total of 25 case management cases will be reviewed each quarter for the Base and Side-by-Side Reviews. The CBC Base Reviews will be conducted by Heartland QA staff and/or other approved staff. A total of 17 base reviews will be completed each quarter utilizing the approved DCF case review tool. The tool developed is based on the approach adopted from Chapin Hall1.

The Family Safety Data Unit will determine the sample of cases to be reviewed. The sampling process begins when the data unit provides an extract to Heartland of all children who are eligible to be sampled by the 15th of the month prior to the review quarter. The extract will consist of all children who were service recipients during a defined review period. Each quarter, Heartland will draw a random sample of 25 cases from the appropriate extract. Heartland will be responsible for ensuring that the cases selected meet the criteria as identified in Guidelines for Child Protective Investigations and Case Management Reviews. If a decision is made to discard a randomly selected case file from the sample list under the allowable discard criteria, the decision must be approved by Heartland’s QA Assistant Director, who must document the basis for the decision as it relates to the discard criteria. There are four quadrants of sample populations; one of which will be reviewed each quarter:

- Quarter A- Children 10 and under as of the sample date
- Quarter B- Children 11 and above as of the sample date
- Quarter C- Children 5 and under at the time of admission
- Quarter D- Children 6 and above at the time of admission

1 The model includes a methodology that balances the need for broad CPI QA information during the year with the workload that it would take to do a large sample more than once a year. Thus, the requirement is to review a total sample at the “90/10” confidence level/interval aggregated for the year, but split the sample into two or optionally more segments.

2 The Chapin Hall approach provides some innovative methodological concepts in its three major components (base, side-by-side, and in-depth quality reviews). This approach has been well-received in the pilot sites.
The Base reviews will be conducted by Heartland QA staff. Prior to the initiation of the reviews QA staff will conduct abuse/ neglect history checks (including subsequent reports and any previous case management services).

The results of the Base reviews are entered into DCF’s web based system to track and analyze the cumulative data. DCF will be responsible for analyzing the side by side reviews. Heartland QA staff will analyze the Base review results: identify trends, anomalies, areas in need of improvement, and areas of high performance. At a minimum, results will demonstrate overall performance in achieving safety, permanency, and well being; practice trends; areas of excellence; and opportunities for improvement. The resulting report will be shared with Heartland’s Management Team, Case Management, and DCF Regional QA Manager, and other community stakeholders.

If during the course of the Base reviews, a reviewer notes an administrative or safety concern, Heartland’s Assistant Director of Administrative Services - QA will immediately report the findings to Heartland’s Executive Management Team for additional review.

Additional cases may be reviewed from the extract, but these cases will not be included in the final set of 25 required by DCF. Heartland QA Staff will also conduct additional reviews which focus on specific populations or when data shows an area in need of improvement (such as the Monday Morning Call, Contract Performance Measures, and DCF Dashboard).

c) Collaborative Side-by-Side Reviews: This review requires Heartland QA staff team and regional staff (QA or program) to work in a peer review environment. The side-by-side reviews consist of a sub sample of 8 cases from the 25 cases reviewed by Heartland each quarter. The region and Heartland QA Assistant Director will identify which eight cases will be used for the Side-by-Side reviews and which two or three cases will be used for the In-Depth Quality of Practice reviews. This approach calls for an objective monitor or facilitator who guides and coordinates the review of each file, and provides objective reconciliation and arbitration among the reviewers as necessary. Again, this is based on the approach used by Chapin Hall.

- Reviewer- Peer reviewers will consist of Heartland QA staff, trained internal Heartland staff, and DCF Regional QA staff. Heartland staff utilized as peer reviewers will be required to complete the required regional QA training and have a case management background. CMO program directors, supervisors, or QA staff may also be utilized as peer reviewers provided they have attended the regional QA training. Peer reviewers will not review cases that they have involvement in as a provider or case manager or if they directly supervise staff that are assigned to the selected case for review.
During the side-by-side reviews, the reviewers will review the cases together and simultaneously, discussing the elements with one another and reflecting on the quality of the interventions and services provided to the family under review. The team will reach consensus in responding to the standards using the interpretive guidelines.

Monitor – DCF Regional QA staff will identify each quarter a monitor to serve in the role of mediator and overseer of the side-by-side reviews. At times the monitor will be called upon to resolve any conflicts or disagreements that may arise between reviewers. The monitor will make the final determination for the record after careful review of both positions.

Prior to the initiation of the reviews QA staff will conduct abuse/neglect history checks (including subsequent reports and any previous case management services).

The results of the side-by-side reviews are entered into web based system to track and analyze the cumulative data. Reporting on the side-by-side reviews will not will be reported until the completion of the in-depth reviews.

d) Collaborative In-Depth Reviews: Heartland and DCF Regional QA staff are jointly responsible for the coordination of the in-depth reviews. DCF Regional QA staff will conduct a more in-depth review of two cases reviewed in the side-by-side process on a quarterly basis. This review will include gathering quality of practice information in ways not limited to looking at case files. For example, through case specific interviews (interviews with case manager, child, parent(s), providers and other stakeholders) or observation. These reviews will also include the collection of systemic factor information (information systems, training, service capacity, etc.) that is not case-specific but that affects quality of practice.

After completion of the eight side-by-side case file reviews and the in-depth activities, the Regional QA reviewers will analyze the data collected from all three review components (base, side-by-side, and in-depth). The Regional QA staff will conduct an exit conference and develop a written report of the results.

e) Discretionary Reviews: Discretionary, or special review requests, may be conducted by Heartland’s QM Department or other approved staff when requested. Requests for discretionary reviews can be made Heartland Management, DCF Administration, Heartland staff, or stakeholders. Prior to conducting the review, QM staff will determine the purpose of the review in conjunction with the requestor. The Assistant Director of Administrative Services – Quality Management or designee is responsible for the receipt of discretionary / special review requests. Heartland QM Department will work with the Region to
coordinate any review requests to include discussing the purpose of the review, sampling criteria, and reporting format.

f) Local Reviews: The schedule of QA reviews is included in Appendix A.

Feedback Method
While conducting QA/QI activities, strengths and opportunities for improvement are identified and provided as feedback in the following methods:

- Monday Morning Data Call provides feedback on the contract measures and Heartland identified areas to all stakeholders.
- Each quarter, performance is reported on contract measures, AFSA outcomes, and other measures identified in the system of care to Heartland management team via the SOC crosswalk.
- All activities within the QM department are reported to Heartland Management, Board Members, and Case Management Organizations through the QM Quarterly Report. These activities include: incident reporting, client concerns, missing children, exit interviews, any surveys conducted, and case reviews.

Corrective Action / Action Planning
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 (RA) – 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, Incident Reporting follow-up, Client Concerns, and Efforts to Locate for missing children.
- Monday Morning Data Call – The call is utilized to review performance and identify areas of improvement. Assigned are designated to each Case Management Organization based on action needed.
- Correction Action Plans - Oversight of formal corrective action plans with providers will be the responsibility of Heartland’s Contract Management Department.

Training
Heartland remains firmly committed to professional development and personal enrichment through an extensive training program. Training within Heartland includes Pre-Service training for Child Welfare Professionals (Phase I for certification), on the job training for case management agency staff (Phase II for certification) and Heartland staff (new hire trainings), and continuing professional development for Heartland staff, Case Management staff, Protective Investigators, Child Welfare Legal, Foster Parents, Community Providers and Stakeholders. Training is provided by Certified Child Welfare Trainers and other professionals through the classroom, conferences, workshops and
informal training opportunities in the workplace. Heartland’s training program identifies training needs and resources and creates links necessary to assure that training enhances the knowledge, skills, abilities, qualities and application to reinforce a strength-based philosophy for Child Welfare Professionals in Circuit 10. Refer to the Heartland Training Plan for a comprehensive overview.

The goal of Heartland’s training program is to move individuals through training to provide them not only with essential skills to accomplish their tasks, but also to provide them with enhanced levels of knowledge and understanding that will help them move toward ever-increasing levels of professional responsibility within Heartland’s network.

Our purpose is to:
- Use training to communicate change concepts
- Develop training events and practices that are central to the workplace
- Develop different levels of training for:
  - Heartland for Children Staff
  - Case Management Staff
  - DCF Protective Investigation Staff
  - Foster Parents
  - Child Welfare Legal Services
  - Community Providers / Stakeholders
  - Provider Management
- Develop capabilities within the context of designated roles and responsibilities
- Certify Staff in Child Protection

**QA/QI Activities**

**Pre-Service**
During Pre-Service Training, the Certified Child Welfare Trainers distribute a satisfaction survey at the conclusion of each week of training. The survey contains questions regarding the trainers and the topics as well as the opportunity to provide additional feedback. In addition, at the conclusion of Pre-Service Training, all trainees are administered the Child Welfare Post Test. A minimum score of 80 is required to pass the post test. Trainees that score 69 or below are considered to fail, therefore, are not eligible to retake the test. Trainees who score between 70-79 are eligible to retake the test within 2 weeks or their agency may remove them from the position.

**In-Service**
Case Managers with Heartland’s Case Management Organizations are required to attend a minimum of 12 hours of training per quarter. Each agency is required by contract to have an attendance rate of at least 90%. Each agency is responsible for tracking case manager training hours and submits a report to the Heartland Training Coordinator. These reports are maintained electronically.

In-service training attendees are asked to complete satisfaction surveys at the end of the event. The survey contains questions regarding the presenter and topic as well as the opportunity for additional comments and requests for future training opportunities.
These surveys are analyzed for the purpose of tracking quality of the events and improving future events. Surveys are kept on file in the Training Coordinator's office.

Heartland Staff
Heartland Staff are required to attend a minimum of 15 hours of training per fiscal year. Each staff member is responsible for sending training attendance documentation to the Heartland Training Coordinator. The Training Coordinator is responsible for tracking this documentation. In addition/conjunction to this requirement, new Heartland staff are required to have the following trainings:

Table A-6.

<table>
<thead>
<tr>
<th>Title</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR Orientation</td>
<td>1 day</td>
</tr>
<tr>
<td>Human Resources Policies and Procedure</td>
<td>1 day</td>
</tr>
<tr>
<td>Child Abuse and Reporting Procedure</td>
<td>1 day</td>
</tr>
<tr>
<td>Building Tour</td>
<td>14 days</td>
</tr>
<tr>
<td>Abuse and Neglect On-line Training</td>
<td>14 days</td>
</tr>
<tr>
<td>HIPPA Security Awareness On-line Training</td>
<td>14 days</td>
</tr>
<tr>
<td>Introduction to Corporate Compliance On-line Training</td>
<td>14 days</td>
</tr>
<tr>
<td>DCF 2007 Security Awareness Training (if required by position)</td>
<td>14 days</td>
</tr>
<tr>
<td>Cultural Diversity</td>
<td>60 days</td>
</tr>
<tr>
<td>Prevention of Harassment</td>
<td>60 days</td>
</tr>
<tr>
<td>Suicide Prevention/QPR</td>
<td>60 days</td>
</tr>
<tr>
<td>On-the-Job Training**</td>
<td>60 days</td>
</tr>
</tbody>
</table>

Feedback Method
The following tools/methods are used during the Feedback Method: process for satisfaction surveys, CMO Quarterly Training Attendance reports, Heartland Staff Training Report, and DCF Semi-Annual Training Report.

Pre-Service satisfaction surveys are collected and reviewed weekly by the Child Welfare Certified Trainers. The Trainers provide responses, feedback and make any necessary adjustments with the trainees immediately the following week. Once the training cycle ends, all satisfaction surveys are compiled and distributed to the Heartland Management Team for their feedback.

In-service satisfaction survey data is analyzed and incorporated into a “thank you” letter for the trainer. It is also used in a report that is sent to the Heartland Management Team for their feedback. Copies of these communications are kept on file in the Heartland Training Coordinator’s office.
Each CMO completes the Quarterly Case Manager Training Attendance reports and it is forwarded to the Heartland Contract Department for use with their monitoring reports, Heartland Training Coordinator and a summary report is then sent to the Heartland Management Team.

A Heartland Staff Training report is sent out to Supervisors and to the Heartland Management Team on a quarterly basis and then is reviewed for accuracy. The purpose is to track individual staff progress towards the annual training requirement.

In addition to these reports, a Semi-Annual Training report is sent to DCF detailing the pre-service and in-service trainings that were provided in Circuit 10. This is a comprehensive report outlining Trainers, description of the training, audience, number of attendees and costs associated with the training provided.

**Corrective Action / Action Planning**

If there is a major concern with an in-service, the Assistant Director of Operations/Training and Staff Development will contact the training provider to assist them with making needed adjustments to their presentation.

Heartland’s Contract Department may develop a Corrective Action Plan for any Case Management Organization that fail to achieve the standard 90% attendance rate. Heartland may also determine financial sanctions if non-compliance is excessive.

If there is non-compliance of training hours for Heartland employees, the supervisor performing the annual employee evaluation shall include the non-compliance in the evaluation and review with the employee.

**Utilization Management**

Heartland’s System of Care will ensure case coordination from the time of referral until case closure. As a way to insure that services are delivered timely in an individualized and culturally competent manner, Heartland has developed a Utilization Management Unit that is staffed with senior level case managers with several years of successful case management experience. The objective of utilization review is to assure optimal quality services are delivered in the most effective manner through appropriate allocation of the System of Care resources. In this process, the overall utilization of all child and family services will be reviewed on an ongoing basis through a variety of mechanisms. Utilization Management also ensures the availability of services throughout the fiscal year by tracking expenditures and the rate of resource depletion. Information gathered from utilization review (service use) provides a foundation for determining the amount and type of services needed for the next contractual cycle. Services that are denied due to other cases having a higher priority for funding and due to insufficient provider capacity will also be tracked as they may indicate a need to enhance the capacity for those services. The authority and responsibility to authorize a funded service rests with the In-Office Approval of Authority. Prior to approving any request for payment, the In-Office Approval Authority makes sure all options are explored which include but not limited to: can this service be funded by the parent’s insurance; can this service be funded by the client; can this service be funded by
Medicaid; can this service or a similar service be provided by a community provider; can a portion of this cost be funded and are there funds available at the provider and/or case management level.

**QA/ QI Activities**

**IV-E Waiver**

In preparation for receipt of the IV-E Waiver dollars and to achieve the goals and outcomes set forth in the waiver, Heartland completed an analysis of the children currently placed in an out-of-home care licensed setting. This analysis included a review of the entrance/exit rates for children placed in out-of-home care, as well as the length of stay averages and helped our agency identify practice changes needed to successfully utilize IV-E Waiver dollars to bring about improved outcomes for children and families.

As part of an asset mapping process, Heartland’s Executive Director met with traditional and non-traditional providers within our community to identify existing resources available to the children and families served by our organization. This exercise allowed our agency to identify community partners (inclusive of faith based organizations) that could be utilized to provide a variety of in-home wrap-around support services and resulted in the development of a service inventory database currently used by our Utilization Management staff to identify and authorize the most appropriate and cost effective service interventions for families:

- Heartland’s Contract Management Department has worked to de-categorize programs challenging existing providers to move away from prepackaged programming to non-categorical and flexible alternatives. Our Contract Management Department has also developed a monthly provider network meeting which target contract and non-contracted providers within our community, helping us to expand the array of service options available to families.
- Heartland’s Management Team met with Case Management Organizations to inform them of the goals and potential outcomes associated with the implementation of the IV-E Waiver. Case Management Organizations were provided examples of new innovative ways to secure wraparound support services for children placed with their parents to minimize likelihood of abuse and prevent placement disruption.
- Heartland’s Prevention and Community Relations Staff have focused additional resources towards front-end prevention efforts and a broader array of community services to include a newly developed relative/non-relative caregiver orientation program. This orientation program will allow Heartland an opportunity to identify the needs of this special population and assist in linking them to community resources to strengthen a placement. Heartland will also be afforded an opportunity to provide additional services to relatives through the use of IV-E Waiver dollars for an interim timeframe until services such as DCF Cash Assistance or Relative Caregiver Funding can be initiated.
Heartland for Children

Heartland’s Utilization Management Unit revised the tool for the review of children placed in out-of-home care. This tool is used to review every child sheltered away from a parent and helps to identify children who can be served in a least restrictive setting with wrap around support services in place. As a result of this intervention (and in conjunction with other strategies), Heartland has projected to see a continued reduction in the number of children currently placed in an out-of-home care setting.

Heartland’s Financial Office developed a new service code to assist in capturing expenditure of IV-E Waiver dollars. This newly developed service code will help to track the use of IV-E Waiver dollars and will also allow our agency an opportunity to analyze the effectiveness of our implementation plan to include an analysis of cost avoidance/savings.

Permanency Staffing

Heartland’s Utilization Management Program conducts periodic case reviews at key points during a child’s navigation through the dependency system. UM team members work with the primary Case Manager and other team members to ensure services for the child and family are customized and are the right mix of services provided at the right time and at the right cost. UM team members track the child’s progress to determine whether all parties are actively engaged in completion of identified service tasks; identify modifications to type of service, intensity of service or direction of services; assess concurrent planning and identify specific steps that must be taken to achieve timely permanency.

Once a child has reached 4.5 months in OHC, our UM Department is responsible for completing an assessment to determine if the case is “on” track or “off” track for timely achievement of the permanency goal. The assessment and other documentation obtained from the periodic case reviews are provided to the Permanency Staffing Master in preparation of the 5th month permanency staffing.

Heartland’s System of Care includes Permanency Staffings at different intervals throughout the duration of a case (3rd, 5th, 8th and 10th month from removal). The first formal permanency staffing is held at the third month of removal and is facilitated by Heartland’s Permanency Staffing Master. The purpose of the 3rd month permanency staffing is to ensure that all parties are aware of their roles and that they are actively engaging in services. If the services are not effective, corrections will need to be made in type of service, intensity of service or the direction of service. If the parent is not engaging in the service process, there may be a consideration of identifying a concurrent case plan goal and/or expediting termination of parental rights. In addition, the case management organization is required to submit a reunification plan to Heartland’s Permanency Staffing Master if the goal of reunification is continued at the 3rd month permanency staffing.

The second permanency staffing is held at the 5th month of removal and includes representation from Child Welfare Legal Services. The primary purpose of the 5th month staffing is to assess concurrent planning, gather the necessary information needed for the 6th month judicial review hearing and begin to outline any additional
steps that must be taken to achieve timely permanency. Also, if a case is “off track” at the 5th month, the permanency goal will be changed to concurrent.

The 8th month permanency staffing is informal and facilitated by the CMO supervisor and Case Manager. The purpose of the 8th month permanency staffing is to determine how the child will be moved to a permanent situation by the 12th month. If there are compelling and legitimate reasons why this can’t happen, these reasons are outlined for the court with a timeline of when and how they will be resolved.

The 10th month permanency staffing is facilitated by Heartland’s Permanency Staffing Master and provided an avenue to identify and address any barriers to achieving timely permanency. After the 10th month of placement in out-of-home care, the Permanency Staffing Master completes an assessment of the family’s situation that is inclusive of the specific barriers to achieving timely permanency.

If permanency is not obtained within the first 12 months of placement in out-of-home care, the permanency staffing master will continue to track the child through out the duration of our involvement with the family (case closure)-minimally every six months.

Adoptions
If a child will not be reunified with a parent, adoption as outlined in Chapter 63 is the primary permanency option. In an effort to assure permanency for children in care, it is the practice of Circuit 10 to set a concurrent goal from the onset of case initiation for children in out-of-home care. Although, parent will be given full opportunity to reunify with his or her child if appropriate, a second goal has already been accepted and approved by the Court.

Once the goal of adoption has been accepted by the court, Heartland tracks the case until finalization via Outcome Report and Adoption Roll-up Report. Both reports are reviewed by Heartland and the Case management Organization on a monthly basis. Targets for finalization are set based on the TPR date. All children that are in an adoptive placement must be finalized within 90 days of the TPR date. If a child is not finalized within 90 days of the TPR date, The Program Director of the Case Management Organization is required to provide an explanation for not meeting the deadline. These guidelines are outlined in the Adoption Procedural Memorandum. This memo was issued July 1, 2007.

All children that are available for adoption, but not in an adoptive placement, are placed on the Adoption Exchange. Also, they are reviewed monthly by Heartland’s recruiter and matched with available families that have gone through the “Adopt Only” MAPP classes.

In addition, if there are families that wish to adopt but have criminal histories, a system is in place to review these families for appropriateness. An Adoption Review Panel reviews all of these families and approves or disapproved then based on the Chapter 39 and the Florida Administrative Code.

Corrective Action / Action Planning
In an effort to reduce the length of stay in out-of-home care, Heartland has initiated special projects throughout the year that is associated with permanency: all children that have been in care at 24 months are been reviewed by a panel of experts to determine the best course of action for each child involved; children with a goal of reunification that have been in care at least 18 months are reviewed quarterly to determine whether reunification is still an appropriate goal.

Every permanency staffing packet is analyzed by a utilization review specialist to look at trends, barriers, gaps and to determine whether the present permanency goal is appropriate. In addition, the trend report is used to determine how many caregivers are present at each permanency staffing. Also, the utilization review specialist are able to determine in conjunction with the permanency staffing master which cases are “off track” for permanency. If so, the permanency goal is changed to a more appropriate goal.

### Section 5 – Surveys

Stakeholder involvement is fundamental to a well-designed, useful continuous quality improvement design. Stakeholders' input is solicited to drive performance, develop key outcomes, and identify source of various types of reliable data. Collection of service delivery information focuses on key quality factors, including appropriateness, efficacy, effectiveness, and the dimensions of quality.

Heartland utilizes 5 different categories of surveys/questionnaires to solicit stakeholders’ input and gauge satisfaction with services:

- Exit Interviews for Children in Shelter/Foster Care over the age of 5
- Consumer Satisfaction Surveys
- Satisfaction Surveys for Foster Parents
- Satisfaction of Providers
- Relative / Non-Relative Caregivers

The results of all surveys will be recorded and utilized to generate, at minimum, annual reports for analysis. These reports will be designed in consultation with and used by the CMOs, DCF, Provider Network, and HFC staff in their review of overall quality in meeting the needs of children and families and other stakeholders.

Child and Foster Parent surveys will include questions that are directed at the services the clients receive, the professionalism of the staff, the ease with which services were provided, whether or not the clients and caregivers felt that they received needed services, whether the facilities were safe, and so forth. Surveys will be aggregated and reviewed by the parties mentioned above. Information resulting from the reports will be utilized to develop new programming, change existing services, change staffing patterns, and to strategically plan.

Consumer satisfaction surveys will be administered to those agencies/individuals that interact with Heartland. This data will also be aggregated and reviewed by the above mentioned parties. Information obtained will be utilized to identify any issues that
consumers have not otherwise communicated in order to secure the most positive working relationships between agencies and caregivers with the ultimate beneficiary being the children served. This activity has not been implemented at time of revision of the QM Plan, but is a work in progress.

Feedback Method

Heartland is committed to responding to the needs of the community. In efforts to provide valuable information and connect community members with needed providers, Heartland has developed a website. This website contains a community calendar, creative activities to do with your children, contact information for local service providers, as well as a list of on-line resources. An on-line website satisfaction survey is also available to provide input regarding the layout and usefulness of the website.
Appendix A - QM Schedule

Table A-1, Quality Management Schedule of Activities, provides a template for planned quality activities. The scheduled activities will be updated as needed or minimally on an annual basis.

**Table A-1. Quality Management Schedule of Activities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Planned Date</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Reviews</td>
<td>Quarterly FY 2008-2009</td>
<td>HFC QM staff (or other approved staff)</td>
</tr>
<tr>
<td>Side by Side Reviews</td>
<td>July 21 – 25, 2008</td>
<td>HFC QM staff (or other approved staff) / DCF</td>
</tr>
<tr>
<td></td>
<td>October 20-24, 2008</td>
<td></td>
</tr>
<tr>
<td></td>
<td>January 12 -16, 2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td>May 4 -8, 2009</td>
<td></td>
</tr>
<tr>
<td>In Depth Reviews</td>
<td>Quarterly FY 2008-2009</td>
<td>DCF QA Staff</td>
</tr>
<tr>
<td>Discretionary Reviews</td>
<td>Event Driven</td>
<td>HFC QM staff</td>
</tr>
<tr>
<td>Develop midyear and end of year reports</td>
<td>Mid Year (TBD)</td>
<td>CBCs will compile agency reports</td>
</tr>
<tr>
<td></td>
<td>Annual Report (TBD)</td>
<td>Regions responsible for reviewing CBC reports and submitting summary reports to the Office of Family Safety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Office of Family Safety will compile for statewide perspective.</td>
</tr>
<tr>
<td>Board of Directors Meetings</td>
<td>Every 3rd Thursday</td>
<td>HFC Board</td>
</tr>
<tr>
<td>CMO Joint Meeting</td>
<td>Monthly</td>
<td>HFC Administrative Services</td>
</tr>
<tr>
<td>Re-Abuse Analysis</td>
<td>Monthly</td>
<td>HFC QM staff</td>
</tr>
<tr>
<td>Monday Morning Data Call</td>
<td>Weekly</td>
<td>Data Services</td>
</tr>
<tr>
<td>COA Accreditation</td>
<td>June 2009</td>
<td>HFC</td>
</tr>
<tr>
<td>Supervisors Workgroup</td>
<td>Biweekly</td>
<td>HFC Operations</td>
</tr>
<tr>
<td>Foster Parent Surveys</td>
<td>Semiannually</td>
<td>HFC QM staff</td>
</tr>
<tr>
<td>Statewide QA Meeting</td>
<td>Annually (minimally)</td>
<td>DCF Office of Family Safety</td>
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Appendix B – Glossary

In the context of this plan, the following terms have the meanings specified:

**Baseline** – an initial set of critical observations or data used for comparison or a control; a starting point.

**CMO (Case Management Organizations)** – An organization entrusted with the task of providing protective services (court ordered, voluntary and adoption services) to children and families in an effort to ameliorate a condition initially reported to the Department of Children and Families. There are currently four CMOs operating under contract with Heartland for Children as Circuit 10’s CBC.

**CLS/CWLS** – (Child Legal Services/Child Welfare Legal Services) – Attorneys employed by the Department of Children and Families to represent the state’s Child Protective Investigative Workers and Protective Services Workers in matters involving DCF initiated cases from initiation to case closure.

**Circuit** – geographic division of counties in Florida aligned with the Florida circuit court system that determines DCF’s and a CBC’s area of operation. There are currently 20 circuits in Florida with DCF incorporating circuits into regions. Heartland for Children represents Circuit 10 and is part of DCF’s central region.

**CBC (Community Based Care)** – A lead agency, in contract with the Department of Children and Families operating within the circuit it serves, that manages Family Safety responsibilities associated with the child welfare system.

**Contracted Providers** – Agencies and/or organizations located statewide with whom the CBC has entered into contract to provide identified services for children and families from the originating circuit.

**Corrective Action** – A written, detailed method of improving the performance of contracted service providers where contractual deficiencies have been identified. Providers are responsible for addressing the performance findings through a detailed plan and abiding by said plan. Plan follow-up is then undertaken by the CBC and their Contracts department.

**CQI (Continuous Quality Improvement)** – is the progression toward desired improvements in process, products or outcomes through incremental steps, with periodic review and readjustment of objectives.

**Data** - information in numerical form that can be digitally transmitted or processed.
DCF (Department of Children and Families) – State of Florida’s social services agency which manages the abuse hotline, child and adult investigations, applications for Medicaid, cash assistance, food stamps, community based care agencies, child care, adoptions, disabilities, domestic violence, mental health and substance abuse services.

FSFN (Florida Safe Families Network) – Florida initiated comprehensive statewide database system implemented to track children and families involved in the state’s child welfare system. Activated in 2007, FSFN is the successor to the Home Safe Net (HSn) database system utilized in Florida between 2001-2007.

Heartland - Heartland for Children, Inc. (HFC) is the lead agency in Circuit 10 for Community Based Care (CBC). HFC was established in 2003 as a result of Florida’s child welfare privatization and is charged with taking over the duties and responsibilities of the Department of Children and Families’ (DCF) Family Safety office in Circuit 10. Circuit 10 encompasses Hardee, Highlands and Polk Counties.

ICWSIS (Interim Child Welfare Services Information System) - is a decentralized Florida based and utilized client/server-based system that supports automated provider licensing, client placement, limited case management, and vouchering functions for the emergency shelter, foster care, and adoptions programs (US Dept. of Health and Human Services, Administration for Children’s Services website).

Measure - any quantitative group.

MAPP (Model Approach to Partnerships in Parenting) – Adopted throughout the United States, this is the initial 30 hour step in the training and licensing process of becoming a foster parent.

Network Development - provider linkages which deliver in-home, community-based, and placement service options selected on the basis of child and family strengths and needs.

Non - contracted Network Providers - Agencies and/or organizations located statewide with whom the CBC has not entered into contract. Identified services for children and families from the originating circuit are made accessible by the provider at an agreed upon rate.

OHC (Out of Home Care) – a child’s living status as it relates to their removal from and placement in a setting outside the family of origin

Peer Review - The process of using independent reviewers, individually or in a group, to identify both strengths and areas for improvement.
Provider - an agency/organization/person who offers a service for an identified need and works in contract with the CBC to fulfill that need.

Quality - Degree to which a system satisfies its requirements.

QA (Quality Assurance) - an "externally" driven system that validates internal practices and uses sound principles of evaluation to ensure that data is collected accurately, analyzed appropriately, reported and acted upon. The QA function looks at the entire system. Products of the QA function include reports that validate data at the unit and service center level that evaluate the impact of practice on in-process and end-process measurements and provide recommendations for actions.

QI (Quality Improvement) - an “internally” driven process that is conducted and initiated by the staff actually providing or supervising the service. QI provides opportunities for all staff to use data and make improvements in their daily work environment. QI is an ongoing process that is dynamic and occurs as a result of action planning that is designed to result in program improvement.

QM (Quality Management) – is the systematic integrated review of Quality Assurance and Improvement activities. It consists of the management responsibilities and actions that determine and implement quality policies. It includes obtaining the commitment of the organization, marshaling resources, and ensuring that quality management processes are used and supported effectively.

Stakeholder – One who has a share or an interest, as in an enterprise.

SOC (System of Care) – child welfare method of serving families and children through training of staff, service providers and service recipients and allowing for cooperation between service members to share knowledge on the best approach at ameliorating a family’s situation. The System of Care focuses on quality service provision at all levels of the life of a case and is designed around prevention, family, utilization management, network development, training and communication.

TANF (Temporary Assistance to Needy Families) – program funded by the federal government which provides grants to states to assist in providing for families with children when parents/caregivers cannot provide for their basic needs. Individual states decide on the best method of appropriating funds from this program. As put forth on the Administration for Children’s Services website, the TANF program’s goals are:

1) to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
2) to end the dependency of needy parents on government benefits by promoting job preparation, work, and marriage;
3) to prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the
incidence of these pregnancies; and
(4) to encourage the formation and maintenance of two-parent families.

TPR (Termination of Parental Rights) – the court driven process implemented as a precursor to allowing a child to be adopted.

Title IV – Federal funding through the Social Security Administration Act which provides for block grants to states for the Temporary Assistance to Needy Families (TANF), child and family services, child support and establishment of paternity, and federal payments for foster care and adoption.

UM (Utilization Management) - case coordination from the time of referral until case closure as a way of ensuring that services are delivered timely and in an individualized and culturally competent manner.
# Appendix C - Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CMO</td>
<td>Case Management Organization</td>
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<tr>
<td>CPI</td>
<td>Child Protective Investigator</td>
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<tr>
<td>DCF</td>
<td>Department of Children and Families</td>
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<tr>
<td>OHC</td>
<td>Out of Home Care</td>
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<tr>
<td>QA</td>
<td>Quality Assurance</td>
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<td>QI</td>
<td>Quality Improvement</td>
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<td>QIC</td>
<td>Quality Improve Control</td>
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<td>QM</td>
<td>Quality Management</td>
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<td>RA</td>
<td>Request for Action</td>
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<tr>
<td>SOC</td>
<td>System of Care</td>
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<tr>
<td>TANF</td>
<td>Temporary Assistance to Needy Families</td>
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