Quality Management Plan
FY 2009 - 2010

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HEARTLAND FOR CHILDREN  
COMMUNITY BASED CARE - HARDEE, HIGHLANDS AND POLK COUNTIES  
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SECTION 1: 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, intensified scrutiny of the Department of Children and Families (DCF) by stakeholders, and fluctuations in the state economy. 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.

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

1.2: SERVICES PROVIDED BY HFC & CONTRACTED PROVIDERS

HFC has created and supports a provider network that has the capacity to deliver a full array of in-home, community-based, and placement service options that can be selected on the basis of child and family strengths and needs. These providers are contracted to provide services in Polk, Highlands, or Hardee Counties, and additional providers are explored based upon the needs within each County. All providers who apply for formal contracting are subjected to an application, selection, contract monitoring, and approval procedures. HFC has three types of providers:

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

- Contracted Providers - HFC maintains a contractual relationship with these providers (i.e., HFC will reimburse the provider for services according to agreed-upon terms). These providers go through HFC’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 providers – HFC or the CMO refers children and their families to community groups for services or resources. Though HFC 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, HFC 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 HFC. However, the capacity for services continues to be increased as needed. HFC 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. HFC has worked consistently with the community to identify and “map” needs and to encourage providers to offer new or additional services. HFC 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 HFC’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.

HFC initiated the process of engaging provider organizations in developing the System of Care by holding provider meetings. HFC 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 HFC to increase capacity of services already provided and to expand service. The table below lists the four Case Management Organizations contracted with HFC.

### Table A-1  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>

### 1.3: MISSION AND VISION

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

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

HFC’s organization structure has evolved as changes to the System of Care were needed to provide oversight, accountability, and evaluation. The organizational structure currently consists of four chief officers who report directly to the Chief Executive Officer (CEO). These positions include: Chief Operating Officer, Chief Administrative Officer, Chief Financial Officer, and Chief Community Relations Officer. Eight directors report to the chief officers. The directors oversee staff within each of their departments. The organizational chart below outlines HFC’s operational structure.

![Organizational Chart]

Note: The above organizational chart was current as of May 20, 2009. Subsequent changes may have been made.

1.5: MANAGEMENT TEAM

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

During the Management Team and Executive Management meetings, quality elements are discussed, such as the results of satisfaction surveys, discussions about the budget, a review of the quarterly QM report, and, when needed, a review of contracted providers to determine if resources are adequately utilized. Based upon these discussions, appropriate actions are taken to address deficiencies in performance and satisfaction.
The Directors and Supervisors within HFC are responsible for regular meetings within their departments. During these meetings, updates are given, departmental issues are discussed, and quality elements are reviewed. Handouts are not distributed during these meetings in an effort to conserve paper; the information is shared electronically.

On a quarterly basis, the CEO and Management Team host an all staff meeting. These meetings provide an opportunity to communicate with all staff regarding changes within the organization, provide trainings, and distribute awards recognizing staff for their achievement.

Members of the management team also facilitate the weekly Performance Improvement Call. Heartland implemented this call four years ago to discuss performance areas and ensure that outcome measures are being met. During the Performance Improvement Call, analysis is conducted on areas needing improvements and achievements are recognized. The Performance Improvement Call continues to be held on a weekly basis; prior to the call, a data packet is distributed to all participants for review. This packet is distributed to over 100 stakeholders, including HFC Management, HFC staff, Board Members, CMO Directors, CMO Supervisors, DCF QM staff, DCF Contract Managers, Children’s Legal Services, Polk Art Alliance, Polk County Government employees, other Community Based Care (CBC) Agencies, the QM department of various CMOs, YFA, and County Commissioners. During the meeting, this information is shared electronically to conserve paper.

1.6: BOARD OF DIRECTORS

HFC 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 resource development, fiscal oversight, review and approval of policies, development of the strategic plan, and the CEO’s annual performance review. The Board meets on a monthly basis and meeting minutes and agendas are maintained by HFC’s Executive Assistant. The community has the opportunity to view these minutes and agenda.

SECTION 2: PURPOSE & SCOPE

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:

- Ensure quality assurance and improvement of performance outcomes
- Validate independently, verifiable processes leading to child safety, permanency, and well-being outcomes
- Ensure timely, accurate, and appropriate information for management
- 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)
• Act on performance gaps timely and effectively to bring about improvement
• Require regular, consistent, disciplined reporting on quality assurance
• 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
• Improve training, technical assistance, and collaboration, in order to increase the expertise of child welfare and quality staff.

2.2: SCOPE

This QMP applies to all system development and maintenance efforts, including those tasks performed by contracted providers. 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 HFC staff are thus integrated with and committed to the success of overall Quality Management.

2.3: REFERENCES & 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
- HFC Policy and Procedures
- Child and Family Safety Review (CFSR) standards
- Adoption and Safe Families Act (ASFA)

SECTION 3: QUALITY DEPARTMENT ROLES & RESPONSIBILITIES

HFC embraces quality throughout the organization, and recognizes that all staff have a role towards this end. HFC also recognizes the importance of a dedicated quality department. The roles and responsibilities of this department are discussed in this section. Quality activities as related to the QM team are discussed in section four.

3.1: QM TEAM ORGANIZATION

HFC’s Quality Management Team consists of the Director of Quality Management and six Quality Assurance Specialists. The Quality Management Team reports to the Chief Administrative Officer. The Chart below illustrates the QM Team’s organizational structure.
Figure 2-1. Quality Management Organizational Chart

**Director of Quality Management (1)**
The Director of Quality Management oversees the Quality Management Team and coordinates many quality activities within the organization. This position requires a minimum of a bachelor’s degree (master’s degree preferred) and three years of 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 HFC’s Quality Management program to assure continuous quality improvement and ongoing organizational viability
- Recruit, hire, and supervise the Quality Management staff
- Develop, implement, and manage HFC’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 Circuit
- Prepare for appropriate accreditation and sustain COA accreditation

**Quality Management Specialists (6)**
These staff members assist with the implementation of HFC’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:

- Complete case practice reviews and specialized case file reviews (as requested)
- Aid with continuous quality improvement activities
- Establish and maintain positive working relationships with HFC stakeholders
- Collect data, track trends, conduct analysis, 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
• Tracks and coordinates timely reporting of missing children for each CMO
• Enters and tracks reported missing children in an established database. Coordinates appropriate follow-up to reports of missing children to ensure required timelines are adhered
• Provides technical assistance and training in the area of missing children in an effort to reduce the number of children who go missing from care
• Assists with quality improvement activities associated with reporting missing children episodes and service delivery
• Distributes and conducts satisfaction surveys for children, foster parents, and relative/non-relative caregivers

3.2: QM TEAM TRAINING

HFC’s Quality Management Specialists receive training to adequately conduct case reviews and analyze data. Prior to conducting case reviews, all reviewers are required to attend and complete DCF QM Model Training Certification, which includes an overview of the review process and basic root cause analysis training. In addition, DCF Quality Management Staff provide on-going technical assistance to HFC’s Quality Management Staff. This activity ensures inter-rater reliability, consistent tool utilization, defined intent of questions, and logical analysis of subjectivity.

QM staff are also kept current of changes in Florida Statutes, Florida Administrative Code, and HFC Operating Policies and Procedures through trainings, staff meetings and legislative updates.

3.3: QM TEAM RESPONSIBILITIES

HFC’s Quality Management (QM) Department is responsible for conducting many quality activities throughout the agency, including:

• Performance and Quality Improvement (PQI) Committee: The purpose of this committee is to improve performance through an analysis and understanding of current practice with the intent of strengthening policy and promoting best practices through a holistic approach. Currently this committee meets every other month and involves a cross section of staff within HFC, HFC’s CEO, members of HFC’s management team, GAL, DCF QM staff, DCF attorneys, and CMO staff.

• Completion of case reviews: this activity is discussed in further depth under the “Focus on Coordination Section”.
• **Ensuring Performance Improvement**: The Quality Management Specialists communicate with HFC Contract Managers regarding the performance of identified items in the case review. The HFC Contract Managers and Quality Management Specialists are then responsible for conducting follow up reviews to ensure that improvement has occurred by the end of the subsequent quarter. The results are included in the Quarterly QM Report.

• **Placement Report Cards (Exit Interviews)**: The QM Department is responsible for aggregating the results of the placement report cards into a spreadsheet or database. If an issue is identified on the form, the QM Specialist follows up with the HFC Relicensing Department or HFC Contract Department to ensure that the department is aware of the concerns. The results are included in the Quarterly QM Report.

• **Orientation of New Staff to the QM Model**: When new employees are hired, the QM Department is responsible for conducting an orientation regarding the QM Model during orientation. This training includes an overview of the QM Model and how quality is connected to the roles and responsibilities of the new employee’s position.

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

• **Incident Reporting**: Completion of incident reports is required by all contracted providers when an incident or accident occurs; this provides HFC with an early notice of an unusual situation or circumstance which may jeopardize the health, safety, or well-being of a child or person receiving services under the supervision of HFC or an HFC contracted provider. QM Specialists are responsible for reviewing incident reports received from the providers and entering the incident into the HFC database. Additional entries are made into the state database for those incidents that meet the criteria of reportable incidents. These incidents are reviewed by the DCF Contract Manager. The QM Specialist ensures that follow up is conducted as needed. In the event of possible media alerts, child death, child abductions, and serious injury, the QM Specialist notifies HFC’s Executive Management Team, who will review the incident to determine if the incident was handled correctly and take action as needed.

• **Client Relation Concerns**: The QM Specialist receives concerns, grievances, and questions and/or complaints made to DCF or HFC about services, processes, employees, or other issues that pertain to child protection. HFC’s QM Specialist ensures follow-up action is taken to address the concerns and documents the steps taken to resolve the issue.

• **Missing Children Reporting**: The Missing Children Specialist is responsible for ensuring that all children in Circuit 10 are reported missing per guidelines, and that diligent efforts are made to locate that child as prescribed in Florida Administrative Code 65C-30.019.

• **Foster Parent and Relative/Non-Relative Surveys**: QM Specialists distribute satisfaction surveys to foster parents, relatives, and non-relatives on a semi-annual basis. These surveys are distributed via mail, electronically, or hand delivered. The QM Specialist aggregates the results into reports that are presented to the Management Team. During Management Team meetings, the results are discussed.
and action plans are determined, as needed. HFC will post our results on the HFC’s website for stakeholders to view.

- **Additional Analysis:** The QM team conducts additional analysis as designated by HFC, such as drill down analysis and Quality and Improvement Control Stories.

3.4: **FOCUS ON COORDINATION**

a) **CBC Supervisory Reviews:** Reviews are required to 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” was developed in collaboration with CBCs and DCF and is required to 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 are required to use elements of the guide to assist in case discussion, as applicable to the case being reviewed. 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, identification of existing or emerging well-being needs for the child, and specific instruction regarding the level of visits that are required to ensure safety and achieve the permanency goal as documented in the case plan. Utilization of the guide will be monitored internally through case reviews, and performance is reported to HFC’s Management team. HFC will conduct a quarterly review of supervisory reviews.

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 managers 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 are reviewed each quarter, of which 17 are base reviews (and 8 are side by side reviews between HFC and DCF QM staff). The base reviews will be conducted by HFC QM staff and/or other approved staff. A standardized, statewide tool is utilized to complete these reviews; this tool was developed based on the Chapin Hall¹ approach. Each quarter, HFC’s QM department compiles a stratified random sample of 25 cases. 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.

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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.
side reviews. HFC QM staff will analyze the base review results to identify trends, anomalies, areas in need of improvement, and areas of high performance. At a minimum, analysis will include: overall performance in achieving safety, permanency, and well being; practice trends; areas of excellence; and opportunities for improvement.

If, during the course of the base reviews, a reviewer notes an administrative or safety concern, HFC’s Director of Quality Management will immediately report the findings to HFC’s Executive Management Team for additional review. For these concerns, the QM Specialist or Director of Quality Management will submit a Request for Action and record it in the database. If other areas are identified as needing improvement, such as a training need, missing documents, or the need for data correction, then the QM Specialist will submit a HFC Request for Action that is recorded in HFC’s Request for Action Tracking Log.

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

c) Collaborative Side-by-Side Reviews: These reviews involve HFC QM staff team and DCF regional staff (QM 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 HFC each quarter. The Director of Quality Management, or designee, identifies the eight cases that will be used for the side-by-side reviews. This approach calls for an objective monitor or facilitator who guides and coordinates the review process, and provides objective reconciliation and arbitration among the reviewers as necessary. Again, this model is based on the approach used by Chapin Hall.

- Reviewer- Peer reviewers will consist of HFC QM staff, trained HFC staff, and DCF Regional QM staff. HFC staff utilized as peer reviewers will be required to complete the required regional QM training. CMO program directors, supervisors, or QM staff may also be utilized as peer reviewers provided they have attended the regional QM training. Peer reviewers will not review cases that they have had 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 QM staff will identify 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, QM staff will conduct abuse/ neglect history checks (including subsequent reports and any previous case management services) and will review FSFN notes.

- If, during the course of the Side by Side reviews, a reviewer notes an administrative or safety concern, HFC’s Director of Quality Management will immediately report the findings to HFC’s Executive Management Team for additional review. For these concerns, the HFC’s QM Specialist, DCF QM Specialist, or HFC’s Director of Quality Management will submit a Request for Action and record it in the database. If other areas are identified as needing improvement, such as a training need, missing documents, or the need for data correction, then the QM Specialist will submit a HFC Request for Action that is recorded in HFC’s Request for Action Tracking Log.

- The results of the side-by-side reviews are entered into the web based system (and matrix as needed) to track and analyze the cumulative data. Side by side results will not be reported until the completion of the in-depth reviews.

c) Collaborative In-Depth Reviews: DCF Regional QM staff conduct a more in depth review of selected 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, such as: 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 affect quality of practice. HFC QM staff assist as needed.

d) Psychotropic Medication Reviews: Reports will be pulled from Mind Share regarding children reported as receiving psychotropic medications; this information is based upon FSFN data. The results of these reports will be included in the Performance Improvement Call and any action needed will be communicated to stakeholders participating on the call, including DCF, CLS, and CMOs.

e) Discretionary Reviews: Discretionary, or special review requests, are conducted by HFC’s QM Department or other approved staff when requested. Requests for discretionary reviews can be made HFC Management, DCF Administration, HFC staff, or stakeholders. Prior to conducting the review, QM staff will determine the purpose of the review in conjunction with the requestor. The Director of Quality Management, or a designee, is responsible for the receipt of discretionary / special review requests. HFC’s 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.

**3.5: FEEDBACK METHOD**

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

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

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

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

- When strengths in case management practice are identified during a case review, the Case Manager or CMO is acknowledged either through a letter or via an award received at the end of the quarter.

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

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

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

- Training – As part of the quality improvement process, when deficiencies are noted through QM Activities, they are communicated to the training department to enhance the pre-service and in-service trainings provided.
SECTION 4: QUALITY MANAGEMENT MODEL

HFC’s QM Plan incorporates the Child Welfare Quality Management Regional Model implemented by former 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

4.1: PURPOSE OF QM MODEL

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 QM 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.
- 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 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:
  - Policy that supports practice goals (rules, law, practice guidelines)
  - A system/continuum of care that clearly defines the goals and expectations of the child welfare program
  - Resources that implement the System of Care (i.e., budget, foster/adoptive homes, staff, technology, infrastructure, informed and competent staff).
The primary purpose of HFC’s Quality Management Model is to achieve HFC’s Mission by strengthening practice and improving the timeliness, accessibility, quality and effectiveness of services. This purpose is to also increase natural and enduring community supports for children and families. HFC 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 Families Act (ASFA) and achievement of the Contract Performance Measures set forth in the contract TJK01.

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

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

- Demographics of the population served
- Types and units of services provided
- Quality and effectiveness of services delivered
- Client concerns
- Incident Reports
- Contract Performance and Compliance
- Caseload size and vacancy rate
- Performance on internal reviews
- Satisfaction information from providers, families, foster parents, child, and caregivers

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

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.

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

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

- **Measure** – In this step, HFC collects the relevant data. Data sources may include: FSFN reports, HFC tracking logs, incident reports, exit interviews, CMO reported data, case record reviews, Out of Home Care Database, and satisfaction surveys.

- **Analyze** – In this step, the data is analyzed through histograms, Paretos, bar graphs, line graphs, and other analysis techniques to determine root causes. HFC reports this analysis and discusses the graphs on the Performance and Improvement Call which includes HFC employees and stakeholders.

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

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

Figure 4.1 depicts the DMAIC cycle. The outer ring of the illustration depicts the steps of the DMAIC cycle, and the inner ring gives examples of methods and tools that HFC utilizes for each stage in the DMAIC cycle.
### 4.3: QUALITY MANAGEMENT METHODS & ACTIVITIES

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

The following is a comprehensive list of quality management activities that include purpose, provider, data source, report, frequency, feedback loop, and responsible party:

**Table A-2  Chart of Specific Quality Management Activities**

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>PROVIDER</th>
<th>DATA SOURCE</th>
<th>REPORT/ COLLECTION TOOL</th>
<th>FREQ-UENCY</th>
<th>FEEDBACK GIVEN TO</th>
<th>RESPONSIBLE PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTRACT MANAGEMENT DEPARTMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine the frequency and intensity of contract monitoring</td>
<td>Contracted Providers &amp; CMOs</td>
<td>Assessment of factors</td>
<td>Provider Decision Matrix</td>
<td>Within 60 days of contract execution</td>
<td>Contracted Providers &amp; CMOs</td>
<td>Contract Manager/ Director</td>
</tr>
<tr>
<td>Monitor provider’s performance based upon contract terms</td>
<td>Contracted Providers &amp; CMOs</td>
<td>Invoices, deliverables, Exit Interviews, Incident Reports, File Reviews, standardized tool</td>
<td>Contract Monitoring Report</td>
<td>As Defined in the Decision Matrix (every one to three years)</td>
<td>HFC Management, Contracted Providers &amp; CMOs</td>
<td>Contract Manager</td>
</tr>
<tr>
<td>Solicit information from contracted providers regarding their satisfaction with the system of care</td>
<td>Contracted Providers &amp; CMOs</td>
<td>Contract Management Satisfaction Survey completed by CMOs</td>
<td>Satisfaction Survey Report</td>
<td>Annually</td>
<td>HFC Management, Contracted Providers &amp; CMOs</td>
<td>Contract Manager/ Director</td>
</tr>
<tr>
<td><strong>Verify performance improvement on identified items in the case review tool</strong></td>
<td>CMOs</td>
<td>Case File, FSFN review</td>
<td>Case Review Tool</td>
<td>Quarterly- in the subsequent quarter after the issue is identified</td>
<td>HFC Management</td>
<td>Contract Manager/ Director</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

**DATA SERVICES DEPARTMENT**

<table>
<thead>
<tr>
<th><strong>Track performance on contract and program outcomes and conduct analysis aimed at improving performance</strong></th>
<th>CMOs</th>
<th>FSFN Reports, DCF Dashboard, HFC tracking spreadsheets, DCF tracking spreadsheets; analysis from providers</th>
<th>Performance Improvement Call and Meeting</th>
<th>Weekly</th>
<th>Participants include: CMOs, CPIs, DCF Staff, CLS, FSFN staff, Board Members, community members and HFC staff including Training staff</th>
<th>Director of Information Management or Designee</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Ensure compliance with completion of Exit Interviews as delineated in Administrative Code</strong></th>
<th>CMOs</th>
<th>Placement Database</th>
<th>Exit Interview Report</th>
<th>Reported Quarterly</th>
<th>The information is distributed to HFC Management &amp; CMOs</th>
<th>Data Services</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Track the cost of children in out-of-home care placements</strong></th>
<th>CMOs</th>
<th>Placement data is tracked on an Excel spreadsheet.</th>
<th>Out-of-Home Care Database</th>
<th>Daily</th>
<th>HFC Management and CMOs</th>
<th>Data Specialist</th>
</tr>
</thead>
</table>

**FRONT END OPERATIONS DEPARTMENT**

<table>
<thead>
<tr>
<th><strong>Ensure that cases entering the System of Care are equitably distributed to CMOs</strong></th>
<th>N/A</th>
<th>ESI Staffings</th>
<th>ESI Tracking Log</th>
<th>Weekly (updated daily)</th>
<th>HFC Management and CMOs</th>
<th>Director of Front End Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track the number of children who have been diverted from entering the System of Care</td>
<td>FIT Family Builders</td>
<td>FIT Family Builder Caseloads</td>
<td>FIT Tracking Log</td>
<td>Weekly (updated daily)</td>
<td>HFC Management and CMOs</td>
<td>Director of Front End Operations</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

**LICENSING/RE-LICENSING DEPARTMENT**

<table>
<thead>
<tr>
<th>Track and analyze newly licensed homes, and re-licensed homes</th>
<th>Foster Homes</th>
<th>Foster Parent Tracking Log</th>
<th>Foster Parent Report</th>
<th>Monthly</th>
<th>HFC Management</th>
<th>Director of Foster Home Licensing</th>
</tr>
</thead>
</table>

**QUALITY MANAGEMENT DEPARTMENT**

<table>
<thead>
<tr>
<th>Evaluate the quality of services provided to children and families and drive performance</th>
<th>CMOs</th>
<th>Case Files</th>
<th>Quality Management Report</th>
<th>Quarterly</th>
<th>DCF, CMOs, HFC Management, and HFC Board</th>
<th>QM Specialist</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>QA Review to address how well the JRSSR reflects family’s progress, incorporates case activity, and contains appropriate notations compared to the official record</th>
<th>CMO</th>
<th>Case Files</th>
<th>Case File Matrix</th>
<th>Quarterly</th>
<th>DCF, CMOs, HFC Management</th>
<th>QM Specialist</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Request follow up regarding safety concerns, administrative reviews, training needs, or missing documents.</th>
<th>CMOs</th>
<th>Action needed is identified during case reviews</th>
<th>Request for Action Form</th>
<th>As needed</th>
<th>CMOs, HFC Management (for Safety Concerns), and DCF (safety &amp; administrative)</th>
<th>QM Specialist</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Verify performance improvement on identified items in the case review tool</th>
<th>CMOs</th>
<th>Case File, FSFN Review</th>
<th>Case Review Tool</th>
<th>Quarterly - in the subsequent quarter after the issue is identified</th>
<th>HFC Management</th>
<th>QM Specialist/Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task</td>
<td>Participants</td>
<td>Frequency</td>
<td>Responsible Party</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>----------------------------------</td>
<td>----------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine children's satisfaction with licensed placements</td>
<td>Foster Homes</td>
<td>Placement Report Card (Exit Interview)</td>
<td>Analysis of Placement Report Cards is reported in the Quarterly QM Report</td>
<td>Quarterly</td>
<td>HFC Management, CMOs, Residential Providers, Board Members, and Foster Homes</td>
<td>QM Specialist</td>
</tr>
<tr>
<td>Solicit satisfaction from foster parents regarding their experience with Heartland staff, Case Managers, and other child welfare providers</td>
<td>Foster Parents</td>
<td>Foster Parent Satisfaction Survey</td>
<td>QM Report</td>
<td>Semi-annually</td>
<td>HFC Management, Licensing, Contracts, CMOs, Board Members and website</td>
<td>QM Specialist</td>
</tr>
<tr>
<td>Solicit satisfaction from relative and non-relative caregivers regarding their experience with CMOs and other providers</td>
<td>CMOs Contracted Providers</td>
<td>Relative/Non-Relative Satisfaction Survey</td>
<td>Satisfaction Survey Report</td>
<td>Semi-annually</td>
<td>HFC Management, Licensing, Contracts, CMOs, Board Members</td>
<td>QM Specialist</td>
</tr>
<tr>
<td>Determine trends in client concerns</td>
<td>CMOs Contracted Providers</td>
<td>Client Relation Concerns that are received via DCF, phone calls, or alternate avenues</td>
<td>QM Report</td>
<td>Quarterly</td>
<td>HFC Management, Board of Directors, CMOs</td>
<td>QM Specialist/Client Concerns Specialist</td>
</tr>
<tr>
<td>Track the names and status of missing children, timely reporting, and efforts to locate</td>
<td>CMOs</td>
<td>Missing Children Tracker</td>
<td>Reported on Performance Improvement Packet and Quarterly QM Report</td>
<td>Weekly/Quarterly</td>
<td>CMOs, court, HFC Management, and Board Members</td>
<td>QM Specialist/Missing Children Liaison</td>
</tr>
<tr>
<td>Aggregate, track, and analyze Incident Reports</td>
<td>CMOs Contracted Providers</td>
<td>Analysis of incident reports entered into the HFC database</td>
<td>Reported in Quarterly QM Report</td>
<td>Quarterly</td>
<td>HFC Management, CMOs, Board Members, Contracted Providers</td>
<td>QM Specialist</td>
</tr>
</tbody>
</table>
4.4: QM- FOCUS ON RESULTS

1. **Describe how the CBC will track and report on its performance on contract measures. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.**

HFC tracks weekly performance on contract measures through the Performance Improvement Call and Meeting. The Performance Improvement packet contains the current baseline performance status on contract and other identified measures. The packet also contains comparative statewide data, trends, strengths and areas for improvement. The performance improvement packet is distributed weekly to over 100 stakeholders including HFC board members, providers, CLS, GAL and DCF. The Performance Improvement Call and Meeting is utilized as opportunity to discuss deficiencies, determine action plans, and monitor measures put in place. The call is open to all HFC staff, HFC’s Board of Directors, Case Management Organizations, Contracted and Community Providers, Child Legal Services, Department of Children and Families, and other community stakeholders. Data included in the packet is obtained from Florida Safe Families Network (FSFN), DCF Dashboard, HFC Tracking Systems, Mind Share and self-reports from CMOs and other providers.

2. **Describe how the CBC will track and report on the strategic objectives set by its Board. Describe what data sources will be used and how the performance will be communicated to management and the Board.**

HFC contract performance measures are discussed at Board meetings. Current performance compared to targets, as well as data showing all CBC’s performance (comparison data) is 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 HFC’s Management Team. The Board has endorsed the System of Care and has worked in collaboration with HFC’s staff to identify the following strategic objectives:
• Goal 1: To build a resilient community
  o Objective 1a: Increased participation in prevention programs with greater community involvement/engagement in child abuse prevention by community residents.
    ▪ Strategies: training the community, partnering with the greater community, and outreach and awareness in the community
  o Objective 1b: To support families in need (Help Before Harm).
    ▪ Strategies: Community resource staffings, post adoption support services, Family Intervention Team/Family Builders, referrals for services made for calls from community members in need

• Goal 2: To enhance efficiency (making better decisions) and effectiveness (quality) of case management services
  o Objective 2a: Improved quality of case management services
    ▪ Strategies: Technical assistance & training, identify and implement more family engagement practices, developing the capacity for reflective practice and self improvement, quality assurance monitoring, utilization of information/data in the management of case management services (i.e., Mind Share)

• Goal 3: Increasing the service array to meet the needs of families, children, teens and young adults
  o Objective 3a: Prepare youth who are aging out of foster care to be ready for work, education and life
    ▪ Strategies: Implementation of Independent Living compression planning
  o Objective 3b: Expanding services options that allow for choice
    ▪ Strategies: Implementation of the foster care recruitment and retention plan, implementation of Healing Arts for Children, and conduct needs assessment, asset map and gap analysis for local service array

• Goal 4: To be accountable and a good steward of resources
  o Objective 4a: To examine return on investment (ROI) and re-invest resources
    ▪ Strategies: Build internal expertise on the ROI concept for child welfare, develop strategies to estimate and calculate return on investment, develop decisions and guidelines on how funds should be reinvested into the front end services, and develop system for evaluation of re-invested dollars and disseminate results
  o Objective 4b: To effectively manage and maximize the organization’s resources
    ▪ Strategies: Maximizing state and federal fund sources in the contract with DCF; leveraging community resources -- soliciting donors, engaging volunteers, pursuing grant funding; presentations in organizations & the community to develop additional resources; utilize the Fundraising Committee of the Board of Directors to raise additional funds; and utilize the Legislative and Public Policy Advocacy Committee of the Board of Directors to influence decisions that support Community Based Care

• Goal 5: To improve the effectiveness of HFC as a management entity
  o Objective 5a: To minimize risks to the organization
    ▪ Strategies: COA accreditation process, Out of Home Care budget management strategies, and follow the risk management plan and update the risk management plan annually
Objective 5b: Employees trust the people they work for, take pride in what they do and enjoy the people they work with

- **Strategies:** Reworking the performance evaluation system; implementing a performance bonus system; HFC culture places emphasis on making and maintaining HFC as a Great Place to work; reduce inefficiencies within HFC

Objective 5c: Enhance the governance structure and leadership effectiveness of HFC

- **Strategies:** Implementation of Carver governance model with the Board of Directors and Board member recruitment

3. Describe how the CBC will track and report on the performance of their contract providers. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.

The responsibility of tracking and reporting on performance of contract providers is a shared function within HFC. **Table A-2** demonstrates how HFC will track and report on the performance of contracted providers and communicate the results to HFC Management, internal HFC staff, Board of Directors, and community stakeholders.

4. Describe how the CBC will track and report on ongoing improvement initiatives that will still be occurring during the upcoming fiscal year. What need or performance gap is each one intended to fill, especially with respect to items 1-3 above? What evidence exists to show the initiatives will produce the desired change? For example, is there a Quality Improvement and Control (QIC) story or other systematic QI model in use that describes the initiative and tracks progress? Describe how the CBC will report the status of ongoing improvement initiatives to management, the Board and interested stakeholders.

HFC management identified the need to “Decrease the % of Children Removed within 12 Months of a Prior Reunification. The team was formed with representation of HFC staff, Case management, DCF and CLS. The team is utilizing the Quality Improvement and Control (QIC) Story Process for this Improvement Project. The team reviewed HFC performance that indicated Circuit 10 was performing poorly in failed reunifications. 13.25% of reunifications failed within 12 months of a prior reunification (gap of 4.25%). The work of this team is on-going through fiscal year 2009/2010. The graph below depicts the current performance on measure FS 302.
Shifting case management to the family centered practice philosophy is an ongoing improvement initiative that will continue in the upcoming fiscal year. This approach is intended to improve the overall quality of services and engagement of families as measured by the quarterly QA reviews.

HFC tracks ongoing performance initiatives through the Performance Improvement Call and Permanency Reviews. These initiatives include, but are not limited to, the following:

- The percentage of children served in out of home care who are not maltreated by their out of home caregiver shall be at least 99.68%
- Percent of children under supervision who are required to be seen each month who are seen each month shall be at least 100%
- Percent of children reunified who were reunified within 12 months of the latest removal shall be at least 75.2%
- Percent of children reunified who re-entered out of home care within 12 months shall not exceed 13.6%
- Percent of children who were adopted who were adopted within 24 months of the latest removal shall be at least 36.6%
- Percent of children in out of home care for at least eight days, but less than 12 months, who had two or fewer placements shall be at least 84.5%
- Number of children with finalized adoptions
- Percent of children under supervision who are required to be seen every 30 days who are seen every 30 days

When areas for improvement are identified, additional drill down is reported on the Performance Improvement Call to help identify root causes. The status of improvement initiatives identified will be tracked and reported through the Performance Improvement Packet which is distributed to various stakeholders and HFC staff. The Performance Improvement 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.
5. Describe what new performance improvement initiatives the CBC is going to undertake in the upcoming year. Describe the performance issue the initiative is meant to address, how it was selected, and how it will be managed (e.g., QIC approach?).

During the 2009-2010 fiscal year, HFC, in conjunction with DCF, has identified the need for quality improvement activities in the QA reviews. The common thread of the issues relate to family engagement, assessment, visitation, judicial reviews and qualitative supervisory reviews. HFC is using the quarterly QA review as a measurement tool and as a process to improve performance. QM reviewers will identify standards deemed unsatisfactory and coordinate a plan of action to address the identified deficiencies. Identified items will be reviewed the following quarter for performance improvement. Additionally, HFC has expanded the QA Review tool to include the ability to evaluate performance on certain standards during the last 90 days. This modification provides data that is sensitive to changes in case practice. The results are included in the quarterly QM reports.

In the spring of 2009, HFC became aware of the statewide need to improve performance of case practice and documentation in the area of psychotropic medication. HFC is approaching this area of improvement from the family centered practice model. HFC has established a workgroup to develop local practice guidelines. HFC will use Mind Share and the QA tool designed specifically for this purpose to monitor results.

QM reviewers will identify standards deemed unsatisfactory and coordinate a plan of action to address the identified deficiencies.

6. Describe how the CBC will evaluate and react as new information becomes available. For example, analyze what is revealed about practice standards during quality assurance reviews, or by performance measure trend data, or by performance on federal outcome measures. Will the information be used to either modify ongoing improvement initiatives or start new ones? For example, if quality assurance review information provides indications of issues in a particular site or for a particular function, how will a QI initiative be defined and managed?

As new information becomes available, HFC will determine what steps will be taken to evaluate the issue and act accordingly. These steps can include the completion of a Specialized Review by the QM or other department, tracking and analysis of information on the weekly Performance Improvement Call, modification of provider contracts, and/or initiation of a QIC story or other improvement technique. HFC modified the Performance Improvement call to highlight selected QA review standards for education, discussion and clarification.

7. If a critical life, health, or safety threat to a child is identified during any quality assurance or other review activity, how will the CBC assure that the situation is immediately addressed and corrected?

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

a. Communication with CMO – When a critical issue is identified, HFC will contact the CMO Supervisor or Director directly to address the issue. The CMO
Supervisor or Director would then be responsible for following up with HFC QM Department

b. Reports to Abuse Hotline – When abuse or neglect is suspected or identified through exit reviews, incident reports, client concerns, contract monitoring, and case reviews a report is made to the Florida Abuse Hotline

c. Request for Action – This document is utilized to describe presenting issues and action steps required as it relates to the following concerns/needs: Safety Concerns, Administrative Reviews, Data Correction, Document Requests, Training Needs, or other concerns/needs. Requests for Action are generally submitted to the Case Manager, Case Manager Supervisor, and Program Director; however, they can also be submitted to other contracted providers or stakeholders. Within 30 days, the Request for Action will be addressed to the satisfaction of HFC’s QM Department and will be validated as completed by the QM Department.

d. Corrective Action Plans (CAP) - When a safety concern has been identified HFC’s Executive Management Team or Contracts Department will review the concern and determine if a CAP is needed

e. Specialized Reviews – Specialized reviews can be requested to review, identify, and address safety or other concerns in a case or CMO. These reviews are generally requested by HFC or DCF Management and conducted by the QM Department

8. If the lead agency has completed or is working on tasks related to national accreditation, please include a brief description.

HFC was accredited in March 16, 2009 by the Council of Accreditation (COA). As part of this accreditation, HFC strives to maintain the highest level of standards. COA accreditation is an objective and reliable verification that provides confidence and support to an organization’s service recipients, board members, staff and community partners.
The following Quality Management Schedule of Activities provides an outline of planned quality activities. The scheduled activities will be updated as needed or minimally on annual basis.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Planned Date</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Reviews</td>
<td>Completed by:</td>
<td>HFC QM staff (or other approved staff)</td>
</tr>
<tr>
<td></td>
<td>August 31, 2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td>November 30, 2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td>February 28, 2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>May 31, 2010</td>
<td></td>
</tr>
<tr>
<td>Side by Side Reviews</td>
<td>August 3-7, 2009</td>
<td>HFC QM staff (or other approved staff) / DCF</td>
</tr>
<tr>
<td></td>
<td>October 5-9, 2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td>January 11-15, 2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td>April 5-9, 2010</td>
<td></td>
</tr>
<tr>
<td>In Depth Reviews</td>
<td>Annually</td>
<td>DCF QM Staff</td>
</tr>
<tr>
<td>Discretionary/Specialized 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 and submitting summary reports to the Office of Family Safety</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>Monthly</td>
<td>HFC Board</td>
</tr>
<tr>
<td>CMO Joint Meeting</td>
<td>Monthly</td>
<td>HFC Administrative Services</td>
</tr>
<tr>
<td>Performance Improvement Call</td>
<td>Weekly</td>
<td>Data Services</td>
</tr>
<tr>
<td>Supervisors Workgroup</td>
<td>Monthly</td>
<td>HFC Operations</td>
</tr>
<tr>
<td>Foster Parent Surveys</td>
<td>Semiannually</td>
<td>HFC QM staff</td>
</tr>
<tr>
<td>Relative/Non-Relative Surveys</td>
<td>Semiannually</td>
<td>HFC QM staff</td>
</tr>
<tr>
<td>Statewide QM Meeting</td>
<td>Quarterly</td>
<td>DCF Office of Family Safety</td>
</tr>
</tbody>
</table>
### APPENDIX B: TIMELINE FOR MANAGEMENT REVIEW OF QM ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of the QM Quarterly Report</td>
<td>Following the end of each quarter</td>
<td>Management Team</td>
</tr>
<tr>
<td>Lead discussion regarding the performance and analysis of outcomes and other indicators on the Performance Improvement Call</td>
<td>Weekly during the Performance Improvement Call</td>
<td>Members of the Management Team</td>
</tr>
<tr>
<td>Review of Satisfaction Survey Results</td>
<td>Following the completion of the Satisfaction Survey Report</td>
<td>Management Team</td>
</tr>
<tr>
<td>Review of Contract Monitoring Reports</td>
<td>Following the completion of the monitoring of HFC’s contracted providers</td>
<td>CEO and Chief Administrative Officer</td>
</tr>
<tr>
<td>Review of the results of the Training Report Card</td>
<td>Following the completion of a training</td>
<td>Management Team</td>
</tr>
<tr>
<td>Review of the Cash Flow Report</td>
<td>On a weekly basis, during the management team meetings</td>
<td>Management Team</td>
</tr>
<tr>
<td>Request for Action</td>
<td>As deficiencies are identified</td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX C: DOCUMENT HISTORY

### History of Changes to QM Plan

<table>
<thead>
<tr>
<th>Version</th>
<th>Date Completed</th>
<th>Description of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>2006</td>
<td>Initial Release</td>
</tr>
<tr>
<td>1.1</td>
<td>2007</td>
<td>Modifications made from internal review.</td>
</tr>
<tr>
<td>1.2</td>
<td>2007</td>
<td>Modifications made from internal review.</td>
</tr>
<tr>
<td>1.3</td>
<td>2007</td>
<td>Modifications made from internal review.</td>
</tr>
<tr>
<td>1.4</td>
<td>7/5/2007</td>
<td>Updated for yearly review and process improvement.</td>
</tr>
<tr>
<td>1.5</td>
<td>8/01/2007</td>
<td>Final Modifications made, plan submitted to DCF</td>
</tr>
<tr>
<td>2.0</td>
<td>6/3/2008</td>
<td>Updated for yearly review and addition of revised statewide QM plan criteria</td>
</tr>
<tr>
<td>2.1</td>
<td>6/13/2008</td>
<td>Received items for clarification from DCF</td>
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<tr>
<td>2.2</td>
<td>12/15/08</td>
<td>Updated to reflect strategic goals and revisions needed for COA</td>
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<tr>
<td>2.3</td>
<td>6/30/2009</td>
<td>Updated for yearly review</td>
</tr>
</tbody>
</table>

### Review & Approval History of QM Plan

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Date of Submission</th>
<th>Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliza / HFC Management</td>
<td>1.0</td>
<td>2007</td>
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<tr>
<td>Eliza / HFC Management</td>
<td>1.4</td>
<td>2007</td>
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<tr>
<td>Eliza / HFC Management</td>
<td>1/8/09, 1/12/09</td>
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<tr>
<td>Eliza / HFC Management</td>
<td>6/30/2009</td>
<td></td>
</tr>
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APPENDIX D - 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 HFC as Circuit 10’s CBC.

**CLS/CWLS** – (Child Legal Services/Child Welfare Legal Services) – Attorneys employed by the Department of Children and Families.

**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. HFC 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.

**CPI (Child Protective Investigator)** – DCF staff member responsible for investigating allegations of abuse, neglect, and abandonment.

**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. Planned follow-up is then undertaken by the CBC and their Contracts department.

**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, 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.
HFC - 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).

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 Providers - Agencies and/or organizations located statewide with whom the CBC has not entered into a 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.

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.

RA/RFA (Request for Action) – Document submitted to address a deficiency, concern, or need that is identified during case reviews or other quality management processes.
Stakeholder – One who has a share or an interest in the organization.

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.