Quality Assurance Improvement Plan
July 2008
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Background

In 1996, the Florida Legislature (section 409.1617, Florida Statutes) mandated that the Department of Children and Families ("Department") establish pilot programs during the fiscal year 1996-1997 that privatized child protective services through contracts with community based agencies. The stated purpose was to strengthen the support and commitment of communities to protect abused, neglected and abandoned children, and to increase the efficiency and accountability of the child protection system. In the 1998 legislative session House Bill 3217 was passed. The Bill amended the original privatization legislation by adding new provisions requiring the Department to develop an implementation plan by July 1, 1999 which would outline incrementally the process for privatizing the entire child protection system by January 1, 2003.

Hillsborough County began the planning for Community Based Care in May 1998. A group of community leaders and child advocates started the framework of a child welfare system unique to Hillsborough County’s needs and population. By the summer of 2000, HKI was established and a comprehensive plan was developed. In November 2000 the Department released an Invitation to Negotiate (ITN). HKI submitted a response to the ITN and was selected as the Community Based Care Lead Agency in March 2001. HKI signed the Lead Agency contract in May 2002 and began transitioning all case management responsibilities shortly thereafter. HKI’s original contract as lead agency was to expire in June 2006. In October 2005 the Department released an ITN in anticipation of the conclusion of HKI’s contract. HKI responded to the ITN, on December 22, 2005 HKI was again awarded the contract for Lead Agency in Hillsborough County.
Introduction

Hillsborough Kids, Inc. (HKI), in partnership with the Department of Children and Families, is continuously searching for new and innovative ways to assess our agencies’ success in working with the children and families in Hillsborough County. Understanding that the population served by our agency and all of our partners is the most “vulnerable” of all populations, our focus at all times is on improving our oversight of Safety, expediting Permanency, and assuring Well-Being.

Community Based Care agencies throughout Florida have designed and implemented Quality Management/Improvement Plans that are aligned with the federal outcomes related to Safety, Permanency, and Well-Being. The current Plan has been recently revised to emphasize how data gathered will result in the achievement of improving practice.

With the complexity of the population served in child welfare, the need and desire to continually improve the services and support that HKI provides, all the required criteria are believed necessary and included within HKI’s Quality Management/Improvement Plan. However, HKI believes that within each of the required criteria there are “Best Practice” activities that must be addressed. HKI is committed to performing on or above the level of “measurable” outcomes and in the arena of “Best Practice.”
**Hillsborough Kids, Inc. Mission Statement**

To ensure the safety and permanency of abused and neglected children in Hillsborough County by providing comprehensive services that promote strong families.

**Vision**

HKI and all stakeholders are committed to strengthening the child welfare system in Hillsborough County. Our vision is that children will be safe and that permanency will be achieved in an expeditious manner. As we are “Believing in Families…Creating Possibilities”

**Organizational Values**

*Commitment*…

…to protecting the abused & neglected children in Hillsborough County.

*Cultural Competence*…

…for all staff and in our service planning for the families that we serve.

*Integrity*…

…in our working relationships, partnerships, practices, and decisions.

*Excellence*…

…in our leadership and system of care.
Focus on Coordination

Although ‘Quality’ has often been defined differently by various professions, a common and essential component includes ‘coordination’. Florida’s newly adopted Quality Management model demonstrates their knowledge and support of this key element through their requirement of having it included in all CBC QA Plans.

At the regional level, HKI and the Suncoast Region’s QA departments have worked in partnership in ensuring that the new QA plan is developed within the state guidelines, as well as ensuring that regional needs are addressed. Regional QA staff have orchestrated several meetings between all the CBC’s in the region and has held weekly conference calls to ensure that coordination occurs within the region. Individual communication between the Region’s QA staff with the HKI QA staff has also occurred ensuring that the HKI QA Plan’s additional components were approved by the department.

The following detail describes how HKI will coordinate with the region to accomplish the State’s required activities.

Unit Supervisory Discussion

At Hillsborough Kids we use a strength based and learning approach within quality management. However, we also recognize that by preventing and identifying errors or mistakes at the earliest point within a process we will positively impact overall quality. This concept is easily understood when examining the structure of care management. The Care Manager is the ‘front line’ in ensuring that children are safe, that they achieve timely and appropriate permanency and assures their overall well-being. Therefore through close and thorough supervision it is the Supervisor who has the opportunity and responsibility to positively impact the activities for each care manager and all the children/families assigned to them.
Florida’s new model for Quality Assurance also recognizes this principle and therefore has required that all Quality Assurance plans include the implementation of a Supervisory Guide to enhance the quality of the supervision provided to care managers.

The required Supervisory Guide has been clearly identified as only a guide; not a tool that is required for data collection. The strategy behind having a ‘guide’ versus a tool at the most influential point in providing child welfare protective services sends the clear message that quality is more than data and statistics. Quality must result in practice improvement.

HKI fully supports the emphasis that quality is more than statistics and that it must result in practice improvement, but also wishes to provide evidence to staff, the community, and the state, that the quality initiatives developed are effective. Therefore, the plan that HKI has developed for the implementation of the Supervisory Guide allows us to assess whether this quality initiative is effective and has an overall positive impact in improving performance.

HKI will require that the Supervisory Guide be utilized during all supervision of care managers, and minimally, once per 90 days the documentation entered directly into FSFN, will be required to address each applicable item contained in the guide. To enable this process to be as uncomplicated as possible, we are appending the Supervisory Guide with interpretive guidelines to assist supervisors in understanding what reviewers will be looking for in their documentation to verify that the items contained within the guide are thoroughly addressed. Then, HKI QA staff along with Care Management peer reviewers will ensure that the Supervisory Guide requirement is being followed by reviewing the supervisory notes during the Base File Reviews. This process will allow us to determine whether the implementation of the Supervisory Guide is impacting the goal of practice improvement.
Additionally, the information obtained through the reviews of supervisory documentation will provide other important information that we will be able to use for improving quality practice; including:

- case specific items in regards to ensuring safety, reaching permanency or promoting the well being for children in our care.
- the identification of training needs throughout the system of care, either for specific care management organizations or for individual supervisors.

Though there is no formal report required to the state or region in regards to the utilization of the Supervisory Guide, the information we collect when reviewing supervisory notes, will be available upon request.

**CBC QA and Side-by-Side Reviews**

**Base Reviews**
Base reviews will be conducted at HKI primarily utilizing the Lead Agency QA Staff. Designated QA representatives from our subcontractors of Care Management will participate in this activity as peer reviewers; with a minimal number of records to review. These designated QA staff extenders will not be reviewing files independently from HKI QA staff, until they have participated in the State’s QA Reviewer Training, to be scheduled the first quarter of FY ’08 -’09. This training is required for all persons who will be reviewing files with the newly developed QA plan. The purpose of the training includes:

- strengthening the flow and integration of QA data throughout the state’s QA system.
- ensuring that the “best interests of the child” is the guiding philosophy for all members of the service delivery system.
- ensuring that the new standards and tools are well understood by staff when interpreting data and scoring criteria from the tools in a consistent manner.
Cases to be included in the Base Reviews will be provided by the state each quarter. Upon receipt of the case review sample, the HKI QA department will review the sample to ensure the cases provided meet the intended criteria as far as targeted population (legacy, admission and age) as well as time frame for the period under review. Seventeen of these files will then be selected for the ‘Base Review’ while eight will be identified for the ‘Side-by-Side’ and ‘In-Depth’ reviews. Those cases determined to be part of the ‘Side-by-Side’ and ‘In-Depth’ reviews will be shared promptly with the Region, so they can prepare schedules for the interview portion of the ‘In-Depth’ reviews.

Upon completion of the Base File Reviews, HKI QA leadership staff will pull reports for each case management agency to identify any trends or patterns which may emerge as well as strengths and areas for improvement. An agency specific summary, including the data, will be presented to each Care Management organization so they can create a plan to address particular needs or areas for improvement. Areas that have been identified as needing improvement will be tracked to ensure improvement occurs. Realizing that improvements may not be recognized on a monthly basis, this information will be discussed with each agency quarterly. Additionally, HKI QA staff will pull a report that includes all the agencies combined. This will be our System of Care Report which also will identify trends or patterns, strengths and areas for improvements and result in an overall summary. The System of Care Report will be provided to the region upon completion to be included in the overall QA Quarterly Report.

**Side-by-Side Reviews**
A schedule for the Side-by-Side Review activity has been developed; identifying one week per quarter for the Region’s QA staff to join the HKI QA staff in performing the identified eight file reviews. The HKI QA team will be paired up
with a Regional QA reviewer for the week, with the goal of completing two file reviews per team.

The region will identify a single person from their QA staff to serve as the facilitator/lead reviewer for the duration of the review. This position is distinct from the Region’s QA reviewers, and their primary responsibilities will be to:

- Provide a second level review for each of the eight cases that have been reviewed by the DCF/CBC team to ensure that the review was completed thoroughly and correctly.
- Provide expertise and mediation to any review team that is challenged to reach consensus in rating a particular item on the tool.
- Initiate the process of the In-Depth reviews. The facilitator may gather input from the Side-by-Side review team and other reviewers as to the questions that may be applicable for the In-Depth review.
- Prepare a summary of the 8 cases in terms of identifying strengths and opportunities for improvement, as well as initiate the development of quality improvement strategies to address any significant performance concerns that may be identified. Collaborate with the CBC in developing the quality initiatives.

The CBC will identify a single person from their QA department to serve as a liaison for the period of the duration of the Side-By-Side review. This position is distinct from HKI’s reviewers and their primary responsibilities will be to:

- Assist in finding or gathering information not readily found within the files.
- Assist with any ‘Requests for Actions’ (RFA’s) if identified.

**Executive Management and Region Discretionary Reviews**

On occasion, a special request for a review is received by HKI from the Region, or HKI requests the assistance of the Region for a focused review. Should this occur, the request will be negotiated between the two parties as to scope of the review, time frame requirements of the review and other factors as applicable.
This QA plan document will serve as the formal agreement to this collaborative process of Executive Management and Regional Discretionary Reviews.

**Local Review Schedule**

*Attachment*

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**Focus on Results - QA Improvement Standards and Process**

Effective Quality Management plans require a *Focus on Coordination*, as outlined previously, but this alone will not suffice without the additional focus on *Results*. When focusing on *Results*, one must not be limited to only one subset of data measurement. To improve overall performance and effect improvement in quality of practice, multiple domains central to the operation of the System of Care must be captured through data analysis.

As part of the data analysis HKI considers whether the data is a result of a new or continued measure. New measures are frequently developed in response to unsatisfactory data (baseline) and compared accordingly. Ongoing measures are typically reported on a monthly basis to identify trends in improvement, but may also include both quarterly and other specific time comparisons.

HKI has developed strategic and consistent reporting mechanisms that integrate key areas when reporting QA results to contracted providers, Executive Leadership, the HKI Board of Directors and Community Stakeholders.

**Contract Measures**

HKI, as all lead agencies, contracts with the Department of Children and Families to provide Child Welfare Supervision Services. Within the contract are specific indicators to measure performance. The State’s new model for Quality
Assurance ensures that contractual performance measures are included in the QA Plan.

The inclusion of contract performance within Quality Management is not new for HKI. This has been one aspect of overseeing quality with the subcontracted agencies for several years. One method that HKI has used to ensure that contract measure performance is prioritized throughout the system is through the data meetings held monthly with our providers. These meetings not only report current status of contractual indicators, but also require the providers to report actions they are implementing to address areas of substandard performance.

The data used for the monthly meetings is captured primarily through two sources; State Data, via FSFN, the Dashboard and department reviews, as well as Internal Data using HKI generated tracking systems. The data reported is shared not only with the HKI providers, but also the HKI Leadership, and Board of Directors. As a Community Based Care lead agency, the data is also shared with the greater community through Quarterly Performance Presentations. These presentations are a new method of providing key community stakeholders a variety of information about HKI, including current performance, new initiatives, and future goals.

**Strategic Objectives**

HKI uses a Strategic Planning process to ensure that we have established both long and short term goals to continually provide services that follow our mission which is “To ensure the safety and permanency of abused and neglected children in Hillsborough County by providing comprehensive services that promote strong families.”

Our current Strategic Plan includes the following goals:

A. Continue focus on Family Preservation
a. Continue the reduction of children coming into the System of Care
b. Reduce the length of stay for children in the system of care.

B. Foster Parent Retention and Recruitment

C. Focus on Improving the quality of Teens in care.

Each of the goals has specific Targets and Strategies outlined for methods of goal achievement. Progresses toward the goals are gathered through both the State’s data system, FSFN, as well as our own internal tracking. This data is gathered on an ongoing basis and reported during the monthly data meetings to providers and reported to the Board and other stakeholders as mentioned in the section on contract performance.

* Note: we use similar methods of reporting for various data to demonstrate that quality management is an integrated process.

**Contract Provider Performance**

Contract Provider Performance measurement is essential if HKI is to be successful as a system of care. As mentioned in the previous categories of Contract Measures and Strategic Objectives, data is gathered from both FSFN and internal tracking systems. The monthly data meetings are the primary method of communicating a provider’s performance; however it is not the only method. The relationship that HKI has with its contract providers is strong and thus, there are both the formal methods of the monthly data meetings and contract monitoring as well as the frequent informal communication that occurs regarding daily operations both case specific as well as agency specific. The informal communication that does not always include specific data is supportive of the state’s current emphasis that quality practice is not solely based on statistics.

**Ongoing Quality Initiatives**
Developing quality initiatives that improve practice as a result of data is the essence of Quality Management. HKI has developed a method for tracking and reporting on quality initiatives that allows us to both monitor practices currently in place and the changing priorities of the state, community, families and staff. This method allows us to not only determine whether the initiatives implemented are successful, but it also allows us to take a pro-active approach to improving practice.

The Quality Management department has developed a Supplemental Review Method based on the State’s model of having an “item bank” of review indicators. We have identified core areas of focus, which can be related to performance on contract measures, progress on strategic objectives or sub-contract provider performance. Each focus area has specific items which have been chosen for review either because of performance; to collect baseline data for developing best practices and/or implementing evidence based programs. Essentially, any item can be added to the Supplemental Review tool and then be selectively used at the time of the Base File Review to allow us to expand our review of the file and collect data.

The Supplemental Review Method was recently utilized after a DCF Reunification Review found areas of documentation needing quality initiatives to be developed. QA staff identified which of the initiatives could be measured through case file review and began a ‘Reunification Supplemental Tool’. This tool was utilized as an addendum to the CFSR tool in our ongoing QA file reviews. The data we are collecting allows us to determine whether the initiatives developed have made a positive impact in practices related to reunification.

The Supplemental Review Method follows a primary Quality Improvement process developed by Deming, called PDSA - **Plan, Do, Study Act**. The essence which is:

- **PLAN**: plan ahead for change. Analyze and predict the results.
- DO: execute the plan, taking small steps in controlled circumstances.
- STUDY: check, study the results.
- ACT: take action to standardize or improve the process.

Some of the benefits we have seen from the use of this model for the quality management department includes: adding daily routine management for the team, increasing the use of a learning and solution seeking process, and operating from a widely accepted quality management framework.

Reporting on the status of our ongoing quality initiatives is the highlight of the Quarterly Performance Presentations referred to earlier. This is our opportunity to share with our key community stakeholders both the successful initiatives that have had a positive effect on practice, as well as areas in which we continue to find challenging. These public presentations have the ability to generate additional community support as well as ideas for future initiatives. Additionally, the routine reporting procedures through regularly scheduled leadership and data meetings also include updates on the status of our quality initiatives.

**Upcoming Quality Initiatives**

The development of new Quality Initiatives will be based on both identified performance needs as well as strategic direction from the HKI Board of Directors, Stakeholders and the State/Local Family Safety Office. Existing Quality Initiatives will be continued until goals are met, either through reaching a particular statistical threshold and/or by solidifying a new process which has effected a positive change in practice.

HKI’s current initiatives involving safety, permanency and Family Preservation will continue into this next fiscal year as we strive to reach our goals. These initiatives include:
- Evaluation of the new risk assessment recently implemented.
- Focus on risk reduction due to elopements and missing children.
- Strengthening family engagement.
• Supplementing current specialty services which focus on target populations of children who have been challenging to reach timely permanency.
• Increase foster parent retention and recruitment.

New initiatives for the coming fiscal year will include:
• Focus on front line practice and use of the supervisory guide.
• Expanding the analysis of quality initiatives to include various other data sources. (ie. observation, satisfaction, incident reports, complaints. Side-by-side and in-depth reviews)

Additionally, this year data integrity measures will be added to all initiatives. This will not only provide evidence that conclusions from analysis are legitimate, but also ensure that algorithms for obtaining data are well understood and correctly applied.

To measure data integrity of reports generated through FSFN, random cases will be selected within the sample used for the Base File Reviews. Using the algorithm provided by FSFN guides, we will validate the reported information against the data entry codes. Results of the validation process will be studied to determine whether trends exist and plan for the next step. This additional piece of quality management is critical to the success of the QA plan as we proceed to improving practice of care management services to our community.

**New Information: Evaluation and Response**

As new information and trends are identified, we will examine both the content of the information as well as the source of the information, and then confirm its validity. Valid information will be further studied to establish whether it is a desirable or undesirable outcome of a current initiative or whether it is external to the current scope of QA initiatives.
If the information is within the current QA scope, we will continue the PDSA process for ongoing improvements. If the new information is not within the current QA scope, we will consider how it may be related to any of our current QA initiatives, contractual performance requirements or strategic objectives to determine whether or not there is a need to develop additional quality initiatives. In recognizing that there are always opportunities for improvements; it is not always necessary to include every opportunity as part of the formal QA scope since so many opportunities are interrelated and through purposeful planning could be either integrated within other objectives or influenced through the current initiatives.

On an annual basis the QA plan will be reviewed for effectiveness and ongoing relevancy by the Quality Management department. A report, inclusive of recommendations, will be provided to executive leadership and the Board of Directors.

**Critical Information Identification**

During file reviews or in any similar activity where a critical event is discovered, HKI has a process in place to ensure that appropriate follow up and actions are implemented to address the event. Should a concern be identified, the reviewer shall complete a ‘Request for Assistance’ (RFA) form which will list the critical information of the case and a description of the presenting issue. The form is signed, dated and time stamped by the reviewer and is then provided to the director of the agency so that they also can sign, date and time stamp when they were notified of the need for action. The agency will have no more than 24 hours to appropriately address and respond to any safety concern and up to 5 working days to address any administrative concern. All response’s from the agency correcting the issue is to be reported on the ‘Request for Assistance’ form and provided to HKI QA Management within the allotted time frame. HKI will then follow up as necessary per the individual case needs and situations.
All RFA’s whether identified during the period of a Side-by-Side review or at any other time of a file review, will be logged by the QA department. Tracking RFA’s will provide HKI additional data that is essential to ensure the safety of children in care. Additionally this data will provide details which may be relevant to enhance current trainings or other follow-up actions necessary to improve processes.

**National Accreditation Status**

HKI is currently working toward COA accreditation under the newly developed Network Standards. The formal application was submitted in March 2008. We are projecting to achieve full accreditation status in winter 2009. Currently only two CBC’s have achieved Network Accreditation.