Quality Management Plan

Define, Measure, Analyze, Improve, and Control

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Effective Date:  7/18/2013

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1.1: BACKGROUND AND OVERVIEW

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

HFC is nationally accredited by the Council on Accreditation (COA). HFC has created and supports a provider network that has the capacity to deliver a full array of in-home, community-based, and placement service options that can be selected on the basis of child and family strengths and needs. These providers are contracted to provide services in Polk, Highlands, or Hardee Counties, and additional providers are explored based upon the needs within each County. All providers who apply for formal contracting are subjected to an application, selection, contract monitoring, and approval procedures. All direct services providers are required to be or in the process of obtaining national accreditation. Case Management is a core child welfare service and HFC contracts with Children’s Home Society of Florida, Devereux Florida, Gulf Coast Jewish Family and Community Services and One Hope United to provide a full array of Case Management services.

1.2: HFC’s MISSION AND VISION

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

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

1.3: HFC’s ORGANIZATIONAL STRUCTURE

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

HFC's Management team promotes excellence and continuous quality improvement that is inclusive of the stakeholders within the system of care and within HFC. HFC's CEO and Management Team facilitate and participate in the weekly PQI Committee that includes HFC staff from all areas within HFC, contracted providers and other stakeholders. Established outcomes are analyzed and monitored through this committee to ensure that effective services are being provided to children and families from Polk, Hardee, and Highlands Counties. HFC works closely with its stakeholders to continually evaluate the elements of the system of care and implement improvements and changes as needed to achieve both short term and long term objectives. HFC recognizes that stakeholder involvement is essential to achieving HFC's mission and vision.

1.5: Description of QA/CQI staff resources

Under the supervision of the Director of Quality & Contract Management, HFC has a total of eight staff in the Quality and Contract Management Department. Three of these have the primary responsibility for conducting QSR and QPS reviews each quarter. One is responsible for the management of client concerns and incident reporting and one serves as the local Missing Child Specialist. The remaining three are focused on subcontract management and compliance monitoring.

1.6: Description of QA/CQI infrastructure

HFC assumes the responsibility for completion of the required QPS and QSR reviews each quarter. It is the practice of HFC to engage a member of the organization under review to serve as secondary on at least one of the QSR reviews each quarter. That staff person is most often either the CMO Trainer or a member of the CMO QA Team. This partnership has proven to be very beneficial and provides a window of opportunity to share understanding of perspectives. HFC Contract Management staff also rotates responsibilities as
secondary reviewers on QSRs during the year. Two of the three Contract Managers are certified to conduct QPS reviews and can be utilized when needed to conduct full QPS reviews or targeted supplemental reviews.

SECTION 2: PURPOSE & SCOPE

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

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

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

SECTION 3: QUALITY MANAGEMENT MODEL

3.1: PERFORMANCE AND QUALITY IMPROVEMENT (PQI) STRUCTURE

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

HFC’s Performance and Quality Improvement (PQI) Program is fluid and dynamic and involves over 80 stakeholders, including HFC management, HFC staff, the Board of Directors, Case Management Organizations, in home service providers, mental health providers, and other identified stakeholders. At the core of the PQI program is the PQI Committee. Due to the complexities of the child welfare system, this committee meets weekly. Prior to the meeting, all participants are distributed an extensive report that includes data analysis of the performance measures and identifies topics of discussion. Also included in this
The report is an annual report of HFC’s performance on dashboard and scorecard measures that includes the year end performance from previous fiscal years to show trend analysis. These scorecards are periodically updated to monitor performance and allow for process improvement as needed. The participants of the PQI committee are invited to participate either in person or via conference call. The committee is focused on process improvement based upon performance measure or identified need, and it ensures that performance is monitored and maintained. As part of the improvement process, ad hoc committees are created as a subcomponent of the PQI Committee. These ad hoc committees typically include participants of the PQI committee; they can be pre-established teams (such as HFC Management Team, the CMO workgroup or the CMO Supervisor’s Meeting) or they can be comprised of participants identified based upon a specific need. The results of the ad hoc committees are then brought back to the PQI committee for further process improvement, if needed, or for ongoing monitoring.

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

- **Define:** As the first step of the cycle, HFC defines the performance measures. These measures can be defined by the State of Florida (dashboard and scorecard measures), negotiated by DCF and HFC, established by HFC Executive Management Team and the Board of Directors, or identified by HFC staff or stakeholders either as part of the PQI committee or in an alternate forum.

- **Measure:** The PQI Committee provides ongoing analysis of measures and reports results in each meeting. Data is collected from a wide array of pertinent sources which may include, but may not be necessarily limited to: FSFN, satisfaction surveys, tracking spreadsheets, incident reports, and Quality and Service Reviews. The data that is produced is both quantitative and qualitative and focuses on indicators related to safety, service delivery, effectiveness, and timeliness. Once collected, the data is analyzed by HFC’s Information Management Department or by other stakeholders and included in the report. Based upon the data collected, further action may not be required, and the measures continue to be monitored to ensure that prospective difficulties are addressed.

- **Analyze:** Based upon the data collected, analysis is conducted to identify possible causes for the area in need of process improvement. This analysis is often conducted during the ad hoc committees to ensure that the appropriate stakeholders are involved in the root cause analysis.

- **Improve:** The identified countermeasures can be discussed in the PQI Committee, HFC Management meetings, Board of Director meetings, CMO Workgroup or Supervisor’s meetings, or in other identified forums. Quick fixes are typically addressed in the PQI committee; whereas, more complex issues are addressed in the ad hoc committees. The countermeasures that are implemented are discussed and tracked in the PQI committee.

- **Control:** Ongoing monitoring of the performance measures or other identified areas in need of improvement occurs in the PQI committee. Charts and tables are updated as the data is available to ensure that the process improvement has been effective and is maintained; as needed, further
process improvements may occur based upon further need or due to changes within the child welfare system.

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

### HFC’s PQI Program

#### 3.2: PERFORMANCE AND QUALITY IMPROVEMENT ACTIVITIES

- **Performance & Quality Improvement Committee & Report:** As previously described, this committee meets weekly and utilizes the DMAIC Cycle. Ad hoc committees are utilized as needed to ensure continued performance improvement. Prior to the committee meeting, a comprehensive report is compiled. HFC’s Information Management Department obtains the data from Mindshare, FSFN, Performance Measures website, incident reports, client concerns, case reviews, QSR reviews, and tracking systems maintained by HFC and CMO staff; this data is then presented in the report which is submitted to the stakeholders via email. HFC’s Chief Quality & Performance Officer, or designee, facilitates the meeting and discussion. The PQI Committee meeting is open to all HFC staff, HFC’s Board of Directors, Case Management Organizations, Contracted and Community Providers,
Children’s Legal Services, Department of Children and Families, and other community stakeholders. These stakeholders are involved in the discussions that drive performance improvement within the quality management system of HFC. The Performance Improvement Report is designed to be fluid and flexible to allow for the addition of performance measures at any time depending on the issues impacting the System of Care.

- **Quality Services Reviews (QSR):** The QSR is a powerful tool designed to aid child welfare and social services agencies in assessing the effectiveness of their practices and interventions provided to the child and families being served. The process focuses on two major components to include Child and Family Status Indicators and Practice Performance Indicators. The status indicators measure the extent that desired conditions are found in the lives of the child, parents, and/or caregivers. There are currently eleven components of the status indicators that are related to child safety, well-being and functioning. The practice indicators measure the extent that core practice functions are successfully utilized by the system of care. The QSR process includes a brief review of the case file and focuses on case specific interviews with relevant participants in the case. These interviews may include, but are not limited to: Case Manager, Case Manager Supervisor, child, parents, caregivers, teachers, GAL, attorneys, and any other identified participants. The results of the QSR are inputted into DCF’s Web Systems portal. A comprehensive report of the case and recommendations that were identified during the review and the debriefing is disseminated to the Case Management Organization.

Each quarter, HFC’s Quality Management team conducts a minimum of two QSR reviews. Stratified random sampling is utilized to select the QSR cases to ensure each Case Management Organization is represented and equal numbers of children from in-home and out-of-home services have been evaluated during the fiscal year. At the conclusion of the QSR reviews, debriefings are held with the respective CMO, HFC leadership and case participants. The purpose of the debriefing is to address findings, provide feedback and discuss practice change at a macro level.

- **Case Management Case Reviews:** HFC’s Quality Management team conducts quarterly case reviews utilizing the Quality of Practice Standards (QPS). A minimum of fifteen cases are randomly selected utilizing a stratified random sampling method. This ensures that equal numbers of youth from in-home and out-of-home services are represented during the fiscal year. As part of their national accreditation, each Case Management Organization also completes additional internally identified file reviews to assess quality of service delivery.

If, during the course of the reviews, a reviewer notes an administrative or safety concern, a written Request for Action is generated and sent to the CMO responsible for management of the case. The CMO is notified immediately by phone, or in person for safety concerns followed by a written request for action. A formal response is due back to HFC within two business days for administrative RFAs and one business day for safety RFAs. Follow-up on all RFAs is racked by the QM staff and failure to appropriately address identified concerns timely leads to the concerns being elevated through HFC Contract staff and HFC Leadership, potentially leading to formal corrective action or other curative measures if necessary.
• **Supplemental Reviews:** Supplemental reviews are conducted on a quarterly basis on focused areas identified by DCF. These areas include, but are not limited to, psychotropic medications and independent living. A minimum of ten files are randomly selected utilizing a stratified random sampling method to ensure that each CMO is represented and are reviewed each quarter on the supplemental focus area for that quarter. During supplemental reviews, only the applicable QPS items are scored and the remainder of the tool is marked as not applicable.

• **Discretionary and/or Special Reviews:** Discretionary, or special reviews, are conducted by HFC’s QM Department or other approved staff when requested. Requests for discretionary reviews can be made by HFC Executive Management, DCF Administration, HFC staff, or stakeholders. Prior to conducting the review, QM staff will determine the purpose of the review in conjunction with the requestor. Results are shared with HFC’s leadership and the requesting party. These reviews may be child specific and specific to a focus area.

• **Technical Assistance:** Technical assistance is provided internally and externally. Technical assistance can be shared among HFC staff and with the contracted providers and other stakeholders. It can be addressed formally or informally. Formal technical assistance would involve training provided by HFC Staff. Informal technical assistance would include responding to questions, making suggestions for improvement, and highlighting issues through the data report or CMO meetings. Technical assistance is also provided from one stakeholder to another during the PQI Committee or ad hoc committee meetings.

• **Placement Report Cards (Child Exit Interviews):** The Quality and Contracts Department is responsible for the oversight of child exit interviews. Results are aggregated on a macro level for system improvements. If an issue is identified on the form, the Contract Manager follows up with the HFC Re-Licensing Department or the provider for follow-up. The results of the interviews are shared with HFC’s Management, HFC’s Board of Directors, Case Management Organizations, foster parents and other stakeholders.

• **Orientation of New HFC Staff:** When new employees are hired, they are oriented to the system of care and the responsibilities of various departments, including contract management, data services, and the quality management department.

• **Training Newly Hired Child Protection Professionals:** As part of the pre-service process where Case Managers, Protective Investigators, Licensing Counselors and their Supervisors are trained and certified, HFC provides training on various elements of the system of care, including Missing Children and the elements of the Quality Management Department.

• **Incident Reporting:** Completion of incident reports is required by all contracted providers when an incident or accident occurs; this provides HFC with an early notice of an unusual situation or circumstance which may jeopardize the health, safety, or well-being of a child or person receiving services under the supervision of HFC or a HFC contracted provider. The Quality and Contract
Management Department is responsible for reviewing incident reports received from the providers and entering the incident into the HFC database. Additional entries are made into the state database for those incidents that meet the criteria of reportable incidents. If an issue is identified, follow-up is made with the appropriate parties until resolution is achieved. Results are aggregated on a macro level for system improvements. Additionally HFC is developing methodologies for tracking timeliness of submission and addressing late reports through elevation procedures and corrective/curative actions if necessary.

- **Client Relation Concerns:** The QM Specialist receives all concerns, grievances, and questions and/or complaints of services, processes, employees, or other issues that pertain to child protection. HFC’s QM Specialist ensures follow-up action is taken to address the concerns and documents the steps taken to resolve the issue. Results are aggregated on a macro level for system improvements.

- **Foster Parent and Relative/Non-Relative Surveys:** The QM Department is responsible for the oversight of Foster Parent and Relative/Non-Relative satisfaction survey results. QM Specialists distribute satisfaction surveys to foster parents, relatives, and non-relatives on an annual basis. These surveys are distributed via mail, electronically, or hand delivered. HFC posts the results on HFC’s website for stakeholders to view. The results of the interviews are shared with HFC’s Management, HFC’s Board of Directors, Case Management Organizations, foster parents and other stakeholders. Positive comments toward specific case managers or HFC staff members are forwarded to those individuals for recognition via a letter from the HFC CEO.

- **Stakeholder Survey:** Annually, HFC distributes an electronic satisfaction survey to all stakeholders, including: Case Management Organizations, Guardian Ad Litems’ Office, Children’s Legal Services, DCF, the Court System, and other contracted providers. This survey requests that stakeholders rate their satisfaction with HFC. The results are analyzed and discussed with HFC Management and staff to improve performance when needed and are shared with the Board of Directors and stakeholders.

- **Employee Satisfaction Surveys:** HFC disseminates employee satisfaction surveys on an annual basis to all employees who have been employed for a minimum of a year. The results are discussed at the Executive Management Meetings, and, as needed, countermeasures are implemented. The results are presented to HFC staff during a quarterly all staff meeting and are also included in the reporting to the Board of Directors.

- **Stakeholder Meetings:** Stakeholder meetings are held minimally quarterly and rotated between Polk, Hardee, or Highlands Counties. These meetings provide a forum to inform stakeholders of changes within the system, to discuss performance measures, and to provide training.

- **CMO Workgroup:** The CMO Workgroup meets monthly and consists of the leadership of the Case Management Organization, HFC Management and other staff. During the workgroup meetings, performance issues are discussed and countermeasures identified; technical assistance is also shared among the Case Management Organizations.
• **CMO Supervisor’s Meeting/Training:** The CMO Supervisor’s Meeting meets at a minimum monthly and consists of the Case Management Supervisors and their internal trainers. This meeting is facilitated by HFC staff and provides training opportunities to discuss performance gaps and assists with the provision of technical assistance between the Case Management Organizations.

• **Supervisor Advisory Group:** SAG was developed in June 2012 and is a standing committee consisting of two Supervisors and one Trainer from each CMO and 3-4 designated staff from HFC. The purpose of SAG is to advise the HFC and Circuit 10 leadership regarding improvements in child welfare practices; SAG also monitors the implementation and effect of strategies adopted to achieve these improvements. Members of SAG have agreed to promote quality child welfare practices and to communicate actions of the committee to their respective leadership, colleagues and frontline staff.

**SECTION 4: MEASURES AND OUTCOMES**

**4.1: Long Term Strategic Goals and Outcomes**

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

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

**Objectives:**

- Increase the percent of children not abused during services *(Program level)*
- Reduce percentage of children removed within 12 months of a reunification *(Program level)*
- Decrease in Annual Child Deaths (infant mortality) *(Population level)*

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

**Objectives:**

- Increase the percentage of Reunifications *(Program level)*
- Decrease the percentage of Intake into child welfare *(Program level)*
- Decrease the dissolution of Marriage with minors affected *(Population level)*

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

**Objectives:**

- Improve Kids’ Perspective of Placement (Exit Interview) *(Program level)*
- Decrease Unwed Teen Birth Rate under Age 20 *(Population level)*
- Increase percentage of children who are ready to start kindergarten *(Population level)*
Goal 2c: Children and youth in Hardee, Highlands and Polk Counties have permanent homes.

Objectives:

- Increase percent of children adopted timely (Program level)
- Reduce the percent of children in out of home care greater than 12 months (Program level)
- Increase placement stability – Children in Out of Home Care (Program level)

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

Objectives:

- Comparison on Performance Measures Contract Measure – by Lead Agency (Program level)
- Comparison on Performance Measures QM Results – by Lead Agency (Program level)
- Innovations and Acknowledgements (Program level)

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

Objectives:

- Reduce Daily Expenditures in out of home care (Program level)
- Return on Investment – Diversion Efforts (Program level)
- Increase contract oversight and performance (Program level)

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

Objectives:

- Raise Voluntary Revenues -Rudolph Round-Up Holiday Toy Drive (Program level)
- Increase Relative and Non-Relative Placements for children in out of home care (Program Level)
- Increase Foster Home Recruitment inquires (Program level)
- United Way Campaign (Population level)

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

Objectives:

- Increase family engagement  (Program level)
- Increase graduation rates (Program level)
- Unemployment rates (Population level)

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

- Decrease teens & young adults involvement in Juvenile Justice (Program level)
- Increase teens and young adults (ILP) success in education (Program level)
- Decrease Child Abuse Rates per 1,000 (Population Level)

4.2: Dashboard and Scorecard Measures

Statewide measures are identified for all Community Based Care (CBC) Organizations within the state of Florida. Dashboard measures are outlined within each of the CBC contracts and the targets for these measures are generally established by Department of Children and Families and are consistent across all CBCs with the exception of the number of adoptions to be finalized each year. The scorecard evaluates the lead agencies on 12 key measures to determine how well they are meeting the most critical needs of at-risk children and families. All of these measures are monitored through the weekly PQI Committee meeting mentioned previously.

4.3: Additional Tracking and Analysis

Additional areas are tracked on the PQI Committee based upon identified needs. As the PQI Committee is dynamic and fluid, these areas are continually changing. Areas that are currently being tracked and analyzed include the following:

- Percent of children in out of home care who are placed with relatives or non-relatives
- Removal and discharge rate per 1000 children
- Weekly report of number of children sheltered in each County served and the percentage of these children that are placed in foster care
- The caseload census for each Case Management Organization
- The number of children entering and exiting out of home care each month
- The number of diligent search submissions completed
- The percentage of fingerprints, birth verifications, and photographs obtained
- Number of incident reports and client concerns received by HFC
- The recording of medical, dental, and immunization information in FSFN
- The length of time to enter home visit notes in FSFN
- Evaluation of AFCARS timeliness errors

SECTION 5: Transformation

5.1: Current Status
To ensure HFC’s Quality & Contract Management Department was well prepared for Transformation, one of the QM Specialists was chosen to become a Safety Practice Expert (SPE) Trainer. During the month of July 2013, he is conducting a Supervisor focused SPE training with the majority of the supervisors from our four case management agencies and Child Protective Investigations. He will be training again during the month of August a number of line staff from the different agencies. A full training schedule has been provided to the Department and plans are being developed for identification of a full roll-out date, however, training is not scheduled to conclude in our area until early in 2014.

A number of key HFC staff have been involved in Transformation from its beginnings. HFC is dedicating staff, including involving staff from our Case Management Organizations, to training and coordinating the project in our Circuit. There is support from the highest levels of our organization to facilitate a smooth and seamless roll-out.

SECTION 6: Seamless QA/ CQI

❖ 6.1: Plans for a Seamless Transition during Transformation

HFC intends to conduct reviews utilizing the existing tools and protocols for QSR and QPS reviews through the first two quarters of FY 13/14. There is a current statewide plan to shift over to utilization of the safety framework fidelity tools to practice during the last two quarters of this FY, which HFC fully supports. During the practice quarters, it is unknown at this time if the numbers of file review conducted will need to be changed from the current structure outlined earlier in this plan.

❖ 6.2: Schedule

HFC plans to conduct QPS and QSR reviews on a rotating basis each quarter among our subcontracted Case Management Organizations. Only one Case Management Organization will have QSR reviews during a single quarter and that agency will not have QPS reviews conducted during that same quarter. Each of the other three Case Management Organizations will have a minimum of five QPS reviews during that quarter for a total of fifteen. The next quarter this process will rotate to another agency undergoing QSR reviews while the other three have QPS reviews conducted. At the end of the year, if the numbers remain the same throughout Transformation rollout, a total of eight QSRs and sixty QPS reviews will have been completed.

❖ 6.3: Additional Reviews and Utilization of Results of All Reviews for Improvement

There are a number of additional reviews planned during the year. During the first quarter of FY 13/14 HFC will be completing a cleanup exercise of sexual safety plans and psychotropic medications. Upon completion of this cleanup exercise there will be quarterly sample reviews conducted to ensure compliance and completeness in documentation for these areas. Additionally there will be ongoing efforts during the initial two quarters of FY 13/14 on quality and compliance in documentation of Independent Living Services.
The results of all reviews completed are analyzed to identify trends, anomalies, areas in need of improvement, and areas of high performance. At a minimum, analysis will include: overall performance in achieving safety, permanency, and well-being; practice trends; areas of excellence; and opportunities for improvement. Corrective action plans will be initiated when necessary with subcontracted providers.