Quality Management Plan

Define, Measure, Analyze, Improve, and Control

Approved by: Teri Saunders

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(863) 519-8900

www.heartlandforchildren.org
SECTION 1: INTRODUCTION

1.1: BACKGROUND AND OVERVIEW

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

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 Quality Case reviews each quarter under the procedures outlined by DCF. 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 case reviews as required by DCF each quarter. HFC has and will continue to participate in the design and implementation of statewide QA/CQI projects as they are presented.
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 opportunities 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 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:

### 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.

- **Case Management Case Reviews:** HFC's Quality Management team conducts quarterly case reviews utilizing the standards outlined by DCF in the statewide QA/CQI system. These may include, but are not limited to, Rapid Safety Feedback type reviews, Permanency reviews, Well-being reviews, Child and Family Services reviews and/or other in-depth review processes. A minimum number of cases are randomly selected utilizing a stratified random sampling method. The identification of the population to pull the sample from will be evaluated each quarter based upon individual needs or areas of concern for our local area, unless the statewide QM system dictates another population identification and/or sampling methodology. This ensures that a fair distribution of youth from in-home and out-of-home services is 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 tracked 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 may be conducted on focused areas identified by DCF as part of the approved statewide QA/CQI process. These areas include, but are not limited to, psychotropic medications and independent living. A minimum of files are randomly selected utilizing a stratified random sampling method to ensure that each CMO is represented and are reviewed each review period on the supplemental focus area.

- **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 or 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. Additionally feedback from the interviews is provided back to the placement so they can see where they are excelling as well as where they may have opportunities for improvement.

- **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, 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 Executive Leadership Meetings**: HFC Executive Management meets on a quarterly basis with the Executive Leadership of each of the contracted Case Management Organizations to review performance trends, discuss System of Care changes, and identify action steps to improve overall service delivery.

- **CMO Workgroup**: The CMO Workgroup meets minimally 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 generally occurs on a monthly basis and consists of the Case Management Supervisors and their internal staff responsible for training. 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 staff responsible for training 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. Each year the HFC Board of Directors sets a monitoring schedule to review these long term goals and measures (objectives) for them. 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 percentage of children in out of home care who are not subjects of reports of verified maltreatment. (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)
- Increase placement stability for children in out of home care (Program level)
- Increase percentage of children who are ready to start kindergarten (Population level)
- Decrease total domestic violence offenses (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)
- Reduce the medial length of stay for the 100 children in out of home care the longest (*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*)
- 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*)
- Increase percentage of children successfully diverted from child welfare (*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*)
- Increase number of Guardian ad litem volunteers (*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*)

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

**Objectives:**

- Decrease teen pregnancy rates (*Population rates*)
- Decrease pregnancies for families and teens in the system of care (*Program level*) (baseline gather, ongoing data collection initiated) 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. Additionally, the CBC scorecard evaluates the lead agencies on key measures to determine how well they are meeting the most critical needs of at-risk children and families. These measures are additionally 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 recording of medical, dental, and immunization information in FSFN
- Missing children reporting and documentation
- Evaluation of AFCARS timeliness errors

SECTION 5: Safety Methodology

5.1: Current Status

To ensure HFC’s Quality & Contract Management Department was well prepared for implementation of safety methodology, one of the QM Specialists was chosen to become a Safety Practice Expert (SPE) Trainer. He is heavily involved in the roll-out in Circuit 10 and has been instrumental in the pilot implementation site within the circuit as well.

A number of key HFC staff have been involved in Safety Methodology 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.
6.1: Plans for a Seamless Transition during Transformation

HFC intends to conduct reviews utilizing the tools and protocols developed in partnership with the CBCs across the state and approved by DCF.

6.2: Schedule

HFC plans to divide the total number of reviews required in a fair distribution across our subcontracted case management organizations each quarter.

6.3: Additional Reviews

There are a number of additional reviews planned during the year including ongoing reviews of sexual safety plans and psychotropic medications.

6.4: Results of Reviews and Utilization of Results for Improvement

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.