QUALITY MANAGEMENT
Fiscal Year 2011-2012 Report
A Quality of Practice and Service Assessment

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1.1: BACKGROUND
The Regional Quality Management System implemented statewide in July 2008 requires a minimum number of case files to be reviewed by Quality Assurance (QA) staff from Community Based Care (CBC) agencies each quarter. This report provides findings from the reviews that were required during fiscal year 2011-2012 for Heartland for Children.

1.2: METHODOLOGY
Each quarter, the DCF provides an extract (stratified by permanency goal) for each CBC that is inclusive of all cases that are eligible to be reviewed within the quarter. From the extract, HFC randomly selects cases to be reviewed based upon the following criteria:

For Quality Service Reviews (QSR):
- **Maintain and Strengthen** - For cases with the goal of Maintain and Strengthen, two (2) cases were randomly selected
- **Reunification** - For cases with a goal of reunification, two (2) cases were randomly selected
- **Adoption** - For cases with a goal of adoption, one (1) case was randomly selected
- **Permanent Guardianship** – One (1) case was randomly selected with a goal of permanent guardianship
- **Another Planned Permanent Living Arrangement (APPLA)** – One (1) case was randomly selected with a goal of APPLA
- The final case reviewed for the quarter would be randomly selected based upon the sample size in the categories of goals.

For Quality of Practice Standards (QPS):
- Cases are randomly selected from the extract for QPS review based upon the case goal and the proportionality of goals in the sample. A minimum of twelve (12) QPS reviews were completed each quarter.
During the 2011-2012 fiscal year, HFC conducted 30 QSRs and 52 QPS reviews.

The cases were randomly selected by goal; however, the goal may have changed during the review period. The graph below illustrates the permanency goal that was designated for the majority of the review period. Additional APPLA cases were also included in the sample in order to provide performance improvement data in accordance with the Federal Performance Improvement Plan.

Cases Reviewed by Goal Type for the Majority of the Review Period

![Cases Reviewed by Goal Type for the Majority of the Review Period]

SECTION TWO – SUMMARY OF PRACTICE TRENDS

This section addresses QSR and QPS findings during the year; summarizes the results of QSR findings on the eleven (11) Child and Family Status Indicators and ten (10) Practice Performance Indicators and presents strengths/gaps/promising practice trends as well as areas needing improvement. The summary is based on all of the data collected through the QSR and QPS reviews and other sources of information that measure local performance.

2.1: QUALITY MANAGEMENT ACTIVITIES

During the 2011-2012 fiscal year, HFC was involved in numerous quality management activities that are listed below:

- Surveys were distributed to obtain feedback on satisfaction with services from Foster Parents, Relative/Non-Relative Caregivers, and Stakeholders.
- Weekly, the Performance and Quality Improvement Committee (PQI) met to
discuss various quality improvement measures.

- Case specific priority reviews were completed on 5 cases (4 QPS and 1 QSR); these reviews were primarily requested by HFC’s Executive Management Team.
- Upon completion of quarterly reviews, HFC’s QM team debriefed the CMOs regarding the results of the case and discussed any concerns that may have been identified during the case reviews.

2.2: EVALUATION OF PERFORMANCE

HFC evaluates the quality of services through the completion of case reviews, data analysis on the weekly performance improvement call, incident reports, specialized and priority reviews, and satisfaction surveys.

An analysis of the QPS review results over the past four years revealed a decline in outcomes during FY 11-12 (see chart below). This was the first time there had been a decline in these scores since 2008 when the QPS reviews were started.

HFC contributes this decline to the change in the Quality Management model across the state which took the focus off of the QPS reviews. Although HFC continued to conduct the QPS reviews in addition to the required QSR reviews, there was not a consistent mechanism for sharing the QPS results with the agencies as in previous years.

The QPS reviews completed during the fiscal year revealed several strengths as well, including:

- Keeping children, both those who are in out of home care and those who are in home, safe from re-abuse.
- Referrals were made to families to ensure appropriate linkage with services.
- Overall, for children in out of home care, the placements were stable.
- Maintaining important connections.
- Ensuring that the children receive appropriate mental health services.
The QPS reviews also identified several gaps that require continued improvement, including:

- While children were kept safe from re-abuse, safety interventions that were implemented to prevent re-abuse or to address a re-abuse were not qualitative.
- Family assessments have not been consistently completed in FSFN or completed in a qualitative manner.
- The frequency and quality of Case Manager visits with the child, parents, and caregiver
- The quality of supervisory reviews although they were completed quarterly, they did not fully address safety, permanency, and well-being.
- Obtaining express and informed consent for psychotropic medications and the updating of this information in FSFN

See sections 2.3 and 2.4 below for an analysis of QSR scores during the fiscal year; however some of the more consistent findings and recommendations from the QSR reviews are as follows:

- The majority of the QSR reviews did not reflect that the Case Manager had an in-depth understanding of the underlying needs of the parents. It was recommended that utilization of the ACE survey with parents would allow the Case Manager to better assess their trauma history and help provide a better framework for working with the parents to resolve the reasons for department involvement.
- An area identified as needing improvement in the QSR reviews was the critical juncture of a case transferring between case managers. It was recommended that there be more effective practices/procedures implemented to ensure the continuity of services when there must be a change in Case Manager.
- The QSR reviews also revealed the need for more timely service interventions. Multiple cases had failed to provide appropriate services at the onset of the case or when the circumstances of the case warranted the need for services.
- For QSRs involving school age children, the results revealed a lack of communication with educational professionals. It was recommended that additional procedures/efforts be made to engage and communicate with the children’s teachers, as well as other school personnel, in order to ensure that the children are progressing in school and that service interventions are effective.
- Another area that was identified through the QSR process was that the Case Managers inconsistently followed up on the well-being needs of children in care. Although this was an area of strength in some cases, there was a pattern of lack of follow up in multiple cases.

Additional recommendations were identified by the various participants in the cases; however, these recommendations did not reflect a trend across all cases
and may have been case specific.

2.3: CHILD AND FAMILY STATUS INDICATORS

The QSR process also provides a rich, intensive, and insightful means by which to understand the full scope of work that occurs in child welfare dependency cases. There has now been a period of usage for the QSR process and the ability to view the effort historically is available. That view provides some opportunities for both expansion and improvement.

HFC trended the results of the QSR reviews utilizing the template provided by DCF during the year.

As noted in the chart above, HFC identified upward trends across the year on the following Child & Family Status indicators: Living Arrangement, Emotional Well-Being, and Early Learning and Development. However, HFC has identified negative trends in many of the other indicators.

Overall, the rating for the Child and Family Status Indicators was 77%, which was 11% greater than the findings for the Practice Indicators. The area of greatest strength for this section was in the early learning and development status for children who were not school age. Children that were evaluated in this age group generally met their developmental milestones, and there was evidence of support being provided to address their early learning needs. Another area of strength in this section was that the children’s physical and dental needs were being met.

The area in need of greatest improvement was determined to be the independent living services for youth who are 13 years or older and in the foster care system. The performance in this area was 64%; however, it should also be noted that this indicator applied to a small portion of the cases reviewed (only six cases). Independent living youth were identified as not having long term connections and supports for the majority of the QSR cases completed. Another area in need of continued improvement was in regards to stability of children in out of home care. This standard evaluates the child’s stability over the past year, and it includes stability factors, such as the placement, the assigned Case Manager, service providers, and school. The greatest area of instability was in regards to the child’s Case Manager.
2.4: PRACTICE PERFORMANCE INDICATORS

As noted in the chart below, HFC identified upward trends across the year in the following Practice indicators: Maintaining Quality Connections and Psychiatric Medication Management. However, again, HFC identified negative trends in many of the other indicators.

The Practice Performance Indicators revealed a greater need for improvement efforts when compared to the Child and Family Status Indicators. Overall, the Practice Performance Indicators performed around 66%. All of the indicators scored at 69% or below with the exception of the standard regarding maintaining quality connections. This standard is an area of strength of the Practice Performance Indicators and was scored at 79%.

The area identified as having the greatest gap in the Practice Performance Indicators related to teamwork. This area was identified as having a strong team formation but as being weak in the area of team functioning and team meetings. Another indicator in need of further improvement is related to the planning for transitions and life adjustments. This indicator performed at 61%, and it indicated that this area was weak in both the planning for transitions and the implementation of supports that were needed.

SECTION THREE – ADDRESSING FINDINGS

The section briefly describes how HFC is reacting to the analysis of findings noted above, including how QSR findings will influence improvement efforts and the Quality Management plan for the upcoming year.

One of the primary ways in which HFC addresses and monitors performance and practice trends continues to be through the weekly Performance and Quality Improvement meeting. The performance improvement packet developed for these meetings 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 an 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, Children's Legal Services (CLS), 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.

As noted above, analysis of the QPS scores revealed a decline during FY 11-12. For FY 12-13 it is anticipated the results will increase again throughout the year with the shift of focus back towards QPS, however, HFC will continue to have a high degree of focus on the QSR reviews due to the value of the case participants perspectives that is derived from that process. HFC will also be re-designing the methodology for consistently sharing performance on the reviews with the individual CMOs each quarter.

Based upon the analysis of the QSR results above HFC has outlined a plan for FY 12-13 to conduct four (4) QSRs on one Case Management Organization (CMO) in one quarter while the other three (3) CMOs receive QPS reviews. This will rotate throughout the year with a different CMO having the QSR reviews done each quarter. This will allow them better opportunity to make significant changes following the outcome of the review before their next QSR is due.

A key area of opportunity to expand and improve the QSR process exists in the area of outcomes and improvement strategies. The next step for HFC in the process is to develop and implement tools that will allow identification of performance outcomes and subsequent improvement strategies. Timeline tracking of those improvement strategies for effectiveness is expected to be possible through this same tool structure.

Another key area of opportunity is expected to be the capturing of best practice scenarios. Just as HFC expect to be able to capture opportunities for improvement, HFC also expect to be able to capture success scenarios, which can be identified as best practices – either in singular situations or by trending, as patterns of success and best practices over a longer term.

Currently, HFC is in the process of piloting a prioritization tool to evaluate each finding/recommendation that is identified through the QSR reviews. This prioritization matrix will provide a structured framework for determining which recommendations are practical to implement based upon factors such as level and type of impact, cost/resources, and time to implement.

HFC will continue to promote continuous quality improvement as outlined in the Quality Management plan. The concepts of Trauma Informed Care and Family Centered Practice have been introduced into the System of Care and efforts continue to be underway to fully integrate this approach into casework practice. HFC will continue to review performance and work in partnership with our Case Management Organizations to identify strengths and areas in need of improvement as well as, create strategies for success to drive continuous improvement.