



Annual Summary of Quality Management Review Findings

Summary of FY 15-16 Quality Management Activities

Heartland for Children (HFC) has two (2) staff with primary responsibilities for quality management reviews. During the 2015-2016 fiscal year, HFC conducted 104 reviews encompassing Rapid Safety Feedback and Child and Family Services Reviews (CFSR). Eight (8) of these reviews included case specific stakeholder interviews. In addition to these reviews, with the assistance of other staff from the Quality & Contract Management unit, HFC conducted in excess of 2400 specialized reviews which were of limited or focused scope. These specialized reviews included quality and compliance reviews in areas including, but not limited to, psychotropic medication, post placement supervision, human trafficking, missing children, adoptions, client trust, independent living, exit interviews, sexual safety planning, subcontract compliance, 48-hour note input, and supervisory reviews.

Other quality management activities during the year have included, but are not limited to, development, piloting and implementation of a supervisory review tool and process, restructuring of independent living services resulting in the development and piloting of a new well-being assessment, training and technical assistance to group care providers, subcontractors, pre-service classes, and HFC new hires; coaching to case managers, supervisors, and Program Directors; tracking, monitoring and follow-up on incident reporting and client concerns/grievances; facilitating client record requests; and obtaining feedback from foster parents, biological parents, relative caregivers, non-relative caregivers, adoptive parents, and community stakeholders.

HFC utilizes a number of tools to collect and measure data. Below are a few examples but not an all-inclusive list:

Florida CQI Reviews

In FY 2015/2016, Florida began using the federal Online Monitoring System (OMS) known as the Florida CQI. The Florida CQI adopts the federal CFSR qualitative case review items and outcome measures which is a nationally standardized review protocol and instrument. The automated review instrument allows reviewers to enter information about case record reviews and case-related stakeholder interviews into their tablet, laptop, and PC computer. Review results are automatically tallied, ensuring efficient use of reviewer time and allowing HFC and the State to have real-time access to preliminary findings from the reviews through a variety of reports. The Florida CQI system provides ongoing trend data on child welfare practice for further analysis, scorecards, etc. The Florida CQI includes eighteen items related to child safety, permanency, and well-being. All reviews are completed using the federal Online Monitoring System (OMS) at <https://www.cfsrportal.org/oms>.



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Related Outcome	Review Item	Item Description
<p>Safety Outcome 1 Children are, first and foremost, protected from abuse and neglect.</p>	Item 1	<p>Timeliness of initiating investigations of reports of child maltreatment - Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?</p>
<p>Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate</p>	Item 2	<p>Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care - Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?</p>
	Item 3	<p>Risk and safety assessment and management - Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?</p>



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Related Outcome	Review Item	Item Description
<p>Permanency Outcome 1 Children have permanency and stability in their living arrangements</p>	Item 4	<p>Stability of foster care placement - Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?</p>
	Item 5	<p>Permanency goal for child - Did the agency establish appropriate permanency goals for the child in a timely manner?</p>
	Item 6	<p>Achieving reunification, guardianship, adoption, or other planned permanent living arrangement - Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?</p>
<p>Permanency Outcome 2 The continuity of family relationships and connections is preserved for children.</p>	Item 7	<p>Placement with siblings - Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?</p>
	Item 8	<p>Visiting with parents and siblings in foster care - Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?</p>
	Item 9	<p>Preserving connections - Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?</p>
	Item 10	<p>Relative placement - Did the agency make concerted efforts to place the child with relatives when appropriate?</p>
	Item 11	<p>Relationship with child in care with parents - Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?</p>



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Related Outcome	Review Item	Item Description
<p align="center">Well-being Outcome 1 Families have enhanced capacity to provide for their children's needs</p>	12	<p>Needs and services of child, parents, and foster parents - Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?</p>
	13	<p>Child and family involvement in case planning - Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?</p>
	14	<p>Caseworker visits with child -Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?</p>
	15	<p>Caseworker visits with parents - Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?</p>
<p align="center">Well-being Outcome 2 Children receive appropriate services to meet their educational needs.</p>	16	<p>Educational needs of the child - Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?</p>
<p align="center">Well-being Outcome 3 Children receive adequate services to meet their physical and mental health needs.</p>	17	<p>Physical health of the child - Did the agency address the physical health needs of children, including dental health needs?</p>
	18	<p>Mental/behavioral health of the child - Did the agency address the mental/behavioral health needs of children?</p>

A minimum of two cases each quarter included case specific interviews. Each quarter one



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case was an in-home care case open for at least 45 days and one case was an out-of-home case. HFC makes reasonable efforts to seek the participation of key individuals in the case to ensure the validity of the random sample.

Rapid Safety Feedback (Instrument required by funding source)

Rapid Safety Feedback is a process designed to flag key risk factors in in-home services cases that could gravely affect a child's safety. These factors have been determined based on reviews of other cases where child injuries or tragedies have occurred. Factors include but are not limited to the parents' ages, the presence of a boyfriend in the home, evidence of substance abuse, or previous criminal records, and prior abuse history. The critical component of the process is the case consultation in which the reviewer engages the child case manager and the supervisor in a discussion about the case. The case review focuses on nine (9) overarching items:

Item #	Rapid Safety Feedback Item
1	Services to Prevent Removal: Were concerted efforts made to provide services to the family to prevent children's entry into out-of-home care or re-entry after a reunification?
2	Initial and Ongoing Assessments: Were initial and on-going assessment conducted to assess emerging/impending danger relating to the child(ren) in their home?
3	Safety Planning: Did the agency develop an appropriate safety plan with the family?
4	Monitoring the Safety Plan: If safety concerns were present, did the agency continually monitor the safety plan as needed including monitoring family engagement in any safety related services?
5	Background Checks and Home Assessment: Are background checks and home study or assessment sufficient and responded to appropriately?
6	Caseworker Visits with Child: Is the frequency and quality of visits between case managers and the child(ren) in the case sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals?
7	Caseworker Visits with Parents: Is the frequency and quality of visits between case managers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?
8	Safe Case Closure: Does planning for case closure provide a sequence of strategies, interventions, and supports that are organized into a coherent service process providing a mix of services that fits the child and family's evolving situation?
9	Supervisory Case Consultation: Is there evidence the case management supervisor is regularly consulting with the case manager, recommending actions when concerns are identified, and ensuring recommended actions are followed up on urgently?

HFC reviews a minimum of ten (10) in-home service cases each quarter using the Rapid Safety Feedback Tool. The sample is selected from all children in an active living arrangement as of



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the sample selection date who are under the age of four for whom a caretaker in the living arrangement has been an alleged perpetrator for allegations of Family Violence Threatens Child or Substance Misuse. The allegations could be in a single or separate investigation.

Placement Report Cards (Child Exit Interviews):

The Quality and Contracts Department is responsible for the oversight of child exit interviews. The exit interview tool contains elements which are required by HFC's primary funding source but HFC has added additional elements to provide a better understanding of the child's experience in the placement. Results are aggregated on a macro level for system improvements. If an issue is identified during the interview, the Quality & Contract Management staff follows up with the HFC Re-Licensing Department or the provider for follow-up with the former caregiver. The results of the interviews are shared with HFC's Management, HFC's Board of Directors, Case Management Organizations, foster parents and other stakeholders.

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 incident reporting tool was created by HFC to capture information necessary regarding incident details, timely notification, and follow-up actions needed and taken. 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 mandated database for those incidents that meet the criteria of reportable incidents under the state requirements. 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.

Client Relation Concerns:

The Quality Management team receives all concerns, grievances, and questions and/or complaints of services, processes, employees, or other issues that pertain to child protection. HFC developed tracking and reporting mechanisms in order to evaluate trends in the data between certain organizations, workers, clients, types of concerns, etc. HFC's QM Specialist ensures follow-up action is taken to address the concerns and documents the steps taken to resolve the issue(s). Results are aggregated on a macro level for system improvements.

Birth/Foster Parent and Relative/Non-Relative Surveys:

The QM Department is responsible for the oversight of Birth/Foster Parent and Relative/Non-Relative satisfaction survey results. The survey instruments were developed by HFC and are modified when necessary to reflect system changes but still allowing for data comparison year



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over year on instrument elements. QM Specialists oversee the distribution of satisfaction surveys to birth parents, foster parents, relatives, and non-relatives on an annual basis. These surveys are distributed via mail, electronically, or hand delivered. 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 Litem's Office, Children's Legal Services, DCF, the Court System, and other contracted providers. The survey instrument was developed by HFC and is modified when necessary to reflect system changes but still allowing for data comparison year over year on instrument elements. This survey requests that stakeholders rate their satisfaction with HFC and its various departments/operations. 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.

PRACTICE TRENDS:

CHILD & FAMILY SERVICES REVIEWS (CFSR)

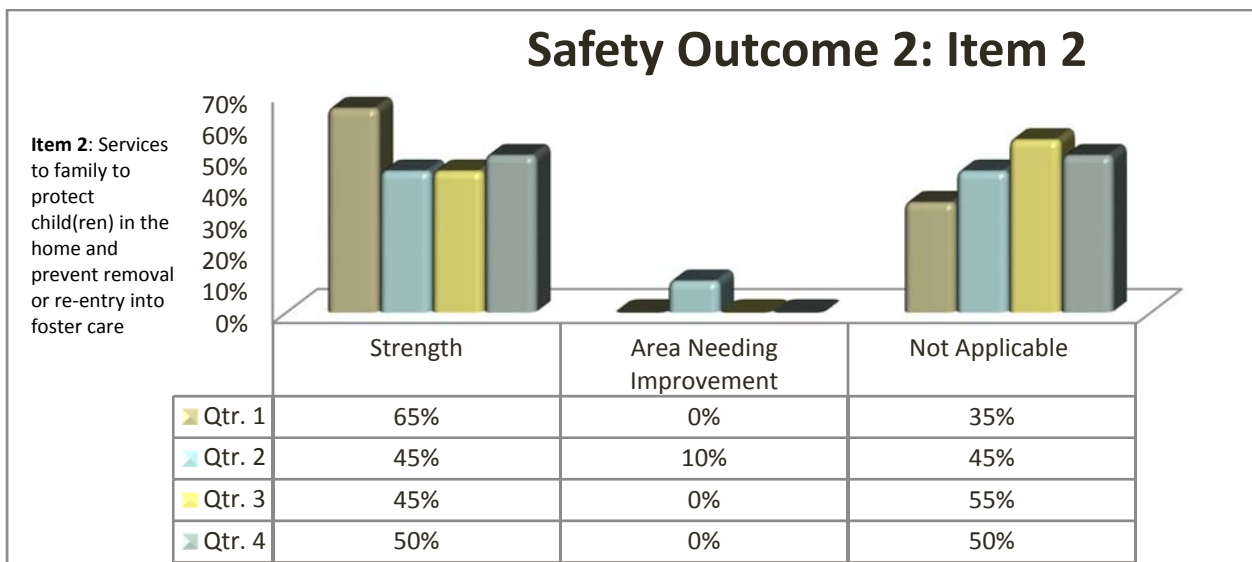
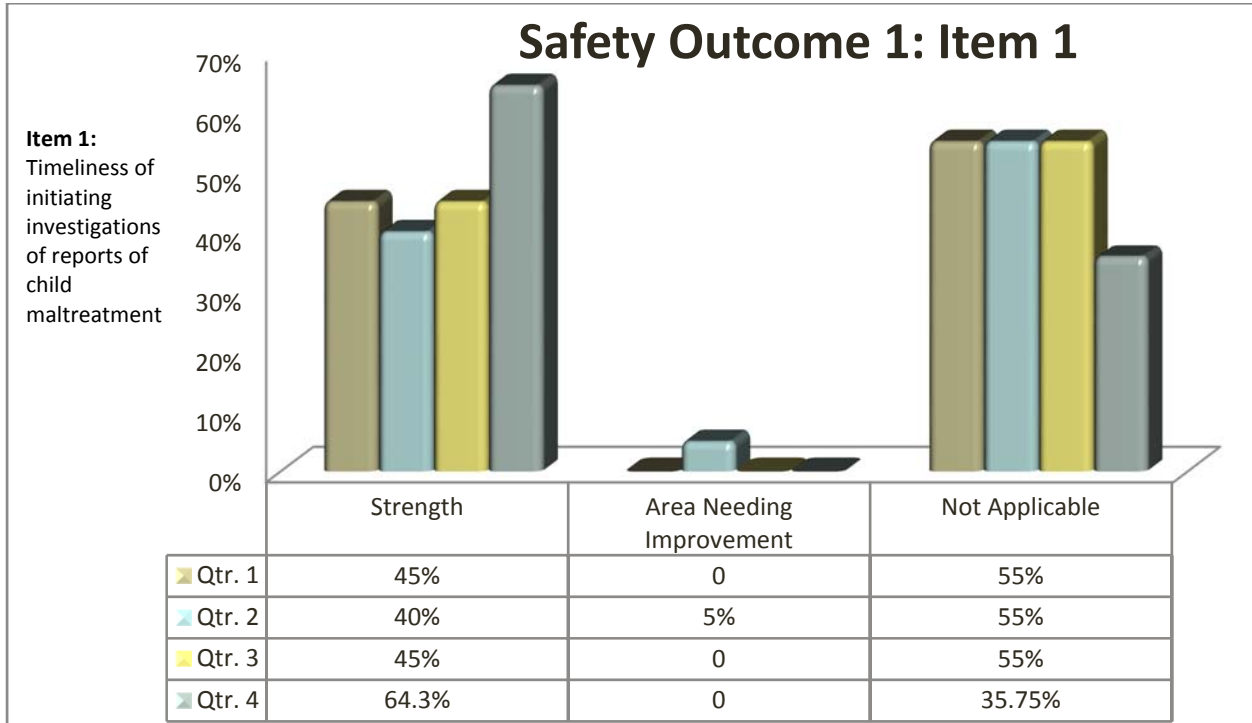
Safety/Permanency/Well-being Outcomes/Analysis

Case Management Quality Assurance Reviews were conducted throughout the year utilizing the CFSR instrument and we observed the following outcomes:

CFSR Safety Outcomes:

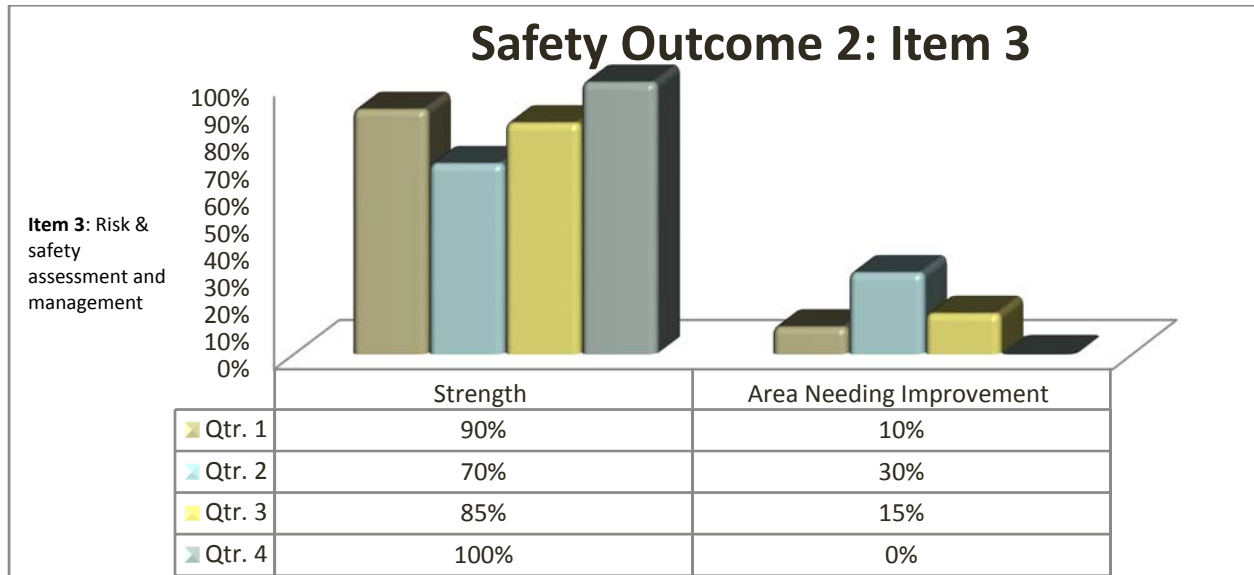


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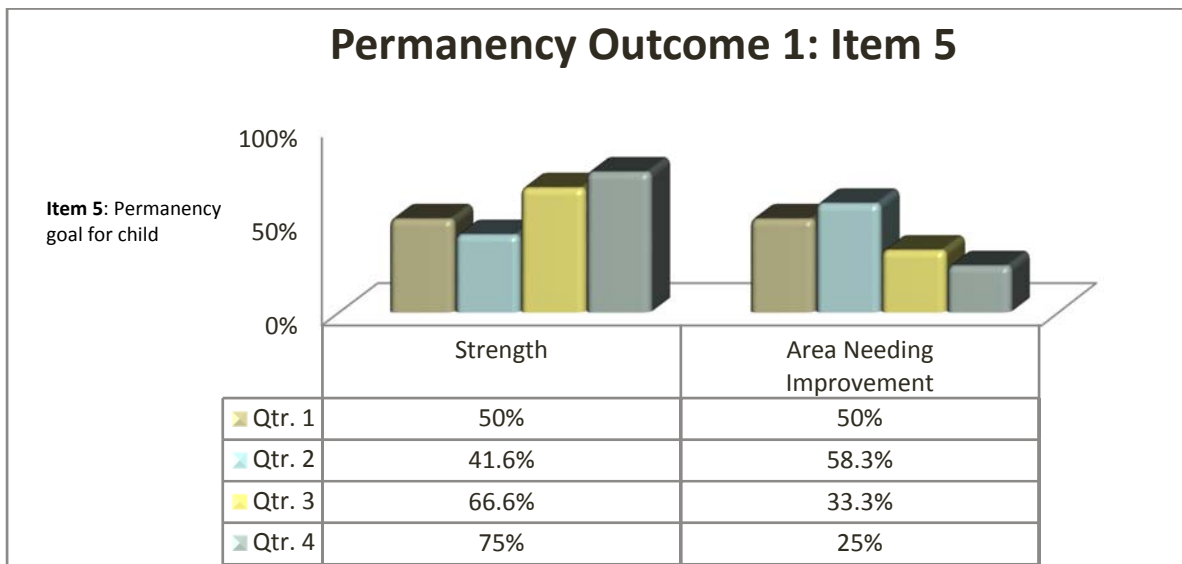
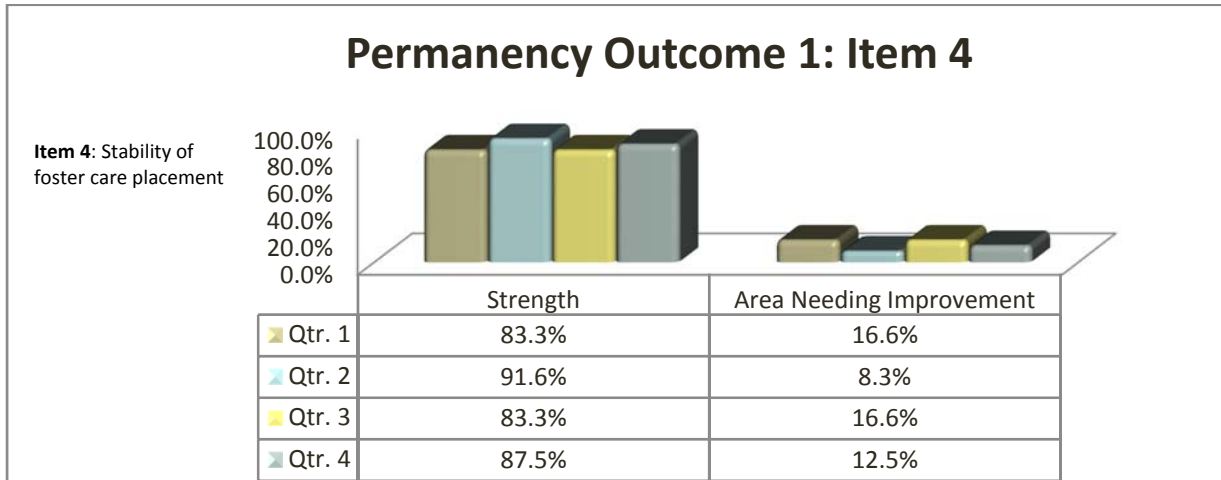
CFSR Safety Analysis:

We observed an overall increase across the year in this outcome measure. Compared to initial state performance data HFC received, HFC’s performance on both Safety Outcomes 1 and 2 was above the statewide performance. There were no immediate safety concerns identified requiring an RFA to be initiated. We identified strengths in 1) timeliness of initiation of investigations on Circuit 10 and 2) services being provided to the family to protect the children in the home and prevent removal. The areas that we identified as needing additional attention was related the review and updating of the safety plan after case transfer and at critical junctures as needed. Through consultations with the case manager and supervisor it appears there were in general more detailed conversations occurring related to the monitoring of the safety plans than what was documented.



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CFSR Permanency Outcomes:

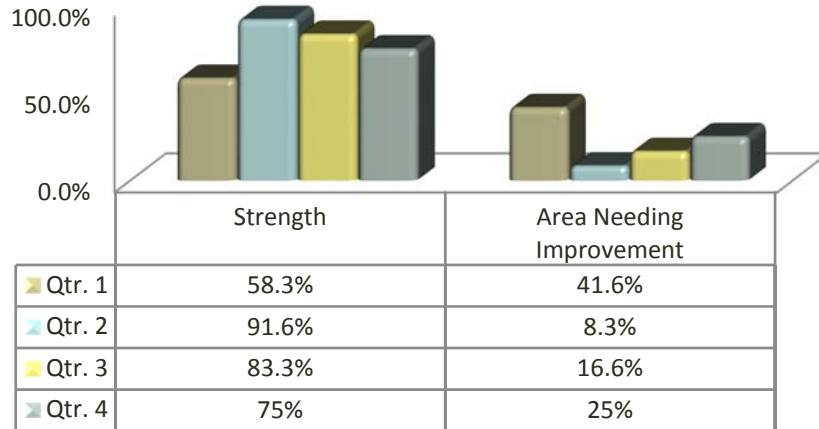




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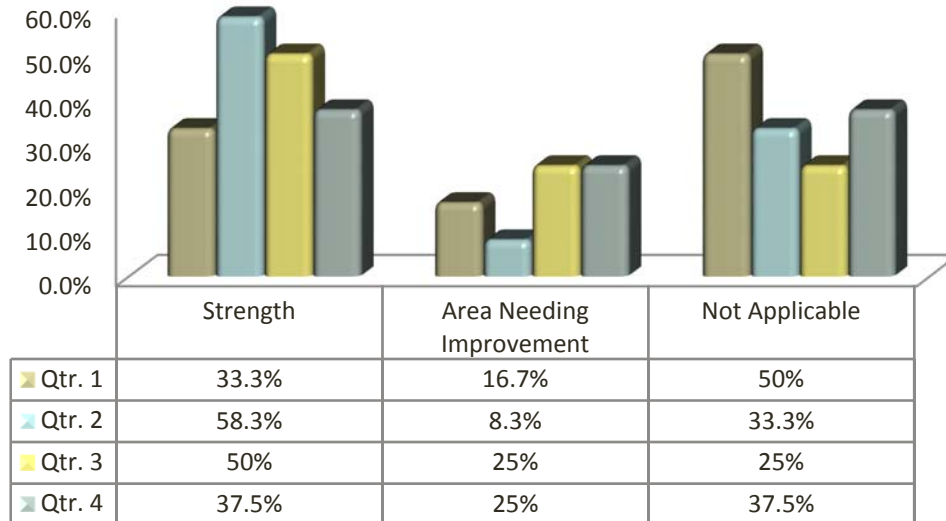
Permanency Outcome 1: Item 6

Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement



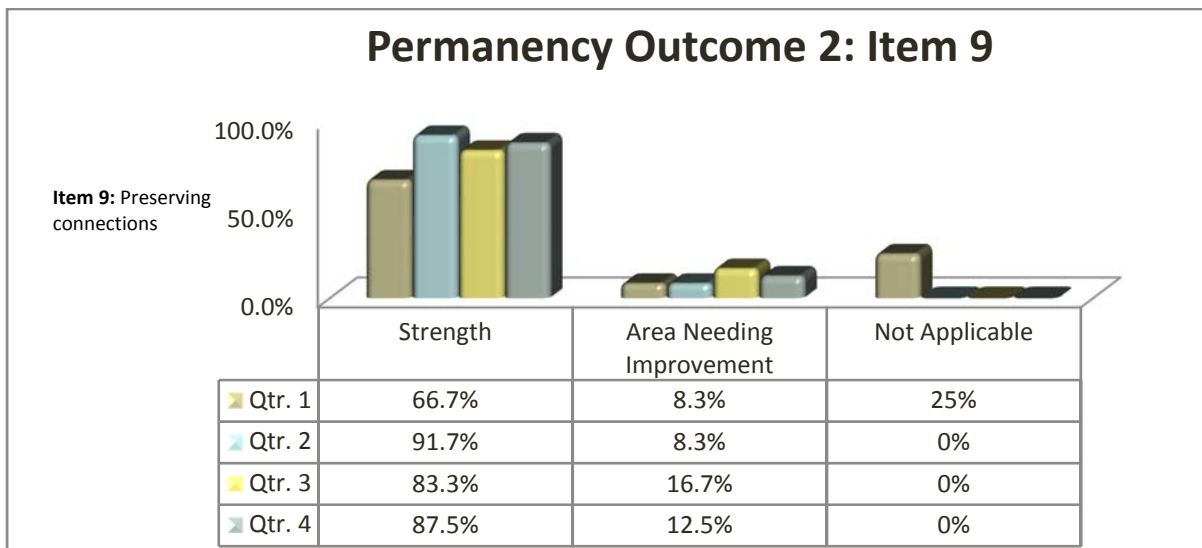
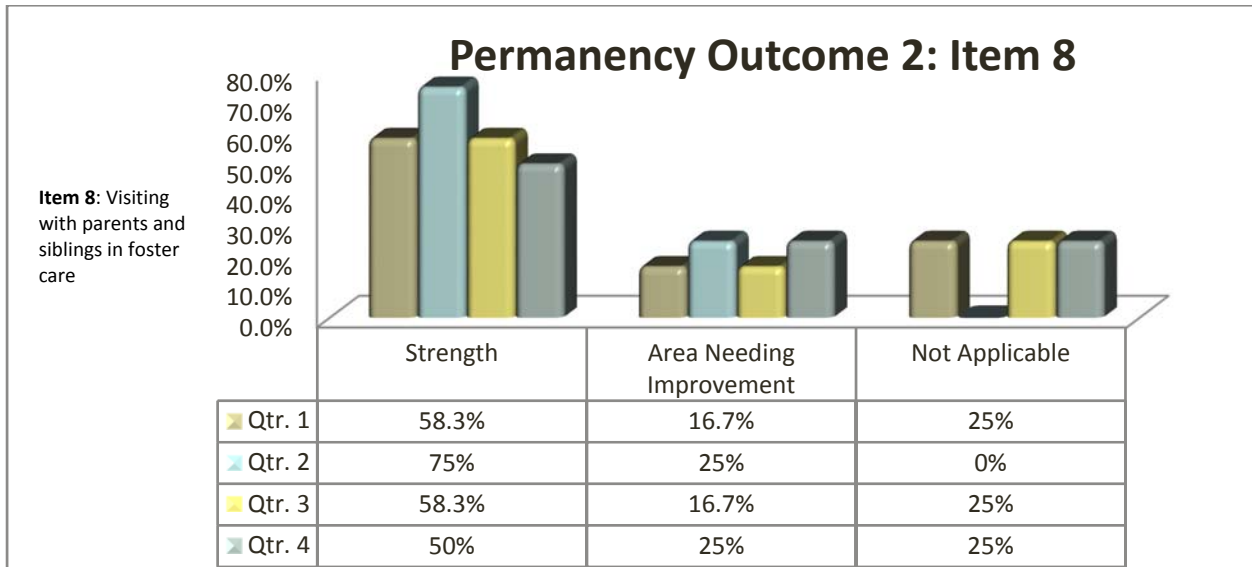
Permanency Outcome 2: Item 7

Item 7: Placement with siblings



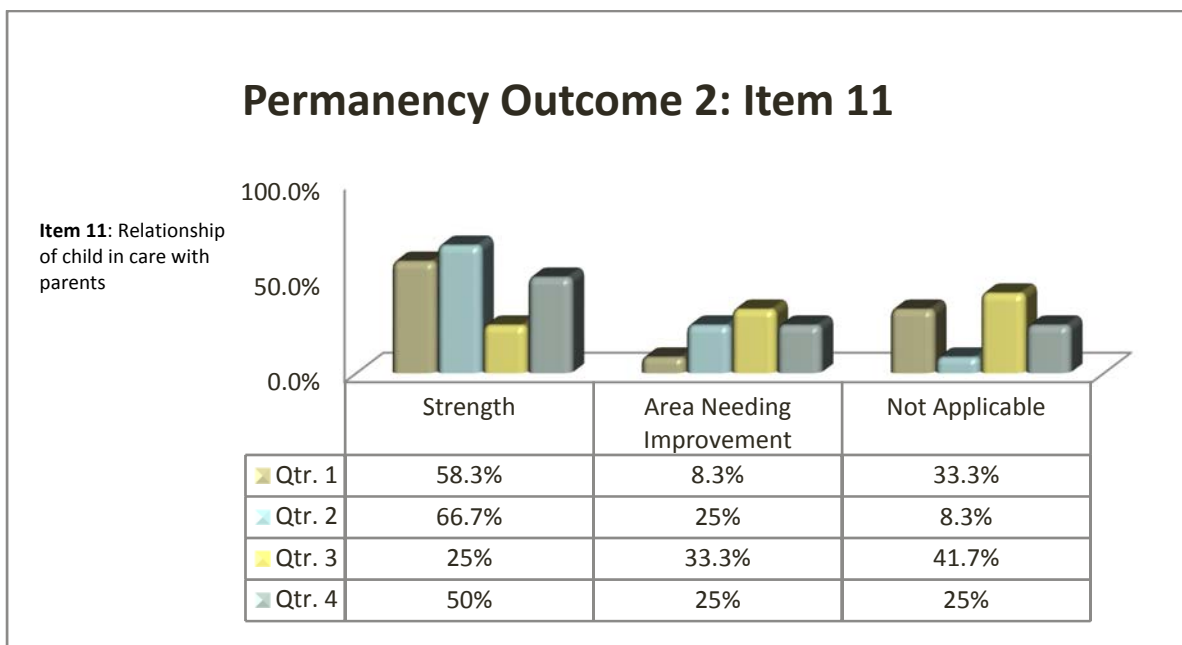
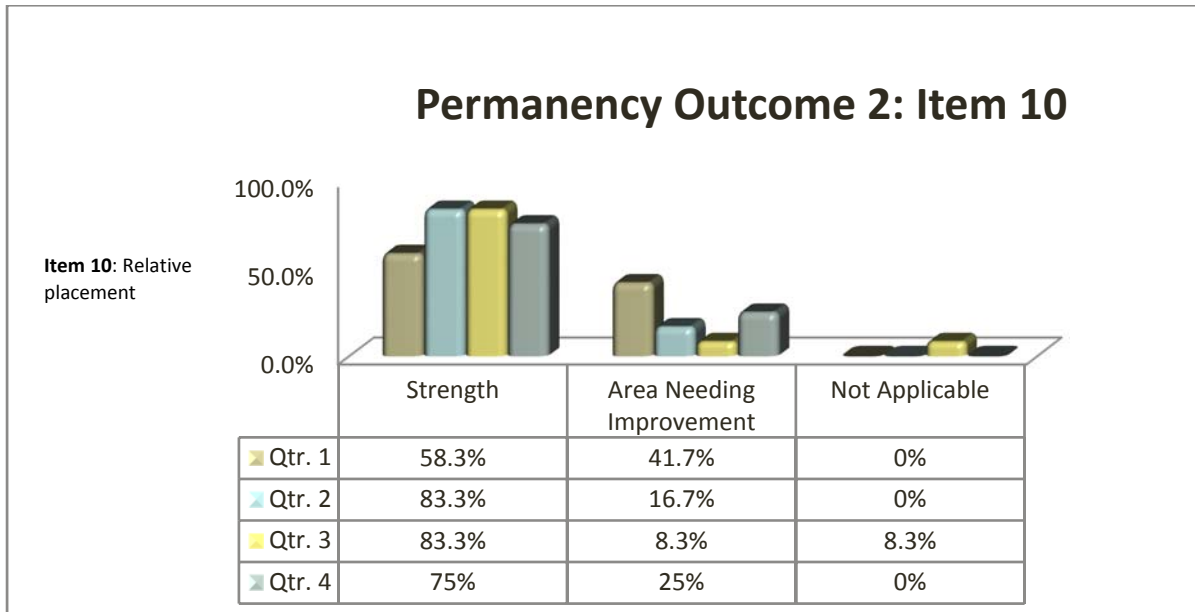


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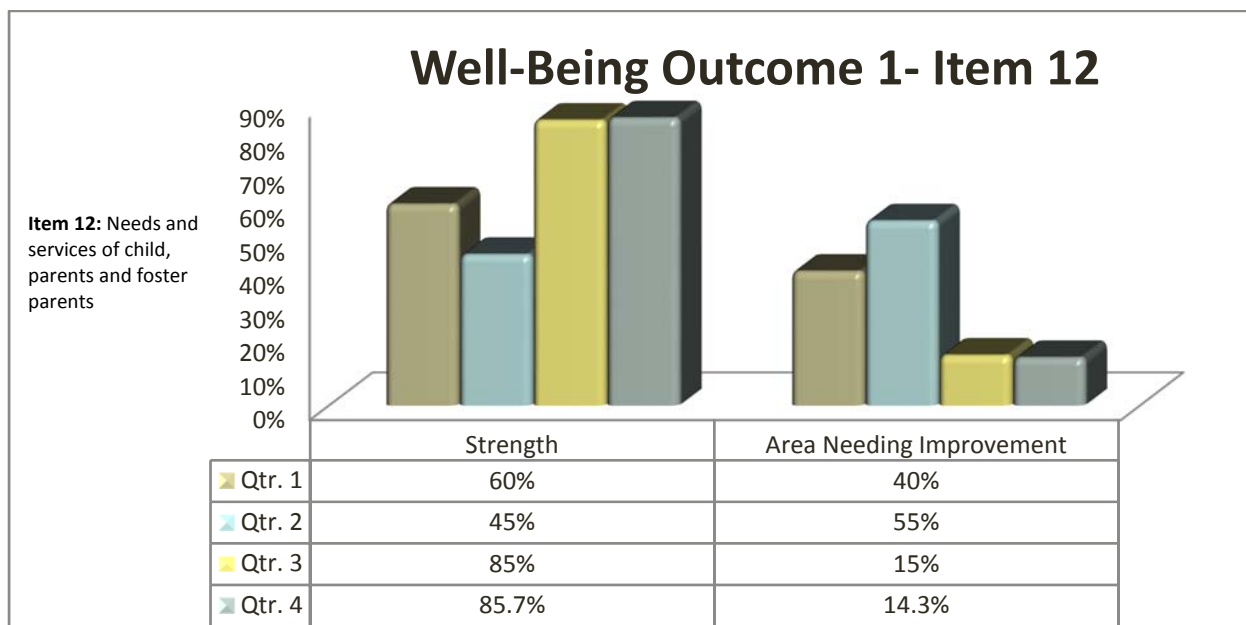


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CFSR Permanency Analysis:

For Permanency Outcome 1 HFC observed an upward trend in performance across the fiscal year, however, HFC was below the statewide performance level for the year in this outcome measure. For Permanency Outcome 2 HFC observed a declining trend in performance but remained above the statewide performance on this outcome for the fiscal year. HFC identified strengths in our system of care regarding 1) the stability of a child's foster care placement and 2) preserving the child's connections with family, friends, and community. The areas for improvement that HFC identified as needing some additional efforts towards included 1) establishing and/or modifying appropriate permanency goals in a timely manner and 2) placing a child with all of his/her siblings that are also in foster care.

CFSR Well-Being Outcomes:

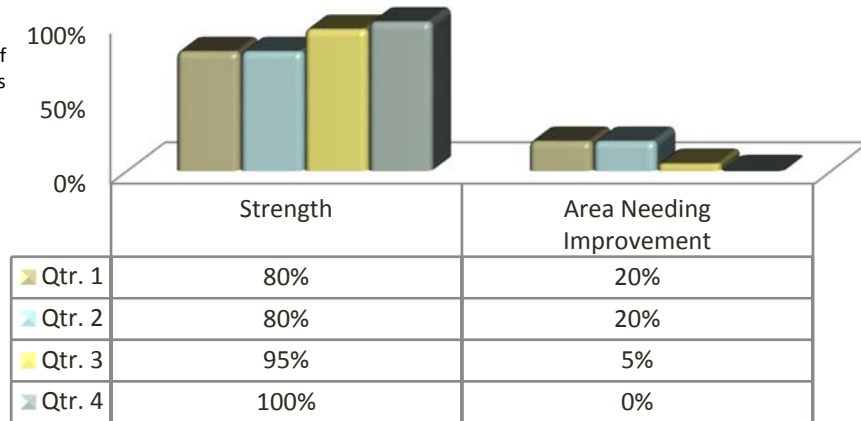




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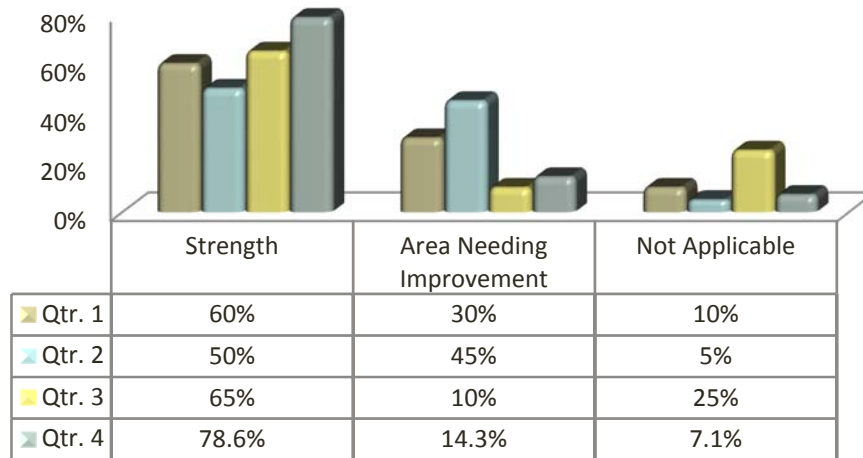
Well-Being Outcome 1- Item 12A

Item 12A: Agency assessed the needs of and provided services for either children or families



Well-Being Outcome 1: Item 12B

Item 12B: Assessed the needs of the parents and provided services

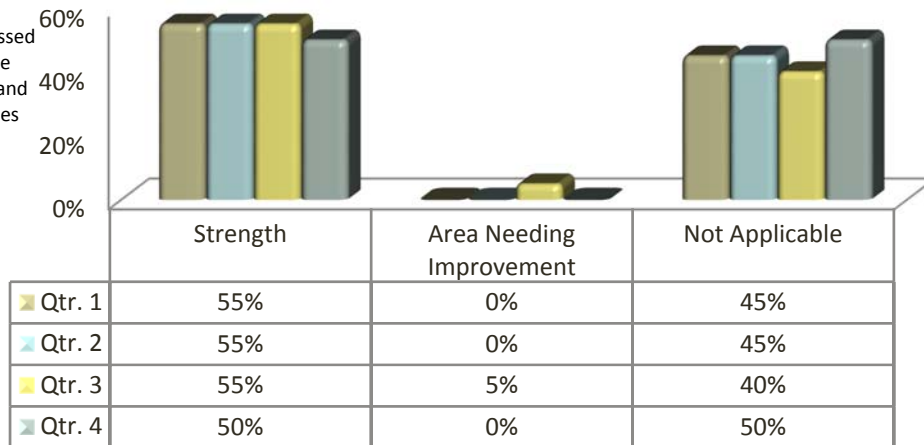




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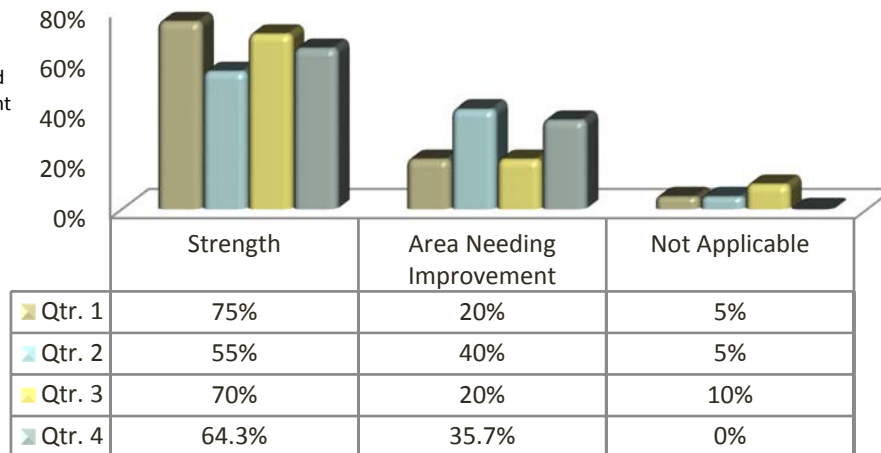
Well-Being Outcome 1: Item 12C

Item 12C: Assessed the needs of the foster parents and provided services



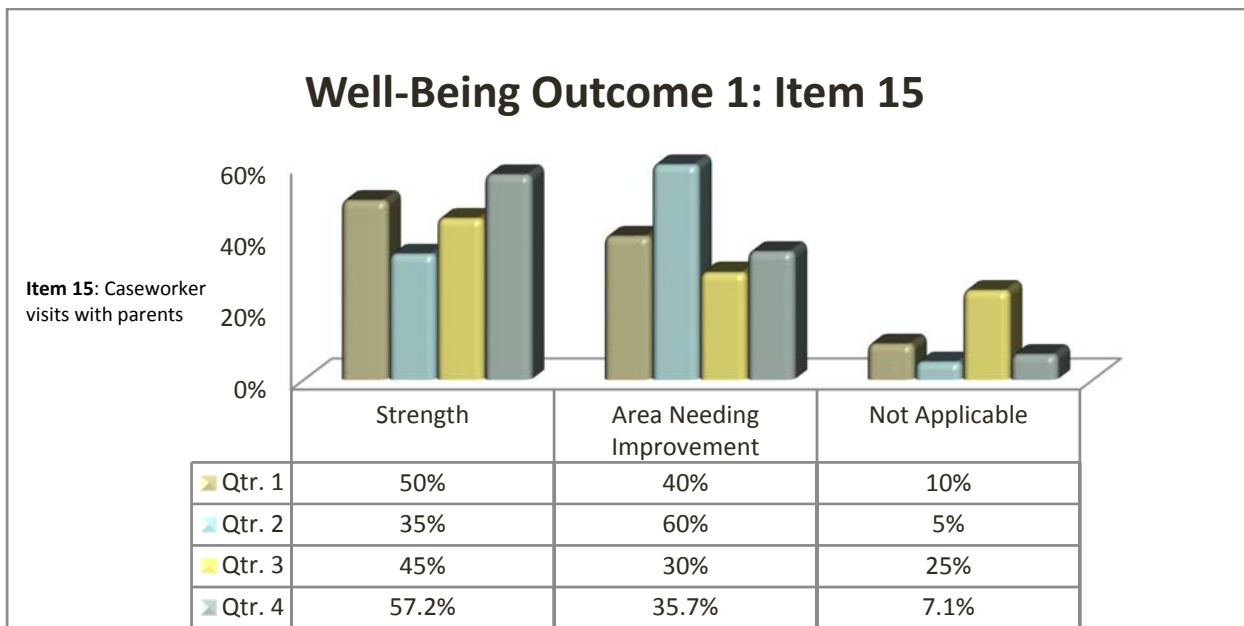
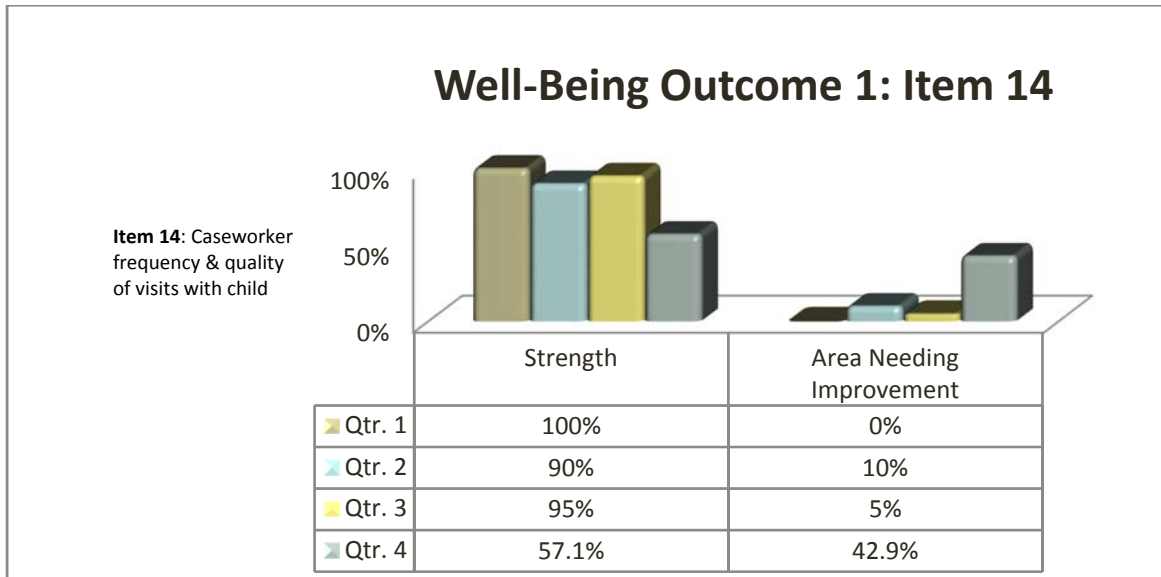
Well-Being Outcome 1: Item 13

Item 13: Child and family involvement in case planning



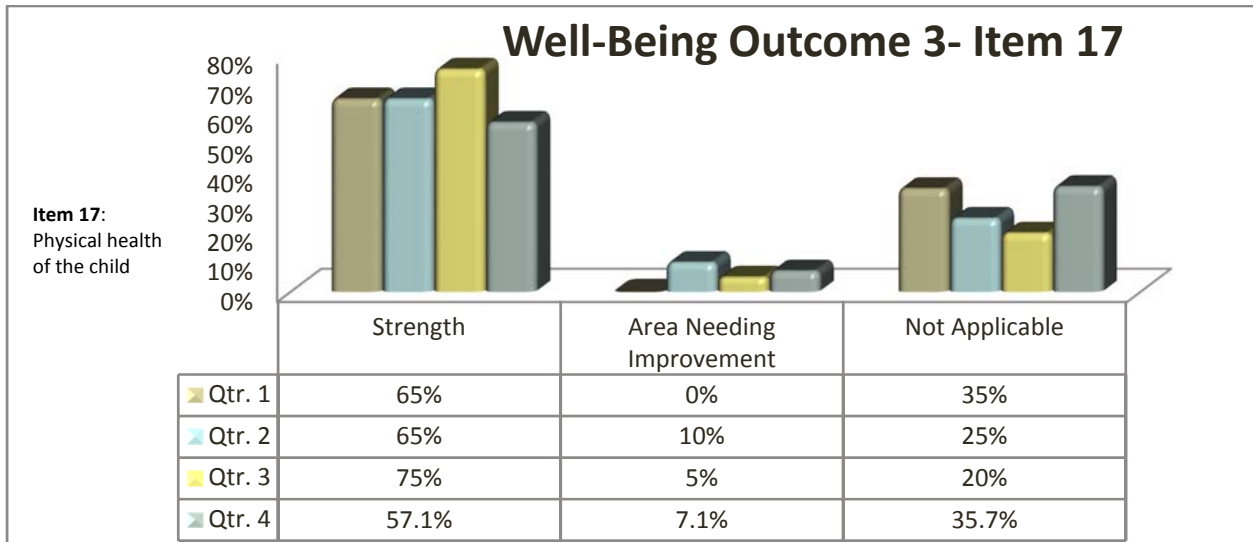
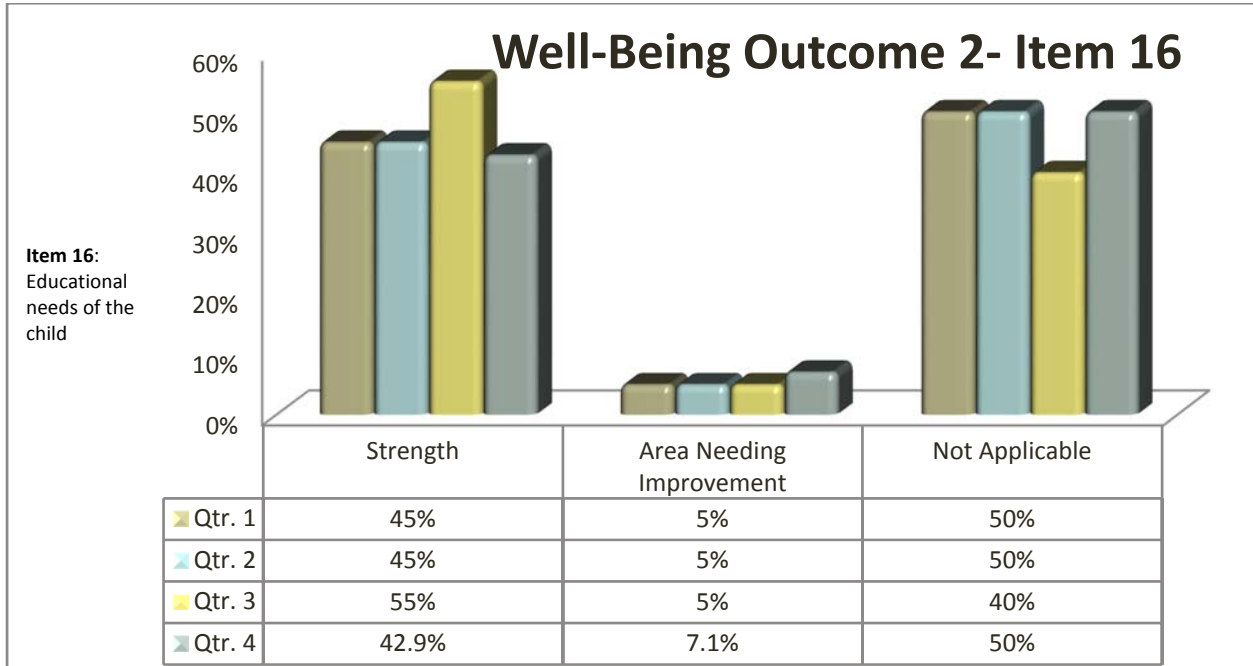


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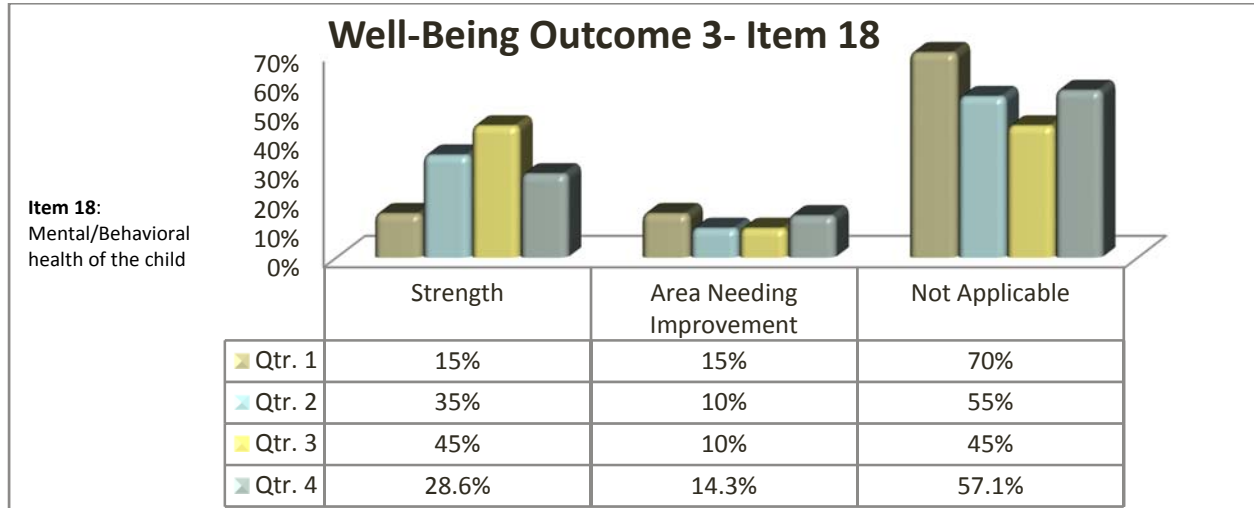


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CFSR Well-Being Analysis:

HFC’s performance for Well-Being Outcome 1 was inconsistent across the quarters of the year; for Well-Being Outcome 2 performance was essentially flat through most of the year; and for Well-Being Outcome 3 there was an overall upward trend in performance. Compared to the statewide performance, HFC was performing above the state on Well-Being Outcomes 1 & 2 and essentially even with the state on Well-Being Outcome 3. There were several strengths identified during this analysis which included 1) overall frequency and quality of caseworker visits with the child; 2) meeting the educational needs of the child; 3) meeting the physical health needs of the child; and 4) assessing the needs of foster parents and providing services to meet those needs. There were also some areas which we identified through analysis as needing some focused improvement activities. These included 1) inconsistent frequency in contacts with parents; 2) a lack of quality in the visits conducted with parents; 3) lack of inquiry/assessment of parental well-being; 4) lack of assessment of fathers in cases; 5) lack of both parent and child involvement in case planning; and 6) lack of documentation in updated Ongoing Family Functioning Assessments of improved parental capacities.

Local Practice Trends

Quality Assurance System

The quality assurance system locally is heavily based upon the statewide CQI system published in the Windows into Practice by the Department of Children and Families. This practice is developed in collaboration between



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the CBCs and DCF. Additionally locally HFC has staff which are focused on other quality assurance areas such as incident reporting, client concerns, missing children, exit interviews, etc. HFC has performed very well in most of these specialty focused areas throughout the year.

HFC incorporates the following activities in its quality assurance system to monitor and ensure quality of services within our System of Care:

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, dashboard website, incident reports, client concerns, compliance and quality management reviews, and other 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 Management Reviews: HFC's Quality Management team conducts quarterly case reviews utilizing the standards outlined by DCF in the statewide QA/CQI system. A minimum number of cases are randomly selected utilizing a stratified random sampling method. This ensures that a fair distribution of youth from in-home and out-of-home services are represented during the fiscal year. As part of their own 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 a 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 these safety concerns as well. A formal response is due back to HFC within one business day for safety RFAs. Follow-up on all



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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.

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 topic specific e.g. Independent Living, APPLA or Post Adoption Supports.

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. A formal technical assistance would involve training provided by HFC Staff. An informal technical assistance would include responding to questions, making suggestions for improvement, and highlighting issues through the PQI 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 QM 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 QM Specialist follows up with the HFC Re-Licensing Department or HFC Contract Department for follow-up with the residential provider or foster home. The results of the interviews are shared with leadership, board of directors, case management organizations, foster parents and stakeholders.

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



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services under the supervision of HFC or a HFC contracted provider. QM Specialists are responsible for reviewing incident reports received from the providers and entering the incident into the HFC database. Additional entries are made into the state database for those incidents that meet the criteria of reportable incidents. If an issue is identified, the QM Specialist follows-up with the appropriate parties until resolution is achieved. Results are aggregated on a macro level for system improvements.

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 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 surveys are shared with leadership, board of directors, case management organizations, foster parents and stakeholders. When Case Managers or HFC staff are recognized in the surveys, they receive formal acknowledgement from HFC's Leadership commending them for their good work.

Stakeholder Survey: Annually, HFC distributes an electronic satisfaction survey to all stakeholders, including: Case Management Organizations, Guardian Ad Litem's 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.

Stakeholder Meetings: Stakeholder meetings are rotated on a quarterly basis 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 two (2) to three (3) times a month 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



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identified; technical assistance is also shared among the Case Management Organizations.

Contract Monitoring: Subcontracted providers are monitored by the Contract Management staff annually based upon the scope and nature of the services. In order to maximize HFC's resources and minimize disruption to the providers, HFC's overall contract monitoring integrates administrative and programmatic quality elements to the greatest extent possible.

The biggest area for improvement that is of note is the timeliness of incident reporting.

Staff and Provider Training

It is the goal of Heartland for Children (HFC) to support an integrated and comprehensive child protective service system by developing a family-centered, trauma-informed mindset in child welfare professionals that will improve the safety, permanency and well-being of children. Training is provided to the following: New Hire Orientation Training, Supervisor Training for Case Management, Licensing and other leaders, Network Training, Foster/Adoptive Parent Training, Pre-service Training for Licensing staff and sub-contracted case management and on-going training for all staff and subcontracted providers.

Learning opportunities for incoming staff focus on preparation to fulfill their role and responsibilities within the System of Care. On-going learning opportunities for all staff focus on increasing knowledge, skills, abilities, qualities and application to reinforce a strength-based philosophy for certified and non-certified child welfare professionals. These opportunities are designed to enhance personal and professional skills in a safe learning environment. Our organization strives to meet the following objectives:

- To provide enhanced learning opportunities for child welfare professionals, that internalize a family centered, trauma-informed strength-based approach while working with children and families in the System of Care
- To provide education that builds a unified approach to child welfare in Community Based Care
- To develop, maintain and enhance the knowledge, skills, abilities and qualities of individuals serving children and families
- To ensure HFC personnel are provided learning opportunities to fulfill their role within the System of Care



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- To promote cooperation among personnel
- To encourage creativity and innovation in program development and service delivery
- To promote awareness of, and sensitivity to, cultural backgrounds and needs
- To reward and acknowledge the contributions of staff

HFC is an approved Training Provider through the Florida Certification Board (FCB). FCB is a nationally recognized, non-profit professional credentialing organization for multiple health and human service fields. In January 2012, FCB began to administer the professional certification programs for child welfare staff, assuring the competence of professionals who serve the state's most vulnerable citizens.

The Child Welfare Pre-Service training curriculum is delivered by HFC Certified Child Welfare Professionals and other expert professionals in the field of child welfare. The integrated pre-service curriculum has been approved by the Department of Children and Families. It is comprehensive and includes all essential elements relevant to the practice of child welfare including: Orientation, Legal I and Legal II, Family Preservation, Family Centered Practice, Trauma Informed Care, Indicators of Maltreatment, Present Danger Assessment and Planning, Interviewing, Information Collection, Assessment of Impending Danger and Caregiver Protective Capacities, Impending Danger Planning, Removal and Placement, Case Planning, On-Going Assessment and Permanency, Adoptions, and Independent Living. There are scheduled field days that are structured and guided by qualified supervisors that may include: Certified Trainers, Supervisors, Specialists, Quality Assurance Staff and other agency management or leadership staff.

Upon completion of all classroom training, a post test is administered to all eligible trainees (Case Managers and Licensing Counselors). A minimum passing score (78%) is set forth by the Florida Certification Board. Following the successful passing of the post test, the trainee returns to their respective organization and receives a protected caseload for a period of time as set forth in HFC policy.

Upon passing the post test, the trainee is granted a Provisional Certification from FCB which is valid for a maximum of 12 months. During this 12 month provisional period, the applicant must then complete all field, individual and group supervision requirements and a minimum of 1,040 hours of on the job experience in order to achieve Full Certification as outlined by FCB. This period requires supervision from a qualified supervisor, trainer,



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specialist, etc. while providing case consultation which includes coaching and providing feedback to the individual. This certification is required as a condition of employment in child welfare for case managers, licensing counselors and their Supervisors in the State of Florida.

HFC staff training requirements are 15 hours of professional development during the fiscal year. To assist staff with meeting this requirement, individual training reports are distributed quarterly. This allows staff and their supervisors to view their documented training hours/topics included in their training record. Supervisors are also encouraged to discuss training needs with staff during Performance Reviews.

The training and professional development program: is reviewed annually and revised in accord with an assessment of the organization's training needs; outlines specific expectations regarding training required of personnel in different positions and categories; provides the opportunity for personnel to fulfill the continuing education requirements of their respective professions; and provides opportunities to support advancement within the organization and profession.

The biggest challenges associated with training relates to on-going provider training. While it has always been an important focus to ensure our providers and their staff in the field have the most current information and knowledge of new skills and requirements, the challenge comes in managing the workload they each have with the children and families being served, managing the crises that arise and still being able to take the time out to attend and be fully connected to a training being delivered.

Service array and Resource Development

HFC's primary role in the System of Care is not to provide direct services, but rather to serve as a system administrator dedicated to building an integrated network of services with traditional and non-traditional providers and supports. This network has the capacity to provide a comprehensive array of culturally competent services to children and families in both rural and urban areas, and help manage resources effectively and efficiently to ensure positive outcomes for children and families. HFC strives to offer an array of options and choices to meet the individual needs of children including, but not limited to the following:

Family Centered Practice:

HFC embraces the family centered practice philosophy to infuse these core values in the System of Care and to change practice to reflect the



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family centered approach. Below are the six core values of Family Centered Practice:

- Children should, first and foremost, be protected from abuse and neglect
- Children should live with their families. If that cannot be achieved through the supports and services, they should live near their home with family connections. In particular, sibling relationships should be maintained.
- A child's home should be safe, stable and permanent.
- A child should achieve success in school and their medical, emotional, behavioral, developmental and educational needs should be met.
- There is an intrinsic value and human worth in every child and family.
- Families and individual members are most likely to resolve issues of concern by building on their strengths.

Foster Care Recruitment:

One strategy is to develop a comprehensive foster care recruitment and re-licensing program. HFC has the responsibility for Recruitment, Retention and Licensing of Circuit 10 Traditional and Therapeutic Foster Homes. Building a strong Foster Care System is vital to our System of Care. Recruitment of families who match the diverse backgrounds of the children and teenagers is a high priority, as well as recruiting families across the Circuit from all areas, so children and teenagers can remain in their familiar neighborhoods and schools, which in turn promotes placement stability. Ensuring that interested potential foster parents are navigating through the licensing process in a timely manner is another priority, as well as offering quality foster parent training opportunities.

Relative and Non-relative Caregivers:

HFC developed a community-based, voluntary resource/training program designed to assist relative and non-relative caregivers in their commitment to help caregivers navigate and access services during the initial placement in out-of-home care. Services begin when the Child Protective Investigator and/or Case Manager places a child in a relative or non-relative setting. Once a placement is made, the relative/non-relative caregiver support program utilizes the placement information in FSFN to proactively reach out to the caregiver to share information on possible benefits and support. HFC is seeking to reduce the incidence of failed relative and non-relative placements by enhancing educational and emotional support which helps to promote a positive, stable and nurturing environment for the child during the initial placement. In Circuit 10, this program is called the "GAP" program.



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Education Liaison:

It is the Director of Education and Community Relations' responsibility to work closely with appropriate representatives from area schools for the accomplishment of the following objectives:

- Increase awareness and improve reporting practices about abuse/neglect policies/procedures and statutes related to mandated professional reporting for all school personnel,
- Provide information and training for teachers, guidance counselors, nurses, social workers, PTOs and other school affiliated groups through appropriate curriculums that enhance safety and support for children and families,
- Serve as a contact point between school personnel and HFC to facilitate communication,
- Tracking of school age children in the school system and assistance with conflict resolution processes involving foster care children, school personnel and case management staff around child protection issues.

Centralized Placement Program:

The placement program serves as the single point of entry with access available 24 hours a day, 365 days per year. The HFC Centralized Placement Program works in collaboration with the Child Protective Investigator (CPI) to ensure all available resources are known to the CPI prior to placement of a child in a licensed setting. Although the initial placement decision rests solely with the Child Protective Investigator, Centralized placement staff triage the case for appropriate placement:

- looking first at the possibility of placement with a relative/non-relative or a family friend,
- then the possibility of placement in a licensed family setting, and
- finally looking at placement in a therapeutic venue or group care setting.

The Placement staff will review the available pool of homes to ensure a child is matched appropriately based on the information provided. The Placement staff will secure the actual placement and take the lead in making referrals to out-of-home support services as determined necessary and appropriate.

Behavioral Health Care Team:

If a child is in need of mental health services, HFC's Behavioral Health Care Team coordinates all mental health referrals and Comprehensive Behavioral Health Assessments in the Circuit. The team also assists Case Managers in preparing appropriate information for potential



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providers for children approved for Statewide Inpatient Psychiatric services or in need of other Medicaid funded placements.

Judicial Support:

HFC has developed close working relationships with Children's Legal Services and the court system to identify issues related to the court process and to develop plans to resolve those issues and improve performance.

Independent Living:

HFC also administers a system of Independent Living Transition Services to older children in foster care and young adults who exit foster care to aid them in making the transition to self-sufficiency as adults. Independent living services are guided by an Independent Living Specialist employed through HFC.

HFC has developed and supports a provider network with the capacity to deliver a full array of in-home, community-based, and placement service options selected on the basis of child and family strengths and needs and based on coordinated assessments thus ensuring a comprehensive service array.

HFC has three types of providers:

Contracted Case Management Organizations

HFC contracts with child welfare agencies to provide case management services to families receiving traditional child protection services. These agencies are:

- Children's Home Society of Florida
- Devereux Foundation
- Gulf Coast Jewish Family & Community Care
- One Hope United

Contracted Wrap-Around Services/Out of Home Care Network Providers

HFC maintains a contractual relationship with these providers (i.e., HFC will reimburse the provider for services according to agreed-upon terms). These providers go through HFC's approval, contracting, and monitoring processes. These include, but are not limited to, providers of group care services, safety management/family support services, and community-based organizations that provide a wide array of preventive and intervention services and supports. Providers receive orientation and ongoing training on HFC's policies and procedures.



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Non-contracted Network Providers

HFC refers children and families to community providers/groups for services or resources. Though HFC does not typically provide reimbursement for these services, the providers are viewed as an integral part of the service array. These providers offer a range of community-based, non-traditional services and supports—from activities and supports provided by faith based organizations to a host of community-funded family and youth services and supports.

HFC works closely with community stakeholders to review current capacity and contracts, and to assess fully the capacity to deliver all of the services in a manner that reflects consistent quality and meets state, community and national standards. HFC maintains an aggressive capacity-building plan to significantly expand needed services and placement options when gaps are identified. HFC works consistently with the community to identify and “map” needs and to encourage providers to offer new or additional services.

Agency Responsiveness to the Community

Building an effective and sustainable system of care is accomplished by creating an environment that supports change, develops connectivity and conveys information to all stakeholders. A strategic communication plan that addresses external and internal processes has contributed greatly to the development and continued growth of the HFC System of Care. Components of the communication strategy follow:

Performance & Quality Improvement 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, dashboard website, incident reports, client concerns, quality management 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



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allow for the addition of performance measures at any time depending on the issues impacting the System of Care.

Our monthly Supervisor's Meeting serves as an opportunity for unit supervisors to network, team build and increase their skill set. In addition, supervisors are provided a forum to address systemic issues and policy interpretation, share best practices, develop improved processes, recommend change and work together towards common goals.

Quarterly Heart of Florida Community Alliance Meetings provide an opportunity to report progress on the programmatic and financial status of the community based care lead agency in Polk, Hardee and Highlands counties. Representatives are chosen from all three counties with an emphasis on law enforcement, schools, judiciary, juvenile justice, DCF and other interested parties.

Stakeholder/ Provider Workgroup meetings are held quarterly to bring together agencies that have contracts with HFC along with stakeholders in the community. This meeting is used to communicate, discuss monitoring processes, review contract requirements and exchange best practices.

The Quarterly Foster Parent Leadership Council brings Foster Parent Association leaders together with HFC lead agency management staff, CMO management staff and others that are collaboratively identified to assist with the foster parent program in Hardee, Highlands and Polk counties. Meetings are used for educational topics, distribution of foster parent resources and dialogue between case management staff and foster parents.

Community Prevention seminars, dialogues and training are engagement and education strategies to communicate with individuals and groups in local communities. Topics are designed to promote personal responsibility and advocacy through awareness, education and skill building. They also provide an opportunity to develop resources and complete community asset mapping activities.

HFC's website www.heartlandforchildren.org serves as a tool for information exchange for foster and adoptive parents, child welfare service providers and parents looking for services. It is also a tool for sharing information about training opportunities for case managers, protective investigators and other groups within the System of Care.

HFC has been actively involved in participating in community meetings, such as Community Vision committees, the Heart of Florida Community



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Alliance, Highlands County Children's Service Council, Foster Parent Leadership Council, Department of Juvenile Justice, and United Way Committees. These community meetings have served as networking opportunities and have provided opportunities for services to be expanded as new contracted providers were identified. This expansion has broadened the scope of services for families.

Foster and Adoptive Parent Licensing/Recruitment/Retention

Heartland for Children (HFC) has developed systems and processes that have allowed growth and significant changes to the foster care system. The most significant change for HFC has been Trauma Integration through the Emotional Regulatory Healing (ERH) paradigm. This paradigm has provided the organization, System of Care, and foster parents a lens through which children and families are better served. In 2009, HFC partnered with the Youth Law Center and Eckerd Family Foundation to be a part of the Quality Parenting Initiative (QPI). QPI has supported HFC's approach to redesigning the foster care system by improving services and support to licensed foster families through a comprehensive approach that ensures children receive a high quality of parenting. HFC continues to explore innovative ideas and methods for recruiting quality foster families (e.g. focus groups, targeted recruitment, marketing strategies, etc.). In April 2012, the development and design of a foster parent training curriculum (Passport to Parenting) provides foster parents with hands-on and classroom experience that prepares them for fostering.

Recruitment of the right people in sufficient numbers to meet the needs of children in the community continues to be a challenge. In fact, more high quality foster homes are one of the organizations greatest needs at this time.

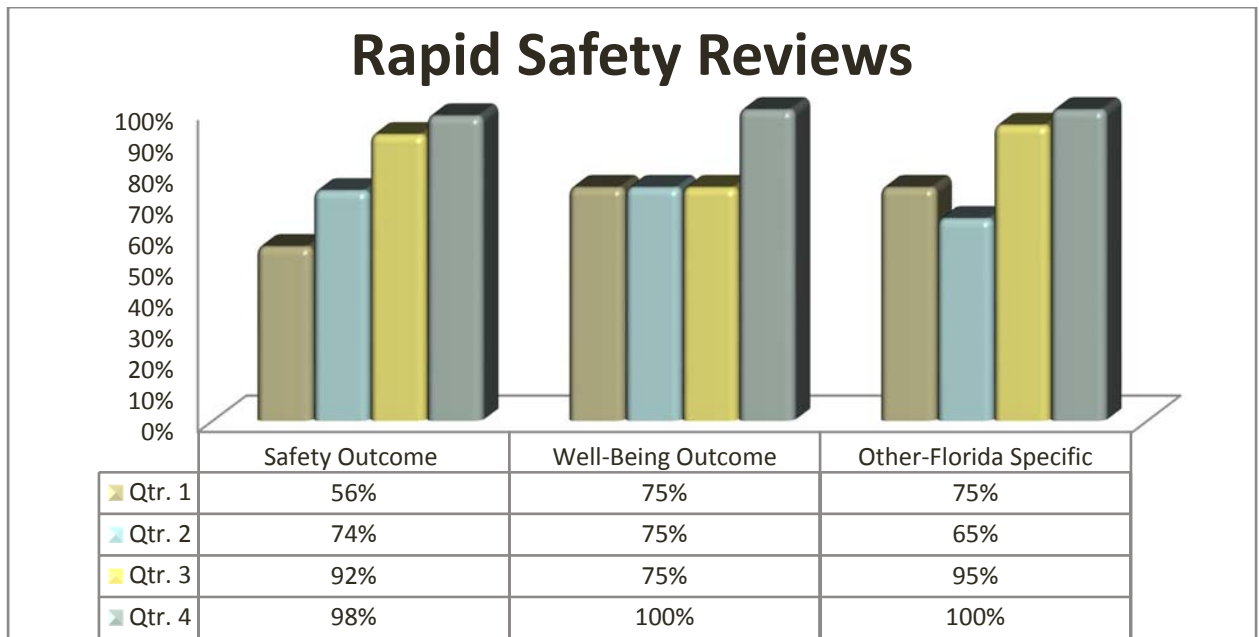


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RAPID SAFETY REVIEWS

Additionally Case Management Quality Assurance Reviews were conducted throughout the year utilizing the Rapid Safety Review instrument on in-home cases and we observed the following outcomes:

RSR Safety/Well-Being/Other Florida Specific Outcomes:



RSR Safety/Well-Being/Other Florida Specific Analysis:

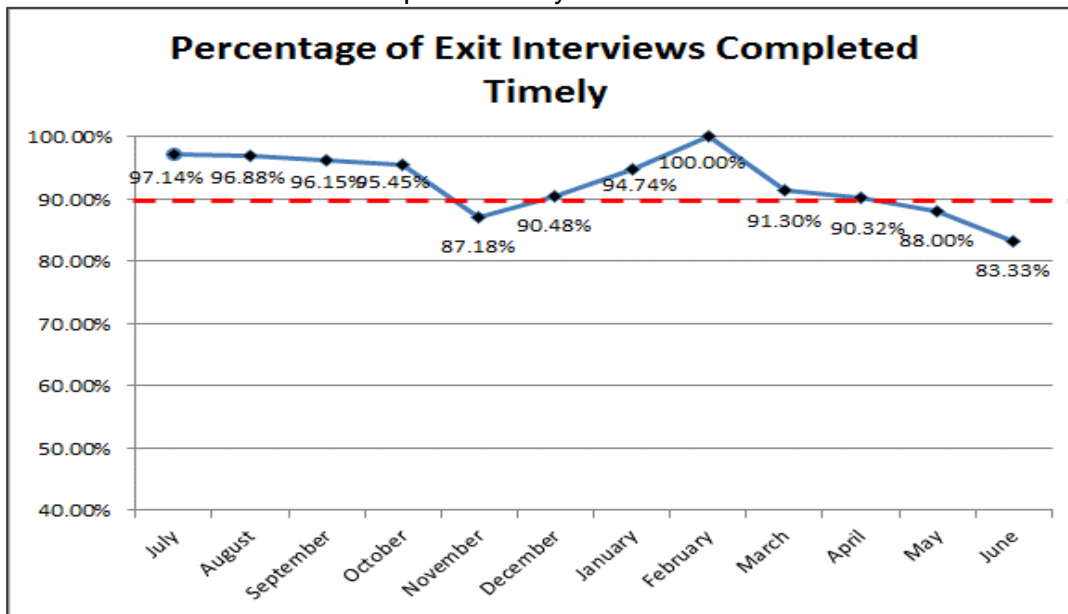
HFC observed overall good performance on the RSR reviews in all outcome areas this fiscal year. HFC performance was above the statewide performance on all areas as well for the majority of the year based upon the initial statewide data that has been received. There were no cases requiring an RFA to be generated for safety concerns. The only area for improvement that was noted was in the follow-up on tasks of supervisory reviews/consultations during the 2nd quarter.



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PLACEMENT REPORT CARDS (CHILD EXIT INTERVIEWS):

Overall performance on exit interview completion was strong during the fiscal year. We observed a downward trend during the later months but still finished the fiscal year at 92.18% of exit interviews completed timely.



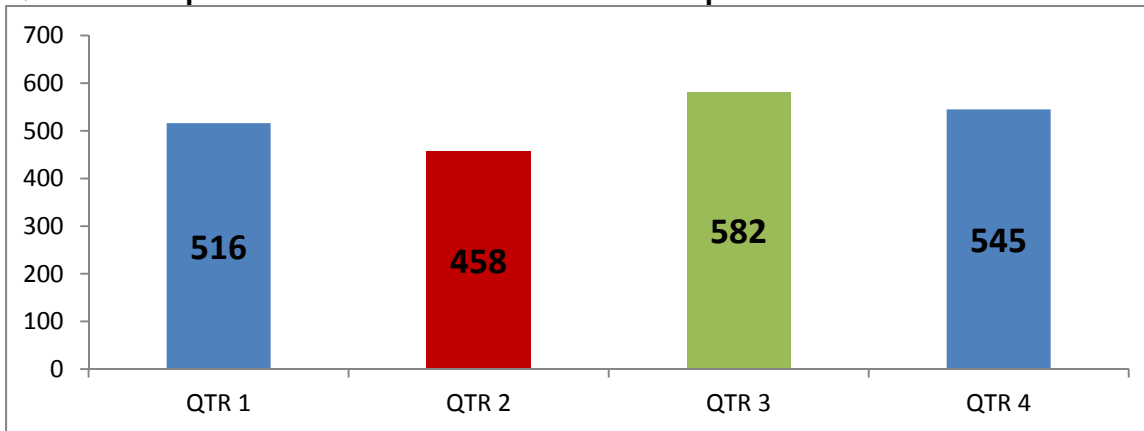
INCIDENT REPORTING:

HFC aggregates and analyzes incident reports received minimally on a quarterly basis. Timeliness of reporting was identified as a concern early in the year. Additionally the number of baker acts children in our system experience has raised concern.

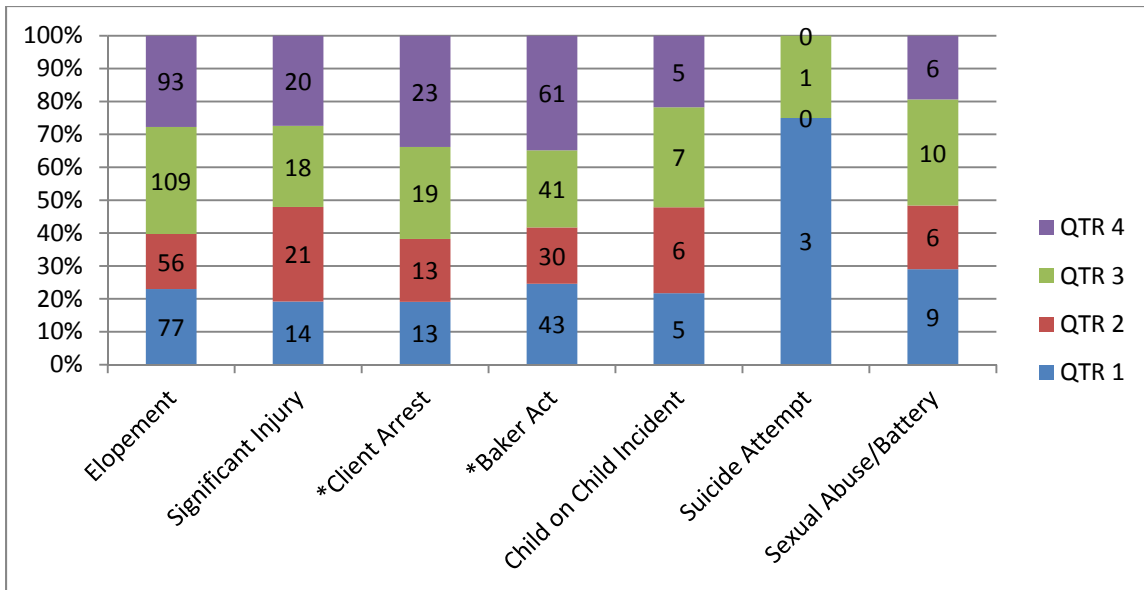


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Quarter Comparison of total number of incident reports received



*Note: Data in this chart includes the total number of clients reports received which may differ from the total number of actual incidents.



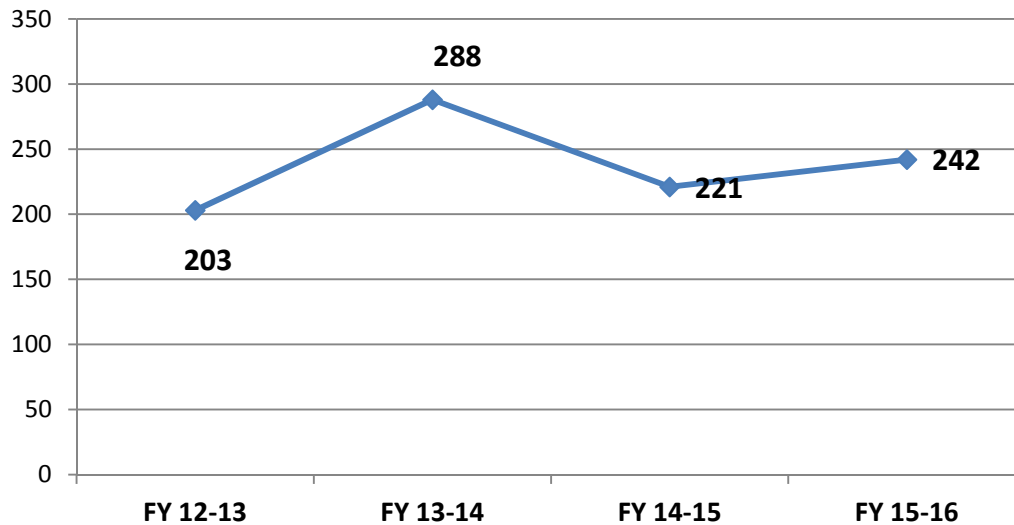
CLIENT RELATION CONCERNS:

HFC aggregates and analyzes client relation concerns received minimally on a quarterly basis. No areas for improvement were identified in this area this fiscal year.



**Annual Summary of
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**Year to Year Comparison
Total Number of Grievances**



BIRTH/FOSTER PARENT AND RELATIVE/NON-RELATIVE SURVEYS:

HFC aggregates data from survey results annually for birth parents (only completed the last 2 years); Foster Parents; and Relative & Non-Relative Caregivers. The main challenge has been to obtain a return rate that provides a truly reflective sample of the population being surveyed. The results of the analysis are noted below.



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2015/2016 FOSTER PARENT SURVEY RESULTS

Satisfaction with Case Management		2014	2015
1	My Case Manager visits with me at least every 30 days.	A	A
2	My Case Manager is available and accessible.	A	A+
3	My phone calls are answered or returned within 24 hours.	A	A
4	My Case Manager treats me with courtesy & respect.	A	A+
5	My Case Manager is honest and straightforward with me.	A-	A+
6	My Case Manager is sensitive to my feelings.	A	A
7	My Case Manager is reliable.	A-	A
8	My Case Manager is supportive of me.	A-	A
9	My Case Manager is on top of case details for me and my children.	A	A+
10	I feel that my Case Manager spends sufficient time with me.	A	A+
11	I feel comfortable, safe, and respected when visiting the Case Management offices, speaking to my Case Manager, and working with my service provider.	A	A+
Parent's Experiences		2014	2015
12	My Case Manager asks me about my family's traditions and beliefs & uses this to provide us help.	A-	A-
13	I participated in the creation of the case plan and my opinions and recommendations were heard and included in the case plan.	B+	A-
14	I know what a Family Team Conference or Family Group Decision Meeting is and my family has been asked to participate in at least one of these meetings.	A-	A-
15	When I participate in Staffings, Family Team Conferences, Family Group Decision Meetings, etc. I am able to talk about what I know and what I want to happen.	A-	A
16	I know who to contact if I have questions or concerns.	A	A
17	When I attend court hearings I am able to tell the court what is happening and what I need.	B+	A-
18	I am satisfied with my attorney.	B+	A-
19	I am informed of events and information that affect me and my family.	A-	A-
20	The services that my children have received help them to do better in school, at home or with their friends.	A-	A
21	My Case Manager talks to me about how my past trauma may be affecting my current life.	B	A-
22	I have received help that addresses my own trauma.	B+	B+
23	Services are available to me.	A-	A
24	Services have helped me.	B+	A



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2015/2016 FOSTER PARENT SATISFACTION RESULTS

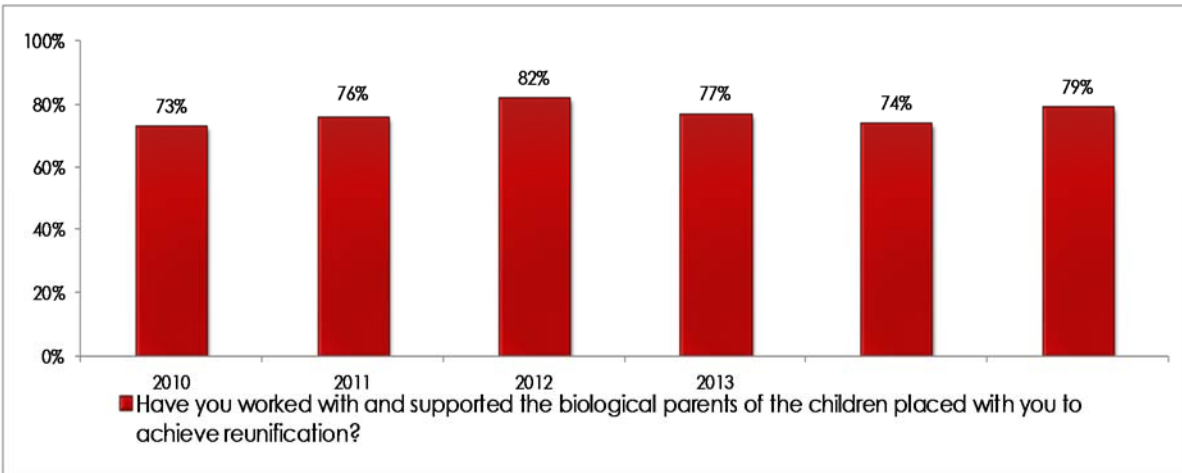
SATISFACTION RESPONSES							
SATISFACTION QUESTIONS	2009	2010	2011	2012	2013	2014	2015
1. As a foster parent who completed the Passport to Parenting Preservice Training within the last year, how satisfied are you with preparation and training provided to you?	B	B	B	B	A	A	A
2a. How satisfied are you with the interactions you have had with Placements?	B	C	B	B	B	A	A
2b. With Case Managers?	B	B	B	C	B	A	B
2c. With Protective Investigators?	B	B	B	C	B	A	A
2d. Other CBC or Agency Staff?	NA	NA	NA	NA	NA	NA	A
3. How satisfied are you with the follow-up/support calls that you receive after a child has been placed with you?	NA	C	C	B	B	B	B
SATISFACTION QUESTIONS	2009	2010	2011	2012	2013	2014	2015
4. How satisfied are you with the information received regarding the child(ren) placed in your home?	NA	NA	NA	NA	NA	NA	B
5. How satisfied are you with the training opportunities provided to you by HFC?	B	C	B	B	B	A	A
6. How satisfied are you with the information provided on how to properly escalate issues of concern if you encounter an obstacle you are unsure of how to handle directly?	NA	NA	NA	NA	NA	NA	B
7. How satisfied are you with the timeliness and accuracy of your foster care payments?	A	B	B	A	A	A	A
8. Overall, how satisfied are you as a foster parent with HFC?	B	C	B	B	B	A	A



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SATISFACTION QUESTIONS	PERCENTAGE YES		
	2013	2014	2015
9. Have you been invited to provide feedback on a child in your home at school meetings, staffings, court proceedings, etc.?	NA	84%	86%
10. Do you feel that you are adequately informed of all the support services that are available to you and the child(ren) placed in your care?	NA	NA	79%
11a. Do you feel you are working in partnership with Case Managers?	NA	83%	64%
11b. With your Re-Licensing Specialist?	NA	93%	98%
11c. With GAL(s)?	NA	83%	79%
11d. With CLS?	NA	67%	56%
11e. With Independent Living Coach?	NA	44%	33%
11f. With Therapeutic Mental Health Provider?	NA	86%	89%
12. In the past year, have you tried to recruit other families to become foster parents with HFC?	80%	69%	69%

ADDITIONAL QUESTIONS





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2015/2016 RELATIVE & NON-RELATIVE CAREGIVER SURVEY RESULTS

SATISFACTION RESPONSES							
SATISFACTION QUESTIONS	2009	2010	2011	2012	2013	2014	2015
1. Did you participate in the GAP Program?	46%	58%	35%	41%	39%	53%	52%
2. Contacted by the GAP program staff within 28 days of child being placed in the home.	NA	NA	NA	NA	NA	NA	62%
3. Were the physical supports provided to you adequate to care for the child(ren)?	NA	NA	NA	NA	NA	NA	90%
4. Were you invited to participate in trainings?	NA	NA	NA	NA	42%	40%	48%
5. Were you invited to participate in face to face meetings to plan services?	62%	84%	34%	47%	39%	75%	83%
6. Is your Case Manager available and accessible?	NA	NA	NA	NA	NA	97%	98%
7. Were your phone calls answered or returned within 24 hours?	NA	NA	NA	NA	NA	94%	NA
8. Does your Case Manager provide you with information regarding court hearings and/or staffings?	NA	NA	NA	NA	NA	94%	95%
9. Did your Case Manager address your questions and/or concerns?	85%	100%	95%	92%	81%	NA	NA
10. Do you feel you are working in partnership with the Case Manager?	NA	NA	NA	NA	74%	96%	98%
11. Do you feel you are working in partnership with the GAL?	NA	NA	NA	NA	68%	65%	94%
12. Do you feel you are working in partnership with Children's Legal Services (CLS)?	NA	NA	NA	NA	29%	56%	85%
13. Do you feel you are working in partnership with the GAP Program?	NA	NA	NA	NA	26%	65%	91%
14. Were services provided to meet your family needs?	67%	69%	67%	65%	NA	NA	NA
SERVICE QUESTIONS	2009	2010	2011	2012	2013	2014	2015
15. Medical services provided to the child	B	B	B	C	A	A	A
16. Mental Health provided for the child	B	C	C	D	B	A	B
17. Dental provided for the child	C	C	C	C	B	A	B
18. Educational services provided for the child	B	B	C	C	B	A	B
19. Child care provided for the child	A	B	C	C	A	A	A
20. Overall, how satisfied are you with the services provided?	C	B	D	C	NA	NA	NA



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SATISFACTION QUESTIONS	2009	2010	2011	2012	2013	2014	2015
21. Case Manager's willingness to share information	C	B	C	B	B	A	A
22. Professionalism displayed by the Case Manager	B	B	C	B	B	A	NA
23. Courtesy and helpfulness of the Case Manager	NA	NA	NA	NA	NA	NA	A
24. Timeliness of returned calls by the Case Manager	C	B	D	C	B	A	A
25. Child Protective Investigator's willingness to share information	NA	NA	NA	NA	B	A	A
26. Professionalism displayed by the Child Protective Investigator	NA	NA	NA	NA	B	A	NA
27. Courtesy and helpfulness of the Child Protective Investigator	NA	NA	NA	NA	NA	NA	A
28. GAL's willingness to share information	NA	NA	NA	NA	A	A	A
29. Professionalism displayed by the GAL	NA	NA	NA	NA	A	A	NA
30. Courtesy and helpfulness of the GAL	NA	NA	NA	NA	NA	NA	A

STAKEHOLDER SURVEYS:

HFC analyzes results from stakeholder surveys on an annual basis. Results are reviewed during a Management Team meeting.

Stakeholder Satisfaction Survey Results for 2015/2016

Area	Sample Size	Number & Percent Satisfied	Number & Percent Not Satisfied	2015 Grade	2014 Grade	2013 Grade	2012 Grade
Overall Satisfaction	N=82	76 (93%)	6 (7%)	A-	A-	A-	A
Recruitment	N=27	23 (85%)	4 (15%)	B	N/A	N/A	N/A
Foster Care Licensing	N=30	21 (70%)	9 (30%)	C-	B-	B+	A
Re-Licensing	N=31	21 (68%)	10 (32%)	D+	D+	A-	A-
Prevention:					N/A	B+	A-
Education	N=33	29 (88%)	4 (12%)	B+	A-	N/A	N/A
Yellow Dress Car Seat, Child Abuse Prevention Month	N=32	31 (97%)	1 (3%)	A	A	N/A	N/A
Family Resources	N=38	33 (87%)	5 (13%)	B+	A-	N/A	N/A



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Front End	N=43	40 (93%)	3 (7%)	A-	A-	B	B
Community Based Care Integrated Health (CBCIH)	N=39	32 (82%)	7 (18%)	B-	NA	N/A	N/A
Court Management/SPOA Team	N/A	N/A	N/A	N/A	B+	B-	B-
Independent Living	N=27	24 (89%)	3 (11%)	B+	B	C-	B
Placements	N=47	39 (83%)	8 (17%)	B-	B-	C	D-
Adoptions	N=29	28 (97%)	1 (3%)	A	A	B	C+
Contract Management	N=27	24 (89%)	3 (11%)	B+	A	A-	A
Training	N=31	30 (97%)	1 (3%)	A	A-	A-	A-
Data Management	N=26	25 (96%)	1 (4%)	A	A-	A	A+
Missing Child Liaison	N=21	21 (100%)	0	A+	A+	A+	A+
Client Concerns	N=22	21 (95%)	1 (5%)	A	A-	A-	A-
Quality Management	N=26	23 (88%)	3 (12%)	B+	A	A-	B+
Revenue Maximization	N=14	13 (93%)	1 (7%)	A-	A	A-	B+
Resource Management	N=17	17 (100%)	0	A+	A+	A	A+
Accounts Payable	N=15	14 (93%)	1 (7%)	A-	A+	A+	A

ADDRESSING FINDINGS

HFC has implemented a multi-faceted intensive approach to improvement targeted at specific areas which have been deemed as needing improvement. Some of these strategic areas include, but are not limited to, psychotropic medication, case management staff turnover and caseload ratios, permanency and preparation of youth for independent living. These areas will continuously be evaluated and as we recognize consistent improvement in these areas we will adapt and shift to other areas needing improvement and intensive work to achieve sustained improvement. Additionally we are continuing to look at opportunities to institute fidelity monitoring as it relates to the Florida Practice Model, Evidenced Based Parenting programs and other specific model approaches which have strict criteria for implementation and utilization.



Annual Summary of Quality Management Review Findings

Below is the action plan developed from the analysis of findings from the CFSR & RSR reviews.

CFSR/RSR Findings & Action Plan

Areas of Improvement	Action Plan
Safety <ul style="list-style-type: none"> In both CFSR & RSR, need improvement in the documentations associated with safety assessments, safety plans, monitoring of safety plans, & family engagement in safety-related services 	<ul style="list-style-type: none"> Mandatory Safety Planning training was provided during Quarter 3 and additional training if needed will be determined based upon results from the QA reviews that will be conducted in Quarters 1 & 2 of this Fiscal Year.
Permanency <ul style="list-style-type: none"> Permanency goals were not established in timely manner (within 60 days of removal) Goals were not modified in accordance to federal standards In RSR, supervisors were not documenting regular consultations with case managers, recommending actions when concerns were identified, and ensuring recommended actions were followed up on. 	<ul style="list-style-type: none"> Developed guidelines for when case plan worksheet should be created in order to document the proposed goal in FSN in a way that can be tracked through AFCARS reporting. Evaluate frequency of permanency staffing's within our system of care. Development and roll out of a standardized supervisory review tool to increase quality of supervisory reviews has been initiated.
Well Being <ul style="list-style-type: none"> Documentation of behavioral changes of parents as it relates to protective capacities In both CFSR & RSR, parental well-being not documented sufficiently Concerted efforts in finding & engaging fathers were not documented. Lack of quality visits with parents as it relates to case managers and parents Parents not involved in case planning 	<ul style="list-style-type: none"> Mandatory training was provided in Quarter 4 on Caregiver Protective Capacities and Conditions for Return. Training also addressed documentation of observations and caregiver engagement. Goal is to improve the quality of case manager visits with parents. Parental Wellbeing training conducted for all CMO's. A site has been selected to pilot the program later this fiscal year. FTC requirements were rolled out during quarter 1 of FY 15/16 and are gradually increasing each quarter. Results in the QM reviews should begin improving during 1st quarter FY 16/17 due to the review periods on cases. Also, will be conducting fidelity monitoring of FTC for FY16/17.

HFC has addressed the Local Practice Trends as follows:

Quality Assurance System – The biggest area for improvement in the HFC quality assurance system that was not previously addressed in the CFSR and RSR action plan would be around timeliness of incident reporting. To address this area HFC made modifications to the internal tracking system to better identify the performance of incident report submission. Monthly reports are sent out regarding timeliness of incident reporting and we have already observed a significant improvement in this area.

Staff and Provider Training – As noted above the biggest challenge in this area is the ability to have staff be able to disconnect from the other responsibilities of their work in order to fully participate in training opportunities being offered. To address this HFC generally offers multiple sessions of the same training at different times and/or on different days. This allows the provider staff better flexibility to attend a session that is more amenable to their workload responsibilities.



Annual Summary of Quality Management Review Findings

Service Array and Resource Development –HFC operates under a philosophy of fair and open competition to meet the best interests of the network and the clients we serve. HFC is committed to developing and maintaining a comprehensive, competent and cost effective network of individual and agency providers to accomplish HFC’s mission of “Improving safety, permanency, and well-being for all children in Polk, Highlands, and Hardee counties” and vision “to eliminate child abuse and neglect in Polk, Highlands, and Hardee counties.” Council on Accreditation (COA) standards will be used by HFC as the benchmark for quality in provider agencies, though comparable standards of other national accrediting bodies will be accepted. HFC maintains an open application (informal solicitation) process for providers who are interested in providing support/wrap around services within our system of care. HFC may identify needs for additional or alternative services through a variety of means including, but not limited to, quality management reviews, performance reviews, legislative changes, and feedback from children, families, and stakeholders. Once a need is identified, this information is provided to the HFC Quality & Contract Management Department for review. If the information supports that a true need exists, the Contract Management staff proceed to determine if services currently being purchased by HFC under an existing agreement are available to meet the need to ensure unnecessary and/or duplicative services are not being sought. If current services are unable to satisfy the identified need, the Contract Management staff work with the Executive Management staff at HFC to determine if the resources are available in the community, or if they can be developed, to meet the need.

Agency Responsiveness to the Community – HFC has expanded our presence on social media to open up additional avenues of communication between our agency and the community. Individuals and organizations have a variety of avenues to communicate, share information, or raise concerns. HFC has a dedicated staff person to respond to client concerns, the HFC Chief Community Relations Officer serves as the point of contact with all media, and the Director of Quality & Contract Management, or designee, serves as the point of contact related to provider or service needs.

Foster and Adoptive Parent Licensing/Recruitment/Retention – As noted before recruitment of the right people in sufficient numbers to meet the needs of children in the community continues to be a challenge. In fact, more high quality foster homes are one of the organizations greatest needs at this time. To address this HFC has been working with the Florida Intelligent Recruitment Project (FIRP) to enhance recruitment efforts for our Circuit.

Placement Report Cards (Child Exit Interviews):

The downward trend observed in later months has been addressed with the case management organizations. They have each gone back and re-evaluated their internal processes. HFC will continue to monitor performance on this monthly through the PQI Committee.



Annual Summary of Quality Management Review Findings

Incident Reporting:

HFC modified internal tracking mechanisms to better monitor the timeliness of incident report submission after the concern of timeliness was identified through the data analysis process. Monthly reports are now being generated and agencies with tendencies for late report submission are being addressed on an individual basis.

After identifying baker acts as a concern, HFC has started a small workgroup to explore this issue and better understand the baker act process as a whole from initial signs/concerns, to caregiver response, to law enforcement response, to baker act facility admission processes, case management response and discharge planning. HFC is currently working on developing a training for group homes and response protocol in order to minimize unnecessary baker acts while also ensuring proper child welfare system response when a child is baker acted.

Client Relation Concerns:

No concerns were identified in the client relation concerns analysis. HFC will continue to aggregate the data on a quarterly basis and monitor for any areas in need of improvement.

Birth/Foster Parent and Relative/Non-Relative Surveys:

HFC has tried a number of ways to increase the response rate of the surveys. The most effective way to increase the response rate appears to be hand delivery of the parent and relative/non-relative surveys. For Foster Parent and Stakeholder surveys frequent reminders about completing the surveys seems to have had the most impact.

Stakeholder Surveys:

Following the initial review of the analysis results the Directors from each area at HFC take the data and comments and assess what they can possibly implement to address any concerns identified. Their plans are then brought back to the Management Team and discussed.

A handwritten signature in black ink, appearing to be "Chris [Last Name]", written over a horizontal line.

Signatures (deemed pertinent by the CBC)

August 8, 2016

Date