

## Heartland for Children's 2017/ 2018 QM Report:

### Introduction/ Capacity

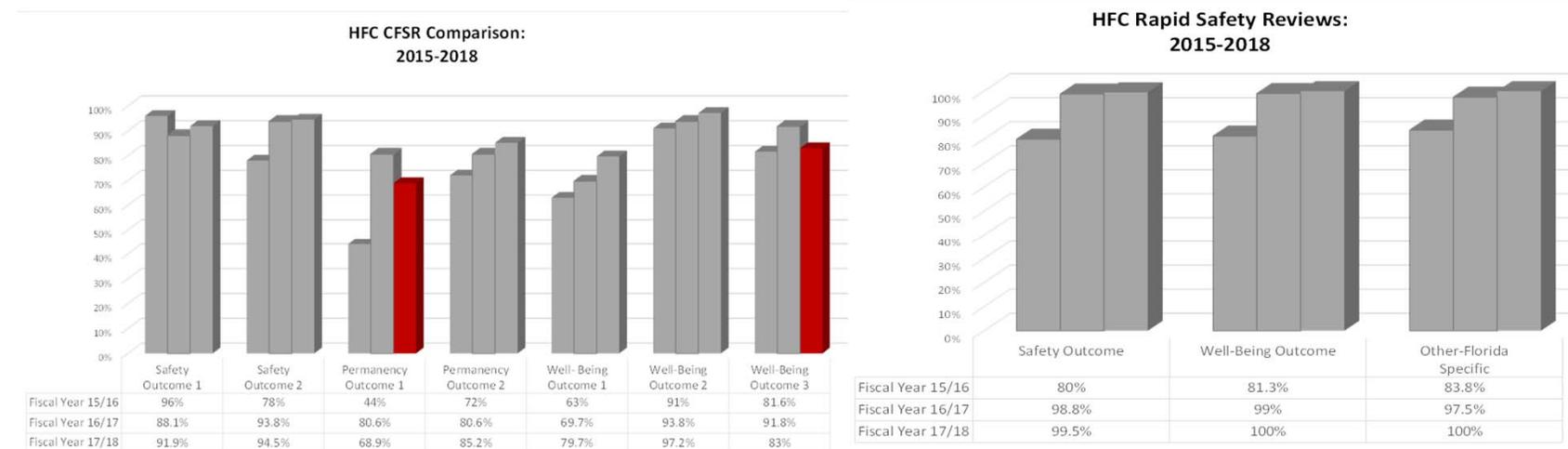
Under the supervision of the Director of Quality & Contract Management, HFC has a total of eight positions in the Quality and Contract Management Department. Two of these have the primary responsibility for conducting Quality Case reviews each quarter under the procedures outlined by DCF. One is responsible for the management of client concerns and incident reporting, one is identified as a specialist for performance improvement special projects and one serves as the local Missing Child/Human Trafficking Specialist. The remaining three are focused on subcontract management and compliance monitoring. Currently HFC CQI capacity would be assessed above the minimum to meet the minimum statewide requirements for reviews but in order to significantly impact systemic change and move performance forward at levels it needs to be further assessment needs to be done. There is currently a full CQI capacity assessment statewide workgroup that HFC is participating in to address this issue.

### Performance Improvement/ Process

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 performance in a variety of target/focus areas and identifies topics of discussion. Also included in this report is an annual report of HFC's performance on dashboard and scorecard (including national data indicators) 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 as needed. These ad hoc committees typically include participants of the PQI committee; they can be pre-established teams (such as HFC Management Team or the CMO workgroup) 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. See below for performance trends over time in safety, permanency, well-being, and Rapid Safety Feedback (RSF) reviews.

### Findings (Evaluative Summary of Findings and Trends outlined below)

#### CQI & RSF Trends



Source: RSF report for Fiscal Years 15-18 provided by the Office of Child Welfare

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Analysis Findings vs. Bench-marks:  
(Interventions to address these findings can be found on the next page under the FY 17/18 Plan)

Findings (Evaluative Summary of Findings and Trends outlined below)

### RSF

HFC observed overall good performance on the RSF 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.

### CQI – Well-being

HFC's performance for Well-Being Outcomes 1 & 2 performance has steadily increased over the last 3 FYs as well. For Well-Being Outcome 3 there was a significant drop in performance for the FY that was primarily attributed to not properly addressing the mental and behavioral health needs of the children being served. There were several strengths identified during this analysis which included 1) Assessing and providing for the needs of the child and foster parents; 2) overall frequency and quality of caseworker visits with the child; 3) Child and mother involvement in case planning; and 4) meeting the educational needs of the child. There were also some areas which we identified through analysis as needing some focused improvement activities. These included 1) inconsistent frequency and quality in contacts with parents; 2) lack of involvement in case planning and assessment of fathers in cases; and 3) lack of inquiry/assessment of parental well-being.

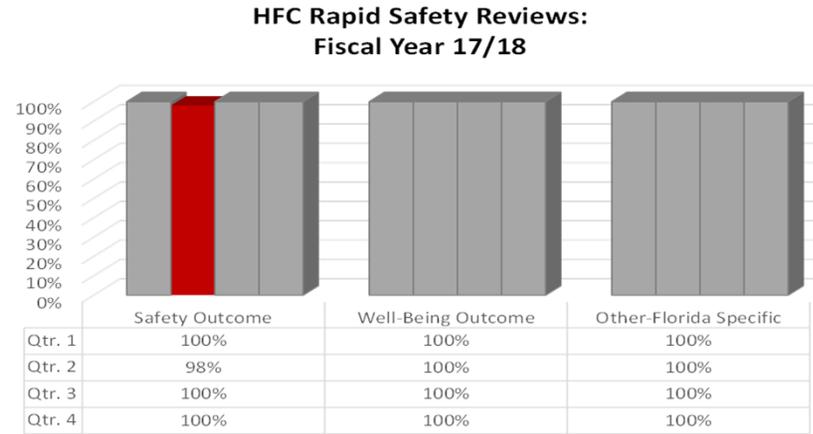
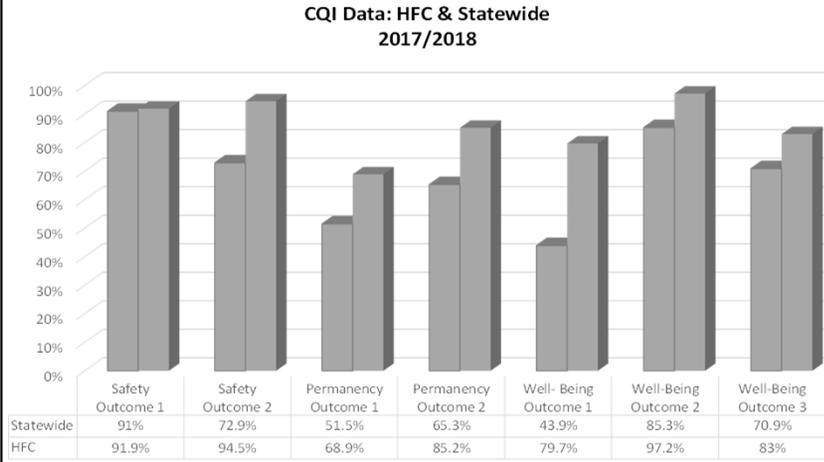
### CQI –Permanency

For Permanency Outcome 1 HFC saw a dip in performance this FY from the previous year. This was mainly due to instability in placement for youth in care. For Permanency Outcome 2 HFC has steadily improved performance in this area each of the last 3 FYs. HFC identified strengths in our system of care regarding 1) timely establishment of a permanency goal for the child; 2) achieving permanency timely; 3) preserving the child's connections with family, friends, and community; and 4) relative placements. The areas for improvement that HFC identified as needing some additional efforts towards included 1) the stability of a child's foster care placement as performance on this item dropped considerably this past year; 2) children visiting with their parents and siblings and 3) placing a child with all of his/her siblings that are also in foster care (performance in CQI reviews was good and separations were determined to be in the best interest of the child but HFC performance on the statewide scorecard measure regarding siblings still shows an area needing improvement).

### CQI - Safety

Safety Outcome 1 performance improved during this last FY but is still not back to the level of performance in FY 15/16. For Safety Outcome 2, HFC has maintained good performance and has shown a slight increase this past FY. There were no immediate safety concerns identified requiring an RFA to be initiated. We identified overall strengths in services being provided to the family to protect the children in the home and prevent removal. We continue to focus additional attention on the review and updating of the safety plan after case transfer and at critical junctures as needed. Based upon the CQI and PIP reviews conducted, this area has improved considerably during this past year. Consultations with the case manager and supervisor had revealed that there were in general more detailed conversations occurring related to the monitoring of the safety plans than what was documented and through coaching this past year performance has significantly improved.

### FY 17/18 Summary of Findings



Source: RSF reports for Q1-Q4 provided by Office of Child Welfare.

<b>Heartland for Children's 2018/ 2019 QM Plan:</b>	Introduction/Schedule	Currently in Place	<p>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 and 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.</p> <p>HFC utilizes a number of activities to monitor the service array, systemic factors, and state and national data indicators. HFC has implemented processes for evaluating quality, compliance and effectiveness of services through it's monitoring, quality reviews, and the weekly review of performance areas through the PQI Committee that includes representatives of the subcontracted case management agencies (CHS, Devereux, and One Hope), other providers, system stakeholders and the DCF CBC Contract Manager. HFC adheres to the quarterly review schedule outlined in Windows Into Practice for its QA/CQI activities. HFC has also incorporated fidelity monitoring for our evidence-based programs, into our annual monitoring processes. HFC has continued to make changes to utilize results of reviews to better inform training and make continuous improvements. We have implemented a strategy where staff from the Quality &amp; Contract Management unit and the HFC Training team join forces to analyze results from reviews and work to embed identified skills deficits into upcoming training planning. HFC also incorporates feedback from parents, caregivers, foster parents, system stakeholders and youth in it's evaluation of the system of care. 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, family/father engagement, family connections, quality and timeliness of documentation and permanency. 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. Systemic factors such as training, foster home recruitment and retention are monitored on a monthly basis through the PQI Committee and improvements implemented as needed.</p> <p>Additional information on QA/CQI resources and infrastructure is included above in the Introduction/Capacity section of the QM Report.</p>
	Addressing Findings/Other	On the Horizon	<p>There are a number of additional reviews/activities planned during the year. These are based upon the results of the reviews conducted during the previous fiscal year and also relate to the identified areas needing improvement from the Federal CFSR review. Many of these items are included on the statewide and region Performance Improvement Plan that was developed based upon the results of the CFSR.</p> <p>Targeted systemic review areas planned for CQI Improvement activities in the upcoming FY include 1) Expand implementation of local fidelity monitoring processes following the tools and processes ACTION utilized for on-going review of the practice model; 2) Modify implementation of analysis processes for sibling separations to better determine if they are in the best interest of the child(ren) and implement initiative to improve sibling connections; 3) Revise and evaluate the early and rapid engagement process for cases entering services to better assess impact of case plans being developed by the family through a Family Team Conferencing process (similar to the evidenced based Family Group Decision Making); 4) Develop a case governance process to monitor case progress along a continuum of critical junctures throughout the life of the case with a cadence of accountability process for any cases that are off track for timely permanency at each check point; 5) Evaluate and address the barriers to timely entry of placement changes in FSFN (systemic factor); 6) Develop a process to streamline incident report submission and improve the timeliness of reporting critical incidents; 7) Evaluate and modify as needed the structured practice guidelines that have been developed for case managers in regards to improving the quality of birth parent contacts; 8) Evaluate and modify as needed the structured practice guidelines that have been developed for case manager supervisors to improve the overall quality of supervisory reviews/consultations; 9) Increase monitoring and implement root cause analysis as necessary to improve the number of children that receive timely dental evaluations; 10) Evaluate children that re-enter care within 12 months to identify root causes and strengthen risk mitigation strategies to prevent re-entries; 11) Assess the population of children under the age of 12 that are currently in group care placements to determine if that is the appropriate level of care and strategically begin processes to move children in the cohort to a more appropriate level of care as needed.</p>