

Heartland for Children's 2018/ 2019 QM Report:

Introduction/ Capacity

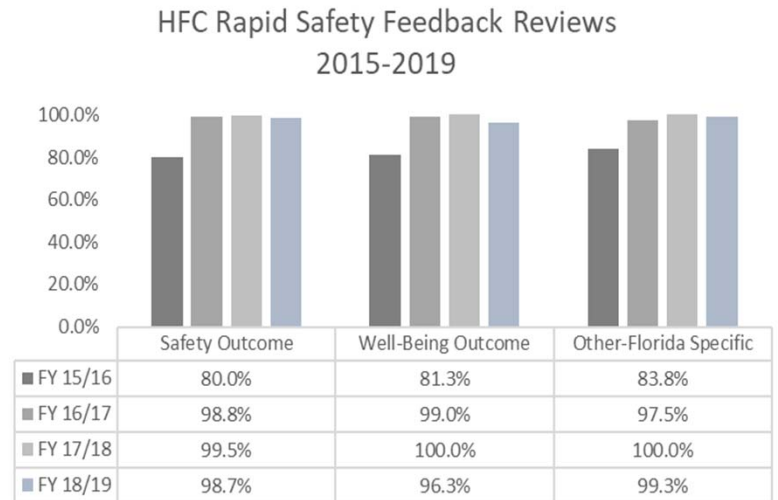
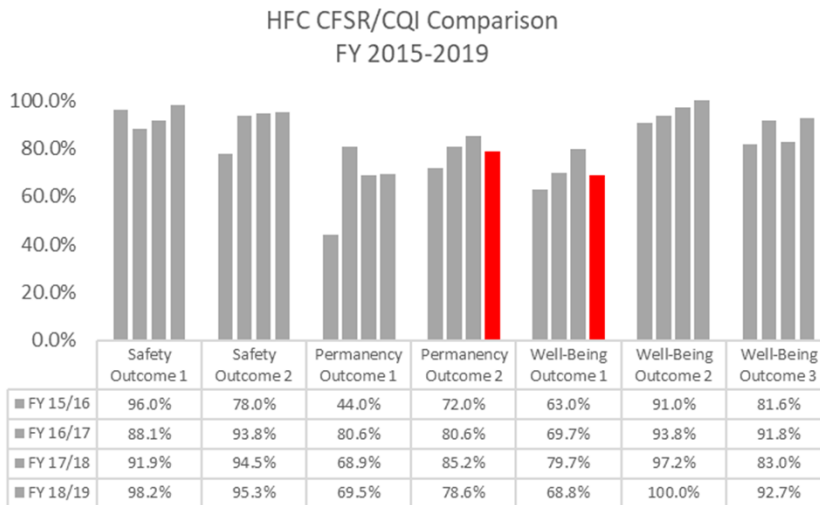
Under the supervision of the Director of Quality & Contract Management, HFC has a total of eight positions in the Quality and Contract Management Department. Two of these have the primary responsibility for conducting Quality Case reviews each quarter under the procedures outlined by DCF. One is responsible 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. HFC was an active participant in a full CQI capacity assessment statewide workgroup that had been put together to begin addressing this issue however the statewide workgroup activities have currently ceased.

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 produces and distributes an extensive weekly report that includes data analysis of performance in a variety of target/focus areas and identifies topics of discussion during the committee meetings. 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 committee either meets in person or via conference call minimally twice a month. The committee is focused on process improvement based upon performance 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, from the HFC's CFSR/CQI reviews and Rapid Safety Feedback (RSF) reviews.

Findings (Evaluative Summary of Findings and Trends outlined below)

CQI & RSF Trends

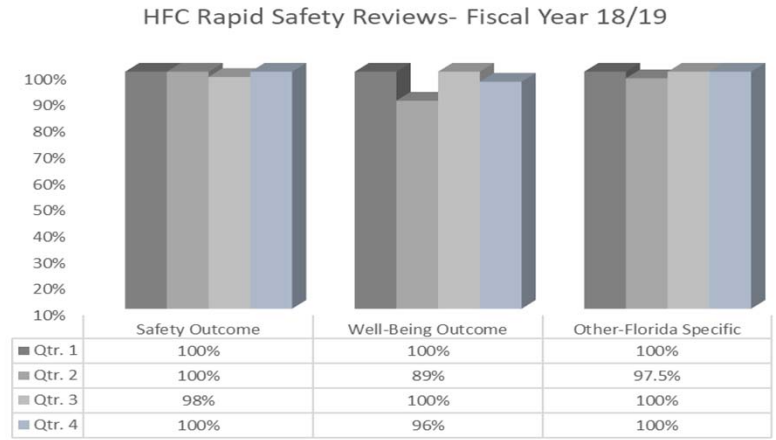
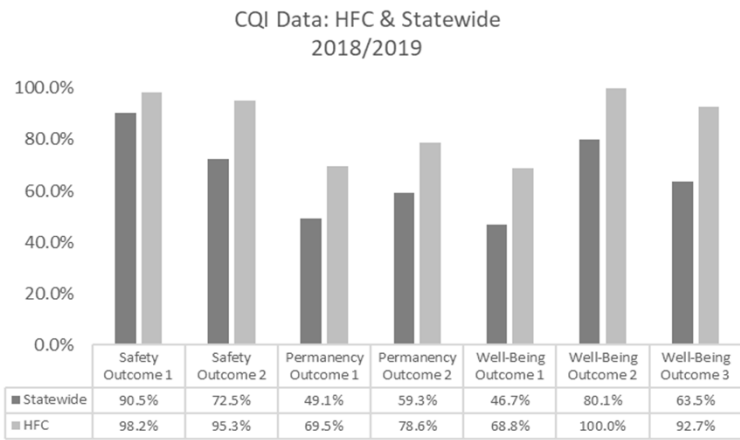


Heartland for Children's 2018/ 2019 QM Report:

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)

FY 18/19 Summary of Findings



CQI - Safety

Safety Outcome 1 performance continued to improve during this last FY and is the highest level of performance in the last 4 years, exceeding the Federal performance target of 95%. For Safety Outcome 2, HFC has maintained good performance and has shown another 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 continued to show improvement during this past year. Consultations with the case manager and supervisor had previously 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 performance has steadily improved over the last 2 years with HFC now exceeding the Federal performance target of 95% for Safety Outcome 2 as well.

CQI - Permanency

For Permanency Outcome 1 HFC saw a slight increase in performance this FY from the previous year but still have not been able to get back to our highest performance mark we had in FY 16/17. While our placement stability tends to exceed national benchmarks, when a placement change was required we have continued to struggle with proactively planning for the changes to meet the needs of the individual youth in care which has impacted performance on this outcome measure. For Permanency Outcome 2 HFC had a slight drop in performance after steadily improving performance in this area each of the previous 3 FYs. This drop in performance was primarily due to lack of engagement with the non-custodial parent. 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 has not improved back to previous performance levels; and 2) children visiting with their parents and siblings, specifically the non-custodial parent.

CQI - Well-being

HFC's performance for Well-Being Outcome 1 dropped during FY 18/19 but performance was still well above the statewide performance. Analysis revealed this local decrease was primarily related to lack of engagement with the non-custodial father. Well-Being Outcome 2 performance has steadily increased over the last 4 FYs. For Well-Being Outcome 3, there was significant improvement in performance for the FY and was our highest performing period over the last 4 fiscal years. 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 the non-custodial parents primarily; and 2) lack of involvement in case planning and assessment of fathers in cases.

RSF

HFC continues to observe overall good performance on the RSF reviews in all outcome areas. HFC performance was above the statewide performance on all areas as well for the year based upon the initial statewide data that has been received. There were no cases requiring an RFA to be generated for immediate safety concerns.

Heartland for Children's 2019/ 2020 QM Plan:	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 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 we work to embed identified skills deficits into upcoming training planning in collaboration with our Training Unit. 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/or other avenues 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>Many of the targeted systemic review areas planned for CQI Improvement activities in the upcoming FY are continued activities from the previous year as we work to have a broader consistent impact on overall system outcomes. Targeted areas for the upcoming FY include 1) Continued expansion of local fidelity monitoring processes following the tools and processes ACTION utilized for on-going review of the practice model; 2) 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) and speed up the connection of families to needed services; 3) Implement 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; 4) Increase monitoring and implement root cause analysis as necessary to improve the number of children that receive timely dental evaluations; 5) Evaluate children that re-enter care within 12 months to identify root causes and strengthen risk mitigation strategies to prevent re-entries; 6) Provide training to the field staff regarding critical thinking, engagement and the impact on quality outcomes; 7) Implement a structured practice associated with independent living and preparation of teens and young adults for adulthood; 8) Engage with the quality management staff of the subcontracted case management organizations in a different and more productive way to improve performance on qualitative and quantitative measures. 9) Educate the local system of care on the difference between conditions for return criteria and case plan compliance in order to increase the appropriate utilization of conditions for return as outlined in the practice model.</p>