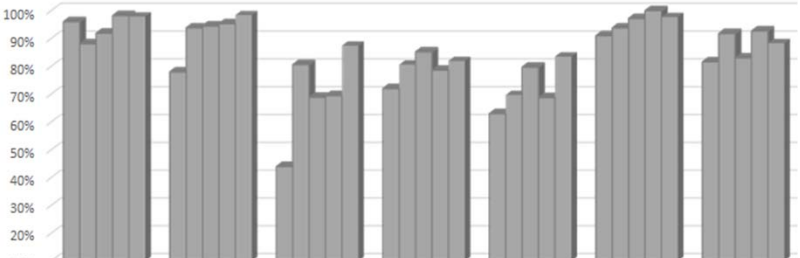
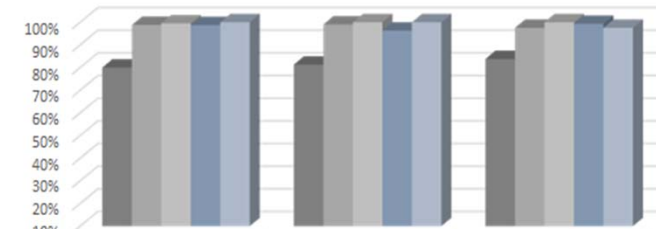


2019/2020 QM Report and 2020/2021 QM Plan

Heartland for Children's 2019/ 2020 QM Report:

| Introduction/ Capacity | <p>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 Child & Family Services Reviews (CFSR)/Continuous Quality Improvement (CQI) 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 and also is responsible for conducting Rapid Safety Feedback (RSF) reviews. The remaining three are focused on subcontract management and compliance monitoring. Currently HFC's 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 begun addressing this issue however the statewide workgroup activities have currently ceased.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------|-----|-----|-----|-----|-----|-----|-------|-------------------|--------|-------|-------|-------|-------|-------|-------|-------------------|--------|-------|-------|-------|-------|-------|-----|-------------------|-------|-------|-------|-------|-------|------|-------|-------------------|-------|-------|-------|-------|-------|-------|-------|--|----------------|--------------------|------------------------|-------------------|-----|-------|-------|-------------------|-------|-----|-------|-------------------|-------|------|------|-------------------|-------|-------|-------|-------------------|------|------|-------|
| Performance Improvement/ Process | <p>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 (CMO), 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. The committee and its processes ensure transparency in performance monitoring and system management. 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 HFC's CFSR/CQI reviews and RSF reviews.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Findings (Evaluative Summary of Findings and Trends outlined below) | CQI & RSF Trends | <div><div><div>HFC- CFSR/CQI Comparison FY-2015-2020</div><table><thead><tr><th></th><th>Safety Outcome 1</th><th>Safety Outcome 2</th><th>Permanency Outcome 1</th><th>Permanency Outcome 2</th><th>Well-Being Outcome 1</th><th>Well-Being Outcome 2</th><th>Well-Being Outcome 3</th></tr></thead><tbody><tr><td>Fiscal Year 15/16</td><td>96%</td><td>78%</td><td>44%</td><td>72%</td><td>63%</td><td>91%</td><td>81.6%</td></tr><tr><td>Fiscal Year 16/17</td><td>88.10%</td><td>93.8%</td><td>80.6%</td><td>80.6%</td><td>69.7%</td><td>93.8%</td><td>91.8%</td></tr><tr><td>Fiscal Year 17/18</td><td>91.90%</td><td>94.5%</td><td>68.9%</td><td>85.2%</td><td>79.7%</td><td>97.2%</td><td>83%</td></tr><tr><td>Fiscal Year 18/19</td><td>98.2%</td><td>95.3%</td><td>69.5%</td><td>78.6%</td><td>68.8%</td><td>100%</td><td>92.7%</td></tr><tr><td>Fiscal Year 19/20</td><td>97.9%</td><td>98.4%</td><td>87.4%</td><td>81.9%</td><td>83.5%</td><td>97.7%</td><td>88.3%</td></tr></tbody></table></div><div><div>HFC Rapid Safety Feedback Reviews 2015-2020</div><table><thead><tr><th></th><th>Safety Outcome</th><th>Well-Being Outcome</th><th>Other-Florida Specific</th></tr></thead><tbody><tr><td>Fiscal Year 15/16</td><td>80%</td><td>81.3%</td><td>83.8%</td></tr><tr><td>Fiscal Year 16/17</td><td>98.8%</td><td>99%</td><td>97.5%</td></tr><tr><td>Fiscal Year 17/18</td><td>99.5%</td><td>100%</td><td>100%</td></tr><tr><td>Fiscal Year 18/19</td><td>98.7%</td><td>96.3%</td><td>99.3%</td></tr><tr><td>Fiscal Year 19/20</td><td>100%</td><td>100%</td><td>97.5%</td></tr></tbody></table></div></div> | | Safety Outcome 1 | Safety Outcome 2 | Permanency Outcome 1 | Permanency Outcome 2 | Well-Being Outcome 1 | Well-Being Outcome 2 | Well-Being Outcome 3 | Fiscal Year 15/16 | 96% | 78% | 44% | 72% | 63% | 91% | 81.6% | Fiscal Year 16/17 | 88.10% | 93.8% | 80.6% | 80.6% | 69.7% | 93.8% | 91.8% | Fiscal Year 17/18 | 91.90% | 94.5% | 68.9% | 85.2% | 79.7% | 97.2% | 83% | Fiscal Year 18/19 | 98.2% | 95.3% | 69.5% | 78.6% | 68.8% | 100% | 92.7% | Fiscal Year 19/20 | 97.9% | 98.4% | 87.4% | 81.9% | 83.5% | 97.7% | 88.3% | | Safety Outcome | Well-Being Outcome | Other-Florida Specific | Fiscal Year 15/16 | 80% | 81.3% | 83.8% | Fiscal Year 16/17 | 98.8% | 99% | 97.5% | Fiscal Year 17/18 | 99.5% | 100% | 100% | Fiscal Year 18/19 | 98.7% | 96.3% | 99.3% | Fiscal Year 19/20 | 100% | 100% | 97.5% |
| | Safety Outcome 1 | Safety Outcome 2 | Permanency Outcome 1 | Permanency Outcome 2 | Well-Being Outcome 1 | Well-Being Outcome 2 | Well-Being Outcome 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiscal Year 15/16 | 96% | 78% | 44% | 72% | 63% | 91% | 81.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiscal Year 16/17 | 88.10% | 93.8% | 80.6% | 80.6% | 69.7% | 93.8% | 91.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiscal Year 17/18 | 91.90% | 94.5% | 68.9% | 85.2% | 79.7% | 97.2% | 83% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiscal Year 18/19 | 98.2% | 95.3% | 69.5% | 78.6% | 68.8% | 100% | 92.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiscal Year 19/20 | 97.9% | 98.4% | 87.4% | 81.9% | 83.5% | 97.7% | 88.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Safety Outcome | Well-Being Outcome | Other-Florida Specific | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiscal Year 15/16 | 80% | 81.3% | 83.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiscal Year 16/17 | 98.8% | 99% | 97.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiscal Year 17/18 | 99.5% | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiscal Year 18/19 | 98.7% | 96.3% | 99.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiscal Year 19/20 | 100% | 100% | 97.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2019/2020 QM Report and 2020/2021 QM Plan

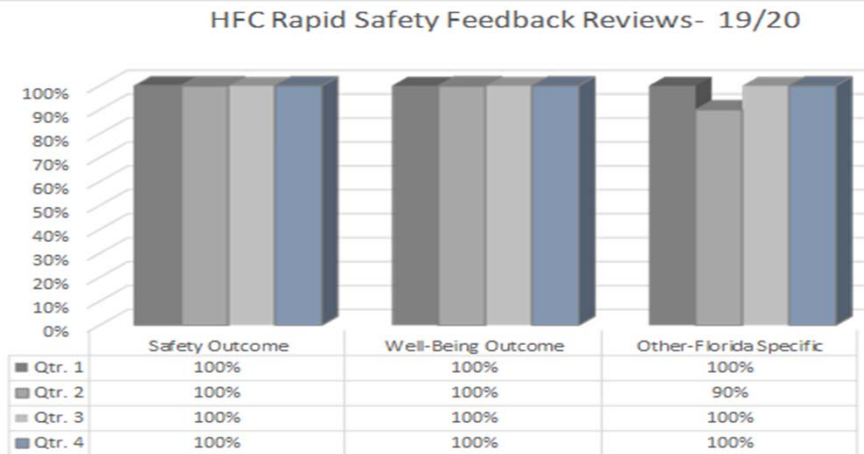
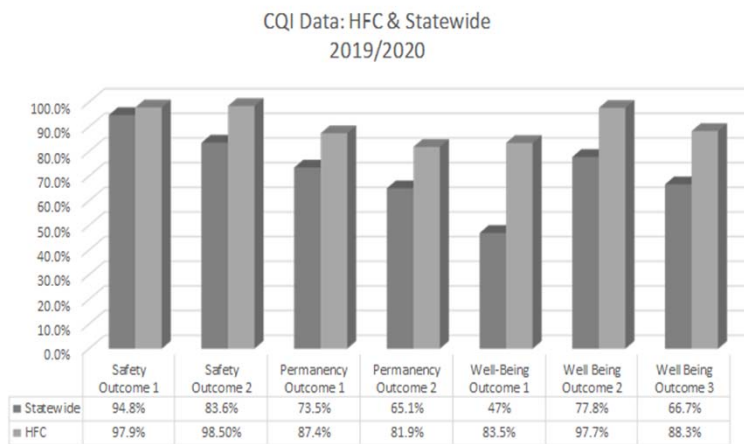
Heartland for Children's 2019/ 2020 QM Report:

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 19/20 Summary of Findings



CQI - Safety

Safety Outcome 1 performance dropped slightly during this last FY but it was still the second highest performance year in the last 5 years, and continued to exceed the Federal performance target of 95%. For Safety Outcome 2, HFC has maintained good performance and had another slight increase this past FY, well exceeding the Federal performance target of 95%. 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 review/updating of the safety plan after case transfer and at critical junctures as needed. Based upon the CQI and PIP reviews conducted, this area 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 4 years.

CQI -Permanency

Permanency Outcome 1 performance had a significant increase this FY from the previous 2 years and surpassed our highest performance mark we had in FY 16/17. Our placement stability historically exceeds national benchmarks, and we had previously identified some issues that when a placement change was required we struggled with proactively planning for the changes to meet the needs of the individual youth in care. Improvement in this area during this past year contributed to the positive improvement in performance on this outcome measure. For Permanency Outcome 2 HFC's performance increased again after a slight drop in performance the previous year. This year's performance was our second highest performing year of the last 5 years. The drop in performance the previous year was primarily due to lack of engagement with the non-custodial parent. But after providing additional training and coaching performance seems to be moving back in the right direction. HFC identified continued 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 main area for improvement that HFC identified as still needing some additional efforts towards included 1) children visiting with their parents and siblings, specifically the non-custodial parent.

CQI - Well-being

HFC's performance for Well-Being Outcome 1 was the highest it has been in the last 5 years due in part to improved engagement with non-custodial fathers after training and consultation was provided over the last year. Performance on Well-Being Outcomes 2 and 3 both dropped slightly this past FY but is still significantly above statewide performance. There were several continued areas of strength 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. The same areas identified through analysis last year continue to need some additional 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

For the last 4 years, HFC has continued to observe overall good performance on the RSF reviews in all outcome areas. HFC performance was again well above the statewide performance on all areas 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.

2019/2020 QM Report and 2020/2021 QM Plan

| Heartland for Children's 2020/ 2021 QM Plan: | Introduction/Schedule | Currently in Place |
|--|---------------------------|--|
| | Addressing Findings/Other | On the Horizon |
| | | <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 periodic 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 its 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> |
| | | <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 were included on the statewide and region Performance Improvement Plans that were 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) 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 an automated 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 the intensive reunification practice to assess its impact on children re-entering care within 12 months; 6) Broaden the QA Roundtable process to enhance coaching and consultation to the field staff regarding critical thinking, engagement and the impact on quality outcomes; 7) Evaluate the implementation of stage 1 of the structured practice associated with independent living and preparation of teens and young adults for adulthood; 8) Evaluate the engagement with the quality management staff of the subcontracted case management organizations to identify different and more productive ways to improve performance on qualitative and quantitative measures; 9) Enhance the utilization of conditions for return criteria in order to increase the appropriate utilization as outlined in the practice model.</p> |