QUALITY MANAGEMENT
July – September 2009
Fiscal Year 2009-2010
HEARTLAND FOR CHILDREN
COMMUNITY BASED CARE - HARDEE, HIGHLANDS AND POLK COUNTIES
QM TEAM YEAR END REPORT

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SECTION ONE – QM DEPARTMENT UPDATE

The primary purpose of the Heartland for Children’s (HFC) Quality Management System is to strengthen practice and improve the timeliness, accessibility, quality and effectiveness of services. HFC seeks to identify in-process and end-process measurements to ensure conformity with federal requirements and achievement of the Contract Performance Measures set forth in HFC’s contract with the Florida Department of Children and Families. It is our belief that commitment to continuous improvement in quality services and outcomes for children and families of Polk, Highlands and Hardee counties is a shared responsibility throughout the HFC System of Care.

1.1: BACKGROUND

From July – September 2009, the QM Department undertook several projects:
- Aggregated and presented the results of the relative/non-relative and foster parent surveys
- Developed a birth parent satisfaction survey
- Conducted specialized reviews on psychotropic medications for children over 7 years old
- Discussed elements of the review tool weekly during the Performance Improvement Call in an effort to increase an understanding of quality standards
- Shifted the reporting responsibilities for prevention documents to the prevention team

SECTION TWO – INCIDENT REPORTING

2.1: PURPOSE

The purpose of incident reporting is to provide HFC with an early notice of an unusual situation or circumstance which may jeopardize the health, safety, or well-being of a client receiving services under the supervision of HFC or a HFC contracted provider.

Incident report tracking is utilized to monitor and evaluate services and to resolve identified problems. Incident reports are categorized as reportable or non-reportable. Reportable incidents are typically serious in nature and require follow up to ensure the safety and well-being of those involved. Non-reportable incidents are considered to be normalcy incidents that typically do not require urgent or emergency medical services.

HFC Management and the Circuit 10 Administrator are immediately notified of all media alerts, child deaths, child abductions/kidnappings, serious injuries and life threatening incidents.

2.2: TOTAL INCIDENT REPORTS RECEIVED

2.3: REPORTABLE VERSUS NON-REPORTABLE INCIDENT REPORTS
SECTION THREE – CLIENT RELATION CONCERNS

3.1: PURPOSE

The purpose of client relation concerns (CRC) is to document questions and/or complaints made to HFC or the Department of Children and Families (DCF) about services, processes, employees, or any other issues that are related to child protection.

HFC strives to give a fair and equitable review of all concerns filed. All applicants, clients, or other stakeholders have the right to file a grievance without interference or retaliation. A concern/complaint can be made by telephone calls, letters, faxes, e-mails, DCF (Tracker), or in person. HFC tracks and monitors all CRC’s to ensure that adequate and timely responses are provided to callers and to ensure that clients receive quality service.

The QM Department evaluates every client concern to determine the prospective agency/person responsible for ensuring completion of the concern. After completion, the assigned agency/person is responsible for notifying HFC of all actions taken to close the concern.

3.2: CLIENT RELATION CONCERNS BY AGENCY

Client concerns are received in a variety of ways that range from direct calls made to HFC or DCF; to reports made to the abuse hotline; to letters addressed to the Governor’s Office.

3.3: CLIENT RELATION CONCERNS ELEVATED TO MANAGEMENT

All client concerns are shared with HFC management; however, some concerns require elevation to Management for a direct response and/or approval. Client concerns that are deemed to be high priority are typically those that require a response to the Governor or Secretary’s office.

SECTION FOUR – MISSING CHILD REPORTING

4.1: PURPOSE

HFC strives to ensure the safety and well-being of all children in care. To this end, HFC has a Missing Child Liaison who ensures that missing children procedures are followed as delineated in CFOP 175-85. These procedures include reporting the child missing to law enforcement within the designated timeframe, and documenting efforts to locate missing children. The Case Manager is responsible for documenting weekly efforts to locate the missing children for the first 90 days; after 90 days has elapsed, the Case Manager must document efforts to locate on a monthly basis.

4.2: MISSING CHILD RATIO

Per the outcome measure FS 108, the number of missing children per 1000 children served should be less than or equal to 10. The graph below illustrates the
4.3: TIMELY REPORTING
When a youth is determined to be missing, the case manager must enter a Missing Child Report (MCR) in FSFN no later than 24 hours after learning of the episode.

SECTION FIVE – PLACEMENT REPORT CARDS

5.1: PURPOSE
In accordance with Florida Administrative Code 65C-28.017, HFC’s policy establishes the requirement for conducting exit interviews with children leaving a licensed out of home placement. Children ages five (5) up until eighteen (18) must be interviewed if they have resided in a licensed out of home care placement for thirty (30) or more days. The interview must be completed by the case manager face to face with the child within five (5) calendar days of the child’s exit from the placement. The interview can not be conducted in the home the child is exiting. The interviewer’s observations and any information explaining the child’s responses are documented on the interview form. Upon completion of an exit interview, the Case Manager submits the interview to HFC for review and aggregation.

5.2: DEMOGRAPHIC INFORMATION
The graph below represents the number of exit interviews completed according to the age of the child and the placement type:

5.3: GENERAL RESULTS
The table below reports the exit interview results for the past year.

5.4: RESULTS FOR NORMALCY QUESTIONS

SECTION SIX – RELATIVE/ NON-RELATIVE SATISFACTION SURVEY RESULTS

6.1: PURPOSE
Relative/ Non-Relative Satisfaction Surveys are distributed on a semi-annual basis to gauge the caregiver’s satisfaction with services provided by HFC, CMOs, CPIs, and community providers. The results are discussed with HFC’s Management Team to help improve satisfaction.

6.2: DEMOGRAPHIC INFORMATION

6.3: SATISFACTION WITH HFC

6.4: SATISFACTION WITH CASE MANAGEMENT & PROTECTIVE INVESTIGATORS

6.5: SATISFACTION WITH COURT PERSONNELL
SECTION SEVEN – QUALITY OF PRACTICE STANDARD RESULTS

7.1: PURPOSE
The Quality Management Department conducts quarterly case reviews to ensure the quality of services provided to children and families served by Case Management Organizations. A total of 25 cases are reviewed each quarter. Eight of these cases are to be reviewed in side-by-side collaboration with DCF and 17 by HFC’s QM staff (or by other qualified reviewers).

The Quality of Practice Standards for Case Management Review Tool is utilized to review cases. It consists of 66 questions, separated into the following sections: safety, permanency, CFSR, (Child and Family Services Review), and well-being.

7.2: OVERALL FISCAL YEAR PERFORMANCE
During each quarter of the 2008-2009 fiscal year, cases were randomly selected from an extract that stratified by the age of the child either upon the date of entry into care or at the date the sample was pulled. The graph below is based upon the review of a total of 104 cases; 25 for each quarter and 4 additional cases.

7.3: PRACTICE TRENDS
- Case plans consistently have not documented the duration or frequency of visits between the children and their parents or siblings
- Face to face visits with a child (excluding young children) do not document whether or not the child was interviewed alone
- The Case Manager’s visitation with the child was not increased at critical junctures or when the risk was assessed as being high
- Overall, the case plan goal was appropriate; however, performance was lower for those children who were older (from the second and forth quarters)
- A higher percentage of younger children were placed closer to their parents versus children who were older as of the sample date or as of time of admission

7.4: AREAS OF EXCELLENCE
- Documentation of verification of ICWA rose dramatically from 11% in the first quarter to 84% in the forth quarter
- At the beginning of the fiscal year, supervisory reviews were not completed on a quarterly basis; however, as of October 2007, reviews were conducted, at a minimum, quarterly.
- The completion of exit interviews as required increased dramatically in the 4th quarter, when 100% of all required cases had all required exit interviews (compared to 50% and 67% in the first and second quarters)
- The specialized reviews regarding the frequency of visits and quality of visits by the Case Manager demonstrated a significant increase from the 3rd to the 4th quarters.
These reviews looked at these items for only a 90 day review period to determine if improvement efforts were effective. The results showed:

- The frequency of visits increased significantly overall; the visits with the mother, child, and caregiver increased by 11% or more. The frequency of visits with the father increased by only 4%
- The overall quality of the visits between the 3rd and 4th quarter increased by 22%; visits with the mother showed the greatest increase at 33%

7.5: OPPORTUNITIES FOR IMPROVEMENT

- Immediate and emerging safety concerns were only addressed in 51% of all cases reviewed during the fiscal year
- In only 54% of all cases sampled were children placed with their siblings who were also in out of home care
- Assessment of the child’s needs was higher in the samples with older children; more qualitative assessments are needed on the younger children
- The frequency of worker visits as required to meet the needs of the child and all participants was sufficient for only 19% of the cases
- The specialized review of the Supervisory Reviews during the 3rd and 4th quarter showed a decline in the quality of visits. While the supervisory reviews were more qualitative in that they addressed safety, permanency, and well being, the reviews declined significantly in the area of follow up and guidance with tasks

7.6: PERFORMANCE IMPROVEMENT ACTIVITIES

- The result of TPR proceedings for the first three quarters was presented at the Performance Improvement Committee. During this committee meeting, discussion was held regarding continued concerns about delays in TPR for older children. In addition, CLS agreed to incorporate exceptions to TPRs in court documentation
- During meetings with the Program Directors of the Case Management Organizations, random samples of face to face visits and supervisory reviews were pulled and discussed to improve the quality of documentation for these items
- Specialized reviews were conducted based upon a 90 day interval for all of the base reviews completed during the 3rd and 4th Quarters; these reviews evaluated improvement in supervisory reviews, the frequency of visits, and the quality of visits.

7.7: REQUESTS FOR ACTION

A Request for Action is generated whenever a safety concern, training need, administrative review, document request, data correction, correction needed for psychotropic medications or other need is identified during a file review.

SECTION EIGHT – NEXT STEPS
This report constitutes analysis of the activities within the Quality Management Department of Heartland for Children. Additional activities and analysis have been identified as the next steps for future reports, including:

- Dissemination of the Parent Satisfaction Survey
- Continued follow up with Requests for Actions from psychotropic medication reviews to ensure the issues are resolved
- Submission of Requests for Actions when deficiencies are noted in the areas of initial family assessments, unplanned placement changes, supervisory reviews, sibling visitation plans, visitation between parents and children, ongoing assessment of out of home caregivers, and frequency of visits by the Case Manager with the family
- Completion of specialized reviews on those areas indicated as needing improvement
- Continued Psychotropic Medication reviews