QUALITY MANAGEMENT
October - December 2009
Fiscal Year 2009-2010

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www.heartlandforchildren.org
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 October - December 2009, the QM Department undertook several projects:
- Distributed surveys to parents
- Conducted side-by-side reviews and finished base reviews
- Presented specific case results in debriefing format with each Case Management Organization
- Finished psychotropic medication reviews and conducted ongoing follow up on outstanding requests for action
- Facilitated PQI Committee meeting to discuss engagement of fathers
- Conducted specialized reviews requested by Executive Management Team
- Conducted specialized reviews of Supervisory Reviews Completed
- Participated in new hire orientation

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

The graph below shows the total number of incident reports received from the last two quarters of the 2009-2010 fiscal year. A total of 226 incident reports were filed during the second quarter as opposed to 271 reports in the first quarter.

![Total Number of Incident Reports Received](image1)

2.3: REPORTS ON CLIENTS BY CMO

Regardless of the agency/provider that files the incident report, the Quality Management department tracks each report by the Case Management Organization (CMO) responsible for providing protective supervision services. The illustration below shows a breakdown (by quarter) of the total number of reports received for each CMO.

Note: The other category includes reports on persons not receiving services from a CMO.
2.4: REPORTS BY TYPE/CATEGORY

HFC tracks incidents by categories as a means to monitor the types of incidents that clients are involved in. The top six frequently reported categories are outlined below along with the total number of reports for each category. As shown below, Client Illness (98) was the most reported category during this quarter followed closely by Elopements (83).

![Reports by Type/Category Fiscal Year 09-10]

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 letters addressed to the Governor’s Office. HFC ended the second quarter with 42 client concerns which is slightly lower than the first quarter (50). See the graph below for a breakdown of concerns that was distributed by agency.

**NOTE:** 4 client concerns were assigned to two agencies for completion.

![Provider Assigned by Agency Graph](image)

3.3: CLIENT RELATION CONCERNS BY SOURCE RELATIONSHIP

The caller initiating the complaint is referred to as the source person. Understanding the relationship of the caller (to the client) determines what and how much information can be disclosed to the caller. Based on the data collected, the greatest number of concerns received this fiscal year was initiated by relatives. For reporting purposes, the relative category includes family members who are not current caregivers.
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 average number of missing children per 1000 children in In-Home and Out-of Home Care, should be less than or equal to 10. The graph below illustrates our monthly average from August 2008, through December 2009. As you can see, our December average exceeded 10.0 for the first time in over a year and a half. Based on our current population, Circuit 10’s daily average of children missing from care cannot exceed fourteen children.
4.3: TIMELY REPORTING

When a youth is determined to be missing from care, the case manager must enter a Missing Child Report (MCR) in FSFN no later than 24 hours after learning of the episode. The percentages for October, November, and December '09, were 95%, 100% and 93% respectively. There were 47 missing child episodes reported during the quarter and two episodes did not meet the 24 hour reporting requirement.

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 chart below represents the number of exit interviews completed and general demographic information:

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>Average Age (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Home</td>
<td>Facilities</td>
</tr>
<tr>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Management Organization</th>
<th>Average Length of Stay (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS</td>
<td>DEV</td>
</tr>
<tr>
<td>37%</td>
<td>26%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Interviews that Revealed Concerns</th>
<th>Safety</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.3: GENERAL RESULTS

The table below reports the exit interview results for months of October through December 2009.

<table>
<thead>
<tr>
<th>GENERAL REQUIREMENTS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
<td>C+</td>
<td>C</td>
<td>C+</td>
<td>C</td>
<td>C+</td>
<td>B-</td>
</tr>
<tr>
<td>1 I felt happy or comfortable in this foster home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 The foster parent/caregiver helped me to feel comfortable during my stay in the home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 I was treated fairly in the home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 I was treated with courtesy and respect by the caregivers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 I was allowed to do fun things in this home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 I was cared for in this foster home when I was sick or had an accident.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 I felt safe in this home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Comparison of the overall percentage of the previous four quarters was completed showing no significant increase or decrease in overall performance on the placement report cards. Three quarters scored B- in overall performance and the most recent two quarters have scored a C+ in overall performance.

Comparison of the normalcy questions was also completed reviewing the previous four quarters of the overall percentage. Performance has decreased from a B- to a C- over the last year. The current overall performance reflects an overall grade of C for the first two quarters of this fiscal year.
6.1: 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 134 questions, separated into the following sections: safety, permanency, CFSR, (Child and Family Services Review), and well-being.

6.2: OVERALL PERFORMANCE

The results of the twenty-five case reviews are listed in the graph below by outcome and compared to the results of the 2008-2009 fiscal year, which had a total of 104 cases. Each outcome area improved for the quarter, with the exception of the permanency outcome, which decreased by 3%.

6.3: PERFORMANCE IMPROVEMENT ACTIVITIES

- The results of all case reviews were presented in a debriefing format with the Case Management Organizations to present the strengths and opportunities for improvement on each case.
• Requests for Action were submitted on all cases with deficiencies in the following areas: completion of initial family assessment, planning placement changes, supervisory reviews, visitation plan for separated siblings, visitation between parent and children, independent living services, out of home caregiver assessments, and frequency of visits by the Case Manager with the family.

• The standards of the review tool were discussed on a weekly basis during the performance improvement call

6.4: 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.

A total of twelve requests for action were submitted during the second quarter. Eight of these requested an administrative review, three involved safety concerns, and one identified a training need. Of the total twelve requests for actions, four were completed on the side by side reviews and nine were completed on the base reviews.

![Requests for Actions by Type](chart.png)

**Requests for Actions by Type**
*
October - December 2009

- Admin Review: 8 (66.7%)
- Safety Concern: 3
- Training Need: 1

**Total:** 12

\( \text{Frequency} \) vs \( \% \text{ of Total} \)
SECTION SEVEN – 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:

- Conduct specialized independent living review for children in care seventeen years of age
- Meet with the Case Manager Supervisors to observe supervisory reviews conducted and provide technical assistance directed at improving the quality of supervisory reviews and performance
- Promote engagement of fathers with the case managers
- Distribute foster parent satisfaction surveys