QUALITY MANAGEMENT
January - March 2010

Fiscal Year 2009-2010

(863) 519-8900
www.heartlandforchildren.org
## HEARTLAND FOR CHILDREN
### COMMUNITY BASED CARE - HARDEE, HIGHLANDS AND POLK COUNTIES
### QM TEAM YEAR END REPORT

### SECTION 1: QM DEPARTMENT UPDATE

| 1.1 Projects | 3 |

### SECTION 2: INCIDENT REPORTING

| 2.1 Purpose | 3 |
| 2.2 Total Incident Reports Received | 3 |
| 2.3 Reports on Clients by CMO | 4 |
| 2.4 Reports by Type/Category | 5 |

### SECTION 3: CLIENT RELATION CONCERNS

| 3.1 Purpose | 5 |
| 3.2 Client Relation Concerns by Agency | 6 |
| 3.3 Client Relation Concerns Elevated by Method Received | 7 |

### SECTION 4: MISSING CHILD REPORTING

| 4.1 Purpose | 7 |
| 4.2 Missing Child Ratio | 7 |
| 4.3 Timely Reporting | 8 |

### SECTION 5: PLACEMENT REPORT CARDS (EXIT INTERVIEWS)

| 5.1 Purpose | 8 |
| 5.2 Demographic Information | 8 |
| 5.3 General Results | 9 |
| 5.4 Results for Normalcy Questions | 9 |

### SECTION 6: QUALITY OF PRACTICE STANDARDS

| 6.1 Purpose | 11 |
| 6.2 Overall Performance | 11 |
| 6.3 Results of Specialized Reviews | 11 |
| 6.4 Performance Improvement Activities | 12 |
| 6.5 Requests for Action | 12 |

### SECTION 7: 17 YEAR OLD INDEPENDENT LIVING REVIEWS

| 7.1 Purpose | 13 |
| 7.2 Findings | 14 |
| 7.3 Requests for Action | 15 |

### SECTION 8: NEXT STEPS

| 15 |
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 January - March 2010, the QM Department undertook several projects:
- Revised HFC parent survey
- Conducted side-by-side reviews and completed base reviews
- Presented specific case results in debriefing format with each Case Management Organization
- Continued follow up on requests for action for the Psychotropic Review
- Conducted specialized reviews requested by Executive Management Team
- Conducted specialized reviews of the 17 year olds participating in Independent Living
- Conducted specialized reviews of Supervisory Reviews (through observations)
- Analyzed data from the foster parent surveys for reporting
- Attended a QM Department retreat for planning and team building

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 during each quarter of the 2009-2010 fiscal year. HFC ended the third quarter with a total of 793 incident reports.
received. As indicated below, reports filed this third quarter (296) is greater than the reports received in the two previous quarters.

![Total Number of Incident Reports Received Fiscal Year 09-10](image)

2.3: REPORTS ON CLIENTS BY CMO

The chart below represents the number of incident reports filed according to the assigned Case Management Organization (CMO). Results of the third quarter shows the greatest number of reports were filed on CHS clients (106) whereas the lowest number of reports was filed on Devereux clients (44). A comparison of these numbers reveals a significant spread (62) between these two CMO's. This spread can be contributed to several variances such as client placement, reporting practices, types of incidents, etc.

![Total number of reports received for client by CMO Fiscal Year 09-10](image)

Note: The other category includes reports received on a person that does not receive services from an assigned CMO.
2.4: REPORTS BY TYPE/CATEGORY

HFC tracks incidents by categories as a means to monitor the types of incidents that pose the most risk to clients. Traditionally, the six most reported categories are client illness, elopements, new abuse reports, client injuries, altercations and baker acts. Out of a total of 793 incident reports received, a vast majority (508 reports) were received on these six categories whereas the remaining 285 were spread among several other categories.

Results of the third quarter reveal that elopements were the leading category for the second consecutive month in a row with a total of 54 reports received.

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 tracked in the QM department according to the agency responsible for handling the complaint. Assignments are typically made directly to management level of each agency along with an expected due date of a finalized response. Results of the third quarter shows a total of 30 concerns were received. Of that total, 21 concerns were case management related issues and the remaining 9 were various concerns handled by HFC. HFC concerns included: request for general information (2), financial inquiry (1), Community Linkage (1), Provider Concern (1), and Other request (4).

### 3.3: CLIENT RELATION CONCERNS BY METHOD RECEIVED

HFC typically receives client concerns from direct calls made to HFC or from official DCF requests. Regardless of the method of receipt, each complaint is reviewed and assigned to a manager/supervisor for follow up. As the data below shows, the large majority or 67% of concerns were received from direct calls to HFC and DCF requests account for the other 33% of concerns received during the third quarter.
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 averages from August 2008, through March 2010. During the months of January and February 2010, our ratio was under the 10.0 average however, we just exceeded the standard in March, with an average of 10.13. One of the reasons we have recently struggled with the outcome measure is that our average number of children in In-Home and Out-of Home Care has been reduced, coupled with the fact that we have gotten a number of new cases where the youths had chronic run histories prior to coming into care and the run behavior has persisted. Although we have recovered each of the youths a few times, we have not yet been able to stabilize them. 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 FSFN Missing Child Report (MCR), no later than 24 hours after learning of the episode. The percentages for January, February and March 2010, were 100%, 100%, and 95% respectively. There were 71 missing child episodes reported during the quarter and only one episode did not meet the 24 hour reporting requirement. Thirty-seven youth accounted for the 71 reported missing children episodes.

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 table below represents the number of exit interviews completed and general demographic information. A total of 77 exit interviews were completed for the quarter.
5.3: GENERAL RESULTS

The table below reports the exit interview results for months of January through March 2010.

<table>
<thead>
<tr>
<th># of Exit Interviews Completed</th>
<th>77</th>
</tr>
</thead>
</table>

| Placement Type | | Average Age (Years) |
|----------------|-----------------|
| Foster Home | Facilities | 14 |
| 55% | 45% | |

<table>
<thead>
<tr>
<th>Case Management Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS</td>
</tr>
<tr>
<td>39%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Interviews that Revealed Concerns</th>
<th>Average Length of Stay (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>General</td>
</tr>
<tr>
<td>8%</td>
<td>11%</td>
</tr>
</tbody>
</table>
5.4: ANALYSIS

Comparison of the overall percentage of the previous quarter to this most recent quarter was completed and an increase in performance was noted. The grades for each individual question were also compared to last quarter’s grades and there has been either no change in the grades or at least an increase of a ½ letter grade.

One area that is of significance to note is that the overall percentage of performance for the placement reports cards increased, but so did the percentage of safety concerns noted. The percent of safety concerns doubled during this quarter from 4% to 8%. Safety concerns have been consistently averaging 4% during the first half of this fiscal year. There were five (5) abuse reports called in during this quarter as compared to one (1) and two (2) reports called in during the first two quarters of this fiscal year. The quality of exit interview completion has increased allowing for tracking of concerns to be forwarded to HFC Contracts and Re-licensing departments to readily address these safety concerns when they arise.
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 138 questions, separated into the following sections: safety, permanency, CFSR, (Child and Family Services Review), and well-being.

6.2: OVERALL PERFORMANCE

The 3rd quarter results are represented in the graph below. Overall, the performance has shown an upward trend each quarter; however, safety and CFSR elements decreased during the 3rd quarter. The results for permanency increased by 19% when compared with 2nd quarter data.

![Performance on Case Review Results by Outcome](Image)

6.3: RESULTS OF SPECIALIZED REVIEWS

In addition to the side by side and base reviews completed each quarter, several standards are evaluated on a three month review period instead of the regular nine month review period to determine performance improvement. The results of these reviews are listed below:
6.4: 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, frequency of visits by the Case Manager with the family, child likely to remain safe in current placement, and for any other identified needs.

- The QM staff observed supervisory reviews for those supervisory whose cases were reviewed during the quarter. The QM staff met with the supervisors to discuss the observations and the documentation of the supervisory reviews in FSFN.

6.5: REQUESTS FOR ACTION

A Request for Action (RFA) 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 eighteen Requests for Actions were generated for the third quarter. Seventeen of these RFAs were created for an administrative review. The scope of these seventeen RFAs included both contractual and non-contractual requirements. The most frequently seen reason for the administrative RFAs was due to supervisory reviews were not qualitative, followed by the frequency of visits with case participants was not meeting the standard, and issues related to case plans. There was one RFA regarding a safety concern. This RFA was concerning services that were recommended for the child that were
not in place. These services were seen as necessary as the child was still engaging in behaviors that were detrimental to his well-being. This RFA was resolved with the child getting involved with the services that had been recommended. Of these RFAs, three were completed on the side by side reviews and fourteen were completed on the base reviews. Responses have been received on all RFAs.

SECTION SEVEN – 17 YEAR OLD INDEPENDENT LIVING REVIEW

7.1: PURPOSE

The Independent Living (IL) program is geared towards preparing teenagers in licensed care with the ability to function and exist as independent young adults once they reach the age of majority. Additional services can be provided to the 18+ year old population once they age out of care, but must be initiated through a request to the court for extended jurisdiction.

A review of the Independent Living system was requested of DCF in 2009. This request was made by the Florida Youth SHINE advocacy group. Established in 2005, the group is mostly comprised of young adults between 18-27 years of age. Additional members are older adults some of whom were previously in foster care. The group’s mission is to “Empower, Improve, Educate and Support the growth of tomorrow’s leaders through the combined knowledge and experience of today’s youth and supporters”. The group was interested in addressing the deficiencies of the statewide IL program and requested that then Secretary Sheldon review their concerns.

The resulting IL review was divided into three stages. Stage one was conducted by DCF staff and related to the 18+ population and their receipt of services. Phase two relates to the 17 year old population and their service provision while stage three concerns the provision of services for the 13-16 year old population. Stages two and three require the participation of CBC’s statewide and DCF staff where necessary. An additional requirement of the review is for interviews of the 17 year old population by the CBC reviewers. In Circuit 10, DCF will be conducting three interviews from the 13-16 year old sample.

In February 2010, DCF provided Heartland with a sample of 31 youth that were aged 17 years and requested that reviews and interviews be conducted on 10. A selection of 15 youth was made by the QM Department to account for a larger sample. Six files were reviewed from Gulf Coast Community Care, four from Devereux, three from Children’s Home Society and two from One Hope United. During the week of February 8th, 2010, Heartland’s QM and Contracts Departments conducted the case management and IL file review on these 15 youth. The subsequent interviews were completed in person within three weeks of the file review. The review and interview tools were constructed by DCF and consisted of 30 and 34 questions respectively. Both tools covered the youth’s assessments, service provision, staffings, court hearings and documents, well being and overall knowledge of the program.
7.2: FINDINGS

Assessments and Skills Training
Based upon the results from the 15 youth who were reviewed, 64% were found to be in receipt of services matching their assessed needs while they were 16; 20% were found to have had an assessment completed within the month following their 17th birthday and 55% of youth were found to have had services/skill training that matched their 17 year assessment.

Staffings
IL staffings were found to have been completed at least every six months in only 20% of the files reviewed and a quality staffing was held within 30 days of the youth's special Judicial Review in only 8% of the cases reviewed.

Judicial Reviews
Judicial Reviews completed during the period under review contained assessed documentation from the independent living life skills assessment and all staffings in 13% of reviewed files. Special Judicial Review hearings however, were found to have been held timely in 92% of cases but only 27% of the Judicial Review reports were inclusive of the necessary documentation. None of the cases reviewed documented the occurrence of a timely second special Judicial Review hearing.

Case Plans
Case plans were found to be inclusive of a formal IL plan with formal IL and transitional services in 43% of cases. In 71% of cases, the plans were inclusive of appropriate educational and career plans for the youth. Only 7% of case plans contained appropriate outcomes with ways to measure the effectiveness of services and goal progression as well as a requirement that youth demonstrate learned skills. In 25% of case plans, there is evidence that the youth's completion of life skills is being assessed by the case manager/IL Coordinators.

Normalcy Plans
All cases contained evidence of a quality written plan for normalcy with 67% of these plans being completed or updated at least quarterly and 60% reflecting that the plan was appropriately implemented.

SIL Evaluations
Only 31% of youth were found to be evaluated for the Subsidized Independent Living (SIL) program.

Communication between workers
Communication between the case manager and IL worker was only evidenced in 53% of cases, but 80% of cases reflected that either the case manager or IL worker was addressing the youth’s mental/physical health needs. Youth involved with DJJ were found to have a joint plan developed with DJJ and their case manager in 11% of cases.

Planning for transitioning from care
In 50% of cases, there was documented planning for a safe and smooth transition where the youth expressed the desire to live with a family member upon reaching his/her 18th birthday. In 69% of cases, the youth was assisted in identifying and becoming connected to someone in the community for support after exiting the foster care system. In 25% of applicable cases, the youth was adequately assisted in applying for services they are eligible to receive as an adult. The youth’s physical health needs were assessed in 62% of
files reviewed and the youth’s mental/behavioral health needs were assessed in 31% of cases.

**Overall receipt of necessary services**
Based on the above mentioned results from the case file review, 53% of cases reflected that the youth is receiving the necessary services to prepare him/her for independent living.

❖ **7.3: Requests for Action**
Requests for action were submitted for all 15 of the youth who were reviewed. Each RFA was categorized as administrative but none of the RFA’s indicated an immediate safety concern.

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**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:

- Conduct specialized independent living review for children in care between 13 and 16 years of age
- Continue to 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
- Conduct parent satisfaction surveys telephonically
- Review of sample of cases with the goal of APPLA during the quarterly reviews
- Participate in a case management standard revision workgroup in preparation next fiscal year