



Introduction: Homes For Kids has long utilized a quality improvement model using data to analyze our performance against established benchmarks and help shape the services we provide. Providing quality service to children and families entrusted to us is one of our highest priorities as an agency and it is our pleasure to provide this information to our stakeholders in an aggregate fashion.

Annual Quality Improvement Report

FY2013

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Admissions Data: Mental Health Department

	FY2012	FY2013
Number of referrals:	372	495
Number of Admissions:	346	456
Number of Discharges:	286	238
Total Number of Clients Served	699	865
Change in number of referrals from last FY:	7.0% decrease	33% increase
Change in number of admissions from last FY:	13.1% decrease	32 % increase
Change in discharges from last FY:	15.0% increase	16% decrease

This translates into a client population increase of 48%

Client population 6/30/13 -	622
Client population 6/30/12 -	447
Change during FY 2013 -	215

Admissions Data: Foster Care

Treatment Foster Care Homes:

Newly Licensed – 7

Closed/Transferred – 5

Current number of homes – 28

Admissions Data:

Admissions – 25

Discharges – 28

Discharge Outcomes

Reunified with family member 6

Adopted 5

Emancipated 5

Residential Treatment 3

AWOL 2

JJC 1

Kinship care 1

Group Home 1

Move from network 4

Activity

Moves within network - 4

Moves with in network represent the number of children that have experienced more than one placement with in the HFK network of Foster Homes. This annual number of 4 is minimal and is an indicator of the stability experienced by children in HFK Foster Care homes. Moves for a child in foster care can be stressful and traumatic. We are very proud of the stability we offer children in our foster homes.

MTFC foster care homes

Trained - 7

Admissions – 4

Graduations – 4

MTFC is an evidence based solution for youth with behavior problems, their families, and their communities. The goal of the MTFC program is to decrease problem behavior and to increase developmentally appropriate normative and pro-social behavior in children and adolescents who are in need of out of home placement.

Homes For Kids established the Multidimensional Treatment Foster Care (MTFC) Program in 2009 as an alternative to institutional, residential, and group care placements for youths with severe and chronic criminal and mental health behavior. The MTFC Program serves male and female adolescents, ages 12 to 17. The program addresses the needs of severely delinquent youth for whom in-home therapy is not an option. Youth are placed individually in a family setting on average for nine months.

Graduation from MTFC means successful completion of goals, maintenance of positive pro-social behaviors for a specified period of time, and transition to a lower level of care (normally discharge from foster care and reunification with biological, adoptive family or interested 3rd party, but also can be Independent Living age out, emancipation or step down to TFC).

Risk Management

Incident Report Review:

Incident reports serve as a tool for staff to report any unusual issues that occur with clients during the course of treatment. They reflect incidents by foster care clients and community clients. Some examples of situations that would spark an incident report are physical aggression, runaways, allegations of abuse or neglect, and thoughts of self harm. These reports are reviewed by clinical supervisors within 24 hours of the incident, and Quarterly Summaries of the incidents are reviewed by the management team at HFK.

During FY2013 164 incidents were reported. The total population served during this time was 865 clients. *During FY2012* 140 incidents were reported. The total population served during this time was 699 clients. The ratio of one incident report for every five clients served is consistent in our recent history. Incident reports provide insight about the severity and frequency of situations we address at Homes For Kids.

Involuntary terminations

There were no involuntary terminations during FY2013

Voluntary terminations occur when a client wants or is in favor of the discharge. These terminations may be because the client has met their goals, the initial problems sparking treatment are reduced and life is more manageable now, the client is relocating, or the client agrees they need a higher level of care and accept referrals to appropriate treatment facilities. Involuntary terminations occur when the client does not want to be discharged but the agency is no longer willing or able to provide appropriate services. The fact that we have none or very few involuntary terminations shows that the staff at HFK works with clients to provide them the best possible solutions for their care.

Compliance Chart Review

Chart reviews are part of our Quality Improvement process. We use data collected from chart reviews to compare our performance to standards and benchmarks set by industry regulators (Ohio Department of Mental Health) and accreditation organizations (Council on Accreditation).

Compliance reviews employ the Case Record Checklist provided by the Council on Accreditation (COA). These reviews include a random selection of cases active during a specified time frame. This allows for the inclusion of open and closed cases in the sample. The purpose is to check the charts for compliance to HFK policy, COA standards, and ODMH rules and regulations.

Focus reviews target a specific area of the clinical procedures. These reviews include a random sample of open cases. Examples of these reviews include 1) cases open longer than 18 months 2) Sharing of Information paperwork 3) Ohio scales. The focus of a review is determined by the Clinical Director and supervisors. These reviews usually include or are followed by training on the specific focus of the review.

Peer Case Review was a new procedure introduced during FY 2013. The purpose is to allow peers to provide input for a clinician on difficult cases. Cases can be selected for review by a supervisor or in some cases clinicians select a case they want to present for peer review. Peer Teams have been established for this reviewing process. After the review process, suggestions are forwarded to the clinicians' clinical supervisor to provide accountability for the implementation process.

All compliance issues uncovered in these reviews are addressed by the clinical supervision staff. This includes correction of non compliant issues, addressing individual issues in clinical supervision, and trainings for staff members when necessary.

Quality Monitoring Activities

Client Satisfaction

Client satisfaction surveys were completed by the parents or care givers of the clients discharged during the FY 2013.

- 78% of those surveyed were extremely or moderately satisfied with the mental health services their child has received
- 97% of those surveyed were extremely or moderately satisfied with the amount they had been included in the treatment planning process for their child.
- 94% of those surveyed were extremely or moderately satisfied with the mental health workers involved in their case and how much they listened and valued their ideas about treatment planning for their child.
- 93% of those surveyed were extremely or moderately satisfied about the extent their child's treatment plan included their ideas about their child's treatment.

This is very important because parent involvement in a child's treatment is a key factor to the success of that treatment. It is also important that the clients and their families feel their ideas about treatment are included in the treatment process.

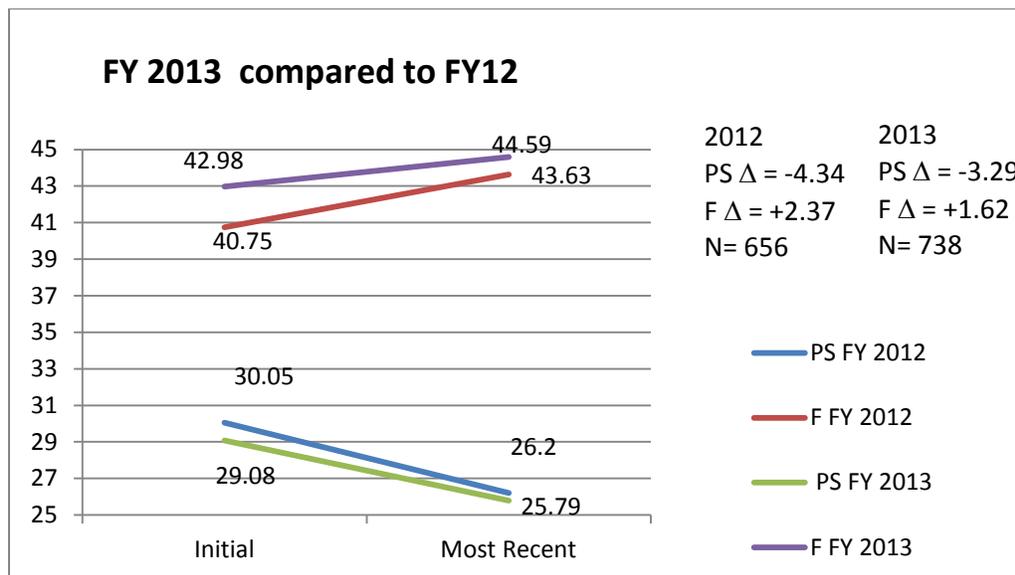
Ohio Scale Outcomes

Ohio Scales are a measure of treatment outcomes. In addition to measuring a client's improvements, they can be used to identify client strengths, targets for treatment planning, and key areas of potential risk. They can also be compared over time to track if one interventions work better than another intervention for a client.

Ohio Scales outcome measures include three formats. One rating survey is completed by the worker, another by the parent, and depending on the age of the client, the client completes a third survey. Traditionally the worker scales are the least bias and therefore the most accurate. The Ohio Scales measure two areas of concern, a problem scale and a functioning scale. The chart featured below graphs the worker scores for all clients served by HFK/CFS during FY2013. It includes the workers' initial rating for the client and his or her most recent rating. It is possible the initial rating occurred before the start of FY2013. The same system was used to produce the numbers for FY2012.

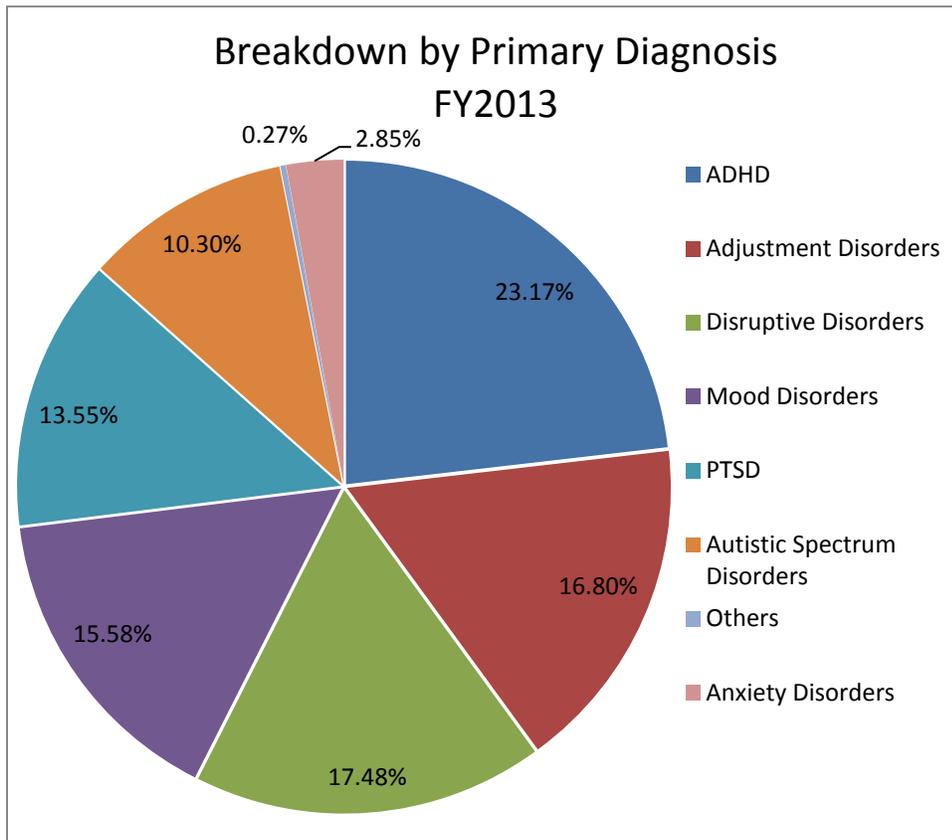
Although this chart shows a slight improvement in scores in FY 2013 as compared to FY 2012 the importance of the data is it shows that while in treatment at HFK/CFS clients demonstrate fewer problems and increased functioning as represented by the Ohio Scale scores.

PS = Problem Scale F= Functioning Scale



Aggregate Worker Ohio Scales

Breakdown by Primary Diagnosis:



This graph shows the diagnosis represented in the client population we serve. Knowledge of this data helps us in planning interventions, staffing adjustments, staff trainings. Comparing this data to data collected in other years also helps us adjust to trends in the population we serve.

Summary and Conclusions

Admission data shows that we are growing and we need to continue to prepare for that growth. The data supports that our referral base is growing in Mahoning county and a physical presence in the county is expected to support continued growth in that area.

Risk management is good but the data has highlighted several areas where we can improve. For example, very few clients account for almost half of the incident reports. We plan to develop programming to target and more effectively address these behaviors.

Client satisfaction is good but again the data identifies and supports a need for improvement. As a response to these concerns we have designed and will implement a survey to be completed by all clients every 90 days with an ISP review. The surveys will be completed with active clients/parents to address any concerns about satisfaction during and as a part of the treatment process.

Outcomes continue to show kids in treatment at HFK decrease their problem behaviors and increase their level of functioning.