



## CONTRACT OVERSIGHT DESK REVIEW

Heartland for Children

**TJ501 SOC**

As required by section 402.7305 F.S., The Department of Children and Families performed a Desk Review for Heartland for Children.

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## Executive Summary

Florida Statute 402.7305 requires the Department to conduct an analyses of the performance and compliance of a contracted Community Based Care (CBC) agency by means of on-site monitoring or desk reviews if the external service provider will not be monitored on site during a fiscal year. The Department’s Contract Oversight Unit performed a Desk Review for Heartland for Children (HFC), Contract TJ501 SOC which focused on key performance indicators specific to the CBC agency as compared to the overall statewide average performance. The categories reviewed included: CBC performance, practice model implementation, child safety after termination of services, financial viability, licensed and group care and feedback from the DCF contract manager.

HFC serves children and families Hardee, Highlands and Polk counties in circuit ten, Central Region. According to the U.S. Census bureau, the annual estimate resident population (from April 1, 2010 to July 1, 2016) in Hardee, Highland and Polk counties was 794,426. See chart below for breakdown by county. The removal rate per 100 children Investigated from October thru December 2016 was 6.0 which is slightly higher than the statewide average (5.8). (Source: Child Welfare Key Indicators Monthly Report, May 2017).

Rank	County	Population
51	Hardee County	27,360
36	Highlands County	100,917
9	Polk County	666,149

*Source: United States Census Bureau / American FactFinder. "Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016". 2016 Population Estimates Program. Web. March 2017. <http://factfinder2.census.gov>.*

## CBC Performance

A review of Heartland for Children (HFC)’s performance shows both strengths and areas where opportunities for improvement exist. In ten of the scorecard measures, HFC performed at or above the established performance

standards and in two of the scorecard measures, HFC performed below the established performance standards for FY 16/17 Quarter 3.

HFC's performance consistently (last six quarters) meets scorecard measures in the following areas:

- M02: % of children who are not abused/neglected during in-home services
- M04: % of children under supervision who are seen every 30 days
- M05: % of children exiting to a permanent home within 12 months of entering care
- M06: % of children exiting to a permanent home w/in 12 months for those in care 12 to 23 months
- M08: Placement moves per 1,000 days in foster care
- M09: % of children in foster care who received a medical service in last 12 months
- M11: % of young adults exiting foster care at age 18 who completed or are enrolled in secondary education, vocational education, or adult education

HFC's current performance on scorecard measures three (M03: % of children who are not neglected or abused after receiving services) and ten (M10: % of children in foster care who received a dental service in last 7 months) currently meet the established performance standards for FY 16/17, Q3 and appear to be mostly trending up.

In FY 16/17 Q3, HFC's performance met the established performance standard for scorecard measure seven (M07: % of children who do not re-enter care within 12 months of moving to a permanent home) for the first time in six quarters.

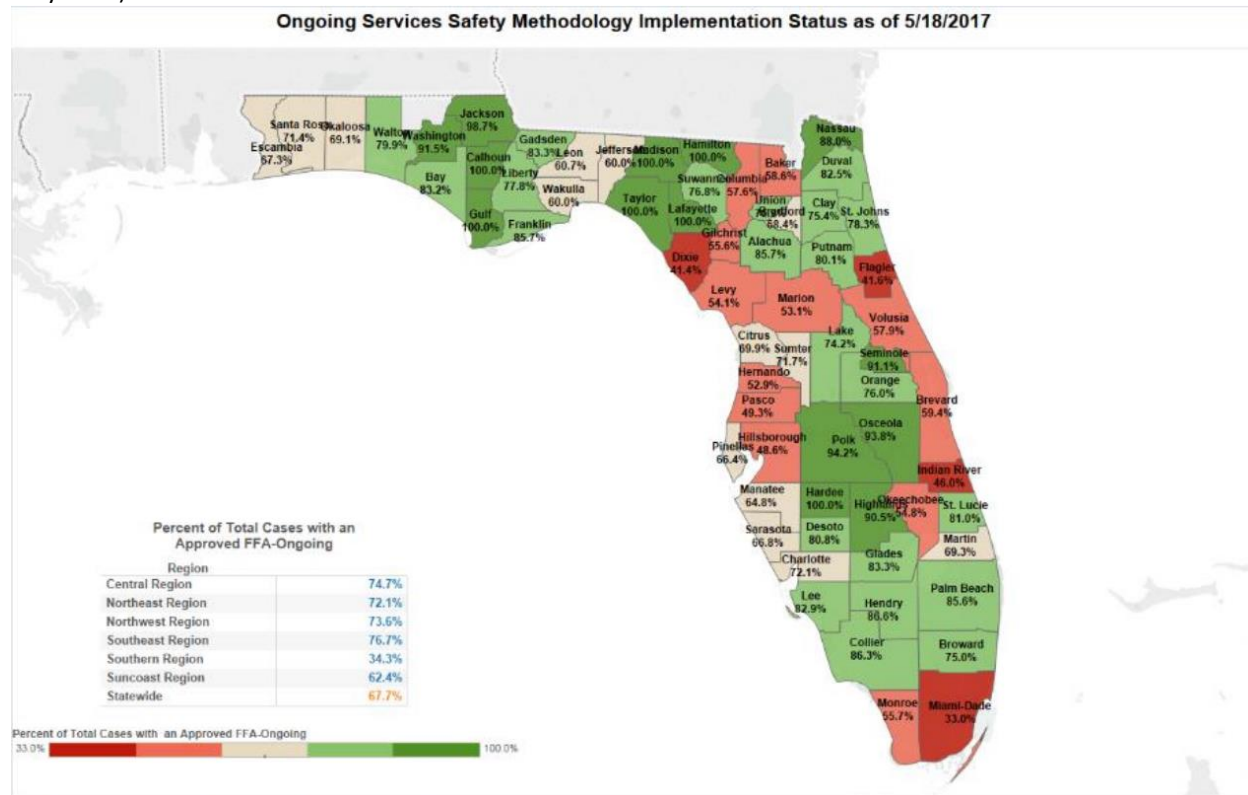
Two performance measures represent opportunities for improvement, both of which scored below the established performance standards for the last six quarters. They are:

- M01: Rate of abuse per 100,000 days in foster care
- M12: % of sibling groups where all siblings are placed together

Scorecard Measure	FY 2016 Q2	FY 2016 Q3	FY 2016 Q4	FY 2017 Q1	FY 2017 Q2	FY 2017 Q3
M01: Rate of abuse per 100,000 days in foster care	9.18	10.93	12.11	13.63	11.34	9.34
M02: % of children who are not abused/neglect during in-home services	97.20	97.40	96.40	97.90	98.50	98.60
M03: % of children who are not neglected or abused after receiving services	98.10	92.80	96.70	98.10	93.80	95.10
M04: % of children under supervision who are seen every 30 days	99.90	99.90	99.90	99.90	99.90	99.80
M05: % of children exiting to a permanent home w/in 12 months of entering care	53.30	47.50	47.70	41.40	42.00	41.60
M06: % of children exiting to a permanent home w/in 12 months for those in care 12 to 23 months	53.00	56.10	48.40	50.60	53.70	55.90
M07: % of children who do not re-enter care w/in 12 months of moving to permanent home	88.20	89.50	88.50	87.10	84.90	91.90
M08: Placement moves per 1,000 days in foster care	2.86	2.70	3.05	3.64	3.43	3.04
M09: % of children in foster care who received a medical service in last 12 months	99.10	99.00	98.10	98.40	98.70	99.20
M10: % of children in foster care who received a dental service in last 7 months	93.30	94.70	95.20	92.30	95.70	95.80
M11: % of young adults exiting foster care at age 18 completed/are enrolled in sec. ed., voc. ed, or adult ed.	90.00	82.20	90.60	88.60	83.30	89.60
M12: % of sibling groups where all siblings are placed together	58.60	59.00	58.80	60.20	61.30	63.40

## Practice Model Implementation

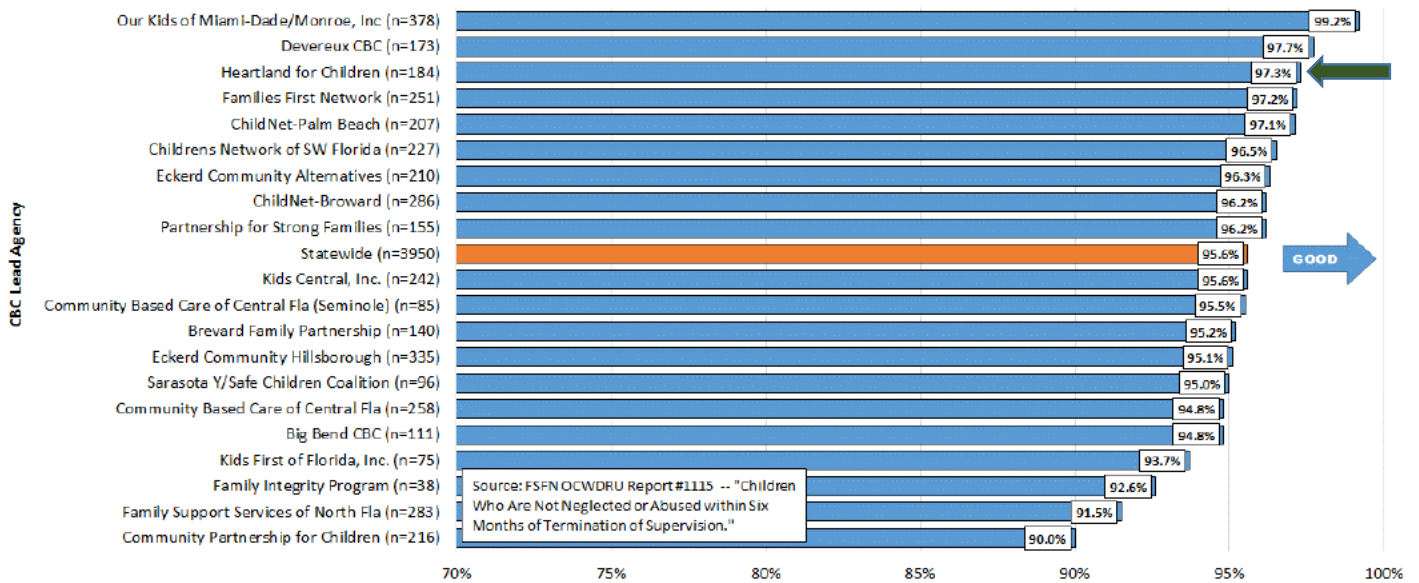
HFC has made significant progress toward implementation of the practice model as shown in the chart below. As of 5/18/17, HFC's status for implementation of the practice model was 94.2% (Polk), 90.5% (Highlands) and 100% (Hardee), exceeding the statewide average (67.7%), which represents the total percent of active cases with an approved Family Functioning Assessment Ongoing (FFA-O). (Source: Child Welfare Key Indicators Monthly Report, May 2017)



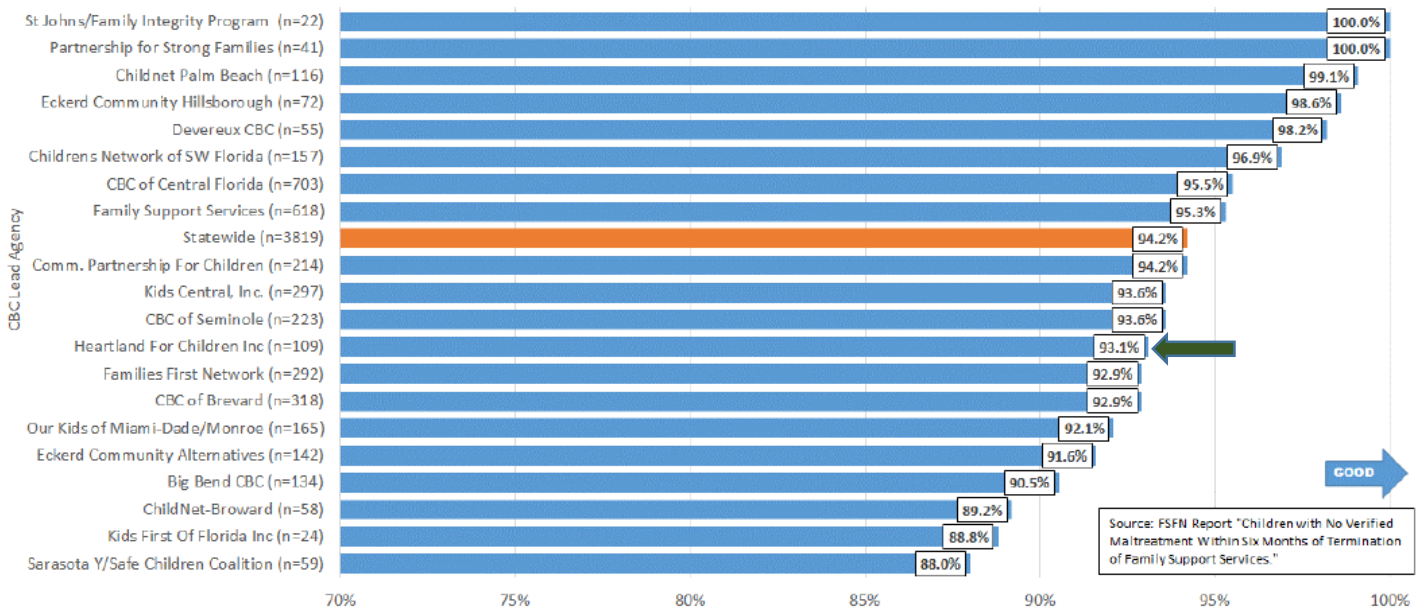
## Child Safety After Termination of Services

Ensuring children are safe and protected following case management & family support services service intervention and service delivery is a strong indicator of overall system of care performance. For this reason, post service termination re-abuse episodes are measured to determine the percentage of children in case management and family support services who are not re-abused or maltreated within six months of the termination of services. For the most recent quarter (services terminated between April – June 2016), HFC (97.3%) was above the statewide average (95.6%) for cases with no maltreatment within six months of case management services. HFC (93.1%) was lower than the statewide average (94.2%) for family support services during the same time period. See the charts below. (Source: Child Welfare Key Indicators Monthly Report, May 2017) This data represents an opportunity for HFC to review the quality and effectiveness of family support services.

**Percent of Children Terminated from Case Managed Services in Quarter Who Were Not Maltreated within Six Months, for Children with Services Terminated April-June 2016**



**Percent of Children Terminated from Family Support Services in Quarter Who Were Not Maltreated within Six Months, for Children with Services Terminated April-June 2016**



### Financial Viability Report Analysis

The Office of CBC/ME Financial Accountability performed financial monitoring procedures based on the DCF 2016-17 CBC-ME Financial Monitoring Tool for Desk Reviews of HFC and found two areas of noncompliance. The desk review period was from July 1, 2016 through September 30, 2016. The areas of non-compliance pertain to HFC reporting unallowable expenditures in OCA. HFC created an overpayment adjustments and made the appropriate data entry corrections in FSFN.

### Licensed & Group Care Placement

As of May 31, 2017, 301 children were placed in licensed care which represents 22.65% of all children on out of home care in Polk, Highlands and Hardee counties. The current statewide average of children placed in licensed

care versus other placement settings is higher at 29.54%. As of the same date, there were 115 children placed in group care, representing 8.65% of all HFC placements. The current statewide average of children placed in group care versus other placement settings is also higher at 8.91%. This data supports HFC’s commitment to securing placements for children that are least restrictive.

Heartland for Children		
Licensed & Group Care Placements	CBC	Statewide
Number of Children in Licensed Care	301	7,183
% of Children in Licensed Care	22.65%	29.54%
Number of Children in Group Care	115	2,166
% of Children in Group Care	8.65%	8.91%

Source: Department of Children & Families - Children in Out of Home Care by Lead Agency Report (updated 6/11/17)

## DCF Contract Manager Feedback

Survey responses were received from Melinda Bozeman, DCF Contract Manager.

### *Foster Home Recruitment and Retention*

According to Ms. Bozeman, HFC’s year-end goal is 64 new homes and a total network goal of 250 foster homes. HFC’s method in determining their target is through the assessment of their previous achievement rate in foster home recruitment as well as the number of homes that closed in the previous fiscal year. In order to gain a significant number of homes, HFC will target their goal by adding an additional number homes each upcoming fiscal year. Using this method, Heartland determined the need to add an additional 20 homes to last year’s fiscal goal. Means to achieve these goals include continuing partnering with the faith based community to express the community needs, utilizing local foster parents to recruit new foster parents, implementing hybrid and weekend classes to provide various methods of completing pre-service training, and increase the number of classes around the Circuit.

HFC is also committed to retaining foster homes. Monthly and quarterly training opportunities for foster parents to enhance documentation and reporting events, training on grief and loss to help foster parents when a child leaves. Implemented the relicensing supervisor accompanying the licensing specialist on home visits to meet and get to know the foster parents, implemented foster parent exit and satisfactory surveys to understand reasons some homes are closing and share with CMO’s concerns arising related to case management interactions with the foster parents, conducting annual foster parent appreciation events/holiday dinners for the children in care and the foster parents, including presents for the children, conducting bike ride events and foster mother fun days. Heartland encourages their foster parents to attend foster parent support groups that are held monthly. Circuit 10 also has an active foster parent association that is led by one of their own active and vocal foster parents in the area. Heartland’s licensing specialists maintain an open relationship with their foster parents which allows for ongoing dialogue to understand their fostering experience and utilizes this information to enhance or change the current supports that are available for foster parents. In order to succeed in retention, Heartland established procedures that affirm the need for foster parents to attend staffings and work with various providers as it pertains to the children in their care, allowing them to be included all elements of the child’s care. Additional retention methods include respite care and immediate support for crisis situations. HFC recently contracted with Devereux to provide support to active and good standing foster parents in the area. Devereux travels around the Circuit to accommodate foster parents with a local location in order to provide the support needed. HFC also uses the TLC program designed to support both foster and adoptive parents.

### *Placement Process*

Placement is contacted when a child needs placements and information about the child is obtained. Thereafter placement options are reviewed to ensure a foster home is selected that may best meet the child’s needs; this

process also involves licensing management. Licensing and placement have weekly placements meetings to ensure the best possible matches are in place for the foster parents and the child. Case management also participates in this meeting to ensure all children are matched to the proper foster parents. Action plans are established and followed up on by identified parties to ensure there are no barriers during the transition. The out of home meeting is also used to reduce the number of homes that are over capacity as well as for identifying the proper placement for children who are coming into care.

Ms. Bozeman reports that strategies to improve the quality of group care include completing annual contract monitoring, reviewing the annual licensing summaries, reviewing all exit interviews and participating in the institutional abuse staffings.

### *Relative and Non-Relative Caregiver Supports*

In regards to relative and non-relative placements, through collaborative dialogue with the local CPI partners, HFC has recognized that due to the nature and brevity of their role, CPI assessment of relatives and non-relatives as long-term options is less informed by experience than their peers in case management who work with these families over a longer period. To continue the assessment of the relative and non-relative caregivers, HFC has put three significant system enhancements in place to further strengthen this as not only a placement option, but when necessary a permanency option for children who do not go home to their parents.

The first step is understanding the impact to the family structure when a child is placed with a relative or a non-relative. HFC sought the expertise of a national expert in kinship care, Dr. Joseph Crumbly, to learn how to better support and understand the experience of receiving a relative's child into your home. HFC developed an intensive training on kinship care that became a required training for all case management staff, as well as provided open forums for community partners to include CPIs.

Also through Dr. Crumbly, HFC learned about co-parenting. While its roots are from relatives raising children of incarcerated parents, HFC quickly saw the implications for any placement type and developed a training that speaks to the value and benefits of co-parenting in any placement setting. Historically, child welfare has handed the children over to relatives in particular, but other caregiver types as well, and had an expectation that they handle everything. HFC's Co-Parenting Model requires more communication, more respect, and more partnership.

The second enhancement put into place was a stronger evaluation process of relative and non-relative caregivers. A Placement Evaluation Tool (PET) was developed by one of HFC's case management partners. Though not a standardized tool, it takes a common sense approach to evaluating relative and non-relative caregivers as permanency options, should that become necessary. It also helps evaluate how HFC can best support the caregiver through concrete supports or co-parenting efforts. HFC expects the use of this tool to strengthen the integrity of the concurrent permanency planning efforts as well.

The effectiveness of HFC's Kinship Care and Co-Parenting training and of the Placement Evaluation Tool will be reviewed through outcome data, as well as quality case reviews through HFC's Quality and Performance Management team who ensure through regular monitoring, compliance of home studies with statute, code and policy. Also included in these reviews is an assessment of ongoing family finding activities, and visitation plans for parents, siblings and other family members.

The third enhancement, initially developed in partnership with the local CPIs in 2007, is the community based, resource/training program designed to assist caregivers in navigating and accessing services during the initial placement of a child in out-of-home care. This was identified as a "gap" in the service delivery system and aptly named GAP. Services begin when the child protective investigator or case manager places a child in a relative or non-relative setting. Once a placement is made, the relative/non-relative caregiver is provided information on how to contact the program for benefits and support. The GAP program facilitates regular sessions on an individual and group basis with relative and non-relative caregivers to provide critical information on the ACCESS Florida Program, emergency cash assistance, relative caregiver funds, non-relative caregiver funds, school registration,

child care, and other information to assist in the support and transition to the placement. In addition, in order to be more preemptive, HFC developed a structured referral process for the GAP program where they are proactively reaching out to the relative and non-relative caregivers based upon the information in FSFN showing the child being placed in this type of non-licensed setting. The referral process is as follows:

1. The GAP team will initiate and complete all referrals for the GAP Program.
  - a. The GAP team will identify caregivers through placement information in FSFN and will make contact with those caregivers within 5 business days of identification. During initial contact, the GAP representative will complete the referral and collect all necessary information from the caregiver.
2. Within 3 business days of completing the referral with the caregiver, the GAP representative will scan a copy of the referral to the assigned case manager or CPI and notify them in the email as to the status of their service to that caregiver (actively serving them, caregiver has elected not to participate, etc.). The person receiving the scanned referral copy will place it into the case file.
3. Any physical support needs of the caregiver (beds, clothing, appliances, bill pay assistance) identified by GAP will be passed over to the person currently assigned as primary. GAP will have the responsibility to provide the advocacy for the caregiver via their ongoing contact with the primary until the need is met. When and if the primary is not responding to GAP requests for support within 14 days, GAP will elevate the situation to HFC for handling and support.
  - a. Additionally, any request for contact or other information requested of the primary by the GAP team is expected to be provided to GAP within 3 business days of the emailed request. Responses not meeting that deadline will be elevated by the GAP program to HFC for handling and support.
4. CMOs, CPIs, and HFC will still have the ability to initiate referrals when necessary. The person wishing to initiate services will send the GAP team an email requesting contact with the caregiver along with the contact information. The GAP team will go to Step 1 of this process to complete the referral.
5. The GAP team will provide HFC with a monthly report detailing all caregivers contacted and the result of that contact, as well as the current level and status of the support being provided to that caregiver.

GAP staff also facilitate regular caregiver support groups in multiple locations throughout Circuit 10 and holds annual conferences for relative and non-relative caregivers. These support groups and conferences provide ongoing discussion and application of concepts and strategies to develop resilience, promote emotional regulatory healing, and increase adult and child protective factors after children are placed in the caregiver's home. GAP uses a strength based, individualized and trauma integrated approach to providing services and partnering with caregivers, community resources and HFC to ensure that relative and non-relative caregiver needs for social connections, learning opportunities, and support services are met.

#### *Extended Foster Care*

HFC is also committed to developing and supporting extended foster care placements.

HFC has worked to develop relationships with a variety of businesses and individuals in order to create an array of options that can meet a variety of needs of the young adults who are in extended foster care (EFC).

Each young adult takes a readiness assessment. The results of the assessment help case management/life coaches and the HFC IL Coordinator to determine which options are the best suited for each young adult. There are five categories of living arrangement options available within each category, there are individual characteristics associated with each particular setting that are presented to the young adult to try and match to their needs identified on the readiness assessment while also taking into account their own personal preferences. The five categories are:

1. Host Home – Person in the community who allows a young adult to rent a room in their home and provide support for the young adult.



2. "Carelord" – A landlord who cares. These are community partners who have property for rent that they are willing to make available to young adults and are also willing to make weekly visits to the property to check on the young adult, as well as provide for scheduled transportation needs of the young adult.
3. Transitional home – Some of the Group home providers have open non-licensed homes for EFC participants. These homes are similar to group home settings and have staff of the group home agency that are actively involved and working with the young adults in their transitional homes.
4. Scattered Site Apartment – If the young adult's assessment shows they are capable of living on their own, then there are a number of apartment complexes HFC has been able to develop relationships with that will waive some of their standard qualification requirements allowing the young adults to get an apartment of their own. NOTE: HFC currently has no EFC participants in their own apartment.
5. Licensed Care – Foster Homes and Group Homes have been open to working with HFC and a young adult to allow them to remain in their licensed program while they are in EFC, if it is in the best interest of the young adult.

Additional supports that are available besides those that may come from the different types of living arrangements include the following:

1. Young adults have a life coach that is working with them to prepare them to be self-sufficient.
2. HFC has developed relationships with a wide array of in-home behavioral health providers to provide therapy and supports as needed to the young adults in EFC.
3. Continuing mentorship is available through Idols Aside "Me without You Program".
4. Career Source is available to help the young adult obtain their GED, as well as Summer employment.
5. The Polk County School Board developed the Fresh Start Academic program which is available to EFC participants.
6. Learning Resource Center provides tutoring for GED or HS Diploma.
7. Wells Fargo and/or Mid-Florida Credit Union have partnered with HFC to provide financial literacy training to EFC participants.
8. Polk State College, Ridge Technical College and Travis Career Center provides a special guidance counselor to EFC participants who enroll in their programs to help them navigate through the higher learning education systems.
9. HFC has partnered with the Salvation Army who provides each EFC participant with Salvation Army Bucks for the use of purchasing additional clothing and furniture.
10. Each EFC participant in Polk County also receives monthly bus passes for the Polk County Transit System.

## Conclusion

Based on the limited review of Heartland for Children, contract TJ501 SOC several strengths and opportunities for improvement were found.

This desk review highlights the CBC's positive performance on some of the Scorecard measures. In the past six quarters, HFC met the established performance target 72% of the time which is slightly above the average statewide cumulative scorecard performance. HFC's status toward practice model implementation is above the statewide average. Case Management services provided to children and families have yielded rates of re-abuse which are lower than the statewide average. However, family support services provided to children and families have yielded re-maltreatment rates which are higher than the statewide average. The percentage of children in licensed and group care is lower than the statewide average.

The Department's Contract Oversight Unit recommends the following:

1. Continue to monitor all contract and performance measures and take immediate corrective action by initiating local review and discussion of any measure which falls below the established performance target.

2. Review and discuss current practice related to the following measures and implement immediate actions to monitor and improve performance in these areas.
  - a. Rate of abuse per 100,000 days in foster care
  - b. Percent of sibling groups where all siblings are placed together
  - c. Percent of children who do not re-enter care within 12 months of moving to a permanent home
3. Continue efforts to fully implement the Practice Model.
4. Review and discuss re-maltreatment episodes for children with family support services terminated within six months. Evaluate causality and patterns by identifying referred service providers, length of care and any other common factors that could be addressed & remedied during local level provider contract negotiations.
5. Follow all fiscal and reporting recommendations as outlined in Financial Accountability reports.
6. Continue efforts to recruit and license quality licensed care providers.