



Heartland for Children, Inc. Contract Monitoring Report

On-Site Visit Completed:
February 2019

Report Issued: June 2019

As required by section 402.7305 F.S., The Department of Children and Families completed an On-Site Contract monitoring of Heartland for Children, Inc.. The purpose of this monitoring is to report on the agency's system of care and whether the agency is meeting the terms and conditions of the contract.

Contract TJ501

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EXECUTIVE SUMMARY

This report provides findings for the contract monitoring of Heartland for Children, Inc. (HFC). The on-site monitoring was conducted February 18 – 22, 2019, and focused on HFC's child welfare system of care. The monitoring process included a review of HFC's programmatic and administrative operations. In addition, the Community Based Care monitoring team reviewed fiscal monitoring reports. Findings are based on an analysis of child welfare performance indicators and quality assurance data and other information obtained through supporting documents, interviews, surveys, and focus groups. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) continuous quality improvement process; (4) placement resources and process; (5) child welfare practice; (6) partnership relations and (7) community relationships. Additionally, 10 subcontracts, 15 critical incidents, and 15 employee files (Employment Eligibility Verification and Information Security) were administratively reviewed.

Significant findings of each category are below:

Leadership and Governance:

- HFC's mission, vision and values are aligned with the Department's and are communicated to all levels in the organization.
- A knowledgeable and engaged CEO leads the organization toward attainment of strategic goals.
- The Board of Directors follows the Carver Governance Model, which clearly delineates expectations and limitations of the CEO and the agency.
- HFC is a fiscally sound agency that has managed their expenditures well allowing them to carry forward a percentage of funds in each of the past 5 years. HFC leverages community relationships to maximize direct and in-kind donations.
- HFC has a clear and defined succession planning process. HFC uses the PRINT assessment to maximize workforce proficiencies and identify behaviors that impede professional growth.

Workforce Management:

- HFC funds their contracts by providing a monthly sum that is 1/12th to total of their contract, to allow case management agencies flexibility in workforce management.
- Despite efforts from HFC to address case load size, high caseloads persist throughout the CMOs.
- Due to workload issues, front line supervisors are often performing case manager duties, minimizing time spent on coaching and mentoring staff and developing case manager critical thinking skills.
- There are recognition activities conducted by HFC that are meaningful to case managers and supervisors, however case management staff feel they are often the last person supported during time of disagreement.
- HFC has a skilled training team. Pre-service and in-service training are readily available and applicable to essential child welfare duties. However, the absence of application-based training and field support is impacting the transfer of learning to front line staff.

- Front line supervisors need additional training on critical thinking development and consultative skills development, to supplement supervisor classroom training.

Continuous Quality Improvement Process:

- HFC staff provide exceptional data reports which are disseminated internally and externally.
- HFC uses MindShare’s Predictive Analytics software to identify families with a high potential for re-entry into the system of care. HFC is continuing to work with Mindshare to perfect this process and find intervention strategies to prevent re-entry.
- Rapid permanency reviews are conducted on select cohorts to streamline permanency and find trends to improve operations.
- HFC’s Revenue Maximization staff is tenured and knowledgeable. They enter placement and eligibility information for all placements (licensed and unlicensed) into FSFN thereby ensuring data integrity and proper eligibility determination.

Placement Resources and Process:

- HFC uses multiple sources to advertise and engage the community, including television, radio, billboards and social media sites (Facebook, Twitter, Instagram and Pinterest).
- HFC has a clear and effective means to ensure all leads for prospective foster or adoptive families are sent to a central location for follow up.
- Foster and adopt trainings are available throughout the community.
- Foster parents receive financial incentives to recruit and support other foster parents.
- The placement unit uses a team-based approach to support their efforts in making trauma informed placement decisions.
- The placement unit shares foster parent profiles of identified placements to investigators so that they can orient the children coming into care to their new foster home.
- HFC’s Guardians as Parents program supports relative and non-relative caregivers and reduces placement disruptions.
- There are limited placements, supports, and services available for transitioning youth and young adults, including very limited access to life skills development.

Child Welfare Practice:

- Trauma informed care principles are clearly prioritized at every level of the organization.
- Throughout the system of care, the use of Trust Based Relational Intervention (TBRI) is viewed as a strength and demonstrates HFC’s commitment to trauma informed care principles.
- Multiple practice competency trainings, such as Conditions for Return (CFR), are offered but have primarily been focused on learning the concepts with minimal application-based trainings or opportunities. However, there is an upcoming application-based safety planning and CFR training scheduled with Action 4 Child Protection.
- While qualitative data regarding the quality of visits with families served is positive, focus groups suggest a lack of understanding about what would be considered a quality visit. Also, responses

from foster parents focus groups suggest that in many instances, home visits with foster parents are brief and insufficient to inform a thorough assessment.

Partnership Relations:

- Multiple focus groups and interviews indicate that challenges with the case transfer process are leading to delays in case management engagement. This results in referrals for service delivery being delayed, and role confusion about required tasks such as facilitating visitation with parents and contacts with case participants.
- There are challenges to the professional relationship between CLS and HFC and case management that are negatively impacting service delivery. Both CLS and HFC leadership have made active efforts to address these challenges recently.
- While leadership across all partnership organizations have a strong, collaborative relationship, there are challenges with the relationships between case management, GAL and the judiciary.
- Relationships with educational partners are strong and focused on child safety, permanency, and wellbeing.

Community Relationships:

- Robust relationships with faith-based organizations positively impact HFC's system of care. For example, faith-based organizations allow HFC to utilize space for meetings at no cost and aid in adoptive and foster parent recruitment efforts.
- HFC partners with community businesses for foster and adoptive parent recruitment and to increase community awareness of HFC initiatives, such as the viewing party for 'Instant Family.'
- HFC uses social media outlets and analyzes data derived from referrals to pinpoint which initiatives are most productive to engage the community and foster relations.
- HFC staff participate on the Children's Services Council board in Highlands County and on the Polk County Citizens Healthcare Oversight Committee.

Administrative Findings:

- Employment eligibility – Although the "Document Title" was noted on the I-9 forms, the "Issuing Authority" was not listed on the list C documents.
- Subcontracts – It could not be determined if the monitoring schedule was completed timely, as required by the provider's policy.
- Incident Reporting – During the review it was noted that the provider's incident reporting policy did not include all reportable incident types, did not require reporting of critical incidents within one business day of it occurring, and did not address that the guardian, representatives, or relatives are notified as applicable. The provider updated its policy prior to the completion of the monitoring. Additionally, 1 incident was not reported to IRAS, 2 did not include information that the client's guardian, representative, or relative was notified, as appropriate. 1 critical incident did not have information that immediate necessary emergency contacts, was completed.

- Information security had no findings.

SECTION 1: PERFORMANCE AT A GLANCE

The graphs on the following page are provided by Casey Family Programs. Casey Family Programs works in all 50 states, the District of Columbia, two US territories, and more than a dozen tribal nations. They actively work with Florida child welfare professionals to improve practice through use of evidence-based programs and data analytics. As depicted in the graphic, the number of children entering care in Circuit 10 has steadily increased since mid-late 2014. The percent of children who experience repeat maltreatment within six and twelve months is trending positively. The percent of permanency within 30 days of entering care is declining and the percentage of children in care two or more years (at the start of the year) who achieve permanency within 12 months trended upward in 2017. The most up-to-date HFC performance is depicted later in this report.

Data Basics

Heartland for Children

NOTE: Due to data source and timeframe presented, numbers may vary slightly from those presented in reports produced by FL DCFs.

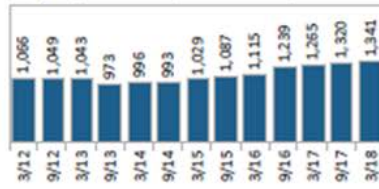
Produced by Data Advocacy, Casey Family Programs

Data source: state-submitted AFCARS and NCANDS files

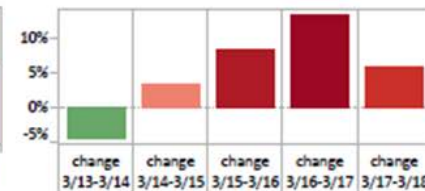
Date prepared: 6/19/2018

of children in care

(< age 18; as of last day of each month)

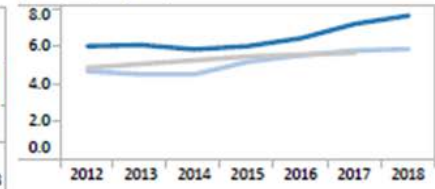


year over year change in the # in care



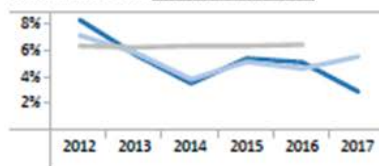
rate in care

(per 1,000, < age 18)

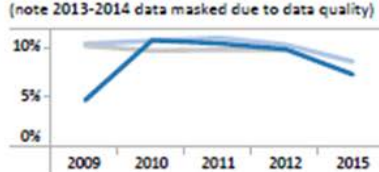


Safety

% children who experience repeat maltreatment within 6 months

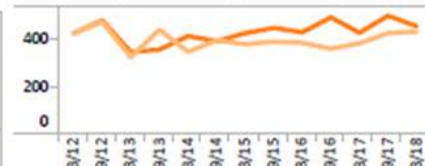


% children who experience repeat maltreatment within 12 months (note 2013-2014 data masked due to data quality)

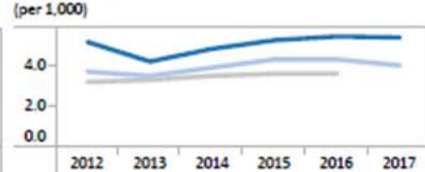


Entries

of children entering & exiting (6 month entry cohorts ending on each date)

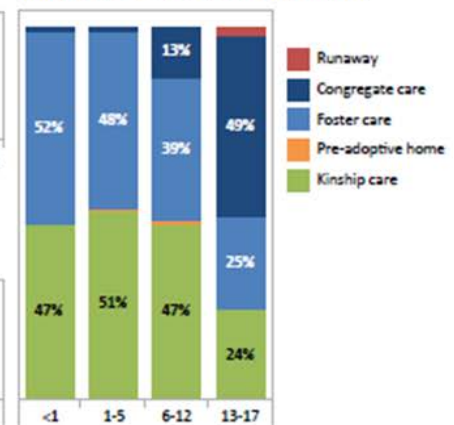


rate of children entering care (per 1,000)



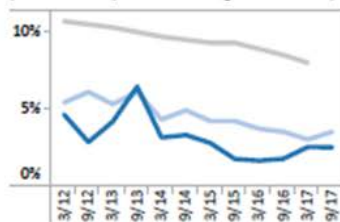
Placement

placement settings for children in care, by age (for all children in care on 3/31/2018)

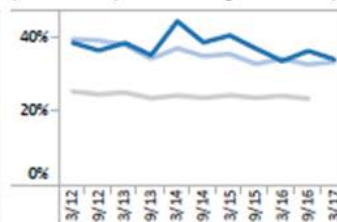


Timely & Stable Permanency

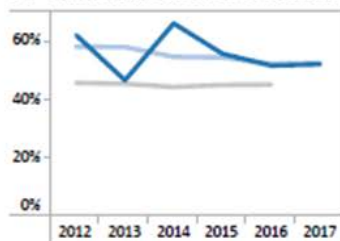
% permanency within 30 days of entering care (6 month entry cohorts ending on each date)



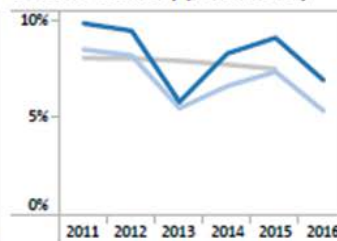
% permanency within 3-12 months of entering care (6 month entry cohorts ending on each date)



% permanency w/in 12 months for children in care 12-23 months



% re-entering care w/in 12 months of timely permanency

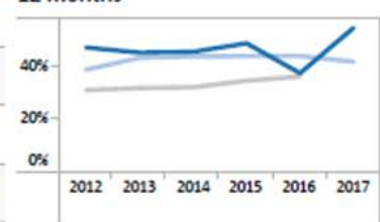


Children In Care 2+ Years (3/31/2018)

in care 2+ years

#	200
%	15%
state	18%
Nat'l (2017)	25%

% in care 2+ years at start of the year who achieve permanency w/in 12 months



profile of current caseload in care 2+ years

(for groups that represent at least 2% of the total; by age, placement type and case plan goal)

	ages 2-12		ages 13-17		
	Reunif	Adopt	Reunif	Adopt	APPLA
Congregate care	4%		4%	7%	5%
Foster care	20%	25%	2%	5%	
Kinship care	4%	12%		3%	

SECTION 2: CONTRACT MONITORING PROCESS

The monitoring process included a review of HFC's programmatic and administrative operations. In addition, the Community Based Care (CBC) monitoring team reviewed fiscal monitoring reports to assess potential impacts on programmatic activities. The review process included a review and analysis of child welfare performance indicators, quality assurance data and other information obtained through supporting documents, interviews, surveys and focus groups. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) continuous quality improvement; (4) placement resources and process; (5) child welfare practice; (6) partnership relations and (7) community relationships. Additionally, 10 subcontracts were administratively reviewed, along with 20 incidents, and 15 employee files (Employment Eligibility Verification and Information Security).

Supplementary information was provided by the Department's Office of Financial Management Services, Community-Based Care (CBC)/Managing Entity (ME) Financial Accountability, Office of Child Welfare and Central Region contract manager. Several documents were reviewed and analyzed including, but not limited to: quarterly financial viability reports, system adoption initiative gap analysis, service array assessment and stakeholder survey results. Additional information was gathered through interviews with HFC and DCF staff including leadership from the Central Region, HFC management level and specialist level staff, case managers, case manager supervisors and case management leadership, whether internal to CBC or subcontracted to case management organizations. The monitoring team held focus groups with DCF child protective investigators, Children's Legal Services, community partners, and foster parents.

The CBC monitoring team consisted of Department of Children and Families Community Based Care Monitoring Unit staff - Alissa Cross, Kelly Welch and Megan Wiggins, DCF Child Welfare representatives Peggy Niermann (Office of Child Welfare) and Kathleen Cowan (Suncoast Region), and CBC representatives Chris Compton (Family Support Services of North Florida) and Brena Slater (Sarasota Family YMCA).

SECTION 3: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community HFC serves, including US Census data, information on child welfare partners, Florida Department of Health birth and infant mortality rates and DCF investigations of child fatalities reported to the Florida Abuse Hotline. Additional information may include data from the 2018 Florida Kids Count County Child Well-being Index attached to this report. HFC serves children and families in Polk, Highlands and Hardee counties representing the 10th Judicial Circuit in the Central Region.

The table below provides key US Census Facts for these three counties as compared to the statewide percentages. The median household income in all three counties is lower than the state and the percentage of people living in poverty in all three counties is higher than other areas of the state. Additionally, a lower percentage of the population earned a high school or college degree compared to the state. (See Table 1)

Hardee and Highlands counties are rural, as defined by the Florida Department of Health, with a density of less than 100 persons per square mile. The rural nature of these two counties leads to challenges, such as transportation and access to services, that the CBC must address. The most densely populated county in Circuit 10 is Polk County. HFC's corporate offices are in Bartow, the county seat of Polk County.

US Census Facts	Florida	Hardee	Highlands	Polk
Median Household Income	\$48,900	\$36,222	\$35,865	\$44,146
Percent of population living in poverty	14.7%	23.8%	19.1%	16.4%
Percent of population over 25 years old with a college degree	27.9%	9.6%	16.5%	19.5%
Percent of population over 25 years old with high school diploma	87.2%	68.9%	83.3%	84.0%

Table 1. Data Source: census.gov/quickfacts/(2012-2016 v2016)

CHILD WELFARE PARTNERS

HFC serves the 10th Judicial Circuit. The Managing Entity is Central Florida Behavioral Health Network, Inc. The Department of Children and Families conduct Child Protective Investigations and Children's Legal Services in Circuit 10. Case management and extended foster care/independent living services are subcontracted to Children's Home Society, The Devereux Foundation, Inc. and One Hope United. Family Support Services and Safety Management Services are subcontracted to Neighbor to Family. HFC provides Intake, Placement, Recruitment and Licensure services. HFC works closely with the Guardian Ad Litem office and Tender Loving Caregivers (T.L.C.) Association, Inc., the Foster Adoptive Parent Association (FAPA) in Circuit 10.

CHILD FATALITIES

BIRTH AND INFANT MORTALITY RATES

The birth rate per 1,000 population in Highlands County is lower than the statewide rate. However, in the other two counties served by HFC, the birth rate was higher than the state. In 2017, the infant mortality rate in all three counties was higher than the statewide rate. (See Table 2)

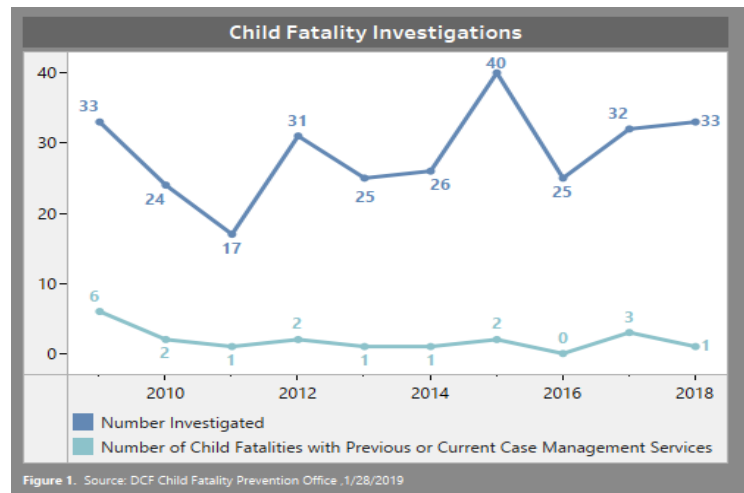
County	Birth Rate per 1,000 Population - Statewide Rate in 2017: 10.9						Infant Mortality Per 1,000 Population - Statewide Rate in 2017: 6.1					
	2012	2013	2014	2015	2016	2017	2012	2013	2014	2015	2016	2017
Hardee	14.1	14	14.6	14.1	14	12.8	5.1	2.6	7.2	5.1	0	8.5
Highlands	9.2	8.6	9.4	9.1	9.2	8.6	12.1	3.5	8.5	3.3	3.2	10.2
Polk	11.9	11.8	12.2	11.8	12	11.8	8.1	6.8	6.8	8.6	7	7.8

Table 2. Source: flhealthcharts.com

CHILD FATALITY INVESTIGATIONS

From January 2009 through the end of 2018, there were 249 child fatality investigations in Circuit 10 (see Fig. 1). Of the 249 fatalities investigated, 18 of the families had previous or current case management services at the time of the death. In 2018, one fatality involved a family with prior dependency court involvement. A Critical Incident Rapid Response Team (CIRRT) was deployed to conduct a review. The findings were as follows:

- A Polk County 2-month-old infant was found unresponsive after sleeping in bed with his non-relative caregivers. At the time of the death, there was an open in-home judicial case with the family. A Critical Incident Rapid Response Team was deployed to conduct a review. The investigation is currently ongoing. Additional information can be found by reviewing the [CIRRT report](#).



SECTION 4: AGENCY SUMMARY

Heartland for Children, Inc. has been the lead child welfare agency in Circuit 10 since March 2003. HFC's mission, vision and values are to endeavor to improve safety, permanency and well-being for all children in Polk, Hardee and Highlands counties. HFC is accredited by the Council on Accreditation (COA), an international, independent, nonprofit, human service accrediting organization that accredits the full continuum of child welfare, behavioral health, and community-based social services. HFC is COA accredited through March 31, 2021, in the following service areas:

- Adoption Services
- Family Foster Care and Kinship Care
- Network Administration

Pre-service and in-service training is facilitated by HFC staff in partnership with the Department. Intake and Placement, Adoptions and Licensing operations are conducted by HFC staff. HFC sub-contracts with three organizations for case management services, Children's Home Society and Devereux (Polk County) and One Hope United (tri-county). Extended Foster Care and Independent Living Services are provided by each case management agency.

NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

The number of reports accepted for investigation by the Department, the number of children entering out-of-home care and the number of children receiving in-home services decreased in FY 17/18. In contrast, the number of children receiving out-of-home care services increased in FY 16/17 and at the end of FY 17/18, the number was at a three year high of 2,131. The number of young adults receiving services remained the same from FY16/17 to FY17/18 while the number of children receiving family support services increased each year since FY15/16. (See Table 3)

		FY 2015/ 2016	FY 2016/ 2017	FY 2017/ 2018
Child Protective Investigations and Child Removals (Hardee, Highlands and Polk Counties)	Reports accepted for Investigation by DCF (Initial & Additional Reports)	10,045	10,446	9,768
	Children Entering Out-of-Home Care	860	1,033	861
Children Served by Heartland for Children	Children Receiving In-Home Services	1,276	1,636	1,428
	Children Receiving Out of Home Care	1,826	2,086	2,131
	Young Adults Receiving Services	169	126	126
	Children Receiving Family Support Services	762	771	937

Table 3. Data Sources: Child Protective Investigation Trend Report, Child Welfare Dashboard, FSN OCWDRU Report 1006. Data Run Date: Nov 20, 2018

FINANCIAL VIABILITY SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures, based on the DCF 2017-18 CBC-ME Financial Monitoring Tool for Desk Reviews, of HFC. The desk review period was for the period of July 1, 2017 through September 30, 2017. The report lists four findings associated with general ledger and noncompliance with federal/state regulatory requirements and three observations. Technical assistance was provided pertaining to non-payroll related disbursement testing and financial requirements.

For further details, please see the complete fiscal report – [17/18 HFC Financial Monitoring Report](#)

For the past six fiscal years, HFC has operated within their allocated budget and has maintained a carry forward balance each year. In FY 15/16, HFC received MAS from Back of the Bill funding. (See Table 4)

Heartland for Children						
DCF Contract Funds Available (by Fiscal Year)	FY13-14	FY14-15	FY15-16	FY16-17	FY17-18	FY 178-19
Core Services Funding	\$32,182,934	\$32,331,094	\$32,772,517	\$32,905,005	\$33,077,946	\$33,111,801
Other**	\$9,661,829	\$9,675,137	\$9,809,407	\$10,093,981	\$9,809,903	\$10,459,593
Total Initial Appropriation	\$41,844,763	\$42,006,231	\$42,581,924	\$42,998,986	\$42,887,849	\$43,571,394
Risk Pool Allocation						
CBC Operational Costs from Back of the Bill						
MAS from Back of the Bill			\$49,321			
Carry Fwd Balance from Previous Years	\$1,851,115	\$1,295,660	\$1,880,431	\$3,135,209	\$2,621,067	\$2,322,257
Total Funds Available	\$43,695,878	\$43,301,891	\$44,511,676	\$46,134,195	\$45,508,916	\$45,893,651
** Includes as applicable Maintenance Adoption Subsidy (MAS), Independent Living (IL and Extended Foster Care), Children's Mental Health Services (Cat 100800/100806), PI Training, Casey Foundation or other non-core services Source: Comprehensive Review of Revenues, Expenditures, and Financial Position of All CBC Lead Agencies (11/1/18)						Table 4

SECTION 5: PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA

This section provides a picture of HFC's performance as captured by data indicators that are used to assess how well HFC is performing on contract measures and within the larger program areas of safety, permanency and well-being. The information in the following graphs and tables represents performance as measured through information entered into the Florida Safe Families Network (FSFN) and performance ratings based on the Department's CQI case reviews.

The performance measures outlined in this report are accessible through the [Child Welfare Dashboard](#) and include both federal and state measures used to evaluate the lead agencies on twelve key measures to determine how well they are meeting the most critical needs of at-risk children and families.

Federal regulations require Title IV-E agencies to monitor and conduct periodic evaluations of activities conducted under the Title IV-E program to ensure that children in foster care are provided quality services that protect the safety and health of such children (sections 471(a)(7) and 471(a)(22) of the Social Security Act). The Department of Children and Families has developed additional methods to evaluate the quality of the services provided by the lead agency using Rapid Safety Feedback (RSF) and Continuous Quality Improvement (CQI) reviews.

- Rapid Safety Feedback (RSF) assesses open in-home service cases. The RSF Tool focuses on safety and is used to review active cases that have specified high risk factors.
- CQI reviews are conducted on a random sample of cases that are both in home and out of home. The reviews are conducted by CBC staff and use the same review instrument as the Child and Family Services Review (CFSR).

In addition to the state developed quality assurance reviews, section 1123A of the Social Security Act requires the federal Department of Health and Human Services to periodically review state child and family services programs to ensure substantial conformity with the state plan requirements in Titles IV-B and IV-E of the Act. This review is known as the CFSR. After receiving the results of the CFSR review, States must enter a Program Improvement Plan (PIP) to address areas that the Children's Bureau determines require improvement (45 CFR 1355.34 and 1355.35).

- CFSR reviews are completed by CBC and DCF staff and consist of a case file review, interviewing case participants, and completing the on-line review instrument. In addition, these cases receive 2nd level reviews by the Office of Child Welfare and at times, 3rd level reviews by the Administration for Children and Families to ensure each case was accurately rated.

The results of the CFSR are considered baseline performance and the PIP goal is the level of improvement needed to avoid financial penalties. Therefore, the PIP goal may be lower than the overall federal and state expectation of 95%. The Department expects CBC agencies to strive toward 95% performance expectation on all CQI measures with focused activity around the federal PIP goals.

The quality ratings used throughout this report are based on the Department's CQI case reviews, including CQI/CFSR reviews and Rapid Safety Feedback reviews. The [CFSR On Site Review Instrument](#)

[and Instructions](#) and the [Rapid Safety Feedback Case Review Instrument](#) are both available on the Center for Child Welfare website and provide details on how ratings are determined.

The Child Welfare Quality Assurance (QA) unit in the Office of Child Welfare was tasked with conducting secondary oversight of ongoing quarterly case reviews completed by Community-based Care lead agencies, specifically the Florida Continuous Quality Improvement (CQI) reviews which use the Child and Family Services Review (CFSR) on-line system review instrument and web-portal. The purpose of oversight of the reviews is to improve inter-rater reliability between CBCs and to provide guidance to CBC QA staff, who in turn transfer the learning to operations and child welfare professionals. The ratings on the Florida CQI reviews vary significantly between CBCs.

The QA team currently provides secondary oversight for each case monitored as a part of the state's Program Improvement Plan (PIP). The process used for second level oversight of the Florida CQI case reviews mirrors that of the PIP second level oversight. These reviews identify practice strengths and areas in need of improvement, and measure performance improvement.

The Office of Child Welfare conducted secondary oversight reviews on all 14 Florida CQI cases during the first quarter of 2018 – 2019. While the second level review did not identify major concerns with inter-rater reliability, all the cases were returned for additional information to support the ratings, ensuring consistency with the item instructions per the CFSR instrument. Clarifications were provided around fathers, concerted efforts prior to a parent surrendering parental rights, and new children born into an open case with the same father. OCW requested one review be re-done as the reviewers had not considered all the dynamics of the case, including children in a separate FSFN case and a lack of clarity around a relative visit/placement. HFC maintained a slight improvement in overall scoring over time and overall performance was the same as the prior quarter.

CONTRACT AND CBC SCORECARD MEASURES

During FY 2017/2018, HFC has met or exceeded their established contract target in 10 of the 13 measures including:

- M01: Rate of abuse per 100,000 days in foster care
- M02: % of children who are not neglected or abused during in-home services
- M03: % of children who are not neglected or abused after receiving 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 within 12 months for those in care 12 to 23 months
- M08: Placement moves per 1,000 days in foster care
- M09: % of children in out-of-home care who received medical service in the last 12 months
- M11: % of young adults in foster care at age 18 that have completed or are enrolled in secondary education
- Adoption Measure: 136 finalized adoptions

HFC successfully met these measures in FY 16/17 as well. (See Table 5)

- M02: % of children who are not neglected or abused during in-home services
- M03: % of children who are not neglected or abused after receiving 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 within 12 months for those in care 12 to 23 months
- M08: Placement moves per 1,000 days in foster care
- M09: % of children in out-of-home care who received medical service in the last 12 months
- M11: % of young adults in foster care at age 18 that have completed or are enrolled in secondary education
- Adoption Measure: 128 finalized adoptions

In the remaining three measures, HFC did not meet the established targets for FY 16/17 or 17/18. These measures are:

- M07: % of children who do not re-enter care w/in 12 months of moving to a permanent home
- M10: % of children in out-of-home care who received dental services within the last 7 months
- M12: % of sibling groups where all siblings are placed together

**Performance Measures
Contract Targets Compared to Federal Standards and Statewide Performance**

CBC Scorecard						
Scorecard Measure Number	Performance Measure	CBC Contract Measure Targets ¹	Federal National Standard (Performance of Other States)	Statewide Performance (FY 2017/2018)	Heartland for Children July 1, 2016-June 30, 2017	Heartland for Children July 1, 2017-June 30, 2018
1	Rate of abuse or neglect per day while in foster care	<8.5	<8.5	9.45	● 10.5	● 7.5
2	Percent of children who are not neglected or abused during in-home services	>95%		97.20%	● 98.3%	● 98.2%
3	Percent of children who are not neglected or abused after receiving services	>95%		96.10%	● 96.2%	● 95.7%
4	Percentage of children under supervision who are seen every thirty (30) days	>99.5%		99.70%	● 99.9%	● 99.8%
5	Percent of children exiting foster care to a permanent home within twelve (12) months of entering care	>40.5%	>40.5% (12%-64%)	39.70%	● 41.5%	● 44.3%
6	Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months	>44%	>43.6% (25%-66%)	53.40%	● 54.1%	● 59.7%
7	Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home	>91.7%	>91.7% (83%-98%)	89.60%	● 85.5%	● 85.8%
8	Children's placement moves per 1,000 days in foster care	<4.12	<4.12 (2.7 - 9.8)	4.45	● 3.3	● 3.1
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months.	>95%		97.50%	● 98.6%	● 99.0%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months.	>95%		92.40%	● 94.7%	● 93.3%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education	>80%		89.00%	● 93.2%	● 90.7%
12	Percent of sibling groups where all siblings are placed together	>65%		63.70%	● 61.7%	● 61.2%
	Number of children with finalized adoptions (DCF Dashboard run date 8/14/2018)	FY 2016/17: 140 FY 2017/18: 131			● 148.0	● 145.0

A green dot denotes performance is above the CBC Contract Measure Target; a red dot denotes performance is below the CBC Contract Measure Target.
Table 5: CBC Scorecard, Run date: Aug 14, 2018

CHILD SAFETY

The figures and tables on the following pages depict HFC's performance related to safety in the following areas:

1. Rate of Abuse in Foster Care
2. No maltreatment after Family Support Services
3. No maltreatment during in-home services
4. No maltreatment after receiving services
5. Children seen every 30 days
6. Qualitative Case Review

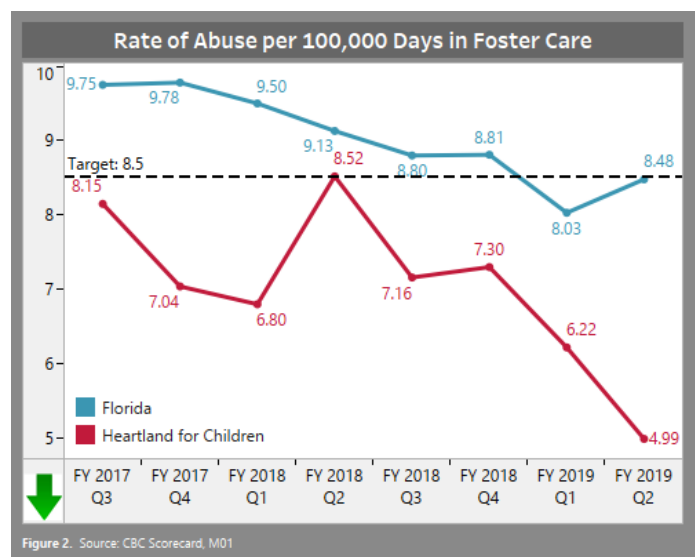
HFC has consistently met target on safety related measures, both quantitative and qualitative, over the past two fiscal years. RSF and CQI qualitative reviews have shown strength in this area and have been above the statewide performance and federal and state expectation for both FY 16/17 and FY 17/18. Quantitative performance measures are mostly positive, although there have been recent negative trends in performance on the measures capturing maltreatment after family support services and maltreatment during in-home care.

RATE OF ABUSE IN FOSTER CARE

Rate of abuse or neglect per day while in foster care (Scorecard Measure M01): This graph depicts the rate at which children are the victims of abuse or neglect while in foster care (per 100,000 bed days). This national data indicator measures whether the state child welfare agency ensures that children do not experience abuse or neglect while in the state's foster care system. It should be noted that this measure includes both licensed foster care and relative/non-relative placements.

HFC's performance is trending positively on this measure and has been consistently better than the statewide rate since at least FY 16/17, Q3. (See Fig. 2) Qualitative reviews show that HFC is making concerted efforts to assess and address the risk and safety

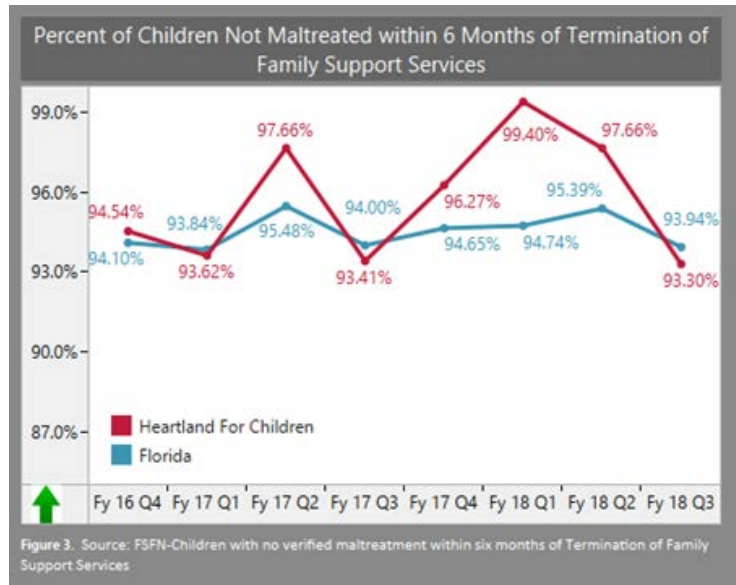
concerns to children in foster care. CQI Item 3 indicates that HFC made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care in 95.3% of the sampled cases in FY 17/18, a slight improvement from FY 16/17 and above the federal PIP goal and the federal and state expectation. (See Table 7)



NO MALTREATMENT AFTER FAMILY SUPPORT SERVICES

Percent of children not abused or neglected within six months of termination of family support services. This graph depicts the percentage of children who did not have a verified maltreatment during the report period. This is a Florida indicator that measures the CBC’s success in enhancing the protective factors in a family to ensure the children remain safe after family support services have ended.

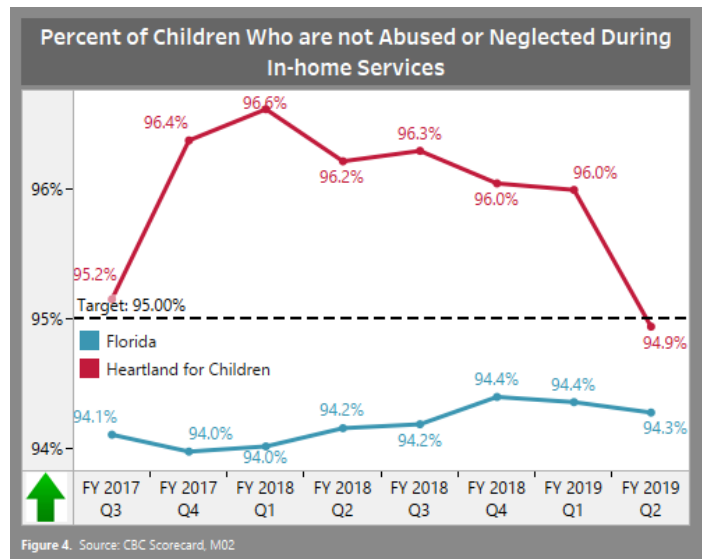
HFC exceeded the statewide performance in five of the past eight quarters but has been trending negatively since FY17/18 Q1. (See Fig. 2) Further, HFC’s performance on qualitative reviews show that the agency has made concerted efforts to provide services to the family to prevent children’s entry into foster care in 94.1% of sampled cases in FY 17/18. (See Table 7)



NO MALTREATMENT DURING IN-HOME SERVICES

Percent of children not abused or neglected while receiving in-home services (Scorecard Measure M02): This graph depicts the percentage of children who did not have a verified abuse or neglect maltreatment while receiving in-home services. This indicator measures whether the CBC was successful in preventing subsequent maltreatment of a child while a case is open, and the CBC is providing in-home services to the family.

HFC’s performance on this measure is consistently above the state’s but has been trending negatively and fell below the performance target in FY 18/1 Q2. (See Fig. 4) HFC’s FY17/18 performance on creating sufficient safety plans to control danger threats exceeds the statewide performance but declined slightly from 100% of sampled cases in FY 16/17 to 97.5% of sampled cases in FY17/18. (See Table 6)

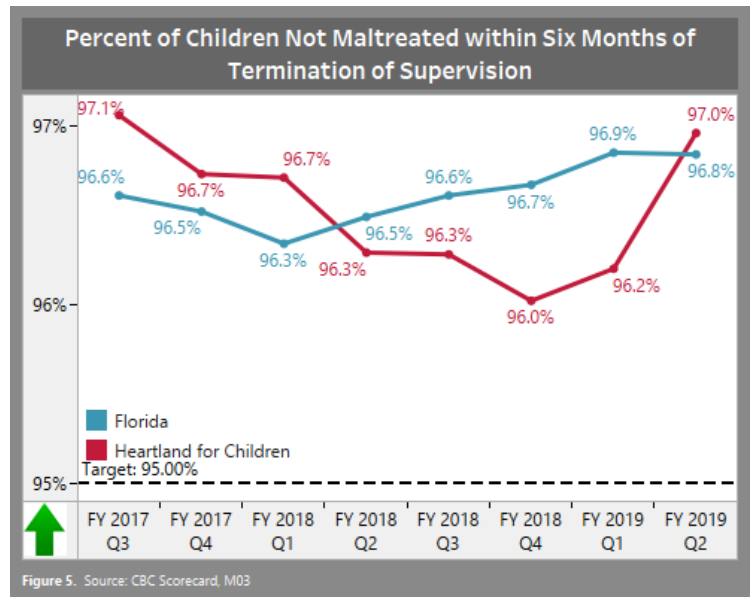


CHILDREN WHO ARE NOT NEGLECTED/ABUSED AFTER RECEIVING SERVICES

Percent of children with no verified maltreatment within six months of termination of supervision

(Scorecard Measure M03): This graph depicts the percent of children who were not the victims of abuse or neglect in the six months immediately following termination of supervision.

While they have consistently exceeded the performance target and exceeded the statewide performance in four of the past eight quarters, HFC's performance was trending negatively until the last two quarters, when an improvement in performance is seen. (See Fig. 5) In FY17/18, HFC's performance in qualitative reviews showed a slight decline from FY 16/17 in making concerted efforts to provide services to the family to prevent children's re-entry after reunification (CQI Item 2), but it remains above the statewide performance. (See Table 7)



CHILDREN SEEN EVERY 30 DAYS

Children under supervision who are seen every 30 days (Scorecard Measure M04): This measure depicts the rate at which children are seen every 30 days while in foster care or receiving in-home services during the report period. Data for this measure was temporarily unavailable at the time of this report.

QA CASE REVIEW DATA

The table below provides the current performance in items related to child safety that are based on qualitative case reviews. RSF and CQI quality reviews indicate that HFC is performing above the statewide performance in safety related measures. 100% of cases reviewed had sufficient recent family assessments and sufficient quality of visits between the case manager and child(ren) to address issues pertaining to safety and evaluate progress towards case plan goals. 97.5% of cases sampled had a sufficient Safety Plan in place to control danger threats to protect the

Rapid Safety Feedback - Safety			
Quality Assurance - Rapid Safety Feedback Item1	Heartland for Children FY 2016/2017 n=40	Heartland for Children FY 2017/2018 n=37	Statewide FY2017/2018 n=793
RSF 1.1: Is the most recent family assessment sufficient?	100.0%	100.0%	52.4%
RSF 2.1: Is the quality of visits between the case manager and the child (ren) sufficient to address issues pertaining to safety and evaluate progress towards case pla..	100.0%	100.0%	60.1%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	100.0%	97.5%	55.6%

Green font denotes performance above the Statewide RSF Average; red font denotes performance below the Statewide RSF Average.

Table 6. Source: QA Rapid Safety Feedback; Federal Online Monitoring System

child, well above the statewide performance, although a decrease in performance from FY 16/17. (See Table 6) HFC increased their performance in making concerted efforts to assess and address the risk and safety concerns relating to child(ren) in their own homes or while in foster care (CQI Item 3) to 95.3% of cases sampled, above the PIP goal and federal and state expectations. Performance in CQI Item 2 dropped in FY 17/18 and fell below the federal and state expectation but remained above the statewide performance. (See Table 7)

CQI Safety							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Heartland FY 2016/2017 n=76	Heartland FY 2017/2018 n=64	Percent Improvement	Statewide CQI/QA Performance FY 2017/2018 n=1,081	2016 Statewide Federal Child & Family Service Review 4/1/16-9/30/16 n=80	Federal and State Expectation	Federal Program Improvement Plan (PIP) Goal
CQI Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?	97.0%	94.1%	-2.9%	90.9%	76.5%	95.0%	
CQI Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes or while in foster care?	93.0%	● 95.3%	2.3%	89.8%	71.3%	95.0%	77.7%

A green dot denotes performance is above the federal PIP goal; a red dot denotes performance is below the federal PIP goal.
Table 7. Source: QA Rapid Safety Feedback: Federal Online Monitoring System

PERMANENCY

The graphs and tables on the following pages depict HFC's performance related to permanency in the following areas:

1. Permanency in 12 months
2. Permanency in 12-23 months
3. Permanency after 24 months
4. Placement stability
5. Percent not re-entering care
6. Siblings placed together
7. Qualitative case review results

HFC's performance related to permanency exceeds the statewide target for most qualitative measures and the following scorecard measures:

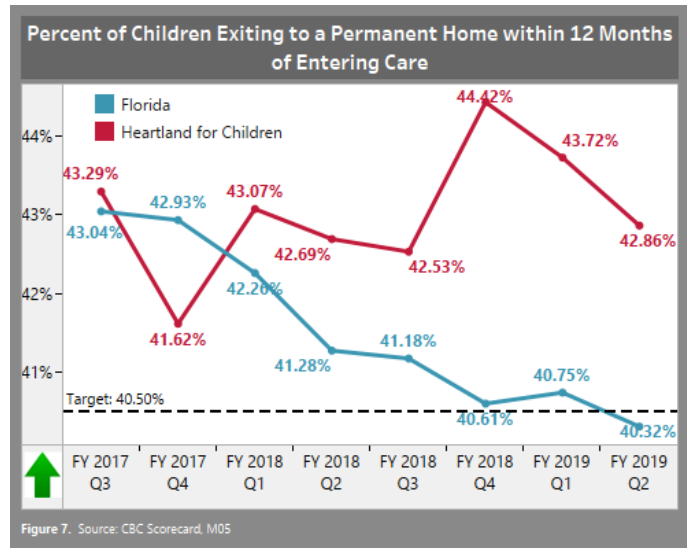
- permanency within 12 months of removal
- permanency within 12 months for those children in care between 12 and 23 months

HFC's performance is below the statewide performance and the Federal PIP goal in ensuring the child(ren) in foster care are in a stable placement and that any placement changes are in the best interest of the child(ren) and aligned with case plan goals (CQI Item 4). Additionally, HFC's performance is below the performance target in shared sibling placement and children re-entering foster care within 12 months of moving to a permanent home.

PERMANENCY IN 12 MONTHS

Percent of children exiting foster care to a permanent home within 12 months of entering care (Scorecard Measure M05): This graph depicts the percentage of children who entered foster care during the report period where the child achieved permanency within 12 months of entering foster care.

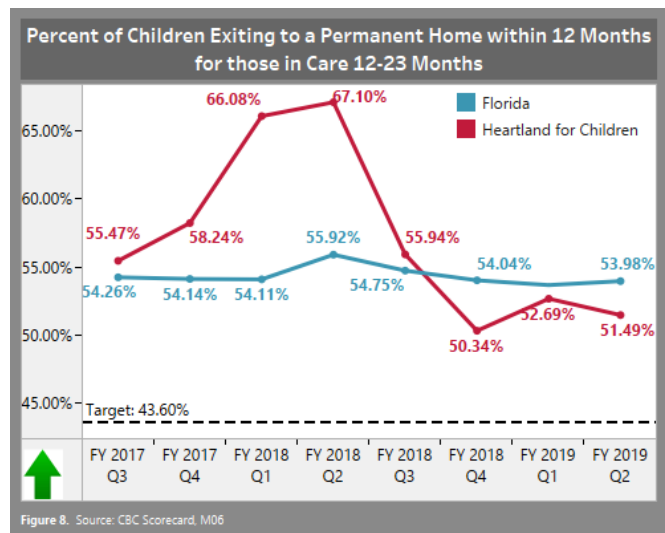
HFC's performance on this measure has consistently exceeded the performance target and has exceeded the statewide performance in the past six quarters but has trended negatively since FY 17/18 Q4. (See Fig. 7) Quality reviews show that HFC established appropriate permanency goals in a timely manner (CQI Item 5) in 100% of sampled cases and that the agency made concerted efforts to achieve reunification, guardianship adoption, or other planned permanent living arrangements for the child(ren) (CQI Item 6) in 95.2% of cases sampled. (See Table 8)



PERMANENCY IN 12 – 23 MONTHS

Percent of children exiting foster care to a permanent home in 12 months for children in foster care 12 to 23 months (Scorecard Measure M06): This graph provides the percentage of children in foster care whose length of stay is between 12 and 23 months as of the beginning of the report period who achieved permanency within 12 months of the beginning of the report period.

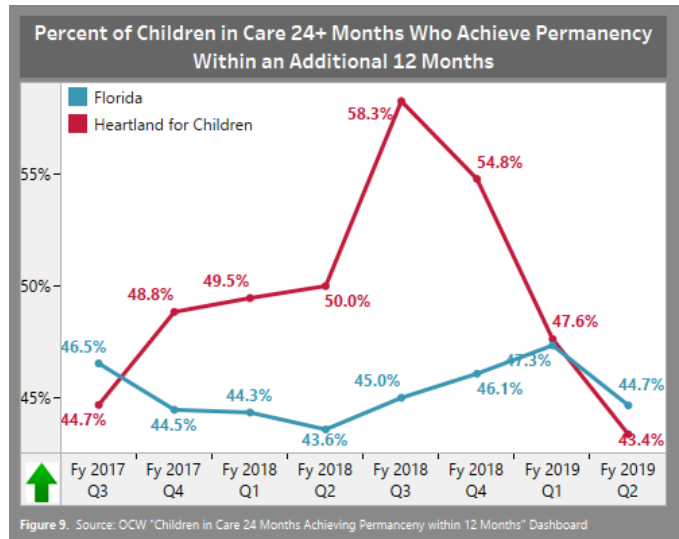
HFC's performance, although trending negatively in recent quarters, has consistently exceeded the performance target and in five of the past eight quarters, HFC's performance exceeded the statewide performance. (See Fig. 8) CQI reviews indicate that HFC made frequent, quality visits between caseworkers and the child(ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals in 98.4% of cases reviewed. (See Table 10)



PERMANENCY AFTER 24 MONTHS

Percent of children in foster care for 24 or more months exiting to a permanent home: This graph depicts the percentage of children who were in foster care for 24 or more months and achieved permanency upon exiting foster care.

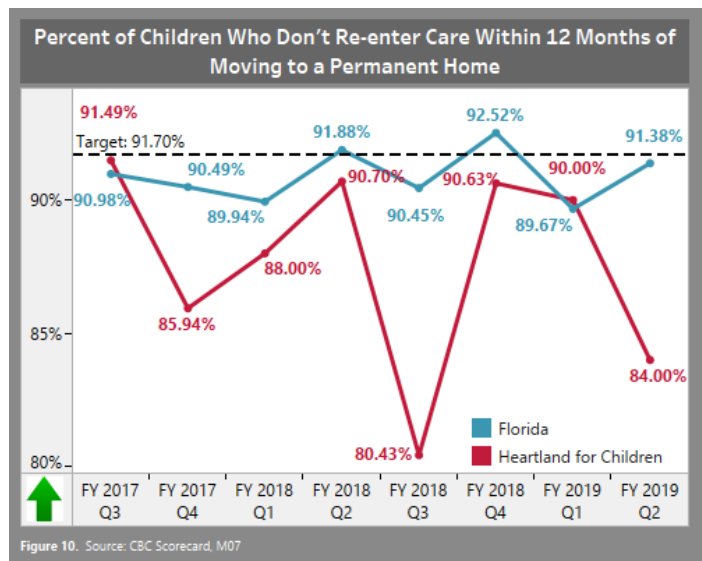
HFC's performance on this measure has been trending negatively since FY17/18 Q4 and in the most recent quarter, HFC fell below the statewide performance. (See Fig. 9) Quality reviews indicate that HFC established permanency goals for children in a timely manner (CQI Item 5) in 100% of the cases sampled in FY 17/18, an 11% increase from FY 16/17. CQI Item 6 indicates that the agency made concerted efforts towards permanency in 95.2% of cases sampled in FY 17/18, a 2.8 % decrease from FY 16/17. (See Table 9)



PERCENT NOT RE-ENTERING INTO CARE

Percent of children who do not re-enter foster care within 12 months of moving to a permanent home (Scorecard Measure M07): This graph depicts the percentage of exits from foster care to permanency for a cohort of children who entered foster care during the report period and exited within twelve months of entering and subsequently do not re-enter foster care within 12 months of their permanency date.

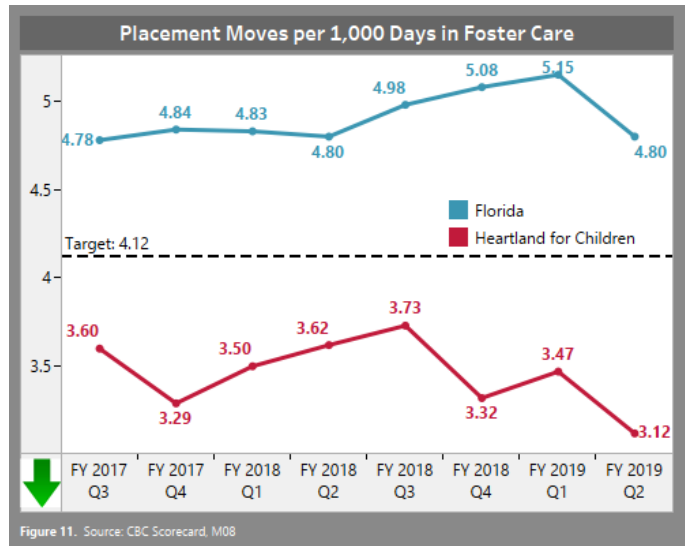
HFC has failed to meet the performance target in all the past eight quarters. (See Fig. 10) Additionally, quality reviews indicate that HFC made concerted efforts to provide services to the family to prevent children's re-entry into foster after reunification in 97% of cases reviewed in FY 17/18, a 2.9% drop from FY 17/18. (See Table 7)



PLACEMENT STABILITY

Placement moves per one-thousand days in foster care (Scorecard Measure M08): This graph depicts the rate at which children change placements while in foster care during the report period.

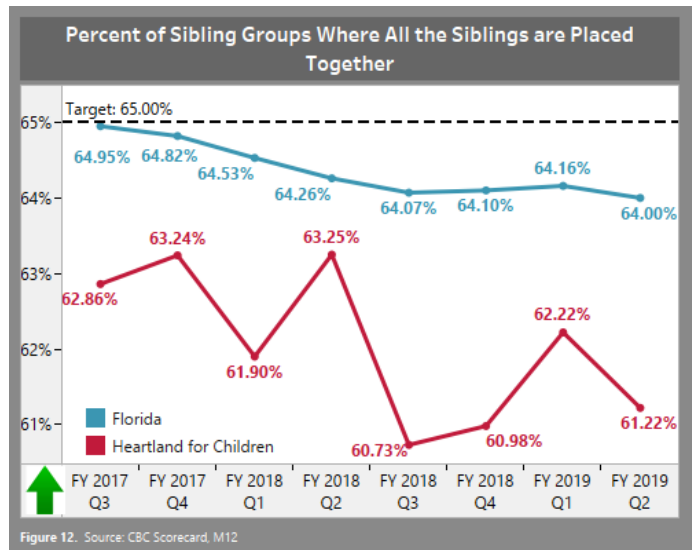
HFC's performance on this measure has negatively exceeded both the performance target and statewide performance in all the past eight quarters (see Fig. 11). Quality reviews show that in FY17/18 HFC ensured the child was in a stable placement and any changes in the child's placement were in the best interest of the child and consistent with achieving the child's permanency goal(s) in 69.1% of cases, a 24% drop from FY 16/17 and below statewide performance, the Federal PIP and the state and federal expectation. This is the only federal PIP goal that was not met by HFC in FY17/18. (See Table 9)



SIBLINGS PLACED TOGETHER

Percent of sibling groups where all siblings are placed together (Scorecard Measure M12): This graph depicts the percentage of sibling groups with two or more children in foster care as of the end of the report period where all siblings are placed together.

HFC's performance on this measure is below the statewide performance, trending negatively overall and has failed to meet the performance target in the past eight quarters. HFC's FY17/18 performance, shown in qualitative reviews, was 15.6% better than the previous year, showing strides to ensure siblings are placed together unless separation was necessary to meet the needs of one of the siblings. (See Table 9)



QA CASE REVIEW DATA

The table below provides the current performance in items related to permanency that are based on qualitative case reviews.

Heartland for Children is performing well in most of the qualitative measures related to permanency. RSF reviews have indicated the quality of visits between case managers and children, mothers, and fathers has been sufficient to address issues pertaining to safety planning and evaluate progress towards case plan outcomes in 100% of cases sampled.

Rapid Safety Feedback - Permanency			
Quality Assurance - Rapid Safety Feedback Item	Heartland for Children FY 2016/2017 n=40	Heartland for Children FY 2017/2018 n=37	Statewide FY2017/2018 n=793
RSF 2.1 Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	100.0%	100.0%	60.1%
RSF 2.3 Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	97.4%	100.0%	66.3%
RSF 2.5 Is the quality of visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	100.0%	100.0%	52.6%

Green font denotes performance above the Statewide RSF Average; red font denotes performance below the Statewide RSF Average.
Table 8. Source: QA Rapid Safety Feedback; Federal Online Monitoring System

CQI Permanency							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Heartland FY 2016/2017 n=76	Heartland FY 2017/2018 n=64	Percent Improvement	Statewide CQI/QA Performance FY 2017/2018 n=1,081	2016 Statewide Federal Child & Family Service Review 4/1/16-9/30/16 n=80	Federal and State Expectation	Federal Program Improvement Plan (PIP) Goal
CQI Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interest of the child and consistent with achieving the child's permanency goal(s)?	93.0%	● 69.1%	-24.0%	81.6%	82.0%	95.0%	88.5%
CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?	89.0%	100.0%	11.0%	83.0%	81.8%	95.0%	
CQI Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child?	98.0%	● 95.2%	-2.8%	72.5%	74.5%	95.0%	75.4%
CQI Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?	75.0%	90.6%	15.6%	83.8%	67.3%	95.0%	
CQI Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child's relationships and with these close famil..	78.0%	81.6%	3.6%	62.9%	69.0%	95.0%	
CQI Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community faith, extended family, Tribe, school and friends?	84.0%	94.9%	10.9%	75.1%	82.0%	95.0%	
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	91.0%	90.5%	-0.5%	80.9%	72.0%	95.0%	
CQI Item 11: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through acti..	73.0%	81.8%	8.8%	54.6%	60.0%	95.0%	

A green dot denotes performance is above the federal PIP goal; a red dot denotes performance is below the federal PIP goal. Green font in the "Percent Improvement" column denotes positive improvement; red font denotes a negative change.

Table 9. Source: QA Rapid Safety Feedback; Federal Online Monitoring System

While HFC has performed well on most CQI measures, quality reviews around placement stability (CQI Item 4) show a negative trend, as performance dropped by 24% in FY 17/18 and fell below the statewide performance, Federal PIP goal, and federal and state expectation and this performance.

WELL-BEING

The graphs and tables on the following pages depict HFC's performance related to well-being in the following areas:

1. Children receiving medical care
2. Children receiving dental care
3. Young adults enrolled in secondary education
4. Qualitative case reviews

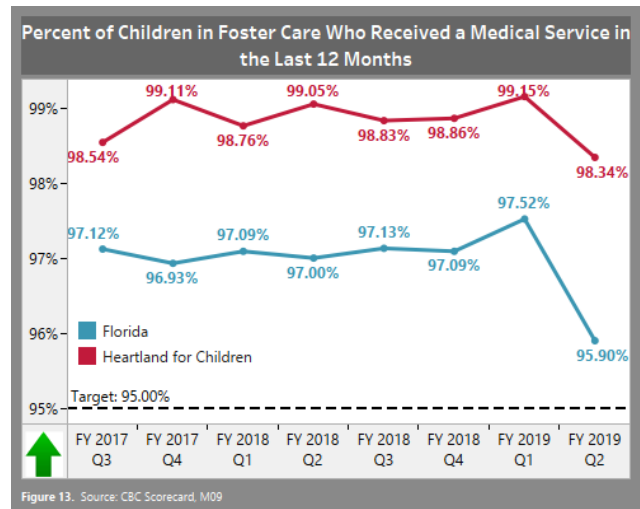
HFC's quantitative child well-being performance exceeds the performance target in ensuring children in out-of-home care receive medical care within the past 12 months and ensuring young adults in foster care at age 18 have completed or are enrolled in secondary education. The percentage of children in out-of-home care who received dental services within the past seven months was below the performance target in FY17/18. (See Table 5) Quality Reviews show that despite some fluctuations in performance, HFC consistently performs well in qualitative reviews around child well-being.

CHILDREN RECEIVING MEDICAL CARE

Percent of children in foster care who received medical care in the previous 12 months (Scorecard Measure M09):

This graph depicts the percentage of children in foster care as of the end of the report period who have received a medical service in the last 12 months.

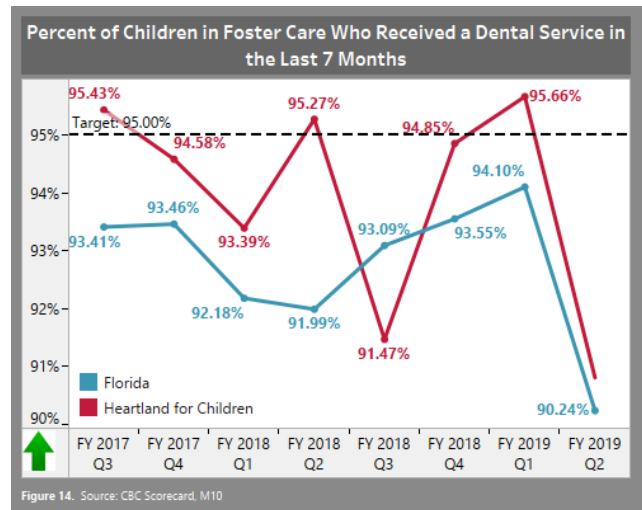
HFC's performance on this measure has exceeded both the performance target and the statewide performance in the past eight quarters. (See Fig. 13) Qualitative reviews indicates a 7.3% decline in performance in CQI Item 17 in FY 17/18, however HFC's performance still exceeded the statewide performance in addressing the physical health needs of children. (See Table 10)



CHILDREN RECEIVING DENTAL CARE

Percent of children in foster care who received a dental service in the last seven months (Scorecard Measure M10): This graph depicts the percentage of children in foster care as of the end of the report period who have received a dental service in the last seven months.

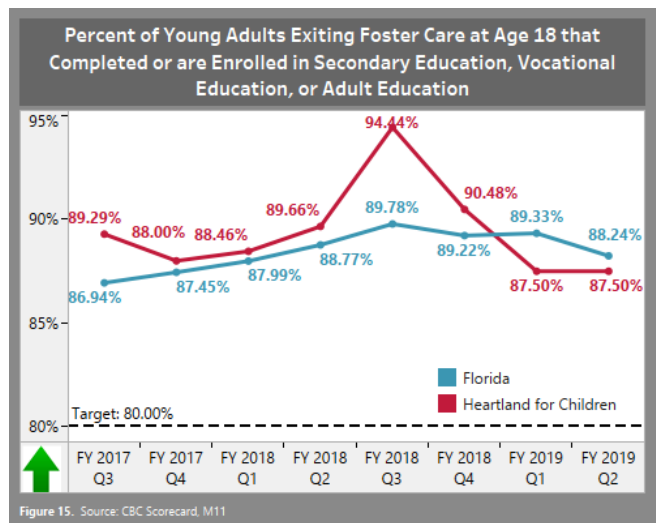
HFC's performance on ensuring children in foster care receive a dental service every seven months has been inconsistent, only meeting the performance target three times in the past eight quarters. (See Fig. 14) As mentioned above, HFC's qualitative performance declined in FY17/18 but still exceeded that of the state in addressing the physical health needs of children, including dental needs. (See Table 10)



YOUNG ADULTS ENROLLED IN SECONDARY EDUCATION

Percentage of young adults who have aged out of foster care at age 18 and completed or are enrolled in secondary education, vocational training, or adult education (Scorecard Measure M11): This graph depicts the percentage of young adults who aged out of foster care who had either completed or were enrolled in secondary education, vocational training, or adult education as of their eighteenth birthday.

HFC's performance on this measure has exceeded the performance target in all of the past eight quarters but recently dipped below the statewide performance. (See Fig 15) Quality reviews show a 4.2% improvement in CQI Item 16 in FY17/18 and indicated that the agency made concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities in 97.2% of cases reviewed, above the statewide performance and the federal and state expectation. (See Table 10)



QA CASE REVIEW DATA

The table on the following page provides HFC's performance in measures related to child well-being based on CQI case reviews. HFC's performance related to child well-being measures exceeds the statewide performance and Federal PIP goals. Quality reviews show HFC improved performance in FY 17/18 in making concerted efforts to assess the needs of and provide services to children to identify services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family (CQI Item 12A), but a decrease in the corresponding items relating to parents and foster parents (CQI Items 12B and 12C). Performance on frequency and quality of visits between caseworkers and parents (CQI Items 15) followed a similar pattern.

CQI Well-Being							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Heartland FY 2016/2017 n=76	Heartland FY 2017/2018 n=64	Percent Improvement	Statewide CQI/QA Performance FY 2017/2018 n=1,081	2016 Statewide Federal Child & Family Service Review 4/1/16-9/30/16 n=80	Federal and State Expectation	Federal Program Improvement Plan (PIP) Goal
CQI Item 12A: Did the agency make concerted efforts to assess the needs of and provide services to children to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	95.0%	● 98.4%	3.4%	86.4%	51.3%	95.0%	58.4%
CQI Item 12B: Did the agency make concerted efforts to assess the needs of and provide services to parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	83.0%	● 80.7%	-2.3%	64.0%	51.3%	95.0%	58.4%
CQI Item 12C: Did the agency make concerted efforts to assess the needs of and provide services to foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	100.0%	● 97.4%	-2.6%	88.3%	51.3%	95.0%	58.4%
CQI Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	68.0%	● 90.2%	22.2%	60.5%	63.6%	95.0%	70.7%
CQI Item 14: Were the frequency and quality of visits between caseworkers and the child (ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?	91.0%	● 98.4%	7.4%	62.5%	72.5%	95.0%	78.9%
CQI Item 15: Were the frequency and quality of the visits between the case workers and mothers and fathers sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals?	55.0%	45.6%	-9.4%	38.7%	43.5%	95.0%	
CQI Item 16: Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?	93.0%	97.2%	4.2%	80.3%	92.0%	95.0%	
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	95.0%	87.7%	-7.3%	76.8%	85.0%	95.0%	
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	91.0%	87.9%	-3.1%	69.3%	72.0%	95.0%	

A green dot denotes performance is above the federal PIP goal; a red dot denotes performance is below the federal PIP goal. Green font in the "Percent Improvement" column denotes positive improvement; red font denotes a negative change.

Table 10. Source: QA Rapid Safety Feedback; Federal Online Monitoring System

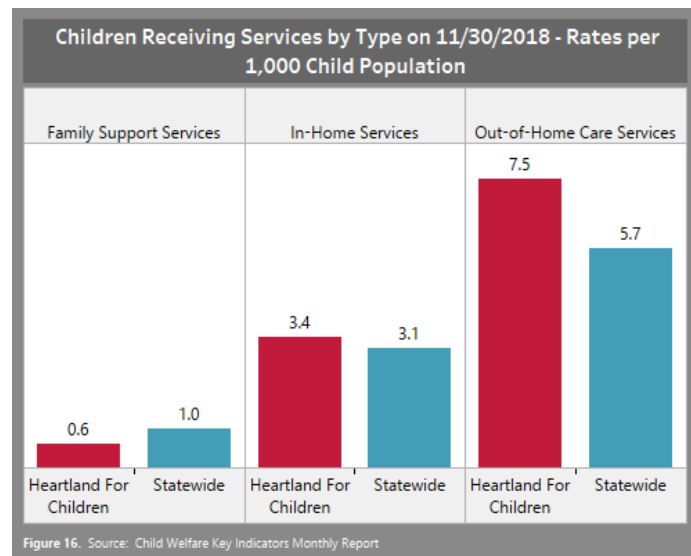
SECTION 6: SERVICE ARRAY FOR SAFETY MANAGEMENT AND FAMILY SUPPORT SERVICES

SUMMARY

In July 2016, the Office of Child Welfare initiated a service array assessment with each CBC across the state. The assessment focuses on evaluating the availability, access and application of services for child welfare involved families. CBCs have the flexibility to create programs and services that meet the needs of children and families. CBCs should continuously monitor and analyze the success of programs they purchase or develop. This analysis should go beyond monitoring contract outcomes to also include analysis of outcomes for children and families related to safety, permanency and well-being. Prior to modifying, implementing or purchasing a program the CBC should ensure there is research supporting the use of this program for the child welfare population.

The rating system is as follows:

- 0 - CBC has no defined service in this service domain.
- 1 - CBC has defined services in this domain, however they are not fully aligned with service array framework definitions.
- 2 - CBC has services in this domain in accordance with the service array framework definitions.
- 3 - CBC is providing the services consistently as defined, with no capacity issues as demonstrated by no waiting lists and access across all service areas.
- 4 - CBC is providing the services consistently as defined, with no capacity issues. CBC has developed methods to assess the quality and the effectiveness of the service and has processes in place to address issues identified from those assessments.



Family Support Services - HFC has a rating of “3” for Family Support Services.

HFC subcontracts with Neighbor to Family (NTF) for family support services. NTF services are strength and evidenced-based and include behavioral health services, transportation assistance, parenting education and support such as the Nurturing Parenting Program (NPP), infant mental health, and cognitive behavioral therapy. The program has access to a wide variety of other evidenced based/informed models through referral to other community resources. NTF staff maintain frequent communication with outside providers to ensure clear and open communication and knowledge sharing regarding the family’s engagement and progress. At the conclusion of service delivery, or if the family does not engage in services, close the loop staffing/communication occurs with the referral source, typically via e-mail. If the case is classified as safe but family chooses not to participate in FSS services, the case will be closed without transfer over to safety management services.

NTF conducts home visits at least once per week or more often based on the family’s individual needs. Once the case is opened, NTF initiates the family support module in FSFN and all subsequent work is captured there. NTF utilizes the evidenced based North Carolina Family Assessment Scale (NCFAS) to gather history and identify gaps in the family’s protective capacities. Family teaming is used and the family, in partnership with HFC and the Department, drives the goals to promote and strengthen protective capacities.

NTF and HFC measure success rates of Family Support Services cases by successful completion of a service plan, increases in the protective factors, and reduction or elimination of verified reports of maltreatment within one year of case closure.

HFC also contracts with SCARF (Serving Children and Reaching Families) for Family Support Services. These supports include in-home safety services that can be accessed to assist in immediately stabilizing family conditions or temporarily supplementing the caregiver’s diminished protective capacities and underlying danger threats in the home. Barriers to effective service delivery were identified in focus groups. For example, during the on-site monitoring, the investigations focus group reported that when a family must go to Osceola County for an intake, the length of time for service engagement may be weeks or months and most clients cannot complete the initial assessment due to lack of transportation. While HFC indicates this is not a necessary part of the intake process for family support services, the confusion around the referral process has impacted investigations’ perspective of effectiveness of the program and has limited referrals.

Safety Management Services- HFC has a rating of “3” for Safety Management Services.

HFC subcontracts with Neighbor to Family (NTF) for safety management services. NTF Safety Management Services (SMS) are designed to provide fully engaging, intensive, family-centered, strength-based and solution focused in-home services aimed at restoring families in crisis to an acceptable level of functioning. Services are designed to stabilize the crisis which put children at imminent risk for out-of-home placement, and keep the child, family and community safe by defusing the ongoing risk and safety factors. SMS services focus on four safety categories which are:

- Social Connection – Services which include Friendly Visiting, Basic Parenting Assistance, Supervision and Monitoring as Social Connection, and Social Networking
- Crisis Management – Services which include crisis reduction and problem solving

- Behavior Management – Services which include Supervision and Monitoring, Stress Reduction and Behavior Management.
- Resource Support – Services which promote increased access to resource supports such as transportation, financial assistance, employment assistance, housing assistance and improved access to general health care, food, furniture and clothing.

Focus group interviews indicate some challenges with safety management. For example, the same formal safety management services available to CPIs are not available for case management when the children remain in the home. This is impacting the CPI referral rate because they are reluctant to refer to a program that they know won't continue working with the family when they identify impending danger. Similar to family support services, there is confusion around the referral process to access these services. While there are several programs available to provide a combination of services, including safety management, at the point of reunification, there are no clear safety management services available for in-home cases.

ANALYSIS

HFC contracts with Neighbor to Family and SCARF in Circuit 10 for Family Support Services and Safety Management Services. There are capacity concerns and barriers to utilization, thus impacting confidence in services and lowering referrals. Currently, Family Support Services are rated a "3" and Safety Management Services a "3", however the concerns noted above, as well as the absence of formal safety management services for in-home case management would indicate the need for a lower rating.

SECTION 7: LEADERSHIP AND GOVERNANCE

SUMMARY

This category focuses on alignment of HFC's Mission/Vision/Values (M/V/V) to those of the Department and includes an assessment of resource and risk management, evaluation of the Chief Executive Officer and leadership development

Mission/Vision/Values

The mission statement for HFC is 'Improving safety, permanency, and well-being for all children in Polk, Highlands, and Hardee counties. HFC's vision is to eliminate child abuse and neglect in Polk, Highlands, and Hardee counties. HFC's mission and vision are aligned with the Department's mission to 'Protect the vulnerable, promote strong and economically self-sufficient families and advance personal and family recovery and resiliency.' HFC actively communicates their mission, vision and values and they are embraced and demonstrated by all levels of the organization. Additionally, HFC operates under an overarching strategic goal, called a Global End, that drives the agency to ensure that 'Children and youth in Hardee, Highlands and Polk counties become productive adults through efficient use of all resources available to Heartland for Children.' Productive adults are defined as those that are independent, self-reliant, and give back to the community. There are some operational challenges to achieving their goals, such as a need to enhance the EFC/IL program to ensure successful achievement of the Global End in developing productive adults that are independent, self-reliant, and give back to the community, but HFC takes a proactive approach to addressing these concerns. Prior to the COU monitoring, HFC

identified the need to enhance IL/EFC services, thus exemplifying their commitment to ongoing monitoring of strategic goals and this Global End.

Resource Management

HFC develops resources beyond funding from the Department by leveraging relationships with community partners to solicit in-kind donations, fundraising (while not competing with subcontracted providers), and maximizing return on investment for paid advertising. HFC is a fiscally sound organization that has not applied for Risk Pool funds. Additionally, HFC has had a carry forward balance of more than one million dollars each fiscal year since 2015. HFC actively seeks, and applies for, grant opportunities when available. Some of the grant opportunities HFC has secured include:

- Florida Intelligent Recruitment Program (FIRP), site
- Homeless Coalition ESG Grant
- Polk County BOCC CDBG Grant
- Preparing Teens and Protecting Futures - Preventing Teen Pregnancies within the Child Welfare System
- Publix Charities Grant
- Hobbs Foundation
- GiveWell Community Foundation- George W. Jenkins Fund
- All State Foundation
- Mosaic Caring Hearts Foundation
- Florida's Natural Growers Foundation

Evaluation of CBC Leadership

The CEO is evaluated on an ongoing basis based on 'Ends Policies' and 'Executive Limitations' set by the HFC Board of Directors. The 'Ends Policies' describe the Board's expectations of the CEO and the outcomes the CBC is expected to achieve. Some 'Ends Policies' are derived from HFC performance measures. The 'Executive Limitations' outlines those activities that the Board recognizes as limits of the CEO and organization such as areas outside the control of the CEO or organization. The Board holds the CEO accountable for meeting all Board expectations for organizational performance. The CEO is evaluated monthly, quarterly and annually according to the schedule established to measure performance on each 'Ends Policy.' The CEO is evaluated on several 'Ends Policies' including, but not limited to Child Safety, Nurturing and Permanent Homes, Engaged Parents, Prevention, Treatment of Staff and Stakeholders, and Financial Planning & Budgeting. The Board meetings include review of the Ends Policies according to a pre-defined annual schedule. One or more Ends are reviewed at each meeting. For example, at the January 2019 Board of Directors meeting, the Financial Conditions and Activities End was discussed in regard to out-of-home care costs, capacity, use of group homes, placements with relatives and non-relatives and collaboration and coordination with DJJ for crossover youth. This in-depth process of monitoring and reviewing critical areas of operation is enhanced through the use of the Carver model for organizational management.

Risk Management

HFC employs a full time Chief Legal Officer who is tasked with monitoring events and activities which pose risk to the agency. Two primary categories of risk have been identified by HFC – Financial and Performance. To mitigate financial risk to the agency, the following reports are distributed to the Executive Management Team (EMT) and, as applicable, the Board for review and action.

- Financial viability plan (monthly)
- Out-of-Home Care Report (daily)
- Board Reports to include: cash management, profit and loss and balance sheet.

To mitigate risk related to performance, the following meetings occur regularly:

- EMT meetings (weekly) – Executive leadership meets to discuss various topics of interest
- Management meetings (weekly) – Operational meetings to discuss performance
- Performance and Quality Improvement Packet (weekly) – Review of quality and performance data
- Residential Group Care and High Cost Placement Report (monthly) – Review of high cost placements for possible step down to a less restrictive placement
- CMO Leadership meetings (quarterly) – Meeting to discuss and collaborate regarding identified issues
- Legal workgroup meetings (bi-monthly) – Discuss legal issues and updates
- Board of Directors (monthly) – Board meeting
- Court observations reporting (weekly) – Report out on court activities including worker performance in court settings

Risk management mitigation is further enhanced through specific activities around atypical occurrences. For example, an ethics committee reviews any allegations of ethical misconduct, special quality reviews occur as warranted for critical cases, aggregate incident reporting data is disseminated and discussed by leadership to identify potential threats and trends, and a protocol exists to promote staff to the executive team.

Board Activities

The HFC Board of Directors adopted the Carver Policy Governance Model in January 2010. As mentioned above, the model denotes ‘Policy Ends’ and ‘Executive Limitations’ which guide the agency’s performance and trajectory. The CEO is the single point of delegation for the Board and, as such, is held accountable for the agency’s performance. Performance data is presented to the Board on a monthly basis, allowing the Board to monitor the agency’s progress on ‘Policy Ends.’ Each month, the Board reviews and discusses data reports to determine if the data supports a reasonable interpretation of the Board’s expectations of agency performance.

The HFC Board is comprised of a diverse and engaged group of professionals who are well informed of the CBC’s activities and educated on community-based care operations, including performance expectations set forth by the Department. Each Board meeting includes a review of financial and performance standing. While the Board is not required to fundraise for the agency, fundraising efforts are communicated.

Leadership Development

HFC recognizes the importance of succession planning for executive leadership. HFC enjoys a seasoned and long-standing executive team and proactively plans for executive level personnel changes. Beyond basic succession planning activities such as covering meetings and interim coverage for vacations, HFC employs a formal succession planning tool to drive contemplation and discussion about employee aspirations and goal development. The Annual Performance Analysis Summary Succession Planning tool captures the following information:

- Current position
- Number of years with the organization
- Where employee sees them self in 2, 5 and 10 years
- Career goals for the next year, two years and five years
- Actions taken toward accomplishing identified goals
- When the employee plans to retire
- Personal strengths that have attributed to the employee's success
- Areas for professional development or training
- Job related activities that the employee has enjoyed the most
- Job related activities that the employee has disliked

The development and use of this succession planning tool allows HFC to garner information regarding the workforce which would not be otherwise readily available. Utilizing this process showcases HFC's focus on organizational sustainability and intent to maximize staff proficiency.

ANALYSIS

HFC's executive leadership is experienced and tenured. The Board of Directors is knowledgeable, involved in the CBC operations and invested in the community. HFC's mission, vision and values are aligned with the Department's and are infused in all levels of the organizations. HFC employs multiple processes to leverage funding, evaluate performance and mitigate agency risk. Despite having a stable executive leadership team for many years, HFC has a focus on evaluating and planning for succession and development of their executive leadership.

SECTION 8: WORKFORCE MANAGEMENT

SUMMARY

This category focuses on workforce management, training, and development of case management supervisors.

Workforce Capacity

HFC's hiring plan calls for four to five pre-service trainings per year, each session lasting 13 weeks and seating an average of 20 trainees. Due to the transition from four case management organizations (CMOs) to three in the past year, HFC modified the pre-service training plan to accommodate additional sessions. As of the end of January 2019, the average number of children being served per case manager,

for all three CMOs subcontracted with HFC, was 22.1. Multiple participants in the case manager focus group reported caseloads in excess of 30 children.

The bulk of case management staff who transitioned from the former subcontracted CMO were hired by One Hope United, thus contributing to higher than normal turnover rates. HFC is currently closely working with Children's Home Society to explore causation and remedy the high turnover rate for CHS. HFC communicates expectations to the providers that supervisors should not have active caseloads. However, while supervisors are not routinely assigned as the primary worker on cases, they often complete case worker activities due to the high caseloads of front-line staff.

Retention Activities

HFC engages in multiple employee retention initiatives that promote stability and job satisfaction in the workforce. Some of these initiatives include:

- Service Awards – HFC staff are recognized for 5, 10, 15, 20+ year service awards with gift checks and certificates/plaques for their years of service.
- Annual Employee Satisfaction Survey – Distributed to all HFC staff. Results are tabulated and provided to the Executive Management Team and shared with all staff.
- Kudos/Hats Off – HFC Staff recognized with 'Kudos' from external customers and 'Hats Off' from internal staff.
- Quarterly All Staff Meeting – provides Quadrant updates, recognize new hires
- Wellness Incentive – quarterly wellness events (yoga, lunch n' learns, chair massages, stress reduction activities, sit-to-stand desks)
- Annual Cultural Diversity activity – Staff enjoy the cultures of their co-workers.
- Annual Employee Recognition Week – week long activities for staff to be recognized and appreciated for their work
- Annual Holiday Party – fun activities for all Staff in a festive holiday spirit gathering offsite
- Take Your Child to Work/Law Day – partner with Children Legal Services where HFC Staff can bring their children to work/law day, specifically relating to legal services
- Directors/Program Manager Meeting – collaborative networking with directors and program managers to effectively manage their staff
- Quadrant Retreat – Executive Management Team have recognized that there is value in utilizing staff retreats to allow team members to take time to reflect on their work, contemplate their purpose and motives, to form bonds with one another and work on goals or planning activities; where they can re-evaluate goals, build teams, and re-focus
- Birthday Celebration, Baby Shower, Retirement, Marriages – HFC staff are recognized for their birthdays, newborns, retirement, marriages, etc.
- Quarterly HFC Newsletter is prepared and distributed to all HFC Staff to showcase all activities of the staff

Data published on HFC's website shows 12 month rolling case management turnover, as of the end of December 2018, ranged from 54.4% (Devereux) to 93.8% (CHS). For case management supervisors, turnover rates ranged from 0% (Devereux) to 37.5% (CHS) (Source: [Turnover](#)).

Training

HFC's Training Department consists of the Director of Organizational Development and Learning, one Child Welfare Trainer and a Training Coordinator. HFC is currently recruiting for a post classroom trainer to supplement the training team. HFC develops an annual training plan that is inclusive of both pre-service curriculum and the in-service training requirements. HFC is an approved training provider through the Florida Certification Board (FCB). Focus groups with case managers identified a need for post training support and application-based training which HFC indicated they have recognized as well and are in the process of expanding the training department to address these needs. Specifically, while the pre-service classroom training is robust and includes relevant guest speakers and field visits to partner agencies, the post classroom field support to new case managers is minimal and primarily the responsibility of the supervisor. Focus groups indicated that this contributes to frustration on the part of the newly trained case manager. And, while evidence of a direct correlation between turnover and lack of post classroom training support cannot be stated, the association appears reasonable.

HFC requires that each certified child welfare professional in the system of care complete their required professional development hours each fiscal year. HFC offers a number of relevant in-service trainings including the Practice Model, Safety Plans, Engagement, Family Functioning Assessment-Ongoing, Caregiver Protective Capacities, Supervisor Consultations, Progress Updates and FSFN. HFC subcontracts require each subcontracted agency employee to complete six hours of qualified in-service training quarterly and each subcontracted agency to provide a report to HFC monthly documenting compliance with this requirement. By doing so, HFC minimizes barriers to successful recertification. HFC aptly uses Title IV-E Training dollars to maximize fiscal sustainability while optimizing the training curriculum.

Pre-Service Training

The pre-service training curriculum at HFC lasts 13 weeks and includes multiple field days with specific directed activities. A structured field day quality report card is completed by trainees after each structured field day to gather information about the overall quality of activities performed during the field day and guide future improvements. Additionally, multiple study days are embedded in the curriculum to allow time for trainees to prepare for the certification test in a collaborative and interactive manner. At the end of pre-service training, trainees complete an evaluation of the training. The training team uses this information and data related to successful completion of the certification exam for process and performance improvement. In FY 18/19, 94.74% of trainees passed the provisional certification exam on the first attempt, 97.37% after the second attempt.

The Specialized Human Trafficking training is embedded in the pre-service curriculum, thus most case managers in Circuit 10 have received this training. To ensure all Circuit 10 staff receive the Specialized Human Trafficking training, the HFC training team has identified all staff who have not yet received the training and they are notified of the next availability to complete this training by attending that portion of pre-service training.

In-Service Training

HFC provides a wide variety of in-service trainings to staff and subcontracted partners. FY18/19 training titles include, but are not limited to: Specialized Human Trafficking, Ongoing Human Trafficking, Balancing Collaboration, Confidentiality and Privilege on Human Trafficking Cases, The Boy Who Never

Cried Wolf, DCF 2018 Security Awareness, DCF 2018 HIPAA, Compassion Fatigue/Stress Management, Engaging Fathers, Youth Mental Health First Aid, Score Card and Performance Measures, Child Sexual Abuse Accommodation Syndrome, Creating Sexual Safety and Promoting Healing in Foster Care and Adoption, Motivational Interviewing, A Gang Trafficking Case Study, 2018 Domestic Violence Symposium, DCF's Serving Our Customers who are Deaf or Hard-of-Hearing, Assessment Training, FTC Overview, Collaborating with Culturally Specific Organizations to End Human Trafficking, Domestic Violence and Sexual Assault, Commercial Sexual Exploitation of Children: Human Trafficking Screening Tool, Child Passenger Safety, and Conditions for Return.

HFC determines which in-service trainings to provide based on a variety of factors including: legal updates, DCF Operating Procedure updates, training required by the Department and training related to analysis of quality and performance data and system deficiencies such as ACTION training pertaining to Practice Model knowledge development.

Case Management Supervisor Development

The Supervising for Excellence training is typically held at least two times a year, or as needed, and is trained by the Director of Organizational Development and Learning. This training is open to new supervisors, Case Management Organizations and other providers. This training is also available to Case Manager Leads or other individuals that have a desire to improve their leadership skills.

While classroom supervisor development training is offered, minimal post classroom training support is provided to front line supervisors in quality consultative reviews which provoke and develop case manager critical thinking skills. Front line supervisor focus groups revealed a need for additional supervisor training and support regarding consultative skills development is necessary.

ANALYSIS

HFC offers a robust classroom pre-service curriculum and abundant in-service classroom training. HFC's training team is small and in the process of expanding to offer much needed field support to front line staff. Many case managers have high caseloads and most case management supervisors are providing support by conducting case manager tasks which limits their ability to mentor and coach case managers, including developing critical thinking skills. While HFC offers a number of trainings annually and has systems in place to ensure attendance at the trainings, processes to ensure transfer of learning from classroom to the field were not consistently evident. Also, root cause analysis regarding case management turnover is warranted.

SECTION 9: CONTINUOUS QUALITY IMPROVEMENT

SUMMARY

This category focuses on data analysis, performance improvement strategies, program development and quality of eligibility determination.

Data Quality

HFC's use of data to enhance continuous quality improvement is exceptional. HFC's Revenue Maximization team enters placement and eligibility data in an effort to ensure accuracy. Additionally, at

case transfer demographic information is confirmed by HFC staff. HFC distributes a detailed performance data packet internally and externally each week. This information is used to validate data entry into FSFN to ensure completion of required tasks and proactively drive efficiency.

Data Analysis

HFC employs a wide variety of methods to analyze data and drive performance improvement efforts. In addition to analyzing data to detect commonalities and trends inherent in the system, HFC does not shy away from seeking broader solutions from external sources. For example, several years ago, HFC began working with Mindshare, a Tampa based company, to delve deeper into data analytics and augment FSFN reporting. Using MindShare's Predictive Analytics technology, HFC is continuing to identify characteristics, or 'attributes' which indicate potential re-entry into foster care. Over the past few years, HFC has worked with Mindshare to validate the attributes. HFC is now moving to the next evolution of the process to identify intervention strategies to use when a case is identified as having the potential for re-entry into the child welfare system. HFC secured the assistance of a consultant and began a 'Think Tank' to explore service interventions that may aid in preventing re-entry. The workgroup is in the early stages but is expected to yield positive results and reduce the number of children who re-enter care.

HFC distributes a detailed performance data packet internally and externally each week. This information is used to monitor performance and prompt ongoing discussion regarding barriers to achieving performance targets such as scorecard and contract requirements. Additional information included in the weekly data packet includes, but is not limited to: caseloads, exit interviews, adoption finalizations, missing children, child placement agreements, health risk assessments and family functioning assessment completion.

Performance Improvement Strategy

HFC conducts continuous program review activities to identify performance deficiencies. Two CFSR and one RSF reviewers conduct ongoing quality reviews to identify performance gaps. Individually, HFC's CQI staff meet with the case manager, supervisor and program manager regarding the outcome and recommendations of each quality review. On a quarterly basis, this information is rolled up and shared with leadership and at system of care meetings. Corrective actions are taken, as appropriate. Quarterly 'spot checks' occur wherein CQI staff conduct fidelity reviews of randomly selected files to follow up on identified issues. Systemic improvements are implemented when themes are identified. For example, in response to quality reviews showing performance gaps, HFC created a supervisory review tool and worked in collaboration with one of the CMOs to pilot the tool prior to full implementation. Front line staff struggled to verbalized understanding of the CQI and RSF process and participants reported that debriefings were not collaborative or helpful, including instances where feedback was provided through email rather than a consultative approach.

HFC has worked in close collaboration with Casey Family Programs to implement Rapid Permanency Reviews which has resulted in improved permanency outcomes for children. In September 2017, 63 children were identified as the initial cohort to include in the Rapid Permanency Review. In February 2018, another 86 children were identified and in October 2018, 95 children were included in the process. Using the Rapid Permanency Review process, a team approach guides the case manager to identify and resolve barriers and move the case to permanency. Additionally, HFC gathered data and

identified trends present which potentially contributed to permanency delays. To respond, HFC is in the process of creating a case oversight tool which will provide early guidance on all cases to sustain an expeditious and safe course towards permanency.

Another example of HFC's use of data to drive performance improvement is seen in their response to a decline in performance on CQI Item 4 (Is the child in foster care in a stable placement and were any changes in the child's placement in the best interest of the child and consistent with achieving the child's permanency goal(s)?). As Table 9 shows, HFC's FY17/18 performance on this CQI measure dropped 24%. To reverse this trend, HFC mobilized a process to identify any potential placement disruptions early and the GAP (Guardians As Parents) program was deployed to engage the caregivers and attempt to remedy the circumstances surrounding the potential disruption. Although this subcontracted service is set to sunset, while operational, it yielded success in preserving relative and non-relative placements. HFC plans to incorporate a similar process in their incorporation of the upcoming statewide GAP (Guardianship Assistance Program).

Quality of Eligibility Determination

HFC's Revenue Maximization team is tenured and knowledgeable about the eligibility process. A focus on data integrity is clear throughout the organization and HFC's Rev Max team is a good example of this focus. The Rev Max team works closely with case management to ensure needed information is obtained and accurately entered into the system. The HFC Director of Organizational Development and Learning primarily determines Title IV-E funding for training and works in partnership with the HFC Chief Financial Officer to ensure accurate reporting. When assessing the Title IV-E Eligibility, the In-Service Course Subjects are utilized on the Title IV-E Training Report. Training records are reviewed and maintained for all HFC and Case Management Staff to determine if their position and the training they attended meets the criteria of the Title IV-E Training Funds. All three Case Management Organizations are required to submit their monthly training report to the HFC Training Department to ensure full and accurate utilization of all Title IV-E funding.

ANALYSIS

A focused effort on continuous quality improvement and data analysis is apparent in the HFC system of care. Data is regularly collected, analyzed and shared both internally and externally to promote transparency and excellence in casework. The Rev Max team is a strength in the agency and serves to support case management functions by entering all placements and validating data integrity.

SECTION 10: PLACEMENT RESOURCES AND PROCESS

SUMMARY

This category focuses on available placement resources by reviewing family foster home recruitment and retention efforts, the placement process, group home quality, supports for relative and non-relative placements and services to transitioning youth and adults.

Family Foster Home Recruitment

HFC's FY18/19 Foster Home Recruitment and Retention Plan, developed based on a review of capacity and need, itemizes six distinct objectives for recruitment and retention of quality licensed care providers. The objectives are:

- **Objective #1:** Engage faith communities from each county in foster home recruitment efforts.
- **Objective #2:** Engage foster families in all three counties in recruitment efforts.
- **Objective #3:** Provide education, awareness and recruitment opportunities in the community in all three counties, targeting businesses and events focusing on children, families and wellness.
- **Objective #4:** Provide awareness and education of foster home needs within the public and private school systems in each county in order to attract educators, coaches, music teachers, school personnel, etc.
- **Objective #5:** Digital Media Specialist will help provide education and awareness of our need for quality foster homes through marketing and advertising campaigns.
- **Objective #6:** Increase foster parent retention through training and support services.

As of February 28, 2019, HFC had 436 licensed foster beds and 31 therapeutic beds (source: [Percent and Count of Foster Home Bed Capacity by License Type and CBC Agency](#)). HFC uses multiple methods of community engagement to recruit potential foster families. Radio, television, print advertising and billboards are used to grow community familiarity with the need for foster and adoptive homes. All social media platforms are used to communicate the need for foster families and invite individuals and families to contact the agency for more information regarding fostering and/or adopting. When the prospective foster/adopt caregiver contacts HFC, a frank discussion occurs explaining the process, including dates for the next information meeting and the process for background screening and a home study. Monthly information meetings share information regarding becoming a foster or adoptive parent and collect basic demographic information to initiate the background screening process. At the information meeting, attendees are encouraged to sign up for one of the upcoming foster or adoptive training classes before they leave. At the completion of the information meeting, attendees are given a magnet with the start date of their chosen training class to put on their refrigerator as a reminder.

Additional innovative methods are used to recruit foster families. HFC enlists the assistance of licensed foster parents to attend community functions and speak to the community regarding becoming a foster or adoptive parent. Foster parents are also financially incentivized to actively take part in foster parent recruitment. If a foster parent refers a prospective foster parent to an information meeting and the individual attends, the referring foster parent receives \$25. If the prospective foster parent completes foster parent training, the referring foster parent receives \$100. Foster parents who participated in the focus groups discussed being recruited by other foster parents.

Family Foster Home Retention

HFC has fully embraced the Quality Parenting Initiative (QPI) philosophy in their system of care. HFC's QPI brand statement reads: *Foster parents are valuable partners who are our neighbors who love and nurture children in their homes and together we partner to strengthen families during challenging times so children can grow up safe and in healthy environments.*

HFC believes in effective communication and collaboration with foster parents and this is operationalized in several ways. The day after a child is placed in a licensed home, HFC placement staff contact the foster parent to inquire about the child's first night and learn if there are any needs which could cause potential placement disruptions. By proactively reaching out to foster parents, HFC can determine issues that can be remedied before a placement disruption occurs. This aids in the longevity of the placement and ensures both the child and foster parent's needs are recognized and met. A few days later another call is made to the foster parent to check in again and remind the foster parent to have a safety discussion with the child and foster family. The safety call includes discussion regarding specific sexual safety concerns and is conducted on all cases, not just those involving sexual safety issues. Foster parents are recognized in a variety of ways such as through raffle prizes, which are donated by the community. Foster parents receive a welcome bag when they are initially licensed that includes community resources, educational material and emergency contact numbers. Finally, seasoned foster parents are paid a small monthly stipend (\$200) to act as a mentor to new foster parents. Services provided by the foster parent mentor include coaching and guidance, information and referral, and networking. Foster parent survey and focus group responses indicate strong satisfaction with HFC. The total number of licensed foster homes has steadily increased overall in the past few years. In March 2019, there were 215 licensed homes in HFC's service area and a net increase of two licensed homes during March 2019 (source: [Child Welfare Dashboard - Foster Home Status](#)). And while foster parents expressed some struggles with communication and collaboration with case management, they report feeling supported by HFC.

Foster Parent Training

HFC Certified Child Welfare Professionals use the "Passport to Parenting" curriculum. The foster parent classes are separate from the adoption classes. HFC purposely made this separation to properly identify prospective adoptive parents whose ultimate goal is to adopt a child and foster parents who will strongly support reunification efforts. The curriculum is a 24-hour training program delivered by certified Licensing Counselors. Specialized Therapeutic Foster Parents, as well as Medical Foster Parents, receive an additional 30 hours of training. A licensed therapist provides therapeutic clinical training. Children's Medical Services is responsible for providing specialized medical training, however HFC reports difficulty in securing local CMS training to increase CMS foster home capacity in Circuit 10.

Foster parents are required to complete eight hours of in-service training annually to qualify for re-licensing. Therapeutic foster parents are required to complete 24 hours of in-service training per year. Training opportunities for foster parents include foster parent trainings sponsored by HFC, approved foster parent training DVDs, online training courses, CPR/First Aid, and child related training courses.

Adoptive Parent Training

HFC Certified Child Welfare Professionals use the "Adoption 101" curriculum to train potential adoptive parents. This curriculum was designed by HFC and approved by the Department. This training consists of eight days for a total of 24 hours of training. The training includes modules such as: Emotional Regulatory Hearing/Trauma Informed Care, Developmental Milestones, Sexual Safety, Adoption Clinical Issues, Psychotropic Medications, Arousal Relaxation Cycle, Stop, Drop and Roll, the Dependency

System, Achieving Permanency for Children, Culture, Diversity, Connections and the Biological Family, Sibling Visits, Preparation for the Home Study Process, and Post-Adoption Supports and Services.

Placement Process

HFC's placement team is a strength of the agency through their demonstration of trauma informed care principles and use a team approach to find the best placement for each child coming into care. HFC's initial placement process begins with a call from the child protective investigator (CPI) requesting initial placement. HFC first verifies that all possible relative and non-relative caregivers have been explored. If there are no viable relative or non-relative caregiver placement options, HFC Placement staff spend about one hour on the phone with the CPI completing the Confidential Comprehensive Assessment and Placement Request form. This form captures extensive information regarding the child, the child's family, the circumstances surrounding the child entering care, medical information, school information, and the child's behavior and special needs. While the focus group with investigations staff yielded some concerns regarding the length of this process, the form and questions asked of the CPI align with the requirements set forth in Rule 65C-28.004 and Chapter 65C-14, Florida Administrative Code, regarding placement for children placed in out-of-home care.

Once the information is gathered from the CPI and any other available source, the placement team works collaboratively to search for the first best placement for the child. Maximizing shared sibling placements is a focus in the placement process, however HFC continues to struggle to meet the performance target for sibling groups where all siblings are placed together. (See Fig. 12) Weekly staffings occur to review separated sibling placements and, when possible, siblings are placed together. HFC's Director of Quality and Contracts reviewed every case involving separated siblings, on multiple occasions, and found viable reasons for sibling separations (behavioral issues, different fathers, etc.) Additional monitoring and action regarding separated sibling placements are discussed at management and performance meetings and is focused on overcoming barriers to placing siblings together.

Once the best placement is found, the CPI is notified, and a Foster Parent Profile is electronically sent to the CPI. The Foster Parent Profile is a one-page narrative about the foster home, complete with photos and individual characteristics of the home such as names and types of pets in the home and special interests of the foster family. Using the Foster Parent Profile, the CPI can show the child where he or she is going and describe the foster family. This trauma informed practice serves to lessen the anxiety and fear the child is experiencing during this traumatic life event and provides another illustration of HFC's focus on being a trauma informed agency.

Investigations and foster parent focus groups revealed a lengthy delay in the time of placement identification and subsequent placement of the child in the foster home. While HFC's internal data shows that placement is identified within four hours, on average, 92.2% of the time, an opportunity exists for HFC to improve communication with investigations and foster parents of any delays (i.e. waiting for waiver approval) which delay a child's arrival at the foster home.

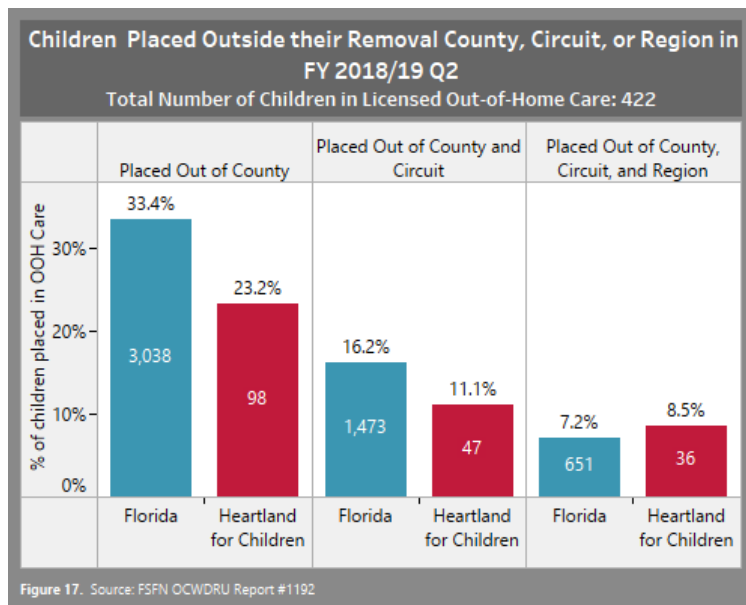
If a request for a change of licensed placement is received, HFC placement staff coordinate with the licensing team to find the root cause of the potential placement disruption. Stability staffings are held when warranted, and a team approach is used to flood the licensed caregiver with necessary supports to

preserve the placement. When more complex concerns exist, HFC placement staff engage HFC leadership to intervene and assist.

Although rare, circumstances arise when a child refuses a viable placement. Using a trauma informed approach, HFC placement staff engage the youth to determine the source of the youth’s reluctance and to identify barriers. Approaching these situations with honesty, transparency and through a trauma informed lens results in resolution of barriers to the placement.

HFC maintains all licensed foster home information in an Access database that is readily available to all placement staff and provides real time placement and capacity information. To further streamline the placement process, HFC is rolling out the CareMatch system which is designed to intelligently match children in care to the first and best match at the initial placement, thereby reducing the number of subsequent placements.

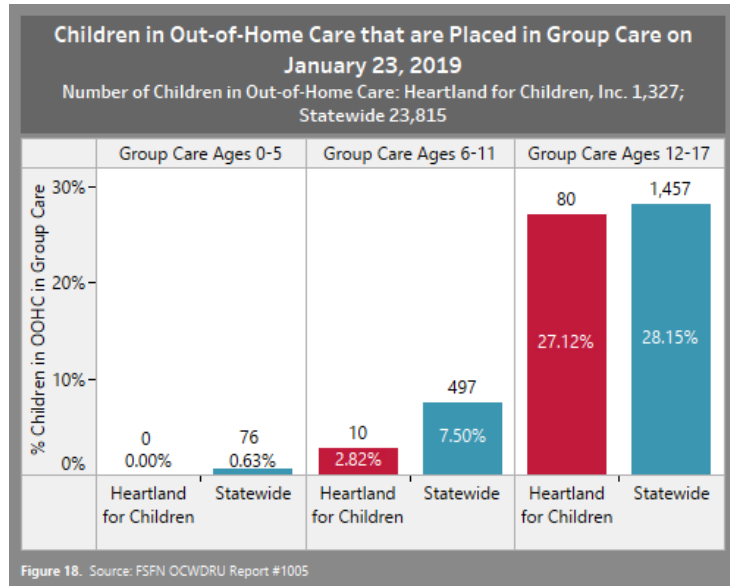
As of January 31, 2019, there were 1,305 children in out-of-home care receiving primary case management out-of-home services in Circuit 10 (source: [Child Welfare Trend Report - Out of Home Care](#) – run date 4/11/19). HFC makes diligent efforts to keep children in their home county and circuit and exceeded the statewide performance in these areas in FY 2018/19 Q2. (See Fig. 17)



Group Home Care

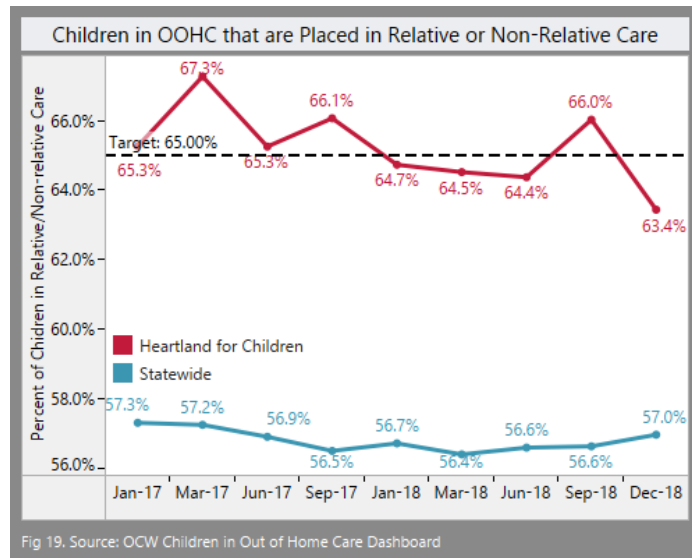
HFC utilizes out-of-home group care as a last resort and makes every effort to find the most family like setting for children, unless the child’s individual needs require a higher level of care. Group home placements are reviewed weekly in management and high cost placement staffings to determine if step down to a lower level of care is possible. HFC contract management, leadership, licensing, and placement staff make routine visits to group homes, even homes that are out of the area, to view the premises and ensure prudent parenting and normalcy practices are used. At the end of January 2019, HFC had no children five or under placed in group care. Ten children ages 6-11 and 80 children ages 12-

17 were in group care as of that same timeframe. HFC continues efforts to further reduce the number of children placed in group care.



Relative/Non-Relative Caregiver Supports

Circuit 10 exceeds the statewide performance in placing children with relatives or non-relatives and has done so for the past year, however a slight decline is seen in the last quarter. (See Fig. 19) When a child is placed with a relative or non-relative caregiver, the caregiver is connected with the Guardians As Parents (GAP) program, a subcontracted provider tasked with supporting all relative and non-relative caregivers to stabilize and support these placements. When a potential relative or non-relative placement disruption is imminent, HFC immediately ensures GAP support is in place and supportive services are heightened to preserve the placement whenever possible.



Services to Transitioning Youth and Young Adults

Extended foster care and independent living services (EFC/IL) are provided by the three case management agencies in Circuit 10. Community services such as alternative education programs (Polk State College), Career Source, Peace River and CHS (Counseling) promote successful transition to adulthood. EFC/IL staff utilize programs such as Keys to Independence to augment services available in the community. However, gaps in available services and fully dedicated EFC/IL services are hindering positive outcomes for youth and young adults in Circuit 10. Caseloads for EFC/IL staff are varied and not dedicated to EFC/IL, thus staff focus is on traditional case management tasks rather than independent living services for the EFC/IL youth on their caseloads. Continuity in the provision of EFC/IL services does not exist between CMOs, and specialized EFC/IL training is minimal or non-existent. Interagency information sharing, and development of uniformed life skills trainings are not occurring. EFC/IL staff rely heavily on group home providers to provide life skills but there is no mechanism in place to verify the life skills trainings occur or evaluate their quality. On occasion, community business professionals will offer some life skills training such as financial literacy, offered by local banks, but a structured calendar of life skills trainings does not exist, or if it does, it is not known to EFC/IL front line staff. An opportunity exists to greatly enhance services to youth and young adults transitioning to adulthood in Circuit 10. This issue was identified by HFC, prior to the COU monitoring visit, and work has begun to address this deficiency.

ANALYSIS

HFC's recruitment, licensing and placement teams are a strong asset to the organization. Thoughtful and fruitful practices are in place to recruit, license and support quality foster parents. Ongoing evaluation of recruitment activities results in efficient use of personnel and financial resources. It is evident that HFC's placement team strongly focuses on trauma informed care practices. This cohesive team works collaboratively to maximize resources and secure the best placement for each child. Ongoing staffings focus on stepping down higher level placements when safe and possible. Subcontracted EFC/IL services are an area of needing continued focus to improve positive outcomes for youth and young adults transitioning to adulthood.

SECTION 11: PRACTICE

SUMMARY

This category focuses on implementation of the Department's child welfare operating procedures, theory comprehension and practice competency.

Theory Comprehension

HFC has strongly embraced trauma informed care principles and promoted the same within the community. HFC staff and partners receive trauma integration training called Trust Based Relational Intervention (TBRI). TBRI is an evidence-based, and trauma-informed intervention that is designed to meet the complex needs of vulnerable children. Focus groups and interviews show that this training was well received by everyone in the system of care and is being used to enhance child welfare services provided to children and families in Circuit 10. HFC's focus on licensed and relative/non-relative caregiver support aids in preserving placements, thereby reducing trauma associated with multiple

placement moves. Another tool utilized by HFC to reduce trauma due to re-abuse while in care is the Diana Screening Tool which is a requirement of the HFC licensing process. The Diana Screening Tool is a scientifically validated questionnaire that identifies characteristics of an individual who fails to recognize sexual boundaries between children and adults.

Family Team Conferencing (FTC) is an example of HFC's focus on family centered practices. An FTC workgroup was formed several years ago to review current practices and implement a formal plan to ensure that the practice was being deployed in a consistent manner, true to the fidelity of the model. The workgroup meets at least four times a year and focuses on best practice sharing, fidelity monitoring, quality improvement, and training. HFC requires the three CMOs to maintain a defined number of trained FTC Facilitators on their staff and complete FTCs on a defined minimum percentage of cases.

Practice Competency

All HFC cases have been transitioned to the Practice Model and pre-service training includes essential skills associated with the practice model such as family engagement, gathering and assessing information and planning for child safety. Internal and subcontracted staff, at all levels, corroborate that ample Conditions for Return (CFR) classroom trainings are offered. However, a disconnect exists between classroom training and full application to the field. HFC recognized the need for additional training and support around this issue and is in the process of engaging a consultant to provide Practice Model application-based training. A workgroup was formed to assist with ensuring the full implementation of Conditions for Return (CFR) in Circuit 10. This multi-disciplinary workgroup includes individuals from Heartland, Children's Legal Services, DCF, and case management. Invitations have been extended to Regional Counsel and the Guardian Ad Litem office as well. The emphasis has been on conducting joint visits between the CPI and the assigned case manager. During those visits, the parties are expected to explain CFR to the parents and other family members present in uncomplicated and understandable language. The workgroup developed a form for use by the parties, designed to facilitate the discussion and to be left with the family for future reference.

Front line focus groups report barriers in timely transfer of cases which is causing a delay in the completion of the FFA-O. Focus groups further suggest that the judicial process drives case plan tasks, not the FFA-O, as CLS is deciding what services are needed.

ANALYSIS

HFC is strongly committed to trauma informed care principles and this is clear in every level of the organization. Pre-service training introduces the core concepts of the Practice Model but there is little evidence of a structured process to ensure training of these concepts is continued in the field, however HFC is in the process of expanding the training team to address this gap. While there is clear evidence of the concepts in practice within the system of care, there are still opportunities to make improvements to ensure the concepts are in practice throughout the entire system.

SECTION 12: PARTNERSHIP RELATIONS

This category focuses on established relationships with Child Protective Investigators (CPI), Children's Legal Services (CLS), the Judiciary, Guardian ad Litem (GAL), other governmental agencies, domestic violence providers, coordination of educational services and other area partnerships.

DCF and HFC lead system of care meetings every other month. Representatives from HFC leadership, Central Florida Behavioral Health Network (CFBHN), Children's Legal Services (CLS), Agency for Persons with Disabilities (APD), Substance Abuse and Mental Health (SAMH), Guardian Ad Litem (GAL), Child Protective Investigations (CPI) Operations, Judiciary, Child Welfare Licensing and the Family Safety Program Office (FSPO) are all programs that participate in this meeting. The purpose of this meeting is to bring all partners together to communicate program initiatives, educate and provide information on current changes, identify potential gaps and collaborate for innovative solutions to serve children and their families.

Child Protective Investigations

The Department conducts investigations in the tri-county area served by HFC. Partnership meetings occur on a regular basis, but an opportunity exists to improve the case transfer process between investigations and case management. HFC recognized this need, at the time of the review, and developed a workgroup to streamline the process. To request transfer of a case, the CPI calls HFC and provides information regarding the case. HFC and the region agreed upon certain 'show stoppers' that prevent immediate case transfer, however investigations staff report transfer delays due to non-essential administrative tasks that are delaying services to families. Following the transfer call, the CPI and DCM are expected to jointly respond to conduct a home visit with the parent(s) to discuss conditions for return. The joint visit is occurring in about half of cases that are transferred as relayed by front line staff. All focus groups indicated a delay of the transferring of responsibility from investigations to case management and estimate the time between the shelter, or identification of need, and report that the transfer of the case is typically between 30-60 days, thus early case management engagement with the family is delayed and it is unclear if required tasks are being completed timely (i.e. visitations and subject contacts) during the lengthy period prior to case transfer. HFC internal data indicates that the average time from shelter to case transfer is 22 days. While it is unclear what the specific cause of delays in case transfer are, without the presence of an early engagement process, the on-site interviews indicate delays in case transfer are causing delays in engagement and challenges around visitation and service initiation.

Children's Legal Services

Recognizing a need to strengthen the relationship between HFC and CLS, Consultants from the Youth Law Center's Quality Parenting Initiative were brought in to work on team building. Despite this, trust issues between HFC and CLS persist and are negatively impacting the system of care. Front line interviews and focus groups also revealed an opportunity to enhance and strengthen collaboration with CLS to tackling more complex systemic issues, such as challenges in the judicial process and lack of information sharing.

Judiciary

HFC enjoys a strong positive relationship with the judiciary in Circuit 10. Survey responses from the judiciary were mostly positive, with some concerns regarding case manager collaboration and service delivery. HFC regularly meets with the judiciary to ensure communication is open and ongoing. Court related issues are addressed in a timely manner by HFC. Frontline interviews revealed case managers often feel a lack of trust from the judiciary.

GAL

HFC and the GAL leadership meet quarterly. HFC staff participate in GAL training for staff onboarding and HFC provides training to GAL staff regarding statewide changes, for example, the Families First Act. GAL are invited to participate in Circuit 10 training and they are invited to participate in system of care meetings. While there is a strong positive working relationship between HFC and GAL leadership, surveys and focus groups indicate a need to strengthen communication between case management and GALs. Specifically, issues surrounding communication and collaboration between the assigned GAL and DCM.

Other Governmental Agencies

HFC works collaboratively with other governmental agencies such as Agency for Persons with Disabilities (APD) and the Department of Juvenile Justice (DJJ) to enhance services to dually served individuals. The Central Florida Behavioral Health Network is the Managing Entity (ME) in Circuit 10. Monthly Behavioral Health Leadership meetings are held to discuss system and agency updates, challenges, barriers, and the SAMH needs of the parents and children in the dependency system. This meeting is also used to reinforce the need for providers to assess and address trauma and integrate trauma treatment into their service delivery. Training opportunities, including national training/conferences are shared during this time. Community providers who receive private funding and funding from Medicaid, CFBHN, county government and HFC are invited. Additionally, a quarterly CEO Leadership meeting includes representatives from DCF and HFC, and CFBHN to collaborate on specific cases involving families in need of behavioral health services.

Domestic Violence Service Providers

HFC created a Domestic Violence Taskforce which meets bimonthly. The DV Task Force promotes awareness and education with the expressed intent to reduce incidences of domestic violence in the community and protect the rights of petitioners, respondents, victims and defendants. The task force serves to enhance information sharing, monitoring, and education around changes in the law, coordinating enforcement efforts, promoting uniform and efficient procedures, and educating the public and involved agencies.

Educational Coordination

HFC has a dedicated Education Specialist who serves as the point of contact between HFC and area schools. HFC partners with the local school boards to increase collaboration and communication. Each school identifies a Child Welfare Liaison who represents their school. HFC provides ongoing training to all Child Welfare Liaisons on topics such as child abuse identification and reporting. HFC created several workgroups and advisory boards to address scholastic issues. An Educational Workgroup meets quarterly and is charged with improving educational outcomes for children in the child welfare system.

Specific tasks of the workgroup include implementing the interagency agreement, problem solving, and training related to the educational success of children in care.

The Polk County School Board Local Advisory Team for Mindful Schools collaborates with community providers to implement grants such as the Mindful Schools and AWARE grants, which aim to identify and serve students with mental health issues and connect those students to resources and supports. The Surrogate Parent Workgroup consists of a team of school-based professionals and child welfare professionals that meet to identify and provide service referrals to children in need of a surrogate parent. The Early Steps workgroup, consisting of local service providers for children birth to five years of age, meets quarterly. The group's focus is on maintaining active interagency agreements, ensuring that children in this age group with special needs successfully transition into the educational system.

Other Area Partnerships

HFC is a truly collaborative partner with the community. Several meetings and workgroups are ongoing in the community to maximize services for children and families involved in the dependency system. The monthly United Way Agency Partner Meeting is a forum for local service providers, tied to the United Way, to share information about their existing services and resources available in the community. The Family Fundamentals Agency Partner Meeting occurs bimonthly and is a forum for providers associated with United Way's Success by Six program, Family Fundamentals, to share information about the services they offer. Safe Kids Coalition implements evidence-based programs that help parents and caregivers prevent childhood injuries, such as car-seat checkups, safety workshops and sports clinics.

The AWARE State Management Team meets bimonthly to monitor and evaluate success with the federal AWARE grant. The goal of the grant is to work toward developing and sustaining integrated, multi-tiered systems of support that promote the mental health, and advance wellness and resilience, of students within family, educational, and community settings.

C10 has individual taskforces in Hardee, Highlands and Polk Counties that bring together local agencies and partners to work on preventing maltreatment and increasing adoptions and adoption support. Through the Child Abuse Prevention Task Force in each county within the Circuit, the agencies collaborate and participate in a myriad of prevention activities, campaigns and initiatives throughout the community. The Prevention Task Force is an effort of a multitude of agencies and partners, including DJJ, DOH, local law enforcement agencies, the Center for Autism Related Disorders (CARD) and community providers.

ANALYSIS

HFC collaborates with community and partner agencies to promote awareness in the community and secure needed services for children and families in Circuit 10. Numerous meetings and workgroups are held to discuss systemic issues which are negatively impacting the system of care. Efforts to improve relationships between HFC and CLS, HFC and case management, and GAL and case management would enhance system of care operations. Steps to expedite and streamline the case transfer process are needed.

SECTION 13: COMMUNITY RELATIONSHIPS

SUMMARY

This category focuses on relationships within the faith-based community, business community, local media, and the Community Alliances and/or Children's Services Council.

Faith-Based Community

HFC enjoys strong relations with local faith-based organizations who have enhanced HFC operations in a variety of ways. For example, LOBO Ministries hosts 'sibling Saturdays' in which separated siblings can visit with one another while enjoying activities. Pedal Power Ministry is a faith-based initiative to provide bicycles to children in care. Other faith-based organizations provide essential services such as food and clothing pantries and in-kind donations for meeting space for events such as foster parent training.

Business Community

HFC has developed strong support from local businesses to further the mission of the agency. Local businesses support HFC initiatives such as Rudolph Round Up, which provides gifts for all children in foster care, personal hygiene drives and academic celebrations. Businesses allow HFC to post advertisements regarding upcoming events such as foster parent trainings and drives. Aunt Bertha is a national resource search engine tool for social service resources that can be used by anyone to search for resources based on zip codes in their communities. Relationships with local businesses are positively leveraged in many ways to promote and enhance HFC's mission and values.

Media Relationship

HFC collaborates with local media outlets to increase public awareness regarding child abuse prevention, foster and adoptive parenting and to solicit needed goods and services. Relationships with outlets such as PGTV, the Lakeland Ledger, ABC Action News, JOY FM and other media outlets allow HFC to promote positive messaging to the community. HFC utilizes social media outlets such as Facebook, Twitter, Instagram, and Pinterest to recruit foster and adopt parents, solicit the community for needed goods and services and promote and advance HFC's mission. HFC actively evaluates the effectiveness of each media source and adjusts accordingly to ensure resources are being maximized.

Community Alliance

The Highlands County Children's Services Council is a standing advisory committee, appointed by the Highlands County Board of County Commissioners, which meets monthly for the purpose of meeting the needs of children in Highlands County and becoming a trauma informed community. The Polk County Citizens Healthcare Oversight Committee, appointed by Polk County Board of County Commissioners, focuses on prevention and wellness, and is funded by a ½ cent sales tax. The Polk County Citizens Healthcare Oversight Committee also shares the long-term strategic goal of becoming a trauma informed community.

ANALYSIS

HFC fosters positive community relationships which strengthen the agency's ability to provide quality services to children and families involved in the dependency system. HFC leadership actively participate on local boards and in community meetings to harvest collaborative partnerships and promote the mission, vision and values of both HFC and the Department.

SECTION 14: ACTIONS TAKEN IN RESPONSE TO PREVIOUS MONITORING ACTIVITIES

The CBC Monitoring Team completed a desk review monitoring in March 2018 for FY 17/18. The following is a summary of the findings and any actions taken by HFC to improve. The full [Heartland for Children FY17/18 Desk Review](#) is available for reference.

Areas Needing Action Identified in Previous Report

- 1) Rate of abuse or neglect per day while in foster care (M01)**
 - a) This finding was not included on a corrective action plan.
 - b) For Quantitative or Qualitative Findings – *Improved Performance* – HFC's performance improved 3% in FY 17/18. They have exceeded the target and have trended positively in FY 18/19 Q1 & Q2.
 - c) *Summaries of Actions Taken:* HFC conducted a data clean-up which positively impacted scoring on this measure.
- 2) Percent of children exiting who do not re-enter foster care within 12 months of moving to a permanent home (M07)**
 - a) This finding was included on a corrective action plan.
 - b) For Quantitative or Qualitative Findings – *No Change in Performance*
 - c) *Summaries of Actions Taken:* HFC engaged the services of a consultant to strengthen re-entry risk identification and mitigation efforts. Cases with children who re-enter foster care were reviewed to determine the root cause for the re-entry and implement countermeasures/practice changes where appropriate.
- 3) Percent of sibling groups where all siblings are placed together (M12).**
 - a) This finding was included on a corrective action plan.
 - b) For Quantitative – *Performance Declined* - HFC's quantitative performance declined .5% in the past fiscal year.
 - c) For Qualitative - *Improved Performance* - HFC's FY17/18 performance, shown in qualitative reviews, was 15.6% better than the previous year, showing strides to ensure siblings are placed together unless separation was necessary to meet the needs of one of the siblings.
 - d) *Summaries of Actions Taken:* HFC required CMOs to provide a detailed report of all separated siblings with an explanation of why the siblings were separated when the performance target was not met. HFC reviewed all cases involving separated siblings to determine appropriateness of separation. HFC also engaged the services of a consultant to work with the CMOs to assist in identifying strategies to bring separated siblings back together in the best interest of the children. HFC's Director of Quality and Contract Management has reviewed every case

involving separated siblings on multiple occasions and found valid and acceptable qualitative reasons for sibling separations (behavioral issues, different fathers, etc.).

4) Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate in the case planning process on an ongoing basis (CQI Item 13)

- a) This finding was included on a performance improvement plan.
- b) For Quantitative or Qualitative Findings – *Improved Performance* – HFC’s performance improved 22.2% in the past fiscal year.
- c) *Summaries of Actions Taken:* Embedded in the provider's practice is the Family Team Conference (FTC) model, which will assist with this measure as it strives to have the FTC facilitator hold a FTC prior to mediation for the family to participate in the development of their case plan.

5) Further efforts to address those children under the age of twelve (12) in group care along with specific focus on children under the age of five (5) are needed.

- a) This finding was included on a corrective action plan.
- b) For Quantitative or Qualitative Findings – *Improved Performance* – As of January 2019 HFC had no ages 0-5 placed in group care and 2.8% of children ages 6-11 which is lower than the statewide average rate.
- c) *Summaries of Actions Taken:* HFC conducted an analysis of children in group care, beginning with children ages 0-5 then moving to children ages 6-12 to determine which children were appropriate to be served in a less restrictive placement environment. Meetings are held on an ongoing basis to continue this positive trend.

Opportunities for Improvement Identified in Previous Report

1) Percent of children in out-of-home care who received dental services within the last seven months (M10)

- a) This finding was included on a corrective action plan.
- b) For Quantitative or Qualitative Findings - *Performance Declined* – HFC’s performance declined 1.4% in the past fiscal year.
- c) *Summaries of Actions Taken:* HFC reviewed all cases involving a child who did not receive a dental service within the past seven months to determine the root cause for the missed dental appointment and implement countermeasures/practice changes where appropriate.

SUMMARY

HFC is an established community-based care agency serving Circuit 10 in the central region of the State. HFC’s long-standing executive leadership team presents an opportunity to partner and potentially lead other community-based care agencies to better develop and implement innovative approaches to bolster Florida’s child welfare system. HFC continuously strives to provide the very best service to our most vulnerable citizens and their families as they navigate through a period of crisis. Building upon partnerships and longevity of its senior management team, HFC has an opportunity, and the means necessary, to identify and implement productive strategies to address the issues noted below.

AREAS NEEDING ACTION:

These findings represent areas that need prompt attention and action as they impact child safety, are violations of statute or administrative rule, or are areas where Heartland for Children has consistently underperformed:

1. Performance

- a. Permanency
 - i. Percent of children who do not re-enter foster care within twelve months of moving to a permanent home (M07)**
 - 1. The performance target has not been met in the past six quarters.
 - ii. Percent of sibling groups where all siblings are placed together (M12)**
 - 1. The performance target has not been met in the past six quarters.
- b. Well-Being
 - i. Percent of children in out-of-home care who received dental services within the last seven months (M10)**
 - 1. The performance target has not been met in the past five quarters.

2. Systemic

- a. Partnership Relations
 - i. Child Protective Investigations**
 - 1. Case Transfer Staffing – Challenges with the CTS was clearly articulated in all focus groups. The time between the initial call to HFC and transfer of the case is lengthy, thus early case management engagement with the family is not occurring and is causing an unnecessary delay in service initiation and role confusion regarding completion of required tasks (i.e. visitations, subject contacts).
 - 2. Joint Visits - Joint visits are occurring about half of the time.
 - ii. Children’s Legal Services**
 - 1. Communication issues appear to be negatively impacting the system of care, thereby preventing or reducing collaboration in remedying larger systemic issues.

b. Placement Resources and Processes

i. Services to Transitioning Youth and Young Adults

1. Services intended to support youth through transition to independent living are lacking and in need of review and improvement. Efforts to address this are underway.

OPPORTUNITIES FOR IMPROVEMENT:

These findings represent areas where there is need for analysis and development of an agency improvement plan.

1. Systemic

a. Practice

i. Practice Competency

1. Case transfer delays are often causing case plans to be developed without the use of the FFA-O as an assessment tool to determine which interventions are needed.
2. While placements are identified timely, multiple focus groups revealed that children are spending excessive amounts of time awaiting transport to their identified placement – often waiting in offices and other non-trauma informed settings. Further, communication to CPIs and foster parents, regrading placement delays, is lacking.

b. Partnership Relations

i. Workforce Management

1. Multiple focus groups suggest that case management is not viewed as a valued and trusted partner in HFC’s system of care.

ii. GAL and Judiciary

1. Workforce Capacity

- a. The relationships between case management and the GAL and case management and the judiciary are strained and in need of improvement to ensure all parties are unified and acting collaboratively to improve outcomes for children and families in the dependency system.

c. Workforce Management

i. Workforce Capacity and Retention

Stronger oversight by HFC is needed to ensure caseloads are reduced and causes to turnover are analyzed.

ii. Pre -Service Training

1. Post classroom support is needed to ensure transfer of learning

iii. Case Manager Supervisor Development

1. Front line supervisor guidance and support is needed around critical thinking and consultative skills development.

ADMINISTRATIVE FINDINGS:

The following administrative findings were identified during the monitoring:

Incident Reporting

Contract TJ501, S.C. 12. states if services to clients are to be provided under this Contract, the provider and any subcontractors shall, in accordance with the client risk prevention system, report those reportable situations listed in CFOP 215-6.

1. A sample of 15 incidents (out of 20 critical and non-critical incidents) were reviewed to determine compliance with CFOP 215-6 and Heartland's internal incident reporting procedure.
2. 15 incidents were critical incidents of which 93.3% (14 critical incidents) were reported into IRAS. At the time of the review, one critical incident was not reported to IRAS at all. Two did not include information that the client's guardian, representative, or relative was notified, as appropriate. One critical incident did not contain information that immediate necessary emergency contacts was completed.
3. In addition, during the review it was found that the provider's policy did not align with CFOP 215-6 in that it allowed critical incidents to be reported within one business day of "learning of the incident" instead of one business day of the incident occurring. Further the provider's policy did not include all reportable incidents omitting elopement and escape, and did not require that client guardians, representatives, or relatives are notified as applicable. Heartland has updated its policy 3-301 to reflect the required elements of CFOP 215-6.

Employment Eligibility

Contract TJ501, S.C. 35. a. vi. States unauthorized aliens shall not be employed.

1. A sample of 8 (out of 8) newly hired staff was reviewed for employment eligibility information. At the time of the review, none of the forms were completed in its entirety as none included the issuing authority on list C documents.

Information Security

Contract TJ501, S.C. 28. States the provider and its subcontractors shall comply with data security requirements whenever access to Department data system or maintain any client or other confidential information in electronic form.

1. A sample of 15 employee's with departmental data access were reviewed for timely completion of the DCF security agreement form and annual security awareness training of which all were in compliance.

Subcontracts

Contract TJ501, Attachment I, 1.1.9.3. states the Lead Agency may subcontract for services unless specifically prohibited in this Contract.

1. At the time of the review, the provider's monitoring procedure 3-502 2 stated: *A monitoring schedule shall be completed within 60 days of the fiscal year beginning.* Compliance with this requirement could not be determined as there was no date documented when the monitoring schedule was completed.

SECTION 16: INNOVATIVE PRACTICES

HFC has developed several innovative practices which positively augment their system of care. Some of these are:

Leadership and Governance

Leadership Development

Succession Planning Tool – HFC demonstrates a strong focus on succession planning using a formal succession planning tool. In conjunction with an annual performance evaluation, staff are prompted to contemplate and identify professional growth opportunities and professional goals. This provides HFC with insightful knowledge regarding the workforce, aspiring leaders who need to be challenged and staff who are close to retirement or seeking professional growth elsewhere.

PRINT Tool – HFC uses Paul Hertz's PRINT Training program to strengthen the workforce and delve deeper into unconscious motivators that prevent employees from performing at their optimal level. By identifying and understanding their unconscious motivators, workers can strive to engage in positive and productive behaviors and avoid negative or unproductive behaviors and triggers.

Placement Processes and Resources

Family Foster Home Recruitment

DIANA Screening Tool – HFC uses the Diana tool as a method of identifying potential licensed caregivers who fail to recognize sexual boundaries between adults and children and who are at high risk to have already sexually abused a child. The tool is scientifically validated and is expeditious and simple to administer.

Relative and Non-Relative Supports

GAP (Guardians as Parents) Program – The GAP program is a kinship care support initiative that serves to stabilize relative and non-relative placements thereby reducing the trauma associated with placement moves and maximizing fiscal and workforce resources. Utilizing the GAP program, HFC has been able to maintain one of the highest rates of relative/non-relative placements in the State.

Practice

Practice Competency

Foster Parent Profile Book – HFC develops foster parent profiles for each foster family licensed in the HFC system of care. The foster parent profiles are used in a variety of ways but the most innovative use for the profiles is during placement. When a child is matched with a licensed caregiver, HFC’s placement team sends the foster parent profile to the CPI to enable discussion between the CPI and child regarding the placement. This trauma informed practice serves to lessen the anxiety the child is experiencing by understanding the home that they are going to.

Community Relationships

Community Partnership School – The Community Partnership Schools initiative is a community school model which involves four distinct community partners (school, university or college, nonprofit agency and a health care provider). HFC partnered with Polk County Schools, Central Florida Health Care, Southeastern University and the United Way, for the Crystal Lake Elementary Community Partnership School Initiative. The initiative is expected to yield several positive results including increased academic performance, improved attendance, positive changes in the school culture, improved health of the students, increased parent and community involvement and increased overall lifelong success (education, employment and health).

LOBO Sibling Saturdays – LOBO Ministries, a local faith-based organization, hosts ‘Sibling Saturdays’ in which separated siblings can come together to visit and enjoy activities together. This innovative program promotes family centered practices and involves no cost to the agency.

OVERALL COUNTY RANK

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– 2018 FLORIDA CHILD WELL-BEING INDEX –


Hardee County



Keeping a focus on where counties can make life better for our children & families

 ECONOMIC WELL-BEING DOMAIN RANK 58		Baseline Year	%	Current Year	%	Number	Change
	Children in poverty	2011	45.4	2016	32.3	2,286	👍
	Unemployment rate	2011	10.1	2016	6.7	626	👍
	High housing cost burden (>30% income spent)	2007-2011	31.0	2012-2016	27.4	2,072	👍
	Teens not in school and not working	2007-2011	17.7	2012-2016	17.4	286	Unchanged

 EDUCATION WELL-BEING DOMAIN RANK 65		Baseline Year	%	Current Year	%	Number	Change
	3 & 4 year old children not enrolled in school	2007-2011	73.6	2012-2016	79.7	597	👎
	4th grade students not proficient in English Language Arts	2014/15	81.0	2015/16	77.0	317	👍
	8th grade students not proficient in math	2014/15	98.0	2015/16	91.0	294	👍
	High school students not graduating on time	2011/12	36.4	2015/16	32.7	118	👍

 HEALTH WELL-BEING DOMAIN RANK 43		Baseline Year	%	Current Year	%	Number	Change
	Low-birthweight babies	2011	6.7	2016	7.0	27	Unchanged
	Uninsured children	2010	15.7	2015	9.4	701	👍
	Overweight and obese 1st, 3rd & 6th grade students	2010/11	41.0	2015/16	42.1	520	👎
	High school teens who used alcohol/drugs (past 30 days)	2012	47.2	2016	29.5	108	👍

 FAMILY & COMMUNITY DOMAIN RANK 64		Baseline Year	%	Current Year	%	Number	Change
	Children in single parent families	2007-2011	24.7	2012-2016	36.9	2,289	👎
	Children living in high poverty areas	2007-2011	42.6	2012-2016	52.2	3,847	👎
	Children with verified maltreatment (per 1,000)	2011/12	3.8	2016/17	6.3	46	👎
	Youth contacts with the juvenile justice system (per 1,000)	2011/12	33.5	2016/17	27.5	90	👍

We all do better when Florida's children succeed. Find out how you can act locally and at the state level to ensure: (1) Children have access to health care; (2) Communities prevent child abuse, juvenile justice involvement, and substance abuse; and (3) Parents have educational and work opportunities that support their families.

OVERALL
COUNTY RANK





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– 2018 FLORIDA CHILD WELL-BEING INDEX –

Highlands County



Keeping a focus on where counties can make life better for our children & families

 <p>ECONOMIC WELL-BEING DOMAIN RANK 56</p>		Baseline Year	%	Current Year	%	Number	Change
	Children in poverty	2011	32.8	2016	32.3	5,578	Unchanged
	Unemployment rate	2011	11.5	2016	6.6	2,376	👍
	High housing cost burden (>30% income spent)	2007-2011	32.3	2012-2016	26.6	10,770	👍
Teens not in school and not working	2007-2011	11.6	2012-2016	15.7	598	👎	
 <p>EDUCATION WELL-BEING DOMAIN RANK 56</p>		Baseline Year	%	Current Year	%	Number	Change
	3 & 4 year old children not enrolled in school	2007-2011	52.1	2012-2016	66.3	1,365	👎
	4th grade students not proficient in English Language Arts	2014/15	81.0	2015/16	79.0	683	👍
	8th grade students not proficient in math	2014/15	68.0	2015/16	74.0	500	👎
High school students not graduating on time	2011/12	37.9	2015/16	31.9	277	👍	
 <p>HEALTH WELL-BEING DOMAIN RANK 46</p>		Baseline Year	%	Current Year	%	Number	Change
	Low-birthweight babies	2011	8.8	2016	8.1	76	Unchanged
	Uninsured children	2010	14.4	2015	8.7	1,561	👍
	Overweight and obese 1st, 3rd & 6th grade students	2010/11	33.2	2015/16	41.1	1,202	👎
High school teens who used alcohol/drugs (past 30 days)	2012	43.6	2016	31.9	132	👍	
 <p>FAMILY & COMMUNITY DOMAIN RANK 51</p>		Baseline Year	%	Current Year	%	Number	Change
	Children in single parent families	2007-2011	33.9	2012-2016	31.0	4,658	👍
	Children living in high poverty areas	2007-2011	22.5	2012-2016	20.9	3,667	👍
	Children with verified maltreatment (per 1,000)	2011/12	8.5	2016/17	10.1	180	👎
Youth contacts with the juvenile justice system (per 1,000)	2011/12	46.1	2016/17	34.5	273	👍	

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OVERALL
COUNTY RANK





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– 2018 FLORIDA CHILD WELL-BEING INDEX –

Polk County



Keeping a focus on where counties can make life better for our children & families

 ECONOMIC WELL-BEING DOMAIN RANK 44		Baseline Year	%	Current Year	%	Number	Change
	Children in poverty	2011	30.2	2016	25.4	37,288	👍
	Unemployment rate	2011	11.3	2016	5.6	16,069	👍
	High housing cost burden (>30% income spent)	2007-2011	36.3	2012-2016	31.2	69,647	👍
	Teens not in school and not working	2007-2011	13.0	2012-2016	10.6	3,396	👍
 EDUCATION WELL-BEING DOMAIN RANK 57		Baseline Year	%	Current Year	%	Number	Change
	3 & 4 year old children not enrolled in school	2007-2011	56.9	2012-2016	57.7	9,209	Unchanged
	4th grade students not proficient in English Language Arts	2014/15	80.0	2015/16	80.0	6,268	Unchanged
	8th grade students not proficient in math	2014/15	87.0	2015/16	87.0	4,743	Unchanged
	High school students not graduating on time	2011/12	32.4	2015/16	28.2	1,977	👍
 HEALTH WELL-BEING DOMAIN RANK 21		Baseline Year	%	Current Year	%	Number	Change
	Low-birthweight babies	2011	7.6	2016	8.2	640	Unchanged
	Uninsured children	2010	13.2	2015	6.6	10,002	👍
	Overweight and obese 1st, 3rd & 6th grade students	2010/11	33.5	2015/16	35.3	7,473	👎
	High school teens who used alcohol/drugs (past 30 days)	2012	40.0	2016	31.8	238	👍
 FAMILY & COMMUNITY DOMAIN RANK 49		Baseline Year	%	Current Year	%	Number	Change
	Children in single parent families	2007-2011	34.6	2012-2016	38.3	46,935	👎
	Children living in high poverty areas	2007-2011	14.6	2012-2016	13.8	20,050	Unchanged
	Children with verified maltreatment (per 1,000)	2011/12	7.9	2016/17	9.1	1,358	👎
	Youth contacts with the juvenile justice system (per 1,000)	2011/12	50.5	2016/17	31.5	2,098	👍

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