



# CONTRACT OVERSIGHT DESK REVIEW

Heartland for Children, Inc. TJ501

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

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## INTRODUCTION

Contract Oversight performed a Desk Review for Heartland for Children, Inc., ContractTJ501. Heartland for Children (HFC) provides child welfare services for Circuit 10, which encompasses Hardee, Highlands, and Polk Counties. HFC has held the lead agency contract since 2003.

## NATIONAL SNAPSHOT

The charts and graphs below are provided by Casey Family Programs. Casey Family Programs works in all 50 states, the District of Columbia and two territories and with 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. Data on the following page provides information related to safety, permanency, length of time in care, placement, and entries and exits. The Casey data shows that HFC experienced a higher rate of children in care from 2012 through 2017 as well as a higher rate of children entering care for the same period.

### 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.

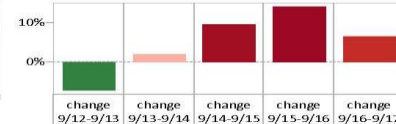
Produced by Data Advocacy, Casey Family Programs  
Data source: state-submitted AFCARS and NCANDS files  
Date prepared: 11/27/2017

#### # of children in care

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

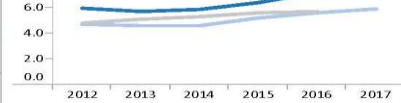


#### year over year change in the # in care



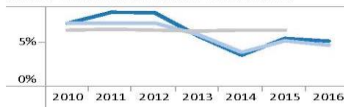
#### rate in care

(per 1,000, < age 18)

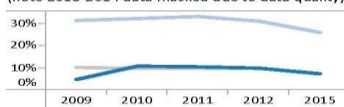


### Safety

#### % children who experience repeat maltreatment within 6 months

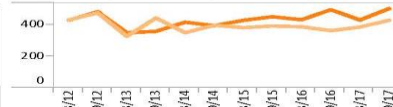


#### % children who experience repeat maltreatment within 12 months

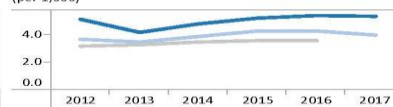


### Entries

#### # of children entering & exiting

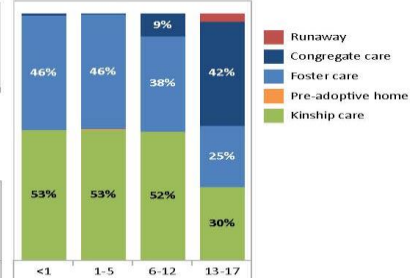


#### rate of children entering care



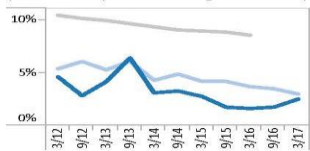
### Placement

#### placement settings for children in care, by age

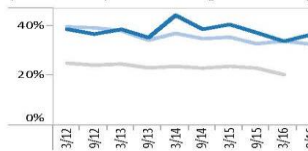


### Timely & Stable Permanency

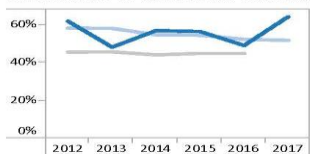
#### % permanency within 30 days of entering care



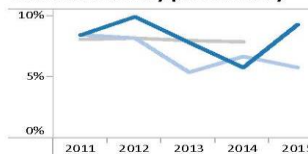
#### % permanency within 3-12 months of entering care



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



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

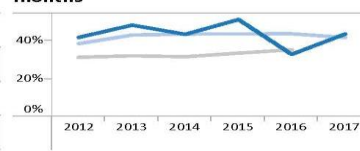


### Children In Care 2+ Years (9/30/2017)

#### in care 2+ years

#	167
%	13%
state	17%
Nat'l (2016)	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		2%	5%	9%	6%
Foster care	11%	34%		5%	
Kinship care	9%	4%			

## SECTION 1: SERVICE AREA DESCRIPTION

This section provides a snapshot of the service area HFC serves, including demographic information, a description of the child welfare partners and information about all child fatalities, including those investigated by the Department and those that were not.

HFC serves the children and families in Hardee, Highlands, and Polk County in Circuit 10. Based on the US Census Facts, all three counties are below the statewide median income level and below the statewide average of individuals with a high school or college diploma. Additionally, all three counties have higher poverty levels than the statewide average.

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

[https://www.census.gov/quickfacts/\(2012-2016 v2016\)](https://www.census.gov/quickfacts/(2012-2016 v2016))

Table 1

## CHILD FATALITIES

### INFANT AND CHILD MORTALITY RATES

Over the past five years Hardee County, Highlands County, and Polk County have had very little deviation in birth rates, however there are differences noted between the counties. Highlands County's birth rate has remained below the statewide rate, while the birth rate in Hardee and Polk County have remained higher. The infant mortality rate has fluctuated in each county over the past 5 years, with a downward trend in 2015 and 2016. Polk County's 2016 infant mortality rate was 7, higher than the statewide rate of 6.1. Highlands County's infant mortality rate has decreased over the past five years from a high of 12.1 in 2012 to a 3.2 in 2016, lower than the statewide rate. Hardee County's infant mortality rate in 2016 was 0, significantly lower than the state rate.

Birth Rate per 1,000 population Statewide Rate: 11.1					
County	2012	2013	2014	2015	2016
Hardee	14.1	14	14.6	14.1	14
Highlands	9.2	8.6	9.4	9.1	9.2
Polk	11.9	11.8	12.2	11.8	12

Source: <http://www.flhealthcharts.com/FLQUERY/Birth/BirthRateRpt.aspx>  
(Run date 12-19-17)

Table 2

Infant Mortality Rate per 1,000 live births					
Statewide Rate: 6.1					
County	2012	2013	2014	2015	2016
Hardee	5.1	2.6	7.2	5.1	0
Highlands	12.1	3.5	8.5	3.3	3.2
Polk	8.1	6.8	6.8	8.6	7

Source: <http://www.flhealthcharts.com/FLQUERY/InfantMortality/InfantMortalityRateRpt.aspx>

Table 3

## CHILD FATALITY INVESTIGATIONS

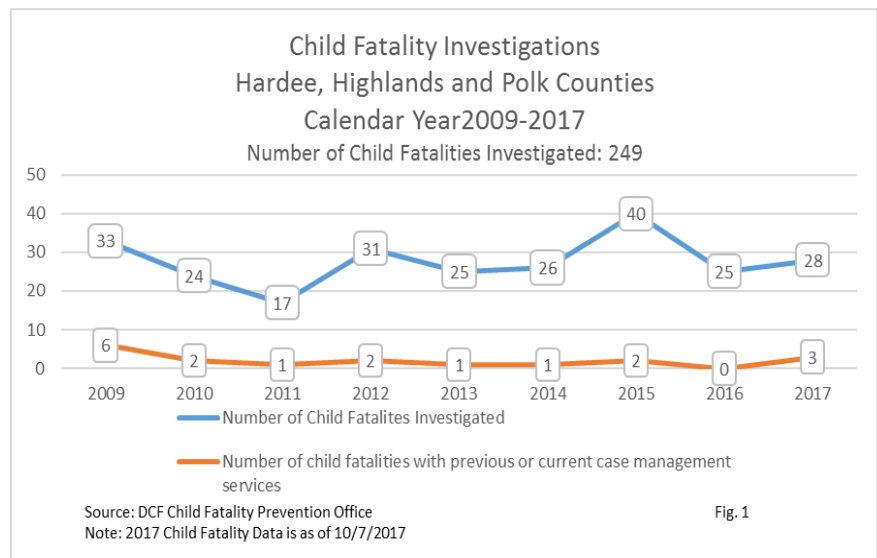
A review of child fatality investigations in HFC's service area from 2009 through October 7, 2017 shows the number of child fatality investigations fluctuated slightly over time with a high of 40 in 2015 and a low of 17 in 2011. Fatalities with previous or current case management involvement followed similar trends totaling 18 since 2009.

Of those, 6 were receiving case management services at the time of the fatality. Since 2009, with investigations that had with current or prior case management services, the primary cause of death was drowning (6) and Natural Causes (5).

In 2017, two fatalities occurred while receiving case management services and one fatality occurred after receiving case management services.

Since 2015, the Critical Incident Rapid Response Team (CIRRT)

has been deployed three times in HFC's service area, with only one CIRRT involving current case management. This occurred in Polk County September 2017, when a 5½-month-old infant was found unresponsive and face down on pillows after he fell from his grandfather's bed where he had been placed to sleep approximately 20 minutes prior. The report has not been released as the investigation is still ongoing.



## SECTION 2: AGENCY SUMMARY

Heartland for Children, Inc. was awarded the contract from the Department in 2003 to be the lead child welfare agency for Hardee, Highlands, and Polk County encompassing the Tenth Judicial Circuit. HFC is nationally accredited by the Council on Accreditation (COA) for adoption services, family foster care and kinship care as well as network administration through March 31, 2021. Case management services are subcontracted through Children's Home Society, Devereux, One Hope United, and Gulf Coast Jewish Family and Community Services.

## NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

Since FY 2014-2015, the number of reports accepted for investigation by the Department’s Child Protective Investigations (CPI) and the number of children removed has increased. Children receiving out of home care services, children receiving in-home services, and children receiving family support services have also increased over the last three fiscal years. In contrast, the number of young adults receiving services has decreased. (source: <http://www.dcf.state.fl.us/programs/childwelfare/dashboard/>)

<b>Child Protective Investigations and Child Removals (Hardee, Highlands and Polk Counties)</b>	<b>FY 2014/2015</b>	<b>FY 2015/2016</b>	<b>FY 2016/2017</b>
Reports accepted for Investigation by DCF (Initial & Additional Reports) <sup>1</sup>	9,782	10,045	10,446
Children Entering Out-of-Home Care <sup>2</sup>	813	860	1,033
<b>Children Served by Heartland for Children<sup>3</sup></b>	<b>FY 2014/2015</b>	<b>FY 2015/2016</b>	<b>FY 2016/2017</b>
Children Receiving In-Home Services	1,104	1,276	1,636
Children Receiving Out of Home Care	1,777	1,826	2,086
Young Adults Receiving Services	178	169	126
Children Receiving Family Support Services	744	762	771

Data Sources:

Table 4

<sup>1</sup>Child Protective Investigations Trend Report through June 2017 (run date 10/9/17)

<sup>2</sup>Child Welfare Dashboard: Childwelfare Trends/Children Entering Out-of-Home Care/Distinct Removals (run date 10/9/2017)

<sup>3</sup>FSFN OCWDRU Report 1006 Children & Young Adults Receiving Services by CBC Agency (run date 8/14/2017)

## FINANCIAL VIABILITY REPORT SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures, based on the DCF 2016-17 CBC-ME Financial Monitoring Tool for Desk Reviews, of Heartland for Children, and found two areas of observation and two areas of noncompliance. The desk review was for the period of January 1, 2017 through March 31, 2017. The areas of noncompliance included payments to youth past their age of eligibility, an expenditure report not reconciling with FSFN, and noncompliance with travel requirements. HFC followed the recommendations and made the appropriate corrections.

For further details, please see the completed fiscal report –[16/17 Desk Review Financial Monitoring Report](#)

For the past five fiscal years, HFC has operated within their allocated budget and has maintained a carry forward balance. (see Table 5)

Comparison of Funding by Fiscal Year					
Heartland for Children					
DCF Contract Funds Available (by Fiscal Year)	FY13-14	FY14-15	FY15-16	FY16-17	FY17-18
Core Services Funding	\$32,182,934	\$32,331,094	\$32,772,517	\$32,905,005	\$33,077,946
Other**	\$9,661,829	\$9,675,137	\$9,809,407	\$10,093,981	\$9,761,020
<b>Total Initial Appropriation</b>	<b>\$41,844,763</b>	<b>\$42,006,231</b>	<b>\$42,581,924</b>	<b>\$42,998,986</b>	<b>\$42,838,966</b>
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
<b>Total Funds Available</b>	<b>\$43,695,878</b>	<b>\$43,301,891</b>	<b>\$44,511,676</b>	<b>\$46,134,195</b>	<b>\$45,460,033</b>
** Includes 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					Table 5

### SECTION 3: PERFORMANCE MEASURES AND QUALITY ASSURANCE DATA

This section provides a picture of HFC's performance as indicated 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 represent performance as measured through information entered into the Florida Safe Families Network (FSFN) and performance ratings based on 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 12 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 Act (Social Security Act), respectively. The Department of Children and Families has developed additional methods to evaluate the quality of the services provided by the lead agency utilizing Rapid Safety Feedback (RSF) and Continuous Quality Improvement (CQI).

- 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 utilize 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 consist of completing a case file review, interviewing case participants, and completing the on-line review instrument. In addition, these cases receive 2<sup>nd</sup> level reviews by the Office of Child Welfare and at times, 3<sup>rd</sup> 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.

### CONTRACT AND CBC SCORECARD MEASURES

HFC is performing well in several areas regarding their contract measures. There are 9 contract measures in which HFC met or exceeded their established targets for the last FY 2016/2017, all of which were also met in FY 2015/2016, they are as follows:

- 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 twelve (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 twelve (12) months
- M11: % of young adults in foster care at age 18 that have completed or are enrolled in secondary education
- Adoption: Number of children with finalized adoptions. (Note: Did not meet target for FY 15/16 by 1 adoption)

There are 4 contract measures in which HFC did not meet the contract targets for the last FY 2016/2017, all of which were also not met in FY 2015/2016, they are as follows:

- M01: Rate of abuse or neglect per day while in foster care: HFC has not met this performance measure in the past two fiscal years. While there was a slight decrease between fiscal years 2015/2016 and 2016/2017, HFC met this target in 3 of the 5 previous quarters and is showing improvement in performance.
- M07: % of children who do not re-enter foster care within twelve (12) months of moving to a permanent home: HFC has not met this performance measure in the past two fiscal years and saw a 2% decline in performance between FY 2015/2016 and FY 2016/2017. HFC has performed below the target and the statewide average in four of the past five quarters.
- M10: % of children in out-of-home care who received dental services within the last 7 months: Although HFC exceeds the statewide average they did not meet the contract measure in the past two fiscal years but have performed above the target in three of the previous five quarters.
- M12: % of sibling groups where all siblings are placed together: While there has been a slight increase in performance between fiscal years 2015/2016 and 2016/2017, HFC is still under target and has not met the target in all four quarters of FY 2016/2017.



SC #	Heartland for Children Performance Measures Contract # TJ501-SOC	CBC Contract Measure Targets	Federal National Standard (Performance of Other States <sup>1</sup> )	Statewide Performance (FY 2016/2017)	Heartland for Children	
					FY 2015-2016	FY 2016-2017
					July 1, 2015-June 30,2016	July 1, 2016-June 30, 2017
1	Rate of abuse or neglect per day while in foster care <i>(Source: CBC Scorecard)</i>	<8.5	<8.5	10.56	10.10	10.51
2	Percent of children who are not neglected or abused during in-home services <i>(Scorecard)</i>	>95%		97.20%	97.10%	98.50%
3	Percent of children who are not neglected or abused after receiving services <i>(Scorecard)</i>	>95%		95.60%	96.30%	95.60%
4	Percentage of children under supervision who are seen every thirty (30) days <i>(CBC Scorecard)</i>	>99.5%		99.80%	99.90%	99.90%
5	Percent of children exiting foster care to a permanent home within twelve (12) months of entering care <i>(Scorecard)</i>	>40.5%	>40.5% <i>(16%-61%)</i>	41.60%	47.70%	41.50%
6	Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months <i>(Scorecard)</i>	>44%	>43.6% <i>(21%-50%)</i>	53.70%	53.30%	54.60%
7	Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home <i>(Scorecard)</i>	>91.7%	>91.7% <i>(83%-98%)</i>	89%	88.30%	86.30%
8	Children's placement moves per 1,000 days in foster care <i>(Scorecard)</i>	<4.12	<4.12 <i>(2.6%-8.7%)</i>	4.33	2.99	3.20
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months. <i>(Scorecard)</i>	>95%		97.14%	98.50%	98.80%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months. <i>(Scorecard)</i>	>95%		92.70%	94.50%	94.80%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education <i>(Scorecard)</i>	>80%		87.60%	88.10%	87.40%
12	Percent of sibling groups where all siblings are placed together <i>(Scorecard)</i>	>65%		63.90%	59.20%	61.70%
	Number of children with finalized adoptions <i>(DCF Dashboard run date 10/17/18)</i>	123/140			122	148

Source: CBC Scorecard-All Measures-Run 8/4/2017

Table 6

## CHILD SAFETY

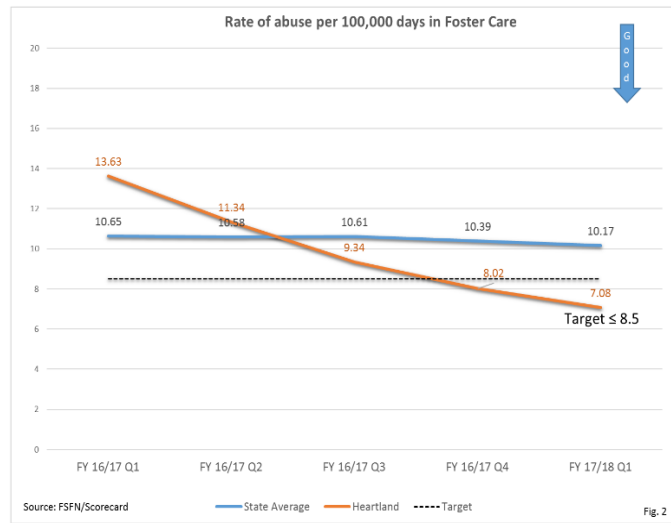
The figures on the following pages depict HFC’s performance related to child safety in the following areas:

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. CQI qualitative case review results

### RATE OF ABUSE IN FOSTER CARE

**Rate of abuse or neglect per day while in foster care (Scorecard Measure M01):** The graph depicts the rate at which children are the victims of abuse or neglect while in foster care (per 100,000 bed days) during the report period. 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.

The rate of abuse has decreased, showing improvement, over the last five quarters from a high of 13.63 (FY16/17, Q1) to a low of 7.08 (FY 17/18, Q1). HFC has performed better than the statewide average and the national standard in the most recent two quarters (FY16/17 Q4, FY17/18 Q1). These rates are below the national standard (8.5) and below the statewide Q1 average (10.17).

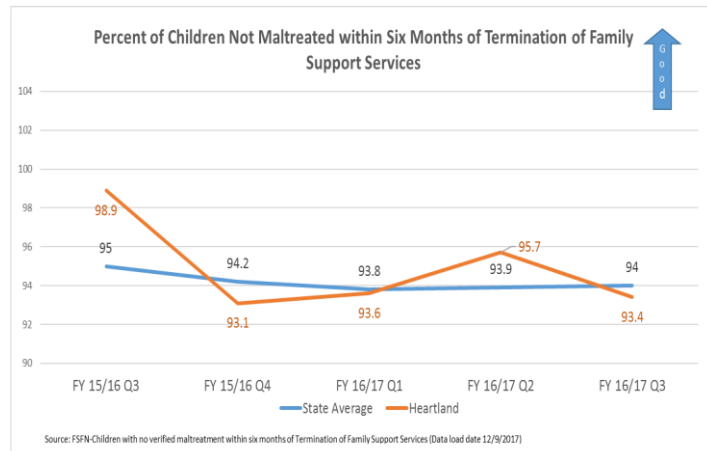


The CQI case review indicators linked to child safety (making concerted efforts to address risk and safety) are above statewide performance.

### NO MALTREATMENT AFTER FAMILY SUPPORT SERVICES

**Percent of children not abused or neglected within six months of termination of family support services.** The graph depicts the percentage of children who did not have a verified maltreatment during the report period.

HFC is performing above the statewide average performance of children re-maltreated following the provision of family support services, showing that HFCs’ family support services are making a positive impact on the families served.



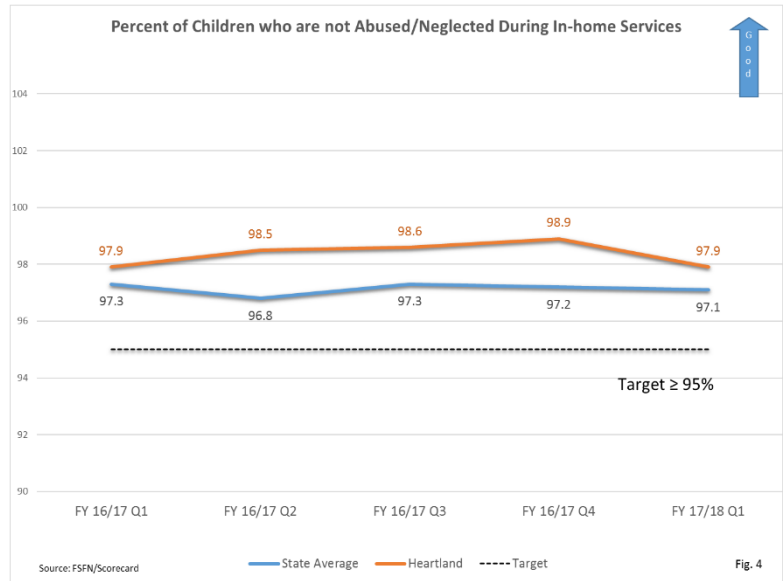
## NO MALTREATMENT DURING IN-HOME SERVICES

### Percent of children not abused or neglected while receiving in-home services (Scorecard Measure M02):

The graph depicts the percentage of in-home service episodes during the report period where the child did not have a verified maltreatment while receiving services. This indicator measures whether the CBC was successful in preventing subsequent maltreatment of a child while the case is open and the CBC is providing in-home services to the family.

HFC's performance in this measure has stayed above the statewide average and target in the last five quarters.

Rapid Safety Feedback (RSF) data revealed that HFC performed significantly above the statewide average in evaluation of the sufficiency of the assessment, quality of contacts with the family and sufficiency of the safety plan.



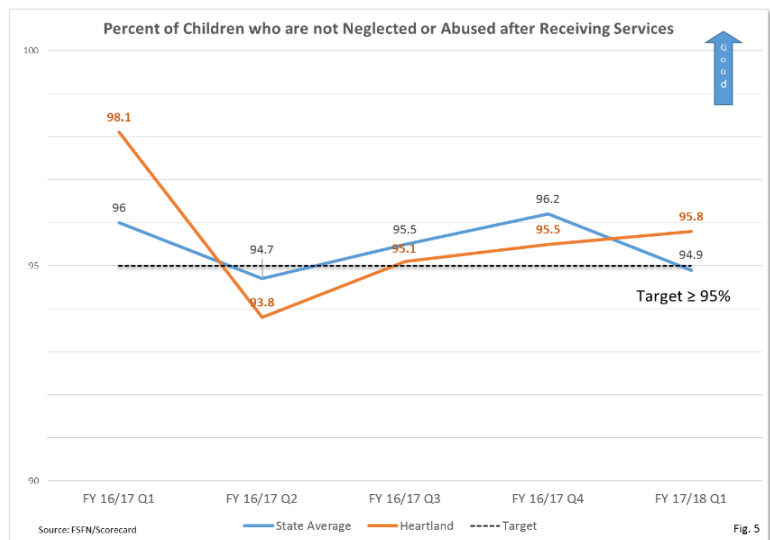
HFC has shown a positive trend in performance on CQI Item 3, ensuring concerted efforts are in place to assess and address the risk and safety concerns of children while in their own home or while in foster care, in the past year, surpassing the statewide average, however is still below the federal and state expectation by 2%. See table 7.

## NO MALTREATMENT AFTER RECEIVING SERVICES

**Percent of children with no verified maltreatment within six (6) months of termination of supervision (Scorecard Measure M03):** The graph depicts the percent of children who were not the victims of abuse or neglect in the six months immediately following termination of supervision.

HFC's performance has met or exceeded the target performance in four of the last five quarters, and is trending positively.

HFC has shown a positive trend in performance on CQI 2, ensuring concerted efforts are made to provide services to the family to prevent children's entry into foster care or re-entry after reunification. They scored above the statewide performance, the federal PIP goal, and is above the federal and state expectation by 2%. See Table 7.

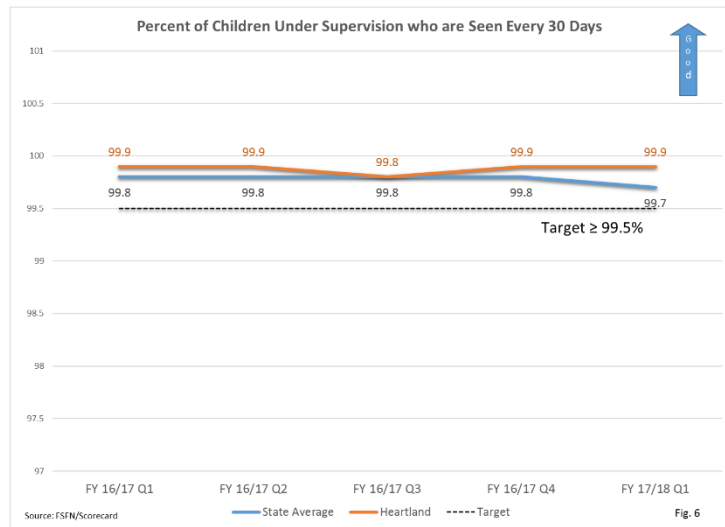


## CHILDREN SEEN EVERY 30 DAYS

**Children under supervision who are seen every thirty (30) days (Scorecard Measure M04):** The graph below depicts the rate at which children are seen every thirty (30) days while in foster care or receiving in-home services during the report period.

HFC's performance in seeing their children as required has consistently met or exceeded the statewide performance for the past five quarters and has exceeded the target for the same period.

CQI Item 14 data indicates that quality of visits between the case manager and child are above the statewide average and federal PIP goal, however are not meeting state and federal targets. See table 9.



Data from RSF 2.1 indicate that the quality of visits between the case manager and child are sufficient to address issues pertaining to safety, permanency and well-being and evaluate/promote progress toward case plan outcomes. See table 7.

## QA CASE REVIEW DATA

The table below provides the current performance in items related to child safety that are based on qualitative case reviews. Rapid Safety Feedback (RSF) reviews show that from the period of July 1, 2016 through June 30, 2017, HFC case managers were completing sufficient assessments, completing quality visits to address issues pertaining to safety and evaluate progress towards case plan outcomes, and ensuring a sufficient safety plan is in place to control danger threats. Additionally, Florida CQI reviews indicate that HFC was making concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification and were making concerted efforts to assess and address the risk and safety concerns related to the children in their own homes or while in foster care. Also of note, in both CQI items shown below, an improvement in performance occurred between FY15/16 and FY16/17.

Quality Assurance - Rapid Safety Feedback Item	Heartland Rapid Safety Feedback n=40	Statewide RSF Performance <sup>1</sup> n=851
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>		July 1, 2016-June 30, 2017
RSF 1.1: Is the most recent family assessment sufficient?	● 100.0%	50.6%
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%	62.7%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	● 100.0%	60.7%

Green dot denotes performance is above statewide RSF average; red dot denotes performance is below statewide RSF average

Quality Assurance - Florida CQI Item	Heartland	Heartland	Percent Improvement	Statewide CQI/QA Performance <sup>1</sup> n=1,290	2016 Statewide Federal Child & Family Service Review <sup>2</sup> 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal <sup>3</sup>	Federal and State Expectation <sup>4</sup>
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>	FY 2015/2016 n=70	FY 2016/2017 n=76					
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?	95.0%	● 97.0%	↑ 2.0%	93.0%	76.5%	85.2%	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?	84%	● 93%	↑ 9.0%	77%	71.3%	77.7%	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 7

<sup>1</sup>This date provides the statewide rating in each case review item for all CBCs

<sup>2</sup>This provides the performance rating for the state in each of the items as approved by the Administration for Children and Families.

<sup>3</sup>The PIP Goal is set by the Children's Bureau and is the expected level of improvement needed to avoid financial penalties.

<sup>4</sup>This is the overall federal and state expectation for performance.

Green dot denotes performance is above the federal PIP Goal; red dot denotes performance is below the federal PIP Goal.

## PERMANENCY

When children are placed in out-of-home care it is imperative that child welfare agencies find safe, permanent homes for them as quickly as possible. Helping children achieve permanency in a timely manner is extremely important to children as a year in a child's life is a significant amount of time. HFC is performing below target or trending negatively in three permanency measures and trending above target or trending positively in three permanency measures. However, RSF (Rapid Safety Feedback) and CQI (Continuous Quality Improvement) reviews highlight areas where performance is trending positively.

The graphs and tables on the follow 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

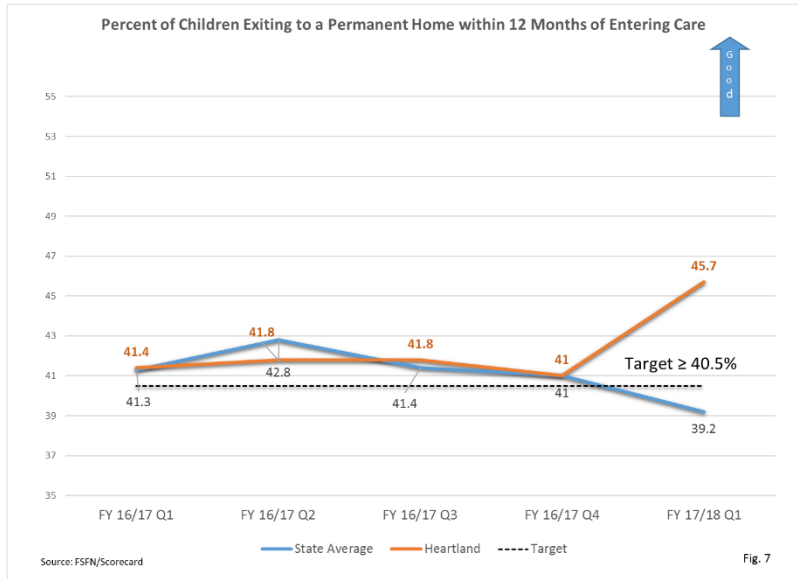
- 5. Percent not re-entering care
- 6. Siblings placed together
- 7. Qualitative case review results

**PERMANENCY IN 12 MONTHS**

**Percent of children exiting foster care to a permanent home within twelve (12) months of entering care**

**(Scorecard Measure M05):** The graph depicts the percentage of children who entered foster care during the report period where the child achieved permanency within twelve (12) months of entering foster care.

HFC has performed above target in the five most recent quarters. CQI Item 5 (establishing permanency goals in a timely manner) and CQI Item 6 (making concerted efforts to achieve permanency) supports that this is an area of strength.

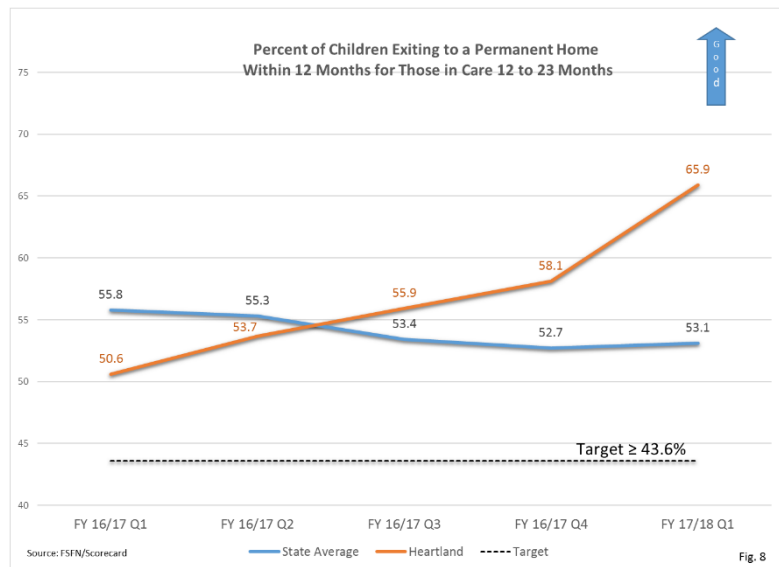


**PERMANENCY IN 12 – 23 MONTHS**

**Percent of children exiting foster care to a permanent home in twelve (12) months for children in foster care twelve (12) to twenty-three (23) months (Scorecard Measure M06):**

The graph provides the percentage of children in foster care as of the beginning of the reporting period whose length of stay is between twelve (12) and twenty-three (23) months as of the beginning of the report period who achieved permanency within twelve (12) months of the beginning of the report period.

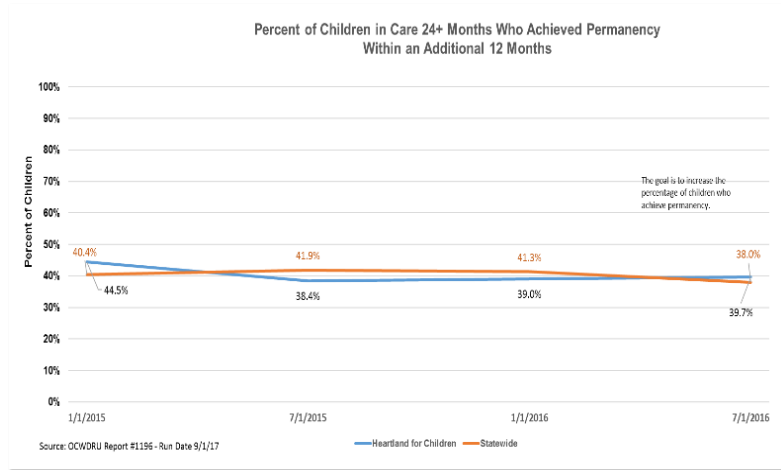
HFC consistently performed above the target for the past five quarters, and above the statewide performance for the past three quarters, in this measure.



## PERMANENCY AFTER 24 MONTHS

**Percent of children in care 24+ months who achieved permanency within an additional 12 months:** The graph provides the percentage of children in foster care whose length of stay is twenty-four (24) months or more as of the report period begin date and those who achieved permanency within twelve (12) months of the beginning of the report period.

HFC has performed above the statewide performance in two of the last four quarters. HFC fell slightly below (by 2%) the statewide rate in the 1st quarter.

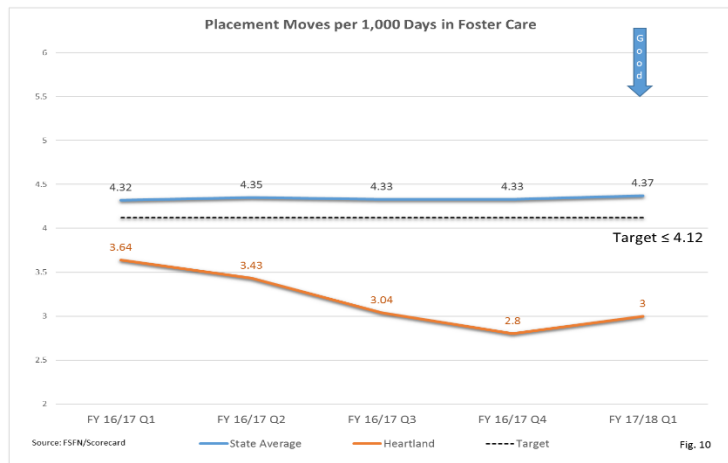


## PLACEMENT STABILITY

**Placement moves per one-thousand (1,000) days in foster care (Scorecard Measure M08):** The graph depicts the rate at which children change placements while in foster care during the report period.

Data indicates that HFC's placement moves for children in out-of-home care is 3 per 1,000 days in foster care. This rate has consistently been below the target and statewide performance for the past five quarters.

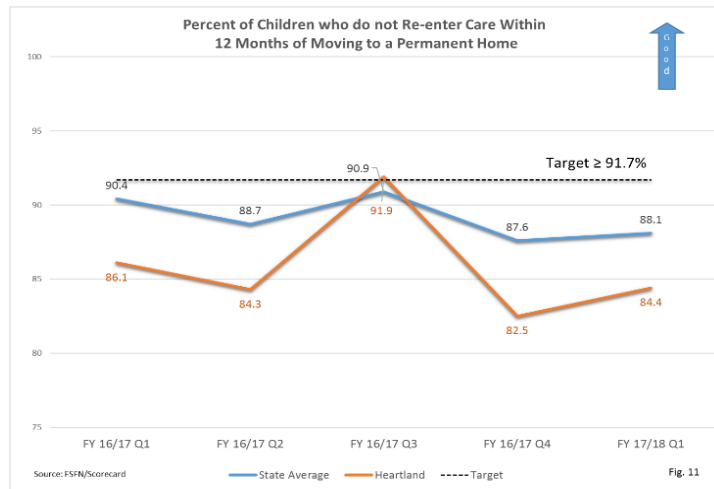
The CQI case review indicates that HFC is ensuring children are in stable placements and that changes are made in the best interest of the child. HFC showed improvement (7%) in CQI Item 4 related to ensuring stable placement and that any placement moves are in the best interest of children. They scored above the statewide performance and the federal PIP goal, yet still is below the federal and state expectation by 2%. See Table 8.



## PERCENT NOT RE-ENTERING INTO OUT-OF-HOME CARE

**Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home Scorecard Measure (Scorecard Measure M07):** The 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 (12) months of entering and subsequently did not re-enter foster care within twelve (12) months of their permanency date.

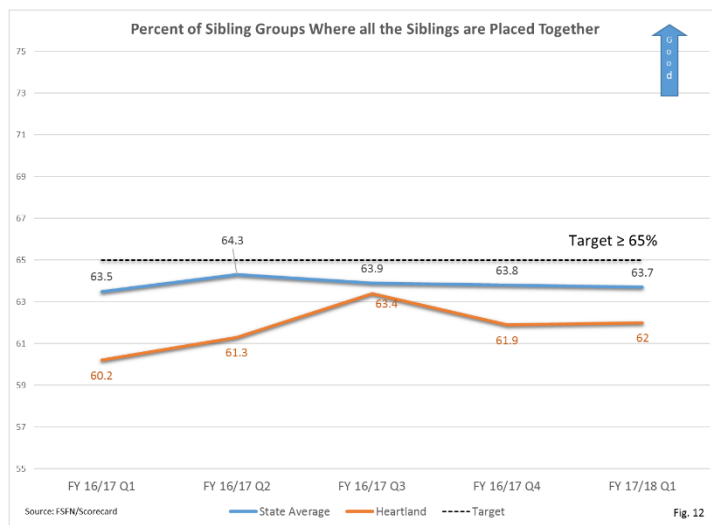
HFC has performed below the target and the statewide average in four of the past five quarters. HFC struggles to meet this measure but has shown a slight improvement in FY17/18 Q1.



## 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 has consistently been within 3% of the statewide average and within 5% of the target over the previous five quarters. CQI Item 7, ensuring the agency is making concerted efforts to place siblings together while in foster care, indicates that this is an area that is improving.
















**QA CASE REVIEW DATA**

The table below provides HFCs’ performance based on qualitative case reviews. Rapid Safety Feedback (RSF) reviews show that from the period of July 1, 2016 through June 20, 2017, HFC case managers were completing visits of sufficient quality to address issues pertaining to safety and evaluate progress towards case plan outcomes (see Table 8, RSF 2.1, 2.3 and 2.5). Florida CQI reviews further support that HFC’s performance in most measures are currently above the Federal PIP goal and statewide average performance (see Table 8, CQI Item 4, 5, 6, 7, 8, 9, 10 and 11).

Quality Assurance Item	Heartland Rapid Safety Feedback n=40	Statewide RSF Performance n=851
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>	<b>Performance for FY 2016/2017</b>	
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%	62.7%
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%	67.7%
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%	55.1%

*Green dot denotes performance is above statewide RSF average; red dot denotes performance is below statewide RSF average*

Quality Assurance - Florida CQI Item	Heartland	Heartland	Percent Improvement	Statewide CQI/QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review <sup>2</sup> 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal <sup>3</sup>	Federal and State Expectation <sup>4</sup>
Assessment Based on Case Reviews by Child Welfare Professionals	FY 2015/2016 n=70	FY 2016/2017 n=76					
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	86.0%	 93.0%	 7.0%	83.0%	82.0%	88.5%	95.0%
CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?	58.0%	 89.0%	 31.0%	84.0%	81.8%	82.1%	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?	77.0%	 98.0%	 21.0%	81.0%	74.5%	75.4%	95.0%
CQI Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was	70.0%	75.0%	 5.0%	64.0%	67.3%	None	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 family members?	74.0%	78.0%	 4.0%	69.0%	69.0%	None	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?	88.0%	84.0%	 -4.0%	79.0%	82.0%	None	95.0%
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	76.0%	91.0%	 15.0%	83.0%	72.0%	None	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 activities other than just arranging visitation?	68.0%	73.0%	 5.0%	61.0%	60.0%	None	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 8

<sup>1</sup>This date provides the statewide rating in each case review item for all CBCs

<sup>2</sup>This provides the performance rating for the state in each of the items as approved by the Administration for Children and Families.

<sup>3</sup>The PIP Goal is set by the Children's Bureau and is the expected level of improvement needed to avoid financial penalties.

## WELL-BEING

Ensuring that children’s physical, development and emotional/behavioral needs are met has a significant lifelong impact on a child’s future and is one of the system of care’s most important responsibilities.

In the past five quarters, HFC consistently exceeded the target for children receiving medical care. They met the target and exceeded the statewide average for children receiving dental care in three out of the past five quarters; they exceeded the target for children enrolled in secondary education in four out of the past five quarters. As of June 30, 2017, 1.1% of children ages 0-5 were placed in group care. Florida CQI reviews further support that HFC’s performance in most measures are currently meeting or exceeding the Federal PIP goal and statewide average performance (see Table 9, CQI Item 12A, 12B, 12C, 14, 15, 16, 17, 18).

The graphs and tables on the follow 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 review results

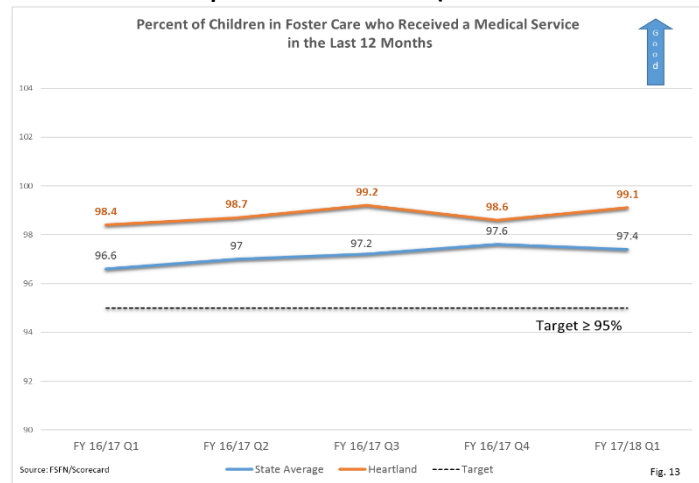
### CHILDREN RECEIVING MEDICAL CARE

#### Percent of children in foster care who received medical care in the previous 12 months (Scorecard Measure M9):

This measure is the percentage of children in foster care as of the end of the report period who have received a medical service in the last twelve (12) months.

HFC has consistently performed above the statewide target and statewide performance in this area over the previous five quarters.

CQI Item 17 reflects HFC scored above the statewide performance and is meeting the Federal and State Expectation indicating this is an area of strength. See Table 9.

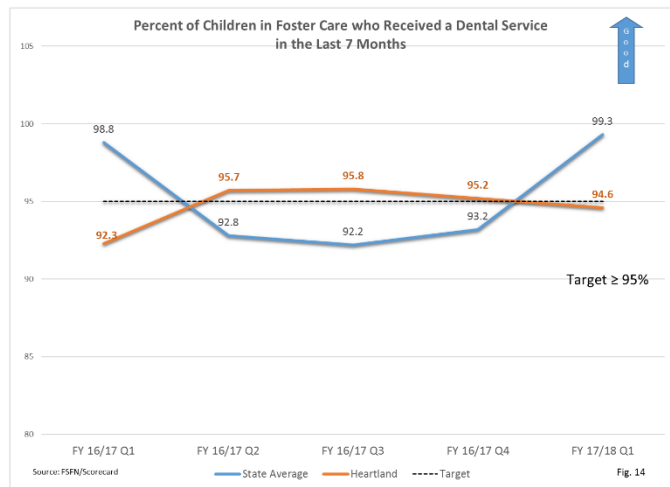


## CHILDREN RECEIVING DENTAL CARE

**Percent of children in foster care who received a dental service in the last seven months (Scorecard Measure M10):** This measure is 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 (7) months.

HFC's performance has been above the statewide performance and target for three of the previous five quarters.

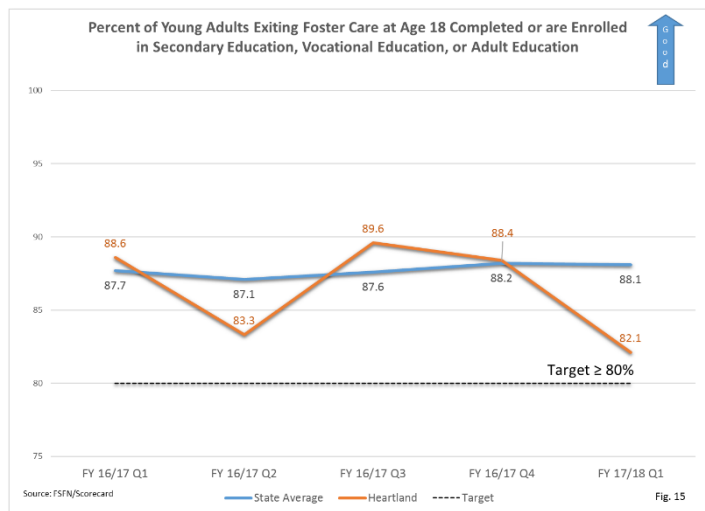
CQI Item 17 reflects HFC scored above the statewide performance and is meeting the Federal and State Expectation. See Table 9.



## 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 measure is 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 (18) birthday.







HFC's performance has been consistently above the target and above the statewide performance for three of the previous five quarters. While performance remains above the target, it has trended negatively since FY 16/17 Q3.










HFC showed improvement (1%) in CQI Item 16 scoring above the statewide performance, yet still is below the federal and state expectation by 2%. See Table 9.

## 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. Heartland for Children, Inc. has performed above the statewide performance in nine (9) of nine (9) measures, and above the Federal PIP goal in five (5) of (6) measures. HFC also performed above the Federal and State expectation in one measure and met the expectation in three measures. HFC showed improvement in FY 2016/2017 from FY 2015/2016 in eight (8) of the nine (9) measures (See CQI Item 12A, 12B, 12C, 14, 15, 16, 17, 18). HFC has not made any progress in CQI Item 13 and remains below the PIP goal and the Federal and State expectation indicating a need for improvement in this area.

Quality Assurance - Florida CQI Item	Heartland	Heartland	Percent Improvement	Statewide CQI/QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review <sup>2</sup> 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal <sup>3</sup>	Federal and State Expectation <sup>4</sup>
<i>Assessment Based on Case Reviews by Child Welfare Professionals</i>	FY 2015/2016 n=70	FY 2016/2017 n=76					
CQI Item 12A: Did the agency make concerted efforts to assess the needs of and provide services to <u>children</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	89.0%	 95.0%	 6.0%	89%	51.3%	58.4%	95.0%
CQI Item 12B Did the agency make concerted efforts to assess the needs of and provide services to <u>parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	69.0%	 83.0%	 14.0%	73.0%	51.3%	58.4%	95.0%
CQI Item 12C Did the agency make concerted efforts to assess the needs of and provide services to <u>foster parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	98.0%	 100.0%	 2.0%	88.0%	51.3%	58.4%	95.0%

Quality Assurance - Florida CQI Item	Heartland	Heartland	Percent Improvement	Statewide CQI/ QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review <sup>2</sup> 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal <sup>3</sup>	Federal and State Expectation <sup>4</sup>
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>	FY 2015/2016 n=70	FY 2016/2017 n=76		FY 2016/2017 n=76			
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%	 68.0%	0.0%	66.0%	63.6%	70.7%	95.0%
CQI Item 14: Were the frequency and quality of visits between caseworkers and the <u>child (ren)</u> sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?	89.0%	 91.0%	 2.0%	67%	72.5%	78.9%	95.0%
CQI Item 15 Were the frequency and quality of the visits between the case workers and <u>mothers and fathers</u> sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals?	54.0%	 55.0%	 1.0%	48.0%	43.5%	51.1%	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?	92.0%	93.0%	 1.0%	84%	92.0%	None	95.0%
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	92.0%	95.0%	 3.0%	77%	85%	None	95.0%
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	71.0%	91.0%	 20.0%	75%	72%	None	95.0%

Source: Federal Online Monitoring System

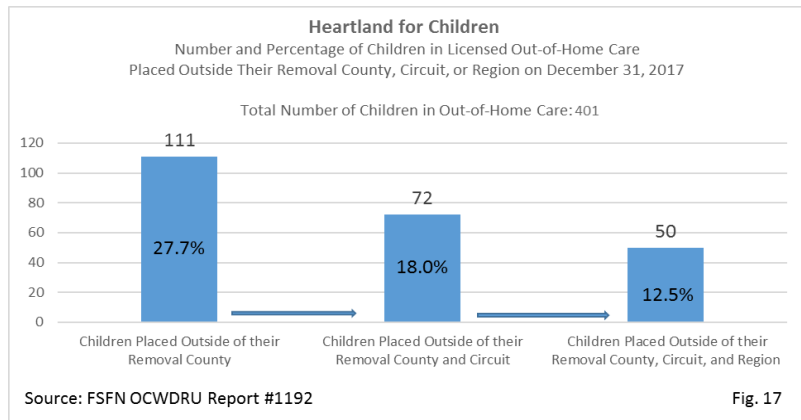
Table 9

<sup>1</sup>This date provides the statewide rating in each case review item for all CBCs

## SECTION 4: PLACEMENT SERVICES AND GROUP CARE

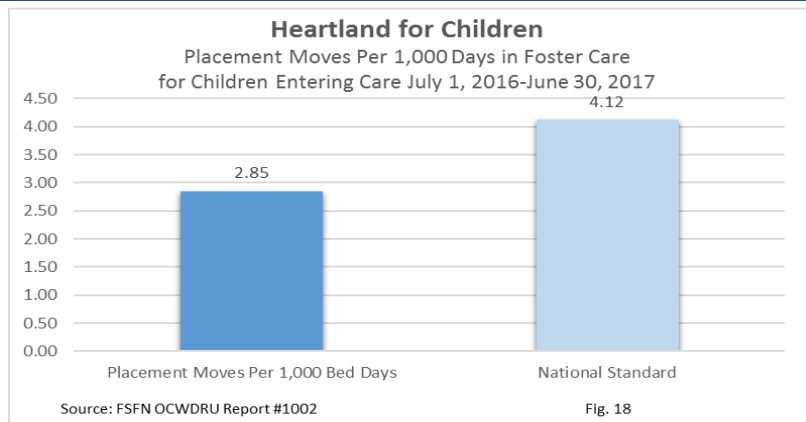
### CHILDREN PLACED OUTSIDE THEIR REMOVAL CIRCUIT

As of December 31, 2017, 27.7% of HFC's children were placed outside of their removal circuit. This is below the statewide average of 36% and shows that their efforts to keep kids closer to home are proving successful.



### PLACEMENT MOVES

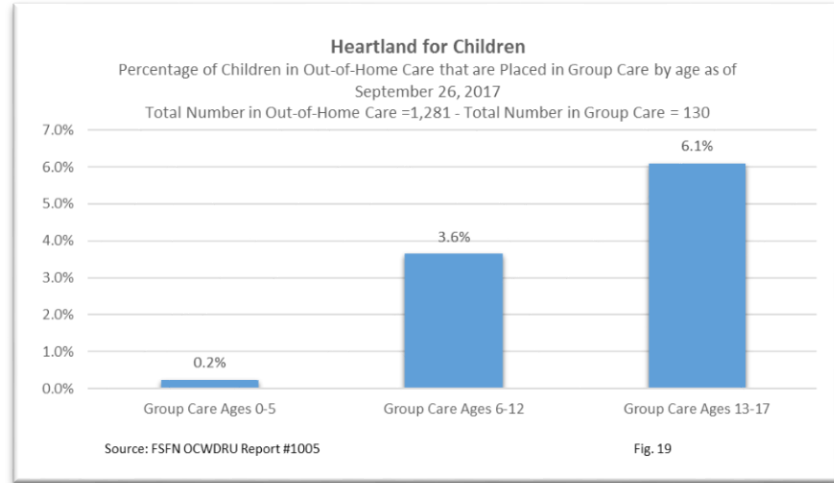
From July 1, 2016 thru June 30, 2017, Heartland for Children moved children at a rate lower than the statewide average and lower than the national standard. As mentioned above, this rate has consistently been below the target and statewide performance for the past five quarters, indicating HFC is moving children less frequently.



## CHILDREN IN GROUP CARE

HFC has placed 10.29% of their children in out of home care in group care. This is higher than the statewide average of 8.84% in group care placements.

Of the total number of children in out-of-home care, 3.8% of the children under the age of twelve are placed in group care (See Figure 19). HFC has forty-nine (49) children under the age of twelve (12) in group settings at this time. This is 38% of their group care population and includes three (3) children under the age of 5-years-old. 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) should be taken.



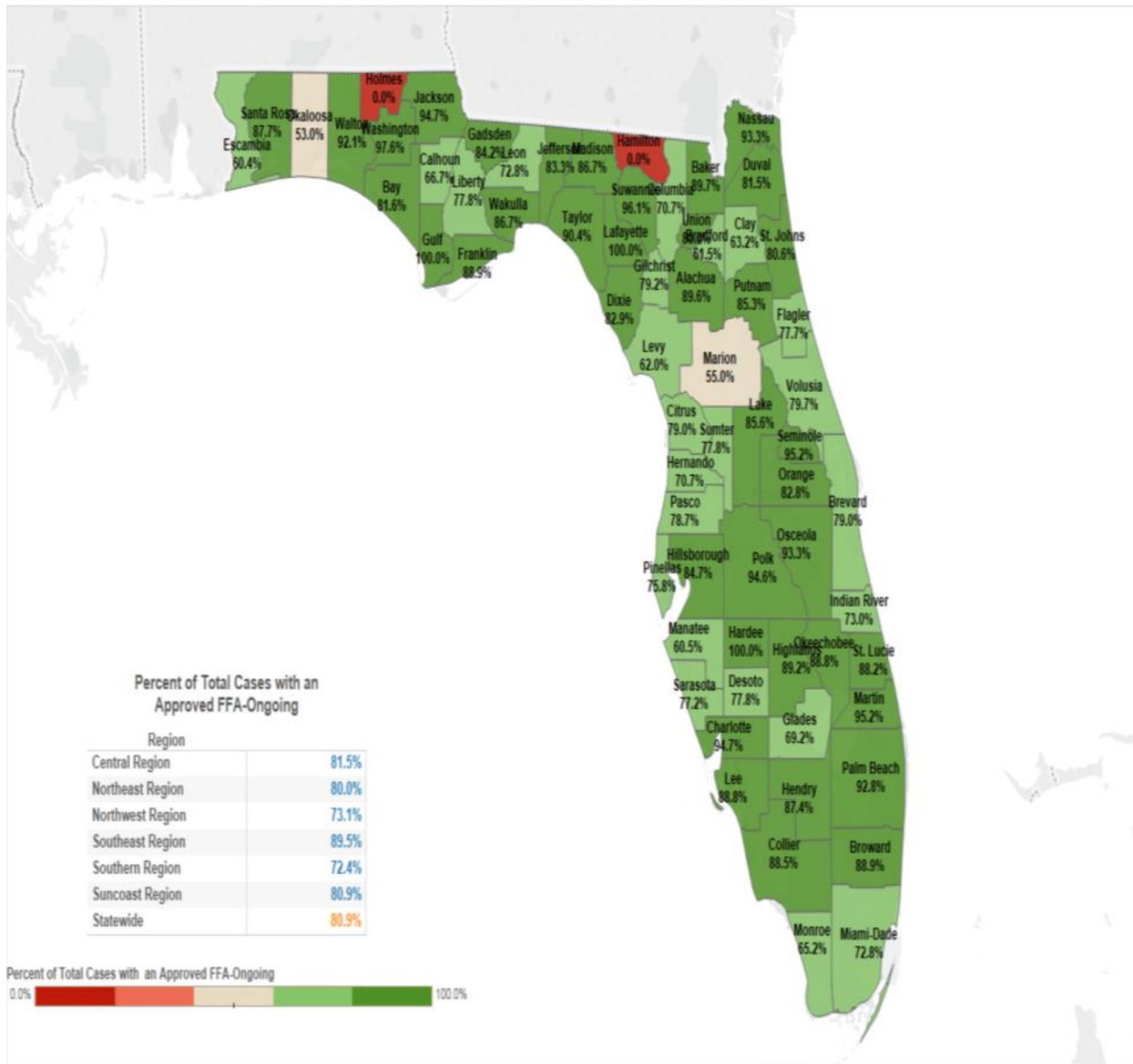
## SECTION 5: PRACTICE MODEL IMPLEMENTATION

### IMPLEMENTATION STATUS

Heartland for Children has made progress toward implementation of the practice model, as shown in the chart below. As of 02/15/2018, HFC implementation status was 100% (Hardee), 89.2% (Highlands), and 94.6% (Polk). All three counties are exceeding the statewide level of 80.9%.



## Ongoing Services Safety Methodology Implementation Status as of 02/15/2018



Source: FSFN report Active Cases with an Approved FFA-Ongoing – OCWRU #1084

Notes: Small number of cases assigned to the county will affect percentages. Based on location of primary worker. Counties with no cases assigned to them will not appear in the map.

(Source: Child Welfare Key Indicators Monthly Report, February 2018)

## SERVICE ARRAY

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In July of 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. HFC has a rating of “3” in Family Support Services and a “3” rating in Safety Management Services, these ratings are defined below.

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.

HFC followed the Florida Service Array Framework provided by the Office of Child Welfare to modify some existing programs and procure other services to be provided in Circuit 10. HFC amended preexisting contracts to include Safety Management Services on the back end of the system of care as identified by the practice model. HFC procured Safety Management and Family Support services to safe and unsafe children for the front end of the system of care. HFC, in partnership with CMOs, CPIs, and provider partners worked closely together on supporting and strengthening safety management and family support services through the provision of enhanced training and coaching; as well as a realignment of client services and resources.

### Safety Management Services (SMS)

HFC initially procured and contracted with one Safety Management service provider to serve the tri-county area. This provider is available at all times for present and/or impending danger safety plans. HFC later expanded services with this provider and contracted with an additional provider as an enhancement to the safety management services being provided to better meet the needs of the families entering the System of Care. HFC has provided ongoing training and support to these programs to ensure they understand the basics of the Practice Model, the safety planning process, the difference between risk and safety, and what role they play in Safety Management Services. There is an expectation that in-home providers in the System of Care will be involved in the Safety Management process, as appropriate.

According to HFC’s internal data analysis in October 2017, HFC was showing that 98.9% of children served through Safety Management Services were not sheltered and avoided deeper movement into the System of Care. SMS

provides immediate and ongoing crisis intervention to control a danger threat and monitor the safety plan of a child/children.

On April 19, 2017, the Office of Child Welfare increased HFC's Priority of Effort Service Array Assessment for Safety Management Services from a "1" to a "3".

#### Family Support Services (FSS)

HFC is committed to ensuring families have access to services in the least restrictive manner necessary to address identified risk factors or diminished protective capacities. HFC is committed to maintaining diversion services that are accessible and individualized to the families being served. HFC defines diversion as a wide continuum of voluntary options and services, ranging from connecting families to community resources to providing intensive case coordination, also known as Family Support Services (FSS). FSS are designed to mitigate and/or eliminate risk of abuse or neglect in a home that has been assessed to have a high or very high risk for future child maltreatment.

HFC has subcontracted family support services and the coordination of those services primarily to a single provider, Neighbor to Family (NTF). This provider approaches assessment and service delivery from a strength based approach. The provider can provide some services directly including some behavioral health services, transportation assistance and parenting education and support. NTF uses several evidence based practices or approaches including 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. The program maintains frequent communication with any outside providers during the time the case is open to ensure clear and open lines of communication are in place regarding the family's engagement and progress.

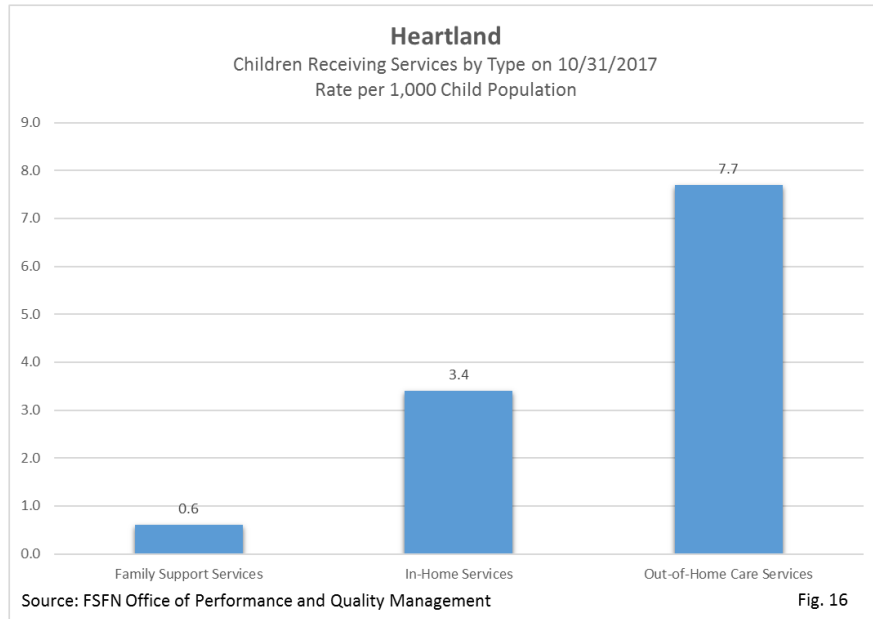
HFC collects data on all cases involved with the diversion/family support program for multiple purposes, including but not limited to, trend analysis, identification of gaps in services and resource allocation. Data is collected, maintained and mined through FSFN. Additionally, with the program utilizing the evidence-based assessment tools they can collect data related to changes in the Protective Factors of the families served through Family Support Services. Success rates of Family Support Services cases are measured by successful completion of a service plan, increases in the Protective Factors, and verified reports of maltreatment within 1 year of case closure.

HFC has consistently had the lowest Family Support Services shelter conversion rate for the Region with the most recent report showing 99.4% of children being served by Family Support Services avoided the need for out of home care placements.

On January 5, 2017, the Office of Child Welfare rated HFC's Priority of Effort Service Array assessment for Family Support Services a "3".

#### **SERVICES MIX**

The graph provides the rate of children receiving services by type. This illustrates the mix of services between Family Support Services, In-Home Services and Out-of-Home Services.



### TRAUMA INFORMED CARE

HFC advocates for trauma sensitive approaches and decision making throughout the HFC system of care that will minimize system-induced trauma. HFC educated local behavioral health leadership on trauma and the ACE study, distributed publications related to trauma, and extended invitations to workshops intended to create a call to action. HFC brought their staff in to do both general and intensive trainings to provide the tools and paradigm needed to deliver effective clinical services. HFC brought Tonier Cain, a national spokesperson for trauma-informed care to Circuit 10 on different occasions. Ms. Cain's story, "Healing Neen" has been integrated into orientation for HFC staff, case management pre-service training, foster and adoptive parent preparation classes, and have shared the story with group care providers across the state. Since 2011, approximately 1,500 professionals and caregivers have been trained in Emotional Regulatory Healing (ERH) with Juli Alvarado. In addition, 204 professionals, foster parents and adoptive parents have attended the 3-day intensive ERH training. There are ongoing ERH consultation calls available when needed.

Lastly, HFC also created an infographic that has been shared with existing behavioral health providers and is also shared with anyone who expresses an interest in becoming a behavioral health provider in the HFC System of Care. This infographic details HFC's expectations related to trauma focused practices, timeliness of services, effective communication and court partnership.

### FAMILY CENTERED PRACTICE

HFC has adopted two core values: 1) The best place for children to grow up is with families; and 2) Providing services that engage, involve, strengthen, and support families is the most effective approach to ensuring children's safety, permanency, and well-being.

As of November 2017, there have been 113 Family Team Conferences completed by Circuit 10 Case Management Organizations (CMOs) during FY 17-18. During FY 16-17, there were 358 Family Team Conferences completed. In support of family engagement and prior to case transfer, the CPI and the case manager/supervisor hold a joint visit with the family. In addition, each CMO has two (2) Family Team Conferencing Facilitator positions that are trained in the Family Team Conference Model. The goal is for the facilitator to hold a Family Team Conference prior to

mediation for the family to participate in the development of their case plan. These family meetings are very family centered and the goal is for the family to identify what works best for them to be successful.

## SECTION 6: REGIONAL FEEDBACK

### ADOPTIONS

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The FY 17-18 adoption target is 131 adoptions. The adoption target data provided by the Office of Child Welfare was sent to HFC for their review. The information provided the formulas which derived the group numbers supporting the proposed target of 162. HFC completed their own analysis of the data and submitted the proposed target and methodology supporting their counter offer of 131 which was approved.

HFC has established an Adoption Applicant Review Committee (AARC) consisting of at least three (3) voting members who have completed the Department's adoption competency training. The voting members are HFC's Adoption Program Manager, Adoption Specialists, HFC Contract Manager, Director of Quality and Contract Management, Re-Licensing Specialist and DCF's C10 Operations Manager. Additional non-voting participants include the Guardian ad Litem, Foster Parents, therapist, Licensing Specialist/Supervisor and/or CLS Attorney. In addition, the applicant may invite others from their natural support system.

The committee provides consultation and assistance to the adoption case manager on any adoptive home study in which the case manager or supervisor are recommending denial, or adoption case situations which present challenging issues including multiple adoptive applicants for a child/sibling group.

HFC tracks siblings who are placed separately and who do not have an identified home. HFC explores approved adoptive families to place the siblings together. Case Managers and Supervisors are encouraged to ensure siblings maintain regular visitation/contact pending adoption including implementing a visitation plan. Sibling groups who are available for adoption without a match are placed on various adoption exchanges. In addition, the faith based community is participating through a "Pray for Me" initiative siblings are displayed on "Pray for Me" signs at local churches or within the community and will commit to display the information for a minimum of one month or longer in a visible area of their church. Now, 22 churches throughout Hardee, Highlands and Polk County have participated in the Pray for Me Initiative

When all efforts have been exhausted to place siblings together and there is an interest to adopt one or part of a sibling group, or a therapist recommends separating the sibling group a separated sibling staffing occur facilitated by the HFC Adoption Program Manager. HFC is ensuring that communication plans are developed by having the prospective adoptive parents or caretakers sign the Separated Sibling Staffing form showing their commitment to the sibling contact plan finalized by the court and included as part of the final adoption order.

### TRAINING

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HFC's Training Department consists of the Director of Organizational Development and Learning, two (2) Child Welfare Trainers and a Training Coordinator. HFC develops an annual training plan that is inclusive of both pre-service curriculum and the in-service training requirements. Learning opportunities for incoming staff focus on preparation to fulfill their role and responsibilities within the System of Care. On-going learning opportunities for all staff focus on increasing knowledge, skills, abilities, qualities and application to reinforce a strength-based philosophy for certified and non-certified child welfare professionals in Circuit 10. HFC is an approved Training Provider through the Florida Certification Board (FCB). HFC provides an array of training HFC Staff, Case Management Staff, Foster/Adoptive Parents, Children's Legal Services, Guardian Ad Litem, Department of Children and Families, and Community Providers/Stakeholders.

HFC Certified Child Welfare Professionals and other experts in the field of child welfare deliver the Child Welfare Pre-Service training curriculum. The DCF mandated Core Curriculum and Case Manager Specialty Track curriculum is currently being utilized by Trainers, including enhanced field days. The trainees receive a protective case load once passing the post-test and will return for FSFN training which allows new case managers the opportunity to work on their cases in FSFN in a group environment.

HFC full-time staff training requirements are 15 hours of professional development during each fiscal year. HFC offers a variety of in-service trainings including the Practice Model, Safety Plans, Engagement, Family Functioning Assessment-Ongoing, Caregiver Protective Capacities, Supervisor Consultations, Progress Updates and FSFN. 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.

#### **Foster Parent Training:**

HFC Certified Child Welfare Professionals use the “Passport to Parenting” curriculum. The foster parent classes are separate from the adoption classes. This 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 and Children’s Medical Services staff provide Medical training.

Each year, foster parents are required to complete 8 hours of in-service training hours 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 was approved by DCF. This training consists of 8 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.

#### **Network Provider Training:**

HFC provides information to the network providers through contract negotiations, provider meetings and regular System of Care meetings. In-service training opportunities are provided via email to those providers who wish to receive the training announcements. HFC facilitates ongoing dialogue with stakeholders through the System of Care meetings regarding updates on policies, practices and procedures. Discussions also include evidence-based practices as appropriate to the array of network services and other issues of importance to the System of Care.

#### **Determination of Title IV-E Funds**

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 four (4) Case Management Organizations are required to submit their monthly training report to the HFC Training Department.

## STATEWIDE PERFORMANCE

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The State of Florida is currently underperforming in the following three federal measures:

- Rate of Abuse in Foster Care
- % of Children who do not re-enter care within 12 months of moving to a permanent home
- Placement moves per 1,000 days in foster care

While the state is underperforming overall in these three measures, HFC has consistently exceeded the target for Placement Moves per 1,000 days in Foster Care. Additionally, for the past two years, HFC has exceeded statewide performance for Rate of Abuse, although they have failed to meet their contract targets. They have seen a significant improvement in performance over the past five quarters, exceeding the target in the past two quarters.

HFC has indicated the use of several evidence based programs and/or techniques to assist in addressing these deficiencies.

- Placement stabilization staffings are held when placements are at risk of disrupting. These staffings provide an opportunity to identify wrap around services to stabilize the placement and support the child and caregiver.
- Safety management services and in-home intensive parenting are available services when children are returned to the caregiver they were removed from. Included as part of this service array are the Evidenced Based Nurturing Parenting Program and Strengthening Families Program which are both available in their local communities.
- Kinship caregiver assistance is available to relatives and non-relatives that children are placed with and with whom permanent guardianship may ultimately occur. HFC has contracted with an organization to provide supports to relative and non-relative caregivers and stabilize placements.
- HFC has instituted the use of the Diana Screening tool for foster and adoptive caregivers to prevent abuse in foster care. The Diana Screen is an online screening test that uses three measures to identify people that do not qualify for positions of trust with children. This screen helps identify persons that have a poor understanding of adult / child sex boundaries and identify persons that appear to have abused in the past. The Diana Screen is scientifically validated and backed by over 20 years of research. It is a risk management tool specifically designed to keep children safe from the threat of sexual abuse.

## FSFN DATA ENTRY

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HFC Eligibility staff are responsible for updating the placement information in FSFN. Depending on the type of placement, either the CPI, Case Manager or a member of HFC placement team completes a placement change form. That form is then sent to the Eligibility team who then reviews the validity of the placement information and enters that information into FSFN.

Beginning in 2016, HFC and DCF began conducting a gap analysis evaluating 26 areas and included HFC staff, CMO staff, CLS, and other Department staff. Once a process was identified, recommended solutions included changes in local process, elimination of duplicate efforts, no changes, or further recommendations to the statewide FSFN group. Staff were subsequently trained on any changes.



## REGIONALLY IDENTIFIED TOPICS

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Increasing foster home capacity, reducing the number of children in Residential Group Care and High Cost placements (POE), rate of abuse per 100,000 days in foster care (SCM3), percent of sibling groups where all siblings are placed together (SCM 12), percent of children who do not re-enter care within 12 months (SCM 7) are areas identified in which there are opportunities for improvement. These areas not only impact the quality of service delivery in the System of Care, but also the fiscal health of the agency.

These measures and all contract measures are discussed with HFC weekly during the Performance and Quality Improvement (PQI) meeting. This meeting is open to all HFC staff, Case Management Organizations (CMOs), contracted and community providers, Children's Legal Services, DCF Contract Manager and other community stakeholders. These meetings are designed to drive performance improvement in all areas of the system of care.

In addition to the weekly PQI meeting, the DCF Contract Manager meets with HFC monthly to discuss CBC Contract and Scorecard Measures, Contract Oversight Unit Findings, the Financial Viability Plan, efforts to reduce Out of Home and Residential Group Care, foster home capacity and other identified performance and/or quality issues.

In connection with the Region and Statewide Performance Improvement Plan (PIP) submitted to the Children's Bureau following Round 3 of the Child and Family Services Review (CFSR), HFC and the Central Region Family Safety Program Office continue efforts to improve outcome goals of safety, permanency, and well-being of children within the local child welfare system. HFC collaborates with the Family Safety Program Office staff in the PIP Monitored casefile reviews to address quality and performance deficiencies of case work regarding identified criteria in the CFSR-PIP.

The DCF Contract Manager facilitates a bi-monthly System of Care meeting with all stakeholders in Circuit 10. These meetings are designed to provide a forum to inform stakeholders of changes within the system of care, to discuss performance and to provide training.

HFC conducts Performance and Quality Improvement (PQI) meetings 3-4 times a month with all four Case Management Organizations (CMO) in Circuit 10. The permanency performance measures are reviewed at each PQI meeting with each CMO. As performance deficiencies are identified for each agency, improvement activities are put into place as necessary and monitored weekly. HFC performance shows opportunities for improvement in the following scorecard measures (SCM) and HFC has taken the following steps to address these areas:

- **(SCM1) Rate of abuse per 100,000 days in foster care** –HFC led the way working with the Family Safety Program Office to review cases not meeting this measure and identifying data entry errors for correction (i.e., incorrect incident dates). Although HFC has shown significant improvement in meeting this measure for the last two quarters and being on pace to meet it for a third quarter in a row, it is continually monitored and discussed on a regular basis to identify additional opportunities for improvement.
- **(SCM7) Children who do not re-enter foster care within 12 months of moving to a permanent home-**
  1. Corrective actions to increase performance in this area include, but are not limited to, (1) the completion of a re-entry risk assessment on cases prior to, or at the time of, reunification and (2) the review of each case re-entering to determine what could have been done differently to prevent the re-entry. HFC also has worked with a technology partner to develop a predictive analytical model for re-entry into foster care. This model is continually being evaluated and fine-tuned.
  2. HFC developed a program to serve families as they approached reunification. A key component of this program was the implementation of family team conferencing at the initiation of their services



- and throughout the time the program worked with the family. This allowed for the family to develop support plans to ensure ongoing success of the family and prevent the child from re-entering foster care. HFC has recently implemented the family team conferencing model early into the case planning process with the goal that families will be able to create their own case plans through this process.
3. HFC has increased support to kinship caregivers through increased referral and capacity in Kinship Services. HFC and the local Child Protective Investigations leadership are committed to keeping Circuit 10 children connected to their kin or a person already known to the child and family to minimize the trauma associated with removing a child from a parent.
- **(SCM12) Percent of sibling groups where all siblings are placed together.** Placing siblings together, in the least restrictive placement, is a priority. HFC staff closely monitor separated siblings and youth in care to act when siblings can safely be placed together and/or when step down to a lower level of placement is available. This data is reported and tracked during the weekly PQI meetings. Additionally, the CMOs who are not meeting the specified performance target of 65% for separated siblings must report quarterly child by child for all separated siblings as to why they are separated. HFC also conducts various staffings to retain and support foster parents. In addition to match staffings, which are held prior to placement of children, placement support staffings are held when a foster parent requests the removal of a child, as well as quality staffings which occur as needed.

## SECTION 7: CORRECTIVE ACTION PLAN

There are currently no corrective action plans that are active for HFC.

## SECTION 8: DESK REVIEW FINDINGS

Based on the limited desk review of Heartland for Children, Inc. Contract TJ501, the following areas in need for improvement and opportunities for system enhancement were found.

### AREAS NEEDING ACTION

These findings represent areas that need attention and action as they impact child safety or permanency.

1. Conduct analysis of the following performance measures to determine potential root causes and develop countermeasures to positively impact performance:
  - a. Rate of abuse or neglect per day while in foster care (SM01)- While this contract measure has gone unmet for two fiscal years, HFC's performance exceeds the statewide performance for the same time period. This measure has improved over the past five quarters and exceeded the target in the last two quarters.
  - b. Percent of children exiting who do not re-enter foster care within 12 months of moving to a permanent home (SM07)- This measure has gone unmet for four of the past five quarters and the past two fiscal years.
  - c. Percent of sibling groups where all siblings are placed together (SC12)- This measure has gone unmet for the past five quarters and the past two fiscal years.
2. Conduct analysis of the following CQI Item to determine potential root causes and develop countermeasures to positively impact performance:
  - a. 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)- This measure has been below the PIP goal and has been below the Federal and State Expectations for the past two fiscal years, however, HFC's performance has exceeded the FY16/17 statewide performance.

3. 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.

#### OPPORTUNITIES FOR IMPROVEMENT

These findings represent areas where there is need for analysis and based on those findings, actions to improve should be integrated in an agency improvement plan. Conduct analysis of the following performance measures to determine potential root causes and develop countermeasures to positively impact performance:

- Percent of children in out-of-home care who received dental services within the last seven months (SM10)- This measure has gone unmet for the past two fiscal years, but has met the target in three of the previous 5 quarters.