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Office of CBC and ME Financial Accountability

CBC Financial Viability Effective Practices

**Supporting home based placement types within the child welfare system,
Heartland for Children and the Department of Children and Families, Circuit 10**

2-23-2018

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Practice Summary

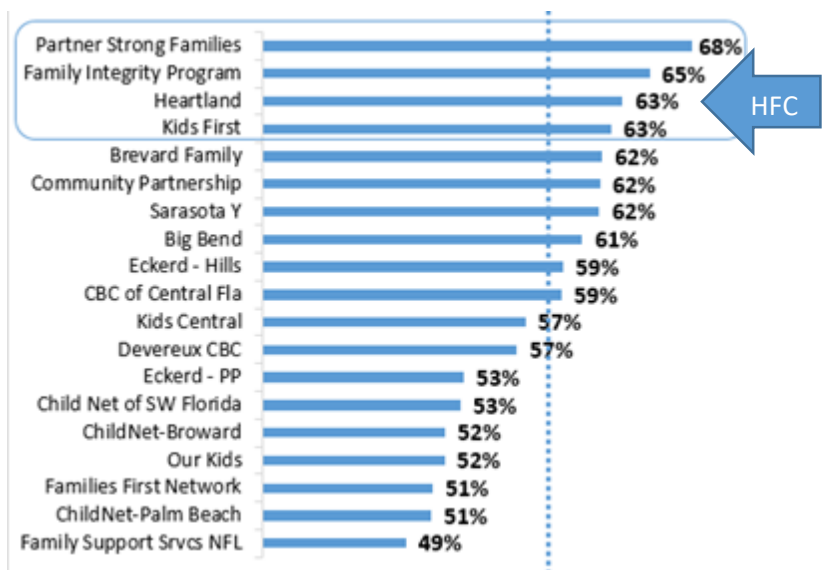
Across the state, when children are removed from their parents due to child safety concerns, there are a wide variety of placement options available for child protective investigators and case managers to consider. These options range from out of home relative/non-relative placements to licensed settings such as foster homes or residential group care. In all out of home removal scenarios, efforts and considerations are given to non-custodial parents, followed by a home based relative/non-relative placement, and lastly the option of a licensed care setting such as a foster home or residential group home would be considered.

Heartland has implemented a number of kinship care support initiatives and enhancements that have shown tangible costs savings, operational workload savings, quality child placements and improved outcome measures (see “Results” section). Although the enhancements occurred at times of increasing workload increase on CPI and case management, they were accomplished without any additional resources or increase of FTEs in the system.

At 63% for relative/non-relative placements, Heartland for Children is a state-wide high performer on the percent of children in out-of-home care who are in a safe, stable relative/non-relative placement.

In SFY16/17, Heartland for Children served 63% of children in their system of care in relative/non-relative placements

Statewide Average= 58%, Standard Deviation = 5%



CBC Context

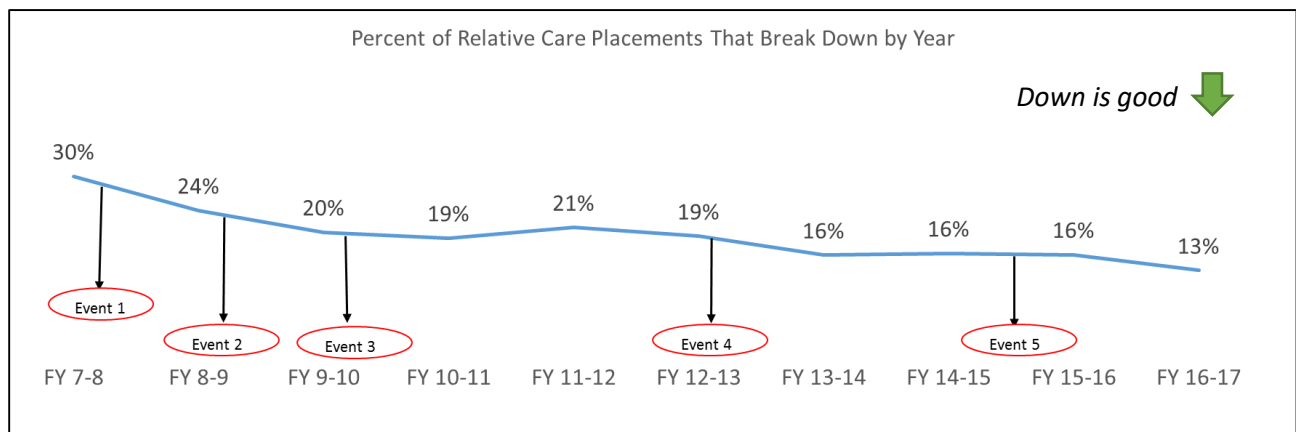
In 2003, Heartland for Children (HFC) was selected to provide services for a wide array of child welfare needs from foster care to adoptions to prevention and family support services. HFC has historically contracted with 4 case management organizations: Children’s Home Society, Gulf Coast Jewish Family and Community Services (GCJFCS), Devereux Advanced Behavioral Health, and One Hope United. HFC serves three rural counties in the Central Region of Florida-Polk, Highlands and Hardee counties. Polk is the largest county in Circuit 10 with approximately 650,000 residents and encompasses the majority of the child welfare caseloads in this circuit. Highlands County is the second largest county with approximately 99,000 residents and Hardee County is the third largest county with approximately 27,000 residents.

Practice Detail

Core Elements

Impetus for change and initiation of the Guardians as Parents (GAP) Program

Early identification of emerging trends and issues and a strong finger on the pulse is the key to being proactive in the child welfare system. The below timeline and corresponding narrative outlines Heartland's identification of kinship care placement disruptions, the GAP Program support services put in place to address the issue and the resulting outcomes from those efforts.



Source: Initial Placement Status Listing Report – OCWDRU Report #1153

(Timeline Event 1) Creation of systematic supports for initial placement needs of kinship caregivers:

In July 2007, Heartland recognized the need to provide support services for kinship caregivers and created the Guardians as Parents (GAP) team. The intent of the program was to assist kinship caregivers in receiving the benefits that they were entitled to at the time of initial placement. These benefits, which include Medicaid and food stamps as well as relative caregiver funds, were not systematically being offered or discussed with the caregivers. In addition, GAP would also provide assistance to make sure that daycare referrals were completed by the Child Protective Investigator (CPI) or case manager in a timely manner. Essentially, the GAP team would become the point of contact and support when caregivers had questions or would run into issues with those benefits. Since Devereux case management held HFC's Devereux Kids prevention contract which funded community facilitators, HFC first considered ways to better utilize those positions and serve families more efficiently. As a result, GAP services were added to the existing Devereux Kids prevention services contract, for a total contract amount of \$458,853.66. Since its inception, the scope of the GAP program has been scaled back from primarily prevention services to more focus on relative and non-relative support, resulting in funding and programmatic changes to the contract. The current contract amount is \$150,004.80 which supports 2 FTEs.

Devereux has helped design a strength-based, relational practice model that would quickly bring resources to kinship caregivers. There were four community facilitator positions in the Devereux prevention contract when HFC added the kinship caregiver support tasks to the contract. Those

community facilitator positions performed the added kinship caregiver support tasks as part of their normal job duties (part-time). As the focus shifted more and more to kinship caregivers support, and as positions vacancies occurred in the contract, the contract gradually changed programmatically over the years to where it is today, which is 2 dedicated full time employees performing only GAP activities. The program has been able to remain at 2 FTEs despite an increasing CPI workload Throughout its evolution in the HFC system of care, that model is still in place today and fosters the community support that is essential to its success. The many community resources that have come on board through the years are the result of using this model design and the focus on the families that is inherent in that design. It is the solidity of that essential design that has allowed the program to continue on the journey detailed below.

(Timeline Event 2) Implementation of a Placement Evaluation Tool to identify the underlying family dynamics of placements:

The creation of GAP began a journey and an evolution toward the practices HFC uses today. After the GAP program was contracted through Devereux, the next major step in the journey began in fiscal year 2008-2009. The impetus for that step began with the discovery of an issue that, at first blush, may have appeared to be somewhat unrelated to placement stability. The issue was discovered through the transfer of adoption cases from traditional case management units to specialized adoptions units. More often than not, these cases involved a kinship care placement made at or near the time of removal. Upon receiving the case, the adoptions unit identified previously undiscovered barriers to adoption finalization, and these barriers were largely tied to ineffective and/or inadequate assessment of the placement early on in the case.

As an initial step toward addressing these factors that were preventing adoption, HFC case management developed the attached Placement Evaluation Tool (PET), designed to delve into the underlying dynamics of the placement. The tool was initially piloted by GCJFCS and, during its first year of use in FY08-09, was shared with other case management organizations. It eventually found widespread use in the HFC system of care. Case managers found the tool had uses beyond determining long term placement viability and permanency. It proved to be a tool that could also help case managers with understanding not just caregivers' needs and concerns, but also with understanding family dynamics and predicting where possible issues with the placement might arise in the future. In this role, the PET became immediately useful in driving placement stability through creating relationship and understanding between the case manager and the caregivers.

(Timeline Event 3) Research into kinship caregiver dynamics:

Following the PET tool implementation, additional research was undertaken to understand the dynamics of kinship care and the experiences of kinship caregivers. That research eventually led to the work of Dr. Joseph Crumbley. Dr. Crumbley has a doctorate in Social Work from the University of Pennsylvania. Using many of the principles and ideas detailed in Dr. Crumbley's work, which include understanding role shifts of family members as well as the changing dynamics of the family in kinship care placements, HFC began development of an educational effort designed to assist everyone in the system of care who had involvement with kinship care to gain a more in-depth understanding and view of kinship situations.

(Timeline Event 4) Development of research-based kinship caregiver training:

The workshop that resulted from those efforts "The Psychological Impact of Kinship Care on Families", was initially presented to case management staff during FY 12-13 following over 2 years of development and pilot trainings . As a result of its popularity across the state, the workshop has been presented at

various conferences and events, including the Dependency Summit and Florida's Foster Parent Association annual conference. It has since been presented in 2016 and 2018 at the Kempe Center International Conference on Family Group Decision Making in Vail, CO, as well as in 2018 at Youth Village's National Conference in Memphis, TN. The workshop is currently used by Heartland on an as-needed basis to train case managers.

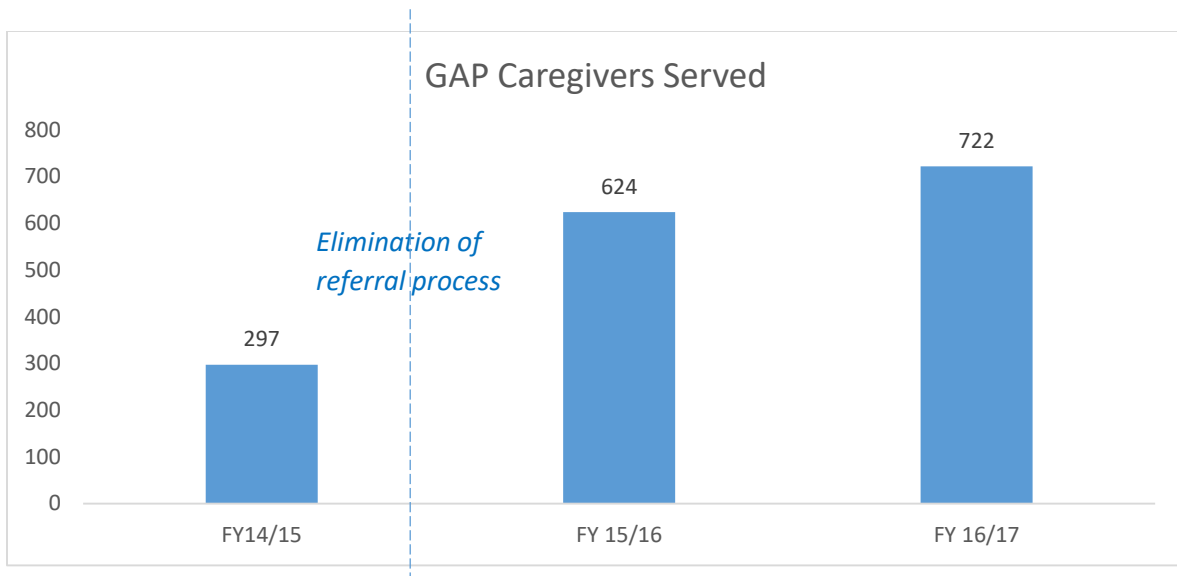
(Timeline Event 5) Redesign of Guardian Assistance Program to provide ongoing/comprehensive kinship caregiver support:

As Heartland's system of care learned more about the dynamics of kinship families and the unique struggles they sometimes face in caring for the children in their homes, they also began to realize that they required much of the same level of support that is provided for licensed foster homes. Although the GAP program was in place to assist caregivers with initial placement needs, such as benefit acquisition, there really was no formal structure in place for ongoing kinship caregiver support. In addition, the existing process required that a referral be sent to the GAP team prior to them making contact with the caregiver. The referral form appeared too unnecessarily long and complicated, and it was not unusual for GAP employees to return incomplete or incorrectly completed referrals to case managers and ask them to make corrections. Heartland saw incidents where referrals were going back and forth between GAP and case management. All of this contributed to some undesirable outcomes, such as delayed services, untimely assessment of needs, eventual breakdown due to financial and emotional gaps, and overwhelmed caregivers.

First, the system was entirely dependent on a case manager recognizing that he or she needed to send a referral to the GAP team. Absent that recognition, and absent the caregiver understanding that they were entitled to benefits, some caregivers went unserved by the program. Additionally, the level and type of support that GAP was designed to provide to caregivers often fell short of caregiver's needs. This tended to be particularly true of issues that involved complicated family dynamics and/or behaviors by children with intensive trauma histories. While there was an improved educational effort around kinship care, there really was not a well-organized and orchestrated system of support for caregivers to turn to, both of crisis situations and for ongoing support. HFC recognized that, in order to provide the support to caregivers that was truly required, the GAP program model would need to be revisited.

In 2015, HFC revised the GAP role in their system of care (Timeline Event 5) in the following ways:

- Change 1: The referral process was eliminated completely and replaced with proactive contacts driving by data.
GAP employees were asked to monitor incoming kinship placement via weekly review of the CARS report in FSFN. Whenever a placement is discovered on the CARS report that is not currently being served by the GAP team, the team reaches out proactively to the caregiver with an offer of support and service. In addition to the CARS report, the GAP team receives the Initial Placement Form from the HFC Placement Team. The receipt of this form further assists the team with reaching out to caregivers as soon as possible. To also generate a case, case managers and others are still able to make referrals through a simple email to GAP. The GAP team handles all paperwork and record keeping. The chart below, which depicts the increases in number of GAP Caregivers served since the referral process change, demonstrates the tangible results of this effort:



Source: HFC Data as of 1/12/18

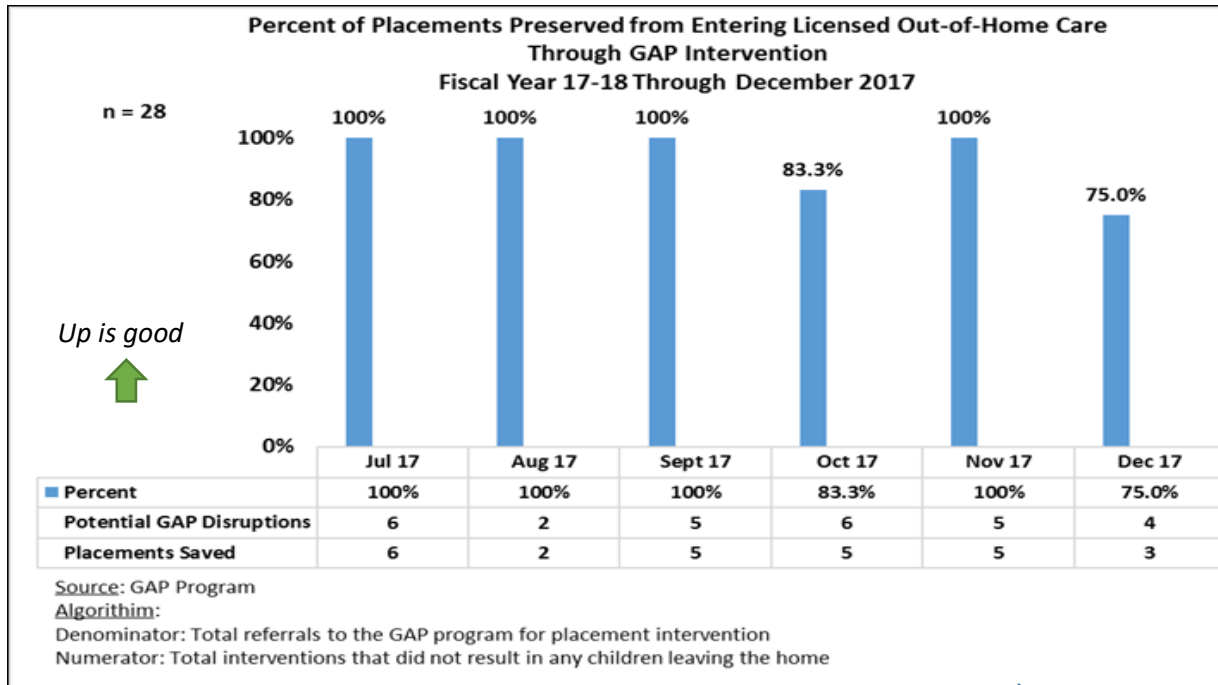
- Change 2: Established support networks for caregivers and children in caregiver placements:**
 HFC asked the GAP team to begin developing a more robust support network for the caregivers. GAP responded with two primary efforts. First, they formed a network of support groups around the circuit. These were designed to provide face to face support between the GAP team and the caregivers, as well as providing the caregivers an opportunity to form an informal network of supports for each other. There are five separate support groups covering all areas of Circuit 10 and it is very common for attendance to equal as many as 25 caregivers at any one group. In addition to education and social support, including discussions on caregiver finances, access to provider services, coping with adult children and mental health or addictions (oftentimes these are the parents of the relative placements) and long-term support options for children and families outside of child welfare. The GAP team also arranges for donations of food and other physical support items such as diapers, clothing, discount cards and after school activity options. Caregivers are showing more and more inclination to take leadership roles in these groups and as a result, the groups are becoming more self-supporting.

Recently, the GAP team has expanded the support groups to include afterhours groups for the convenience of working caregivers. Additionally, a children's support group has been added and is beginning to gain popularity among the children placed in kinship care homes.

- Change 3: Established annual events for caregivers to network and learn:**
 The GAP team began holding two annual events, an annual picnic and an annual conference. Each of these efforts have proven to be very successful with each having over 100 attendee's year over year. Caregivers are given the opportunity to connect to the larger support network in a low-key atmosphere that features food, prize giveaways, and educational speakers. The GAP team, with the support of HFC, will be continuing to expand the network of caregiver supports through support groups, partnership events, and ongoing individual support. The 4th annual caregiver's conference, to be held in April of 2018, is well underway.

- Change 4: Established processes to provide direct, in-home interventions for caregiver placements at risk of disruption:

In July 2017, the GAP team also began direct placement intervention. Case management now has the ability to enlist the GAP team at any time there appears to be a potential placement disruption. GAP responds through direct contact with the caregiver and in home assistance to support the caregivers and child. In July 2017, HFC began tracking the effectiveness of the GAP team in intervening into the kinship care disruption. **During the first six months of the fiscal year, the GAP team has been asked to intervene in 28 placements. In 26 of those interventions the GAP program was able to successfully maintain the kinship placement (see chart with results below).**



From July 2017 to December 2017, 93% (26 of 28) of potential GAP disruptions were preserved through keeping the children in their relative placements. Using a FY16-17 average monthly cost of \$1561 per child for a child in a HFC’s licensed care placement, and assuming the child would have been placed in a licensed care setting (foster home or residential group care) as a result of the disruption, the **amount of savings for the 26 placements that were preserved totaled \$142,051 for the six-month period of July to December 2017.**

GAP intervention prevented 93% of potential caregiver placement disruptions

Additional enhancements to the system of care

Following the implementation of the “psychological impact on kinship care for families” and the roll out of the required PET tool in 2013, it was evident that, in order for both DCF and HFC to successfully transition through the newly developed child welfare methodology process, every opportunity to strengthen relationships between not only DCF and HFC, but all community providers, would need to be

taken advantage of. During this time, many of these providers operated in silos and struggled to reach around the arm of their day to day task oriented responsibilities. To align adequate information gathering in not only the investigative teams, but also the case managers and provider agencies, we would need to approach all child welfare activities within the circuit as a team. One team, one goal and joint decisions- that was clear to everyone. Among many areas of focus during this time, one that stood out for the newly formed partnership between HFC and DCF was the overall relative/non relative placement performance.

In response to improving adequate placement decisions, both HFC and DCF had to instill a strong desire among the workforce that encouraged creative options outlined below in identifying and supporting non-licensed placements.

1. In order to support families caring for family members, one must identify appropriate family caregivers and provide a clear understanding of the caregiver expectations and possible outcomes along the child welfare case journey. Below are the search functions utilized by the Child Protective Investigations and Case Management staff throughout the life of a case.

TRADITIONAL SEARCH FUNCTIONS	ENHANCED LOCAL OPTIONS	MOST DEPENDABLE & ACCURATE SEARCH
Reporter and sources listed on abuse report intake	Child Support	Family Finders -accessible to CPI and CM's.
School/Daycare	DAVID – driver's license	Social media such as Facebook due to relationship status'.
Neighbor/Property Manager	Clerk of Courts/Post office	On site clerical staff are all trained in the Florida system to access application information.
Vital Statistics	US Department of State	DCF Regional Criminal Justice Coordinator is accessible for additional search options-EBT use.
Prior abuse report history	Accurint -multiple levels used	Doc Imaging through ACCESS
Property Appraiser	Out of state social services	FMMIS-AHCA

Once the child welfare professional(s) has located a willing and capable kinship caregiver, the level of adequacy and ability to care for the children is the next level of evaluation. All child protective investigators are trained by the Family Safety Program Office to engage with kinship caregivers in making safe and effective placement decisions. Child Protective Investigators are also highly trained on how to complete a qualitative and holistic approach to caregiving by way of the home study document. The technical aspects of a home study on a kinship caregiver are ingrained within a CPI, but there are other factors needing review to ensure a strong placement. These include the assessment of the caregiver's alignment with the child and their ability to provide a safe and nurturing home for the child on a financial, emotional, and physical basis. CPIs discuss with the caregivers the resources that are available to help them adjust to the idea of being a long-term placement for the child, in the event that reunification does not happen. The Family Safety Program Office provides training to investigation staff on the diligent search efforts (refer to chart above - search functions chart) that need to be conducted and a variety of efforts utilized in locating non-licensed care placement. Additional training is offered to CPIs regarding motivational interviewing

techniques which utilizes a client centered approach, and emphasizes the use of empathetic skills and higher level interviewing skills (use of reflective and validation statements) which can help with engagement when talking to parents and families. By having increased engagement with the client and the family, there is decreased resistance in working with the investigator to identify potential placements.

To ensure that the secondary half of the case was fully engaged in the action of gathering information from relative caregivers, each case management agency is fully trained in the art of family team conferencing, with this process being required on every case assigned to the Case Management Organization. This is a process where a facilitator develops relationships with all the case participants – the child, parents, family members, caregivers, guardian ad litem, the case manager, school, mental health staff, and DJJ, if applicable. The family team conference process also uses family finders to locate other family members who can be a source of support and assistance to the family. This process has been so successful in Circuit 10 that the next step will be for HFC and DCF to partner in training the investigations staff in completing this step during the investigation phase.

2. In an attempt to strengthen partnerships and relationships between HFC and DCF, the twice-monthly shelter review process was created. This review process includes an array of partners within the child welfare system, to include CLS, HFC, DCF, safety management and diversion (Medicaid approved) SAMH providers. These reviews would bring forth the opportunity to consider and approve necessary caregiver supports that had surfaced, appropriate interventions that could lead to a condition for return scenario for the family or strengthen the training focus in discussing the removal reason and barriers to any in home options.

During the initial meetings, it was apparent that each agency had a lot to learn cross programmatically and each agency admittedly worked towards a better understanding of the other programs. The initial search for caregivers ranked top of the list when it came to next steps and subsequently the services needed to support them was second in line. This workgroup team won the *Excellence in Child Welfare Award* at the 2016 Dependency Summit.

3. As a result of these review sessions, multiple agencies were asked to enhance the services they offered to fill the gap in support services for kinship caregivers. The Guardians As Parents (GAP) Kinship services program, Serving Children and Reaching Families (SCARF) and Neighbor to Families (NTF) were all additional creative solutions for supporting relative/non-caregivers prior to and immediately after placement in their homes. These services provide access, stability and long-term support to families caring for their relative minors. The services of SCARF and NTF are only available for non-judicial cases and are not able to be used for children in out of home care as it is considered a duplication of services.

Serving Children and Reaching Families (SCARF), provides enhanced diversion services aimed at stabilizing the crisis which places children at imminent risk for out of home placement or moves. SCARF's contract with HFC is currently \$275,000. The intent of the program is to reduce the number of children being staffed over to case management by engaging families early in the investigation and providing access to a variety of necessary assessments, even if the initial risk level appears high. After the assessments are completed, SCARF provides the needed services, including the ability to

provide Medicaid billable wraparound services, to keep the children safely in their homes. SCARF is also working with families on legal solutions, such as custody documents (rather than a notarized power of attorney letter) when there are no safety concerns to avoid situations that would previously have resulted in a removal episode. The SCARF program also includes a component for caregivers to apply for available funds to support outside service options in keeping children safe. SCARF's contract began in FY17-18 and has served 306 children thus far and has prevented 297 children from entering the system of care.

The goal of the Neighbor to Family (NTF) program is to ensure early identification and treatment of families at risk of child abuse and neglect and to prevent children from eventually entering HFC's System of Care and/or out-of-home care. The NTF contract is \$1,365,188 which covers the full array of services they provide. Many of our caregivers and families live in a constant state of crisis because they experience and perceive many of the daily events in their lives as threatening, overwhelming, or out of their control. Once a family's strengths, needs and support system have been identified, the Neighbor to Family program provides short-term and long-term support services through a purpose-driven plan that is child and family-centered. The program offers a supportive, empowering and respectful relationship with families with the ultimate goal to preserve family unity and prevent removal. NTF began working in Circuit 10 in 2014. Since the FY 2014-2015, NTF diversion program services have prevented 1,291 children from entering the system of care and served 1,343 children through December 2017. Through the safety management program with NTF, 1,039 children have been served. Their program prevented 984 children who did not have to be removed from their parents and were considered safe to remain in the home. (Source: NTF data obtained 3/9/18)

Staff Feedback

Actual client stories from staff show how successful the GAP Program is for clients and how frontline staff are supported in their efforts to do the best they can for the families they serve.

Sandi Denmark, former Case Manager Supervisor, current Case Management Trainer

Sandi reports that the GAP program is "super helpful" and marvels at the resources GAP coordinator Harvey Simmons can tap into. She says that, in her time as a supervisor, the GAP services were invaluable in reaching the caregivers quickly and providing crucial support to the families. Sandi notes that often the families do not know how to navigate the complex system of programs such as food stamps and Medicaid, and that to have someone provide the guidance to the caregiver is very important. Sandi shared a story about a caregiver who was struggling with a high needs child and who was ready to give the child up to foster care. Although that was an option, Sandi wanted to try one more thing first. She referred the caregiver to the GAP program, who shared information about the support groups with the caregiver. The caregiver attended the support group meeting, and found some companionship there and realized there were other families who were in her same situation. The placement was stabilized, preventing the child from going into licensed care.

Welda Bernadi, Case Manager Supervisor, Devereux

Welda, a case manager supervisor in C10 for two years, believes GAP is very important to the success of the kinship caregivers in Circuit 10. She says that they do not have the same level of program services in

other areas. She shared a story of a recent case where the home study was denied by investigations, in large part due to finances, but overturned by the judge. The GAP program was critical in helping the caregiver apply for public assistance programs as well as helping pay for daycare for the caregiver. The case involved a large sibling group and this ensured that the children could stay together.

Vanessa Young, Case Manager Supervisor, Devereux

Vanessa, a current case manager supervisor, shared that often caregivers do not realize how long they will be caring for children. Many times, the caregiver thinks that the process will be short, and that surely the parents will do what is needed quickly to be reunified. This is a typical response, even though investigations staff and case management attempt to give a more realistic picture of the judicial process. Once the reality of the situation sets in, caregivers realize that this is quite a challenging situation. Vanessa shared a story of a sibling group of 6 children, being cared for by a non-relative, who thought that it would surely only be a couple of months. The caregiver needed help with basics for the children such as food and clothing. The GAP program and the support group has provided a resource for the caregiver so that they can hear of other stories and share their experiences.

Angela Lewis, CPI since 2016 and currently in the Children’s Advocacy Center Unit in the Lakeland Service Center (a specialized unit accepting the most severe allegations in a service center)

Angela recently recalled a case where “GAP is the only reason the placement worked with this particular family”. There were a number of school age children and the parents were arrested due to operating a drug operation out of the home. The children were removed, and we wanted to place with a relative caregiver. The home was fine, and the caregiver was aligned with the children; but their funds were very limited, and they were just breaking even without the additional strain of providing for multiple children. The CPI reached out to GAP program coordinator via email, and GAP Coordinator Harvey Simmons was “super proactive” with the caregiver. The GAP funds were crucial to stabilizing the relative placement. GAP helped the caregiver apply for the necessary programs, and it provided enough support that the children are still with the relative and did not have to utilize foster care for the placement.

Practice Examples

The importance of the GAP program in the lives of kinship caregivers is highlighted by the caregiver testimonials below (names are pseudonyms).

Julie, relative caregiver:

Julie and her husband have custody of their two grandsons who are 13 and 15, who they have cared for since 2007. Julie values the support of other people who are in similar situations which is why she and her husband remain involved with the GAP program, even though their case closed to Permanent Guardianship since 2008. She notes that most of their friends are looking at their retirement years and fail to understand the challenges that their family faces. Experiencing the highs and lows of being a caregiver, Julie has found the GAP support group provides a great place for her to share those experiences as well as hear that she is not alone. She finds the support group provides a great way make friendship connections with others. She said many of their friends have drifted away over the years, but the friendships from the support group have formed lasting bonds for her and her husband, as well as the children. There are many times that the families will make plans to meet and have social

interaction outside of the support groups. The GAP program has also provided food and clothing on numerous occasions, which she says has been so helpful. As both the children are special needs, the support group has helped provide resources to manage their behaviors as well as make contact with other programs to help address different issues with the children. Julie said she can't imagine being the caregiver of the children without the help of the GAP program over the last several years.

Susie, relative caregiver:

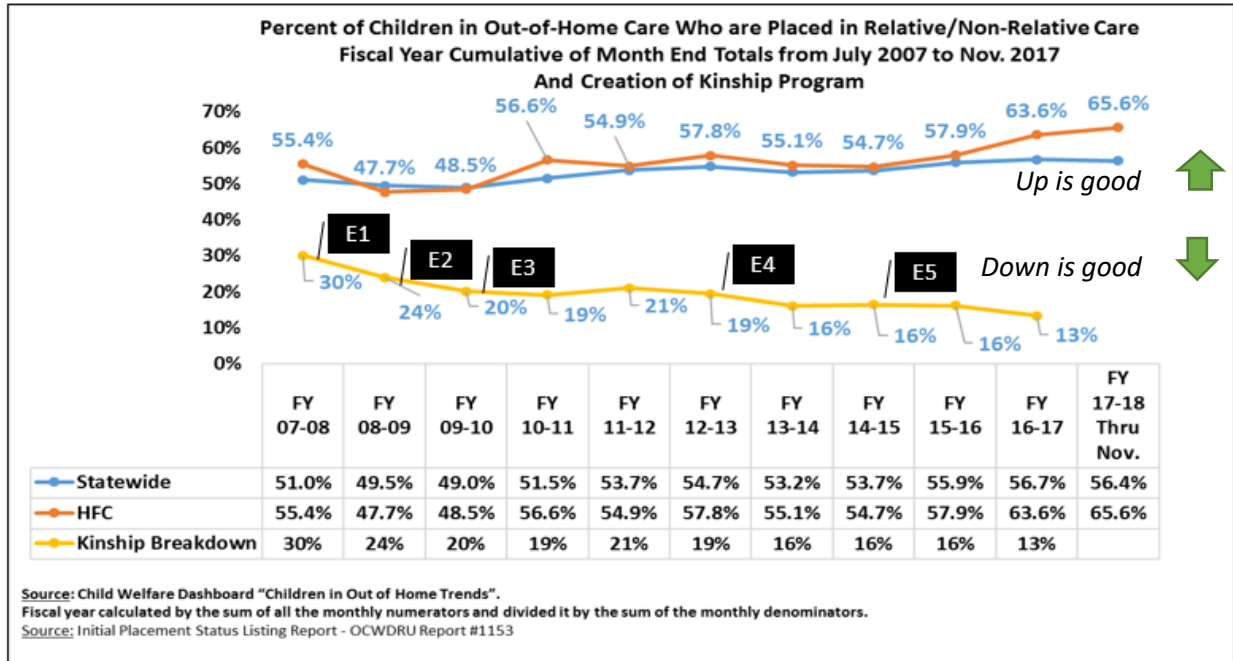
Susie is a grandmother raising her grandchild. Susie's sister, who resides in another home, has the sibling. Susie says that while the children are small and really still babies, the GAP program has been important to her. The support group has helped to hear what other families are going through on this "roller coaster of a process". The children's case is still open after two years, but it does appear to be moving towards adoption as the case closes. Susie said she would still like to be able to attend the support group even after the case closed as she has formed relationships in the group that are important to her. Susie shared that she has enjoyed working with Harvey and Debbie and that they have both helped her get past roadblocks.

Results

The benefits of the kinship care initiatives and enhancements in Heartland's system of care include tangible costs savings, operational workload savings, quality child placements and improved outcome measures. Although the enhancements occurred at time of increasing workload increase on CPI and case management, they were accomplished ***without any additional resources or increase of FTEs in the system.***

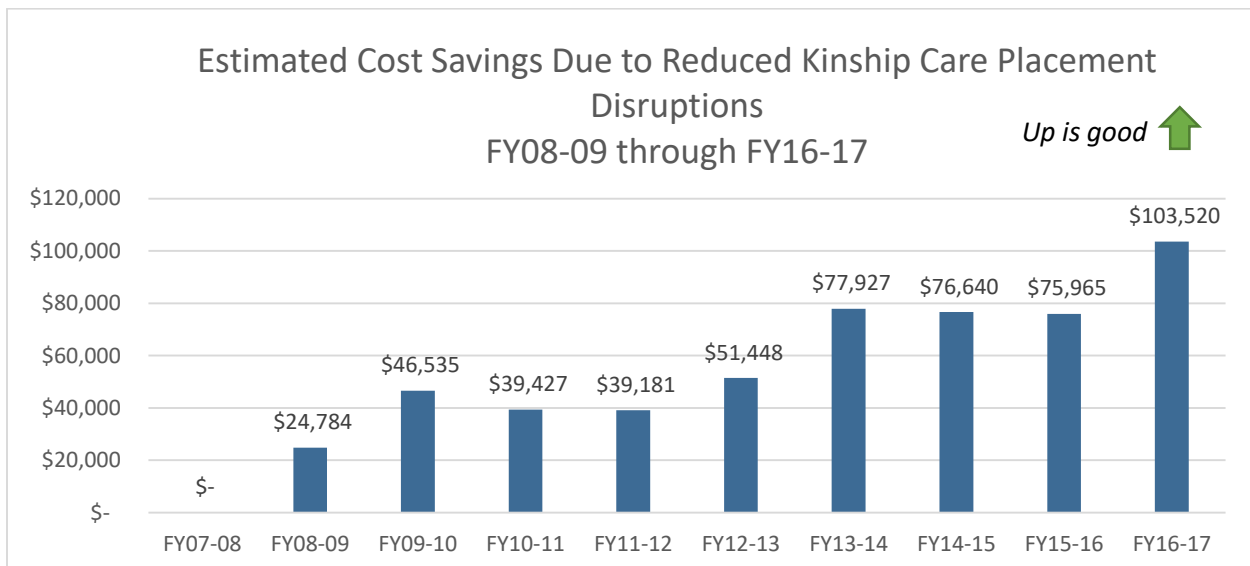
Increase in Kinship Care Placements While Decreasing Kinship Care Breakdowns

Since the GAP Program inception, the percentage of children in kinship care placements has risen while the breakdown in those placements has concurrently decreased (see chart with phase lines below).



- Event 1 (E1) - GAP is created
- Event 2 (E2) -The issue of ineffective placement evaluation is discovered and the PET tool is developed.
- Event 3 (E3) - Research is undertaken in the interest of developing a more robust understanding of Kinship dynamics
- Event 4 (E4) - The educational initiative, "The Psychological Impact of Kinship Care on Families" is launched
- Event 5 (E5) - The GAP contract is revised, the referral process is eliminated, and the support structure for kin caregivers is radically enhanced

The estimated cost savings from reducing replacement reductions from 30% in FY07-08 to 13% in FY16-17 is estimated to total \$535,427.00. Almost 20% of these estimated savings were realized in just the last SFY:

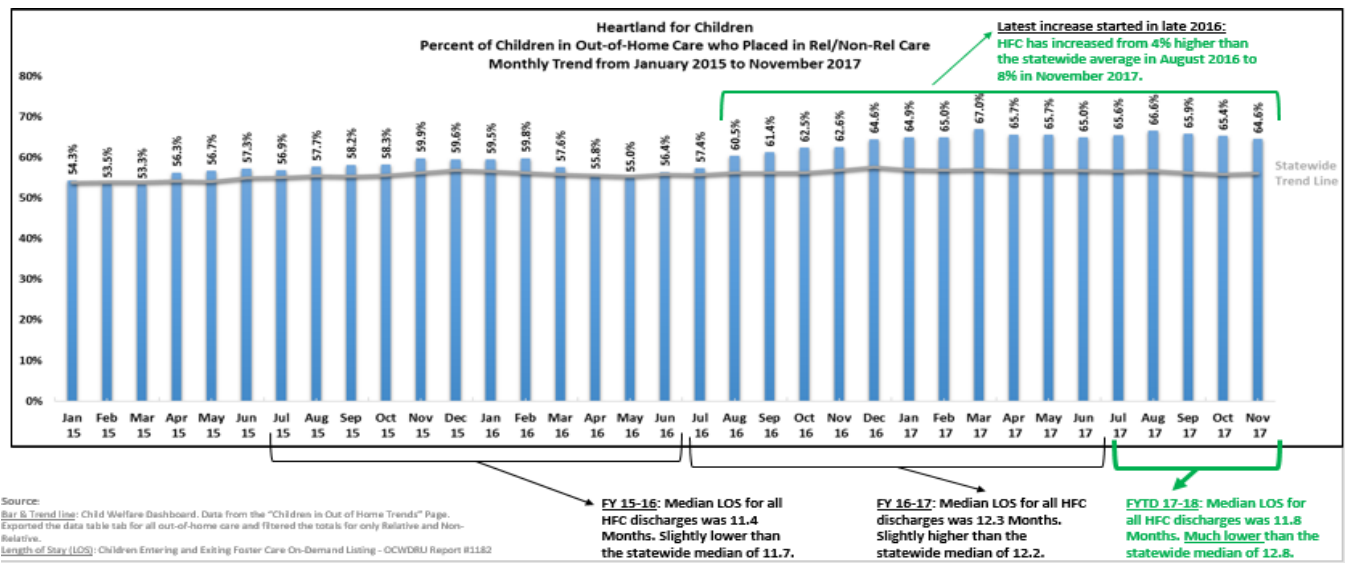


Source: Heartland for Children CO view, November 2017, Client Trends and Indicators tabs. Based on actual placement breakdown rate applied to an average number of relative placements per fiscal year at a per fiscal year average cost for licensed care cost vs. baseline of 30% relative placement breakdown rate across all fiscal years.

Reduced Length of Stay

Another benefit to the system of care since full implementation of all program enhancements has been a reduced length of stay for children placed in kinship care. Prior to the program enhancements, homes that would not be approved for adoptions were not identified as problematic until very late in the process. With the program enhancements, those were identified earlier in the process. In addition, services that could also help with caregivers being long term placement were implemented. Covering the period January, 2015 to November, 2017, the chart below shows the median length of stay by fiscal year for children placed in kinship care specifically for FY15-16, FY16-17 and for the first five months of FY17-18.

In FY 17-18 through November 2017, the median Length of Stay for all children discharged by HFC was 11.8 months, while the statewide median was 12.8 (1 entire month less). From FY15-16 to FY17-18, while the percent of children in relative or non-relative care increased, the median Length of Stay for those placements progressively decreased.



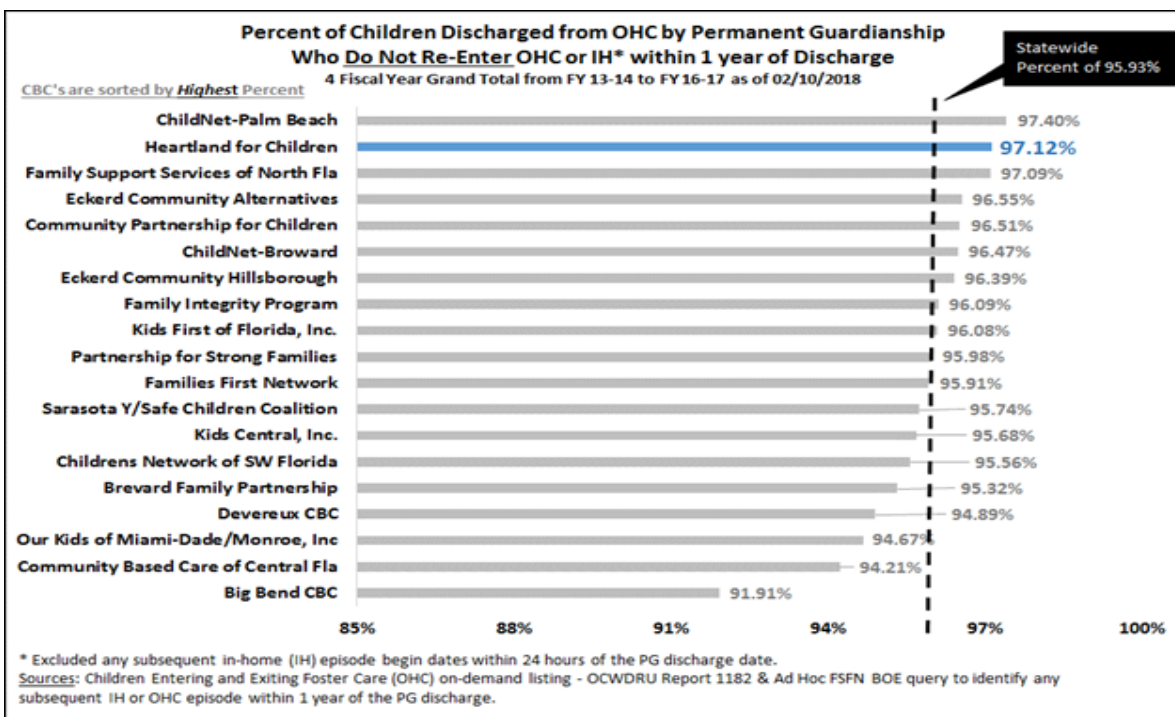
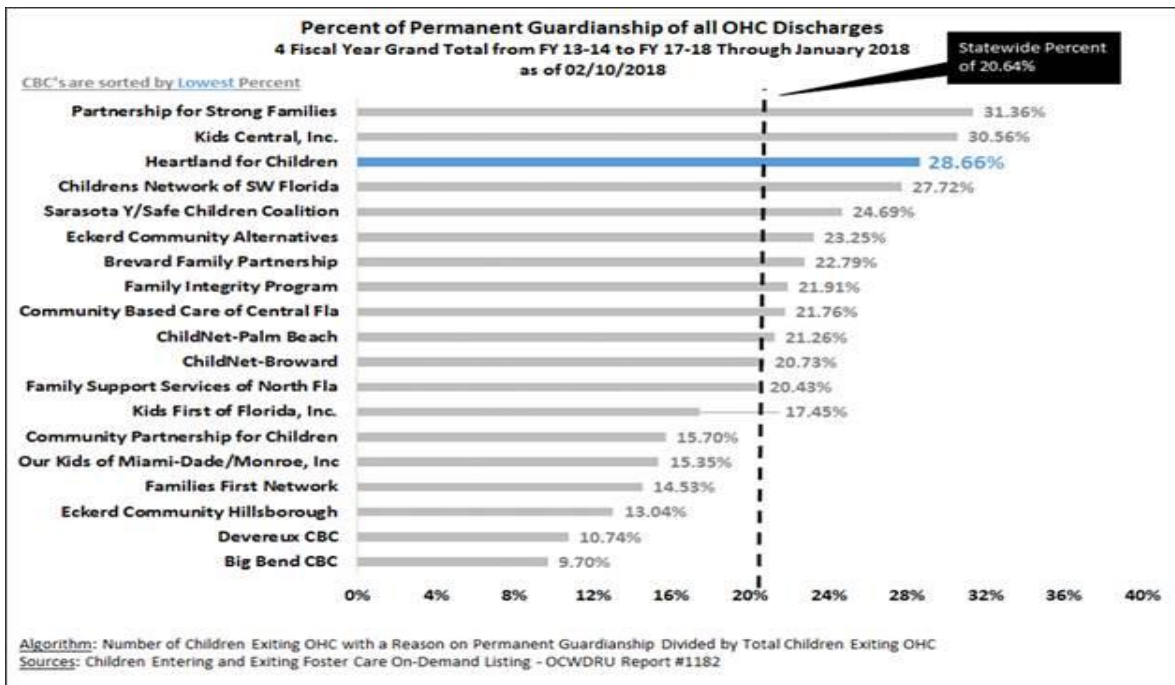
This one-month reduction in the Length of Stay, is projected to save Heartland for Children approximately \$54,854.25 in case management costs¹ for FY17-18. In addition to the cost savings, this shortened path to permanency has a positive effect on the children such as increased educational opportunities, health benefits, medical dental immunization, reduction in children's medical emergency health events and juvenile arrest incidents.

¹ Source: Heartland for Children CO view, December 2017, Client Trends, and Average Cost Per Client Tabs. Average number of FY17-18 relative placements through December multiplied by FY17-18 case management average cost per client through December and divided by 12.

Increased Permanency for Permanent Guardianship Discharges

From fiscal years 2013/2014 to 2016/2017, when compared to all other CBC lead agencies statewide, HFC achieved the 3rd highest percentage of discharges to Permanent Guardianship while achieving the 2nd highest percentage of permanent guardianship discharges who continue to maintain safely in the home (see the two charts below). Most children discharged to permanent guardianship come from

stable kinship placements. By coordinating support activities for caregivers, this has increased kinship stability, which has led to more children being able to be with kinship caregivers and achieving permanency in Permanent Guardianship.



In closing, the benefits of the kinship care initiatives and enhancements in Heartland's system of care as reflected in the information above include tangible costs savings, operational workload savings, quality child placements and improved outcome measures.

Placement Evaluation Tool

PET

Developed by Bill Nunnally

This tool is designed to give the user essential insight into the dynamics of the placement, its viability, and potential issues that may need to be addressed before they become more difficult to manage. It should not be viewed as all-inclusive or as needing to be used in its entirety.

Once you have completed the tool, it is recommended that you complete a written evaluation of the information that you collect and staff the case with your immediate supervisor for further decision making.

1. Home Study

- a. Do we have a correctly completed home study from the CPI? If there are any questions as to the validity or thoroughness of the CPI home study, or if we do not have that home study, then the case manager must complete a new home study immediately.
- b. If the home study is believed to be complete and accurate, all areas of this guideline, starting with Section 2, should be covered with the caregivers, even if that information is part of the home study.

2. Budget

- a. Is there enough money to support the family along with the additional child(ren)? This should not include subsidies such as relative caregiver funding.
- b. If there is a shortfall, how will that difference be made up?
- c. If the expectation is that we will subsidize the family, what would be the alternative plan in the event that the child remains there permanently?

3. Condition of the home

- a. Is there adequate space for our child(ren)?
- b. Is there an anticipated need for more space in the future – as in an infant who will need his/her own room at one year of age?

- c. What is the impact to children already in the home? Example – a child already there who had his/her own room/space and will now have to share that to accommodate a sheltered child.
 - d. Is any child in the home going to be expected to be in a space not previously intended as a bedroom area? For example, a section of a living room is now set up as a sleeping area.
 - e. Is the home safe and free of hazards?
 - f. Is the furniture in good repair and safe? Is there adequate furniture for all of the occupants or will we be asked to buy furniture and/or appliances for the home?
 - g. What is the neighborhood like? Is it safe for children of the age we are placing? How many callouts have there been to this home within the past year? How many callouts have been to the immediate neighborhood (6 square blocks surrounding the home) in the past year?
4. Who lives here and/or comes and goes frequently? Is anyone showing resistance to providing necessary information for background screening?
5. Caregivers' health
 - a. Does anyone in the home have a chronic health condition that requires regular medical intervention?
 - b. Are there any health/age conditions that might interfere with the caregivers' ability to interact in a nurturing and healthy way with the child?
6. Caregiver's position in the case and personal history
 - a. What is the history with this caregiver's relationships with the birth parents?
 - b. Under what circumstances did this caregiver agree to take custody of this child or children? Describe the caregiver's account of first contact and drop off.
 - c. Were any promises of adoption or assistance of any kind made to this caregiver upon placement? These may be either from the CPI or the Case Manager.
 - d. What is this caregiver's position on the child's potential for future interaction with the birth parents?
 - e. Does the caregiver acknowledge any issues or problems that might not appear as part of the researchable public record? For example, a prior substance abuse history which is not documented in the case record.
 - f. What is the marital status of this caregiver?

- g. If the caregiver is married, what are the acknowledged relationship issues that exist today or have existed in the past?
- h. What have we observed, if anything, that might give us concern about the current stability of the marriage?
- i. Has the caregiver had other marriages? How many? If so, do we know why those marriages dissolved?
- j. What is the caregiver's current view toward parental reunification?
 - i. If they do not expect reunification, what points do they make to support that view?
- k. What is the caregiver's view toward providing a permanent home for the child(ren) if that is required.
 - i. Do they see themselves as an Adoptions placement?
 - ii. Permanent Guardianship?
 - iii. What do they say to explain their position regarding permanency?
- l. Visitation
 - i. Will the caregiver help to facilitate or supervise visitation? If not, why not?
 - ii. Will they transport the child to visitation? If not, why not?
 - iii. Will they allow the birth parent to visit the child in their home? If not, why not?
- m. Transportation
 - i. Does this caregiver have reliable transportation?
 - ii. Do they have the financial ability to repair or replace their vehicle if need be?
 - iii. Are they willing to transport the child to appointments? If not, why not?
 - iv. Are they willing to transport the child to allow him/her to participate in extracurricular activities? If not, why not?
 - v. Are they willing to transport either or both birth parents to assist with care plan completion? If not, why not?
- n. Normalcy
 - i. Do they understand normalcy? If not, the case manager must be able to explain it to them during this conversation.

- ii. Are they willing to support normalcy? If not, why not?
 - iii. What sort of normalcy activities is the child already involved in?
- o. Medical/Dental
 - i. Do they understand the child's need for regular medical and dental care?
 - ii. What behavior by the caregiver demonstrates their willingness and ability to ensure regular medical and/or dental care for the child?
- p. Education
 - i. Does the caregiver appear to understand the importance of education in the child's life (if age appropriate)?
 - ii. What behavior by the caregiver demonstrates their willingness to support the child educationally?
 - iii. Is the child lagging behind peers educationally?
 - 1. If so, what has the caregiver done to assist the child? Tutoring? Seeking assistance from school personnel? Etc.
- q. Special Needs
 - i. Does this child have any educational, medical, behavioral or developmental special needs?
 - ii. Is the caregiver fully aware of those needs?
 - iii. Does the caregiver have an understanding of the special services that will be required for the child?
 - iv. What behaviors by the caregiver demonstrate their efforts to address the child's special needs?