



Community Based Care: Hardee, Highlands & Polk Counties

# Heartland for Children, Inc. Network Provider Orientation



Use the arrow buttons to navigate





# Purpose of This Training

- This training presents the core principles that comprise HFC's System of Care.
- It defines what clients, families and all agencies should expect from HFC and is our commitment to provide high quality service to clients, families and agencies.





# Resources for this Training

- At [www.heartlandforchildren.org](http://www.heartlandforchildren.org) you will find:
  - A listing of Policies and Procedures
  - Forms
  - Staff Contact Info
  - Special Notices
  - Procurement Announcements
  - Links to Additional Resources





# Agenda

- **HFC OVERVIEW**
- **HFC SYSTEM OF CARE**
- **HFC POLICIES & PROCEDURES**





# HFC Overview





- As the Child Welfare Lead Agency, Heartland for Children (HFC) is responsible for the provision of services to children who have been abused and/or neglected in our communities.
- These services include foster care, protective services, prevention, family preservation, family support services, case management, transition age youth services and adoption.
- Heartland is concerned with the safety and well being of children in our community.





# Mission

- Improving safety, permanency, and well being for all children in Polk, Highlands, and Hardee Counties.





# Vision

- To eliminate child abuse and neglect in Polk, Highlands, and Hardee Counties.







# History

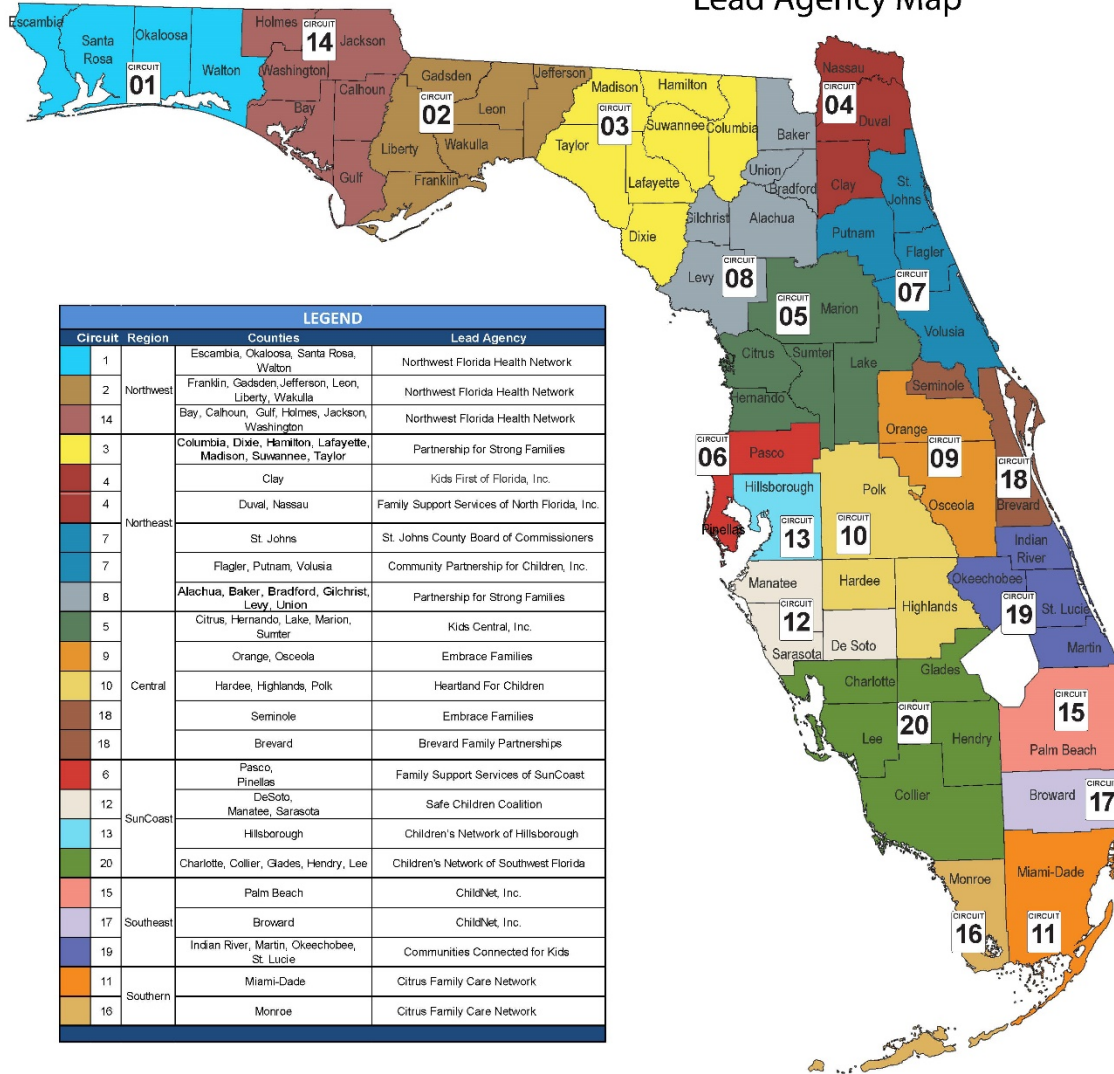
- **HFC was founded in 2003 in order to meet the need for a community response to the initiative by Florida's Legislature and DCF.**
- **Service area includes three (3) counties included in Florida Judicial Circuit 10 (Polk, Highlands, and Hardee).**





# Community-Based Care

## Lead Agency Map



LEGEND			
Circuit	Region	Counties	Lead Agency
1		Escambia, Okaloosa, Santa Rosa, Walton	Northwest Florida Health Network
2	Northwest	Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla	Northwest Florida Health Network
14		Bay, Calhoun, Gulf, Holmes, Jackson, Washington	Northwest Florida Health Network
3		Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor	Partnership for Strong Families
4		Clay	Kids First of Florida, Inc.
4		Duval, Nassau	Family Support Services of North Florida, Inc.
7	Northeast	St. Johns	St. Johns County Board of Commissioners
7		Flagler, Putnam, Volusia	Community Partnership for Children, Inc.
8		Alachua, Baker, Bradford, Gichrist, Levy, Union	Partnership for Strong Families
5		Citrus, Hernando, Lake, Marion, Sumter	Kids Central, Inc.
9		Orange, Osceola	Embrace Families
10	Central	Hardee, Highlands, Polk	Heartland For Children
18		Seminole	Embrace Families
18		Brevard	Brevard Family Partnerships
6		Pasco, Pinellas	Family Support Services of SunCoast
12		DeSoto, Manatee, Sarasota	Safe Children Coalition
13	SunCoast	Hillsborough	Children's Network of Hillsborough
20		Charlotte, Collier, Glades, Hendry, Lee	Children's Network of Southwest Florida
15		Palm Beach	ChildNet, Inc.
17	Southeast	Broward	ChildNet, Inc.
19		Indian River, Martin, Okeechobee, St. Lucie	Communities Connected for Kids
11	Southern	Miami-Dade	Citrus Family Care Network
16		Monroe	Citrus Family Care Network






# Service Area Statistics for Circuit 10

- The child poverty, infant mortality, teen pregnancy, and high school dropout rates exceed the state average.
- For many years, Circuit 10 had the highest child abuse and neglect reporting rates in Florida, and substance abuse and domestic violence are frequently factors in these reports.
- Recent population statistics indicate an overall population in Polk County of 787,404; Hardee County: 25,645 and Highlands County: 105,618
- Polk County is the fastest growing county in the state and the 5<sup>th</sup> fastest in the nation.





# HFC's Role

- HFC's System of Care embraces the diverse population of Polk, Highlands and Hardee Counties.
  - All communities and populations are engaged, respected, offered opportunities for input and feedback, and given acknowledgement for their contribution.
  - All service providers are expected to share this vision and strive to recruit and train staff and caregivers that best represent the communities they serve.
- 



# HFC's Role

- HFC's primary role in the System of Care is not to provide direct services, but rather to serve as a system administrator dedicated to building an integrated network of services with traditional and non-traditional providers and supports.
- This network has the capacity to provide a comprehensive array of culturally competent services to children and families in both rural and urban areas, and help manage resources effectively and efficiently to ensure positive outcomes for children and families.





# Accreditation

- HFC was initially accredited on March 16, 2009 by the Council on Accreditation (COA).
- As part of this accreditation, HFC strives to maintain the highest level of standards.
- COA accreditation is an objective and reliable verification that provides confidence and support to an organization's service recipients, board members, staff and community partners.







# HFC System of Care





# Unique Features of HFC's System of Care

Prevention	Increased Choices and Options
Effective Communication	Safety Management/Family Support Services
Training	Case Management Service Array
Network/Provider Development	Quality Assurance/Quality Improvement
System Evaluation	Evidence Based Practices







# Prevention

- HFC believes that prevention strategies must be the driving force behind how we support children and engage families and communities so that protective interventions and services do not become necessary.
- This mind-set and resulting actions associated with prevention education and training leads to:
  - positive results,
  - cost effective interventions,
  - cohesive family support and
  - effective self-help methodologies.



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# Prevention cont.

- Further, protecting children in their homes and communities promotes innovative approaches for the development of prevention services, and specifically, the engagement of the larger community in keeping children safe.
- The most desirable goal is to engage the community at large in their role in child safety while getting families help before harm occurs to a child.
- This can only result from the application of traditional as well as non-traditional and previously inaccessible or under utilized resources that are identified, engaged and provided in support rather than as the outcome of an investigation.



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# Prevention cont.

- Achieving this goal requires:
  - transformation of the service structure,
  - funding of prevention resources and
  - a reframing of the public's perceptions of child abuse/neglect.
- Primary to the success of community engagement is the understanding of who really shares responsibility for the safety and nurturing of all children.



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Prevention cont.

*We all do!*



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# Prevention cont.

- The success of HFC's System of Care depends upon a sustained collaboration between:
  - multiple public sector agencies,
  - local businesses,
  - the school systems,
  - private agencies,
  - faith based organizations,
  - individual service providers,
  - law enforcement,
  - community resources,
  - legal services,
  - the courts, and
  - the family.



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# Prevention cont.

- HFC has identified and recruited agencies and individuals to expand provider capacity and will continue to work with community agencies working to prevent child abuse.
- Prevention remains a priority and HFC will continue to look at innovative ways to link resources and to expand existing prevention efforts.



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# Prevention cont.

- The Prevention Continuum of the System of Care focuses on:
  - community engagement,
  - capacity building,
  - identification of cost effective services, and
  - providing opportunities for strength based development.



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# Prevention cont.

- HFC addresses three levels of prevention:
  - Primary Prevention
  - Secondary Prevention
  - Tertiary Prevention



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# Primary Prevention

- Heavy emphasis on primary prevention.
- Mitigates the need for many children and families to enter the publicly funded child welfare system.
- Prevention into the front end of the System of Care by providing:

community engagement opportunities and events	Crystal Lake Elementary, A Community Partnership School
facilitation of family team conferences	offering prevention training opportunities
linking families to community resources	United Way 211 ( <a href="http://www.uwcf.org/211">www.uwcf.org/211</a> )
access to the HFC website ( <a href="http://www.heartlandforchildren.org">www.heartlandforchildren.org</a> )	Child Abuse Prevention and Permanency Plan (CAPP)
<a href="http://www.Findhhelp.org">www.Findhhelp.org</a>	Hope Florida ( <a href="http://www.myflfamilies.com/hopeflorida">www.myflfamilies.com/hopeflorida</a> )



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# Crystal Lake Elementary, A Community Partnership School

- A Title 1 school located in the Crystal Lake community of Lakeland, Florida.
- Crystal Lake Elementary was selected by Polk County Public Schools to host the first Community Partnership School program in Polk County based on a number of factors
  - existing community partnerships,
  - the physical space to create a health clinic and sustain future growth, and
  - the communities' ability to access services at the site.
- Additionally, the school and Crystal Lake community are located within the 33801 zip code, which has been identified as the number one child maltreatment area in Polk County for several years, a food desert or food insecure area, and having high rates of poverty and unemployment.



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# Crystal Lake Elementary,

## A Community Partnership School

- Five Core Partner organizations
  - Central Florida Health Care as the health care partner,
  - Heartland for Children as the lead non-profit,
  - Polk County Public Schools as the school district partner,
  - Southeastern University as the University partner, and
  - the United Way of Central Florida as a founding funding partner.
- Each Core Partner works together in a shared governance model to collectively make decisions related to funding, strategic planning, allocating resources, hiring staff, and working with providers.
- The Community Partnership School model focuses on the whole child (physical, mental, social and emotional health, and well-being) and takes a holistic approach to the child's caregivers.
- The purpose of the Community Partnership School is to increase overall lifelong success in education, employment, and health for those served – students, parents/family, and the surrounding community.
- The goals and objectives of the Community Partnership School are to address the needs identified through the comprehensive needs assessment, informal assessments and progress reviews through the implementation and integration of services and supports for expanded learning time and opportunities, health/wellness, and family and community engagement.



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# Child Abuse Prevention and Permanency Plan (CAPP)

- Central focus of the Florida CAPP is to build resilience in all of Florida's families and communities in order to equip them to better care for and nurture their children.
- Circuit 10 CAPP Taskforce
  - Goal: Increase the overall wellness of community members in Circuit 10
  - Maltreatment Trends
  - Prevention Education and Resources
  - Promotion of Adoption



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# Secondary Prevention

- Targets families with open child welfare cases, providing the opportunity for resource development and identification so that:
  - Appropriate resources for each family needing continuing services can be provided, and
  - wrap around services are put into place in a timely manner to move families towards reaching permanency with their children and supporting case plan goals.



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# Tertiary Prevention

- After permanency is achieved, focuses on reconnecting families with the community for aftercare, follow up and support utilizing community resources and building a network of family support.
  - The identification of community providers who can support families by allowing them the opportunity to ask for *help before harm* occurs to their child is key to prevent further abuse and to build a strong community who supports families.
  - HFC recognizes the importance of continuing care and nurturing children and families after achieving a permanency goal.
  - Continued support increases the likelihood that children remain safe and they will avoid re-entry to publicly funded services.



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# Tertiary Prevention

- Wrap around services, development of systems for opportunities for follow-up and providing families and case managers and investigators with choices of prevention services has had an immediate impact of keeping children safe.



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# Prevention Network

- Heartland for Children has built a prevention network with community partners where there is a shared vision and a strong commitment to work in collaboration on initiatives and programming to promote safe communities and build stronger families while making prevention a priority in each community of Circuit 10.



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# Prevention Key Components


- Child Abuse Prevention and Permanency Plan (CAPP)
- Contracted Prevention Services
- Evidence Based Programs
- Relative/Non-Relative Caregiver Support
- April Events that promote National Child Abuse Awareness Campaigns
- Multi-Media Partnerships to promote Prevention Messages
- Participation and Sponsorship in Key Community events
- Child Abuse Prevention Community Trainings
- Local Broadcasts on PGTV
- Crystal Lake Elementary, A Community Partnership School and Other School Partnerships
  - Children’s Cabinet of the 10th Circuit
  - Resource websites, including [www.findhelp.org](http://www.findhelp.org), [www.uwcf.org/211](http://www.uwcf.org/211), [www.myflfamilies.com/hopeflorida](http://www.myflfamilies.com/hopeflorida) and [www.heartlandforchildren.org](http://www.heartlandforchildren.org)



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# Increased Choices and Options

## HFC's Case Transfer Process

- Designed to ensure the appropriate services for the child and family are identified and the steps to ensure early engagement of the family are outlined.
- Referrals for case management supervision are triaged by the HFC Staffing Facilitators.



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# Increased Choices and Options

## Family Centered Practice

- HFC embraces the family centered practice philosophy to infuse these core values in the System of Care and to change practice to reflect the family centered approach.



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# Increased Choices and Options

## Family Centered Practice

- Below are the six core values of Family Centered Practice:
  - Children should, first and foremost, be protected from abuse and neglect
  - Children should live with their families. If that cannot be achieved through the supports and services, they should live near their home with family connections. In particular, sibling relationships should be maintained.
  - A child's home should be safe, stable and permanent.
  - A child should achieve success in school and their medical, emotional, behavioral, developmental and educational needs should be met.
  - There is an intrinsic value and human worth in every child and family.
  - Families and individual members are most likely to resolve issues of concern by building on their strengths.



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# Increased Choices and Options

## Foster Care Recruitment

- HFC has the responsibility for Recruitment, Retention and Licensing of Circuit 10 Traditional, Medical and Therapeutic Foster Homes.
- One strategy is to develop a comprehensive foster care recruitment and re-licensing program.
- Building a strong Foster Care System is vital to our System of Care.
- Recruitment of families who match the diverse backgrounds of the children and teenagers is a high priority.
- Recruit families from all communities with a goal of youth remaining in their familiar neighborhoods and schools, which in turn promotes placement stability.
- Ensuring potential foster parents are navigating through the licensing process in a timely manner
- Offering quality foster parent training opportunities.



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# Increased Choices and Options

## Relative and Non-Relative Caregivers

- The HFC Caregiver Support department provides resources and training designed to assist relative and non-relative caregivers in their commitment to navigate and access services for children placed in their home through the dependency system.
- Services begin when the Child Protective Investigator and/or Case Manager places a child in a relative or non-relative setting.
- Once a placement is made, the Caregiver Support staff proactively make contact with the relative/non-relative caregiver to provide information on benefits and support services.



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# Increased Choices and Options Relative and Non-Relative Caregivers


- The department provides information, guidance, and emotional support directly to families.
- HFC is seeking to reduce the incidence of failed relative and non-relative placements by enhancing educational and emotional support which helps to promote a positive, stable and nurturing environment for the child during the placement.



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# Increased Choices and Options

## HFC Education Liaison

- HFC works closely with representatives from area schools for the accomplishment of the following objectives:
  - Increase awareness and improve reporting practices about abuse/neglect policies/procedures and statutes related to mandated professional reporting for all school personnel,
  - Provide information and training for teachers, guidance counselors, nurses, social workers, PTOs and other school affiliated groups through appropriate curriculums that enhance safety and support for children and families,
  - Serve as a contact point between school personnel and HFC to facilitate communication,
  - Tracking of school age children in the school system and assistance with conflict resolution processes involving foster care children, school personnel and case management staff around child protection issues.
  - Implementation of the Every Child Succeeds Act (ESSA), allowing youth in the child welfare system to remain in their school of origin while in care.



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# Increased Choices and Options

## HFC's Centralized Placement Program

- Serves as the single point of entry for children needing a licensed placement with access available 24 hours a day, 365 days per year.
- Works in collaboration with the Child Protective Investigator (CPI) and Case Manager (CM) to ensure all available resources are known prior to placement of a child in a licensed setting.
- Facilitates multi-disciplinary team staffings to ensure placement moves are in the child's best interest and appropriate transition planning occurs when possible.



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# Increased Choices and Options

## HFC's Centralized Placement Program

- Although the initial placement decision rests solely with the Child Protective Investigator, Centralized placement staff triage the case for the least restrictive placement:
  - explore potential of placement with a relative/non-relative,
  - then placement in a licensed family setting, and
  - finally explore placement in a therapeutic venue or group care setting (last resort).
- The Placement staff reviews the available pool of foster homes to match a child appropriately based on the information provided.
- The Placement staff will secure the actual placement and take the lead in making referrals to out-of-home support services as determined necessary and appropriate.



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## Increased Choices and Options

### Interstate Compact on the Placement of Children (ICPC) and Out of county Services (OCS)

- HFC's ICPC/OCS Specialist is the single point of contact.
- If a child is in need of a permanent home outside of the HFC service area or outside the State of Florida, HFC's ICPC/OCS Specialist facilitates all activities to accomplish this goal.
- Must comply with state and federal regulations.



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# Increased Choices and Options

## HFC's Integrated Health Team

- Assists Case Managers in preparing appropriate information for potential providers for children approved for higher levels of care including Statewide Inpatient Psychiatric (SIPP) Specialized Therapeutic Foster Care or Group Care (STFC/STGC) Qualified Residential Treatment Programs (QRTP) or other Medicaid funded placements.
- Provides support and care coordination for:

Medical	Dental	Dual System Involved Youth (i.e., DJJ or APD)
Behavioral Health	Baker Acts	Family Support Meetings
Developmental	MDT Staffings	Youth At Risk (YAR) Staffings
Comprehensive Behavioral Health Assessment (CBHA) referrals & recommendations		



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# Increased Choices and Options

## Judicial Support


- Regular court improvement meetings and strong collaboration between Children's Legal Services and the court system to identify issues related to the court process and to develop plans to resolve those issues and improve performance.



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# Increased Choices and Options Transition Age Youth Services (TAYS)

- HFC also administers a system of Transition Age Youth Services to older children in foster care and young adults who exit foster care to aid them in making the transition to self-sufficiency as adults.
- TAYS are guided by a TAYS Program Manager, Housing Navigator, and two (2) Peer Mentors employed through HFC and Life Coaches employed through the subcontracted case management organizations.



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# Effective Communication

**Building an effective and sustainable system of care is accomplished by creating an environment that supports change, develops connectivity and conveys information to all stakeholders.**





# Communication Strategies

- The success of HFC's System of Care depends upon a sustained collaboration between multiple public and private sector agencies, the school systems, law enforcement, faith based organizations, alliances, not-for-profit organizations, individual service providers, community groups, legal services, the courts, and families.
- The strategy for developing and sustaining these multiple links rests in a comprehensive and consistent communication system.
- HFC's website [www.heartlandforchildren.org](http://www.heartlandforchildren.org) has served as a tool for information exchange between foster and adoptive parents, service providers and parents wanting to find services. It is also a tool for sharing information about training opportunities for case managers, protective investigators and other groups within the System of Care.







# Communication Strategies

- Performance and Quality Improvement meetings held twice a month and facilitated by HFC.
  - Included are CMO supervisory staff, Child Protective Investigations (CPI), Department of Children and Families (DCF) contract management, Children's Legal Services (CLS), HFC Quality & Contract Management and other HFC management.
  - A Performance and Quality Improvement data report is prepared and distributed to the participants prior to each meeting.
- A weekly Executive Management / Finance Meeting is conducted to discuss finance, risk management, quality improvement, short term and long term goals.





# Communication Strategies

- Child Abuse Prevention and Permanency (CAPP) planning bring all agencies, groups and local community representatives together. These individuals (1) serve as advocates of prevention services from primary to tertiary prevention and (2) seek collaborative funding opportunities and discussions involving future ideas/projects for increasing the local community's capacity for *help before harm*. Members work together to insure that information, support and services are available outside of the formal child protection system.
- Bi-Monthly System of Care meetings with funders, HFC contracted agencies, and community stakeholders. This meeting is used to communicate news and initiatives, QA/QI activities, HFC's System of Care updates and exchange best practices.
- Community Prevention seminars, dialogues and training are engagement and education strategies to communicate with individuals and groups in local communities. Topics are designed to promote personal responsibility and advocacy through awareness, education and skill building. They also provide opportunities to develop resources and build protective factors in our community.





# Community Meetings

- HFC has been actively involved in participating in community meetings, such as:

Highlands County Children's Service Council	Chambers of Commerce (Lakeland, Winter Haven, Bartow, and Sebring)	BOCC Citizen's Healthcare Oversight Committee	Trauma Informed Care Coordinating Councils
Human Trafficking Task Force	Children's Advocacy Center (CAC)	Quality of Life Task Force	Department of Juvenile Justice
Healthy Start Coalition	Homeless Coalition	Polk Vision	DV Task Force
United Way	Safe Kids Coalition	Law Enforcement	Tri-County

- These community meetings have served as networking opportunities and provided opportunities for new services to be expanded as new contracted providers were identified, which has broadened the scope of services for families.





# Safety Management and Family

## Support Services

- Front end programs have been integral parts of HFC's System of Care and help to promote early intervention services for families.
- Each program was created with Child Protective Investigators and is designed to assist with early service efforts.
- HFC is committed to utilizing safety management (Neighbor to Family) and family support services (SCARF) whenever needed and appropriate.



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# HFC Training

- Committed to professional development and personal enrichment through an extensive training program.
  - Pre-Service training for child welfare professionals,
  - formal in-service training provided by professional training providers,
  - training provided by peers and mentors,
  - training provided through conferences and workshops, and
  - informal training opportunities in the workplace.



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# HFC Training

- Training plan is developed annually.
- Identifies training needs and resources.
- Creates the links necessary to assure that training progresses toward increased skill levels.
- Staff dedicated to serve as a job coach/trainer for new and existing employees at each case management organization.



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# HFC Training

- Goal is to teach the essential skills necessary to provide quality services and enhance knowledge and understanding allowing staff to achieve increasing levels of professional responsibility within the HFC network to include:
  - Heartland for Children Staff
  - Case Management Staff
  - DCF Protective Investigation Staff
  - Foster Parents and other caregivers
  - Children’s Legal Services
  - Community Providers / Stakeholders
  - Community at Large



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# HFC Training

Case Managers and providers are engaged in formal professional training opportunities with a deliberate focus on family strengths and competencies.



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# HFC Training

- Continuing education is central to the System of Care, with mandatory training for HFC staff and contracted case management organizations.
- Our goal is to train individuals and provide them with essential skills, enhanced levels of knowledge and understanding and increased levels of professional responsibility.



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# Case Management Service Array

## Goals

- Enhance child safety,
- Prevention of unnecessary placement in out-of-home care,
- Provide supports and services to enhance family functioning,
- Provide appropriate and stable placements and appropriate services for children in out of home care, their families, and their caregivers, and
- Achieve permanency within 12 months.



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# Case Management Model

- HFC Case Management Organizations provide 24 hours/7 days a week access to Case Managers through an on-call system.
- Case Managers work flexible schedules with evenings and weekends covered. Families will not be expected to miss work or school to see their Case Manager.



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# Case Management Model

- HFC has developed a case management model in an effort to reduce fragmentation and increase case continuity.
- Case Managers are required to work with families as they navigate through the dependency system.
- Case Managers provide the appropriate level of case management services and supports based on ongoing and appropriate assessments and court orders, to ensure safety and stability for families receiving court-ordered or voluntary supervision.



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# Case Management Model

- HFC's case management model requires that every child and family have an individualized case plan that accurately describes strengths, needs, and services to ensure safety, well-being, and permanency for the child within established federal and state mandates.
- Each case management organization has one or more dedicated permanency staffing specialists who facilitate permanency staffings for each family served by the agency.



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# Case Management Model

- The case plan will drive services from intake through case closure.
- Case plans will be created with parent involvement and describe the family situation, family strengths, the permanency goal, desired outcomes, visitation, responsibilities, tasks and activities, time frames, consequences, supports and services.



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# Case Management Model

- The Case Manager's role is central to the HFC System of Care.
- The Case Management Organizations provide continuity of care, oversight, and access to/coordination of services to reach case plan and treatment goals.
- The CMO team facilitates the partnership among families, DCF, providers, courts, schools, and other systems with which the family is involved.



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# Case Management Model

- In the HFC team approach, the Case Manager assigned is responsible for case management from referral to achievement of the permanency plan and case closure.
- This approach provides more continuity and stability for children and families during the times they most need it.



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# Case Management Model

- Within Circuit 10, HFC Case Management Organizations and the provider network will embrace a wraparound approach to case planning and service delivery, providing a family-centered, strength-based, needs-driven planning process for creating individualized services and supports for children and their families.



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# Case Management Model

- Wrap Around Process
  - bring individuals, agencies and the community together as a unified decision-making entity,
  - central focus of safety, permanency, and well being for the child,
  - strengthen and support families,
  - reduce the risk of abuse and neglect,
  - reduce the number and length of out-of-home placements and
  - reduce recidivism.
- The case management teams will value family resources, respect diversity, and support parental efforts to care for their children.



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# Case Management Model

## Assessments


- Initial and ongoing assessment procedures will continue to focus on child safety by conducting a thorough evaluation of child and family resources, needs, desired outcomes, including a review of community resources and available professional services.
  - This will include an assessment of risk factors to ensure child, and family safety.
  - The Case Manager will work closely with the DCF Protective Investigator to ensure timely completion of a risk assessment as part of the protective investigation and will continuously assess risk as part of the Family Case Plan.



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# Case Management Model

## Treatment/Case Planning


- HFC believes in using a family conferencing approach to engage the family in the assessment and case planning process.
- The Case Manager is required to include other participants in the case planning process as determined necessary and appropriate.



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# Case Management Model

## Treatment/Case Planning

Other participants may include:

Teachers	Employers
Extended Family	Neighbors
Mentors	Family Friends
Pastors	Neighborhood resources
Other individuals with significant relationships to the child or family, as identified by the family	



# Case Management Model

## Treatment/Case Planning

- Every contact with the family by the Case Manager or team will involve an element of assessment.
- A philosophical orientation toward a family centered strength based approach is essential for success.
- Case Managers and providers will be engaged in formal professional training opportunities with a deliberate focus on family strengths and competencies.



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# Quality Assurance/ Quality Improvement

HFC's Management Team and Quality & Contract Management staff promote a culture that values quality and continual efforts by the organization as a whole, its Board of Directors, CMOs, Network Providers, and community stakeholders to achieve strong performance, program goals and positive results for children and their families.



POLICY & PROCEDURE CATEGORY

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# Quality Assurance/ Quality Improvement

- The HFC Quality Management (QM) Plan is updated annually.
- The QM Plan is the shared responsibility of all personnel.
- HFC staff are thus integrated with and committed to the success of overall quality improvement.
- The QM plan has been designed with this focus in mind.



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# Quality Assurance/ Quality Improvement

The HFC QM Plan also has been designed from the perspective that quality measurement for a Lead Agency or a Case Management Organization (CMO) is different from quality measurement for a specialty provider.



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# Quality Assurance/ Quality Improvement

- Quality assessment at the level of the provider is more focused on customer satisfaction and service efficacy issues
- Quality at the Lead Agency/CMO level must include indicators relevant to the overall health of the organization.
- The QM plan allows for the most appropriate assessment for each type of organization.



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# Quality Assurance/ Quality Improvement

## Data Integrity and Data Services

- HFC provides ongoing and regularly scheduled opportunities for collecting, reporting and analyzing data from its various systems. It is the responsibility of our provider network to assist in these processes in order to provide data for continuous quality improvement.
- HFC's Data Services staff strive to ensure data integrity of information entered into all of the data systems maintained or utilized by HFC, including Florida Safe Families Network (FSFN).
- Data systems are monitored regularly and processes for reconciling are assessed and improved on a continuous basis.



POLICY & PROCEDURE CATEGORY

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# Quality Assurance/ Quality Improvement

## Data Integrity and Data Services

- Guiding principles for FSFN:
  - Embrace FSFN and all of its functions
  - Increase efficiency and reduce duplicate work
  - Promote communication and collaboration
  - Enhance quality
  - Embrace as a key management tool in our role as system administrator



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# Risk Management

- HFC maintains a working Risk Management Plan.
- The plan defines risk factors and corresponding strategies to mitigate the defined risk.
- HFC Executive Team serves as the Risk Management Team.
- Providers are required to submit an incident report on any reportable incident outlined on HFC Policy 3-301.





# System Evaluation

- The system of care contains the following four core hypotheses:
  - Community engagement through education is an intentional process that increases the effectiveness of primary prevention in the System of Care.
  - The implementation of family-driven methodologies will have a positive impact on the efficiency of service delivery and outcomes for families.
  - Business strategy can be applied to the System of Care to manage resources, increase choices and promote cost efficiency.
  - A true System of Care includes the best characteristics of structure, process, subsystems, information, growth and integration.





# System Evaluation

- Measurement of the hypotheses and other outcomes is done in part through the evaluation processes and outcome data that is collected and documented in the HFC PQI Committee Reports.
- Outcomes are focused on identifying and evaluating in-process drivers that impact performance.





# HFC's Strategic Plan

- HFC's Management Team, staff, Board of Directors and stakeholders engage in a variety of activities contributing to the development/update of a strategic plan every 5 years.
- A variety of information is gathered, reviewed, analyzed, and discussed (i.e., assessment of strengths, weaknesses, opportunities and threats, population statistics, review of current performance and critical issues and challenges) during the process of developing this plan.







# HFC's Strategic Plan

- Strategic goals, objectives and strategies are identified through this process for HFC to focus on during the upcoming 5 year period.
- Performance measures associated with these strategic objectives are incorporated into the HFC System of Care, PQI data report and QM Plan.
- Performance is tracked related to HFC's contract measures, federal child welfare measures, and measures that HFC has identified as being key indicators of performance.





# Network/Provider Development

HFC has developed, and supports, a provider network with the capacity to deliver a full array of in-home, community-based, and placement service options selected on the basis of child and family strengths and needs and based on coordinated assessments thus ensuring a comprehensive service array.



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# Network/Provider Development

## Types of Providers

- Contracted Case Management Organizations
- Contracted Wrap Around Services/Out of Home Care Network Providers
- Non-contracted Network Providers



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# Network/Provider Development Case Management Organizations

- HFC contracts with four (4) child welfare agencies to provide case management services to families receiving traditional child protection services.
  - Children's Home Society of Florida
  - Lutheran Services Florida
  - One Hope United
  - Neighbor to Family (In-home Non-Judicial Cases)



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# Network/Provider Development Contracted Wrap-Around Services/Out of Home Care Network Providers

- HFC maintains a contractual relationship with these providers (i.e., HFC will reimburse the provider for services according to agreed-upon terms).
- These providers go through HFC's approval, contracting, and monitoring processes.
- These include, but are not limited to, providers of group care services, safety management/family support services, and community-based organizations that provide a wide array of preventive and intervention services and supports.
- All initial providers were actively involved in shaping the System of Care. Providers receive orientation and ongoing training on HFC's policies and procedures as needed.

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# Network/Provider Development

## Non-contracted Network Providers

- HFC refers children and families to community providers/groups for services or resources.
- Though HFC does not typically provide reimbursement for these services, the providers are viewed as an integral part of the service array.
- These providers offer a range of community-based, non-traditional services and supports - from activities and supports provided by faith based organizations to a host of community-funded family and youth services and supports.



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# Network/Provider Development

- **Essential services and supports fall into five broad areas and include:**
  - Assessment & Placement Services
  - Case Management
  - In-Home and Outpatient Professional Treatment Services
  - Specialty Community Support/Wraparound Services
  - Consultative Services



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# Network/Provider Development Assessment and Placement Services

- all types of assessments,
- crisis intervention and stabilization, and
- all out-of-home care options, including, but not limited to:
  - relative and non-relative care,
  - emergency shelter care,
  - foster care,
  - therapeutic foster care,
  - group/residential care, and
  - transition age youth services



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# Network/Provider Development Case Management

- ongoing case management,
- coordination, and
- crisis intervention services.



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# Network/Provider Development In-Home and Outpatient Professional Treatment Services

- all in-home services
- safety management and family preservation and support, etc.
- community-based services (respite, child care), and
- traditional outpatient mental health services and substance abuse services such as:
  - diagnostic evaluations,
  - psychological testing,
  - therapy (individual, family, and group),
  - day treatment, and
  - intensive crisis intervention.



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# Network/Provider Development Specialty Community Support/Wraparound Services

- This includes many and varied services and supports required under a wraparound philosophy including:
  - tutoring,
  - transportation,
  - housing assistance, and
  - dozens of other specialized services.



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# Network/Provider Development Consultative Services

This includes individuals with specific professional skills to meet the needs of the organization and infrastructure.



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# Network/Provider Development

- Some of these services may be reimbursed outside the budget (i.e., through Medicaid or Substance Abuse and Mental Health funds).
- Many services currently are available from community providers who are under contract with HFC, however, the capacity for services continues to be assessed and increased as needed.



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# Network/Provider Development

- HFC works closely with community stakeholders to review current capacity and contracts, and to assess fully the capacity to deliver all of the services in a manner that reflects consistent quality and meets state, community and national standards.
- HFC continually assesses the system of care to expand needed services and placement options.
- HFC has worked consistently with the community to identify and “map” needs and to encourage providers to offer new or additional services.

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# HFC Operating Policies and Procedures





# HFC Operating Policies and Procedures

- For a complete list of operating policies and procedures, please visit [www.heartlandforchildren.org](http://www.heartlandforchildren.org) and go to the “About Us” link.
- The following slides will provide detailed information regarding some of the specific operating policies, procedures, and processes related to serving youth in HFC’s System of Care.







# Quality/Risk Management

## Incident Reporting Operating Policy and Procedure 3-301

Incident reports must be submitted within specified timeframes (see operating policy) to HFC when a youth under HFC's jurisdiction is involved.

- This includes if the incident is related to:
  - a youth's parents or significant others;
  - a youth's current caregiver/program; and
  - events which may have some impact on the youth's safety, well being, and/or permanency



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# Quality/Risk Management

## Incident Reporting Operating

### Policy and Procedure 3-301

- Some incidents require immediate verbal notification to HFC and the assigned CMO.
- All incidents must be documented in writing on an approved incident reporting form and submitted to HFC and the assigned Case Manager within 1 business day of the incident occurring.
- Written incident reports being submitted to HFC should be emailed to [riskmanagement@heartlandforchildren.org](mailto:riskmanagement@heartlandforchildren.org) or for the agencies provided access, entered directly into the Event Reporting Management System (ERMS).



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# Quality/Risk Management Grievance Operating Policy and Procedure 3-300

- Heartland for Children (HFC) encourages children, families and community stakeholders to resolve complaints through utilization of the HFC client concern process.
- All applicants, clients, or other stakeholders have the right to file a complaint/grievance without interference or retaliation.



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# Quality/Risk Management

## Grievance Operating Policy and Procedure 3-300

HFC encourages and supports the need to resolve all complaints at the local service center level. Children, families and community stakeholders should submit complaints in the following manner:

- First submit the complaint to the assigned local service center counselor or case manager.
- If the complaint is not resolved at this level, contact should be made with the supervisor.
- If resolution is not reached in a satisfactory manner, contact should be initiated with the Program Director/ Manager of the agency.
- If satisfactory resolution is not achieved at this level, the HFC Quality Management Department should be contacted to address dissatisfaction at the prior levels as well as the initial complaint.
- If contacting the HFC Quality Management Specialist does not provide a satisfactory resolution or if you have a grievance concerning the HFC Quality Management Specialist, the applicant, client, or other stakeholder may initiate the grievance process through submission of the HFC Grievance form to the Director of Quality & Contract Management, or designee.
- When appropriate, the HFC Chief Executive Officer, or designee will review outcomes and provide final approval of a complaint or grievance.



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# Quality/Risk Management

## Quality Assurance and Quality Improvement Operating Policy and Procedure 3-302

- The primary purpose of the HFC Quality Management System is to strengthen practice and improve the timeliness, quality, safety, and effectiveness of services.
- HFC seeks to identify internal and external process measurements that align with these goals while ensuring substantial conformity with federal requirements of the Adoptions and Safe Family Act (ASFA) and achievement of the Contract Performance Measures set forth in the HFC contract with the Department of Children and Families.



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# Quality/Risk Management

## Quality Assurance and Quality Improvement Operating Policy and Procedure 3-302

- HFC embraces continuous quality improvement throughout the organization to advance efficient, effective service delivery and the achievement of its strategic plan and goals.
- The culture of quality begins with management (the CEO, Executive Management Team, and Management Team) and is integrated among all departments and staff within the organization as well as throughout the subcontracted provider network.
- It is the policy of HFC that all individuals served in Polk, Highlands, and Hardee counties will receive the most effective and beneficial services in accordance with Florida Statutes, Florida Administrative Code, organization policies and the System of Care.



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# Quality/Risk Management

## Quality Assurance and Quality Improvement

### Operating Policy and Procedure 3-302

- HFC's position is that the commitment to quality assurance and continuous improvement in quality services and outcomes for children and families is shared throughout the community: from the HFC Board of Directors, Case Management Organizations, contract providers, to the community at large.
- HFC recognizes that an informed, integrated, and participatory community affords the best opportunity to maximize resources and produces the best outcomes for children and families.



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# Quality/Risk Management

## Quality Assurance and Quality Improvement Operating Policy and Procedure 3-302

- HFC's Quality Management Model includes:
  - A plan for quality improvement which is clear, concise, and accurate
  - Continuous oversight and evaluation of safety, permanency, and well-being decision-making by Subcontracted Network Providers
  - Evaluation of Subcontracted Network Providers compliance with contract requirements, Florida Statutes, Florida Administrative Rule, Policy and Procedures and HFC's System of Care.
  - Evaluation of HFC internal processes for compliance with contract requirements, Florida Statutes, Florida Administrative Rule, Policy and Procedures and HFC's System of Care.
  - Evaluation of client and community stakeholder satisfaction.



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# Contract Monitoring Operating Policy and Procedure 3-502

- It is the policy of Heartland for Children to ensure executed client services contracts are monitored on a regular basis to ensure services are provided in accordance with the terms and conditions of the contract, both administrative and programmatic.
- In order to maximize HFC's resources and minimize disruption to the provider, HFC's overall contract monitoring will integrate administrative and programmatic quality elements to the greatest extent possible.



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# Contract Monitoring Operating Policy and Procedure 3-502

- A Decision Matrix is the systematic method for determining the frequency of on-site contract monitoring appropriate for each contract and provider. In lieu of onsite monitoring, HFC may elect to conduct a desk review when appropriate. HFC will apply pre-established criteria to all contracts and providers using a Decision Matrix.
- The assessment criteria of the Decision Matrix includes, but is not limited to, value of the contract, number of children served by the contract, national accreditation status, type of services provided through the contract, change in Provider management, prior performance/corrective actions, and any critical/safety issues identified during the past 12 months.



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# Contract Monitoring Operating Policy and Procedure 3-502

- The annual contract monitoring schedule or calendar will be based upon the Decision Matrix scores assigned to each contract. To maximize efficiencies, agencies that have achieved accreditation with a nationally recognized accrediting body may be scheduled for administrative monitoring once every three (3) years.
- Providers can be scheduled for monitoring at any time during the fiscal year and the monitoring/contract management team may conduct unscheduled site visits to the provider at any time.
- At any time during the contract term, the Chief Quality & Performance Officer or Director of Quality & Contract Management may modify a Provider's monitoring frequency level if additional factors become known which justify the need for the change. Such factors shall be documented in writing and retained in the contract monitoring file with other work papers. If at the time a Provider is scheduled to be monitored, they are no longer providing active services under the terms of the contract, the monitoring team may elect to not monitor the Provider as scheduled. If the Provider is removed from the monitoring schedule under these conditions, the Provider must be placed back on the schedule with a high priority if active services begin again.
- At the discretion of HFC's Chief Quality & Performance Officer or Director of Quality & Contract Management, HFC may accept monitoring reviews from other agencies including, but not limited to, other lead agencies, the Department of Children and Families, the Agency for Health Care Administration, and the Agency for Persons with Disabilities, in lieu of conducting an on-site monitoring review of it's own.



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# Contract Monitoring Operating Policy and Procedure 3-502

- Once the contract monitoring is completed, the author (member of the contract monitoring team) of the monitoring report organizes the work papers and reviews the data collected during the monitoring process.
- The author of the monitoring report prepares a written draft of the monitoring report that addresses all areas that have been monitored.
- It is the policy of Heartland for Children to submit a written report to the Provider within thirty (30) days of completion of the exit review, if applicable, detailing the findings of the contract monitoring activities including any areas requiring a corrective action plan.



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# Contract Monitoring Operating Policy and Procedure 3-502

- The monitoring report will follow the format and sections noted below, as applicable:
  - Purpose and Scope
  - Service Description
  - Monitoring Plan
  - Program Review
  - Recommendations/Corrective Action
  - Closing



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# Contract Monitoring Operating Policy and Procedure 3-502

- Corrective actions and curative measures, short of a formal corrective action plan, will be attempted whenever possible to resolve any deficiencies. A formal corrective action plan will be issued if other attempts at resolution have failed.
  - The following table provides guidelines for the determination of corrective actions and timelines for completion:



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# Contract Monitoring Operating Policy and Procedure 3-502

Category	Examples include, but are not limited to:	Timeline for Corrective Action Required
Critical Safety and Health Concerns	Medications unsecured; Spoiled Food; Chemicals improperly stored; Fire hazards; Sharps unsecured; and Active incidents of abuse/neglect	Immediate – to be corrected while monitoring team is on site
	Broken window; Repeated medication errors; Fire Extinguishers not inspected; and Evacuation Routes not posted	Immediate – 7 days
Personnel	Background Screens; CPR/1 <sup>st</sup> Aid Training; and Staffing patterns/schedule	7 days – 30 Days
	Missing information; Incomplete forms; and Training not documented	7 days – 30 Days
Physical Plant	Dirty air filters; Missing light covers; Menus not in compliance with F.A.C.; and Missing window coverings	7 days – 30 Days
Client Files	A pattern of failure to report abuse and/or neglect timely; and Timely submission of incident reports	Immediate – 7 days
	Missing documentation; Accounting of client personal item inventories; and Timely documentation in FSFN	7 days – 30 Days
Financial	Tracking system for client funds; and Co-mingled agency/personal funds	7 days – 30 Days



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# Finance

## Invoice Submission

- Invoices for services delivered are due to HFC at times specified in each individual provider's contract or as specified on the funding authorization.
- Generally they are due either by the 10<sup>th</sup> or the 15<sup>th</sup> of the month for the previous month's services.
- Invoices must be submitted to HFC Contract Management staff by the due date to ensure timely receipt of payment.



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# Finance

## Invoice Payments

- Upon receipt by HFC, invoices are reviewed for accuracy and supporting documentation to validate service delivery, as applicable.
  - Once approved, they are then forwarded to the Finance Department for processing of the payment.
  - Providers should generally receive their payment within 30 days from the date HFC has approved their invoice.
  - Providers are strongly encouraged to set up direct deposit accounts for their payments.



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# Thank you for completing this online orientation/training presentation.

- HFC values your time and commitment to work with us in partnership to build stronger families in our communities.
- Should you have any questions, please visit and review our website at [www.heartlandforchildren.org](http://www.heartlandforchildren.org) or you may contact Chris Dyer, Director of Quality & Contract Management at 863-519-8900 ext. 207 or via email at [cdyer@heartlandforchildren.org](mailto:cdyer@heartlandforchildren.org)
- Thank you for your commitment to children and families!

Complete Registration