

A young girl with curly hair is blowing bubbles. She is holding a blue bottle of bubble solution in her right hand and a yellow ring of bubbles in her left hand. The background is a blurred green outdoor setting.

# Heartland Rapid Permanency Reviews

What's Working to  
Support Successful  
Implementation?

APRIL 2019

# SAFE STRONG SUPPORTIVE

safe children | strong families | supportive communities



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## Acknowledgments

Casey Family Programs would like to thank the staff and leadership of Heartland for Children, Devereux, Children's Home Society of Florida, and One Hope United, for sharing their insights, experiences, and candid reflections on RPRs. The lessons learned that were shared helped shine a light on why their efforts were successful and will help provide a roadmap to other jurisdictions looking to implement RPRs.



## Background

The Florida Department of Children and Families (DCF) contracts with a lead agency for community based care in each of its 20 judicial circuits. Heartland for Children (Heartland) is the lead agency in Circuit 10 and oversees Case Management Organizations (CMOs) that provide child welfare case management services.

In the fall of 2017, Heartland led the implementation of Rapid Permanency Reviews (RPRs) to expedite permanency for several groups of children in care. Heartland chose to implement RPRs for 63 children and youth who had spent 24 months or more in care and had been in their current placement for 6 months or more. Additional characteristics of these groups is provided in the table below.

**Table 1. Characteristics of the Four Target Populations.**

Target Population	No. of Youth	Parental Rights Status	Placement Setting	Permanency Goal
TPR Filed	11	Intact	Family	Adoption
TPR Granted	21	Terminated	Family	Adoption
Permanent Guardianship	11	Intact	Family	Perm. Guard.
Post-Reunification Supervision	20	Intact	Home	Reunification (trial discharge)

The purpose of this report is to present compelling data that supports how successful Heartland was in achieving permanency for youth receiving RPRs. Additionally, using information gathered through discussions with Heartland and CMO staff, we identify themes that speak to why RPRs were successful.

### Rapid Permanency Reviews

Since 2016, Casey Family Programs (CFP) has partnered with jurisdictions across the United States to implement RPRs. To date, eleven states have implemented RPRs in numerous localities and three states are currently considering RPR implementation in 2019.

The RPR model is designed to achieve the following outcomes:

- Decrease time-to-permanency for all “long stayers” in select target populations, while improving time-to-permanency for all children in care based on lessons learned and system improvements;
- Improve overall child welfare system functioning within the child welfare agency, as well as between the child welfare agency and other executive branch human



services system partners, judicial branch, legislative branch, and the broader community;

- Mitigate or eliminate barriers to permanency;
- Spread or replicate bright spots, and;
- Create an environment where strategies and decision-making throughout the child welfare system are based on skilled data analysis firmly rooted in an environment that values and practices continuous quality improvement (CQI).

The RPR model is comprised of four essential elements as follows:

- **Target Populations** – RPRs focus on select cohorts of children in care two or more years who, despite their length of time in care, are deemed close to achieving permanency. Target populations include six measures – length of time in care, placement type, placement stability, parental rights status, visitation status, and permanency goal – that are tailored by the jurisdiction based on a review of administrative data. Heartland’s target populations are documented in Table 1.
- **Review Tool** – Jurisdictions map all of the steps to permanency for their selected target populations. Each step also includes applicable timeframes for completion that are found in policy or based on standard casework practice. These steps and timeframes are placed on an Excel spreadsheet along with demographic information, barrier and action step drop-down lists, and comment fields. Reviewers use the review tool during onsite review discussions in order to capture dates of completion for each step and facilitate conversation about barriers to permanency or, alternatively, bright spots for each individual youth. Following onsite reviews, the review tool aggregates data and serves as an ongoing tracking tool and “roadmap” to legal permanency for children in the target populations.
- **Onsite Reviews** – Onsite reviews are discussions with the case manager, supervisor, and next-level supervisor assigned to the child. Discussions are facilitated by two trained reviewers who are not in the chain of command of the child under review. Onsite reviews are thirty minutes or less and designed to capture any barriers to permanency, bright spots, and action steps to move the child towards permanency. They are not “deep dives” into case history or extensive consultation. Instead, discussions focus mainly on process and system barriers rather than individual social work practice by staff or how to improve a child’s permanency status. The nature of the target populations being close to permanency precludes the need for these types of discussions, which are often found in other case review models.
- **Accountability for Outcomes** – The RPR model employs a regular, ongoing follow-up process whereby front line, middle management, and executive leadership of the child welfare agency meet on a regular basis to analyze data from RPRs, mitigate or eliminate barriers to permanency, and spread bright

spots. For those barriers to permanency outside their locus of control, executive leadership collaborates with systems and entities such as the courts, behavioral health, and others to make needed system improvements.

## Permanency Findings

Heartland provided placement and permanency outcome data for children and youth receiving RPRs in 2017. Additionally, to have a rough comparison, Heartland also provided data for youth who met the RPR target population criteria in previous years (2015 and 2016). While a statistically rigorous analysis was not conducted, we provide some highlights from this data here.

Most of the observations provided below are summarized across the entire cohort. This was done primarily because of the small sample sizes of each of the four target populations.

### Youth Receiving RPRs

Of the 63 youth receiving RPRs in 2017, 37 were male (59%). The great majority of youth were under 10 years of age: 28 were ages 2-5 (44%); 24 were ages 6-10 (38%) and the remaining 11 were older than 10 (18%). Over half the youth were white (57%), 17 were Hispanic (27%), 8 were Black/African-American (13%) and the remaining 2 were two or more races (3%).

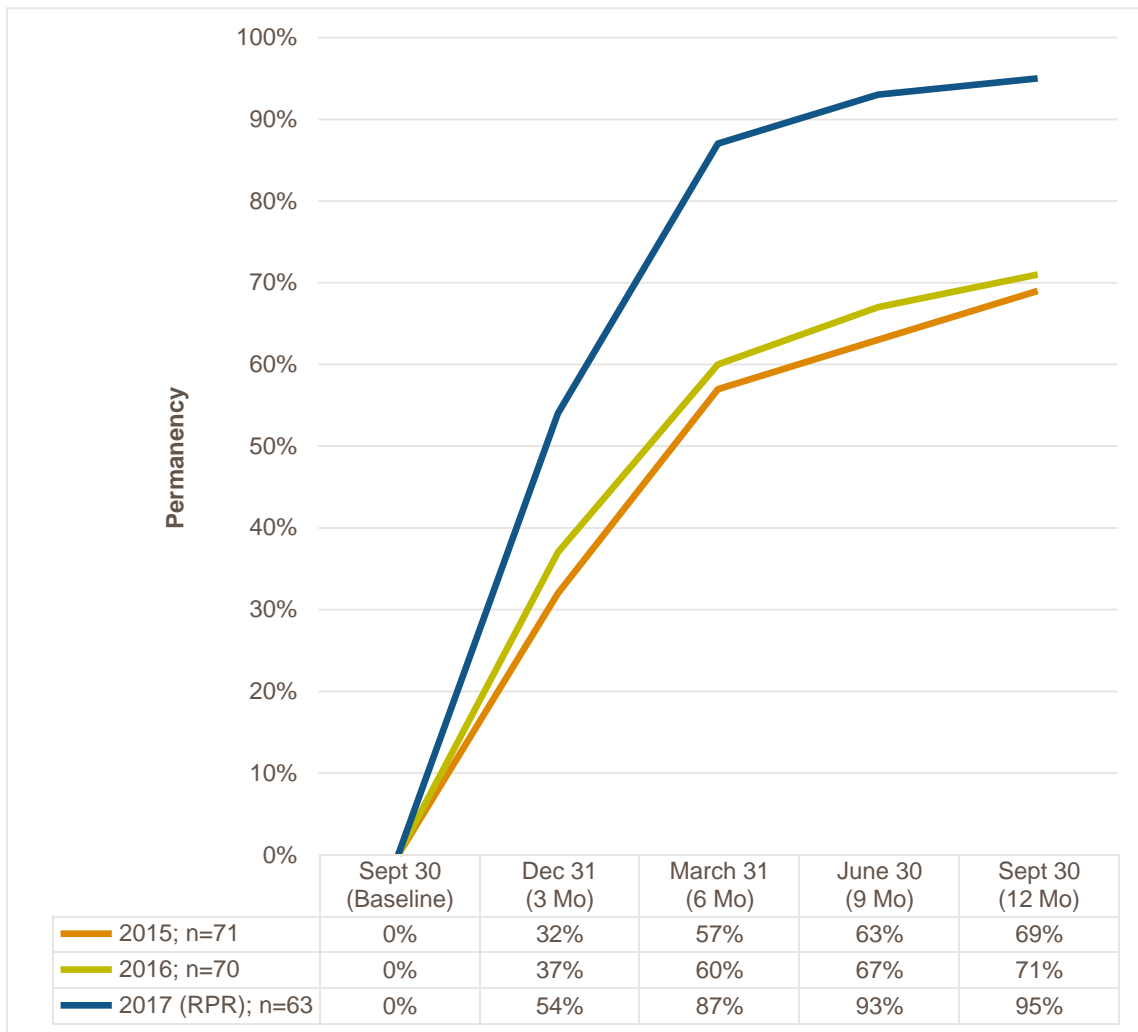
At the time of RPRs, the vast majority of youth (87%) had been in care between 2-3 years. Meanwhile, 43% of youth had been in their current placement for 6-12 months and 57% had been in their current placement 1-3 years. Lastly, 64% of youth had 3 or fewer total placements in care.

The 2015 cohort included 71 youth and the 2016 cohort included 70 youth. Although statistical analyses were not conducted, when examining the data across the three cohorts, there appears to be very little difference in gender, age, race/ethnicity, length of time in care, length of time in current placement and total number of placements while in care.

### Comparison of Youth Receiving RPRs in 2017 to Youth Who Did Not Receive RPRs in 2015 & 2016

Figure 1 displays the number of permanencies achieved for youth receiving RPRs in 2017 and for youth who met RPR target population criteria in 2015 and 2016, but did not receive RPRs. As shown below, on September 30 of each of the three years, all youth were in care (0% permanency). After 12 months, 95% of the youth receiving RPRs in 2017 achieved permanency while only 71% of youth in 2016 and 69% of youth in 2015 achieved permanency. Also of note is that many youth achieved permanency more quickly after receiving RPRs compared to youth in years 2015 and 2016.

**Figure 1: Permanencies by Quarter (2015-2017)**



## Methodology for Discussion Groups

Because of the exemplary permanency findings, a team from CFP held discussion groups with staff from the three CMOs, Devereux, Children’s Home Society of Florida, and One Hope United, and Heartland. The discussions were held separately for CMO and Heartland staff, included a total of five participants, and ran about 90 minutes each.

The questions posed to participants were meant to explore what was working and identify themes that supported their positive outcomes. Those themes, discussed below, can be instructive for other jurisdictions as they implement RPRs.

## What's Working?

The following themes were identified as critical for the success of RPRs.

### Intensive planning prior to implementation was critical for RPR success

Heartland reported taking steps prior to implementation of RPRs to ensure their success. This was done in several ways. For example, an RPR lead was identified at Heartland and specific points of contact were identified at each CMO. Additionally, reassurance was provided to staff that this was not meant to be a punitive process, rather a way to collaborate with partners to brainstorm solutions and receive support to eliminate barriers to permanency for children. In sum, Heartland was out in front of the pitfalls that are often encountered when implementing a new initiative.

### Staff were open to taking “A Leap of Faith”

When introducing a new initiative that examines their cases, staff can often feel like they are being judged and blamed. As mentioned above, Heartland tackled this head on prior to implementation. Staff demonstrated openness to the process and once it began, they saw it was different. Now it is seen as more of an opportunity to support their work on cases.

### The number of children reviewed in the target populations was kept at a manageable level

For many reasons, jurisdictions often want to implement new initiatives as widely as possible. Whether that's because they don't want to deny youth services or because they need a certain sample size for evaluation, jurisdictions test their capacity with new initiatives. Heartland made a conscious decision to keep the number of RPRs at a manageable level so that staff and resources were not strained beyond capacity. Some of the changes made to processes and staffing, e.g. allocating staffing resources to complete home studies quicker, helped children outside of the RPR target populations. Thus Heartland was able to test out strategies to see if they were successful before taking them to scale.

### By leveraging existing structures & processes, RPRs didn't feel like an additional burden

Often when a new initiative is implemented, it can be overwhelming because of additional responsibilities and requirements. Heartland made a concerted effort to leverage existing structures and processes to minimize impact on staff. This reduced burden on staff by not imposing new structures and processes on them, and also strengthened existing structures and processes by incorporating elements of RPRs. For example, the RPR lead managed follow-up consisting of regular check-ins with CMO leadership to help “bust barriers” and discuss progress measures. This was done at ongoing monthly reporting meetings and as part of quarterly formal discussions that were already standard practice.

### Tracking, analyzing, and using data is an effective way to improve permanency outcomes

Heartland collected and shared outcome data regularly with CMOs, which helped to generate healthy debate and discussion that supported progress. While quantitative

barrier data was not formally used, i.e. x percentage of cases faced x barrier, the data garnered from RPR onsite reviews and ongoing discussion informed strategies to expedite permanency for children. One CMO also reported adapting the RPR review tool for staff so they could track the steps to complete and timeframes for adoptions.

#### [Investment in success extended beyond case managers & supervisors](#)

While case managers and supervisors are largely responsible for working cases, the support provided from other individuals helped achieve permanency goals for youth and families. For example, Heartland convened a wide array of stakeholders including the judicial community to provide input to the RPR review tool and plot the steps to permanency for each target population. In addition, Heartland Executive Leadership was supportive of the process, occasionally sat in on reviews and regularly tracked data. The degree to which partners understood the cases in the target population and overall permanency processes increased as a result of RPR planning and implementation.

#### [Effective communication structures & processes need regular feedback](#)

Effective communication is an essential component of a well-functioning child welfare agency. It is also very complex. In Heartland for example, communication occurs with the CMO, between the CMO and Heartland, and between Heartland and judicial partners, and other stakeholders. Even prior to RPR implementation, Heartland had established communication vehicles in place. Given the number of actors on a case, it was necessary to effectively utilize those mechanisms.

#### [RPRs identified system barriers that are being addressed](#)

There were two significant barriers to permanency for youth reviewed through RPRs: Interstate Compact on the Placement of Children (ICPC) and services provided to youth placed outside of the county. While these barriers were not found in a majority of cases, when they were present they caused significant delays in permanency. ICPC processes rely on state staff in Florida and the jurisdiction where the child is placed. Services provided to youth placed outside of the county also rely on the jurisdiction where the youth resides. Both of these issues are outside of the locus of control of Heartland and require collaboration at a broader system level with state DCF partners and different levels of the organizational structure of the agency managing the placement, i.e. public agency and/or private agency front-line workers, middle management, and executive leadership. Thus it is a considerably complicated barrier. Heartland worked with all concerned to find a solution; however, both barriers have not been completely resolved. These challenges are not unique to Heartland; child welfare systems across the country have grappled with them, some having more success than others. Casey Family Programs offered assistance to Heartland to raise the ICPC barriers with the relevant jurisdiction through our established relationships in all 50 states and territories.





## Conclusion

While every child welfare system and jurisdiction is different, lessons learned from the successful implementation of RPRs at Heartland can be tailored and applied elsewhere. Heartland's success was rooted in universally applicable strategies including:

- Engaging stakeholders early in the process and setting up communication and feedback loops with them to share progress and collaborate effectively at all stages of implementation;
- Adequately preparing and supporting front-line staff throughout the entire change process;
- Strong leadership and effective management approaches to ensure accountability at all levels within the child welfare system, and;
- Using data to inform decision-making.

These strategies provide a foundation upon which to successfully implement RPRs. Heartland has modeled what can be achieved to support keeping families together with their hard work and careful planning. Furthermore, they have continued to move forward in adapting and applying the RPR model to other target populations served along their continuum of care, thus building on their success and moving further “upstream” to impact children before they reach long stayer status. This work is commended and exemplary of a path other child welfare agencies can take to accelerate permanency for children in out-of-home care.

