



CONTRACT OVERSIGHT DESK REVIEW

Family Support Services of North Florida, Inc. DJ038

As required by section 402.7305 F.S., The Department of Children and Families performed a Desk Review for Family Support Services of North Florida, Inc.

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INTRODUCTION

Contract Oversight performed a Desk Review for Family Support Services of North Florida, Inc., Contract DJ038. Family Support Services of North Florida, Inc (FSSNF) provides child welfare services for Circuit 4 in Duval and Nassau Counties. FSSNF has held the lead agency contract since 2001. Since 2007, FSSNF has provided case management services in Nassau County and subcontracts case management service in Duval County.

NATIONAL SNAPSHOT

The charts and graphs below are provided by Casey Family Programs. Casey Family Programs works in all 50 states, the District of Columbia and two territories and with more than a dozen tribal nations. They actively work with Florida child welfare professionals to improve practice through use of evidence based programs and data analytics. Data on the following page provides information related to safety, permanency, length of time in care, placement, and entries and exits. The Casey data shows that FSSNF experienced a lower rate of children in care from 2012 through 2017 as well as a lower rate of children entering care for the same period compared to the state and national averages.

Data Basics

Family Support Services of North Florida, Inc.

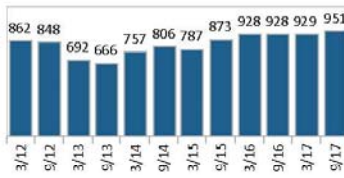
NOTE: Due to data source and timeframe presented, numbers may vary slightly from those presented in reports produced by FL DCFs.

Produced by Data Advocacy, Casey Family Programs

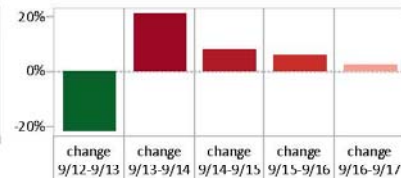
Data source: state-submitted AFCARS and NCANDS files
Date prepared: 1/8/2018

of children in care

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

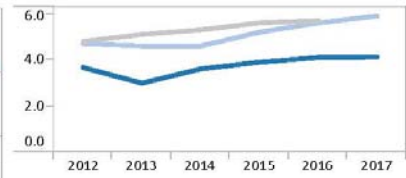


year over year change in the # in care



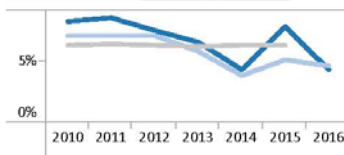
rate in care

(per 1,000, < age 18)

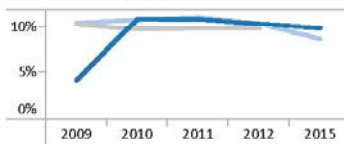


Safety

% children who experience repeat maltreatment within 6 months

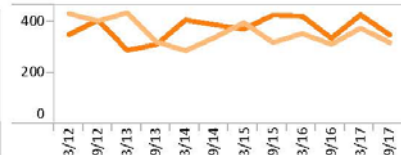


% children who experience repeat maltreatment within 12 months (note 2013-2014 data masked due to data quality)

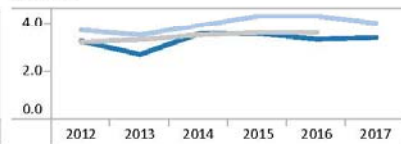


Entries

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

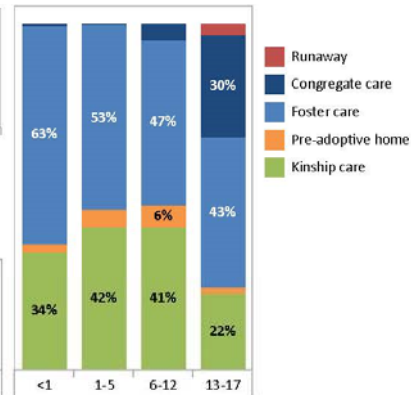


rate of children entering care (per 1,000)



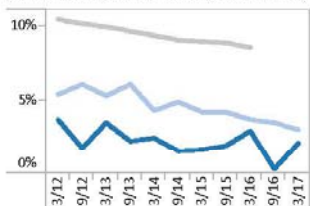
Placement

placement settings for children in care, by age (for all children in care on 9/30/2017)

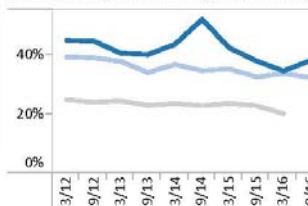


Timely & Stable Permanency

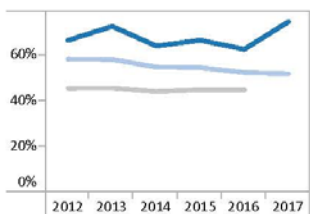
% permanency within 30 days of entering care (6 month entry cohorts ending on each date)



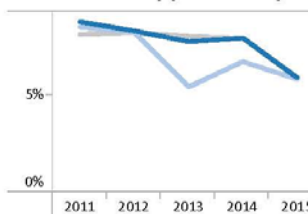
% permanency within 3-12 months of entering care (6 month entry cohorts ending on each date)



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



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

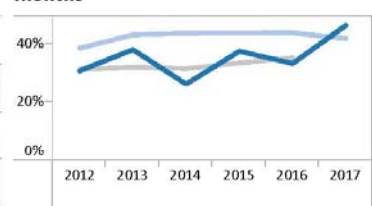


Children In Care 2+ Years (9/30/2017)

in care 2+ years

#	87
%	9%
state	17%
Nat'l (2016)	25%

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



profile of current caseload in care 2+ years

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

	ages 2-12		ages 13-17			
	Reunif	Adopt	Reunif	Adopt	APPLA	NA
Congregate care		5%		18%	2%	
Foster care	21%		2%	20%		2%
Kinship care	2%	3%		5%		
Pre-adoptive home		13%		2%		

SECTION 1: SERVICE AREA DESCRIPTION

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

FSSNF serves the children and families in Duval and Nassau County in Circuit 4. Based on the US Census Facts, both counties are above the statewide median income level and above the statewide average of individuals with a high school diploma. Additionally, both counties have lower poverty levels than the statewide average. Compared to statewide rates, Duval has a higher percentage of individuals with a college degree while Nassau has a lower percentage.

US Census Facts	Duval	Nassau	Florida
Median Household Income	\$49,196	\$59,196	\$48,900
Percent of population living in poverty	14.5%	10.3%	14.7%
Percent of population over 25 years old with high school diploma	88.9%	90.9%	87.2%
Percent of population over 25 years old with a college degree	28.1%	24.5%	27.9%

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

Table 1

CHILD FATALITIES

INFANT AND CHILD MORTALITY RATES

Over the past five years Duval County and Nassau County have had very little deviation in birth rates, however there are differences noted between the counties. Nassau County's birth rate has remained below the statewide rate, while the birth rate in Duval County have remained higher. The infant mortality rate has fluctuated slightly in each county over the past 5 years. Duval County's 2016 infant mortality rate was 8.4, higher than the statewide rate of 6.1. Nassau County's infant mortality rate has decreased over the past five years from a high of 8 in 2012 to a 4.9 in 2016, lower than the statewide rate of 6.1.

Birth Rate per 1,000 population Statewide Rate: 11.1					
County	2012	2013	2014	2015	2016
Duval	14.3	14.3	14	14.3	14.3
Nassau	10.2	9.9	9.9	10.4	10.5

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

Table 2

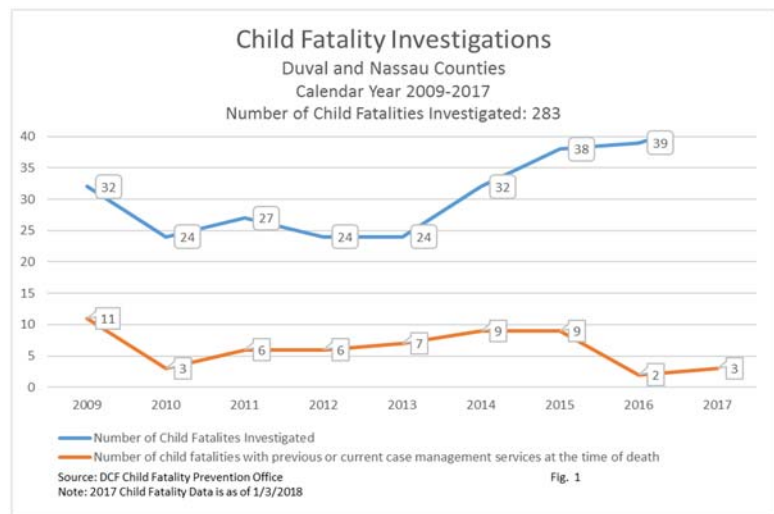
Infant Mortality Rate per 1,000 live births					
Statewide Rate: 6.1					
County	2012	2013	2014	2015	2016
Duval	8.3	8.8	8.8	7.9	8.4
Nassau	8	1.3	5.4	5	4.9

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

Table 3

CHILD FATALITY INVESTIGATIONS

A review of child fatality investigations in FSSNF’s service area from 2009 through 2017 shows the number of child fatality investigations increased over time with a high of 39 in 2017. Fatalities with previous or current case management involvement followed similar trends until declining in 2016 and 2017 totaling 56 since 2009. Of those, 20 were receiving case management services at the time of the fatality. Since 2009, for cases with current or prior case management services, the primary cause of death was natural causes (9), sleep related (8), undetermined (8), inflicted trauma (7), SIDS/SUID (7), Other (7), accidental trauma (5), and drowning (5).



Since 2015, the Critical Incident Rapid Response Team (CIRRT) has been deployed seven times in FSSNF’s service area, with three CIRRTs involving previous or current case management. The following is a summary of those cases:

- A 1-year-old was found unresponsive in his foster home. The child had recently been sick and was seen by his pediatrician the day prior to his death.
- 8 ½ -month-old child was found unresponsive after sleeping in bed with his parents. At the time of the incident the family was receiving in-home services from the FAST team.
- 3 ½ -month-old infant was found unresponsive after she was left in the care of her 18-year-old mother and great-grandmother by the relative caregiver. At the time of the incident, the infant was in court-ordered relative placement after she was removed from her mother’s care due to ongoing mental health issues.

SECTION 2: AGENCY SUMMARY

Family Support Services of North Florida, Inc. was awarded the contract from the Department in 2001 to be the lead child welfare agency for Duval and Nassau County within the Fourth Judicial Circuit. FSSNF is nationally accredited by the Council on Accreditation (COA) for adoption services, family foster care and kinship care, network administration, counseling support and education services, as well as mentoring services through December 31, 2020. FSSNF provides case management services in Nassau County. In Duval County, case

management services are subcontracted through Children’s Home Society, Daniel Memorial, Neighbor to Family, and Jewish Family and Community Services.

NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

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

Child Protective Investigations and Child Removals (Duval and Nassau Counties)	FY 2014/2015	FY 2015/2016	FY 2016/2017
Reports accepted for Investigation by DCF (Initial & Additional Reports) ¹	11,749	12,174	12,934
Children Entering Out-of-Home Care ²	727	769	760
Children Served by Family Support Services of North Florida ³	FY 2014/2015	FY 2015/2016	FY 2016/2017
Children Receiving In-Home Services	2,879	2,226	2,106
Children Receiving Out of Home Care	1,526	1,558	1,603
Young Adults Receiving Services	253	205	183
Children Receiving Family Support Services	3,112	3,755	4,521

Data Sources:

Table 4

¹Child Protective Investigations Trend Report through June 2017 (run date 1-2-2018)

²Child Welfare Dashboard: Child Welfare Trends/Children Entering Out-of-Home Care (run date 1-3-2018)

³FSFN OCWDRU Report 1006 Children & Young Adults Receiving Services by CBC Agency (run date 1-2-2018)

FINANCIAL VIABILITY REPORT SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures, based on the DCF 2017-18 CBC-ME Financial Monitoring Tool for Desk Reviews, of Family Support Services of North Florida, and found seven areas of noncompliance and three areas of observation. The desk review was for the period of July 1, 2017 through September 30, 2017. The areas of noncompliance included an expenditure report not reconciling with FSFN, inaccurate classification of expenditures, noncompliance with travel requirements, inaccurate dates and overpayment for extended foster care youth, and omitting bonuses and other compensation in the salary total for the CEO posted on the website. FSSNF followed the recommendations and made the appropriate corrections.

For further details, please see the completed fiscal report – [2017-18 CBC Desk Review Financial Monitoring Report](#).

For the past five fiscal years, FSSNF has operated within their allocated budget and has maintained a carry forward balance. See Table 5.

Comparison of Funding by Fiscal Year					
Family Support Services of North Florida					
DCF Contract Funds Available (by Fiscal Year)	FY13-14	FY14-15	FY15-16	FY16-17	FY17-18
Core Services Funding	\$34,253,221	\$35,046,497	\$35,591,869	\$35,743,249	\$35,904,623
Other**	\$17,690,779	\$17,975,844	\$18,395,806	\$20,040,662	\$19,308,080
Total Initial Appropriation	\$51,944,000	\$53,022,341	\$53,987,675	\$55,783,911	\$55,212,703
Risk Pool Allocation					
CBC Operational Costs from Back of the Bill					
MAS from Back of the Bill			\$549,225		
Carry Fwd Balance from Previous Years	\$1,146,731	\$1,132,336	\$2,005,764	\$3,231,450	\$2,948,723
Total Funds Available	\$53,090,731	\$54,154,677	\$56,542,664	\$59,015,361	\$58,161,425
** Includes Maintenance Adoption Subsidy (MAS), Independent Living (IL and Extended Foster Care), Children's Mental Health Services (Cat 100800/100806), PI Training, Casey Foundation or other non-core services					Table 5

SECTION 3: PERFORMANCE MEASURES AND QUALITY ASSURANCE DATA

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

The performance measures outlined in this report are accessible through the [Child Welfare Dashboard](#) and include both federal and state measures used to evaluate the lead agencies on 12 key measures to determine how well they are meeting the most critical needs of at-risk children and families.

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

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

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

- CFSR reviews consist of completing a case file review, interviewing case participants, and completing the on-line review instrument. In addition, these cases receive 2nd level reviews by the Office of Child Welfare

and at times, 3rd level reviews by the Administration for Children and Families to ensure each case was accurately rated.

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

The quality ratings used throughout this report are based on the Department's CQI case reviews, including CQI/CFSR reviews and Rapid Safety Feedback reviews. The [CFSR On Site Review Instrument and Instructions](#) and the [Rapid Safety Feedback Case Review Instrument](#) are both available on the Center for Child Welfare website and provide details on how ratings are determined.

CONTRACT AND CBC SCORECARD MEASURES

FSSNF is performing well in most areas regarding their contract measures. There are 11 contract measures in which FSSNF met or exceeded their established targets for FY 2016/2017, all of which were also met in FY 2015/2016, they are as follows (See Table 6):

- M01: Rate of abuse or neglect per day while in foster care
- M02: % of children who are not neglected or abused during in-home services
- M04: % of children under supervision who are seen every 30 days
- M05: % of children exiting to a permanent home within twelve (12) months of entering care
- M06: % of children exiting to a permanent home within 12 months for those in care 12 to 23 months
- M08: Placement moves per 1,000 days in foster care
- M09: % of children in out-of-home care who received medical service in the last twelve (12) months
- M10: % of children in out-of-home care who received dental services within the last 7 months
- M11: % of young adults in foster care at age 18 that have completed or are enrolled in secondary education
- M12: % of sibling groups where all siblings are placed together
- Adoption: Number of children with finalized adoptions

There are 2 contract measures in which FSSNF did not meet the contract targets for FY 2016/2017, both of which were also not met in FY 2015/2016, however, in both measures they have shown improvement over the past four quarters. They are as follows:

- M03: % of children who are not neglected or abused after receiving services- FSSNF has not met this performance measure in the past two fiscal years and saw a decline in performance between FY15/16 and FY 16/17. However, FSSNF has met or exceeded the target in four of the previous eight quarters and performed above the statewide average in 2 quarters over the same time.
- M07: % of children who do not re-enter foster care within twelve (12) months of moving to a permanent home- FSSNF has not met this performance measure in the past two fiscal years but saw an improvement in performance between FY 15/16 and FY 16/17. FSSNF has performed above the target and the statewide average in four of the past eight quarters.

SC #	Family Support Services of North Florida Performance Measures Contract #DJ038	CBC Contract Measure Targets	Federal National Standard (Performance of Other States ¹)	Statewide Performance (FY 2016/2017)	Family Support Services of North Florida	
					FY 2015-2016	FY 2016-2017
					July 1, 2015-June 30,2016	July 1, 2016-June 30, 2017
1	Rate of abuse or neglect per day while in foster care <i>(Source: CBC Scorecard)</i>	<8.5	<8.5	10.56	7.34	6.51
2	Percent of children who are not neglected or abused during in-home services <i>(Scorecard)</i>	>95%		97.20%	96.30%	95.70%
3	Percent of children who are not neglected or abused after receiving services <i>(Scorecard)</i>	>95%		95.60%	94.40%	93.60%
4	Percentage of children under supervision who are seen every thirty (30) days <i>(CBC Scorecard)</i>	>99.5%		99.80%	99.80%	99.90%
5	Percent of children exiting foster care to a permanent home within twelve (12) months of entering care <i>(Scorecard)</i>	>40.5%	>40.5% <i>(16%-61%)</i>	41.60%	53.20%	44.70%
6	Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months <i>(Scorecard)</i>	>44%	>43.6% <i>(21%-50%)</i>	53.70%	60.50%	70.70%
7	Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home <i>(Scorecard)</i>	>91.7%	>91.7% <i>(83%-98%)</i>	89%	88.10%	89.30%
8	Children's placement moves per 1,000 days in foster care <i>(Scorecard)</i>	<4.12	<4.12 <i>(2.6%-8.7%)</i>	4.33	3.37	3.91
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months. <i>(Scorecard)</i>	>95%		97.14%	95.10%	98.45%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months. <i>(Scorecard)</i>	>95%		92.70%	95.10%	95.40%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education <i>(Scorecard)</i>	>80%		87.60%	96.30%	93.70%
12	Percent of sibling groups where all siblings are placed together <i>(Scorecard)</i>	>65%		63.90%	69.40%	71.20%
	Number of children with finalized adoptions <i>(DCF Dashboard run date 10/17/18)</i>	155/155			219	253

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

Table 6

CHILD SAFETY

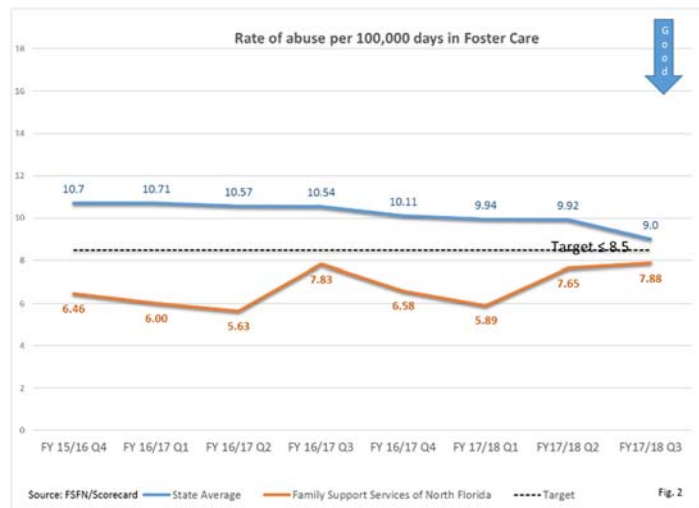
The figures and tables on the following pages depict FSSNF's performance related to child safety in the following areas:

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

RATE OF ABUSE IN FOSTER CARE

Rate of abuse or neglect per day while in foster care (Scorecard Measure M01): The graph depicts the rate at which children are the victims of abuse or neglect while in foster care (per 100,000 bed days) during the report period. This national data indicator measures whether the state child welfare agency ensures that children do not experience abuse or neglect while in the state's foster care system.

FSSNF has consistently met this measure over the past eight quarters. While remaining under the target, they have been trending negatively for the past two quarters, despite a positive statewide trend.

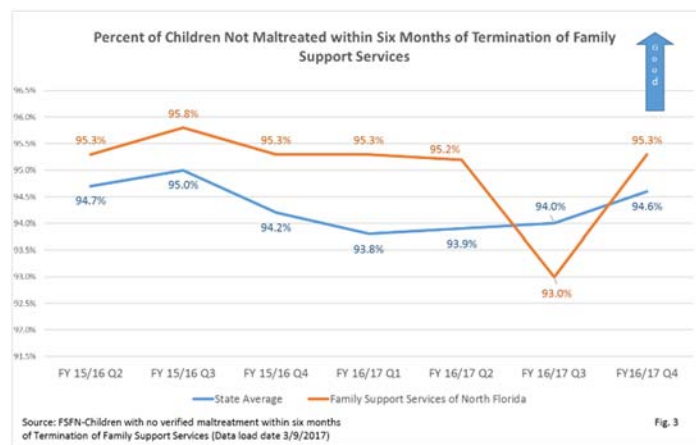


FSSNF's performance on CQI Item 3 (making concerted efforts to address risk and safety), while below the statewide average, the PIP goal, and the federal and state expectation, has seen a 3.5% improvement between FY15/16 and FY 16/17. See table 7.

NO MALTREATMENT AFTER FAMILY SUPPORT SERVICES

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

FSSNF has been performing above the statewide average in seven of the previous eight quarters, which is an indicator that FSSNF's family support services are making a positive impact on the families served.



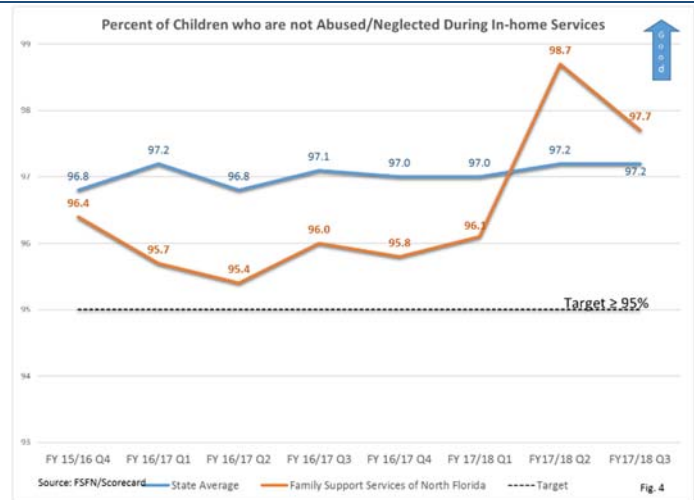
NO MALTREATMENT DURING IN-HOME SERVICES

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

FSSNF's has consistently met this measure and recently surpassed statewide performance.

Rapid Safety Feedback (RSF) data revealed that FSSNF has seen significant improvement in RSF 1.1 (ensuring the family assessments are sufficient), RSF 2.1 (quality of visits are sufficient to address safety concerns and evaluate case plan progress) and RSF 4.1 (ensuring safety plans are sufficient) since the previous [on-site monitoring](#) in FY 16/17.

Improvement has also been made on CQI Item 3 (making concerted efforts to address risk and safety). While it remains below the statewide average, the PIP goal, and the federal and state expectation there was a 3.5% improvement between FY15/16 and FY 16/17. See table 7.

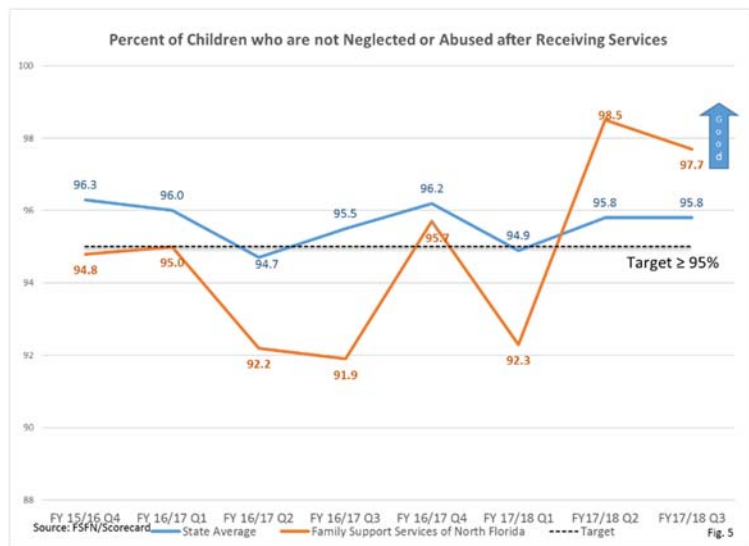


NO MALTREATMENT AFTER RECEIVING SERVICES

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

FSSNF's performance has fluctuated over the past eight quarters, often below the target and statewide performance. However, the past two quarters saw a significant improvement in performance, surpassing the target and statewide average. (FY17/18 Q2, Q3).

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

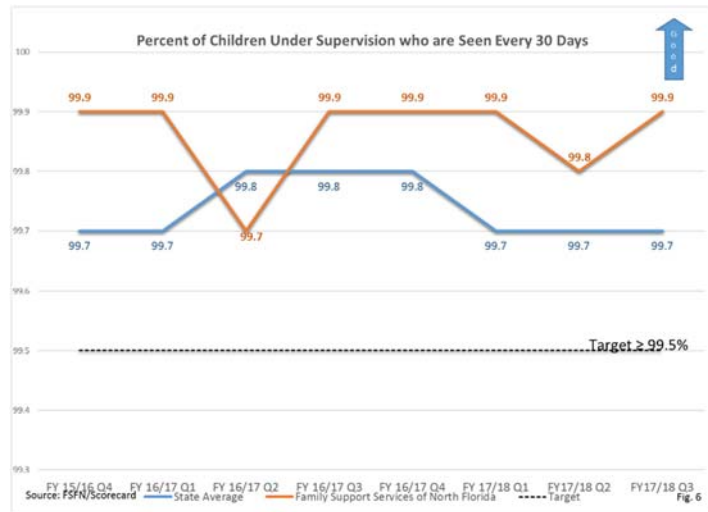


CHILDREN SEEN EVERY 30 DAYS

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

FSSNF's has consistently performed well in this measure over the past 8 quarters.




Data from RSF 2.1 (quality of visits are sufficient to address safety concerns and evaluate case plan progress) indicated that the quality of these contacts are improving as well, with FSSNF performing better than the statewide average. See table 7.







While RSF reviews show an improvement in the quality of visits, CQI reviews for Item 14 (frequency and quality of visits between the case manager and the child) data saw a decrease in quality between FY15/16 and FY16/17. FSSNF scored above the statewide average, however did not meet the PIP goal or the state and federal expectation in FY16/17. See table 9.

QA CASE REVIEW DATA

The table below provides the current performance in items related to child safety that are based on qualitative case reviews. Rapid Safety Feedback (RSF) reviews show that from the period of July 1, 2016 through June 30, 2017, FSSNF case managers were completing sufficient assessments and were completing quality visits to address issues pertaining to safety and evaluate progress towards case plan outcomes; however, scores indicate that case managers were not completing sufficient safety plans to control danger threats. Florida CQI reviews indicate that FSSNF was making concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification but were not adequately making concerted efforts to assess and address the risk and safety concerns related to the children in their own homes or while in foster care. Also of note, in both CQI items shown below, an improvement in performance occurred between FY15/16 and FY16/17.

Quality Assurance - Rapid Safety Feedback Item	Family Support Services of North Florida n=37	Statewide RSF Performance ¹ n=851
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>		
July 1, 2016-June 30, 2017		
RSF 1.1: Is the most recent family assessment sufficient?	 78.4%	50.6%
RSF 2.1: Is the quality of visits between the case manager and the child (ren) sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	 73.0%	62.7%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	 56.8%	60.7%

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

Quality Assurance - Florida CQI Item	Family Support Services of North Florida FY 2015/2016 n=84	Family Support Services of North Florida FY 2016/2017 n=81	Percent Improvement	Statewide CQI/QA Performance ¹ n=1,290	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal ³	Federal and State Expectation ⁴
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>							
CQI Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?	94.34%	 96.15%	 1.8%	93.0%	76.5%	85.2%	95.0%
CQI Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes or while in foster care?	61.90%	 65.43%	 3.5%	77%	71.3%	77.7%	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 7

¹This date provides the statewide rating in each case review item for all CBCs

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

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

⁴This is the overall federal and state expectation for performance.

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

PERMANENCY

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

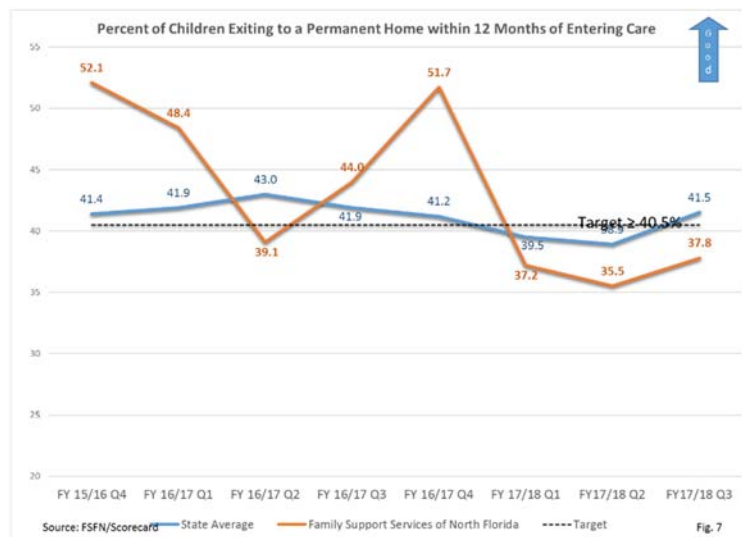
The figures and tables on the follow pages depict FSSNF's performance related to permanency in the following areas:

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

PERMANENCY IN 12 MONTHS

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

FSSNF has seen varied performance in the previous eight quarters. In the first five of the last eight quarters they typically remained above target and statewide performance. However, beginning in FY17/18 Q1, FSSNF experienced a sharp decline in performance and remained below target and statewide performance (FY17/18 Q2, Q3).



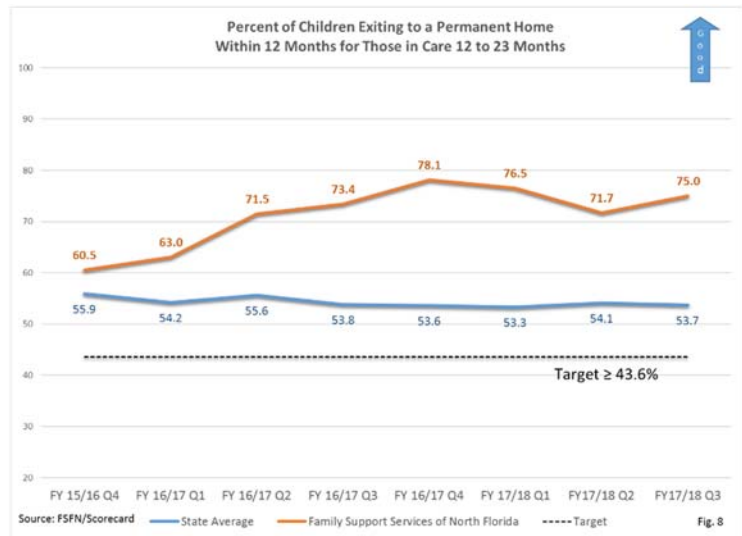
Results from CQI Item 5 (establishing permanency goals in a timely manner) and CQI Item 6 (making concerted efforts to achieve permanency) show that FSSNF has performed above the statewide performance and the PIP goal. While FSSNF performed below the federal and state expectations in these items, FSSNF showed improvement from FY 15/16 to FY 16/17. See Table 8.

PERMANENCY IN 12 – 23 MONTHS

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

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

FSSNF consistently performed above the target and the statewide average for the past eight quarters. While the statewide average remained consistent, FSSNF showed continuous improvement in this measure.



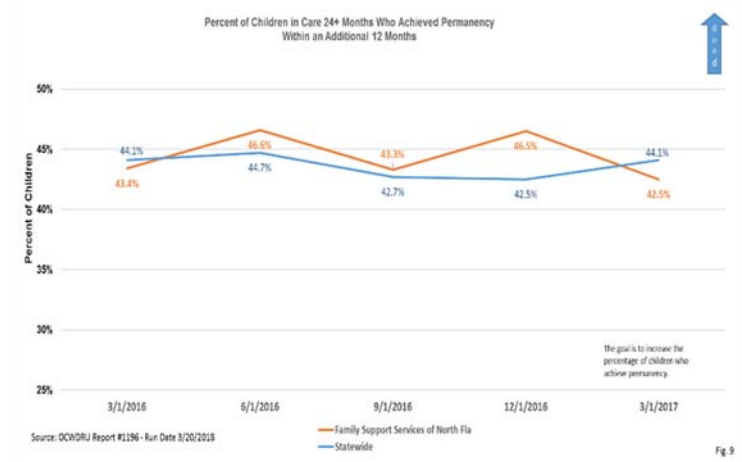
Results from CQI Item 5 (establishing permanency goals in a timely manner) and CQI Item 6 (making concerted efforts to achieve permanency) show that FSSNF has performed above the statewide performance and the PIP goal. While FSSNF performed below the federal and state expectations in these items, FSSNF showed improvement from FY 15/16 to FY 16/17. See Table 8.

PERMANENCY AFTER 24 MONTHS

Percent of children in care 24+ months who achieved permanency within an additional 12 months:

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

FSSNF's performance in this measure has fluctuated over the reporting period but has performed above the statewide average in three of the five quarters. FSSNF fell slightly below (by 2%) the statewide rate in the most recent reported quarter (3/1/17).

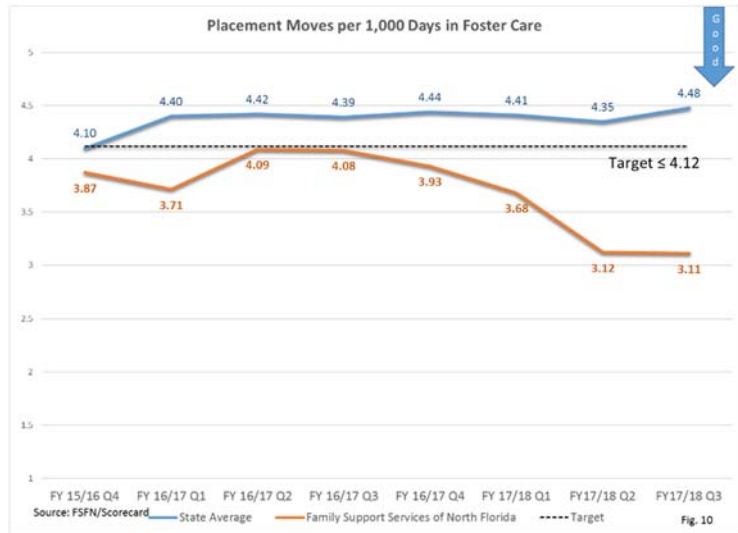


PLACEMENT STABILITY

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

Data indicates that FSSNF's placement moves for children in out-of-home care is 3.11 per 1,000 days in foster care. This rate has consistently been below the target and statewide performance for the past eight quarters and has seen significant improvement over the last several quarters.

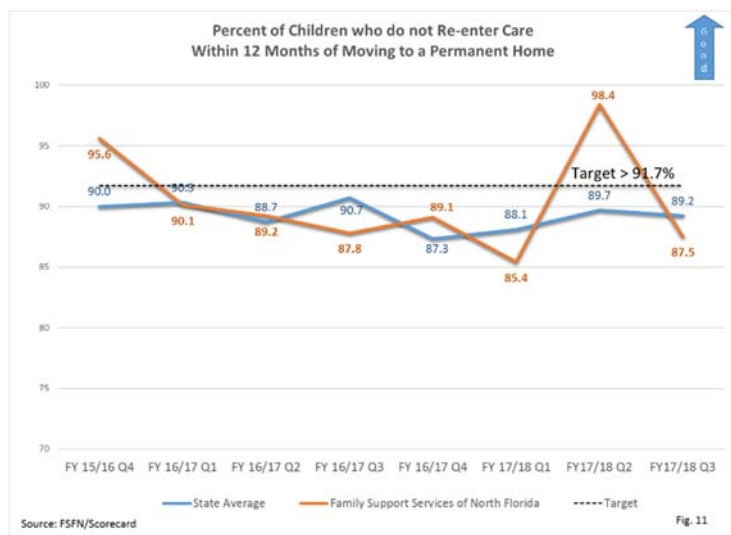
Results from CQI Item 4 (ensuring stable placement and that any placement moves are in the best interest of children) showed FSSNF scored above the statewide performance and the federal PIP goal. While FSSNF's score is still below the federal and state expectation, they demonstrated an improvement between FY15/16 and FY16/17. See Table 8.



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

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

Overall, FSSNF's performance has declined over the previous eight quarters and they have consistently performed below target. While FSSNF experienced a high increase in FY17/18 Q2, they were unable to maintain it and performance fell below the target and statewide average.

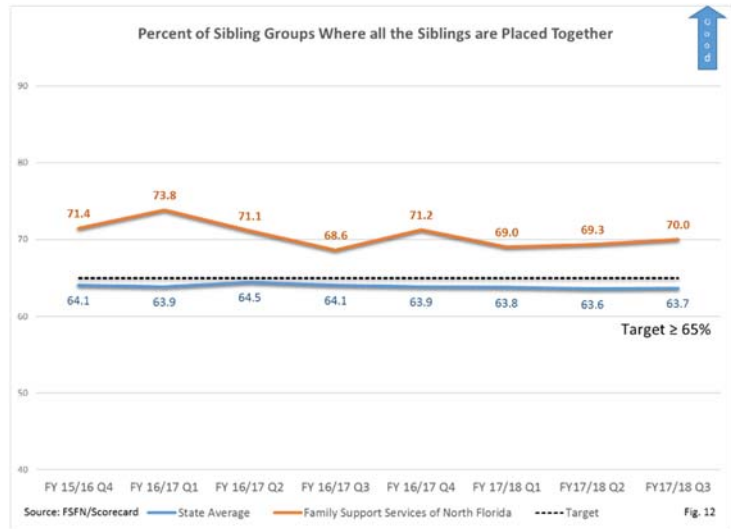


SIBLINGS PLACED TOGETHER

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

FSSNF has consistently performed above the statewide average and the target over the previous eight quarters. In addition, FSSNF exceeded the annual target in FY15/16 and FY16/17.

FSSNF scored above the statewide performance in CQI Item 7 (ensuring the agency is making concerted efforts to place siblings together while in foster care). While scores are still below the federal and state expectation, FSSNF showed an increase between FY15/16 and FY16/17, supporting that this an area of strength. See Table 8.



QA CASE REVIEW DATA

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

Quality Assurance Item	Family Support Services of North Florida n=37	Statewide RSF Performance n=851
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>		
Performance for FY 2016/2017		
RSF 2.1 Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	● 73.0%	62.7%
RSF 2.3 Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	● 77.8%	67.7%
RSF 2.5 Is the quality of visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	● 62.5%	55.1%

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

Quality Assurance - Florida CQI Item	Family Support Services of North Florida	Family Support Services of North Florida	Percent Improvement	Statewide CQI/ QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal ³	Federal and State Expectation ⁴
<i>Assessment Based on Case Reviews by Child Welfare Professionals</i>	FY 2015/2016 n=84	FY 2016/2017 n=81					
CQI Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interest of the child and consistent with achieving the child's permanency goal(s)?	75.93%	93.62%	17.7%	83.0%	82.0%	88.5%	95.0%
CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?	87.04%	89.36%	2.3%	84.0%	81.8%	82.1%	95.0%
CQI Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child?	85.19%	87.23%	2.0%	81.0%	74.5%	75.4%	95.0%
CQI Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?	75.00%	90.00%	15.0%	64.0%	67.3%	None	95.0%
CQI Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child's relationships and with these close family members?	60.47%	80.00%	19.5%	69.0%	69.0%	None	95.0%
CQI Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community faith, extended family, Tribe, school and friends?	69.81%	78.72%	8.9%	79.0%	82.0%	None	95.0%
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	62.26%	72.34%	10.1%	83.0%	72.0%	None	95.0%
CQI Item 11: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging visitation?	60.00%	80.65%	20.7%	61.0%	60.0%	None	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 8

¹This date provides the statewide rating in each case review item for all CBCs

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

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

⁴This is the overall federal and state expectation for performance.

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

WELL-BEING

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

In the past eight quarters, FSSNF consistently exceeded the target for children receiving medical care and children enrolled in secondary education. They failed to meet the target for children receiving dental care in five out of the past eight quarters. Florida CQI reviews further support that FSSNF’s performance in most measures are currently meeting or exceeding the Federal PIP goal and statewide average performance (see Table 9, CQI Item 12A, 12B, 12C, 13, 15, 16, 17, 18).

The graphs and tables on the follow pages depict FSSNF’s performance related to well-being in the following areas:

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

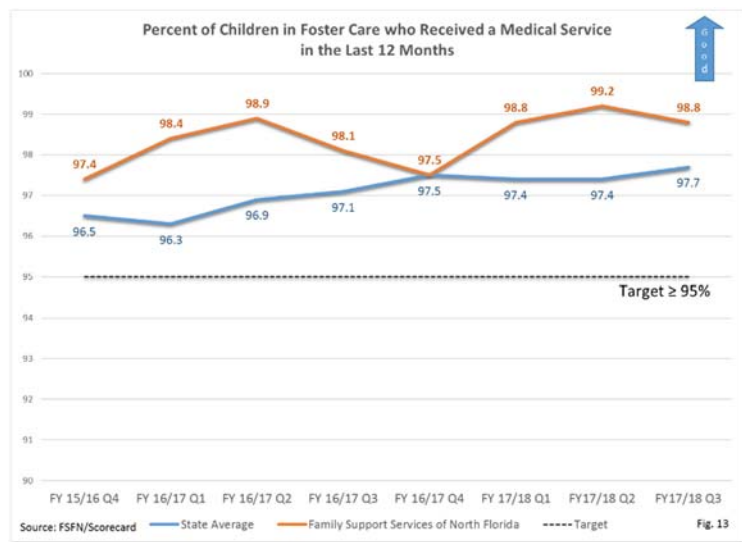
CHILDREN RECEIVING MEDICAL CARE

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

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

FSSNF has consistently performed above the target and statewide performance in this area and continues to trend positively.

CQI Item 17 (ensuring the agency addresses the physical health needs of children, including dental needs) reflects FSSNF scored above the statewide performance but is below the federal and state expectation. While performance continues to improve, it is noted that there was a decline in performance between FY15/16 and FY16/17. See Table 9.

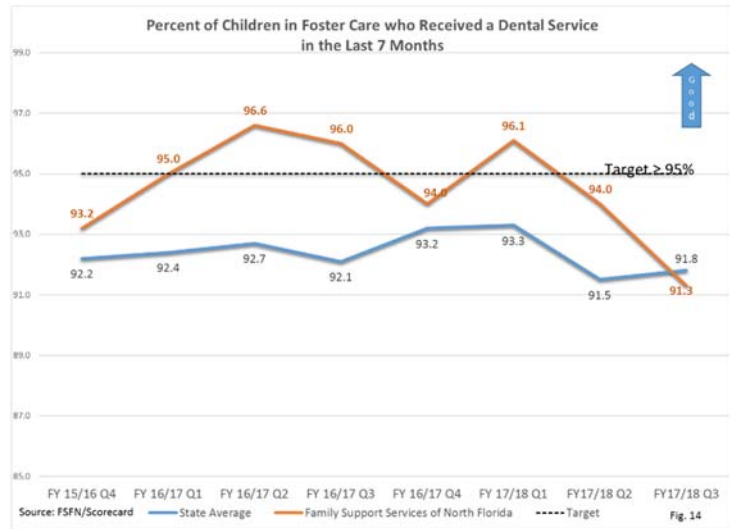


CHILDREN RECEIVING DENTAL CARE

Percent of children in foster care who received a dental service in the last seven months (Scorecard Measure M10): This measure is the percentage of children in foster care as of the end of the report period who have received a dental service in the last seven (7) months.

FSSNF's performance has consistently been above the statewide average, however they have failed to consistently meet the target over the past eight quarters. While there has been fluctuation in performance there has been a decline in performance overall.

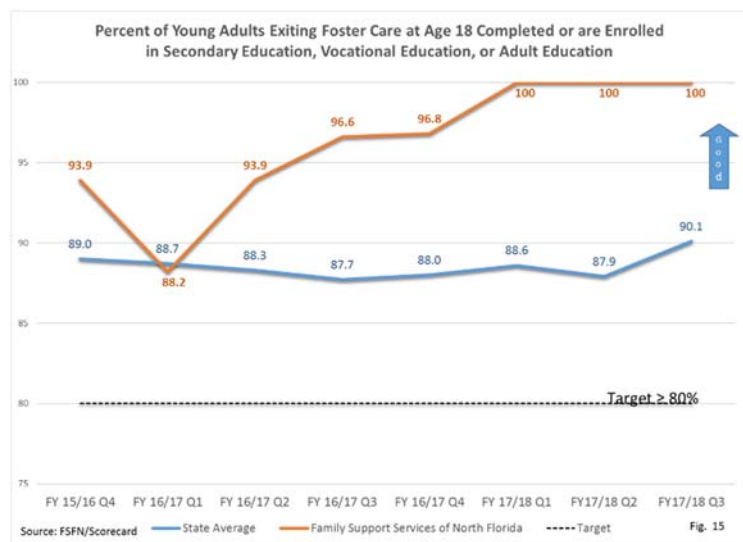
CQI Item 17 (ensuring the agency addresses the physical health needs of children, including dental needs) reflects FSSNF scored above the statewide performance but is below the federal and state expectation. It is noted that there was a decline in performance between FY15/16 and FY16/17. See Table 9.



YOUNG ADULTS ENROLLED IN SECONDARY EDUCATION

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







FSSNF's performance has been consistently above the target for the previous eight quarters; and above the statewide average for seven quarters over the period. Overall performance has improved and FSSNF has maintained 100% for the most recent three quarters (FY17/18 Q1, Q2, Q3) supporting that this is an area of strength.



FSSNF showed improvement in CQI Item 16 (concerted efforts were made to assess children's educational needs and address them appropriately in case planning and activities) scoring above the statewide performance, yet still is below the federal and state expectation by 4%. See Table 9.

QA CASE REVIEW DATA

The table on the following page provides FSSNF’s performance in measures related to child well-being based on CQI case reviews. FSSNF has performed above the statewide performance in nine (9) of nine (9) measures, and above the Federal PIP goal in five (5) of (6) measures. FSSNF performed below the Federal and State expectation in all measures. FSSNF showed improvement in FY 2016/2017 from FY 2015/2016 in five (5) of the nine (9) measures (See Table 9, CQI Item 12A, 12B, 13, 15, 16).

Quality Assurance - Florida CQI Item	Family Support Services of North Florida	Family Support Services of North Florida	Percent Improvement	Statewide CQI/QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal ³	Federal and State Expectation ⁴
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>	FY 2015/2016 n=84	FY 2016/2017 n=81					
CQI Item 12A: Did the agency make concerted efforts to assess the needs of and provide services to <u>children</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?	85.71%	 90.12%	 4.4%	89%	51.3%	58.4%	95.0%
CQI Item 12B Did the agency make concerted efforts to assess the needs of and provide services to <u>parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?	72.37%	 77.94%	 5.6%	73.0%	51.3%	58.4%	95.0%
CQI Item 12C Did the agency make concerted efforts to assess the needs of and provide services to <u>foster parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?	90.74%	 88.89%	 -1.9%	88.0%	51.3%	58.4%	95.0%

Quality Assurance - Florida CQI Item	Family Support Services of North Florida	Family Support Services of North Florida	Percent Improvement	Statewide CQI/QA Performance	2016 Statewide Federal Child & Family Service Review ²	Federal Program Improvement Plan (PIP) Goal ³	Federal and State Expectation ⁴
<i>Assessment Based on Case Reviews by Child Welfare Professionals</i>	FY 2015/2016 n=84	FY 2016/2017 n=81		FY 2016/2017 n=1,290	4/1/16-9/30/16 n=80		
CQI Item 13 Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	67.07%	76.25%	9.2%	66.0%	63.6%	70.7%	95.0%
CQI Item 14: Were the frequency and quality of visits between caseworkers and the <u>child (ren)</u> sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?	73.81%	70.37%	-3.4%	67%	72.5%	78.9%	95.0%
CQI Item 15 Were the frequency and quality of the visits between the case workers and <u>mothers and fathers</u> sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals?	53.33%	73.13%	19.8%	48.0%	43.5%	51.1%	95.0%
CQI Item 16: Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?	80.85%	90.91%	10.1%	84%	92.0%	None	95.0%
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	95.08%	89.66%	-5.4%	77%	85%	None	95.0%
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	86.67%	86.36%	-0.3%	75%	72%	None	95.0%

Source: Federal Online Monitoring System

Table 9

¹This date provides the statewide rating in each case review item for all CBCs

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

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

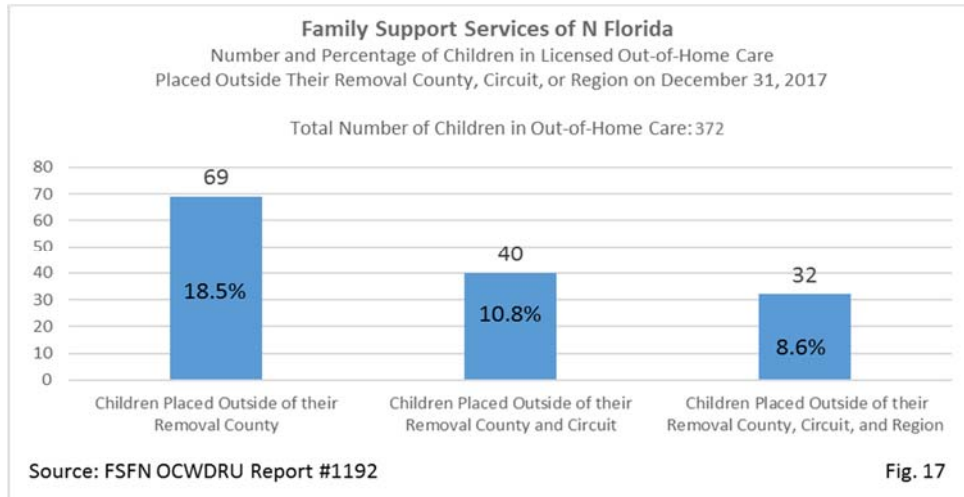
⁴This is the overall federal and state expectation for performance.

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

SECTION 4: PLACEMENT SERVICES AND GROUP CARE

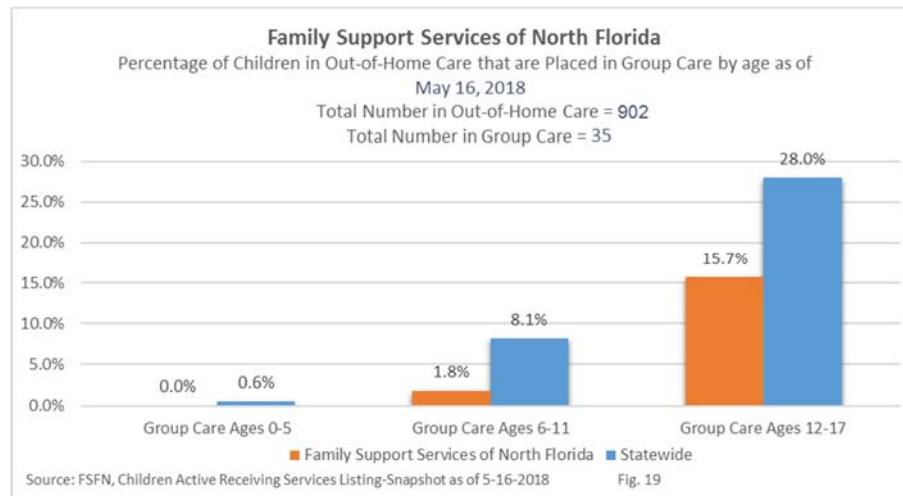
CHILDREN PLACED OUTSIDE THEIR REMOVAL CIRCUIT

As of December 31, 2017, 10.8% of children in licensed care were placed outside of their circuit and 8.6% were placed outside the region. This is below the statewide average of children in licensed care placed outside of their circuit (19.25%) and below the statewide average of children in licensed care placed outside of their region (10.5%) and shows that their efforts to keep kids closer to home are proving successful.



CHILDREN IN GROUP CARE

As of May 16, 2018, FSSNF has placed 3.8% of their children in out of home care into group care which is lower than the statewide average of 8.71%. FSSNF currently has no children under the age of five in group care and only 1.8% of the children under the age of twelve that are in out of home care are placed in group care. They have a higher percentage of teens in groups care, however are well below the statewide average for this same age group. Overall, FSSNF's efforts to keep children from entering group care have been successful.



SECTION 5: PRACTICE MODEL IMPLEMENTATION

IMPLEMENTATION STATUS

Family Support Services of North Florida has made progress toward implementation of the practice model, as shown in the chart below. As of 04/18/2018, FSSNF implementation status was 80.4% (Duval) and 92.9% (Nassau). Nassau County is exceeding the statewide level of 82.3%.

FSSNF has developed a Safety Practice Team comprised of several departments: Quality Management, Training, Case Management Services and Family Prevention Services. This workgroup was developed to ensure a cohesive, collaborative, comprehensive understanding and approach to the Practice Model. The Safety Practice Team began meeting in November 2017 to create a Skill Building Fidelity Tool that incorporates requirements from the Safety Practice Model throughout the Case Management Stages. The Team has been meeting several times each month to review and update the items on the Tool and to provide definitions and references from the coordinating Children and Family Operating Procedure (CFOP). Once the Skill Building Fidelity Tool has been finalized, FSSNF will complete a training and implementation plan for all Duval and Nassau county case management staff and Children's Legal Services to ensure that the Safety Practice Model is deployed consistently throughout FSSNF's System of Care. FSSNF plans to roll out this training in the spring/summer 2018.

FSSNF has also contracted with ACTION to provide training to case management staff on Supervisory Consultations. This training will provide instruction and guidance on how to conduct Supervisor Consultations through the various Case Management Phases of the Safety Practice Model. Participants will also learn how to document these Supervisor Consultations in FSFN.

SERVICE ARRAY

In July of 2016, the Office of Child Welfare initiated a [service array assessment](#) with each CBC across the state. The assessment focuses on evaluating the availability, access and application of services for child welfare involved families. CBCs have the flexibility to create programs and services that meet the needs of children and families. CBCs should continuously monitor and analyze the success of programs they purchase or develop. This analysis should go beyond monitoring contract outcomes to also include analysis of outcomes for children and families related to safety, permanency and well-being. Prior to modifying, implementing or purchasing a program the CBC should ensure there is research supporting the use of this program for the child welfare population. FSSNF has a rating of "4" in Family Support Services and a "4" rating in Safety Management Services, these ratings are defined below.

The rating system is as follows:

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

Safety Management Services (SMS)

FSSNF subcontracts with CMOs who are required to be certified Child Welfare Case Manager Family Service Counselors (FSCs), to act as Formal Safety Monitors. These Safety Monitors assess, enforce and adapt safety plans to ensure they are sufficient while investigations are gathering additional information. These services are available through the Family Assessment Support Team (FAST) as a non-judicial service with a two-hour response time. At the discretion of the Child Protective Investigator (CPI), a joint visit is completed within 24 hours. The joint visit includes the family, CPI, informal safety monitors, and the FSC. The FSC/SM acts as a liaison between all parties to ensure that information is shared and monitored for sufficiency. Their caseloads do not exceed two safety management cases per full-time employee. To ensure continuity of care, the services continue through the same FAST FSC as a non-judicial case when appropriate. Using integrated services, involved families can also transition to other programs in the service array directly from FAST depending on the investigation's assessment. These services include Strengthening Ties and Empowering Parents (STEPS – a Family Support Service), High Risk Newborn (in-home infant mental health services) and dependency/judicial services.

The FAST program is supported and reviewed for quality by FSSNF's Oversight Coordinator team that regularly assesses timeliness of services rendered, safety plan sufficiency, and appropriate treatment recommendations upon the completion of the Family Functioning Assessment-Investigation (FFA-I). Additionally, as part of FSSNF's continuous quality improvement process, Safety Management outcomes are monitored for diversion from judicial services.

According to FSSNF's internal data analysis in January 2018, FSSNF was showing that 99.26% of cases served through FAST were not sheltered and avoided deeper movement into the System of Care.

On January 12, 2017, the Office of Child Welfare increased FSSNF's Priority of Effort Service Array Assessment for Safety Management Services from a "2" to a "4".

Family Support Services (FSS)

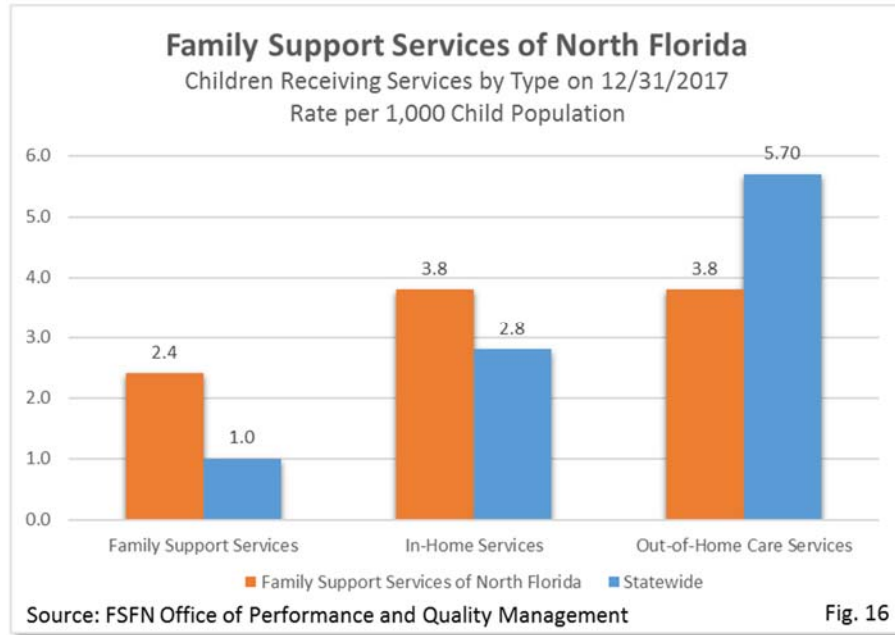
FSSNF fulfills the service need of Family Support Services with the Strengthening Ties and Empowering Parents program (STEPS). The STEPS program serves the families that are at-risk of abuse or neglect that have a child safety determination of SAFE, regardless of the risk level. Eligible families must have one or more minor children living in the home. Family is defined broadly to include birth, blended, kinship, and foster and adoptive families. Referral sources can include, but are not limited to self-referrals, community referrals (e.g., schools, hospitals) and DCF. The program provides in-home intervention to prevent families from entering the foster care system and to help them work toward stabilization.

STEPS services are supported by the Oversight Coordinator team. The Coordinator supports the program with quarterly case auditing, regular trainings and field coaching on best practices. Regular data reports are assessed to ensure continued program success. These reports generally are focused on recidivism of re-abuse and services rendered. FSSNF uses this information to adjust services as needed to ensure clients are being served in the most appropriate/effective manner possible.

On January 12, 2017, the Office of Child Welfare rated FSSNF's Priority of Effort Service Array assessment for Family Support Services a "4".

SERVICES MIX

The graph provides the rate of children receiving services by type. This illustrates the mix of services between Family Support Services, In-Home Services and Out-of-Home Services. Over the years, FSSNF has made concerted efforts to strengthen their prevention and non-judicial programs to keep children from entering out of home care.



TRAUMA INFORMED CARE

FSSNF uses the updated PRIDE and Case Management Pre-Service Trainings which include curriculum on Trauma Informed Care. FSSNF promotes best practice with all cases and the goal is to ensure that the child's best interest is always the focus of the case work. For every child that is sheltered, DCF contacts a Transitional Trauma Therapist on call to screen the child and determine if therapeutic services are needed as they transition into their new out-of-home placement. This service provided by CHS which is a licensed therapeutic program and one of FSSNF's subcontracted case management organizations (CMOs), delivers immediate on-site support to the child and family during the removal episode. The Trauma Therapist works with the child on an ongoing basis after the removal episode until it is determined that they would no longer benefit from therapeutic services.

FAMILY CENTERED PRACTICE

FSSNF facilitates a workgroup with DCF Investigation staff and CMO Case Management staff to discuss the Case Transfer Staffing process to ensure the case transfer from Child Protection Investigations to Ongoing Case Management services is aligned with Florida's Children and Family Operating Procedures (CFOP). In addition to aligning with CFOP, FSSNF strives for the case transfer staffing to be effective, positive and collaborative with a family centered approach. This workgroup is ongoing and meets monthly. Additionally, the Quality Parenting Initiative has been incorporated into the PRIDE and Case Management Pre-Service Training programs to support collaboration with the biological parents

In Duval County, the CMOs are assigned as secondary workers to the case the day of the shelter hearing. This allows the CPI and Case Management staff to collaborate with the family to conduct the Safety Meeting with the Parents. The Safety Meeting is facilitated by the Child Protection Investigator in partnership with the Case

Management Family Service Counselor to review the case information collected by investigators and explain to the parents why the child(ren) are Unsafe resulting in ongoing case management interventions. In Nassau County, the Safety Meeting and Case Transfer Staffings are combined to engage the parents in the beginning of the dependency case.

The FSSNF Nassau County Service Center has been participating in the Diona Mobility Pilot Project to provide technology support to the Nassau Case Management staff to reduce the amount of office time and administrative duties, resulting in an increased amount of time with the families and children on their caseloads.

SECTION 6: REGIONAL FEEDBACK

ADOPTIONS

Each year DCF develops and distributes an estimate for the number of children available for adoption in each CBC's area. This estimate and the supporting methodology form the basis for the initially proposed adoption target for each CBC and for negotiations. FSSNF's adoption target number for FY 2017-2018 was negotiated to be 172. FSSNF has exceeded this target as of mid-February.

For FSSNF, the members required to attend FSSNF Adoption Applicant Review Committee (AARC) meetings are Case Management Organization (CMO) Family Services Counselor (FSC)/Case Manager (CM); CMO Adoptions Counselor; CMO Adoptions Supervisor; and the child's Guardian ad Litem (GAL), if appointed. Also, a member of the DCF Northeast Region's Program Office and the DCF Senior Attorney attend all FSSNF AARC meetings. FSSNF selects an AARC committee member to serve as chairperson. The current chairperson is the Director of Adoption & Independent Living Services at FSSNF. CMOs submit requests for AARCs which include the AARC referral, copies of Live Scan screening, abuse reports, adoption home studies and applications, Comprehensive Behavioral Health Assessments and any other information that may be pertinent to the adoption application. The members of the AARC hear from stakeholders assigned to the case to gather information about the children and applicants as well as to recommend whether the applicant should be approved. Recommendations of the AARC are reviewed and approved by DCF Senior Counsel prior to becoming final.

FSSNF employs three adoption recruiters to locate adoptive families for children who do not have an identified adoptive placement. This specialization has helped to reduce the number of children who are separated for adoption. FSSNF maintains a positive relationship with the attorneys who complete the majority of adoption cases. This has helped ensure that post-adoption communication provisions be drafted into adoption orders when needed.

FSSNF has a full-time Post Adoption Specialist who works with adoptive families to secure documentation needed to utilize funding such as 100806 when possible. The Post Adoption Specialist has also been able to work closely with Sunshine Health and have providers added to Medicaid so that adoptive families receive the services a child needs. FSSNF budgets for other client expenses each year to ensure that needs which can't be funded using Maintenance Adoption Subsidy or Medical Subsidy do not go unfulfilled. The Post Adoption Specialist works closely with the local Adoption Advocate with Sunshine Health to assist families with navigating the Care Credit benefit and accessing services under the Child Welfare Specialty Plan

FSSNF also contracts with Children's Home Society (CHS) to provide a robust Comprehensive Adoption Services program, free to families who have adopted children from the foster care system. This program assists with individual and family therapy, respite and other services unique to adoptive families. The entire staff under the Comprehensive Adoption Services program housed at CHS is certified adoption competent. Two of those staff are certified to train adoption competency and provide at least two sessions in Jacksonville per year. The entire

adoption staff at FSSNF, which includes three recruiters, a Post Adoptions Specialist, Adoption Supervisor and Director, are also certified adoption competent. Two other CMOs, Daniel Memorial and Jewish Family and Community Services, have adoption-competent specialists and the Associate Director at Daniel Memorial is certified to train adoption competency. Overall there are nine certified adoption competency trainers in Jacksonville and 12 adoption-competent therapists.

TRAINING

FSSNF's annual training plan is informed by input from leadership, an annual employee feedback survey, and results of quality management's fidelity and Rapid Safety Feedback (RSF) tools. The training plan includes an outline of the pre-service and in-service training calendar for the fiscal year and is submitted to DCF yearly prior to June 30th. A six-month schedule is published but can be adjusted as needed.

FSSNF's pre-service training has included CORE, Case Management Specialty, and Licensing tracts upon their publication. The in-service training program is robust, providing topics that appeal to a wide audience within child protection and child welfare. In addition, it is highly collaborative, drawing on expertise from community partners, DCF and FSSNF trainers. The FSSNF trainers have years of experience in curriculum development. FSSNF's training department consists of a manager, four trainers and a part-time administrative assistant. One of the trainers focuses on PRIDE foster parent training, one focuses on the Nassau Co. service center and the other two training specialists focus on pre-service and in-service training for the agency and its CMOs.

FSSNF provides multiple training opportunities; however, a challenge the in-service program faces is ensuring significant attendance for some of the in-service trainings. The FSSNF Professional Training Library, located on the FSSNF website (fssjax.org), was created to address this challenge by providing self-paced and self-directed training videos that engage trainees with quizzes and allow them to print certificates online.

Determination of Title IV-E Funds

At this time FSSNF reviews all removals and requests the paperwork for all children placed in out-of-home care from CPIs and FSCs. Once the paperwork is received, Title IV-E and Medicaid are processed for children in out-of-home placements. Rev Max staff use all available resources to obtain information as to the family structure and management. FSN is reviewed to determine if all the necessary information is appropriately documented and, should there be any discrepancies, Rev Max staff contacts CPIs and FSCs to gather correct information.

The Rev Max unit processes all TANF changes for children in out-of-home care or placed out of state as of the occurrence or when the yearly redetermination is due. Children residing with parents are addressed with the assigned primary worker and reviewed for correctness by the Rev Max Data Specialist to ensure they have been completed correctly. Yearly reviews for in-home cases with parents are sent to the assigned primary agency for completion twice a month to ensure there are no lapses in eligibility.

Medicaid is monitored to ensure that all children in out-of-home care are assigned to FSSNF unless on SSI and in the placement of a relative or non-relative. For children that receive SSI, if in licensed care, FSSNF becomes the payee for their benefits and Medicaid. FSSNF remains the payee until the child is reunified or adopted. If the child is in the custody of a relative/non-relative, information is provided to the primary worker to assist the caregiver with applying to be the payee for the benefits and Medicaid.

Generally, training topics are selected that would be eligible to draw down IV-E training dollars. Sessions that are IV-E eligible include topics that allow for child welfare professionals to earn Continuing Education Units (CEUs). FSS

tries to prevent the Training Department staff from providing non IV-E eligible trainings when possible by using outside trainers or other internal staff.

STATEWIDE PERFORMANCE

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

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

While the state is underperforming overall in these three measures, FSSNF has consistently exceeded the target for Rate of Abuse in Foster Care and Placement Moves per 1,000 days in Foster Care. FSSNF has exceeded the performance target for these measures for every year of its five-year contract and performed better than the National Standards. FSSNF attributes this through the following:

- FSSNF employs a Risk Assessor that reviews all exit interviews. Any negative reviews are sent to Licensing to be staffed and to establish an action plan for the foster parents. Foster Care referrals are investigated by external agencies to address any concerns that are called into the hotline that are not substantiated. Based on the external investigation, the foster parents may be placed on an action plan. FSSNF puts in supports and services into foster homes with high risk children. In addition, a crisis team is available for children exhibiting high risk and dangerous behaviors. For high risk teens, FSSNF uses a secondary case management service to help provide wrap around supports in the home. Additionally, a Family Resource Advocate is assigned to all new placements and to high risk placements at risk of disruption until the risk is lowered.
- When new placements are requested, the following occurs: staffings, identify supports, informing foster parents about trauma-related behaviors and how kids experience trauma with every placement move, talking about grief and loss, collaboration between CMOs, licensing, CMS, APD, Daniel and CHS therapeutic program, talking to teens one on one at the office for teens with multiple placement disruptions, QPI approach, transition planning, all placement changes requested by CMO for non-child safety related issues are staffed with senior management
 - Ongoing monitoring of placement suitability occurs for children with high risk behaviors, at risk of disrupting, or needs staffing for a high level of care
 - Monitoring of Data: reviewing highest paid placements and children in group homes at least quarterly; reviewing vacancy reports of foster homes; monitoring scorecard measures

FSSNF has not met the performance target for % of children who do not re-enter care within 12 months of moving to a permanent home for the previous two fiscal years, however there was a slight improvement between FY15/16 and FY16/17. To address this, FSSNF partnered with Daniel Memorial and established the Post Reunification Support Program. This program was designed to engage, involve, support and strengthen families prior to reunification and after reunification. The program is intensive, family centered and culturally competent with the focus to empower parents to achieve a successful reunification and prevent their children from re-entering into care. FSSNF receives monthly data reports highlighting the program's success in achieving the program outcomes. The program report for May 2018 shows that since February 2017:

- 192 cases (375 children) have been referred to the program
- 43% of cases referred were reunified at the time of referral
- 81% of cases referred were engaged and accepted services
- 89% of reunified cases which accepted services did not have re-entry
- 71% of cases which had a re-entry did not increase supports during services (support services are individuals engaged with the family such as neighbors, church members, therapists, family members, teachers, coaches, etc.)
- FY 17/18 data shows 2.5% of cases received have had removals

Initial responses from the Court, GAL and participating families are overwhelmingly positive and demonstrate the program's promise. On the quarterly CBC Scorecard for Q2 FY17-18, FSSNF was above standard for this measure.

FSFN DATA ENTRY

When the FSSNF Placement Department receives a request for placement from DCF or a placement change from a CMO, the Placement Specialist utilizes FSSNF internal IT system to identify an appropriate placement. Once a foster parent agrees to accept the child for placement, the Placement Specialist fills out a Placement Activity Sheet (PAS). This PAS is then immediately sent to the Finance Department for processing and to make the FSFN updates regarding placement. An additional "check" on the process is the practical reality that foster parents do not hesitate to alert FSSNF staff if they are not receiving a daily board rate. All staff are trained on and understand the DCF guidelines regarding FSFN accuracy.

REGIONALLY IDENTIFIED TOPICS

In general, the Regional Managing Director holds quarterly "Partnership Meetings" with each CBC in the region and reviews performance data on topics including contract and scorecard measures, in-home and out-of-home care operational data, case management turnover and financial performance, and delineates with FSSNF senior leadership any needed improvement areas.

Each quarter FSSNF provides performance data to the Northeast Region as input to the State of Florida's Performance Improvement Plan. In addition, the Contract Manager tracks FSSNF's performance on the RSF and CQI measures that were below the statewide average for FY16-17 as reported in FSSNF's COU Contract Monitoring Report issued in June 2017. For FY17/18 Q2, FSSNF was at 100% on its 5 cases monitored as part of the statewide Performance Improvement Plan.








- SM05: Percent of children exiting foster care to a permanent home within twelve (12) months of entering care. FSSNF has conducted a "length of stay" study and implemented initiatives to improve performance. Findings of this study and the initiatives were reviewed at a recent DCF/FSSNF quarterly meeting on February 28th with NE Region leadership. Since this measure looks at data from 12 months prior to the currently reported quarter it will take some time to reflect the results of current efforts.
- SM10: Percentage of children in out-of-home care who received dental services within the last seven (7) months. FSSNF is working on ensuring that there is consistent improvement in this measure.
- SC07: Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home. This measure has been challenging for all CBCs statewide, and the average statewide CBC performance has been below target for every quarter for the past three fiscal years. To address this challenge, FSSNF established the Post Reunification Support Program. Initial responses from the Court,

GAL and participating families are overwhelmingly positive and demonstrate the program’s promise. FSSNF’s performance on this measure turned above standard for FY 17/18, Q2 of this fiscal year.

SECTION 7: UPDATES ON PRIOR COU MONITORING

The Department’s on-site monitoring of Family Support Services of North Florida, Inc. (FSSNF) was conducted March 27-31, 2017 and focused on key performance indicators and quality assurance data as well as FSSNF’s management of certain areas within the system of care. The report was completed on June 27, 2017 and highlighted successes and barriers FSSNF experienced. The conclusion of the report included areas needing improvement, areas identified for enhancement, and areas with challenges needing attention.

UPDATES ON AREAS NEEDING IMPROVEMENT FY16/17

Item Needing Improvement	Trend Since Prior Review	Summary
Assessing Safety		<ul style="list-style-type: none"> Improvement was made in ensuring efforts are made to assess and address risk and safety concerns. (CQI Item 3)
Safety Planning		<ul style="list-style-type: none"> Improvement was made in sufficient safety planning (RSF 4.1) FSSNF’s Oversight Coordinator team regularly assess safety plan sufficiency.
Quality of contacts with children, with parents and contacts between children and parents		<ul style="list-style-type: none"> Improvement was made in the quality of visits between the case manager and the child(ren) (RSF 2.1) as well as the case manager and the mother (RSF 2.3) Improvement was made in the frequency and quality of visits between the case manager and the mothers and fathers (CQI Item 15) Performance declined in quality of visits between the case manager and the father (RSF 2.5) and quality of visits between the case manager and the child(ren) (CQI Item 14)
Continuity of relationships after placement, placement with relatives		<ul style="list-style-type: none"> Improvement was made in ensuring visitation between the child(ren) in foster care and their parent(s) and siblings (CQI Item 8), efforts to preserve the child’s connections (CQI Item 9), and efforts to promote and maintain positive relationships between the child and their parent(s)/caregivers other than visitation (CQI Item 11) Improvement was made in ensuring concerted efforts are made to place children with relatives (CQI Item 10)
Involving parents in case planning		<ul style="list-style-type: none"> Improvement was made in ensuring efforts are made to include the parents in case planning (CQI Item 13)
Assessing and providing services		<ul style="list-style-type: none"> Improvement was made in efforts to assess and provide services to the family (CQI Item 2), the children (CQI Item 12A), and the parents (CQI Item 12B). FSSNF’s Oversight Coordinator team regularly assesses timeliness of services and recommendations made for treatment in the FFA-I. Performance declined in assessing and providing services to foster parents (CQI Item 12C)
Meeting educational needs		<ul style="list-style-type: none"> Improvement was made in efforts to assess and addressing children’s educational needs (CQI Item 16).

During the FY 16/17 CBC COU on-site monitoring the following are areas noted as needing improvement during the FY 16/17 on-site monitoring visit. FSSNF has made progress in the majority of areas identified and has plans in place to address any areas needing critical attention.

UPDATES ON AREAS IDENTIFIED FOR ENHANCEMENT FY16/17






The following are areas identified by the CBC COU team during the FY 16/17 on-site monitoring for FSSNF to consider for enhancements.

Areas for Enhancement	Current Progress/ Activities
Formalization of the protocol for placement processes	At this time, FSSNF has not had an opportunity to formalize a written placement process. Placement decisions are made with the best interest of the child in mind and in accordance with applicable CFOPs (such as CFOP 170-11).
Formalization of the process used for program development or enhancement of existing programs	While a formal written procedure has not been developed, FSSNF has been flexible to deal with challenges in creative and research informed ways. Examples include: <ul style="list-style-type: none"> • Healthcare Coordination • Shared Family Residential Care Program • The POST Reunification Program • The Acute Intervention Team • Skill Building Fidelity Tool (Practice Model Implementation) • Transitional Trauma Therapist • Length of Stay Study
Enhancement of the Five-Star Quality Group Care Program by incorporating more elements related to normalcy and quality of care and interviews with children and their case managers	FSSNF has taken steps to incorporate this suggestion to the extent it helps further the goals of the program, which are to rate the facilities solely on a quality living experience, not programmatic requirements. DCF's Quality Standards Assessment Tool is being evaluated to see which areas the FSSNF program can be supplemented. Additionally, feedback from child interviews taken during annual contractual on-site monitoring and child exit interviews are being considered for inclusion to bolster the program.
Research best practices related to placement including tools or processes around placement matching and placement stability	In 2018, FSSNF contracted with Five Points Technology Group to further develop their proprietary software for placement matching. CareMatch went live at the end of May 2018. The software provides a user-friendly interface for conducting searches for placement matches. The CareMatch module is designed to assist workers in making placement decisions by incorporating child and provider characteristics to determine better placement options based on a multitude of factors. CareMatch can review every resource in the system and make recommendations for placement options based on established criteria within seconds increasing efficiency and accuracy of placement staff.

UPDATES ON AREAS IDENTIFIED AS CHALLENGES FY16/17

The following areas were listed as “challenges” found during the FY 16/17 on-site monitoring visit and FSSNF’s progress.

1. Retention of case managers: Slight improvement is noted in three (3) of the five (5) CMOs.

Case Management Organization	FY Comparison	FY 17/18 COU Report (12 month rolling turnover 4/2017-3/2018)	FY 16/17 COU Report (12 month rolling turnover 2/2016-1/2017)
JFCS		73.6%	51.34%
Daniel Memorial		41%	48.80%
CHS		73.34%	44.09%
FSSNF Nassau		25%	62.50%
NTF		72.92%	80%

2. Communication and satisfaction of services provided as assessed by direct service levels partners:

Further information to be obtained at the next on-site monitoring visit in FY 18/19.

SECTION 8: CORRECTIVE ACTION PLAN

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

SECTION 9: DESK REVIEW FINDINGS

Based on the limited desk review of Family Support Services of North Florida, Inc. Contract DJ038, the following areas needing action and opportunities for improvement were found.

AREAS NEEDING ACTION

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

1. Conduct analysis of the following performance measures to determine potential root causes and develop countermeasures to positively impact performance:
 - a. M03: % of children who are not neglected or abused after receiving services: FSSNF has not met this performance measure in the past two fiscal years and saw a decline in performance between FY15/16 and FY 16/17. However, FSSNF has met or exceeded the target in four of the previous eight quarters and performed above the statewide average in 2 quarters over the same period.

OPPORTUNITIES FOR IMPROVEMENT

These findings represent areas where there is need for analysis and based on those findings, actions to improve should be integrated in an agency improvement plan.

1. Conduct analysis of the following performance measures to determine potential root causes and develop countermeasures to positively impact performance:
 - a. M07: % of children who do not re-enter foster care within twelve (12) months of moving to a permanent home: FSSNF has not met this performance measure in the past two fiscal years but saw an improvement in performance between FY 2015/2016 and FY 2016/2017. FSSNF has performed above the target and the statewide average in four of the past eight quarters.
2. For the following quality measures, FSSNF has seen improvement between fiscal years and ongoing efforts for improvement should continue:
 - b. RSF 4.1: Is a sufficient safety plan in place to control danger threats to protect the child? Although FSSNF saw an improvement in this measure between FY 2015/2016 and FY 2016/2017, they performed below the statewide performance for the past two fiscal years.
 - c. CQI Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own home or while in foster care? Although FSSNF saw an improvement in this measure between FY 2015/2016 and FY 2016/2017, they performed below the statewide performance for the past two fiscal years.
 - d. CQI Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends? Although FSSNF saw an improvement in this measure between FY 2015/2016 and FY 2016/2017, they performed below the statewide performance for the past two fiscal years.
 - e. CQI Item 10: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other

primary caregivers from whom the child had been removed through activities other than just arranging visitation? Although FSSNF saw an improvement in this measure between FY 2015/2016 and FY 2016/2017, they performed below the statewide performance for the past two fiscal years.