Contract Monitoring Report

Community Partnership for Children, Inc.

As required by section 402.7305 F.S., The Department of Children and Families completed an On-Site Contract monitoring of Community Partnership for Children, Inc. The purpose of this monitoring is to report on the agency's system of care and whether the agency is meeting the terms and conditions of the contract.

Contract NJ205

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EXECUTIVE SUMMARY

This report provides findings for the contract monitoring of the Community Partnership for Children (CPC). The on-site monitoring was conducted December 4 - 8, 2017 and focused on Community Partnership for Children's child welfare system of care. The monitoring process included a review of CPC's programmatic and administrative operations. In addition, the Community Based Care contract monitoring team reviewed fiscal monitoring reports. Findings are based on an analysis of child welfare performance indicators, quality assurance data, and other information obtained through supporting documents, interviews and focus groups. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) quality management and performance improvement; (4) placement resources and process; (5) child welfare practice; (6) partnership relations; and (7) community relationships. Additionally, nine subcontracts were administratively reviewed.

Significant findings of each category are below:

Leadership and Governance:

- CPC's mission, vision and values are aligned with the Department's and are communicated to staff and reinforced on a continual basis.
- The CEO and Executive Leadership have developed a culture that is committed to family/child centered, trauma informed casework.
- CPC is governed by a Board of Directors. The Board has a process for evaluating CPC's CEO which includes an annual performance evaluation with recommendations for professional growth and development. The Board is provided with data analytics pertaining to performance and finances at each Board meeting.
- Risk management initiatives are in place, including an electronic repository to collect and report on all risk related issues. Senior leadership and the Board of Directors are kept appraised of critical incidents.
- Leadership lacks a robust plan to address the challenges present in Putnam County.

Workforce Management:

- Three pre-service classes are held annually, and new case managers are on a protected case load until they are credentialed.
- Turnover rates have doubled in the last year from 15% to 25-30% in spite of retention initiatives which highlight varied skill sets and desired performance to ensure staff feel valued and appreciated
- CPC's training team is a clear strength of the agency. Emphasis is placed on the importance of quality in-service training that is varied, readily available and easy to access by all levels of staff, all subcontracted and community providers, as well as all case management staff.
- CPC has created a career path for case managers but lacks a formalized supervisor development plan.

Quality Management and Performance Improvement

- CPC's Quality Management team is experienced and works closely with leadership.
- CPC utilizes data provided by the Department to measure performance and address measures when they trend negatively.

- CPC's Revenue Maximization staff work closely with case managers to accurately track eligibility for TANF and Medicaid and ensure fiscally responsible management of client trust funds.
- While the management team has a clear understanding of data, performance measures and new Child Welfare Operating Procedures, there is a clear lack of understanding by the frontline staff. When conveying this information, it is often impeded by both the numerous staff interpretations and the various levels of staff responsible for delivering the message.

Placement Resources and Process:

- Placements are made with the "best placement for the child's stability" as the driver for placement decisions. CPC considers the whole child and looks for the "best placement rather than the fastest placement".
- There is a strong commitment to keeping children in the area.
- CPC contracts with five Child Placing Agencies (CPA) to provide foster care services and specialized foster care services to address the needs of the children that come into care.
- A foster parent mentor program has been established to ensure foster parents are supported and receive the resources they need.
- While there is a specific recruitment target, CPC lacks of a formal action plan supported by existing data for specific types of homes or for specific CPAs to provide the most appropriate settings through recruitment planning.

Child Welfare Practice:

- CPC values the practice of trauma informed care and integrates it throughout its approach to staff, clients, and community partnerships.
- CPC has embraced the core tenets of the practice model and has focused on increasing the knowledge level among staff by using the training resources available.
- When conveying new policy, it is often impeded by numerous staff interpretations and the various levels of staff responsible for delivering the message.

Partnership Relations

- CPC leadership works closely with the Department's Regional staff. Joint meetings are held and discussions are transparent and collaborative.
- Relationships between case management and child protective investigations staff are reportedly strained and in need of repair especially in Putnam County.
- Focus groups and surveys indicate a need to streamline and define tasks associated with the case transfer process.

Community Relationships

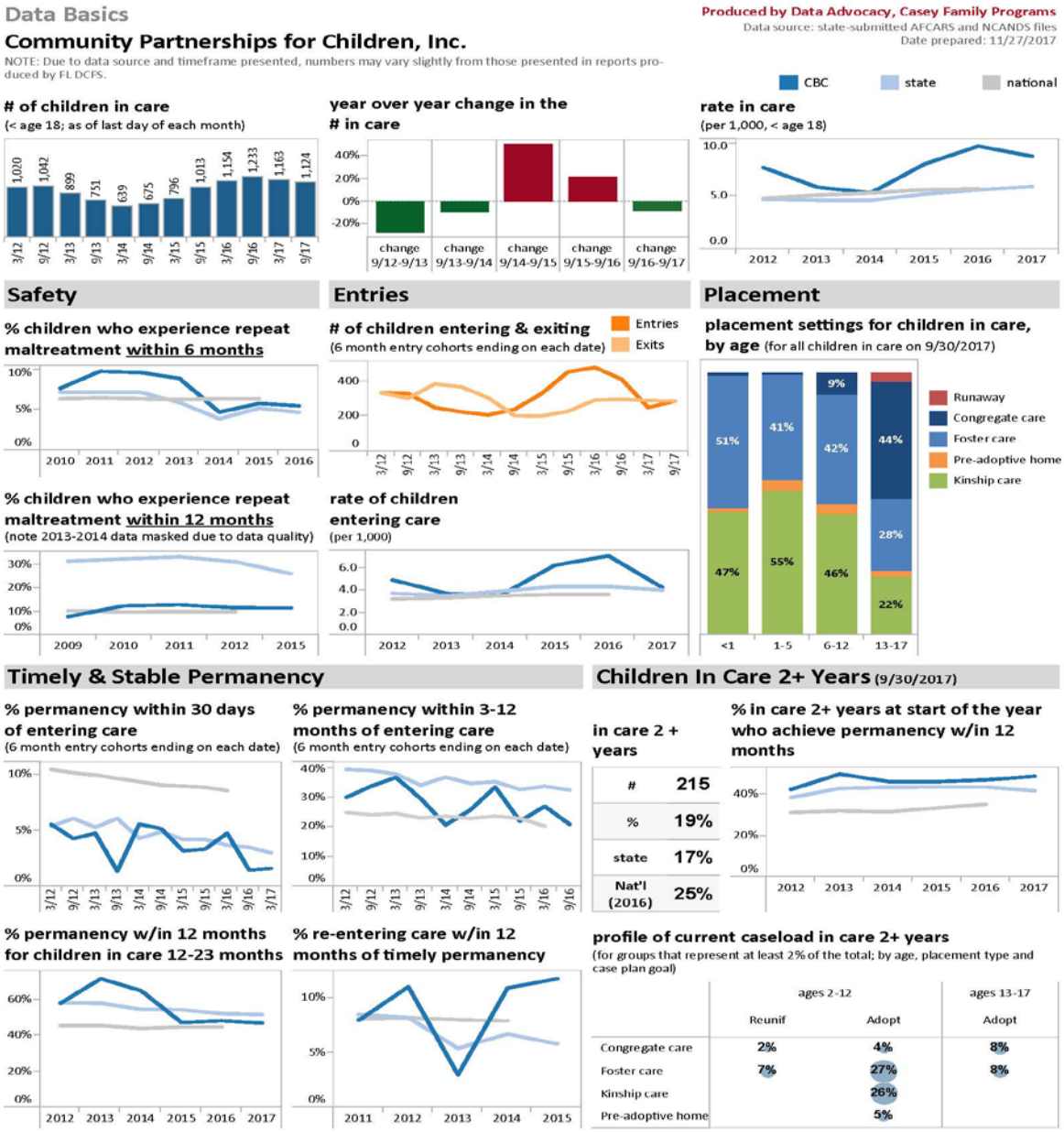
- CPC is clearly committed to supportive relationships within the community, specifically in Volusia and Flagler County. CPC effectively works with local media outlets, community businesses, and faith-based organizations to advocate for needed goods and services for families and children in Circuit Seven.
- Stronger and more strategic partnership building efforts are needed in Putnam County.

Administrative Findings

1. Subcontractor Requirements – During review of subcontract files, all met the requirements.

PERFORMANCE AT A GLANCE

The graphs on the below are provided by Casey Family Programs. Casey Family Programs works in all 50 states, the District of Columbia, two territories, and 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. The most up-to-date CPC performance is depicted later in this report.



SECTION 1: CONTRACT MONITORING PROCESS

The monitoring process included a review of CPC's programmatic and administrative operations. In addition, the Community Based Care (CBC) monitoring team reviewed fiscal monitoring reports to assess potential impacts on programmatic activities. The review process included a review and analysis of child welfare performance indicators, quality assurance data, and other information obtained through supporting documents, interviews, and focus groups. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) quality management and performance improvement; (4) placement resources and process; (5) child welfare practice; (6) partnership relations; and (7) community relationships. Additionally, nine subcontracts were administratively reviewed.

Supplementary information was provided by the Department's Office of Revenue Management, Office of Community-Based Care (CBC)/Managing Entity (ME) Financial Accountability, Office of Child Welfare and the Northeast Region contract manager. Documents reviewed and analyzed included: "The Comprehensive, Multi-Year Review of Revenues, Expenditures, and Financial Position of All Community Based Care Lead Agencies with System of Care Analysis Report", quarterly financial viability reports, system adoption initiative gap analysis, service array assessment, and stakeholder survey results. Additional information was gathered through interviews of CPC and DCF staff including leadership from the DCF Northeast Region, CPC management and specialist level staff, case managers, case manager supervisors and the mangers/directors who supervise case management supervisors. Focus groups were held to obtain information from DCF child protective investigators, Children's Legal Services, and foster parents.

The CBC monitoring team consisted of Department of Children and Families Community Based Care Monitoring Unit staff- Alissa Cross, Jessica Manfresca, Melissa Stanley and Paula Johnson, DCF representatives Kimberly Welles from Southeast Region Operations and Kimberly Harvey from the Office of Child Welfare, and CBC representatives Blair Wulfekuhl (Big Bend Community Based Care) and Christopher Dyer (Heartland for Children).

SECTION 2: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community CPC serves, including US Census data, information on child welfare partners, Florida Department of Health birth and infant mortality rates, and DCF investigations of child fatalities reported to the Florida Abuse Hotline. Additional information may include data from the 2017 Florida Kids Count County Child Well-being Index attached to this report. CPC serves the childen and families in three of the four counties (Flagler, Putnam, and Volusia) within the Seventh Judicial Circuit in the Northeast Region. The table below provides key US Census Facts for these three counties as compared to the statewide percentages.

US Census Facts	Flagler	Putnam	Volusia	Florida
Median Household Income	$48,898	$33,003	$42,240	$48,900
Percent of population living in poverty	11.2%	21.5%	14.2%	14.7%
Percent of population over 25 years old with high school diploma	91.1%	78.4%	89.3%	87.2%
Percent of population over 25 years old with a college degree	23.3%	12.7%	22.4%	27.9%

https://www.census.gov/quickfacts/ (2012-2016) Table 1

According to the US Census Facts, Putnam County has a significantly higher poverty rate than the surrounding counties and the statewide rate of 14.7%. In contrast,Volusia and Flagler counties are below the statewide poverty rate. Putnam County also has significantly lower median household incomes and lower percentages of individuals with high school diplomas and college degrees.

Putnam County is ranked 66 out of 67 counties by the Florida Kids Count Child Well-being index. This index ranks Florida counties on a scale containing 16 indicators of child well-being. The Child Well-being Index reports that 27.63% of the children in Putnam County under the age of 18 are living in poverty. Puntam County has faced many challenges in recruiting community partners and resources to support the child welfare system of care.

Volusia County's population, while higher than Putnam County, has higher median household incomes and lower rates of poverty. Volusia County has a slightly higher rate of individuals with a high school diploma. Volusia County is ranked #34 on the Florida Child Well-being Index.

Flagler County's population fairs the best in the service area. The US Census Facts report higher median household incomes (though slightly below the statewide average), higher amounts of individuals with a high school diploma and lower rates of poverty. The Child Well-being Index reports 26.48% of the children in Flagler County under the age of 18 living in poverty. However, Flagler County falls below the statewide average of individuals having a college degree. Flagler County is ranked #16 on the Florida Child Well-being Index.

The demographics of the child population in the service area is 62% Caucasian, 19% Hispanic, 17% Black, and 2% Other.

CHILD WELFARE PARTNERS

Child Protective Investigations and Children's Legal Services are provided by the Department of Children and Families. Case Management and Adoptions operations are provided by CPC and one subcontractor, Neighbor to Family. Neighbor to Family provides case management for large sibling groups identified by CPC. CPC operates out of four locations, two in Volusia County, 1 in Flagler County, and 1 in Putnam County. CPC has a dedicated unit for courtesy cases.

CPC subcontracts with community providers such as Children's Home Society, Devereux, Neighbor to Family, and The House Next Door for Safety Management and Family Support Services. CPC subcontracts with Children's Home Society, Devereux, Florida United Methodist Children's Home, and Neighbor to Family for foster care management services. Subcontracts for group care are in place with Children's Home Society, Choices, Abundant Life, Rosa's Academy, For Kid's Sake, Unity House, Florida United Methodist Children's Home, and Vision Ministries Outreach. Additionally, CPC subcontracts with Neighbor to Family for a specialized sibling placement unit. This unit focuses on placement for sibling groups with three or more children.

CHILD FATALITIES

BIRTH AND INFANT MORTALITY RATES

The birth rates have remained relatively stable in all three counties since 2012. Putnam County consistently has the highest birth rate in the service area and is higher than the statewide average of 11.3. While the birth rate remains steady in all three counties, the infant mortality rate has fluctuated. In Flagler County, the infant mortality rate dropped from 7.5 in 2012 to 2.5 in 2016, the lowest rate of all three counties between 2012 and 2016. In 2016 Putnam County's infant mortality rate was lower than the statewide average of 6.1, and Volusia County had an infant mortality rate higher than the rest of the service area and the statewide average.

Birth Rate per 1,000 population Statewide Rate: 11.3					
County	**2012**	**2013**	**2014**	**2015**	**2016**
Flagler	8.2	7.8	8.2	7.8	7.6
Putnam	11.1	11.6	11.4	11.2	11.7
Volusia	9.5	9.3	9.5	9.7	9.7

Source: http://www.flhealthcharts.com/FLQUERY/Birth/BirthRateRpt.aspx

Table 2

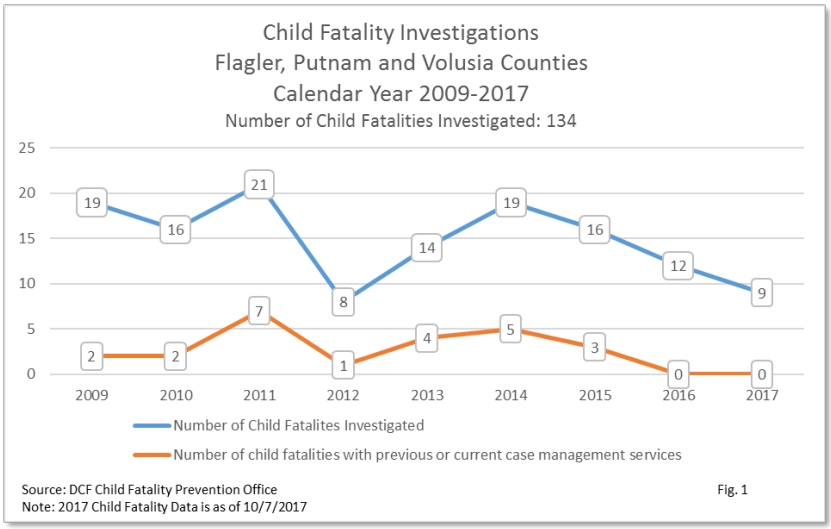
Infant Mortality Rate per 1,000 live births Statewide Rate: 6.1					
County	**2012**	**2013**	**2014**	**2015**	**2016**
Flagler	7.5	2.6	8.4	6.3	2.5
Putnam	4.9	7.1	12	9.8	5.9
Volusia	3.8	4.5	4.4	8.3	6.6

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

Table 3

CHILD FATALITY INVESTIGATIONS

A review of child fatality investigations from 2009 to 2017 shows the number of child fatality investigations fluctuated but declined overall. Fatality investigations with previous or current case management involvement followed similar trends. Of the 24 fatalities with prior or current case management involvement, three (2011, 2013, & 2014) were receiving case management services at the time of the death. From 2009 to 2017, for cases with current or prior case management services, the primary cause of death was drowning (9) followed by natural causes (5).



Source: DCF Child Fatality Prevention Office
Note: 2017 Child Fatality Data is as of 10/7/2017

Fig. 1

The most recent fatality involving prior case management services occurred on July 30, 2015. Two children, ages 16 months old and 25 months old, died as a result of drowning in their home pool. A Critical Incident Rapid Response

Team was deployed and identified opportunities for practice improvements to further strengthen the local system of care. The following is a summary of those findings:

- Protective investigations, case management services, and the contracted service provider minimized the severity of substance abuse and its harmful impact on the children; did not engage the family to facilitate change; and did not adequately address parental capacities and service needs.
- There was a perception that the Region's leadership did not support removals except as a last resort which affected decisions made by frontline staff
- The application of the Child Welfare Practice Model was not aligned with the core concepts of the model. Additionally, the records lacked documentation, and there was a lack of reconciliation of conflicting information.
- The services in the area are plentiful; however, there is difficulty at times accessing these services.
- There is a need for formal safety management and formal safety services.

SECTION 3: AGENCY SUMMARY

Community Partnership for Children, Inc. has been a contracted CBC lead child welfare agency since 2001. CPC is not currently accredited. CPC provides all dependency case management services, except for sibling group case management services provided through a subcontract with Neighbor to Family, and subcontracts with other agencies to provide the following services:

- Safety Management Services
- Family Support Services
- Foster Home Licensing
- Group Care
- Sibling Group Placement

Pre-service training is outsourced to the University of South Florida.

NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

The number of reports accepted for investigation has increased over the last three fiscal years. Over that same period, CPC saw an increase in children served through Family Support Services, In-Home and Out-of-Home, although the rate of increase for In-Home services was less than for Out-of-Home services and Family Support Services. The number of children being removed increased in FY 2015/2016 but decreased in FY 2016/2017, the lowest of the same period. Despite the increase in service delivery in the other categories, the number of young adults receiving services has decreased. Table 4 below provides key data for investigations and services in Flagler, Putnam, and Volusia counties for FY 2014/2015, FY 2015/2016 and FY 2016/2017.

As of August 31, 2017, approximately 74% of in-home services were provided to children residing with one or more parents and approximately 11% were living with a relative (reference Child Welfare Dashboard).

Child Protective Investigations and Child Removals (Flagler, Putnam and Volusia Counties)	FY 2014/2015	FY 2015/2016	FY 2016/2017
Reports accepted for Investigation by DCF *(Initial & Additional Reports)* [1]	8,450	8,846	8,923
Children Removed by DCF within the CBC Service Area [2]	689	888	656
Children Served by Community Partnership for Children[3]	**FY 2014/2015**	**FY 2015/2016**	**FY 2016/2017**
Children Receiving In-Home Services	1,148	1,551	1,353
Children Receiving Out of Home Care	1,317	1,744	1,789
Young Adults Receiving Services	169	157	144
Children Receiving Family Support Services	1,069	1,383	1,348

Data Sources: Table 4

[1]Child Protective Investigations Trend Report through June 2017 (run date 10/9/17)
[2]Child Welfare Dashboard: Children Entering Out-of-Home Care/Distinct Removals (run date 10/9/2017)
[3]FSFN OCWDRU Report 1006 Children & Young Adults Receiving Services by CBC Agency (run date 8/14/2017)

FINANCIAL VIABILITY SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures, based on the DCF 2017-18 CBC-ME Financial Monitoring Tool for On-Site Reviews, of CPC. The on-site review period was for the period of July 1, 2017 through December 31, 2017. The review found one area with a finding, one area of observation, two areas for technical assistance. CPC corrected the errors during the review.

For further details, please see the complete fiscal report – 2017-18 CBC On-Site Review Financial Monitoring Report of Community Partnership for Children.

In FY13-14 and FY14-15, CPC was able to operate within the allocated budget, however in FY15-16, all carry forward dollars were utilized and Back of the Bill funds were necessary to cover actual expenditures for the fiscal year. (See Table 5)

In FY16-17, CPC applied for and received Risk Pool Funding during FY16-17. According to the Risk Pool Committee Report, the primary factors were an increase in removals and an increase in number of children in out of home care. Recommendations made by the committee included using the FSFN client rate validation report as a management tool and continue to utilize Family Support Services.

Comparison of Funding & Actual Expenditures by Fiscal Year Community Partnership for Children					
DCF Contract Funds Available (by Fiscal Year)	**FY13-14**	**FY14-15**	**FY15-16**	**FY16-17**	**FY17-18**
Core Services Funding	$21,660,235	$21,804,164	$22,132,920	$23,940,316	$25,545,017
Other**	$8,985,588	$9,057,594	$9,424,335	$10,698,148	$10,536,185
Total Initial Appropriation	**$30,645,823**	**$30,861,758**	**$31,557,255**	**$34,638,464**	**$36,081,202**
Risk Pool Allocation				$1,816,255	
CBC Operational Costs from Back of the Bill					
MAS from Back of the Bill			$198,828		
Carry Fwd Balance from Previous Years	$391,581	$1,348,782	$1,294,029	-$346,770	-$356,808
Total Funds Available	**$31,037,404**	**$32,210,540**	**$33,050,112**	**$36,107,949**	**$35,724,394**
** 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 svcs					Table 5

SECTION 4: PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA

This section provides a picture of Community Partnership for Children, Inc.'s performance as measured by data indicators that are used to assess how CPC 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 the Department's CQI 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 (subsections 471(a)(7) and 471(a) (22) of the 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) reviews.

- 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 specific high risk factors.
- CQI reviews are conducted on a random sample of both in home and out of home cases. 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

During FY 2016/2017, Community Partnership for Children has met or exceeded their established contract target and federal standards in six of the thirteen measures including:

- M02: % of children who are not neglected or abused during in-home services
- M03: % of children who are not neglected or abused after receiving services
- M04: % of children under supervision who are seen every 30 days
- 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
- Adoption Measure: Number of children with finalized adoptions

With the exception of M04, these measures were successfully met in FY15/16 as well.

In the remaining seven (7) measures, CPC did not meet the established targets for FY 16/17. Four (4) measures were also not met in FY 15/16. These measures are:

- M05: % of children exiting foster care to a permanent home within twelve (12) months of entering care
- M07: % of children who do not re-enter foster care within twelve (12) months of moving to a permanent home
- M10: % of children in out-of-home care who received dental services within the last seven (7) months
- M12: % of sibling groups where all siblings are placed together

Performance Measures
Contract Targets Compared to Federal Standards and Statewide Performance

SC #	Community Partnership for Children Performance Measures Contract # NJ205	CBC Contract Measure Targets	Federal National Standard (Performance of Other	Statewide Performance (FY 2016/2017)	Community Partnership for Children	
					FY 2015-2016	FY 2016-2017
					July 1, 2015-June 30,2016	July 1, 2016-June 30, 2017
1	Rate of abuse or neglect per 100,000 days in foster care *(Source: CBC Scorecard)*	<8.5	<8.5	10.56	8.15	9.00
2	Percent of children who are not neglected or abused during in-home services *(Scorecard)*	>95%		97.20%	95.50%	95.70%
3	Percent of children who are not neglected or abused after receiving services *(Scorecard)*	>95%		95.60%	96.10%	95.00%
4	Percentage of children under supervision who are seen every thirty (30) days *(CBC Scorecard)*	>99.5%		99.80%	99.30%	99.50%
5	Percent of children exiting foster care to a permanent home within twelve (12) months of entering care *(Scorecard)*	>40.5%	>40.5% (16%-61%)	41.60%	36.50%	29.30%
6	Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months *(Scorecard)*	>44%	>43.6% (21%-50%)	53.70%	51.20%	51.60%

Continued

SC #	Community Partnership for Children Performance Measures Contract # NJ205	CBC Contract Measure Targets	Federal National Standard (Performance of Other	Statewide Performance (FY 2016/2017)	Community Partnership for Children	
					FY 2015-2016	FY 2016-2017
					July 1, 2015-June 30,2016	July 1, 2016-June 30, 2017
7	Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home *(Scorecard)*	>91.7%	>91.7% (83%-98%)	89%	86.60%	83.40%
8	Children's placement moves per 1,000 days in foster care *(Scorecard)*	<4.12	<4.12 (2.6%-8.7%)	4.33	3.27	3.28
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months. *(Scorecard)*	>95%		97.14%	96.10%	93.90%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months. *(Scorecard)*	>95%		92.70%	84.80%	81.10%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education *(Scorecard)*	>80%		87.60%	82.00%	78.30%
12	Percent of sibling groups where all siblings are placed together *(Scorecard)*	>65%		63.90%	64.90%	61.40%
	Number of children with finalized adoptions *(DCF Dashboard run date 10/17/18)*	142/174			145	204

Source: CBC Scorecard-All Measures-Run 8/4/2017 Table 6

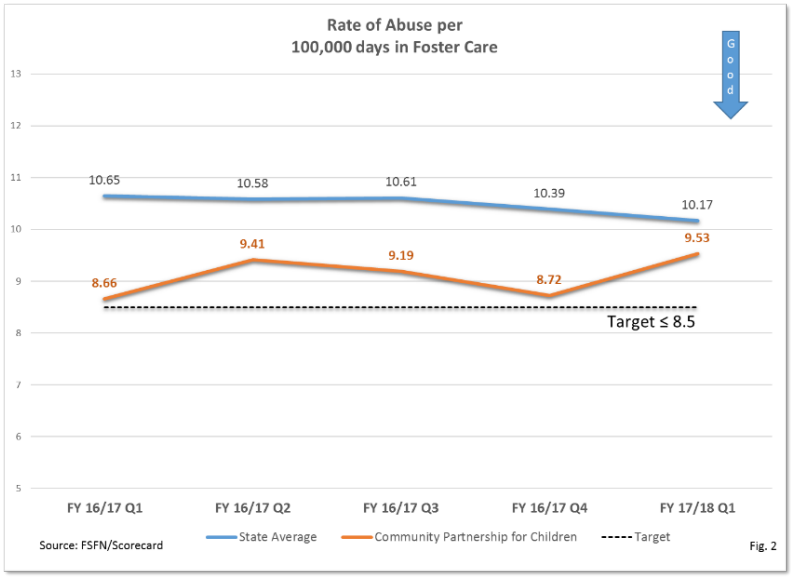
CHILD SAFETY

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

1. Rate of Abuse in Foster Care (Source: FSFN)
2. No maltreatment after Family Support Services
3. No maltreatment during in-home services
4. No maltreatment after receiving services
5. Children seen every 30 days
6. CQI case practice assessment

RATE OF ABUSE IN FOSTER CARE

Rate of abuse or neglect per day while in foster care (Scorecard Measure M01): Figure 2 depicts the rate at which children are the victims of abuse or neglect while in foster care (per 100,000 bed days) during the report period. This national data indicator measures whether the state child welfare agency ensures that children do not experience abuse or neglect while in the state's foster care system.



The rate of abuse per 100,000 days in foster care has fluctuated slightly over the last five quarters from a low of 8.66 (FY 16/17, Q1) to a high of 9.53 (FY17/18, Q1). The rate decreased over the last three quarters of FY 16/17 but increased in FY 17/18 Q1 and is currently at 9.53, above the national target but below the statewide average.

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

NO MALTREATMENT AFTER FAMILY SUPPORT SERVICES

Percent of children not abused or neglected within six months of termination of family support services.

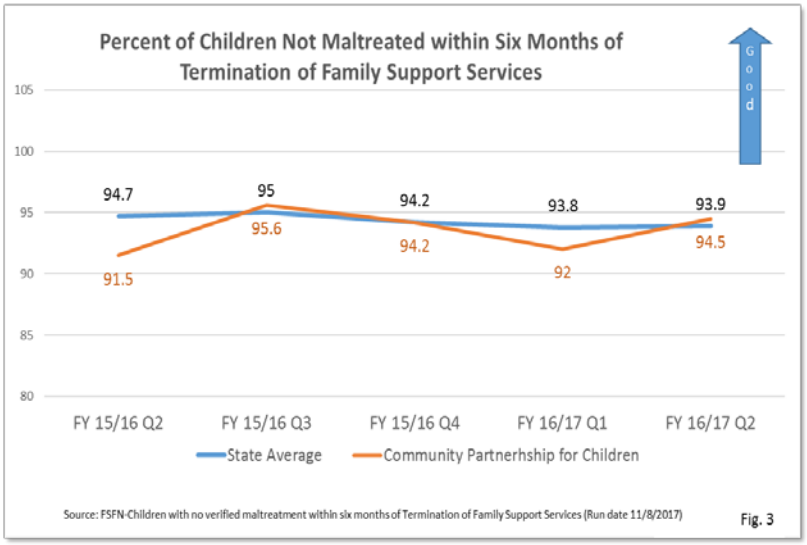
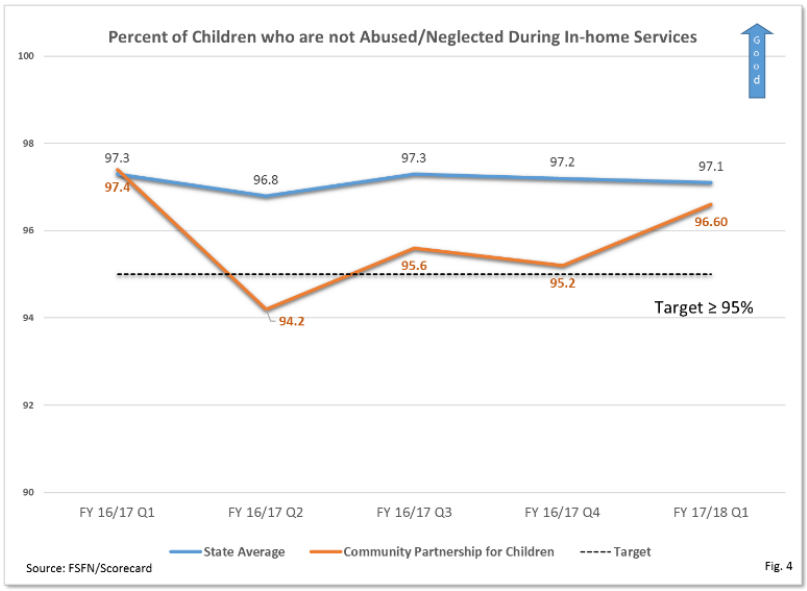


Figure 3 depicts the percentage of children who did not have a verified maltreatment within six months of termination of services. For example, FY 16/17 Q1 data is based on children terminated from services between October and December 2016. There is an eight-month lag for reporting. For FY 16/17 Q2, 94.5% of children in the cohort were not re-maltreated following the provision of family support services. This is above the statewide average performance.

NO MALTREATMENT DURING IN-HOME SERVICES

Percent of children not abused or neglected while receiving in-home services (Scorecard Measure M02): Figure 4 depicts the percentage of children who did not have a verified abuse or neglect maltreatment while receiving in-home services. This indicator measures whether the CBC was successful in preventing subsequent maltreatment of a child while a case is open and the CBC is providing in-home services to the family.

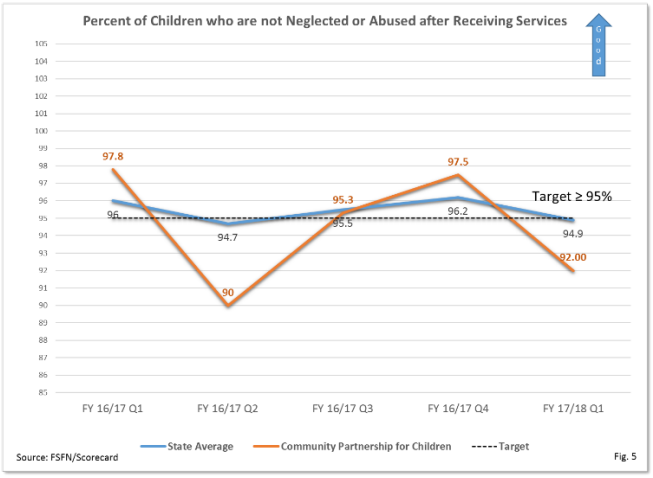


CPC's performance in this measure has fluctuated slightly, staying below the statewide average but was above the target performance in the last two quarters of FY 16/17 and the first quarter of FY 17/18.

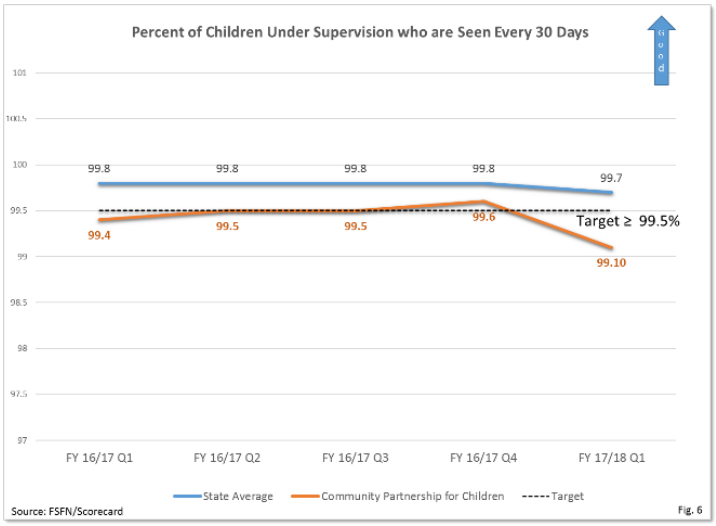
The CQI Rapid Safety Feedback (RSF) data revealed that CPC performed significantly above the statewide average performance in RSF 1.1 (ensuring the family assessments are sufficient) and RSF 2.1 (ensuring the quality of visits between the case manager and the child(ren) are sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes). Additionally, CPC performed above the statewide average in RSF 4.1 by ensuring the safety plan in place was sufficient to control danger threats and protect the child. In the past year, CPC has shown a positive upward trend in performance on CQI Item 3, increasing by 17% from the previous year, indicating staff are making concerted efforts to assess and address risk and safety concerns for children while in their homes or in foster care. CPC's performance of 91% is well above the PIP goal of 77.7%. (Refer to Table 7)

NO MALTREATMENT AFTER TERMINATION OF SUPERVISION

Percent of children with no verified maltreatment within six months of termination of supervision (Scorecard Measure M03): Figure 5 depicts the percent of children who are not the victims of abuse or neglect in the six months after termination of supervision. CPC's performance has been inconsistent over the past five quarters, however, they have met the annual target, by a narrow margin, in the last two fiscal years. CPC saw a significant decrease in performance in FY16/17 Q2, trended up, but declined again in FY 17/18 Q1. CQI data states that CPC has maintained a 97% (above the statewide average of 93%) for FY 15/16 and FY 16/17 in CQI Item 2 measuring if the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification. (Refer to Table 7)



CHILDREN SEEN EVERY 30 DAYS



Children under supervision who are seen every thirty days (Scorecard Measure M04): Figure 6 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. In three of the previous five quarters, CPC has met or exceeded the target performance to ensure children under supervision are seen every 30 days. There was a slight decline from the positive trend in FY 17/18 Q1.

Data from RSF 2.1 and CQI Item 14 indicate that the frequency and quality of visits between the case manager and child are sufficient to address issues pertaining to safety, permanency and well-being and evaluate/promote progress toward case plan outcomes. CPC is performing above the statewide performance in both measures. (Refer to Table 7)

QA CASE REVIEW DATA

The table below provides the current performance in items related to child safety that are based on qualitative case reviews.

Quality Assurance - Rapid Safety Feedback Item	Community Partnership for Children n=36	Statewide RSF Performance [1] n=851
Assessement Based on Case Reviews by Child Welfare Professionals	**July 1, 2016-June 30, 2017**	
RSF 1.1: Is the most recent family assessment sufficient?	75.0%	50.6%
RSF 2.1: Is the quality of visits between the case manager and the child (ren) sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	91.7%	62.7%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	72.2%	60.6%

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

Quality Assurance - Florida CQI Item *Assessement Based on Case Reviews by Child Welfare Professionals*	Community Partnership for Children FY 2015/2016 n=54	Community Partnership for Children FY 2016/2017 n=57	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]
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?	97.0%	97.0%	0.0%	93.0%	76.5%	85.2%	95.0%
CQI Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes or while in foster care?	74%	91%	17.0%	77%	71.3%	77.7%	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System Table 7

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

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

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

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

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

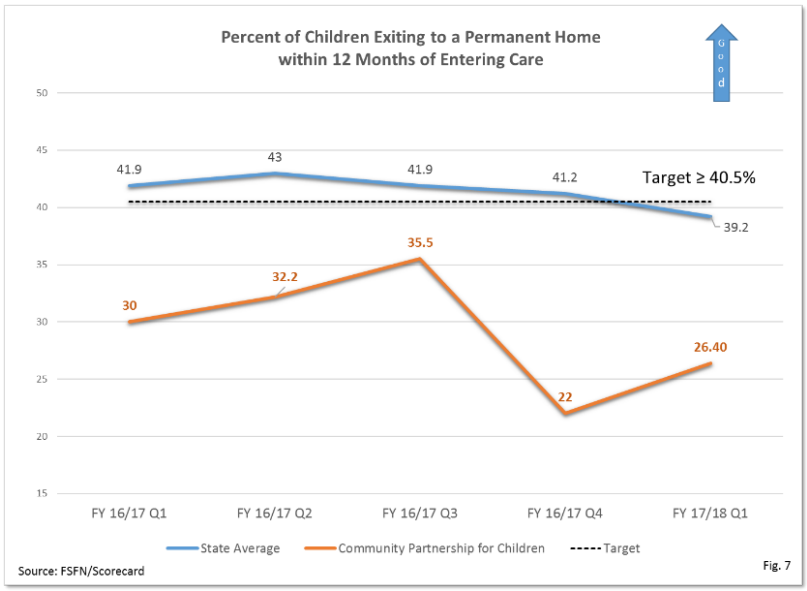
PERMANENCY

When children are placed in out-of-home care it is imperative that child welfare agencies find safe, permanent homes for them as quickly as possible. When helping children and families achieve permanency, child welfare professionals must balance an array of issues, including needs of the child and the family, as well as legal requirements. Helping children achieve permanency in a timely manner is extremely important to children as one year in a child's life is a significant amount of time with lasting implications. Community Partnership for Children is above their contract target in two of the six data points assessed. Rapid Safety Feedback (RSF) and CQI case review information indicates CPC is exceeding the statewide performance in ten of the eleven practice areas assessed. The graphs and tables on the follow pages depict CPC'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. QA case practice assessment

PERMANENCY IN 12 MONTHS

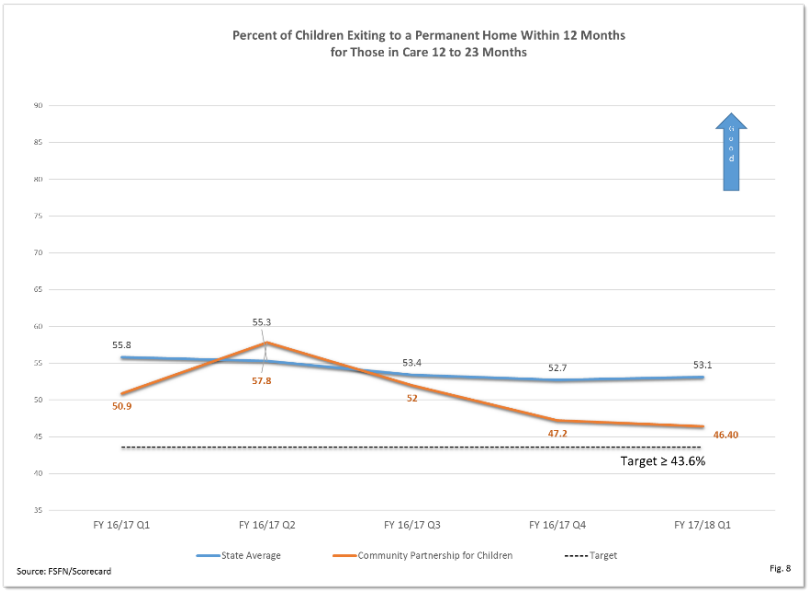
Percent of children exiting foster care to a permanent home within twelve months of entering care (Scorecard Measure M05): Figure 7 depicts the percentage of children who entered foster care during the report period where the child achieved permanency within twelve months of entering foster care. CPC has been below the federal target and statewide performance in the last five quarters. There was a significant drop in the fourth quarter of FY 2016/2017, however, performance improved for the next quarter and is currently at 26.40% in FY 17/18 Q1, which remains well below the target.



CQI Item 12B measures the agency's concerted effort to assess of needs of parents and provision of services to parents. Despite a decrease from last fiscal year, CPC's performance on this measure is above statewide performance and above the statewide PIP goal. CQI Item 15 addressing quality and frequency of visits with mother/father to achieve safety, permanency and well-being is below the PIP goal of 51.5%; however, CPC improved in this measure by 16% from FY 2015/2016 to FY 2016/2017. (Refer to Table 8)

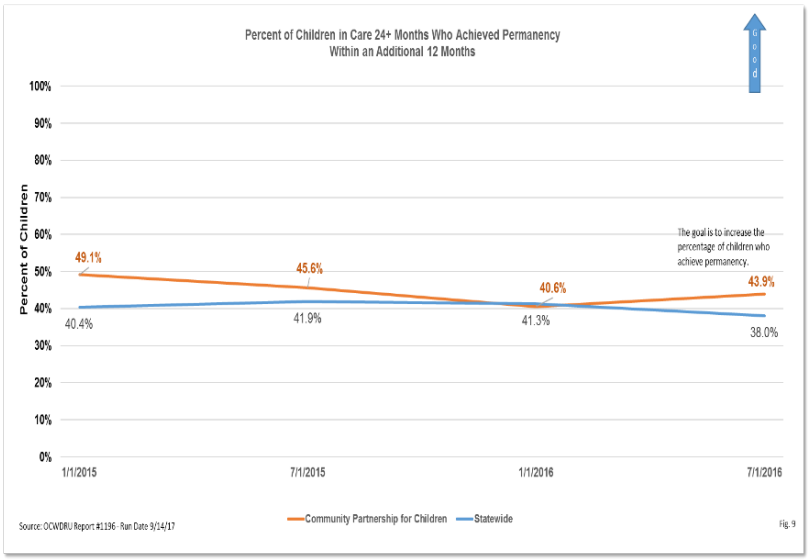
PERMANENCY IN 12 – 23 MONTHS

Percent of children exiting foster care to a permanent home in twelve months for children in foster care twelve to twenty-three months (Scorecard Measure M06): Figure 8 provides the percentage of children in foster care whose length of stay is between twelve and twenty-three months as of the beginning of the report period who achieved permanency within twelve months of the beginning of the report period. CPC achieved permanency for 46.4% of children entering out-of-home care within 12-23 months. CPC's performance consistently exceeds the target of 43.6%, and exceeded the state average in the second quarter of FY2016/2017.



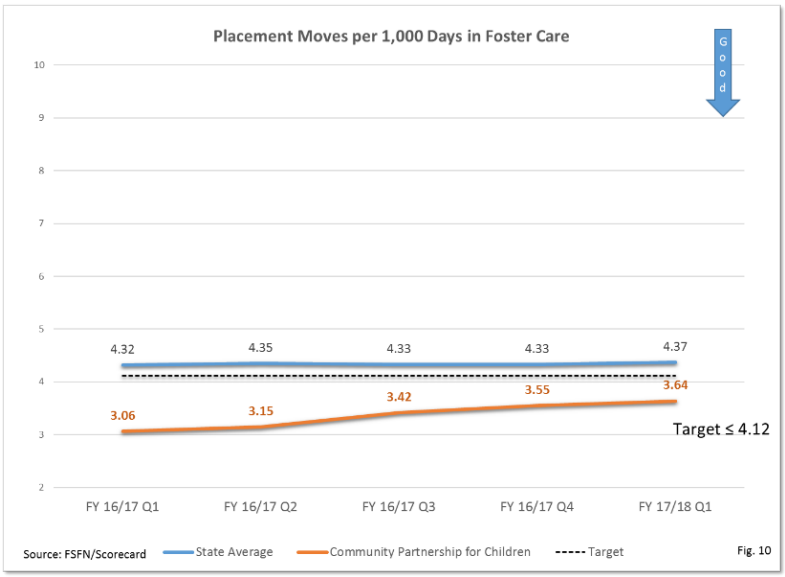
PERMANENCY AFTER 24 MONTHS

Percent of children in foster care for 24 or more months exiting to a permanent home (Scorecard Measure M05): Figure 9 depicts the percentage of children who were in foster care for 24 or more months and achieved permanency upon exiting foster care. CPC has exceeded the state average in three of the previous four bi-annual reporting periods, falling below the state average in the second half of FY 2015/2016.



PLACEMENT STABILITY

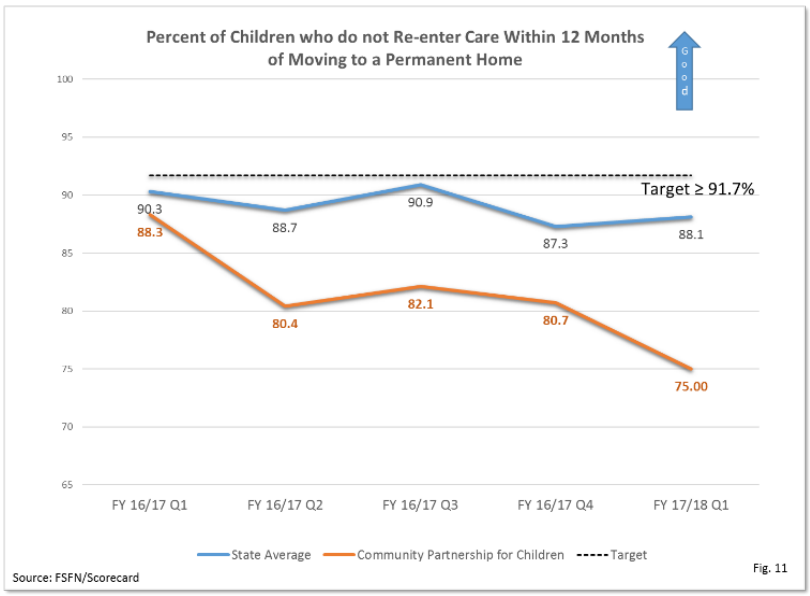
Placement moves per one-thousand days in foster care (Scorecard Measure M08): Figure 10 depicts the rate at which children change placements while in foster care during the report period. Data indicates that the rate of CPC's placement moves for children in out-of-home care is 3.68 per 1,000 days in foster care. They make placement moves fewer times than the statewide average of 4.37 and the target of 4.12. There is a current upward trend for CPC over the past three quarters, which may require further analysis to ensure the trend is addressed prior to exceeding the target.



Qualitative case reviews indicate that in 91% of the cases reviewed the child was in a stable placement and any placement changes were in the best interest of the child and consistent with achieving the child's permanency goal(s). This is above the statewide performance by 8% and above the national performance by 9%.

PERCENT NOT RE-ENTERING INTO CARE

Percent of children who do not re-enter foster care within twelve months of moving to a permanent home (Scorecard Measure M07): Figure 11 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 months of entering and subsequently do not re-enter foster care within twelve months of their permanency date. CPC has performed below the target and the statewide average in the last five quarters and is trending negatively.

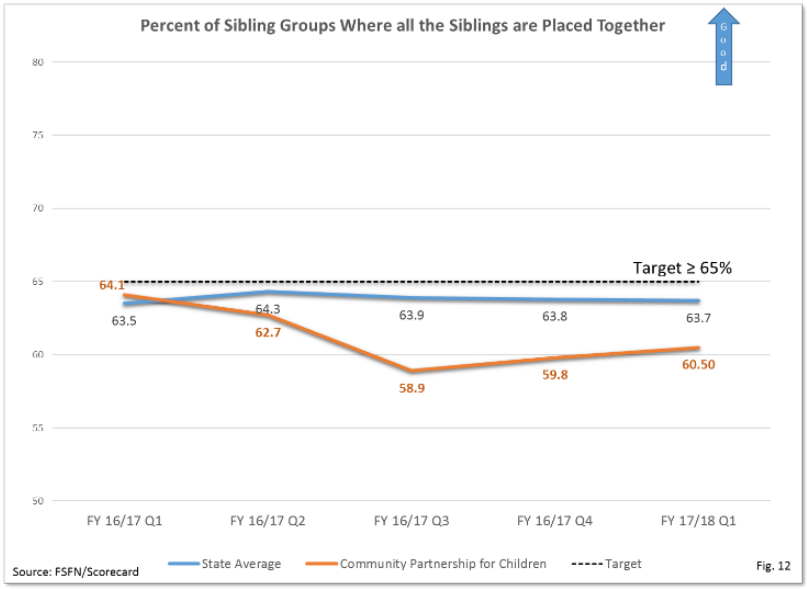


Source: FSFN/Scorecard

Fig. 11

SIBLINGS PLACED TOGETHER

Percent of sibling groups where all siblings are placed together (Scorecard Measure M12): 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. CPC has consistently been below the target of 65% and below the statewide average in four of the previous five quarters. CPC has shown a slight positive trend over the previous two quarters.



Source: FSFN/Scorecard

Fig. 12

While performance indicates that sibling placements are an area in need of improvement, CQI Item7 indicates that this is an area of strength, with CPC rating 94% on this measure. This is well above the state average (67%). This rating indicates that in 94% of the cases reviewed, case managers are making concerted efforts to place siblings together.

Further analysis may be warranted to determine what the barriers to sibling placement are despite the high level of concerted efforts being made.

QA CASE REVIEW DATA

The Tables below and on the following page provide the current performance in items related to permanency that are based on qualitative case reviews.

Quality Assurance Item	Community Partnership for Children Rapid Safety Feedback n=40	Statewide RSF Performance n=851
Assessement Based on Case Reviews by Child Welfare Professionals	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?	91.7%	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?	88.6%	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?	74.2%	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	Community Partnership for Children	Community Partnership for Children	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]
Assessement Based on Case Reviews by Child Welfare Professionals	FY 2015/2016 n=54	FY 2016/2017 n=57					
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)?	88.0%	91.0%	3.0%	83.0%	82.0%	88.5%	95.0%
CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?	91.0%	85.0%	-6.0%	84.0%	81.8%	82.1%	95.0%
CQI Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child?	81.0%	85.0%	4.0%	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?	93.0%	94.0%	1.0%	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?	72.0%	75.0%	3.0%	69.0%	69.0%	None	95.0%
CQI Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community faith, extended family, Tribe, school and friends?	87.0%	85.0%	-2.0%	79.0%	82.0%	None	95.0%

Quality Assurance - Florida CQI Item *Assessement Based on Case Reviews by Child Welfare Professionals*	Community Partnership for Children FY 2015/2016 n=54	Community Partnership for Children FY 2016/2017 n=57	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]
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	90.0%	85.0%	-5.0%	83.0%	72.0%	None	95.0%
CQI Item 11: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary	30.0%	57.0%	27.0%	61.0%	60.0%	None	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 8

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

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

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

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

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

WELL-BEING

Ensuring that children's physical, developmental 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. Community Partnership for Children is below their contract target in the three data points assessed. The graphs and tables on the follow pages depict CPC'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. CQI case practice assessment

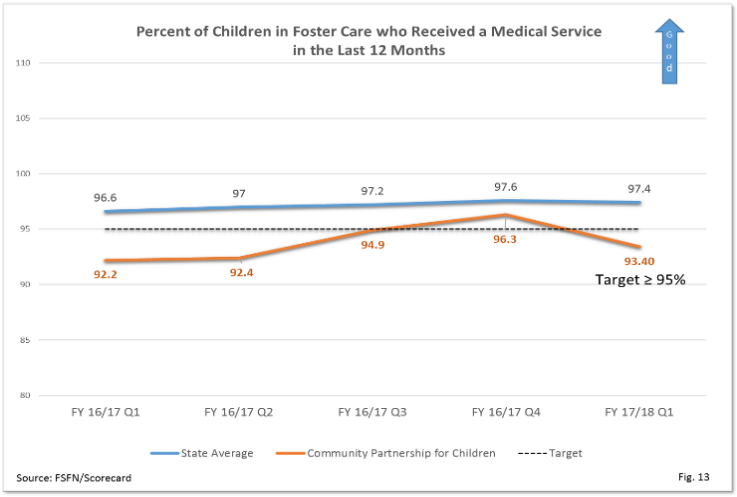
CHILDREN RECEIVING MEDICAL CARE

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

This measure captures 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 months.

Except for FY 16/17 Q4, CPC has performed below the national target and has been below the statewide average during that same timeframe.

CQI case reviews indicate CPC has shown improvement in this area with a 15% increase since FY 2015/2016. (Refer to item 17, Table 9)



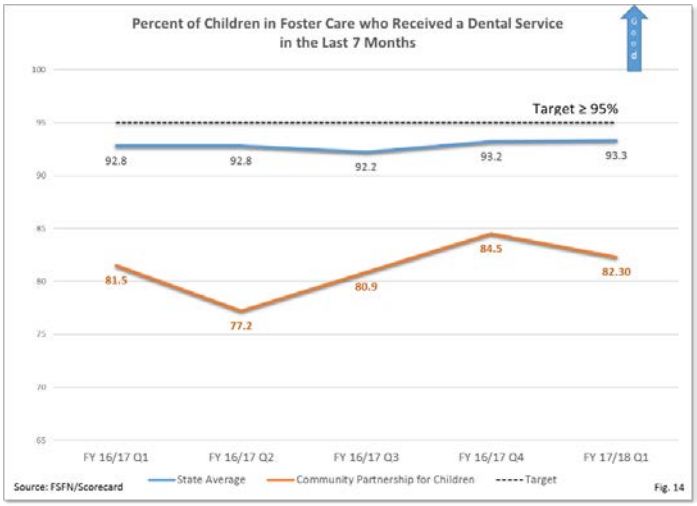
Source: FSFN/Scorecard

Fig. 13

CHILDREN RECEIVING DENTAL CARE

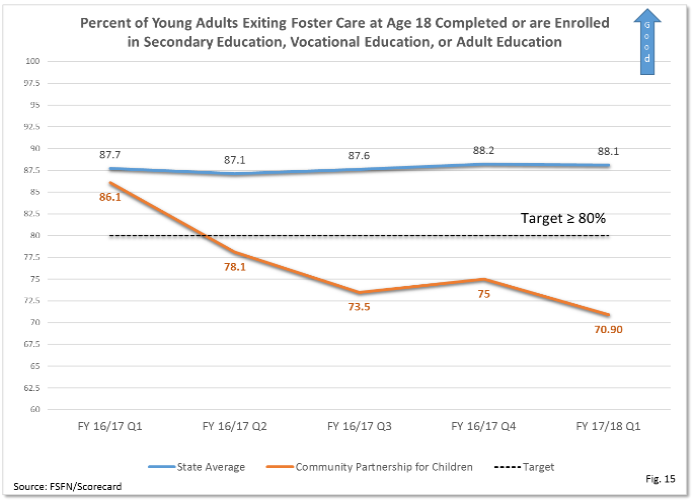
Percent of children in foster care who received a dental service in the last seven months (Scorecard Measure M10): This measure captures the percentage of children in foster care as of the end of the report period who have received a dental service in the last seven months. CPC performance has been consistently below the national target (95%) and statewide performance (93.3%) over the previous five quarters.

CQI data indicates that, CPC has improved in this area with a 15% increase in performance in FY 2016/2017 (refer to Item 17, Table 9). Continued improvement in this measure is necessary to achieve the target goal and exceed the statewide average performance in ensuring children in care receive a dental service at least once in the previous seven months.



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 captures 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. CPC's performance in this measure has been consistently below the statewide average for the past five quarters and despite consistent performance statewide, CPC continues to trend downward.



QA CASE REVIEW DATA

The following table provides the current performance in items related to child well-being that are based on qualitative case reviews.

Quality Assurance - Florida CQI Item *Assessement Based on Case Reviews by Child Welfare Professionals*	Community Partnership for Children FY 2015/2016 n=54	Community Partnership for Children FY 2016/2017 n=57	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	Federal Program Improvement Plan (PIP) Goal[3]	Federal and State Expectation[4]
CQI Item 12A: Did the agency make concerted efforts to assess the needs of and provide services to children to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	98.0%	93.0%	-5.0%	89%	51.3%	58.4%	95.0%
CQI Item 12B Did the agency make concerted efforts to assess the needs of and provide services to parents to identify the services necessary to achiever case	82.0%	75.0%	-7.0%	73.0%	51.3%	58.4%	95.0%
CQI Item 12C Did the agency make concerted efforts to assess the needs of and provide services to foster parents to identify the services necessary to achiever case goals and adequately address the issues relevant to the agency's involvement with the family?	97.0%	94.0%	-3.0%	88.0%	51.3%	58.4%	95.0%
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?	63.0%	71.0%	8.0%	66.0%	63.6%	70.7%	95.0%
CQI Item 14: Were the frequency and quality of visits between caseworkers and the child (ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?	72.0%	70.0%	-2.0%	67%	72.5%	78.9%	95.0%
CQI Item 15 Were the frequency and quality of the visits between the case	29.0%	45.0%	16.0%	48.0%	43.5%	51.1%	95.0%
CQI Item 16: Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?	87.0%	86.0%	-1.0%	84%	92.0%	None	95.0%
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	57.0%	72.0%	15.0%	77%	85%	None	95.0%
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	79.0%	94.0%	15.0%	75%	72%	None	95.0%

Source: Federal Online Monitoring System

Table 9

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

SECTION 5: SERVICE ARRAY FOR SAFETY MANAGEMENT AND FAMILY SUPPORT SERVICES

SUMMARY

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. CPC has submitted information to the Office of Child Welfare about their safety management and family support programs. This information was evaluated as a part of the service array assessment. Based on the information, CPC received a rating of "2", for their family support services programs and a rating of "1" for the safety management services program. 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.

Family Support Services- Community Partnership for Children has contracts with two different providers to serve families whose children are safe but are at high or very high risk of future maltreatment. Family Support Services are delivered to all DCF referred Safe/ High or Very High-risk cases. Services are delivered by The House Next Door, Inc. for Volusia and Flagler counties and Children's Home Society for Putnam County. The caseloads average between 12-15 families per worker.

Safety Management Services- Community Partnership for Children contracts with Devereux and Neighbor to Family for Safety Management Services. Safety Management Services are available for investigations only and cover all 5 safety service categories. Devereux Florida manages Family Builders, which covers Volusia and Flagler counties. The caseload is 6-8 families per team, with three teams total. Putnam County has a full FTE Family Advocate that is employed by Neighbor to Family that can deliver all 5 safety service categories and can manage up to 12 families at a time. Both SMS programs are co-located with the CPI's.

When looking at the children served by case type, CPC's out-of-home care rate is almost double the rate of children served in home through family support services or in-home case management. Although the service area saw an increase in removals during last fiscal year, removals are decreasing and beginning to stabilize. To work on safely decreasing the number of children in out-of-home care, CPC would benefit from a focus on developing safety management services at reunification and an effort to identify when it is safe to reunify children with those services in place.

The figure below indicates the rate of services per 1,000 child population on 6/30/2017 for Family Support Services, In-Home Services, and Out-of-Home Care Services.

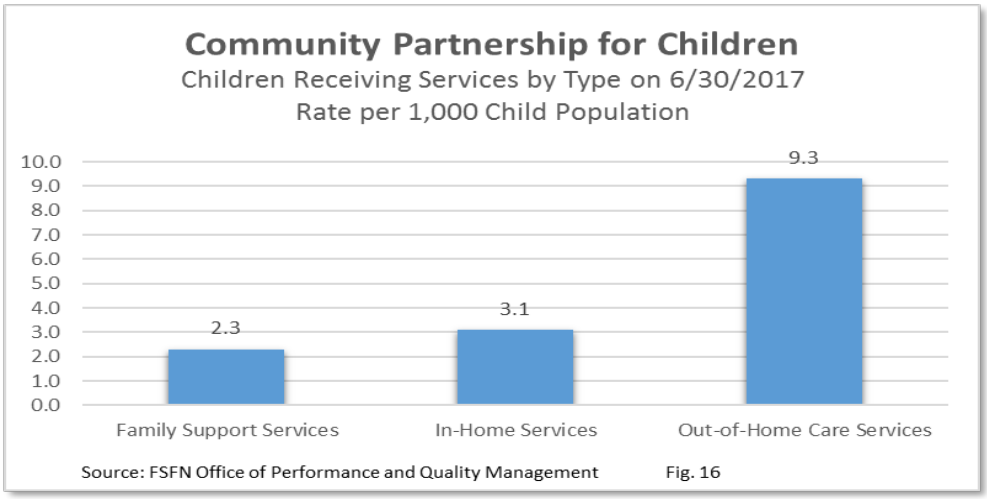


Fig. 16

SECTION 6: LEADERSHIP AND GOVERNANCE

SUMMARY

This category focuses on alignment of CPC's Mission/Vision/Values (M/V/V) to those of the Department and includes an assessment of resource and risk management, evaluation of the Chief Executive Officer, and leadership development.

CPC's mission statement is "to design, implement, and manage a quality child protection system for the citizens of Volusia, Flagler, and Putnam counties." CPC's Guiding Principles are WE CARE which stands for:

- Collaboration through partnership with DCF and the communities we serve,
- Accountability to be client-centered and outcome driven,
- Respect for families through strength-based assessment and family empowerment, and
- Excellence in our work and commitment to promote a safe environment for children to grow and thrive

CPC's Board of Directors have active members representing all service areas. They hold meetings every other month at a variety of locations. The Board is provided with and reviews financial and performance data at each meeting and uses this information to guide their decisions. Additionally, there is a finance sub-committee which typically meets prior to the board meetings to review administration and placement costs. The Board of Directors serves as a guidance and advisory Board leaving programmatic and operational decisions up to the CPC Leadership team. The Board evaluates the CEO's performance annually and uses performance data and community input to inform their decisions. The CEO determines which incidents may place CPC at risk and reports them to the Board.

CPC's leadership team has been in place for many years so there has been no need for formal succession planning or for a formal leadership development plan. Recently, CPC created a COO position which reports to the CEO along with the rest of the management team. CPC Leadership staff closely watch cost drivers such as, children in out of home care and high utilizers, and understand the importance of reducing costs where possible. Leadership holds weekly Executive Management Team meetings to review data trends and financial impacts.

CPC applied for and was approved to receive Risk Pool funding for FY16/17. The Risk Pool Peer Review Committee made several recommendations which include implementing the Financial Viability Plan and the use of the FSFN Client Rate Validation Report as a management tool and review the potential addition of financial data to the

Mindshare reports used by CPC. CPC contracts with James Moore and Associates for accounting services and part-time CFO services. The FY 16-17 Risk Pool Peer Review Committee Report recommended "CPC may want to consider the cost effectiveness of these services and whether hiring a full-time CFO as a strategic financial executive which may benefit CPC both in the short and long term." CPC states that they have attempted to bring this in-house in the past but feels it wasn't as effective as continuing with James Moore and Associates.

The strategic plan provided by CPC contains 3 goals with objectives and strategies assigned to each goal. While some areas are specific, others are generalized. Throughout the organization, Leadership adjusts when crisis arises but do not use data strategically or have a long-term vision to plan for long term growth.

CPC's most challenging area is Putnam County. Putnam lacks resources, services, and community involvement. Leadership has made efforts to increase awareness of the community needs, such as holding Board meetings in Putnam, but these efforts have not been effective.

CPC receives in-kind support through various community entities such as Friends of Children, FCB Bank, and the Rotary; and events such as golf tournaments, casino night, toy drives, Thanksgiving drive, and back to school supply donations. CPC focuses on supporting their subcontractors' fundraising activities and accepting tangible donations to help support their relative/non-relative placements.

ANALYSIS

CPC does align with the Department's M/V/V and it is integrated into their daily operations. The CEO and Executive Leadership have developed a culture that is committed to family/child centered, trauma informed casework. There are generalized goals in place to ensure quality staff, building community relationships, and improvement of client services, however continued efforts to analyze data and root causes will likely further their sustainability and achieve positive community impact. Additionally, it may benefit leadership to develop and lead a robust plan to address the challenges present in Putnam County.

SECTION 7: WORKFORCE MANAGEMENT

SUMMARY

This category focuses on workforce management, training, and development of case management supervisors.

CPC provides case management services directly for dependency cases at three service centers across the entire service area. CPC subcontracts Family Support Services and Safety Management Services. To incentivize staff to complete credentialing and create career advancement opportunities, CPC created a case manager level system (with accompanying salaries). The levels are as follow:

- CM1- Trainee
- CM2- Post-test (Protected caseloads)
- CM3- Fully credentialed (Full Caseloads)
- CM4- Senior, mentors new staff (Reduced caseloads to accommodate extra responsibilities)

CPC aims to have caseloads between 18-20 children per staff, but at the time of the on-site review were at an average of 23 children per case manager. This exceeds the Child Welfare League of America's recommended caseloads of 15 children per case manager. During the review, it was clear that while CM4s are intended to have reduced loads, most are carrying a higher number of cases than other case managers. Additionally, case management supervisors and all Program Operations Administrators (POA) have caseloads themselves; some of which are equal to a case manager's level. CPC reported that factors contributing to high caseloads includes turnover, staff FMLA, and staff on protected

caseloads. CPC keeps case managers on a protected caseload until they are certified, which can range from six months to one year.

CPC reported that they have struggled with retention during FY 16/17. Turnover rates were at 31% for FY 16/17, up from 15% in FY 15/16. Through analysis they found that case managers were typically leaving around the 2 to 3-year mark, as CM3s. They found that if an employee stays through their third year, they are more likely to stay long-term and build a career. With turnover rates increasing, CPC has been focusing on retention activities. A monthly employee newsletter incorporates announcements, accomplishments, policies and procedures, tips for staff, training opportunities, employment opportunities, and community events and resources. Staff are recognized for their birthdays, their employment anniversaries, when they receive their credential, and when a new life event occurs (i.e. baby, new home, etc.). CPC also began the BREATHE (Building and Reinforcing Emotional Wellbeing and Total-Body Health for Employees) Employee Wellness Program as a result of CPC's commitment to creating and maintaining a trauma-informed system of care. The program is designed to address compassion fatigue and secondary traumatic stress in the workplace. The BREATHE committee is comprised of staff and has established subcommittees who are tasked with various items such as holiday parties, healthy lifestyle emails, and staff events. Some activities have included payday breakfast, rock painting, and office decorating.

In addition to the retention activities mentioned above, the Human Resources Dept. began using a Predictive Index to try to capture common qualities among well performing, long-term staff. While this tool is not used as a hiring measure, it is used to inform management of ways to supervise and match staff with appropriate supervisors. Annual performance evaluations are completed on each staff and reviewed by the Executive Management Team. Word of mouth feedback from peers, supervisors, and supervisees is incorporated but there is no formal feedback mechanism to capture this data.

CPC has contracted with University of South Florida (USF) to provide pre-service training and post pre-service field support. Pre-service trainings are held three times a year and last 10-11 weeks. After pre-service, the trainers are available to lead consultations to assist staff and supervisors when needed. Case managers reported they felt the preservice training was adequate and felt supported once in the workforce. CPC works closely with USF to identify any gaps in training topics and that USF has responded accordingly. CPC has developed a training plan which is reviewed quarterly by management and the training department to ensure all training needs are being met. Suggestions for trainings are elicited from the Quality Assurance Department, the leadership team, and directly from staff. Recently, CPC implemented the use of a survey tool to receive feedback on training needs. One in-service training that was identified as a need based on the surveys is the "Preserving Connections" training. This training focuses on ways to assist children in out of home care with establishing and maintaining natural support systems. This training is mandatory for each staff and the feedback has been very positive.

Currently, there is no formalized leadership development plan or specific training for leadership development skills. Case Manager Supervisor development is encouraged through informal mentoring, learning circles, Senior Management meetings, and quarterly training meetings.

ANALYSIS

CPC recognizes that retaining staff is essential to providing quality services to the families they serve and has taken steps to support staff in various ways; however, during frontline staff interviews, staff stated they felt supported by their supervisor and POA, but that they have "no work/life balance". Further analysis, to include high caseloads and work demand on senior level staff and the length of time staff are on protected caseload status, may inform future

retention strategies. Additionally, Leadership should evaluate the impact of case carrying senior and upper level staff may have on quality oversight and service delivery. CPC has created a career path for case managers but does not have a formalized supervisor development plan. The established relationship with USF is strong and training needs are being adequately met and is a strength for CPC.

SECTION 8: QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

SUMMARY

This category focuses on data analysis, performance improvement strategies and quality of eligibility determination.

The Quality Assurance team includes three QA Specialists, one serving as the Lead QA Specialist. The Quality Assurance team is invested in ensuring that data gathered from the Performance Measures and RSF/CQI/CFSR is shared with management and the training department. The data is monitored and analyzed periodically to address areas that show an increase in non-compliance or struggle with meeting targets. QA Specialists provide feedback to Directors, POAs, and Supervisors. Supervisors are expected to convey the findings to case managers.

Frontline staff had positive feedback regarding the quarterly fidelity reviews and felt these were helpful in their day to day job. The fidelity reviews are done with the Program Administrator, Case Manager Director, Case Manager Supervisor, and the Case Manager. This review is intended to determine the fidelity of the casework to the Practice Model. Frontline staff interviews were unclear in understanding of performance measures and their role in impacting them.

All subcontracts are monitored at least annually, and group care providers are monitored quarterly. Customer feedback is collected by client relations and through mail in surveys completed by families at case closure, however, there is no formal mechanism to collect feedback from consumers on case managers on a consistent basis. The Family Engagement Program (See Section 10: Practice) is in place to address communication breakdowns when identified by the case manager.

CPC's revenue maximization is an area of strength. Two staff oversee the process, compliance, and eligibility determinations for CPC. They verify Medicaid eligibility at shelter reviews, review daily placement logs for moves, utilize the TANF report to prompt case managers to verify TANF, and assist relatives and non-relatives in applying for benefits. Additionally, the QA team reviews accuracy through their monitoring plan. Staff participate on the Regional monthly calls and attend the annual statewide meeting/training.

ANALYSIS

CPC has maintained oversight of performance and quality practices through already available or required reporting venues. These venues provide quantitative data on performance measures and can provide trend analysis, however there are limitations to these tools that would require further root cause analysis by QA staff which is not currently practiced. Other strengths include the use of quarterly fidelity reviews, subcontract oversight, and revenue maximization practices. While the management team has a clear understanding of data and performance measures, there is a clear lack of understanding by the frontline staff. When conveying this information, it is often impeded by the numerous staff interpretations and the various levels of staff responsible for delivering the message.

SECTION 9: PLACEMENT RESOURCES AND PROCESS

SUMMARY

This category focuses on available placement resources by reviewing family foster home recruitment and retention efforts, the placement process, group home quality, supports for relative and non-relative placements and placements available in the extended foster care system.

Recruitment and Retention

CPC contracts with five Child Placing Agencies (Devereux, Neighbor to Family, Children's Home Society, Florida United Methodist Children's Home, and Florida Baptist Children's Home) to provide recruitment, retention, placement, and supportive services for foster families. While each CPA serves traditional foster homes, some have a specialty focus. Devereux specializes in supportive therapeutic foster care, family care, and children with developmental delays. Neighbor to Family specializes in sibling groups with three or more children. Children's Home Society specializes in teens and children with behavioral challenges. Florida United Methodist Children's Home focuses on faith based homes. CPC needs a minimum of 55 new foster homes for FY 17/18 and has a target to recruit 60-65. While there is an established target, there was rationale for how this target was established. There is no set expectation for the number or type of homes that each CPA must recruit individually, however it is expected that each CPA manage approximately 75 homes. There is a central intake process for incoming foster parents. Any person who expresses interest in becoming a foster parent is referred to CPC where they will attend an orientation and complete pre-service training. Foster families choose which CPA they will work with at orientation or during the first week of training. While recruitment efforts have been completed in Putnam County, the current foster parents in that area feel that more needs to be done and recommended more targeted efforts in Putnam along with alternative training options in that area.

CPC provides the 8-week pre-service training using the "Passport to Trauma Informed Parenting" curriculum. Foster parents must also receive additional training through their chosen CPA. As part of their training, foster parents receive Quality Parenting Initiative training.

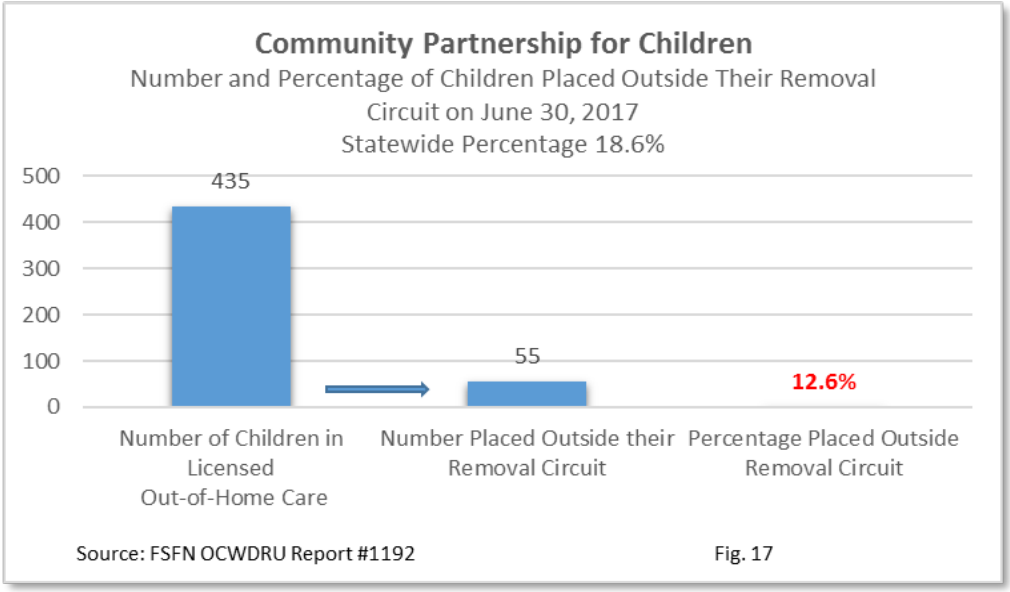
A significant strength is the availability of the foster care liaison. Foster parents indicated that they can always contact the liaison with any questions or concerns and she always assists expeditiously. There is currently no Foster Parent Association but there is foster parent mentor program which matches existing foster parents with new foster parents. These mentors provide support and guidance and are viewed as a positive asset. Also, CPC has set up a Facebook Page for foster parents to access information and connect with others. Additional retention efforts are completed by CPC and the individual CPAs. Some examples include a foster parent picnic, a holiday party, and an annual recognition luncheon. Re-licensure begins 45 days prior to expiration.

Placement Process

Placement of children in licensed care goes through the placement specialist who is managed by the Behavioral Services and Placement Manager. At the time of an initial or change placement request, the placement specialist collects information about the child(ren) and emails all the CPAs to locate potential placements. The placement specialist works closely with the CPA to identify the best match based on location, demographics, mental/behavioral health needs, community supports, and best match for stability and minimal trauma impact. The result is evident in their placement move rate of 3.59, well below the state average. The placement team focuses heavily on ensuring kids stay in their community and try not to place any child under the age of thirteen into group care. The behavioral

health coordinator and nurse care coordinator assist with the decision-making process to ensure that the appropriate services are initiated upon placement. If there are no matches or the child cannot be placed in the county, the manager then partners with surrounding counties to search for an appropriate placement.

There are certain circumstances in which the child(ren) may have special needs beyond the capability of any placement in the service area and an identified out-of-county foster home or group home is the best fit for those children. While there are efforts to bring them back into the service area, CPC also focuses on allowing the child(ren) to remain in a placement where they will thrive. As indicated in figure 17 below, the number of children in out of circuit placements is 12.6%, below the statewide average of 18.6%.



Source: FSFN OCWDRU Report #1192 Fig. 17

Over the past five quarters there had been an upward trend in which placement moves were becoming more frequent however it has remained below the state average and national target. (Refer to Figure 10)

Placement instability does occur and there are formal channels to assist and address the concerns of either the foster parents or relative/ non-relative placements. A staffing will occur with all parties involved and include the behavioral health coordinator and nurse care manager to address any extra supports and/or services that are needed by the child or parents to maintain the child in the home. If this is unsuccessful, transition planning tailored to the change of placement being made begins. The transition is optimally a thirty-day process to allow the child time to meet the new placement and allow for a slow transition over an abrupt move, when possible.

While it is CPC's policy to oversee placement moves and monitor Child Placement Agreements, the on-site interviews exposed a weak link in the process when, without the knowledge of CPC, a child was moved to a new placement without a required Child Placement Agreement. Neighbor to Family is allowed to move children without prior notice to CPC, but is supposed to notify CPC once the move is complete. In at least one case, Neighbor to Family did not follow this protocol and the move was unknown to CPC, which led to a child being placed in a home without the required Child Placement Agreement. Once identified through the on-site interviews, CPC created a Child Placement Agreement the following day.

During on-site interviews, foster parents discussed their experience with the placement process. They reported that when a child is placed in their home, they are provided with the "redbook" which should contain all pertinent information on the child. Foster parents stated that the "redbook" is often empty and they feel that "information is

held back from them". Some provided examples of safety concerns which were not shared with them upon placement. They expressed concerns that Case Managers do not support foster parents establishing relationships with birth families and that they often have to seek out services for the children on their own. Additionally, the interviews and survey results indicated that foster parents do not feel that they are included in decisions regarding the child.

Foster parent interviews also highlighted strengths. Foster parents expressed they appreciated the home visit form which the case managers are required to sign and leave in the "redbook" on each visit. They felt this held the case managers more accountable. They also expressed that they liked the use of Jump Vault to retrieve information on a child, though this is still in a trial phase. Foster parents valued the trainings which involved panels and those that included role plays. Additionally, the foster parents expressed appreciation for Lori, foster care liaison, and her availability to assist with any concern or question they may have.

Placement utilization is monitored monthly by the contract manager. The contract manager then completes a contract performance review quarterly which analyzes the number of newly licensed homes, the number of and reasons for closure, number of filled beds, and capacity data. The contract manager reviews all the data and makes recommendations for closures or reduction in capacity (often due to lack of availability for placements).

Group Home Care

CPC recognizes that children should be placed in the most family-like setting possible, but when that cannot occur, they are cognizant of group homes which yield quality care for the children placed there. The contract management team monitors these placements at least quarterly and conduct unannounced visits when receiving complaints. CPC discontinues contracting with any group home that shows significant concerns. Group care is the option of last resort. There are no children under the age of six residing in group care and only 1.6% between the ages of 6-12 are in group care. The total group care population makes up 6.6% of the total children in out of home care. Figure 19 depicts child placements in group care by age.

It should be noted that there is a large group home in the area in which other CBC's place children and CPC provides courtesy case management. This required CPC to dedicate full time resources to this population, which impacts their fiscal viability and increases caseloads.

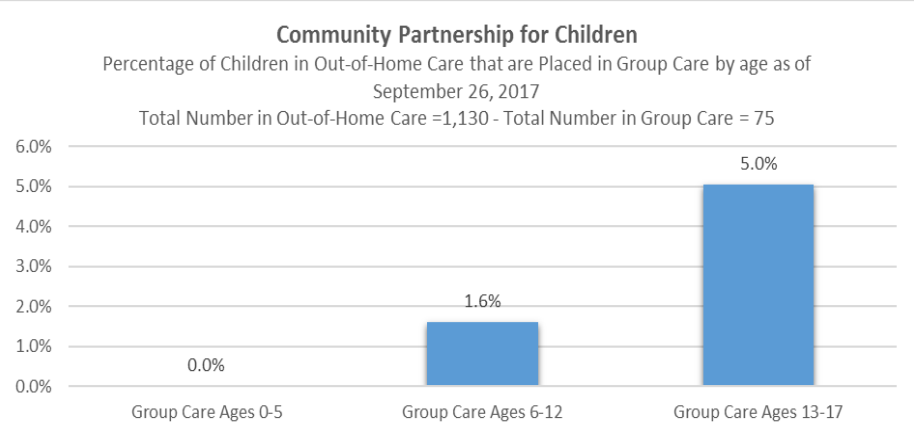


Fig. 19

Relative/Non-Relative and Extended Foster Care Supports

In the first two quarters of FY 17/18, 59.49% of children in out-of-home care are placed in relative or non-relative placements within CPC's service area. CPC indicates that assigned case management staff is responsible for providing supports to their assigned families. All the specialized supports (behavioral health coordinator, nurse care coordinator, education specialist, etc.) that are available to foster parents are also available to relative/non-relative placements. CPC also uses in-kind donations to support relative/non-relative caregivers.

Extended foster care services are provided through Children's Home Society. A transition plan is developed with the youth when they turn 17 and the case is transferred from case management to CHS when the youth turns 18. Florida United Methodist Children's Home has a transition home and CHS uses a program in Seminole County for supportive housing. CHS focuses on building permanency through the youth's relationships. Additionally, they focus on recruiting "host homes" where community members have agreed to house these youths. CHS reports that this has been successful thus far.

ANALYSIS

Significant strengths include the trauma informed placements, foster care liaison, the foster parent mentors, and the contract management analysis. There has been considerable attention to the issue of trauma-informed care. There is a strong commitment to ensuring children are placed within their home area to minimize trauma and retain connections. Additionally, all staff and foster parents receive training on the "Trauma Tool Kit" and "Quality Parenting Initiative". Foster parents feel supported by the foster parent liaison and appreciate her continuous availability. The foster parent mentors are available to guide new foster parents and support them in times of need. The contract manager continuously reviews and analyzes foster care placement utilization and ensures CPAs are closing homes when appropriate.

The recruitment process lacks specific steps and outcomes. While there is a target, there is a lack of a formal action plan supported by data that identifies types of homes needed or individual recruitment targets for each CPA. While there are many community resources available in some areas, there is a lack of community ownership for services for children and families.

Lastly, CPC has a placement policy that ensures CPC is notified immediately of any placement moves but this policy is not followed by Neighbor to Family, creating a situation where a child can be moved without CPC's knowledge. CPC oversees all Child Placement Agreements but if CPC is unaware of a placement move, they are unable to ensure the appropriate Child Placement Agreement is in place in accordance with CFOP 170-11. In one instance, this created a situation where a child was in a home for approximately two weeks without a required Child Placement Agreement.

SECTION 10: PRACTICE

SUMMARY

This category focuses on implementation of the Department's child welfare operating procedures, theory comprehension and practice competency.

When new CFOP's are released, the Director emails the policy to all staff and reviews it during the Operations meeting with all the Program Operations Administrators. QA Specialists will, at times, create a summarized version and breakdown the process for clearer understanding. The QA team ensures CFOPs are being followed through their CFSR and RSF reviews. During interviews, frontline staff were not familiar with standard language in recent CFOPs

until management staff interpreted the policy and terms for them. For example, when staff were asked about Child Placement Agreements, staff did not know what they were so leadership explained that it was their "sexual safety plans". This type of "translation" may impede the ability of staff to fully comprehend new policies or procedures or the reasons for their implementation.

The Practice Model is reinforced through QA reviews, training and consultations, and supervision. As of 11/29/17, none of the three counties in the service area had fully implemented the Practice Model and continued efforts are warranted. The following is the implementation status of each county, (Source: Child Welfare Key Indicators Report, November 2017):

- Volusia 60%
- Flagler 54%
- Putnam 78%

CPC leadership is clearly dedicated to family centered practice and trauma informed care. CPC was recognized as a "Trauma Super Community" by the Chadwick Trauma-Informed Systems Dissemination and Implementation Project funded through SAMHSA. The Chadwick initiative works to integrate trauma informed care into child welfare systems of care. Trauma informed care is infused at all levels of staff and is used with clients and colleagues alike. Staff consistently spoke in terms of avoiding further trauma for children. For example, placement specialists ask questions about favorite toys and favorite food to attempt to lessen the trauma experienced by children being removed from their homes. Placements are made based on "what's best for the child, not the fastest." This is evident in their low placement moves and their performance on CQI measures.

CPC places importance on Family Centered Practice. They believe that families are the expert on their own lives and focus is on getting families to where they want to be versus telling them where they should be. Foster parents are well trained in QPI and had a clear understanding of the approach during on-site interviews. CPC reported the use of a "Partnership Plan" which is signed by the foster parents, the birth parents, and case manager; though this was not discussed in the interviews. CPC contracts with Healthy Start to provide a Family Engagement Program. This program uses a parent partner (peer specialist who has gone through the reunification process) to troubleshoot communication problems that arise between the case manager and the family. Cases are identified by the case manager. CPC has plans to start a co-parenting workgroup with foster parents and birth parents. Lastly, CPC hosts a Reunification Day event to honor all families who have been successfully reunified.

ANALYSIS

As a trauma super community, CPC values and infuses the practice of trauma informed care throughout its approach to staff, clients, and community partnerships. Trauma informed approaches and language were evident throughout all on-site interviews. It is clear that decisions at every level of the organization are made with a trauma informed lens. Family Centered Services are valued through the use of QPI, the Family Engagement Program, and the Reunification Day event.

While the management team has a clear understanding of new policy and procedure, there is a clear lack of understanding by the frontline staff. When conveying this information, it is often impeded by the numerous staff interpretations and the various levels of staff responsible for delivering the message. Improvement is needed to increase the implementation of the Practice Model.

SECTION 11: PARTNERSHIP RELATIONS

This category focuses on established relationships with Child Protective Investigators (CPI), Children's Legal Services (CLS), the Judiciary, Guardian ad Litem (GAL), other governmental agencies, domestic violence providers, coordination of educational services and other area partnerships.

CPC engages in collaborative communication, attempting to ensure all voices are heard and addressed. They participate in a variety of meetings including barrier breakers, leadership, workgroups and collaboration meetings in an effort to create and continue effective partnerships. CPC leadership welcomes open communication and is working to address issues brought to their attention. CPC acknowledges there are struggles with differing opinions and some undefined roles, as well as fostering effective front line communication.

As part of this monitoring process, surveys were distributed to several groups including child protective investigators (CPI) and supervisors (CPIS), Children's Legal Services (CLS), guardian ad litem (GAL), and members of the judiciary. Additionally, focus groups were held with CPI/CPIS and CLS staff. GAL survey responses indicated they felt that children were receiving appropriate services in a timely manner, were in an appropriate placement, and were placed with their siblings or having monthly visits with their sibling. GAL responses indicated they were not routinely kept up to date on case progress and felt their recommendations were not consistently considered when decisions were being made about their children. Survey results from the Judiciary indicated that case managers were providing them with quality, sufficient, and timely information on cases.

CPC and CPI frontline staff continue to struggle building rapport and maintaining effective communication. CPC and CPI's are not co-located and do not conduct joint trainings which creates additional barriers. The primary area of discontent seems to involve the case transfer process. Specifically, in Putnam County, staff report an adversarial relationship that is negatively impacting efficient processes. Steps to streamline and improve information sharing and communication between case management and investigations would positively impact operations in the service area.

CPC has a stronger relationship with CLS, though lack of court preparation and court appearance has caused some difficulty. CLS reported that case managers are good at providing judicial reviews and can articulate behavior change well, which supports reunification efforts. CLS survey responses indicated they felt that case managers are actively engaging with families, working with families to construct individualized case plans, and are effective at diligent search to locate absent parents, which supports permanency for children.

All survey responses groups indicated a lack of communication from case managers around case progress and placement moves. Additionally, survey responses reflected that partners do not have an opportunity to provide feedback through a formal process and they are unaware of opportunities to provide input on systemic barriers.

ANALYSIS

Case managers are meeting the needs of the children they serve. Continued efforts are needed to address communication, collaboration and transparency with partners. Specifically, the case transfer process needs to be evaluated and streamlined to encourage greater harmony between case management and investigators.

SECTION 12: COMMUNITY RELATIONSHIPS

SUMMARY

This category focuses on relationships within the faith-based community, business community, local media and the Community Alliances and/or Children's Services Council.

CPC has established many faith-based and business community partnerships. These relationships have supported CPC through fundraisers, donations, in-kind services, advertising, and recruitment. Financial support has been raised through the Rotary Club, golf tournaments, casino night, children's Christmas events, and Friends of Children luncheons. CPC also received grants through FCB Bank and TD Bank to support safety management services. Operational resource support comes from initiatives such as 2 for 2 book project, back to school supply drive, Thanksgiving drive, toy drive, Reunification Day, Adoption Day, Child Abuse Prevention activities, ECC fund development committee, and an inspiration grant. CPC also partners with local media outlets. They partner with the Heart Gallery and Forever Families to increase adoption awareness. Most recently, The Daytona Beach News-Journal published an article about 23 children being adopted on National Adoption Day with a focus on sibling groups.

CPC supports their community partners through collaboration and advocacy. CPC Board members often attend fundraisers and events focused on raising awareness for local community organizations. CPC staff serve on local advisory committees and boards such as One Voice for Volusia, Florida Coalition for Children, Human Trafficking Taskforce, Thrive by Five, Substance Exposed Newborn Taskforce, Behavioral Health Consortium, SAMH System of Care, Family Engagement Advisory, Early Childhood Court, and the Housing Coalition.

While there are long established partnerships in Volusia and Flagler counties, there is a lack of community partnerships in Putnam County. Efforts have been made to hold Board meetings in Putnam County and luncheons to host local civilian and governmental officials, however, there has been a lack of interest from the Putnam community. By developing further outreach and strategic partnership building efforts in Putnam County, CPC would maximize community ownership and involvement.

ANALYSIS

CPC's partnerships throughout Volusia and Flagler counties are strong and built on mutual investment in the communities' children and families. Stronger and more strategic efforts are needed in Putnam County.

Section 13: COU Monitoring Summary

SUMMARY

Community Partnership for Children is a child welfare community based care agency located in Circuit 7 that is committed to design, implement, and manage a quality child protection system for the citizens of Volusia, Flagler and Putnam counties. Community based care organizations will always have opportunities to enhance their systems of care. CPC's openness to feedback and willingness to work on issues brought to their attention through collaborative efforts will serve them well as they endeavor to address the issues noted below.

AREAS NEEDING ACTION:

These findings represent areas that need prompt attention and action as they impact child safety or are measures where Community Partnership for Children have consistently underperformed:

1. Conduct analysis of the following performance measures to determine potential root causes and develop countermeasures to positively impact performance:

    a. **Rate at which children are the victims of abuse or neglect while in foster care (per 100,000 bed days)** – CPC has failed to meet the national target in the past five quarters.
    b. **Percentage of children exiting foster care to a permanent home within twelve months of entering care** – CPC has failed to meet the performance expectation of ensuring children reach permanency within twelve months of entering care in the past five quarters. Quality case reviews show that efforts to achieve reunification have met or exceeded both statewide average and national average warranting further analysis to address cause.
    c. **Percentage of children who do not re-enter care within 12 months of moving to a permanent home** – CPC has failed to meet the national target in the past five quarters and is trending negatively. Again, CQI data shows that the agency is meeting the statewide, federal, or PIP performance expectation of ensuring that concerted efforts are made to provide services to prevent children's re-entry into foster care or re-entry after reunification, warranting further analysis for root cause.
    d. **Percentage of sibling groups where all siblings are placed together** – CPC has failed to meet the performance target in this area for the past five quarters. Quality case reviews show that CPC is making concerted efforts to ensure siblings are placed together, warranting further analysis. CPC's current performance has met or exceeded the state average, but has fallen short of the federal performance expectation.
    e. **Percentage of children in foster care who received medical care in the previous 12 months**- CPC has failed to meet the target in four of the past five quarters. Further, quality case reviews show that improved efforts are needed to ensure children in foster care are receiving medical care within 12 months.
    f. **Percentage of children in foster care who received a dental service in the last 7 months**- CPC has failed to meet the target in the past five quarters. Further, quality case reviews show that improved efforts are needed to ensure children in foster care are receiving a dental service within 7 months.
    g. **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**- CPC has failed to meet this target in four of the past five quarters. Quality case reviews show CPC's current performance has met or exceeded the state average, but has fallen short of the federal expectation.
2. Evaluate placement policy to ensure that all child placing agencies notify CPC immediately of any child moves.
3. Ensure Child Placement Agreements are developed immediately upon notification of any safety concern and adhere to CFOP 170-11.
4. Improvement is needed to increase the implementation of the Practice Model.

OPPORTUNITIES FOR IMPROVEMENT:

1. Leadership – By developing further outreach and strategic partnership building efforts in Putnam County, CPC would maximize community ownership and involvement.
2. Workforce- Further analysis, to include high caseloads and work demand on senior level staff and the length of time staff are on protected caseload status, may inform future retention strategies. Additionally, Leadership should evaluate the impact case carrying senior and upper level staff may have on quality oversight and service delivery. CPC does not have a formalized supervisor development plan.
3. Quality Assurance - While the management team has a clear understanding of data and performance measures, there is a clear lack of understanding by the frontline staff. When conveying this information, it is often impeded by numerous staff interpretations and the various levels of staff responsible for delivering the message.
4. Placement Resources and Process- The recruitment process lacks specific steps and outcomes. While there is a target, there is a lack of a formal action plan supported by data indicating the types of homes needed or individual recruitment targets for each CPA.
5. Partner Communications and Relationships - Continued efforts are needed to address communication, collaboration and transparency with partners. Specifically, the case transfer process may be impeding the ability to create harmony between case management and investigators.

ADMINISTRATIVE FINDINGS:

1. Subcontractor Requirements – During review of nine subcontract files, the subcontract document communicated all required provisions contained in the Standard Contract that describe subcontract compliance.

2017 Florida Child Well-being Index
Flagler County

Rank 16

39 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	21.1	3,844	2009	21.9	Unchanged
Unemployment Rate	2015	6.2	2,685	2010	12.4	Better
High Housing Cost Burden (more than 30% income spent)	2015	39.7	16,562	2010	39.8	Unchanged
Teens Not in School and Not Working	2011-2015	12.5	581	2006-2010	11.4	Worse

26 Education

Students Not Ready for Kindergarten	2013-2014	8.6	77	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	69	634	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	83	555	N.A.		
High School Students Not Graduating on Time	2014-2015	22.5	240	2011-2012	25.2	Better

13 Health

Low-Birthweight Babies	2015	7.3	58	2010	7.8	Unchanged
Uninsured Children	2014	10.9	2,098	2009	22.3	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	28.9	875	2008-2009	38.0	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	37.8	191	2010	45.7	Better

10 Family and Community

Children in Single Parent Families	2011-2015	32.0	5,151	2006-2010	27.2	Worse
Children Living in High Poverty Areas	2011-2015	0.0	0	2006-2010	0.0	Unchanged
Children with Verified Maltreatment (per 1,000)	2015-2016	9.4	188	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	24.5	223	2009-2010	41.0	Better

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2. we prevent child abuse, juvenile justice involvement, and substance use.
3. parents have educational and work opportunities that support their families.

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2017 Florida Child Well-being Index
Putnam County

Rank 66

66 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	44.3	6,744	2009	40.0	Worse
Unemployment Rate	2015	7.2	2,072	2010	13.4	Better
High Housing Cost Burden (more than 30% income spent)	2015	35.2	10,260	2010	35.4	Unchanged
Teens Not in School and Not Working	2011-2015	15.6	539	2006-2010	17.3	Better

63 Education

Students Not Ready for Kindergarten	2013-2014	4.2	38	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	86	721	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	94	465	N.A.		
High School Students Not Graduating on Time	2014-2015	45.1	315	2011-2012	41.1	Worse

48 Health

Low-Birthweight Babies	2015	10.2	83	2010	9.8	Unchanged
Uninsured Children	2014	9.6	1,531	2009	24.3	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	38.7	856	2007-2008	43.2	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	37.9	132	2010	45.2	Better

64 Family and Community

Children in Single Parent Families	2011-2015	46.9	5,998	2006-2010	42.1	Worse
Children Living in High Poverty Areas	2011-2015	39.3	6,300	2006-2010	21.9	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	21.4	337	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	33.7	233	2009-2010	70.0	Better

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2017 Florida Child Well-being Index

Volusia County

Rank 34

44 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	27.2	24,364	2009	24.3	Worse
Unemployment Rate	2015	5.7	13,715	2010	12.3	Better
High Housing Cost Burden (more than 30% income spent)	2015	39.9	86,902	2010	40.1	Unchanged
Teens Not in School and Not Working	2011-2015	8.5	2,008	2006-2010	6.6	Worse

37 Education

Students Not Ready for Kindergarten	2013-2014	10.6	487	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	74	3,248	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	79	2,672	N.A.		
High School Students Not Graduating on Time	2014-2015	28.4	1,347	2011-2012	33.2	Better

15 Health

Low-Birthweight Babies	2015	9.2	456	2010	8.4	Unchanged
Uninsured Children	2014	9.5	9,061	2009	24.2	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	29.0	3,616	2008-2009	33.5	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	38.1	203	2010	46.6	Better

47 Family and Community

Children in Single Parent Families	2011-2015	38.1	29,918	2006-2010	32.4	Worse
Children Living in High Poverty Areas	2011-2015	12.7	11,665	2006-2010	8.8	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	12.0	1,110	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	32.6	1,388	2009-2010	55.5	Better

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