



# Contract Monitoring Report

ChildNet, Inc. - Broward

As required by section 402.7305 F.S., The Department of Children and Families completed an On-Site Contract monitoring of ChildNet, Inc. – Broward.

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 JJ212

## Table of Contents

Performance At A Glance .....	5
<b>Section 1: Contract Monitoring Process .....</b>	<b>7</b>
<b>Section 2: Service Area Description .....</b>	<b>7</b>
Child Welfare Partners .....	8
Child Fatalities .....	8
<b>Section 3: Agency summary .....</b>	<b>10</b>
Number of Investigations, Removals and Children Served .....	10
Financial Viability Report Summary .....	11
<b>Section 4: Performance Indicators and Quality Assurance Data .....</b>	<b>11</b>
CBC Scorecard .....	13
Child Safety .....	14
Permanency .....	19
Well-Being .....	24
<b>Section 5: Service Array for Safety Management and Family Support Services .....</b>	<b>26</b>
<b>Section 6: Leadership and Governance .....</b>	<b>28</b>
<b>Section 7: Workforce Management .....</b>	<b>30</b>
<b>Section 8: Quality Management and Performance Improvement .....</b>	<b>35</b>
<b>Section 9: Placement Resources and Process .....</b>	<b>36</b>
<b>Section 10: Practice .....</b>	<b>40</b>
<b>Section 11: Partner Relationships .....</b>	<b>41</b>
<b>Section 12: Community Relationships .....</b>	<b>42</b>
<b>Section 13: COU Monitoring Summary .....</b>	<b>42</b>
<b>Section 14: Innovative Practices .....</b>	<b>43</b>

## EXECUTIVE SUMMARY

This report provides findings for the contract monitoring of ChildNet, Inc. – Broward (ChildNet), Contract #JJ212. The monitoring was conducted April 9 – 13, 2018 and focused on ChildNet’s child welfare system of care. The monitoring process included a review of ChildNet’s programmatic and administrative operations. In addition, the Contract Oversight Unit (COU) 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, focus groups and stakeholder surveys. 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 processes; (5) child welfare practice; (6) partner relationships and (7) community relations. Additionally, HIPPA Data Security, Information Security, Subcontracts, and Incident Reporting were administratively reviewed

Significant findings of each category are below:

### *Leadership and Governance:*

- ChildNet’s mission, vision and values are aligned with the Department’s and are communicated to staff and reinforced on a continual basis.
- Collaborative community partnerships strengthen ChildNet’s ability to provide quality child welfare services in Circuit Seventeen.
- ChildNet is governed by a Board of Directors who are knowledgeable and engaged.
- It is clear that ChildNet values input from staff and the community. The CEO selection process involved communication and input from the community. ChildNet’s website contains a link which enables anyone from the community to send a grievance or comment and this data is distributed to leadership staff for analysis and action when necessary.
- The Board conducted an extensive process to select the new CEO of ChildNet, Inc. Larry Rein was selected. There is an opportunity for the Board to enhance and formalize a more structured annual evaluation process for the CEO.
- The Board is provided with data analytics pertaining to performance and finances at each Board meeting. There are many subcommittees which meet monthly and report to the larger Board of Directors on a regular basis.

### *Workforce Management:*

- ChildNet has a process which tracks and evaluates caseload ratios and staffing needs on an ongoing basis. A caseload capacity report is distributed to leadership staff to ensure equitable distribution of cases and to assist in identifying staffing needs. Five pre-service classes are held annually, and new case managers enjoy a structured mentoring process which promotes transfer of learning and worker retention.
- ChildNet’s training team works collaboratively with quality management staff to identify training opportunities and embrace various modalities for transfer of learning. For example, interactive web-based scenarios engage trainees in a simulated environment to identify potential hazards in a home environment. This innovation and variety ensures transfer of learning to all learning styles.

### *Quality Management and Performance Improvement*

- ChildNet's Quality Management team is experienced and fully integrated into ChildNet's system of care. The QM team produces numerous quality and data reports which are shared with all levels of staff. It is clear that staff are well-versed on performance indicators and the drivers behind the measures which ensure child safety, permanency and well-being.
- ChildNet's Revenue Maximization staff work closely with child advocates to accurately track eligibility for TANF, and Medicaid and ensure fiscally responsible management of Social Security dollars.

### *Placement Resources and Process:*

- There is not a process for comprehensive and real-time knowledge of current licensed caregivers and foster home capacity due to manual spreadsheets that are distributed weekly to all staff and maintained individually, thereby prohibiting up-to-date provider capacity knowledge across all Intake and Placement specialists.
- ChildNet contracts with thirteen Child Placing Agencies (CPA) which provide support to licensed foster parents. ChildNet has effectively leveraged community support to augment financial support to caregivers.
- ChildNet also provides support to relative and non-relative caregivers through a position which liaises with relative and non-relative caregivers following notification of potential placement disruptions. There is an opportunity to move from reactionary relative & non-relative caregiver support to proactive support through post placement outreach. Additionally, cross training to ensure a broader depth of knowledge regarding relative and non-relative support would benefit the system of care.
- ChildNet uses a robust analytical process to determine annual CPA recruitment goals and retention efforts.

### *Child Welfare Practice:*

- ChildNet has embraced the core tenets of the practice model and is focused on increasing the knowledge level among staff by using various training resources.
- Updates to CFOPs, Florida Administrative Code and Florida Statutes are disseminated in a number of ways including computer based learning, e-mail distribution and classroom training.
- There is an understanding of trauma-informed care and family centered practice, including ongoing training to reinforce awareness and use of the concepts, and ChildNet continues to implement the core tenants of the Practice Model into daily operations.
- ChildNet continues to improve family support and safety management services to enhance services provided to children and families in Circuit seventeen. The Children's Services Council funds 100% of the family support and other prevention services in Broward county.

### *Partnerships Relationships*

- ChildNet leadership works closely with the Department's Region staff. Joint meetings are held and discussions are transparent and collaborative.
- The Broward Sheriff's Office performs child protective investigations in Circuit Seventeen. Front line case management and child protective investigations staff report strained relationships which could be improved by joint team building events/activities and joint training (pre-service and in-service).

- The Office of the Attorney General (OAG) is contracted to perform dependency court activities in Circuit Seventeen. OAG staff report quality working relationships with ChildNet staff.

#### *Community Relations*

- ChildNet is clearly committed to supportive relationships within the community. ChildNet effectively works with local media outlets, community businesses and partner agencies to advocate for needed goods and services for families and children in Circuit Seventeen.
- Community Alliance meetings are held on a regular basis and ChildNet staff participate to inform and solicit support and feedback from the community.

#### *Administrative Findings*

1. Subcontractor Requirements – 5 subcontract files were reviewed and found to be in-compliance
2. Incident Reporting - During on-site review of 12 critical incidents, four were found reported late into IRAS and one incident did not contain documentation of the client’s guardian, representative was notified.
3. HIPPA Data Security–No findings identified
4. Information Security - During on-site review 12 employee files were reviewed for the latest security awareness training and signed security agreements forms, all were completed timely. Also reviewed was the provider’s policy for information security standards which states the information security manager shall conduct annual internal security audits and evaluations to ensure appropriate users’ rights and permissions which had not been completed as stated.

### **PERFORMANCE AT A GLANCE**

The graphs on the following page are provided by Casey Family Programs. Casey Family Programs works in all 50 states, the District of Columbia, two territories and with more than a dozen tribal nations. They actively work with Florida child welfare professionals to improve practice through use of evidence based programs and data analytics. The most up-to-date ChildNet performance is depicted later in this report.

## Data Basics

### ChildNet Broward

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

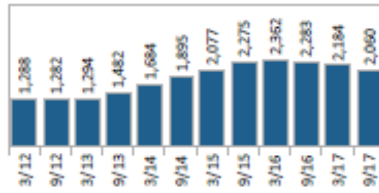
Produced by Data Advocacy, Casey Family Programs

Data source: state-submitted AFCARS and NCANDS files

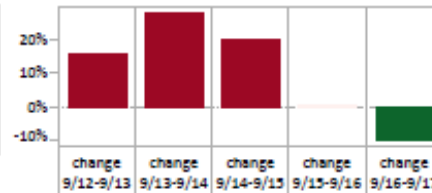
Date prepared: 1/8/2018

#### # of children in care

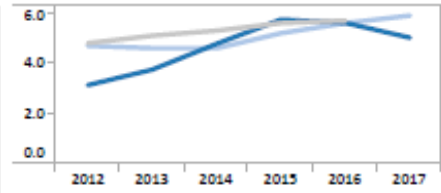
(< age 18; as of last day of each month)



#### year over year change in the # in care

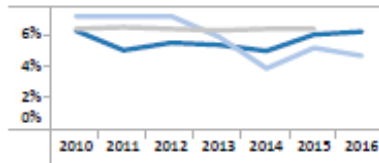


#### rate in care (per 1,000, < age 18)

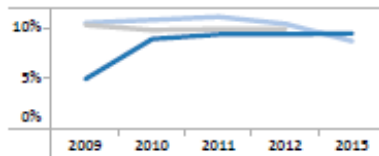


#### Safety

##### % children who experience repeat maltreatment within 6 months

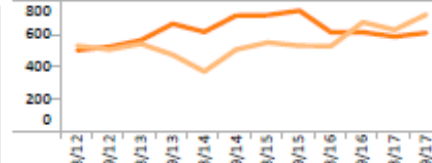


##### % children who experience repeat maltreatment within 12 months (note 2013-2014 data masked due to data quality)

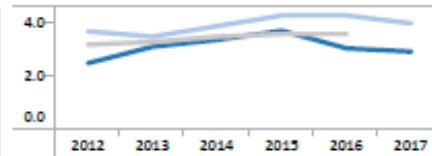


#### Entries

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

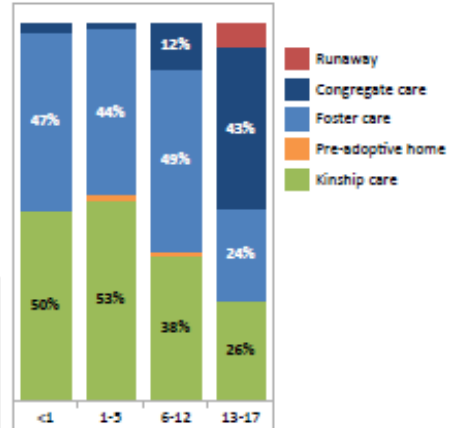


##### rate of children entering care (per 1,000)



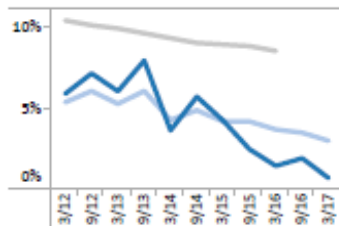
#### Placement

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

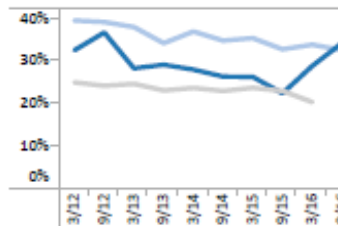


#### Timely & Stable Permanency

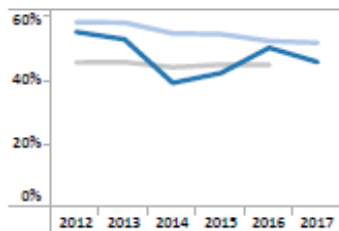
##### % permanency within 30 days of entering care (6 month entry cohorts ending on each date)



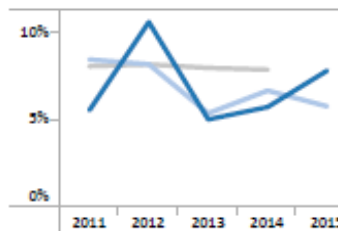
##### % permanency within 3-12 months of entering care (6 month entry cohorts ending on each date)



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



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

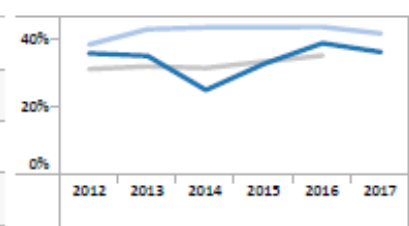


#### Children In Care 2+ Years (9/30/2017)

##### in care 2+ years

#	568
%	28%
state	17%
Nat'l (2016)	25%

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



##### profile of current caseload in care 2+ years

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

	ages 2-12			ages 13-17	
	Reunif	Adopt	NA	Adopt	APPLA
Congregate care		4%		7%	4%
Foster care	11%	32%	2%	4%	
Kinship care	3%	18%			

## SECTION 1: CONTRACT MONITORING PROCESS

The monitoring process included a review of ChildNet’s programmatic and administrative operations. In addition, the Contract Oversight Unit (COU) 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 and quality assurance data and other information obtained through supporting documents, interviews, focus groups and stakeholder surveys. 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 processes; (5) child welfare practice; (6) partnerships and (7) community relations. Additionally, HIPPA Data Security, Information Security, Subcontracts, and Incident Reporting were administratively reviewed.

The Department’s Office of Revenue Management, Office of Community-Based Care (CBC)/Managing Entity (ME) Financial Accountability, Office of Child Welfare and Southeast Region contract manager provided supplementary information. Documents reviewed and analyzed included: "[A Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Position of All Community-Based Care Lead Agencies with System of Care Analysis](#)", quarterly financial viability reports, system adoption initiative, service array assessment and survey results. Additional information was gathered through interviews with ChildNet and DCF staff including leadership from the DCF Southeast Region, ChildNet management level and specialist level staff, case managers, case manager supervisors and the managers/directors who supervise case management supervisors. Focus groups were held to obtain information from Broward Sheriff’s Office child protective investigations staff, Office of the Attorney General and foster parents.

The monitoring team consisted of Department of Children and Families Contract monitoring staff - Alissa Cross, Kelly Welch and Paula Johnson; Courtney Stanford – Northwest Region and John Harper – Office of Child Welfare; and representatives from Community Based Care (CBC) organizations – Jess Sternthal (Eckerd Community Alternatives) and Bill Nunnally (Heartland for Children).

## SECTION 2: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community ChildNet serves, including demographic information, a description of the child welfare partners and information about all child fatalities, including those alleged to be the results of abuse and/or neglect and therefore investigated by the Department. ChildNet operates in Circuit Seventeen, which is in the southeast part of Florida and covers Broward County.

Broward county residents enjoy a higher median household income than the state as a whole. A lower percentage of the population is living in poverty and a greater portion of the population has a high school and college degree as compared statewide. (see Table 1). Broward county is ranked 23 of 67 Florida counties on the

US Census Facts	Broward	Florida
Median Household Income	\$52,954	\$48,900
Percent of population living in poverty	13.5%	14.7%
Percent of population over 25 years old with high school diploma	88.3%	87.2%
Percent of population over 25 years old with a college degree	31.0%	27.9%
<a href="https://www.census.gov/quickfacts/">https://www.census.gov/quickfacts/</a> (2012-2016 v2016)		Table 1

Florida Child Well-being Index (source: [Florida Child Well-being Index Broward](#)).

## CHILD WELFARE PARTNERS

Child Protective Investigations are conducted by the Broward Sheriff's Office. Children's legal services are provided by the Office of the Attorney General, who is charged with the responsibility of litigating cases involving child abuse, neglect and abandonment in Broward County. Broward County enjoys a hearty Children's Services Council, an independent taxing authority established by Broward voters in 2000. The Children's Services Council funds approximately one hundred community services including: maternal and child health, family strengthening, after school programs, kinship care, youth leadership & advocacy and supportive services for children and families with special needs. Case Management, Adoptions, Intake & Placement, Independent Living and Licensing operations are all provided by ChildNet. ChildNet works closely with the Circuit Seventeen Broward Foster and Adoptive Parent Association (FAPA).

ChildNet subcontracts with numerous providers to enhance service delivery and the service array in Broward County. Subcontracted providers include: Devereux, 4Kids of South Florida, Camelot Community Care, Children's Harbor, Children's Home Society, Florida United Methodist Children's Home, Kids in Distress, Henderson Behavioral Health, Chrysalis Health, Avidity, etc.

## CHILD FATALITIES

### INFANT AND CHILD MORTALITY RATES

Since 2012, the birth rate per 1,000 population has remained relatively stable in Broward County and has been consistently higher than the statewide rate of 11.1. The infant mortality rate per 1,000 live births has also remained steady, and has been lower than the statewide average rate of 6.1, during this same time period (see Table 2).

Year	Birth Rate per 1,000 population Statewide Rate: 11.1	Infant Mortality Rate per 1,000 live births Statewide Rate: 6.1
2012	11.9	5.2
2013	12	5.3
2014	12.3	5
2015	12.2	5.4
2016	12.1	5.2

Source: <http://www.flhealthcharts.com/FLQUERY/Birth/BirthRateRpt.aspx> (Run date 12-19-17) and <http://www.flhealthcharts.com/FLQUERY/InfantMortality/InfantMortalityRateRpt.aspx> Table 2

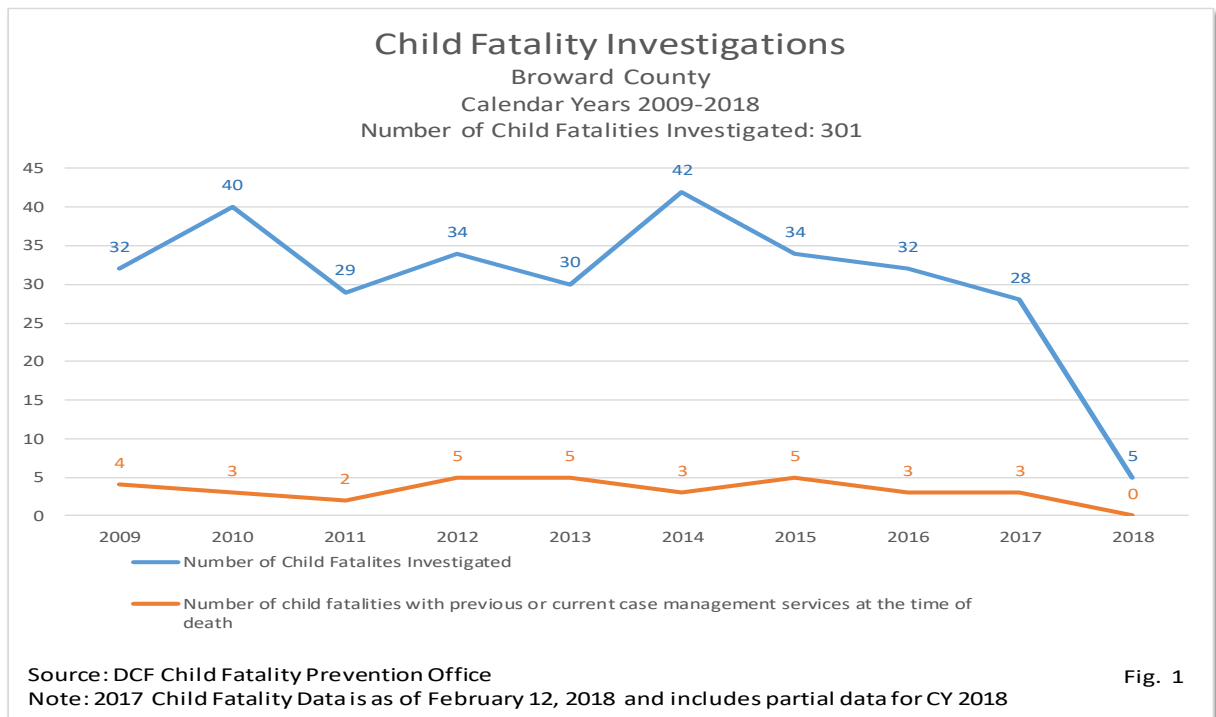
### CHILD FATALITY INVESTIGATIONS

Since 2009, there were a total of 306 child fatality investigations in Circuit Seventeen. The number of child fatalities with previous or current case management services at the time of the fatality investigation has remained relatively consistent ranging from two to five each year. Of the 306 fatality investigations in Circuit Seventeen since 2009, 33 involved previous or current case management services (see Fig. 1). Of the 33 fatalities with previous or current CBC involvement, the most common primary causes of death were:

- natural causes (6)



- sleep related deaths (5)
- inflicted trauma (4)
- drowning (3)
- accidental trauma (3)
- SIDS/SUID (2)
- undetermined/other/investigation pending (9)



In 2014, the Florida Legislature established requirements for a multiagency review of certain child deaths or other serious incidents through Senate Bill 1666. The Critical Incident Rapid Response Team (CIRRT) process became effective on January 1, 2015 and began reviewing child deaths to identify root causes and make recommendations for policy and practice changes related to child welfare. Since the initiation of the CIRRT process, nineteen CIRRT deployments were completed. Of those, five had ChildNet involvement.

1. In June 2013, a 4-year-old child was found unresponsive while on a weekend unsupervised visit with his mother. The cause death could not be determined.
2. In September 2013, a 12-year-old disabled child was found deceased while in court-ordered relative care. Although the medical examiner was unable to determine an exact cause and manner of death, there was a significant concern for caregiver neglect.
3. In November 2013, a 2-month old infant was found unresponsive after sleeping in bed with his relative caregiver. The infant was transported to the hospital where he was pronounced dead several days later.
4. In September 2014, a baby boy was born with respiratory complications. He died three weeks after his delivery due to complications. Both the mother and infant tested positive for marijuana at the birth

which, coupled with other existing risk factors, led to the child being removed from the mother’s care. The infant remained hospitalized until the time of his death.

5. In March 2017, an 11-month-old infant was removed from life support and pronounced dead eight days after he was found in distress by his caregiver. The cause of the baby’s death could not be determined.

### SECTION 3: AGENCY SUMMARY

ChildNet, Inc. - Broward has been the contracted lead child welfare agency in Circuit Seventeen since 2002. Initially, Community Based Solutions (now called ChildNet) was created with the expressed purpose of bidding for the CBC contract. In July 2002, ChildNet, Inc. – Broward was awarded the contract for community based care in Broward County. ChildNet is accredited by the Council on Accreditation (COA) through February 28, 2019. COA is an international, independent, nonprofit, human service accrediting organization which was founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Strong Families and Communities). ChildNet is accredited in the following service areas:

- Adoption Services (AS)
- Family Foster Care and Kinship Care (FKC)
- Network Administration (NET)

### NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

The number of reports accepted for investigation and the number of removals, in Circuit Seventeen has decreased over the past three years, while the number of children receiving in and out of home services has increased overall. Additionally, the number of children receiving family support services increased significantly from a low of 96 in FY14/15 to a high of 825 in FY16/17 (see Table 3).

Child Protective Investigations and Child Removals (Broward County)	FY 2014/2015	FY 2015/2016	FY 2016/2017
Reports accepted for Investigation by DCF (Initial & Additional Reports) <sup>1</sup>	14,293	13,785	13,352
Children Entering Out-of-Home Care <sup>2</sup>	1,558	1,378	1,314
<b>Children Served by ChildNet Broward<sup>3</sup></b>	<b>FY 2014/2015</b>	<b>FY 2015/2016</b>	<b>FY 2016/2017</b>
Children Receiving In-Home Services	2,140	2,616	2,686
Children Receiving Out of Home Care	3,311	3,654	3,629
Young Adults Receiving Services	520	495	468
Children Receiving Family Support Services	96	269	825
Data Sources:			Table 3
<sup>1</sup> Child Protective Investigations Trend Report through June 2017 (run date 1-2-2018)			
<sup>2</sup> Child Welfare Dashboard: Child Welfare Trends/Children Entering Out-of-Home Care (run date 1-3-2018)			
<sup>3</sup> FSFN OCWDRU Report 1006 Children & Young Adults Receiving Services by CBC Agency (run date 1-2-2018)			

## FINANCIAL VIABILITY REPORT SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures, based on the DCF 2016-17 CBC-ME Financial Monitoring Tool for Desk Reviews, of ChildNet. The desk review period was for the period of January 1, 2017 through March 31, 2017.

Three findings were identified and were related to the reporting of expenditures in incorrect OCAs. The entries in question were corrected. Two observations were made pertaining to noncompliance with travel requirements and noncompliance with CBC policies and procedures. For further details, please see the complete fiscal report - [2016-17 CBC Desk Review Financial Monitoring Report ChildNet, Inc. Broward](#)

In FY13-14 and FY14-15, ChildNet was able to operate within the allocated budget, however in FY15-16, all carry forward dollars were used and Risk Pool and Back of the Bill funds were necessary to cover actual expenditures for the fiscal year. In FY16-17, additional Back of the Bill funding was provided to ChildNet and in FY 17/18, ChildNet again received Risk Pool funding. (see Table 4).

Comparison of Funding & Actual Expenditures by Fiscal Year					
ChildNet Broward					
DCF Contract Funds Available (by Fiscal Year)	FY13-14	FY14-15	FY15-16	FY16-17	FY17-18
Core Services Funding	\$48,278,295	\$48,673,432	\$52,779,092	\$56,160,301	\$57,807,569
Other**	\$14,523,769	\$14,179,674	\$14,734,384	\$16,501,065	\$15,887,597
<b>Total Initial Appropriation</b>	<b>\$62,802,064</b>	<b>\$62,853,106</b>	<b>\$67,513,476</b>	<b>\$72,661,366</b>	<b>\$73,695,166</b>
Risk Pool Allocation			\$6,100,000		\$1,245,089
CBC Operational Costs from Back of the Bill			\$5,361,574	\$2,409,883	
MAS from Back of the Bill			\$138,621		
Carry Fwd Balance from Previous Years	\$5,769,272	\$2,215,501	-\$5,361,574	-\$3,209,295	-\$5,911,972
<b>Total Funds Available</b>	<b>\$68,571,336</b>	<b>\$65,068,607</b>	<b>\$73,752,097</b>	<b>\$71,861,954</b>	<b>\$69,028,283</b>
** Includes Maintenance Adoption Subsidy (MAS), Independent Living (IL and Extended Foster Care), Children's Mental Health Services (Cat 100800/100806), PI Training, Casey Foundation or other non-core services					Table 4

## SECTION 4: PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA

This section provides a picture of ChildNet's performance as indicated by data indicators that are used to assess how well ChildNet 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 represents performance as measured through information entered into the Florida Safe Families Network (FSFN) and performance ratings based on the Department's Continuous Quality Improvement case reviews.

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

Federal regulations require Title IV-E agencies to monitor and conduct periodic evaluations of activities conducted under the Title IV-E program to ensure that children in foster care are provided quality services that protect the

safety and health of such children (sections 471(a)(7) and 471(a) (22) of the 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, Rapid Safety Feedback (RSF) reviews and Continuous Quality Improvement (CQI).

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

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 Social Security 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, completing the on-line review instrument. In addition, these cases receive 2<sup>nd</sup> level reviews by the Office of Child Welfare and at times, 3<sup>rd</sup> 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.

As shown in the graphic below, ChildNet is performing well in several areas however, opportunities for improved performance exist. In FY15/16 and FY16/17, ChildNet showed strong performance by meeting or exceeding the contract measure, average statewide performance and/or the federal national standard in the following performance measures:

- (SCM02) The percent of children who are not neglected or abused during in-home services
- (SCM03) The percent of children who are not neglected or abused after receiving services
- (SCM04) The percentage of children under supervision who are seen every thirty days
- (SCM06) The percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months
- (SCM08) Children’s placement moves
- (SCM09) The percentage of children in out-of-home care who received medical service in the past twelve months
- (SCM11) The percentage of young adults in foster care at the age of 18 that have completed or are enrolled in secondary education.

Several measures represent areas where opportunities for improvement exist. They are:

- (SCM01) The rate of abuse or neglect per day while in foster care
- (SCM05) The percent of children exiting foster care to a permanent home within twelve (12) months of entering foster care
- (SCM07) The percent of children who do not re-enter foster care within twelve months of moving to a permanent home
- (SCM10) The percent of children in out-of-home care who received a dental service within the last seven (7) months
- (SCM12) The percent of siblings where all siblings are placed together

All performance measures are discussed in further detail throughout this report.

## **CBC SCORECARD**

SC #	ChildNet Broward Performance Measures Contract #JJ212	CBC Contract Measure Targets	Federal National Standard (Performance of Other States <sup>1</sup> )	Statewide Performance (FY 2016/2017)	ChildNet Broward	
					FY 2015-2016	FY 2016-2017
					July 1, 2015- June 30, 2016	July 1, 2016- June 30, 2017
1	Rate of abuse or neglect per day while in foster care (Source: CBC Scorecard)	<8.5	<8.5	10.56	12.13	10.51
2	Percent of children who are not neglected or abused during in-home services (Scorecard)	>95%		97.20%	95.60%	96.80%
3	Percent of children who are not neglected or abused after receiving services (Scorecard)	>95%		95.60%	97.70%	97.60%
4	Percentage of children under supervision who are seen every thirty (30) days (CBC Scorecard)	>99.5%		99.80%	99.90%	99.90%
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%	31.00%	33.50%
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%	44.70%	52.20%
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%	92.30%	90.30%
8	Children's placement moves per 1,000 days in foster care (Scorecard)	<4.12	<4.12 (2.6%-8.7%)	4.33	3.21	3.34
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months. (Scorecard)	>95%		97.14%	97.71%	97.03%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months. (Scorecard)	>95%		92.70%	93.30%	95.00%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education (Scorecard)	>80%		87.60%	92.10%	91.40%
12	Percent of sibling groups where all siblings are placed together (Scorecard)	>65%		63.90%	56.00%	56.40%
	Number of children with finalized adoptions (DCF Dashboard run date 10/17/18)				265	315

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

Table 5

## CHILD SAFETY

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

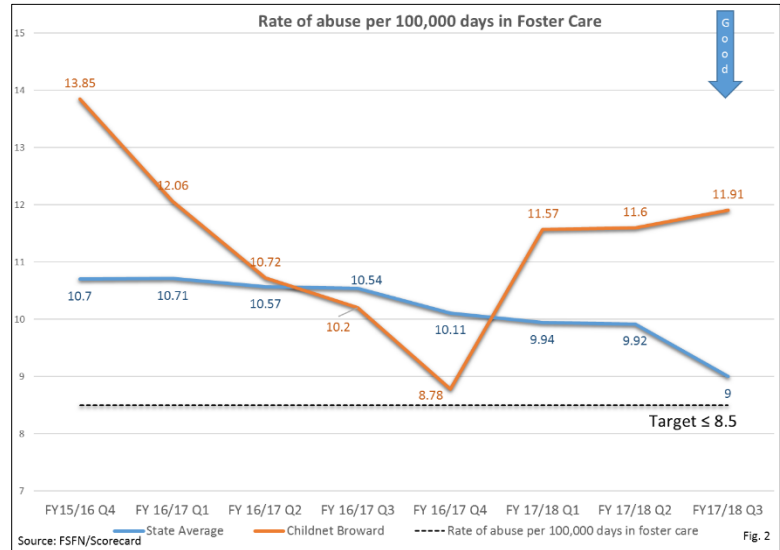
1. Rate of Abuse in Foster Care
2. No maltreatment after Family Support Services
3. No maltreatment during in-home services
4. No maltreatment after receiving services

- 5. Children seen every 30 days
- 6. CQI case practice assessment

**RATE OF ABUSE IN FOSTER CARE**

**Rate of abuse or neglect per day while in foster care (Scorecard Measure M01):** The graph (Fig. 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 is a national data indicator that measures whether the state child welfare agency ensures that children do not experience abuse or neglect while in the states foster care system.

From FY15/16, Q4 through FY16/17 Q4, ChildNet experienced a positive trend in performance with a drop in the rate of abuse per 100,000 days in foster care in each quarter. Beginning in FY17/18, Q1, ChildNet’s performance on this measure has declined. ChildNet has failed to meet the performance target on this measure in the past eight quarters, making it an area needing improvement.

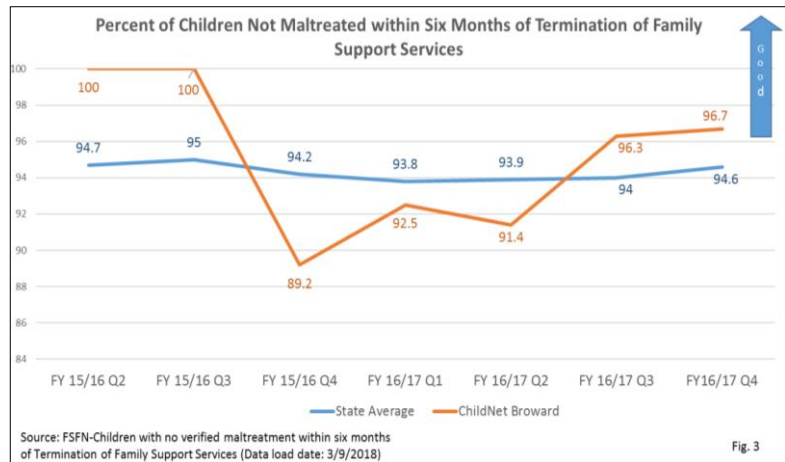


Additionally, ChildNet has shown a 1.1% decline in performance from FY15/16 to FY16/17 in CQI Item 3 (Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?). See table 6.

**NO MALTREATMENT AFTER FAMILY SUPPORT SERVICES**

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

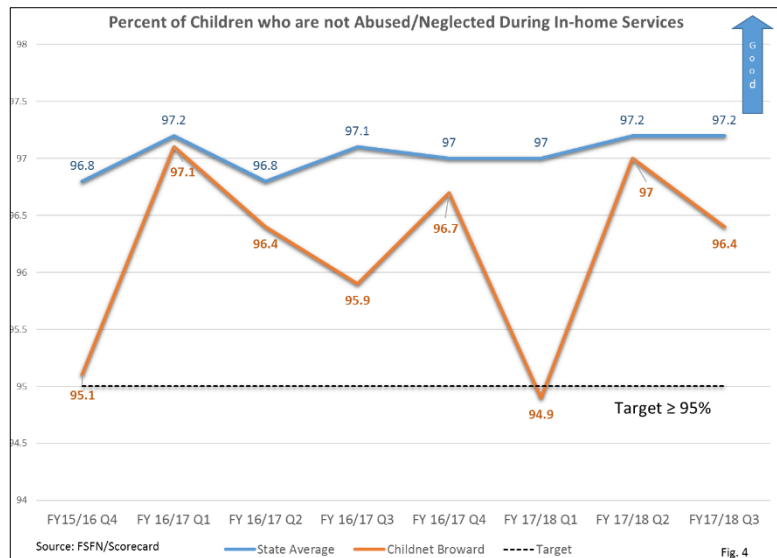
Fig. 3 represents the percentage of children who received Family Support Services and did not have a verified maltreatment during the report period (six-month post service provision). ChildNet’s performance fluctuated over the past eight quarters but has been positively trending overall in the past four quarters.



**NO MALTREATMENT DURING IN-HOME SERVICES**

**Percent of children not abused or neglected while receiving in-home services (Scorecard Measure M02):** The percentage of in-home service episodes, during the report period, where the child did not have a verified maltreatment while receiving the services is depicted in Fig. 4. This indicator measures whether the CBC was successful in preventing subsequent maltreatment of a child while the case was open, and the CBC was providing in-home services to the family. ChildNet exceeded the performance target in seven of the past eight quarters.

Quality reviews show that ChildNet exceeded the statewide PIP goals by making concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes and the frequency and quality of visits between caseworkers and the child (ren) were sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals (see Table 6, CQI Item 3 and Table 8, CQI Item 14).

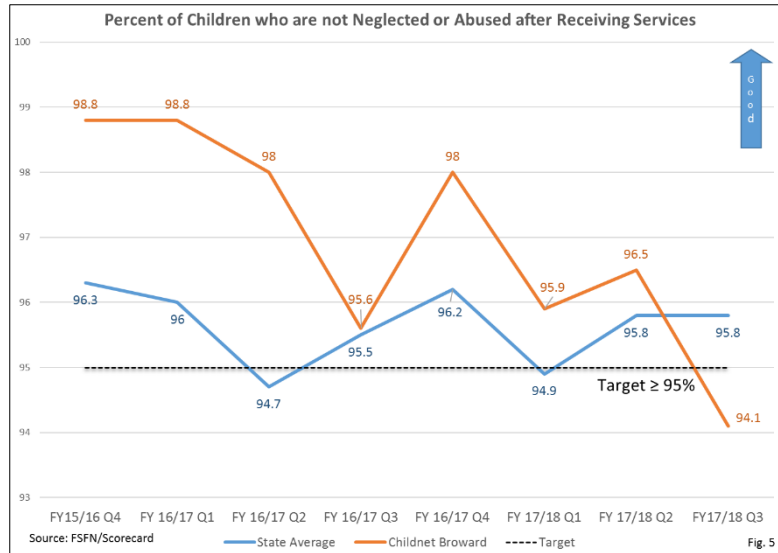




## NO MALTREATMENT AFTER RECEIVING SERVICES

### Percent of children with no verified maltreatment within six months of termination of supervision (Scorecard Measure M03): Ensuring children are not re-maltreated following termination of supervision is a good

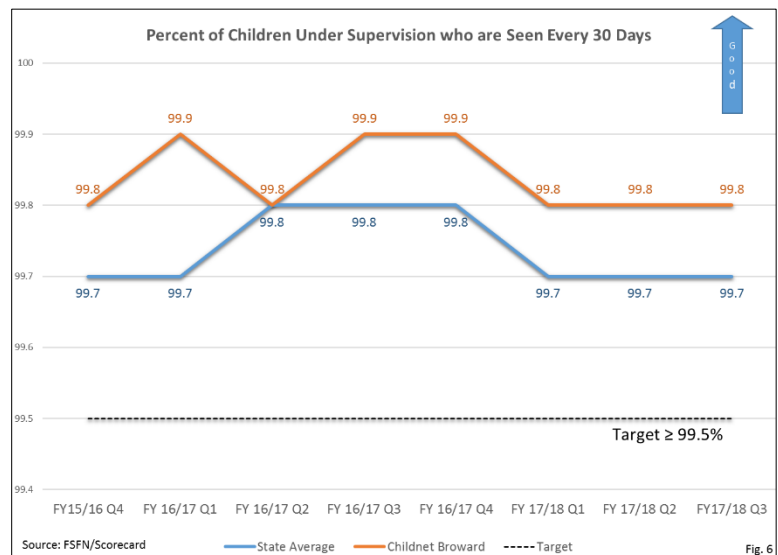
measure of the effectiveness of the services provided. Although ChildNet's performance on this measure has exceeded the target and statewide average performance in seven of the past eight quarters, there has been an overall downward trend in performance. In the most recent quarter, ChildNet's performance fell below the target and statewide average performance (see Fig. 5).



## CHILDREN SEEN EVERY 30 DAYS

### Children under supervision who are seen every thirty days (Scorecard Measure M04): Fig. 6 depicts the rate at which children are seen every thirty days while in foster care or receiving in-home services during the report

period. ChildNet has consistently performed above the performance target and the statewide average performance in this measure. Additionally, quality reviews show that, despite a decline in performance between FY15/16 and FY16/17, the frequency and quality of visits between caseworkers and the child (ren) exceeded the federal PIP goal and were sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals (see Table 8, CQI Item 14).






## QA CASE REVIEW DATA





The table below provides the current performance in items related to child safety that are based on qualitative case reviews completed by trained reviewers. Of the five items included in this report, two are below the statewide average. They are:

- Ensuring the most recent family assessment is sufficient.
- Ensuring a sufficient Safety Plan is in place to control danger threats to protect the child.

ChildNet's performance on ensuring visits between the case manager and the child (ren) are of sufficient quality to address issues pertaining to safety and evaluate progress towards case plan outcomes is approximately 22% over the statewide average. Additionally, both CQI items two and three exceed the federal PIP goal and the average statewide performance.

Quality Assurance - Rapid Safety Feedback Item	ChildNet Broward n=40	Statewide RSF Performance <sup>1</sup> n=851
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>		
July 1, 2016-June 30, 2017		
RSF 1.1: Is the most recent family assessment sufficient?	 30.0%	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?	 85.0%	62.7%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	 57.5%	60.7%

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

Quality Assurance - Florida CQI Item	ChildNet Broward FY 2015/2016 n=56	ChildNet Broward FY 2016/2017 n=78	Percent Improvement	Statewide CQI/QA Performance <sup>1</sup> n=1,290	2016 Statewide Federal Child & Family Service Review <sup>2</sup> 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal <sup>3</sup>	Federal and State Expectation <sup>4</sup>
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?	100.00%	 96.88%	 -3.1%	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?	85.71%	 84.62%	 -1.1%	77%	71.3%	77.7%	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 6

<sup>1</sup>This date provides the statewide rating in each case review item for all CBCs

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

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

<sup>4</sup>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.

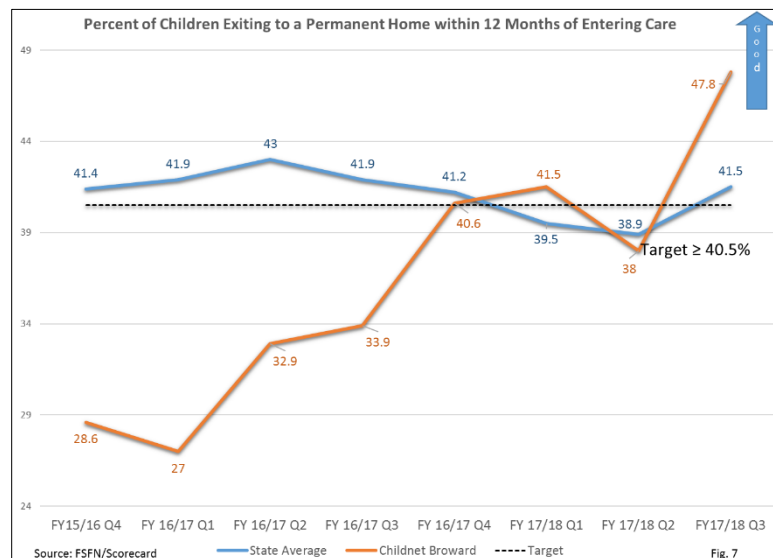
## PERMANENCY

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. The graphs and tables on the follow pages depict ChildNet'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

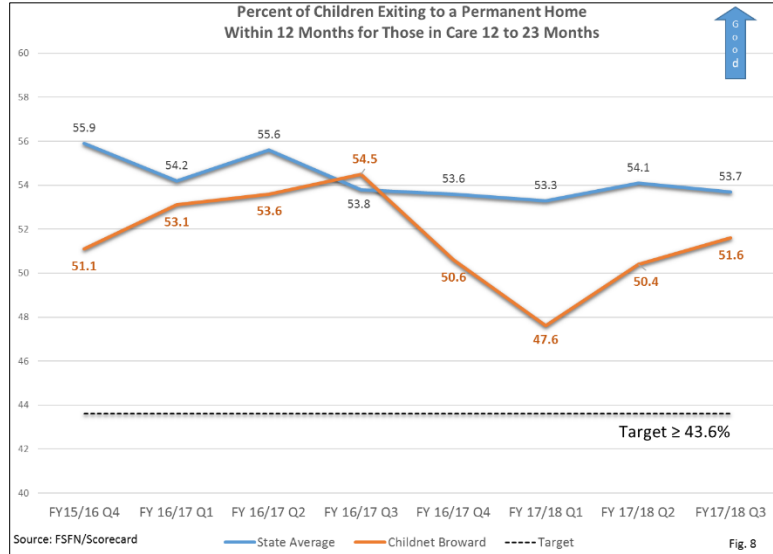
### PERMANENCY IN 12 MONTHS

**Percent of children exiting foster care to a permanent home within twelve months of entering care (Scorecard Measure M05):** Ensuring children safely achieve permanency within twelve months of entering the State's care is a legal requirement and is of utmost importance in a child's life. ChildNet's performance on ensuring children achieve permanency within twelve months has improved over the past eight quarters and is currently above the performance target and statewide average performance (see Fig. 7). Additionally, ChildNet exceeded the federal PIP goal in quality review ratings pertaining to establishing timely permanency goals for children and making concerted efforts to achieve the applicable permanency option (see Table 7, CQI Items 5 & 6).



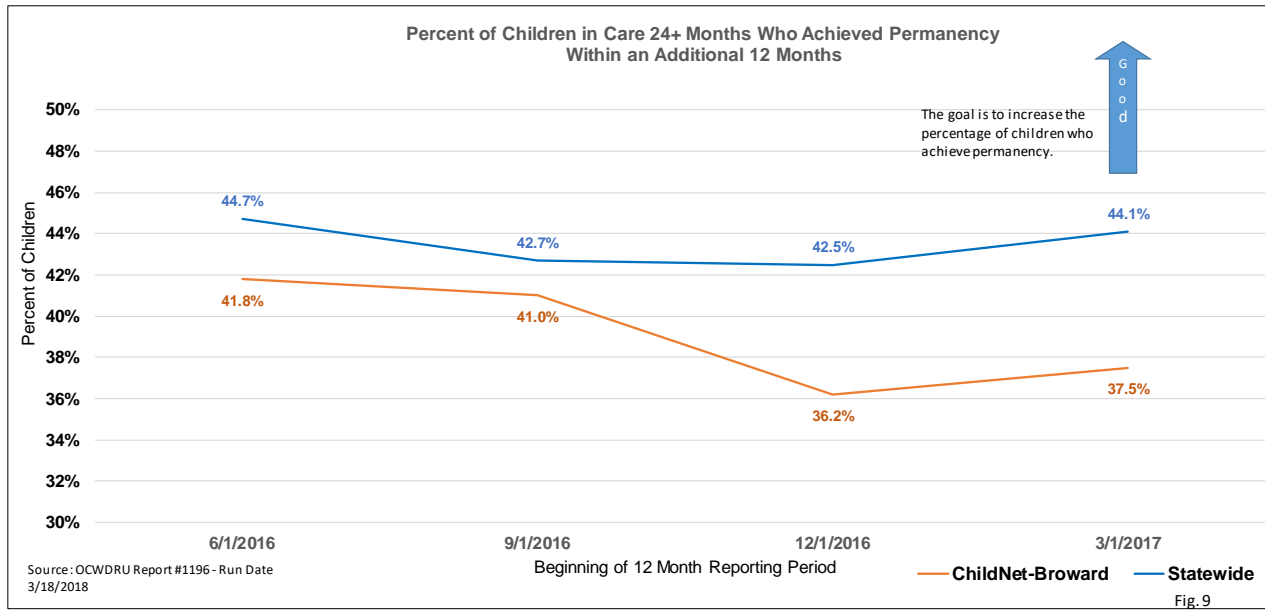
## PERMANENCY IN 12 – 23 MONTHS

**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):** Fig. 8 provides the percentage of children in foster care, as of the beginning of the report period, whose length of stay is between twelve and twenty-three months who achieved permanency within twelve months. As the graphic shows, ChildNet has consistently performed above the performance target, but generally below the statewide average performance. Quality reviews indicate that ChildNet exceeded the federal PIP goal by making frequent quality visits with child(ren) and parents which were sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals (see Table 8, CQI Items 14 & 15).



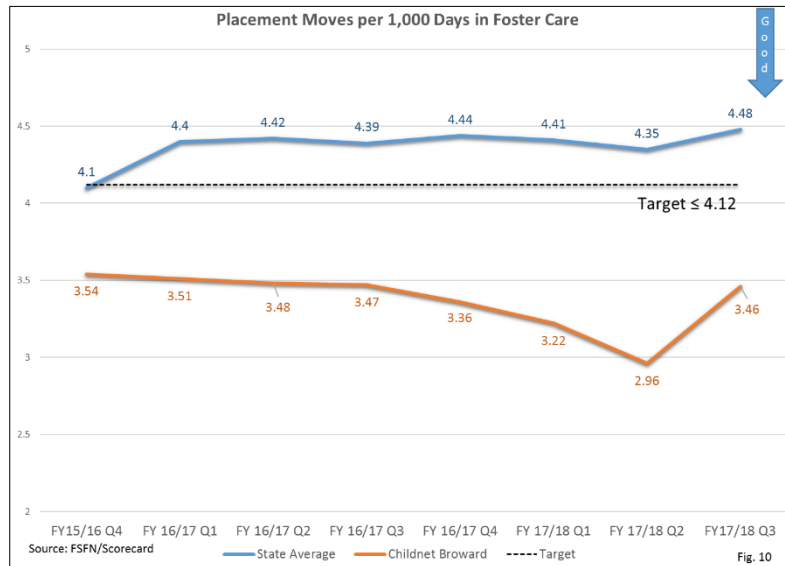
## PERMANENCY AFTER 24 MONTHS

For children in care twenty-four or more months, from June 2016 to March 2017, ChildNet achieved permanency within an additional twelve months at a lower rate than the statewide average (see Fig. 9).



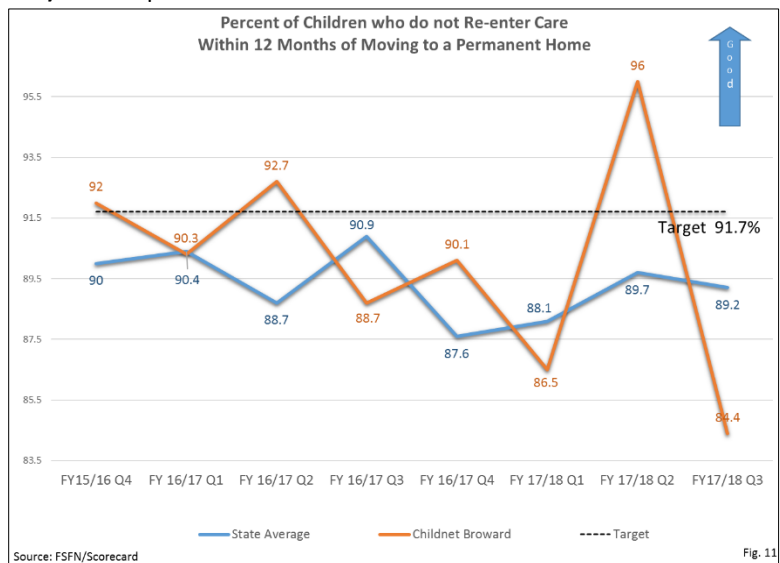
## PLACEMENT STABILITY

**Placement moves per one-thousand days in foster care (Scorecard Measure M08):** Fig. 10 depicts the rate at which children change placements while in foster care during the report period. For the past eight quarters, ChildNet consistently performed better than the statewide average and exceeded the performance target on this measure. Additionally, quality review show improvement between FY15/16 and FY16/17 in 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)?), and ChildNet is less than 2% away from meeting the Federal PIP goal.



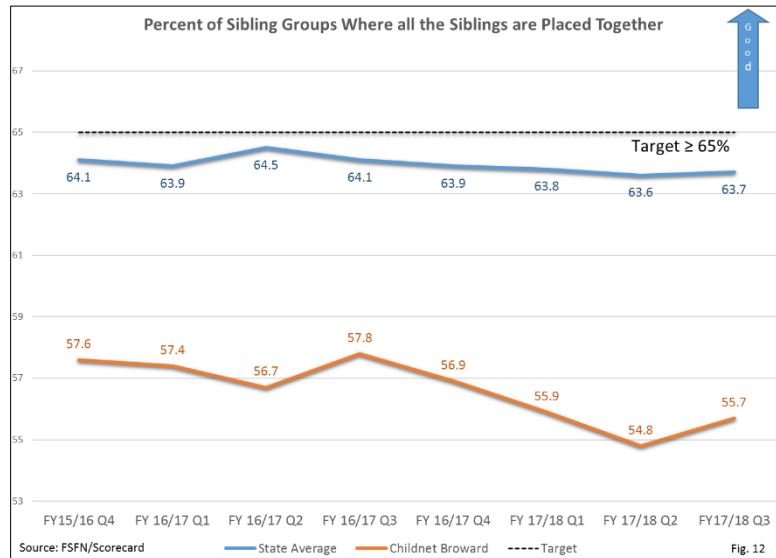
## PERCENT NOT RE-ENTERING INTO CARE

**Percent of children who do not re-enter foster care within twelve months of moving to a permanent home Scorecard Measure (Scorecard Measure M07):** For a specific cohort of children who exited care within twelve months of entering care, Fig. 11 shows the percentage who did not subsequently re-enter care during an additional twelve-month period. In the past eight quarters, ChildNet exceeded the performance target three times. Overall performance on this measure has been trending negatively overall, with the exception of FY 17/18 quarter two which saw a significant improvement.



## 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 is represented in Fig. 12. In the past eight quarters, ChildNet has failed to meet the performance target for shared sibling placement and has performed below the statewide average performance on this measure. However, quality reviews show that concerted efforts are being made to place siblings together unless separation was necessary to meet the needs of one of the siblings (see Table 7, CQI Item 7).



## QA CASE REVIEW DATA

The table below provides ChildNet’s current performance based on RSF/CQI case reviews related to permanency. Of the eleven permanency items included in this report, three have a PIP target goal. ChildNet’s performance is above the PIP goal in two of the three measures (CQI Items 5 and 6). FY16/17 performance in six of the remaining eight measures is above the average statewide performance (see Table 7).

Quality Assurance Item	ChildNet Broward n=40	Statewide RSF Performance n=851
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>		
<b>Performance for FY 2016/2017</b>		
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?	● 85.0%	62.7%
RSF 2.3 Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	● 80.0%	67.7%
RSF 2.5 Is the quality of visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	● 62.5%	55.1%

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

Quality Assurance - Florida CQI Item	ChildNet Broward	ChildNet Broward	Percent Improvement	Statewide CQI/QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review <sup>2</sup> 4/1/16-	Federal Program Improvement Plan (PIP) Goal <sup>3</sup>	Federal and State Expectation <sup>4</sup>
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>	FY 2015/2016 n=56	FY 2016/2017 n=78					
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)?	85.29%	● 87.23%	↑ 1.9%	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?	67.65%	● 87.23%	↑ 19.6%	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?	79.41%	● 76.60%	↓ -2.8%	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?	92.59%	90.63%	↓ -2.0%	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?	75.00%	61.11%	↓ -13.9%	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?	88.24%	73.91%	↓ -14.3%	79.0%	82.0%	None	95.0%
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	100.00%	95.74%	↓ -4.3%	83.0%	72.0%	None	95.0%
CQI Item 11: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging visitation?	66.67%	61.76%	↓ -4.9%	61.0%	60.0%	None	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 7

<sup>1</sup>This date provides the statewide rating in each case review item for all CBCs

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

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

<sup>4</sup>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

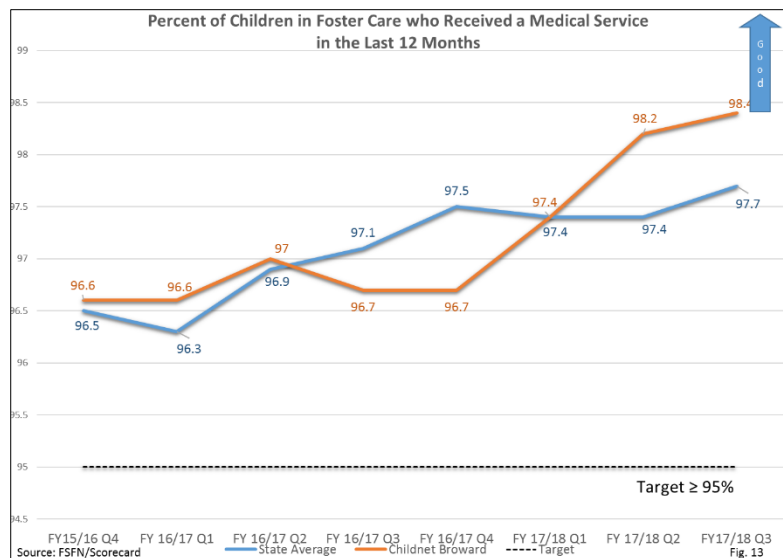
Ensuring that children’s physical, development and emotional/behavioral needs are met has a significant lifelong impact on a child’s future and is one of the system of care’s most important responsibilities. The graphs and tables on the follow pages depict ChildNet’s performance related to well-being in the following areas:

1. Children receiving medical care
2. Children receiving dental care
3. Young adults enrolled in secondary education
4. Children in ages 0-5 in group care
5. 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):

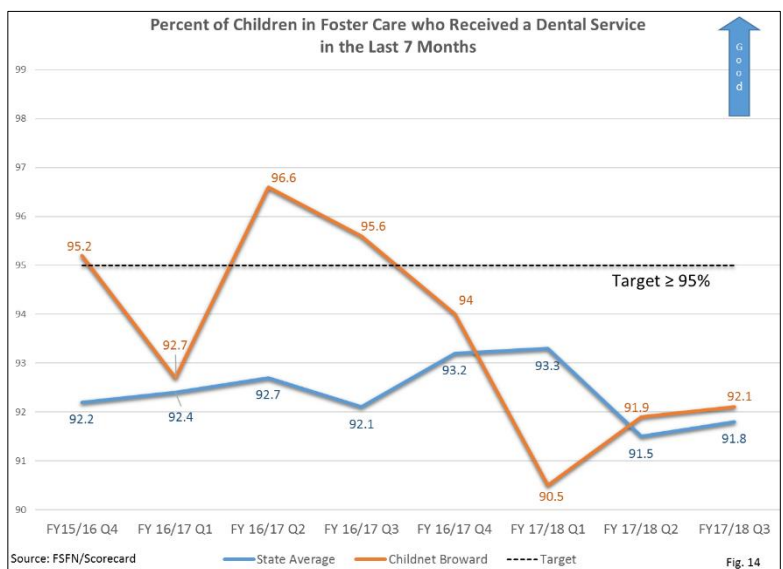
This measure is the percentage of children in foster care as of the end of the report period who have received a medical service in the last twelve months. ChildNet has consistently exceeded the performance target since FY15/16, Q4. Of the quality reviews completed in FY 16/17, the majority (70%) indicate that ChildNet addressed the physical health needs of children (see Table 8, CQI 17).



### CHILDREN RECEIVING DENTAL CARE

#### Percent of children in foster care who received a dental service in the last seven months (Scorecard Measure M10):

This measure is the percentage of children in foster care as of the end of the report period who have received a dental service in the last seven months. In five of the past eight quarters, ChildNet failed to meet the performance target for ensuring children in care receive dental services every seven months. However, in seven of the past eight quarters, ChildNet exceeded the statewide average performance in this measure.

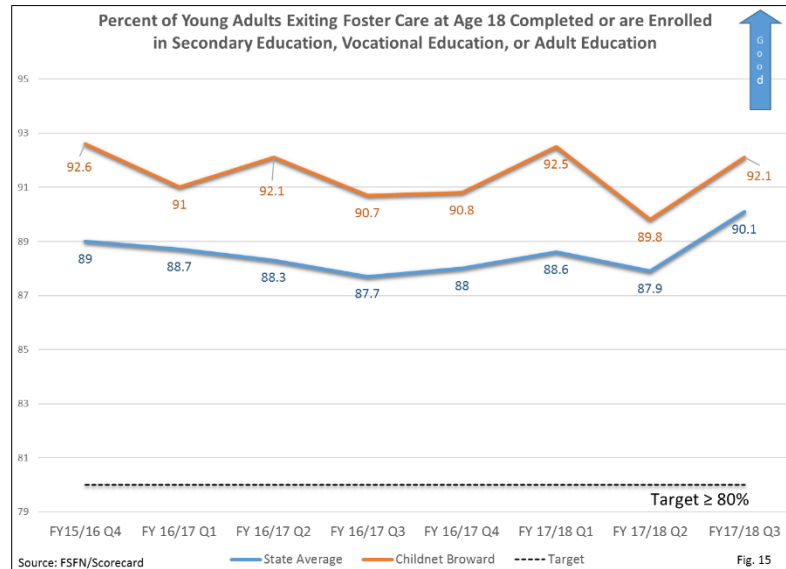




## YOUNG ADULTS ENROLLED IN SECONDARY EDUCATION

### Percentage of young adults who have aged out foster care at age 18 and completed or are enrolled in secondary education, vocational training, or adult education (Scorecard Measure M11):

This measure is the percentage of young adults who aged out of foster care who had either completed or were enrolled in secondary education, vocational training, or adult education as of their eighteenth birthday. ChildNet has consistently exceeded both the performance target and the average statewide performance in this measure.



## QA CASE REVIEW DATA

The table on the following page provides ChildNet’s current performance based on RSF/CQI case reviews related to well-being. Of the nine well-being items included in this report, six have a PIP target goal. ChildNet exceeded the PIP goal in all six measures. Of the three well-being measures that do not have a PIP goal, ChildNet performed below the statewide average performance. See Table 8.

Quality Assurance - Florida CQI Item	ChildNet Broward FY 2015/2016 n=56	ChildNet Broward FY 2016/2017 n=78	Percent Improvement	Statewide CQI/QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review <sup>2</sup> 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal <sup>3</sup>	Federal and State Expectation <sup>4</sup>
<i>Assessment Based on Case Reviews by Child Welfare Professionals</i>							
CQI Item 12A: Did the agency make concerted efforts to assess the needs of and provide services to <u>children</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	96.43%	94.87%	-1.6%	89%	51.3%	58.4%	95.0%
CQI Item 12B Did the agency make concerted efforts to assess the needs of and provide services to <u>parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	89.13%	90.77%	1.6%	73.0%	51.3%	58.4%	95.0%
CQI Item 12C Did the agency make concerted efforts to assess the needs of and provide services to <u>foster parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	96.77%	85.00%	-11.8%	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?	82.00%	71.23%	-10.8%	66.0%	63.6%	70.7%	95.0%
CQI Item 14: Were the frequency and quality of visits between caseworkers and the <u>child (ren)</u> sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?	96.64%	88.46%	-8.2%	67%	72.5%	78.9%	95.0%
CQI Item 15 Were the frequency and quality of the visits between the case workers and <u>mothers and fathers</u> sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals?	44.19%	60.00%	15.8%	48.0%	43.5%	51.1%	95.0%
CQI Item 16: Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?	72.73%	81.25%	8.5%	84%	92.0%	None	95.0%
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	70.59%	70.00%	-0.6%	77%	85%	None	95.0%
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	74.07%	68.29%	-5.8%	75%	72%	None	95.0%

Source: Federal Online Monitoring System

Table 8

<sup>1</sup>This date provides the statewide rating in each case review item for all CBCs

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

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

<sup>4</sup>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.

## 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. CBCs have the flexibility to create programs and services that meet the needs of children and families. CBCs should continuously monitor and analyze the success of programs they purchase or develop. This analysis should go beyond monitoring contract outcomes to also include analysis of outcomes for children and families

related to safety, permanency and well-being. Prior to modifying, implementing or purchasing a program the CBC should ensure there is research supporting the use of this program for the child welfare population. At the time of the on-site review, ChildNet had 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, ChildNet received a rating of “2”, for their family support services programs and a rating of “2” 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

The Broward community is fortunate to have an active and engaged Community Services Council (CSC). The CSC funds 100% of Family Support Services for safe children identified at high or very high risk on the investigative risk assessment. Funding through the CSC provides approximately \$9 million to support community prevention services, including independent living services and relative and non-relative caregiver support (non-adjudicated). The CSC, in partnership with ChildNet, has a robust process to determine community needs in children’s services, and programs are evaluated for effectiveness on an ongoing basis. More than 100 community services are funded through the CSC. A complete listing of FY17/18 funded services can be found here: [Broward CSC FY17/18 Funded Services](#).

Specific to Family Support Services, family strengthening programs serve families at risk for child abuse and neglect and families at risk of out of home placement. Evidenced based programs such as Family Functional Therapy (FFT), Multi-Systemic Therapy, Family Builders, and Nurturing Parenting Program (NPP) serve children who have been identified as safe but are at high or very high risk of maltreatment. Referrals for Intensive Home Services can be made exclusively by Broward Sheriff’s Office to serve families through programs such as Homebuilders, Strengthening Families Program (SFP) and In-Home Family Services (IHFS). While there are an abundance of services available in the community, family support services delivered to the safe but high/very high population are not routinely documented in FSN.

#### Safety Management Services

For Safety Management Services (SMS), ChildNet primarily subcontracts with Henderson Behavioral Health for the provision of Safety Management Action Response Teams or SMART for short. SMART is designed to provide intensive in-home supports, management of the safety plan, linkage to community resources and provide for peer supports. ChildNet also subcontracts with Camelot Community Care to provide Functional Family Therapy and Family Intervention Teaming. This program includes a component of safety management and treatment for

families in which there are needed enhancements in family’s protective capacities. The program is designed to prevent of out-of-home care placement and provide therapeutic interventions for teens. SMART has resulted in a lower number of removals once assigned. Further expansion of this program is anticipated as the substance abuse rate continues to rise and the need for specialized intervention becomes greater.

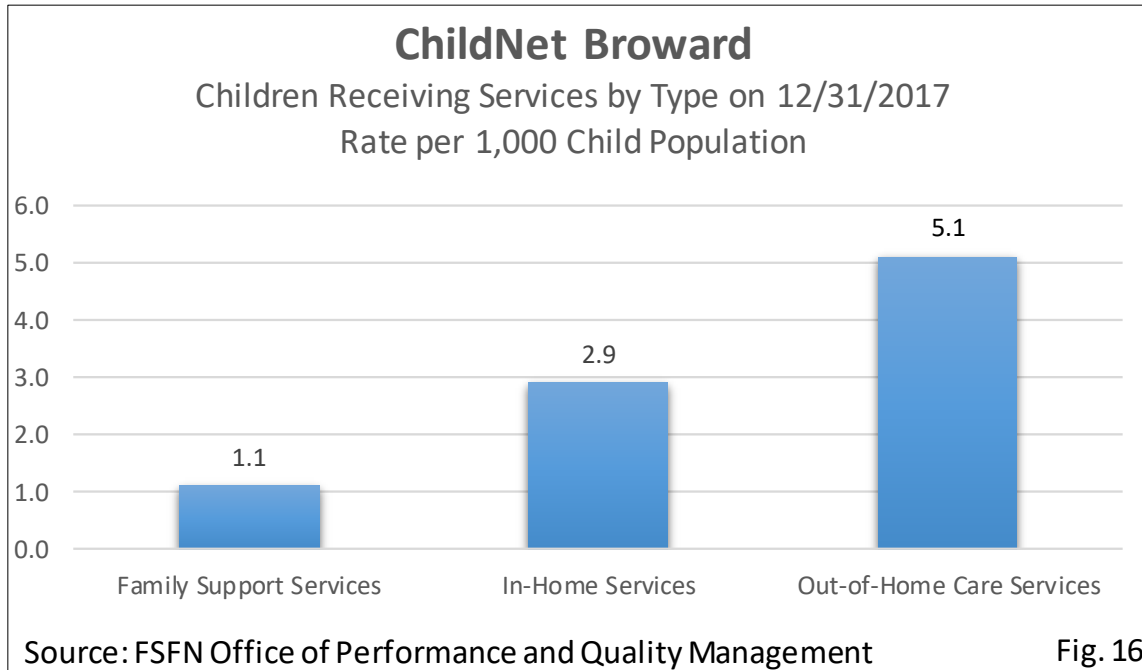


Figure 16 depicts the rate of children receiving family support, in-home and out-of-home services in Circuit 17, which are closely aligned with the statewide averages. ChildNet has slightly more children receiving family support services and in-home services than the statewide averages (Statewide FSS rate – 1.0 and Statewide In-Home Services rate – 2.8). ChildNet’s rate per 1,000 children receiving Out-of-Home Care is lower than the average statewide rate (5.7).

#### ANALYSIS

ChildNet, in collaboration with community partners including the CSC, continues to develop and modify existing programs to meet the needs of the community for family support and safety management services. The Broward Children’s Services Council provides the system of care with additional funding and resources to aid in preventing children from entering Florida’s dependency system.

## SECTION 6: LEADERSHIP AND GOVERNANCE

### SUMMARY

This category focuses on alignment of the Department’s Mission/Vision/Values to those of ChildNet and includes an assessment of resource and risk management, evaluation of the Chief Executive Officer and leadership development.

ChildNet is committed to protecting children, providing services and using family centered, strength based and needs driven approaches within the communities served. ChildNet’s Mission/Vision/Values are aligned with those

of the Department and ChildNet continually strives to get the message out to staff, subcontracted providers and ultimately, the entire community, that ensuring the most vulnerable are cared for requires the community's acceptance, inclusion, participation and continued support for the system of care. It was evident throughout the monitoring process that staff are familiar with and accept ChildNet's mission/vision/values. Paramount for ChildNet has been filling the vacant CEO position through an extensive and community inclusive process. ChildNet included the community in the new CEO selection to ensure not only that the best applicant for the position is chosen, but also to ensure community backing for the agency as a whole. The chosen candidate, Larry Rein, was the Interim CEO and is a long-standing figure within ChildNet. Much of the staff at ChildNet is seasoned and tenured and, while there has been a lack of formal executive level succession planning, initiatives are in place which promote front line leadership development.

The Board of Directors is made up of several community leaders across a broad spectrum of agencies. Members are welcomed to join a very active and involved Board, and are required to go through an orientation to the system of care, a Board orientation and job shadowing with front line staff. The Board of Directors has pushed and succeeded in accomplishing the accreditation process through COA and have used COA as the platform for shaping their governance model. The Board is further supported through several committees which gather, process, and present information to the Board of Directors on a monthly basis. Currently, the Board meetings agendas cover finances, all committee reports and a public comment section.

One of ChildNet's difficulties has been aligning their financial matters to operational needs. This was recognized by the Board of Directors as one of the key objectives for improved performance. ChildNet received Back of the Bill funding as well as Risk Pool funds in FY 15/16 and though it helped, the allocation of funds was not enough to correct the full deficiency. Back of the Bill funds were again received in FY 16/17 and ChildNet again requested risk pool funding for FY17/18. Further details can be accessed here: [FY1718 Risk Pool Funding JJ212](#). ChildNet has been proactive in efforts to address the financial deficit and the Board is informed on a monthly basis as to the progress being made. Along with several other committees, the Finance Committee produces a report each month scaled for ease and usefulness. ChildNet reports that within the last year, sufficient progress has been made to bring ChildNet's financial standing to a more manageable deficit.

The Quality Committee reviews and approves all performance and qualitative review processes, policies and procedures, and is notified of all risk related events. When a critical event that poses a potential risk to the agency occurs, all Board members are notified immediately. A complete and comprehensive roll-up of all risk related matters, events and incidents are provided to the Board. The Board recently added a Legal Committee to look at risk incidents, lawsuits, or other potential risk factors for further analysis.

ChildNet has leveraged their relationships with local foundations, individuals within the community and the application of grants to subsidize their need for and provision of services to all families involved in the child welfare system. Fundraising activities include annual giving solicitations, corporate fundraising and personal fundraising with a focused target audience. Further, ChildNet facilitates an annual luncheon designed to raise unrestricted funds. ChildNet has been awarded several grants including:

- Ballen Isles Charities Foundation
- Lost Tree Village Charity Foundation
- Department of Children and Families
- AT&T Aspire – This is two separate grants, one for FY 16/17 and one for FY 18/19.

## ANALYSIS

ChildNet's mission, vision, values are aligned with the Department's and integrated into their day-to-day work. They continue to involve the community through fundraising, advertisements and grant applications. There is a process to evaluate the CEO's efficacy on an annual basis with an opportunity to structure the CEO evaluation process more formally. ChildNet recently appointed a new CEO. This move has been positively received by staff at all levels. ChildNet maintains an active and integrated Board of Directors. There is a lack of formalized executive level succession planning, though there are clear actions being taken for front line leadership development. Quality performance and financial sustainability efforts are at the forefront and there is a comprehensive plan to process and mitigate risk events.

## SECTION 7: WORKFORCE MANAGEMENT

### SUMMARY

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

ChildNet has a robust workforce with 165 child advocates (also known as dependency case managers) which is an increase of approximately 35 positions from 2016. At the time of this monitoring, ChildNet had eleven child advocate vacancies. The ChildNet Board recently hired a consultant who completed a ChildNet Workforce and Workplace Analysis Action Summary which evaluated the workforce and found that the common workforce grievances surrounded communication, fairness, leadership training and a disconnect between the two counties (Broward and Palm Beach). The consultant garnered feedback via surveys and focus groups. The survey will be repeated six months from the initial survey dissemination. Based on this feedback, ChildNet leadership has become more engaged with the workforce by being more present 'walking the floor,' interacting with front line staff and attending staff meetings in both counties. ChildNet Leadership acknowledge that the financial strain felt by the agency was also felt by staff due to a 2014 1% salary cut to all ChildNet staff. Based on greater fiscal sustainability, ChildNet was recently able to offer a slight increase in staff salaries. ChildNet's turnover rate as of March 2018 was 21.9% for Child Advocates and 14% for Supervisors. In accordance with F.S. 409.988, ChildNet posts organizational information including performance, workforce and fiscal compliance on their website. It can be found here: [ChildNet F.S. 409.988 Compliance](#).

ChildNet monitors caseload sizes on a regular basis. Reports, such as the ChildNet Vacancies/Caseloads report, are generated and distributed to ChildNet leadership to analyze staffing needs. The current average caseload size is 18.70 children as of February 2018 which is higher than recommended by the Child Welfare League of America (12-15). Five pre-service classes are held annually and over hiring is practiced based on anticipated vacancies and turnover. Interviews and focus groups revealed an opportunity to enhance pre-service training by incorporating a structured post evaluation process to identify training strengths and opportunities for improvement. Additionally, despite ChildNet's offer to co-train pre-service with the Broward Sheriff's Office (BSO), case managers and investigations staff are trained separately. However, during the Investigations focus groups, BSO investigations staff voiced a desire to co-train with case managers feeling that it would better assimilate the system of care. ChildNet utilizes a web based training system, Relias, to provide training to staff. The system also enables ChildNet to track training compliance and, due to the expansive training library, Relias provides staff with a wealth of training topics. Additionally, ChildNet's training team has created simulated training experiences which are specific to situations often encountered by child welfare professionals. The innovative training simulations require the learner to provide input to the digital environment thereby promoting learning and awareness.

ChildNet is clearly invested in creating a workplace which supports efficiency and productivity. The physical office environment is clean, inviting and conducive to the production of quality casework. Several initiatives are in place, or in development, to recognize exceptional casework. For example, the Super Scorecard is a quarterly appreciation award which recognizes staff such as rising stars or staff who have gone above and beyond. Tokens of Appreciation, are given to staff to recognize great performance. ChildNet offers tuition reimbursement and incentives for obtaining a Master's degree and provides staff with a referral bonus for referring qualified individuals. ChildNet has uniquely leveraged services through their health insurance company to offer on-site stress reduction events to staff such as massage therapy and 'Zen Zones', which teach staff self-care and stress reduction techniques. Additional efforts to support and retain staff are innovative and show a deep understanding of the reasons front line staff choose to leave case management. For example, child advocates are never on call. Instead, Director level staff respond to after hours' matters. Other examples illustrate ChildNet's willingness to delve deeper into systemic problems. In response to concerns expressed by child advocates, ChildNet engaged the judiciary to provide education regarding the unique challenges that child advocates face and to broach the subject of staff being treated respectfully in court. To reduce the time child advocates spend supervising visitations, ChildNet engaged the community for donations for activities that would enhance and structure visitation episodes, thereby allowing relative and nonrelative caregivers to feel more comfortable supervising the visits at public locations such as the zoo.

ChildNet is committed to refining process efficiency and as such, several specialized units were developed to enhance service delivery. The specialized units are:

- **Adoption Units (2)**
  - A total of ten (10 FTEs) Adoption Child Advocates are assigned as secondary on cases with the goal of Adoption and then become primary to the case after the Termination of Parental Rights (TPR). In each circuit the adoption case manager is responsible for preparing a child for adoption through discussion and therapeutic intervention; matching children with prospective adoptive parents; conducting home studies, background checks, and interviews on prospective adoptive parents, families from other agencies and relatives who are adopting; and attend functions related to recruitment and public awareness. There is one supervisor to five adoption advocates.
  
- **Adoption Support Unit:**
  - **Adoption Home Finder (1 FTE)**-The Adoption Home Finder is the single point of contact for each prospective adoptive family responsible for streamlining the early stages of the adoption process. As the initial point of contact for any family inquiring about adoption, the Adoption Home Finder provides in-depth information about the prospective adoptive child, answers questions, and invites families to attend upcoming adoption orientation. The Adoption Home Finder is responsible for reviewing all prospective adoptive parents' home studies submitted to ChildNet in their quest to identify a child. The Adoption Home Finder contacts the prospective adoptive family to inform them of the available children matching their expressed interest.
  - **Wendy's Wonderful Kids Recruiters (2 FTEs)**- In January 2011 ChildNet was awarded a grant from the Dave Thomas Foundation to hire a Wendy's Wonderful Kids (WWK) Recruiter. The WWK's Recruiter is assigned a secondary caseload of the hardest to place children who are available for adoptions but have no identified placement. In many cases, this includes sibling groups and teenagers. ChildNet was awarded a second grant for an additional WWK Recruiter

who was brought on board in January 2013. This addition to ChildNet's adoption program has not only brought forth adoption finalization, it has also given youth an opportunity to re-connect with family members and in some cases, connect for the first time.

- **MAPP (Model Approach to Partnerships in Parenting) Trainers/Recruiter** (2 FTEs)- They provide all the trainings to the families.
- **Post Adoption Specialist** (1 FTE)- Specialist assists families after adoptions are finalized with any service needs.
- **Aftercare Unit (18-22 years old):** This unit is co-located with the Fort Lauderdale Independence Training and Education (FLITE) Center. The FLITE Center provides a "one-stop shop" where foster youth are connected to life coaches, access a variety of community resources on-site such as life skill workshops, GED classes, free tutoring and employment resources. The Aftercare Unit assists young adults formerly in foster care with the following: Post-Secondary Educational Services and Support (PESS); Road to Independence (RTI) Scholarship; and Aftercare Support.
- **Background Screening Unit:** This unit consists of four staff who liaise with the Broward Sheriff's Office to process pre-screening background requests for kinship caregivers, parents and prospective adoptive parents. Live scan fingerprinting is conducted for ChildNet kinship caregivers, parents, foster parents, prospective adoptive parents, employees, providers, volunteers and stakeholders. Upon completion of the live scan the unit processes prior abuse history checks for all potential placements, requests local background check from the law enforcement agencies, conducts sexual abuse registry checks and requests out-of-state prior abuse history checks.
- **Children with Extraordinary Needs (CEN) Unit:** As defined by Florida Statute 409.1676, this unit is specialized for a dependent child who has serious behavioral problems or who has been determined to be without options of either reunification with family or adoption and is unique to Circuit 17. The CEN case managers have a reduced caseload of ten target children and are responsible for weekly contacts with the child. The children must have one of the following:
  - An adjudication of delinquency and be on conditional release status with the Department of Juvenile Justice
  - A history of physical aggression or violent behavior toward self or others, animals, or property within the past year
  - A history of setting fires within the past year
  - A history of multiple episodes of running away from home or placements with the past year
  - A history of sexual aggression toward other youth.
- **Courtesy Unit:** This unit is within ChildNet and is assigned to all incoming requests for courtesy supervision cases, to include Interstate Compact on the Placement of Children (ICPC), Out-of-County Supervision (OCS) or inquiries which include homes study requests, case plan assistance and courtesy supervision.
- **Diligent Search Unit:** This unit is a Regional Unit for both Broward and Palm Beach County and consists of four Diligent Search Specialists who process all requests to locate missing and unknown parents and relatives both in-state and out-of-state and internationally. The Diligent Search Affidavit is completed by this Unit once all responses have been received and provided to the Child Advocate/Dependency Case Manager for filing with the court.



- Drug Court Unit:** Currently there are a total of six certified Drug Court Advocates, three of which are designated to work under the CPR Grant (Families Connecting through Peer Recovery) through BBHC (Broward Behavioral Health Coalition) that focus on in-home (PAD cases and non-judicial cases) in the Drug Court Unit. The ultimate aim of the CPR program is to enhance child and family well-being and reduce incidences of re-abuse, child welfare re-referrals and removals. As part of the ongoing success within the specialized unit, updates to the court are made monthly, which allows permanency to move at a quicker rate compared to traditional court. Clients are connected with Family Support Workers from Banyan Health to work closely with the families while receiving substance abuse treatment and aftercare. The CPR grant advocates meet weekly to address those families within this program. Judge Bristol is the assigned Judge.
- Early Childhood Court Unit-** The Early Childhood Court Unit (ECC) has gained significant respect within our community for engaging families and maintaining the parent-child relationship through our Child Parent Psychotherapy (CPP) service. This particular service identifies the trauma of the child as well as the parent in efforts of establishing a closer relationship and bond between the two. It further offers an intense visitation between the parent and child in which the parent is required to visit the child at a minimal of three times per week. Those visits are encouraged to take place by the caregiver to increase the level of awareness while the child is in out-of-home care.
- Extended Foster Care (EFC) Unit:** Cases (only specific child- not siblings) are transferred into the Extended Foster Care Unit when a youth reaches 16.75-17.5 years of age for primary case management. The EFC unit specializes in working with youth and young adults ages 17-21 or until such time that they exit extended foster care. Youth with a documented disability can remain in extended foster care and with their assigned EFC Advocate until the age of 22. These case managers are responsible for a variety of activities including assisting the youth in the development of an individualized Transition Plan. In addition to the case management responsibilities, the Transition Plan will include but will not be limited to the following: placement, educational path, and life skills assistance.
- Intake and Placement Unit:** Intake and Placement Advocates (IPAs) are the first ChildNet staff to engage a child entering care. As part of their multiple and varied responsibilities they greet, comfort, and stabilize the child; screen, identify and coordinate treatment when there are indications of physical abuse, signs of mental health issues, developmental delay and medical concerns; coordinate follow-up care and ensure child's prescriptions are filled; schedule, arrange transportation and conduct the initial 72 hour visit with parents; photograph, fingerprint (at SafePlace) and coordinate placement with providers for all new intakes, placement breakdowns and respite placements; create case file and child resource record; and respond to all telephone calls to ChildNet after 5:00 PM. Screening tools are used by the IPA to assist in identifying a suitable placement and in the development of a Child Placement Agreement/Care Precautions and Behavior Management Plan, if necessary.
- Kinship Placement and Support Unit:** This unit works with children that are placed in group and shelter home placements to move them into a more family like setting. The Supervisor over this unit works with relative/non-relative placements experiencing a potential placement disruption in an effort to stabilize them.
- Medical Coordination Unit:** This unit is a Regional Unit serving both Broward and Palm Beach Counties and consists of four Health Care Coordinators in Broward County, three Health Care Coordinators in Palm

Beach County, and two Nurse Care Coordinators who are registered nurses. Their primary task is to coordinate and schedule the initial Well Child Care screening, otherwise known as the Early Periodic Screening and Diagnostic Treatment (EPSDT) screening, and dental appointments for children entering out-of-home care to include transportation arrangements and scheduling of follow up appointments to physicians and specialists. The Health Care Coordinators act as liaisons between Child Advocates/Dependency Case Managers and the Medicaid Office to obtain information needed for the appropriate care of the child. In addition, the unit assists with any coordination needed for special medical needs, processes requests for changes in Medicaid plans, liaises with Children's Medical Services and Agency for Health Care Administration (AHCA) as well as assisting with medical billing and Pharmacy issues. The unit also assists to ensure that the children in out-of-home care receive their annual medical exam, semi-annual dental exams, and updated immunizations in partnership with case management staff, provider agencies, and health providers. These staff members also serve as liaisons with Community Based Care Integrated Health and Sunshine State Health Care Plan for all health care needs for children in the child welfare system.

- **Missing Persons Unit:** Missing Persons Specialists conduct the specialized and time-consuming work of locating children who run away, have been abducted, or absconded from their placements and coordinating recovery efforts with local law enforcement. They also conduct home studies when children are located to determine the appropriateness of a potential placement, interview children upon their recovery to assess any immediate service needs, and assist with stabilizing the placement. The Missing Persons Supervisor is the liaison with local law enforcement agencies, the Department of Children and Families, and the National Center for Missing and Exploited Children. Unique among Community Based Care agencies, the Missing Persons Unit has a Runaway Hotline for reporting of runaway and recovery incidences, as well as abducted or absconded children.
- **Safety Management Unit:** The Safety Management Unit was created to assist Child Protective Investigators in securing community resources during the investigation stage of the case and work with the investigators to transfer cases to ChildNet for case management services. The unit manager acts as a 'gate keeper' to ensure that the family assessments and safety plans are completed prior to transfer, according to the case transfer protocol. In addition, the unit participates in the Decision Support Team of investigations to identify and facilitate connection to safety management and family support services for families with safe children at higher risk of subsequent involvement with the dependency system. This unit also works with the Attorney General's Office and the judiciary when a request to reopen a case is submitted. The staff research the cases, attend court and make recommendation as to the case being reopened or remaining closed.
- **Transportation Unit:** This unit is a unique program initiated to assist the case managers and caregivers with transportation of children in out-of-home care to school, medical appointments, therapy, evaluations, family visits and sibling visits. The unit consists of a Transportation Coordinator, and sixteen Child Advocate Assistants (transportation drivers).

## ANALYSIS

ChildNet enjoys a seasoned workforce who are committed to the mission, vision and values of the agency. A continuous process to evaluate caseloads and turnover is evident. To support and retain front line staff, ChildNet has made some bold decisions. For example, to support a healthy work-life balance, child advocates are never on call and structured processes are in place to complete critical case management tasks up front and before case

assignment. While this aims to positively impact employee morale and staff turnover, it also poses some challenges. Recent leadership changes and decisions have demonstrated a renewed commitment to staff. Focus groups and interviews clearly show a marked improvement in staff morale over the past six to nine months. Multiple specialized units support service efficiency and promote streamlined permanency.

## SECTION 8: QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

### SUMMARY

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

ChildNet’s Continuous Quality Improvement (CQI) team offers an abundance of data and resources to enhance efficiency and quality casework. Daily, weekly, bi-weekly, monthly, bi-monthly and quarterly reports are generated and distributed to all levels of staff. This aids staff’s ability to stay abreast of critical junctures and essential tasks to avoid unnecessary delays in permanency. Daily reports include client service rate validation, an ad hoc children receiving services listing and the daily in-home services and out-of-home care report. Weekly reports include psychotropic medication listing, health and education information, incident reporting, placement listing, supervisory review and FFA-O approval and entries vs. exits trending. Bi-weekly reports focus on scorecard and contract measures. Monthly and bi-monthly reports include TANF determination, Independent Living verification, upcoming court hearings, case plan and JRSSR tracking, adoption goal with no TPR entry, etc. Quarterly reports provide information regarding PIP and Roadmap progress, CQI and RSF scoring and stakeholder concerns.

The CQI team works closely with the Training team to support trainees post pre-service training. Quality case reviews are completed and a face to face debrief on every reviewed case is held to discuss opportunities for improved performance and highlight quality work. Professional development opportunities are evident through the Scorecard Champions process wherein supervisors, and occasionally child advocates, are assigned a scorecard or performance measure and trained on how to analyze the measure. The Champions report on the scorecard/performance measure at Scorecard meetings and are able to drill down to provide case specific details. This opportunity provides ChildNet with a wider breath of knowledge regarding performance measures, and promotes innovation and growth opportunities for staff.

ChildNet has a process to track eligibility to ensure state and federal funds, such as Social Security, Title IV-E, and Medicaid, are managed appropriately. Revenue Maximization (Rev Max) staff receive notification of all children coming into care via the electronic distribution of the shelter packets. ChildNet also employs a Court Liaison who can collect further information at the shelter hearing and confirm information with the family to ensure appropriate determinations are made. Upon notification of a child coming into care, ChildNet eligibility staff initiate the eligibility process. Ongoing management is further supported by ChildNet Rev Max staff being copied on e-mails regarding placement changes. Field staff reported knowledge of the eligibility process, however, indicated that the ChildNet Rev Max staff have everything “under control”. When there are questions or further need for clarification, the Rev Max staff has over twenty (20) years of combined experience to address them. Appropriate checks and balances are in place to continually review and address errors as needed. The penetration rate is tracked twice a year and although the penetration rate has decreased, the Rev Max team indicated this is due to intact families and the working poor.

### ANALYSIS

ChildNet's CQI Team is a clear strength of the agency. A wealth of data is analyzed and numerous reports are generated and distributed on a regular basis, which provides guidance and promotes efficiency and quality in case management operations. Seasoned CQI staff are trained in Six-Sigma and utilize those concepts to analyze and improve operational deficits. The training process and expectation of front line staff and leaders to participate in the Super Scorecard at ChildNet are especially innovative. By involving front line staff in this process, ChildNet is expanding knowledge of the methodology behind the data, which will positively impact overall performance.

## 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 and placements available in the extended foster care system.

#### Recruitment and Retention

ChildNet has a robust process to analyze capacity needs and drive performance targets for Child Placing Agencies. ChildNet has specific actions in place aimed at combatting the foster home capacity deficit. A spreadsheet is used to clearly define foster home capacity and agency needs. Monthly projections aide the CPAs in self-evaluation to meet performance targets and grow within realistic goals and expectations. ChildNet monitors CPA performance to ensure goal attainment. ChildNet uses awareness and recruitment campaigns that target brand repetition (i.e. ChildNet logo) and the need for foster homes. Through billboards, radio, television, social media and printed paraphernalia, ChildNet is able to collaboratively assist the CPAs in marketing their recruitment efforts to where foster families are needed within the community and hone the type of recruitment for specific population characteristics, such as teen homes or homes for children under six (6) months of age. ChildNet ensures that each CPA is engaging the community in the most productive areas and those areas with the most need on a regular basis.

ChildNet works closely with community businesses to augment efforts to recruit, support and retain foster parents. Corporate sponsorships and donations allow foster parents to provide fun and enriching trips and activities for children that would otherwise be cost prohibitive. For example, ChildNet has secured private and corporate donors to provide funding for Disney trips and leisure activities for foster families. Additionally, ChildNet works with the local Foster/Adoptive Parent Association (FAPA) to host collaborative and engaging meetings and outings. Efforts to bring enjoyable activities to these gatherings, and increase attendance, are evident in examples such as securing free or low cost activities such as bounce houses.

#### Placement Process

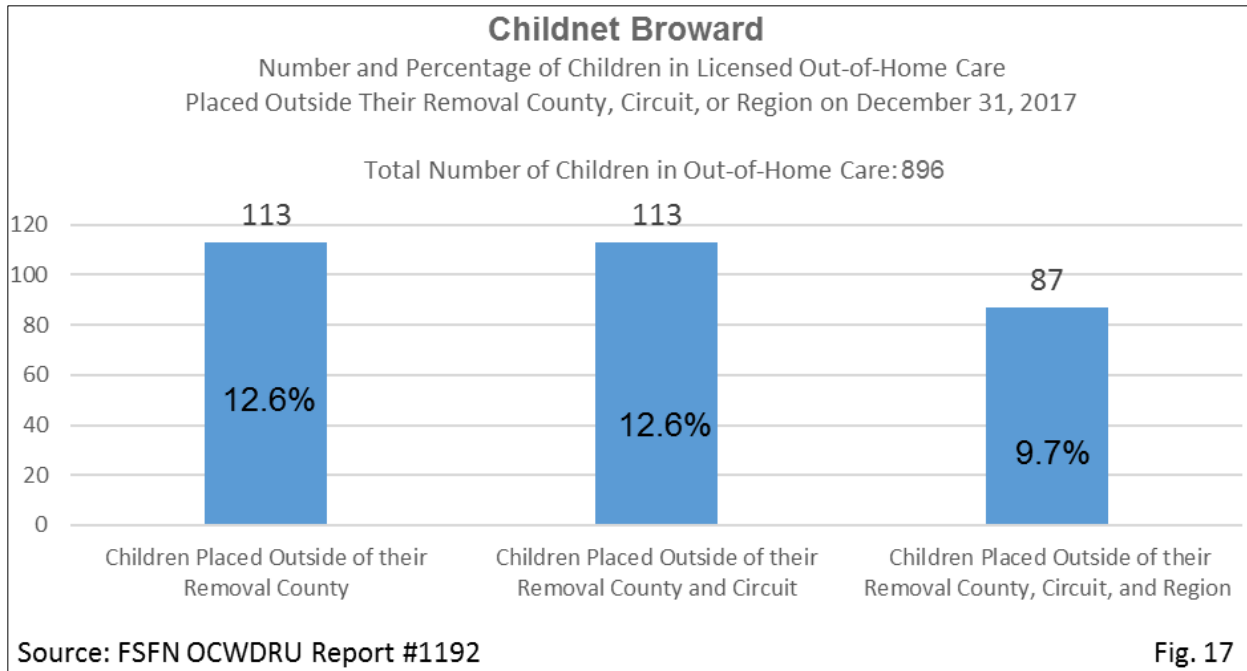
The initial placement screening process begins with the Broward Sheriff's Office, where basic information is gathered and shared with ChildNet's Intake and Placement Unit. Pursuant to a local Memorandum of Understanding (MOU), a four hour waiting period exists to allow BSO's Child Protective Investigation Division sufficient time to exhaust efforts to secure placement with relatives or non-relatives. When placement with a relative or non-relative is not possible, ChildNet begins the screening process to ensure the best placement is found based on the circumstances and the child's needs. Broward County maintains a facility called SafePlace, an emergency respite center where children brought into care can rest, eat and play while they await placement. The facility is co-located with ChildNet. Assessments and evaluations which aid in more precise matching efforts occur

at SafePlace. This assessment, along with information received from the investigator, is used to identify the most appropriate placement for the child. A therapist is on-site, and ChildNet coordinated with BSO for law enforcement area patrol to further enhance the safety and security of children and staff at the facility. SafePlace is a licensed shelter and as such, longer term stays are authorized. However, the focus and intent of the facility is to be a centralized initial placement resource, which lends to thorough and more precise placement matching.

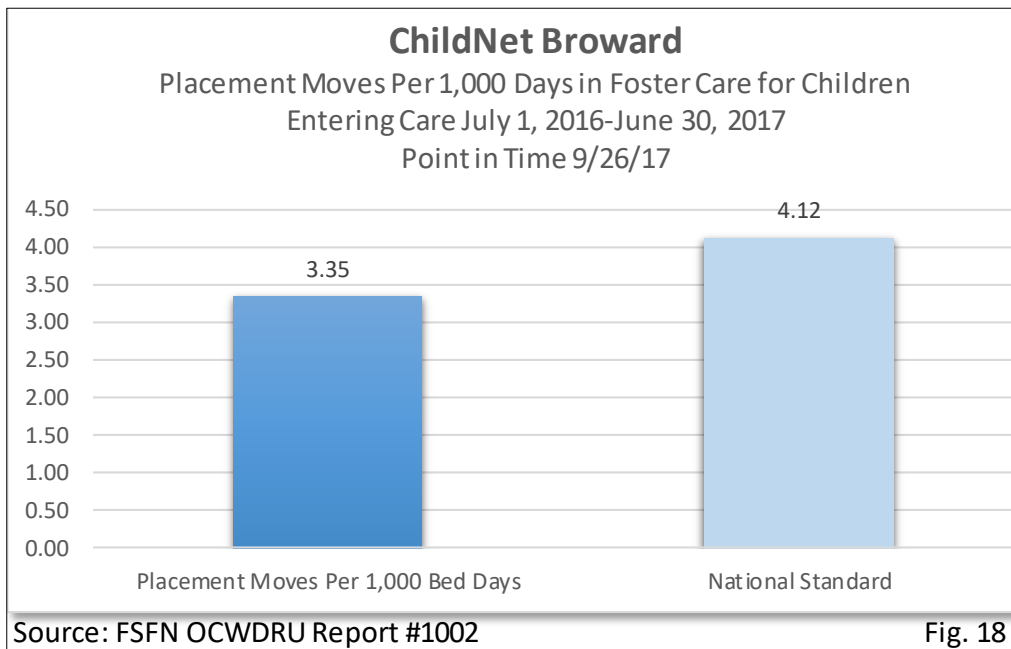
Documentation of stays at SafePlace are entered into FSFN once the child has been at the facility for a minimum of 23 hours. However, late night entries into SafePlace are immediately transitioned into an overnight stay with little or no middle of the night placement efforts. During focus groups and interviews, staff clearly communicated their opinion that the decision to allow the child to sleep at SafePlace and not seeking foster care placement, which would necessitate a move in the middle of the night, is in the best interest of the child. While this posture has some merit, the practice of not entering the overnight stay into FSFN is incongruent with the State's need to accurately document the physical location of all children entrusted to the State's care. The Office of Child Welfare has been notified and will follow up with ChildNet and the Region.

ChildNet's Intake and Placement Unit performs multiple tasks prior to the case being transferred to a Child Advocate. This process ensures expeditious completion of important duties including, but not limited to, the scheduling of the EPSDT and initial dental appointment, coordination of transportation to medical appointments and school, psychotropic medication and mental health assessment processing, and creation and distribution of the child resource record. Intake and Placement Specialists send relevant information to the court liaison and Rev Max staff and they coordinate the first parent/child(ren) visitation. Additionally, ongoing efforts to locate relative and non-relative placements are completed, including searching multiple data sources such as Accurint.

ChildNet is effectively working to keep children close to home. As Figure 17 shows, less than 13% of children are placed outside of their removal county and circuit. The statewide averages for this measure are 36.03% (county) and 19.25% (circuit). ChildNet is also performing better than the statewide average in keeping more children (90.3%), placed in licensed out of home care within their home region versus the statewide average (89.5%).



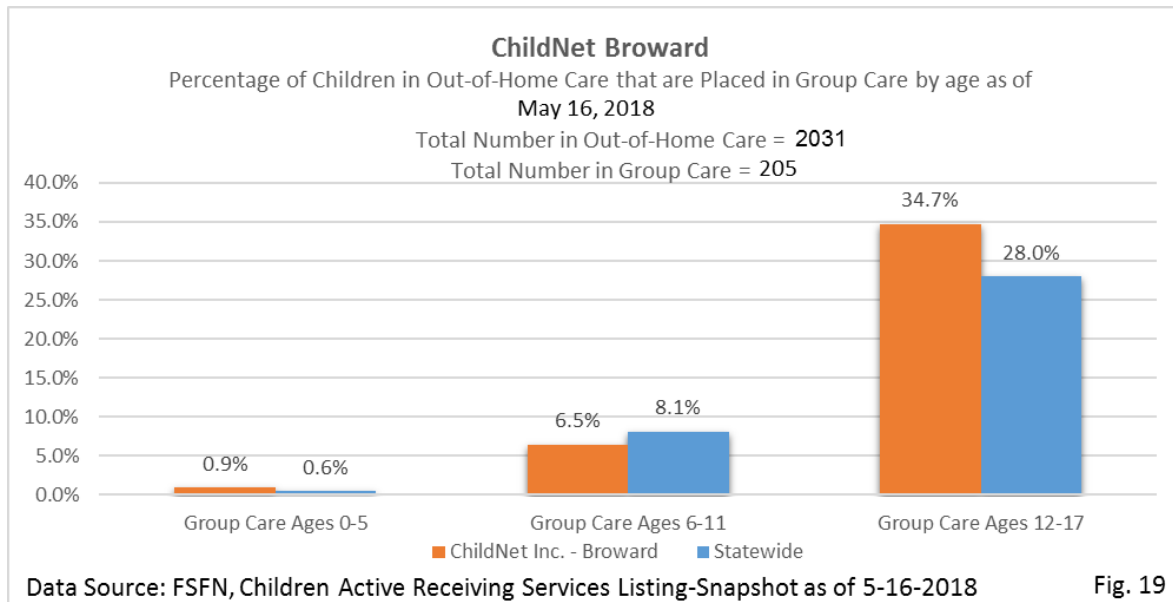
As Scorecard Measure eight (see Fig. 8) and figure 18 (below) shows, ChildNet is clearly focused on limiting the number of moves a child experiences during their stay in foster care. ChildNet has consistently performed better than the statewide and national average on this measure.



More than half (51.89%) of all children in out of home care in Circuit One were placed with an approved relative or non-relative as of March 2018. This is below the statewide average of 56.04%. Approximately 31.96% of children were placed in licensed foster care and 10.17% of children were placed in group care. The statewide average

placement in licensed foster care (29.69%) and group care (8.78%) was lower than Circuit 17's as of that same date.

Children five and under are especially vulnerable and group care placement should be a last resort unless the child's specific needs warrant such a placement. As of May 16, 2018, less than 1% of children ages 0-5 were placed in group care but more than the statewide average for this age group. (see Fig. 19).



#### Relative/Non-Relative Support

ChildNet has a dedicated FTE to support relative and non-relative caregivers. Interviews and focus groups consistently praised the contribution made by this position. Despite universal accolades, there are some limitations evident. For example, there is a reliance on child advocates to notify the relative/non-relative support staff of potential placement disruptions or needs for services/supports. Proactive outreach to relatives and non-relatives was not evident, thus this support is viewed as reactionary versus proactive. Additionally, as there is only one FTE dedicated to this support service, cross training is lacking. Opportunities exist to expand this service, duplicate the skillset of the current FTE and measure effectiveness of this service over time.

#### Extended Foster Care/Independent Living

ChildNet staff tasked with aiding young adults successfully transitioning to adulthood are seasoned child welfare workers who demonstrate commitment and compassion for the EFC/IL population. Through the use of life coaches, young adults receive additional support at no cost to ChildNet. ChildNet has leveraged funding through the Community Services Council to support this service and improve outcomes for these youth. The Fort Lauderdale Independence Training & Education (FLITE) Center is co-located with ChildNet and provides essential services to young adults that prepare them to lead successful and productive lives following their time in the child welfare system. Services provided to young adults transitioning to independent living include housing, education and employment assistance.

#### ANALYSIS

ChildNet's Intake and Placement team is a clear asset of the agency. The intake and placement process provides structure in completing essential early tasks which enhance child safety and well-being and promote timely permanency. ChildNet works diligently to secure appropriate placements which keep children close to home and reduce the number of placements moves a child experiences. Overnight stays at Safeplace are not being documented in FSFN and efforts to secure placement in the middle of the night are limited or non-existent. Instead, a child is allowed to sleep at Safeplace overnight and placement efforts resume the following morning. The practice of not documenting each and every overnight stay at Safeplace has been forwarded to the Office of Child Welfare for follow up.

## SECTION 10: PRACTICE

### SUMMARY

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

ChildNet has fully adopted the Practice Model in all open cases and has transitioned legacy cases into the Practice Model. In addition to Practice Model education during pre-service training, the ChildNet training team supports the transfer of learning process by reinforcing concepts in field observations and during in-service training. The training team and the quality management staff work collaboratively to provide in-service trainings, one-on-one consultations, and fun "Tip of the Week" and "Hot Flash Reminder" emails to further boost transfer of learning. Additionally, ChildNet's Quality Management staff support adherence to the Practice Model through multiple staffings, review of files with clear and concise feedback, and being available for consultation.

Based on interviews from all levels of staff at ChildNet, there is evidence that solid implementation of Children and Families Operating Procedures (CFOPs) is occurring and that the information is trickling down to front line staff. Pre-service classroom training includes family centered practice and trauma informed care principles and, in several areas of ChildNet operations, these philosophies are further reinforced. For example, ChildNet utilizes family team conferencing to engage the family in decisions at case inception. Throughout the life of the case, ChildNet fosters family centered practices. However, further family team conferencing prior to reunification and deeper inclusion of foster parents may be beneficial as a continued expansion of practice application. During the foster parent focus group, attendees advised that they were not invited to participate in family team conferences and transition planning meetings. The foster parents were not well versed in Practice Model terminology and practice. ChildNet has made a commitment to educating community partners regarding the Practice Model, but further reiteration and messaging would be beneficial.

ChildNet staff are using the terminology and are working to improve fidelity in several specific areas, including safety planning. Efforts to fully perfect fidelity to the practice model are impacted by the quick transfer of cases from BSO. Cases are transferred within three to five days of shelter, which hinders comprehensive safety planning and impedes family centered practices by limiting case transfer staffing participation from all involved case participants, including assigned workers and the family. It appears that the emphasis is on timely transfer of cases rather than quality transfer of cases between BSO and ChildNet. Efforts to decelerate the case transfer process would improve system of care recognition that child welfare professionals are drivers of the case, not just monitors of activities.

ChildNet's performance on placing siblings together exemplifies an area where trauma informed care and family centered practices could be enhanced. While ChildNet continues to build capacity and integrate trauma informed



care within their system, this measure further points to the need to strengthen these principles during sibling placement decisions. ChildNet is also trying to address relative placement sooner, and recently held a Family Finder training to improve the quantity and timeliness of relative placements.

#### ANALYSIS

ChildNet disseminates information related to new or revised CFOPs and legal updates in a manner that ensures all levels of staff are receiving the information. Staff are trained on the Practice Model, family centered practices and trauma informed care principles during pre-service training, and additional support is provided to staff following pre-service training. Opportunities exist to enhance family centered and trauma informed care principles during case transfer staffings and sibling placements.

## SECTION 11: PARTNER RELATIONSHIPS

#### SUMMARY

This category focuses on established relationships with child protective investigations staff, Office of the Attorney General (OAG), the judiciary, Guardian ad Litem (GAL), other governmental agencies, domestic violence providers, coordination of educational services and other area partnerships.

A collaborative relationship between partners in the system of care providing services to children and families are vital to its collective accomplishments. This was not clearly evident between ChildNet and BSO, although recent leadership changes in both entities have shown promise for future relationship enrichment. Front line staff from both agencies report a desire to train and work more closely, which would clearly enhance Broward's system of care. OAG staff were exceptionally well represented for the monitoring focus group and clearly communicated empathy with the hard work required of case management staff. ChildNet is the third highest county in the State for removal rate per 100 alleged victims (source: Key Indicator Report, April 2018). As such, a more robust process to collaborate with the BSO and OAG to review front end removal decisions, including a process to review reasonable efforts determinations, is warranted.

ChildNet works closely with the judiciary and educational providers to promote efficiency and collaboration between agencies. Regular partner meetings provide a forum for partnership and timely systemic conflict resolution. When conflicts arise, there is a clear chain of command that is utilized to promote resolution.

During the OAG interview, there was some expression of concern for the amount of turnover in case management, however this may be perceived rather than actual. Please see Section 7: Workforce Management for further details. Further discussion with OAG indicated that there is a lack of shared training opportunities and a lack of regularly shared performance data. Strong relationships with other entities have been built, and ChildNet enjoys the benefit of working with points of contact for many other agencies including the Department of Juvenile Justice, Agency for Persons with Disabilities, the Managing Entity, the Children's Services Council and the local school system.

Foster parent and staff interviews indicate an opportunity to review the policy and practice related to ESSA (Elementary and Secondary Education Act) determinations. Interviewees suggest that children were being maintained in schools as an absolute rule rather than using the best interest factors to make a determination of whether a child should remain in his/her school of origin. Additionally, an opportunity exists to work more closely with the school board to coordinate timely transportation of children to and from school.

## ANALYSIS

ChildNet has worked to build relationships with their system of care partners to ensure open lines of communication, collaboration and cohesion of outcomes. Continued efforts toward partner collaboration would enhance operational efficiencies.

## 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 Service Council.

ChildNet has a small but effective community relations team who, through relationships with local media outlets, share messaging and make efforts to mitigate potential adverse media events. Financial support is garnered from individual and business donors to secure goods and services used to support licensed and unlicensed caregivers. ChildNet participates in joint awareness campaigns with organizations who can further recruitment agendas and development efforts. Further marketing using social media such as Facebook, and sensory marketing through luncheons, billboards, pamphlets, radio and television (Forever Families Segment) are aimed at increasing awareness of the ChildNet organization and opportunities for community members to become more involved. Businesses such as Florida Power & Light, Memorial Healthcare, Foundations Quantum, Bellan Isle, Lost Tree Village, The Breakers, AT&T and others have or are currently partnered with ChildNet to inform and embrace the community based care system, continue recruitment efforts and continue to build positive working relationships with the media and business community.

### ANALYSIS

ChildNet exemplifies the community based care model by embracing community input and collaboration. Recent evidence of this is seen in the CEO selection process, which heavily involved the community. ChildNet leverages media relationships to connect with the community and lobby for support and assistance. Opinion Editorials are regularly used to communicate with the public and advertise upcoming events and needs for goods or services, including foster parents. ChildNet engages the faith based community to assist in foster parent recruiting. Corporate and individual donations are sought on a regular basis to assist with, and improve, ChildNet's financial status.

## SECTION 13: COU MONITORING SUMMARY

### SUMMARY

ChildNet is a robust child welfare community based care agency in Circuit Seventeen that is committed to be a trusted community partner and serving the community through their mission to 'protect abused, abandoned and neglected children in the communities served.'

Opportunities for system of care enhancement are inherent in all community based care organizations. ChildNet's invested leaders and staff are an asset to the organization and will serve them well as they endeavor to address the issues noted below.

## AREAS IN NEED OF IMPROVEMENT:

---

1. Quality and Performance Measures – Several performance measures represent areas in critical need of improvement, as ChildNet has failed to meet the performance target in several, if not all, of the past eight quarters. These include:
  - a. (SCM01) Rate of abuse per 100,000 days in foster care. ChildNet has failed to meet the performance target in the past eight quarters.
  - b. (SCM07) Percentage of children who do not re-enter care within 12 months of moving to a permanent home – In five out of the last eight quarters, ChildNet failed to meet this performance target.
  - c. (SCM10) Percentage of children in foster care who receive dental services – ChildNet has failed to meet the performance target in this area in the past four quarters.
  - d. (SCM12) Percent of sibling groups where all siblings are placed together – ChildNet failed to meet the performance target in the past eight quarters.
2. Documentation of stays at SafePlace – When a decision has been made to cease placement efforts and authorize a child to remain at SafePlace for the remainder of the day/night, the placement episode must be entered as a placement in FSFN to ensure accountability and real time knowledge of the child(ren)'s physical location and placement history.

## OPPORTUNITIES FOR ENHANCEMENT:

---

The following areas represent opportunities for local level discussion and monitoring. They are:

1. (SCM05) The percent of children exiting foster care to a permanent home within twelve months of entering foster care. A positive trend in performance is occurring but ChildNet met this target in only three of the past eight quarters.
2. Relative and Non-Relative Caregiver Placements – Ongoing efforts to support and retain relative and non-relative caregivers are recommended. A Relative Caregiver Liaison position was recently created and is reportedly very effective, but there is an opportunity to proactively support relative and non-relative caregivers rather than awaiting notification of a potential issue or disruption. Additionally, cross-training would ensure sustainability of this support to relative and non-relative caregivers.
3. Partner Communications and Relationships – An opportunity exists to enhance collaboration between ChildNet and BSO.
4. Placement Process - An opportunity exists to improve the placement process. A master spreadsheet is disseminated to placement staff on a weekly basis. Staff are manually updating their individual spreadsheets on an ongoing basis, thus a comprehensive and real time placement bed availability snapshot is not available to any placement staff.

## ADMINISTRATIVE FINDINGS:

---

1. Incident Reporting – 4 of 12 critical incidents were reported late into IRAS and one incident did not contain documentation of the client's guardian, representative, or that the parent was notified.
2. Information Security – Childnet's information security officer did not conduct annual internal security audits and evaluations to ensure appropriate users' rights and permissions, as required in their information security policy.

## SECTION 14: INNOVATIVE PRACTICES

ChildNet has several innovative practices in place to support efficient operations and provide opportunities to expand services and achieve broader system-wide goals. Some of the innovative practices are:

- Placement Unit Enhancements – The placement unit provides support to Child Advocates by completing initial essential tasks, including: scheduling initial medical/dental appointments, supervision of first parent(s)/child(ren) visitations, transportation to and from initial visitations and medical/dental appointments and school coordination and transportation. The completion of these duties by the placement unit enables the Child Advocate to focus on early family engagement.
- Virtual Reality/Simulation Training – Training is provided in several modalities within ChildNet. The most innovative is an interactive, simulation approach through a web-based system. ChildNet employs a trainer with the skills to develop these trainings which enhance the training experience by providing for critical thinking and tactile learning.
- Specialized Unit - Children with Extraordinary Needs (CEN) unit is a specialized unit for dependent children who have serious behavioral problems (i.e. Department of Juvenile Justice involvement, Human Trafficking, and a history of Runaway). Several providers work collaboratively to enhance services for these children. Service providers include, but are not limited to, targeted case management, life coaching, juvenile probation officer, GAL, and Attorney Ad Litem. CEN Child Advocates have a reduced caseload enabling them to focus and provide for the special needs of this population.

# 2017 Florida Child Well-being Index Broward County



## 40 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	20.1	79,836	2009	16.3	Worse
Unemployment Rate	2015	5.0	49,980	2010	10.2	Better
High Housing Cost Burden (more than 30% income spent)	2015	48.2	350,106	2010	48.3	Unchanged
Teens Not in School and Not Working	2011-2015	7.0	6,187	2006-2010	8.5	Better

## 25 Education

Students Not Ready for Kindergarten	2013-2014	11.3	2,076	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	73	14,237	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	75	9,392	N.A.		
High School Students Not Graduating on Time	2014-2015	23.4	4,714	2011-2012	23.6	Unchanged

## 35 Health

Low-Birthweight Babies	2015	9.3	2,074	2010	9.1	Unchanged
Uninsured Children	2014	10.5	43,850	2009	26.7	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	41.0	18,616	2008-2009	36.7	Worse
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	32.3	356	2010	39.9	Better

## 31 Family and Community

Children in Single Parent Families	2011-2015	35.7	126,385	2006-2010	33.5	Worse
Children Living in High Poverty Areas	2011-2015	9.3	37,321	2006-2010	7.6	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	11.7	4,608	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	15.4	2,785	2009-2010	37.7	Better

We all do better when Florida's children succeed. Find out how you can act locally and at the state level to ensure:

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

Visit [floridakidscount.org](http://floridakidscount.org) to find out more.

