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## Contract Monitoring Report

Eckerd Community
Alternatives, Inc. –
Pasco/Pinellas

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

Contract QJ511

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#### **EXECUTIVE SUMMARY**

This report provides findings for the contract monitoring of Eckerd Community Alternatives Pasco/Pinellas (ECA P/P). The on-site monitoring was conducted March 5-8, 2018 and focused on Eckerd Community Alternatives-Pasco/Pinellas child welfare system of care. The monitoring process included a review of ECA-P/P's programmatic and administrative operations. In addition, the Community Based Care contract monitoring team reviewed fiscal monitoring reports. Findings are based on an analysis of child welfare performance indicators and quality assurance data and other information obtained through supporting documents, interviews and focus groups. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) quality management and performance improvement; (4) placement resources and process; (5) child welfare practice; (6) partnership relations and (7) community relationships. Additionally, 10 subcontracts were administratively reviewed and 12 incidents were selected for review from the internal incident report log.

Significant findings of each category are below:

#### Leadership and Governance:

- ECA P/P's mission, vision, and values are aligned with the Department's.
- Stable executive management staff are well-versed in data analytics.
- ECA P/P's Board of Directors is currently composed of four members from the larger Eckerd Connects Board. It is not representative of the community as a whole. Broader community representation on the Board would provide needed guidance, oversight, and additional insight into the community.
- There is a well-defined process for evaluation of leadership.

#### Workforce Management:

- ECA P/P monitors caseloads which, at the time of the review, appear are higher than the standards set by the Child Welfare league of America and warrant a closer review and action.
- Subcontracted providers communicated some employee retention activities, however, there is limited knowledge by front line staff of retention efforts by ECA P/P.
- The amount of time spent by case managers transporting clients is very challenging to ECA P/P's system of care and concerns were echoed through the focus groups and interviews alike.
- There is a strong established relationship with the USF training team, with pre-service and in-service training readily available. Further support and clearer expectations in Pasco county surrounding field days would yield greater transfer of learning specific to that county.
- There have been efforts to develop supervisor guidance around consultative and reflective styles however efforts have not been fully implemented in day to day practice and further skill development is needed.

#### Quality Management and Performance Improvement:

- Data is shared weekly with leadership and the CMOs in "Data Packets" although it was not clearly established how the CMOs use this data managing day to day work.
- ECA P/P revenue maximization is a strength to the system of care an analysis of all the relative and non-relative caregivers was initiated by revenue maximization and in December 2017 efforts were carried out by the CMOs and case managers for the purpose of determining what financial assistance was currently being received. The information is now tracked and used as a validation tool.
- The CMO supervisors conduct cold calls to families monthly to receive feedback on service delivery.

#### Placement Resources and Process:

- The family foster home recruitment plan sets expectations and local targets to meet placement needs, based on analysis conducted of current capacity and children served.
- The licensing team at Eckerd P/P was considered an asset to the organization by foster parents, case managers, child protective investigators and others because of the support they provide throughout the system of care.
- The placement process is generally streamlined and trauma informed. Some redundancy in information sharing was voiced during the review.
- ECA P/P encourages group home staff to attend foster parent training as well as new provider orientation.
- A kinship care contract through Children's Home is utilized to provide services for relative or non-relative caregivers and revenue maximization now tracks financial assistance packets.

#### Child Welfare Practice:

- ECA P/P has embraced the Practice Model and is continuously integrating it into its system, but case managers still struggle with application of learning to the field.
- In some instances, permanency has been impacted due to delays in access to fingerprinting resources.

#### Partnership Relations:

- At the leadership level there is good communication and partnerships which was recognized in the focus
  groups and interviews as well as the surveys. At the case manager and front-line staff levels there is a lack
  of consistent relationship building as well as a struggle to communicate.
- Email requests for case transfer conference information occur even when the information is available in FSFN, leading to duplication of errors and ineffective use of time.

#### Community Relationships:

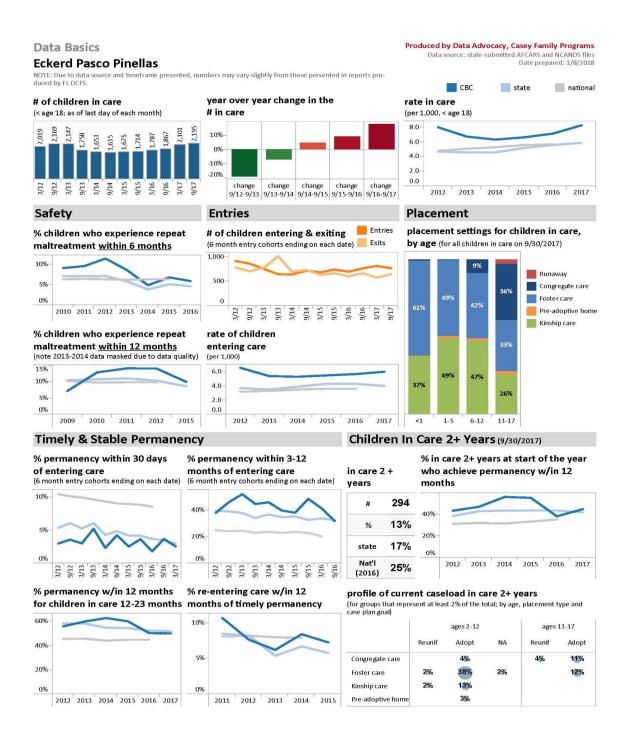
• ECA P/P participates a great deal in the community and community providers see them as responsive, transparent, and engaged in community activities. There are opportunities for ECA P/P to become more proactive in their role as a driving force within the community by identifying, analyzing, and resolving gaps surrounding child welfare in the community.

#### Administrative Findings:

- Subcontractor requirements Four subcontracts did not contain all required language to be passed through to the subcontractors. Two subcontracts did not specify that subcontractor staff and volunteers must meet applicable qualification requirements, background screening requirements, and certification requirement. Five of the subcontracts did not contain licenses as required by Florida law. Contract monitoring by Eckerd P/P of the selected sample of subcontractors did not occur.
- Incident Reporting Two critical incidents were not identified as such and were not reported as required
  into IRAS. Neither did the two contain documentation that the guardian, representative, or relative was
  notified as appropriate. One critical incident was reported late into IRAS.

#### 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 and two territories and with more than a dozen tribal nations. They actively work with Florida child welfare professionals to improve practice through use of evidence based programs and data analytics. The most up-to-date ECA P/P performance is depicted later in this report.



#### SECTION 1: CONTRACT MONITORING PROCESS

The monitoring process included a review of ECA P/P's programmatic and administrative operations. In addition, the Community Based Care (CBC) monitoring team reviewed fiscal monitoring reports to assess potential impacts on programmatic activities. The review process included a review and analysis of child welfare performance indicators and quality assurance data and other information obtained through supporting documents, interviews and focus groups. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) quality management and performance improvement; (4) placement resources and process; (5) child welfare practice; (6) partnership relations and (7) community relationships. Additionally, 10 subcontracts and 12 critical incidents were administratively reviewed.

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

The CBC monitoring team consisted of Department of Children and Families Community Based Care Monitoring Unit staff- Melissa Stanley, Jessica Manfresca and Paula Johnson, DCF representatives Atarri Hall from Northwest Region Operations and Rebecca Robinson from Northeast Region Operations, and CBC representatives Janice Thomas (Big Bend Community Based Care) and Denise Waninger (Communities Connected for Kids)

#### SECTION 2: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community ECA P/P serves, including US Census data, information on child welfare partners, Florida Department of Health birth and infant mortality rates and DCF investigations of child fatalities reported to the Florida Abuse Hotline. Additional information may include data from the 2017 Florida Kids Count County Child Well-being Index attached to this report. ECA P/P serves the childen and families in Pasco and Pinellas counties representing the Sixth Judicial Circuit in the SunCoast Region. The table below provides key US Census Facts for these three counties as compared to the statewide percentages.

US Census Facts	Pinellas	Pasco	Florida
Median Household Income	\$47,090	\$46,010	\$48,900
Percent of population living in poverty	13.3%	13.3%	14.7%
Percent of population over 25 years old with high school diploma	90.4%	88.3%	87.2%
Percent of population over 25 years old with a college degree	29.5%	22.5%	27.9%
https://www.census.gov/quickfacts (J2012-20	016 v2016)	•	Table 1

According to the US Census Facts, Pasco and Pinellas counties have slightly lower poverty rates than the statewide rate of 14.7%. Pasco and Pinellas county also have slightly lower median household incomes but higher percentages of individuals with high school diplomas. In comparison to the satewide average of 27.9%, Pasco County has a higher number (29.5%) and Pinellas County has a lower number (22.5%) of individuals with college degrees .

Pasco County is ranked 13 out of 67 counties, and Pinellas County is ranked 32 out of 67 counties by the Florida Kids Count Child Well-being index. This index ranks Florida counties on a scale containing 16 indicators of child well-being. The Child Well-being Index reports that 20.2% of the children in Pasco County and 22.2% of the children in Pinellas County under the age of 18 are living in poverty.

#### CHILD WELFARE PARTNERS

In circuit 6, Child Protective Investigations are provided by Pasco Sheriff's Office and Pinellas Sheriff's Office. Children's Legal Services are handled by the State Attorney's Office. Case Management and Adoptions operations are provided by 3 subcontractors, Youth and Family Alternatives (YFA), Directions for Living (DFL), and Lutheran Services of Florida (LSF). Extended Foster Care services are contracted out to Camelot Community Care. ECA P/P works closely with the Guardian Ad Litem office and two Foster and Adoptive Parent Associations (FAPAs). ECA P/P contract with Directions for Living/Family Works in Pinellas and Safe at Home/Gulf Coast in Pasco for Diversion/Safety Management Services.

#### **CHILD FATALITIES**

#### **BIRTH AND INFANT MORTALITY RATES**

The birth rates have remained relatively stable in both counties since 2012. Pasco County consistently had the highest birth rate in the service area but remained lower than the statewide average of 11.1. While the birth rate remained steady in both counties, the infant mortality rate fluctuated. In Pasco County, the infant mortality rate rose from 4.2 in 2012 to 6.1 in 2016, which is equivalent to the statewide rate. In Pinellas County, the infant mortality rate rose from 4.9 in 2012 to 6.8 in 2016, which is higher than the statewide rate.

Birth Rate per 1,000 population Statewide Rate: 11.1								
County 2012 2013 2014 2015 2016								
Pasco	10.1	10.1	10	10.4	10.3			
Pinellas	9.2	9.2	9.1	9.2	8.9			

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

Table 2

Infant Mortality Rate per 1,000 live births Statewide Rate: 6.1								
County	2012	2012 2013 2014 2015						
Pasco	4.2	7.7	6.4	4.5	6.1			
Pinellas	4.9	5.6	7	6.4	6.8			

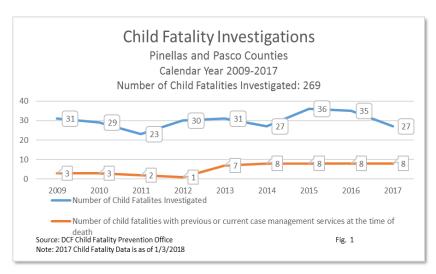
Source: http://www.flhealthcharts.com/FLQUERY/InfantMortality/InfantMortalityRateRpt.aspx

Table 3

#### **CHILD FATALITY INVESTIGATIONS**

A review of child fatality investigations from 2009 to 2017 shows the number of child fatality investigations fluctuated slightly but declined overall. Fatality investigations with previous or current case management

involvement followed similar trends but increased overall. Since 2009, of the 48 fatalities with prior or current case management involvement, twenty-one were receiving case management services at the time of the fatality. From 2009 to 2017, for cases with current or prior case management services, the primary cause of death was sleep related (11) followed by natural causes (10). Three investigations are still pending.



Since 2015 the Critical Incident Rapid Response Team (CIRRT) has been deployed sixteen times, with ten deployments involving families with an open case with the CBC. The most recent fatality involving case management services occurred on October 24, 2017. A 2 ½-month-old infant was found unresponsive in his foster home after he was placed down for a nap on an adult bed following a feeding. The death was ruled accidental.

#### **SECTION 3: AGENCY SUMMARY**

Eckerd Community Alternatives, Inc. Pasco/Pinellas (ECA P/P) has been a contracted CBC lead child welfare agency in Pinellas and Pasco counties since 2008. ECA P/P is accredited by the Council on Accreditation (COA), an international, independent, nonprofit, human service accrediting organization that accredits the full continuum of child welfare, behavioral health, and community-based social services. ECA P/P is COA accredited through June 30, 2019, in the following service areas:

- Family Foster Care and Kinship Care
- Network Administration

Pre-Service and in-service training is subcontracted out to University of South Florida. Case management, adoptions, and extended foster care services are subcontracted out to community providers. Intake and placement, Foster home licensing and recruitment operations are handled in-house by ECA P/P staff.

#### NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

The number of reports accepted for investigation and the number of children entering out-of-home care has increased over the last three fiscal years. Over that same period, ECA P/P saw an increase in children served through In-Home and Out-of-Home services. Children receiving family support services and the number of young

adults receiving services has decreased slightly overall. Table 4 below provides key data for investigations and services in Pasco and Pinellas counties for FY 2014/2015, FY 2015/2016 and FY 2016/2017.

Child Protective Investigations and Child Removals (Pinellas and Pasco Counties)	FY 2014/2015	FY 2015/2016	FY 2016/2017
Reports accepted for Investigation by DCF (Initial & Additional Reports) 1	14,599	14,562	15,310
Children Entering Out-of-Home Care <sup>2</sup>	1,391	1,429	1,569
Children Served by Eckerd Pinellas/Pasco <sup>3</sup>	FY 2014/2015	FY 2015/2016	FY 2016/2017
Children Receiving In-Home Services	1,955	1,786	1,980
Children Receiving Out of Home Care	2,929	2,969	3,265
Young Adults Receiving Services	257	236	255
Children Receiving Family Support Services	1,020	754	973

Data Sources: Table 4

#### FINANCIAL VIABILITY SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures, based on the DCF 2017-18 CBC-ME Financial Monitoring Tool for Desk Reviews, of ECA P/P. The desk review period was for the period of July 1, 2017 – September 30, 2017. The review identified four areas with 4 findings and 8 areas of observation. ECA P/P corrected the errors.

For further details, please see the complete fiscal report – 2017-18 CBC Desk Review Financial Monitoring Report Eckerd Community Alternatives (Pasco/Pinellas) From FY13-14 through FY16-17, ECA P/P was able to operate within the allocated budget and maintain a carry forward balance; however, in FY17-18, all carry forward dollars were utilized and Risk Pool funds were necessary to cover actual expenditures for the fiscal year. (See Table 5)

In FY17-18, ECA P/P applied for and received Risk Pool Funding. According to the <u>Risk Pool Committee Report</u>, the primary factors were an increase in removals, an increase in case management positions to reduce caseloads, licensed group home rate increases, and a transition in available diversion services. Recommendations made by the committee included reviewing high cost placements, reevaluation of alternative ways to reduce caseloads, resolve issues with placement timeframes, re-educate CPIs on the use of the new diversion programs, begin using conditions for return staffings, analyze administrative costs, evaluate possible "step down "placements, and refresher training for staff on the Practice Model.

<sup>&</sup>lt;sup>1</sup>Child Protective Investigations Trend Report through June 2017 (run date 1-2-2018)

<sup>&</sup>lt;sup>2</sup>Child Welfare Dashboard: Child Welfare Trends/Children Entering Out-of-Home Care (run date 1-3-2018)

<sup>&</sup>lt;sup>3</sup>FSFN OCWDRU Report 1006 Children & Young Adults Receiving Services by CBC Agency (run date 1-2-2018)

Comparison of Funding by Fiscal Year  Eckerd Pasco/Pinellas									
DCF Contract Funds Available (by Fiscal Year) FY13-14 FY14-15 FY15-16 FY16-17									
Core Services Funding	\$46,862,560	\$46,205,052	\$44,550,216	\$44,759,756	\$45,555,137				
Other**	\$17,895,079	\$19,455,157	\$20,517,857	\$22,424,517	\$22,358,448				
Total Initial Appropriation	\$64,757,639	\$65,660,209	\$65,068,073	\$67,184,273	\$67,913,585				
Risk Pool Allocation					\$866,570				
CBC Operational Costs from Back of the Bill									
MAS from Back of the Bill			\$642,471						
Carry Fwd Balance from Previous Years	-\$2,250,750	\$1,470,997	\$2,717,806	\$1,125,711	-\$195,642				
Total Funds Available	\$62,506,889	\$67,131,206	\$68,428,350	\$68,309,984	\$68,584,513				
** Includes Maintenance Adoption Subsidy (MAS), Independent Living (IL and Extended Foster Care), Children's Mental Health Services (Cat 100800/100806), Pl Training, Casey Foundation or other non-core services									

#### SECTION 4: PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA

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

The performance measures outlined in this report are accessible through the <u>Child Welfare Dashboard</u> 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).

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

 CFSR reviews consist of completing a case file review, interviewing case participants, and completing the on-line review instrument. In addition, these cases receive 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 <u>CFSR On Site Review Instrument and Instructions</u> and the <u>Rapid Safety Feedback Case Review Instrument</u> are both available on the Center for Child Welfare website and provide details on how ratings are determined.

#### CONTRACT AND CBC SCORECARD MEASURES

During FY 2016/2017, ECA P/P has met or exceeded their established contract target, federal standards and statewide performance in ten of the thirteen measures including:

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

These measures were successfully met in FY15/16 as well.

In the remaining three measures, ECA P/P did not meet the established targets for FY 16/17. These measures are:

- M01: Rate of abuse or neglect per 100,000 days in foster care
- M03: % of children who are not neglected or abused after receiving services
- M07: % of children who do not re-enter foster care within twelve months of moving to a permanent home

With the exception of M07, these measures were successfully met in FY15/16.

#### **Performance Measures**

**Contract Targets Compared to Federal Standards and Statewide Performance** 

Eckerd Pinellas/Pasco					iellas/Pasco	
,	intra sure jets	Federal Vational Standard Formance	wide manc 5/201		FY 2015-2016	FY 2016-2017
Performance Measures Contract #QJ511	CBC Contract Measure Targets	Federal National Standard (Performance o	Statewide Performance (FY 2016/2017)	Jul	ly 1, 2015-June 30,2016	July 1, 2016-June 30, 2017
Rate of abuse or neglect per day while in foster care (Source: CBC Scorecard)	<8.5	<8.5	10.56	•	8.40	9.03
Percent of children who are not neglected or abused during in-home services (Scorecard)	>95%		97.20%	•	96.30%	97.50%
Percent of children who are not neglected or abused after receiving services (Scorecard)	>95%		95.60%		96.10%	94.40%
Percentage of children under supervision who are seen every thirty (30) days (CBC Scorecard)	>99.5%		99.80%		99.90%	99.90%
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%	•	51.30%	47.40%
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%	•	58.80%	53.30%
Percent of children who do not re- enter foster care within twelve (12) months of moving to a permanent home (Soprecard)	>91.7%	>91.7% (83%-98%)	89%	•	87.50%	88.10%
Children's placement moves per 1,000 days in foster care (Scorecard)	<4.12	<4.12 (2.6%-8.7%)	4.33	•	3.62	4.09
Percentage of children in out-of- home care who received medical service in the last twelve (12) months. (Scorecard)	>95%		97.14%	•	99.42%	99.31%
Percentage of children in out-of- home care who received dental services within the last seven (7) months. (Scorecard)	>95%		92.70%	•	97.20%	97.00%
Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education (Scorecard)	>80%		87.60%	•	93.20%	91.90%
Percent of sibling groups where all siblings are placed together (Scorecard)	>65%		63.90%	•	68.10%	65.70%
Number of children with finalized adoptions (DCF Dashboard run date 10/17/18)	261/288			•	290	311
	Rate of abuse or neglect per day while in foster care (Source: CBC Scorecard)  Percent of children who are not neglected or abused during in-home services (Scorecard)  Percent of children who are not neglected or abused after receiving services (Scorecard)  Percentage of children under supervision who are seen every thirty (30) days (CBC Scorecard)  Percent of children exiting foster care to a permanent home within twelve (12) months of entering care (Scorecard)  Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months (Scorecard)  Percent of children who do not reenter foster care within twelve (12) months of moving to a permanent home (Scorecard)  Percentage of children in out-of-home care who received medical service in the last twelve (12) months. (Scorecard)  Percentage of children in out-of-home care who received dental service in the last twelve (12) months. 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(Scorecard)  Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education (Scorecard)  Percent of sibling groups where all siblings are placed together (Scorecard)  Number of children with finalized adoptions (DCF Dashboard run date 10/17/18)	Rate of abuse or neglect per day while in foster care (Source: CBC Scorecard)  Percent of children who are not neglected or abused during in-home services (Scorecard)  Percent of children who are not neglected or abused after receiving services (Scorecard)  Percent of children under supervision who are seen every thirty (30) days (CBC Scorecard)  Percent of children exiting foster care to a permanent home within twelve (12) months of entering care (Scorecard)  Percent of children exiting to a permanent home within tavelve (12) months for those in care 12 to 23 months (Scorecard)  Percent of children who do not reenter foster care within twelve (12) months for those in care 12 to 23 months (Scorecard)  Percent of children who do not reenter foster care within twelve (12) months of moving to a permanent home (Scorecard)  Percent of children who do not rester of children who do not rester foster care within twelve (12) months of moving to a permanent home (Scorecard)  Percent of children in out-of-home care who received medical service in the last twelve (12) months. 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(Scorecard)  Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education (Scorecard)  Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education (Scorecard)  Percent of sibling groups where all siblings are placed together (Scorecard)  Number of children with finalized adoptions (DCF Dashboard run date 10/17/18)	Rate of abuse or neglect per day while in foster care (Source: CBC Scorecard)  Percent of children who are not neglected or abused during in-home services (Scorecard)  Percent of children who are not neglected or abused after receiving services (Scorecard)  Percent of children who are not neglected or abused after receiving services (Scorecard)  Percentage of children under supervision who are seen every thirty (30) days (CBC Scorecard)  Percent of children exiting foster care to a permanent home within twelve (12) months of entering care (Scorecard)  Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months (Scorecard)  Percent of children who do not reenter foster care within twelve (12) months of moving to a permanent home (Scorecard)  Percent of children who do not reenter foster care within twelve (12) months of moving to a permanent home (Scorecard)  Percentage of children in out-of-home care who received medical service in the last twelve (12) months. (Scorecard)  Percentage of children in out-of-home care who received dental services within the last seven (7) months. (Scorecard)  Percentage of voung adults in foster care at age 18 that have completed or are enrolled in secondary education (Scorecard)  Percentage of sibling groups where all siblings are placed together (Scorecard)  Percent of sibling groups where all siblings are placed together (Scorecard)  Number of children with finalized adoptions (CDF Dashboard run date 10/17/18)	Rate of abuse or neglect per day while in foster care (Source: CBC Scorecard)  Percent of children who are not neglected or abused during in-home services (Scorecard)  Percent of children who are not neglected or abused aduring in-home services (Scorecard)  Percent of children who are not neglected or abused after receiving services (Scorecard)  Percentage of children under supervision who are seen every thirty (30) days (CBC Scorecard)  Percent of children exiting foster care to a permanent home within twelve (12) months of entering care (Scorecard)  Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months (Scorecard)  Percent of children who do not reenter foster care who received medical services within twelve (12) months of moving to a permanent home (Scorecard)  Percentage of children in out-of-home care who received dental services within the last seven (7) months. 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(Scorecard)  Percentage of opting adults in foster care are age 18 that have completed or are enrolled in secondary education (Scorecard)  Percentage of opting adults in foster care are at age 18 that have completed or are enrolled in secondary education (Scorecard)  Percentage of opting adults in foster care are age 18 that have completed or are enrolled in secondary education (Scorecard)  Percentage of opting adults in foster care are age 18 that have completed or are enrolled in secondary education (Scorecard)  Percentage of opting adults in foster care are age 18 that have completed or are enrolled in secondary education (Scorecard)  Percentage of opting and adults in foster care are age 18 that have completed or are enrolled in secondary education (Scorecard)  Percentage of opting and adults in foster care are an enrolled in secondary education (Scorecard)  Percentage of opting and adults in foster care are enrolled in secondary education (Scorecard)  Percentage of opting and adult

#### **CHILD SAFETY**

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

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

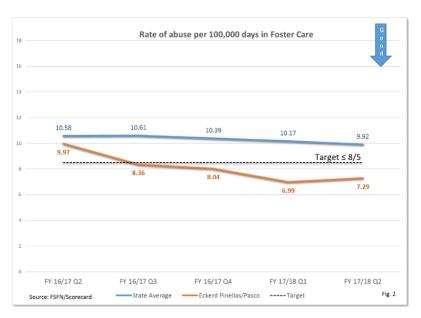
#### RATE OF ABUSE IN FOSTER CARE

Rate of abuse or neglect per day while in foster care (Scorecard Measure M01): This graph depicts the rate at which children are the victims of abuse or neglect while in foster care (per 100,000 bed days) during the

reporting period. This national data indicator measures whether the state child welfare agency ensures that children do not experience abuse or neglect while in the state's foster care system.

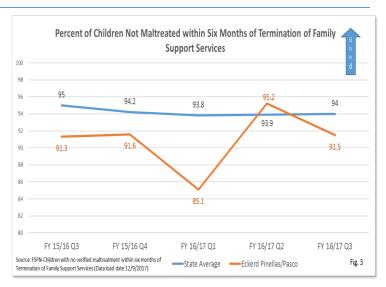
Over the past five quarters, the rate of abuse has shown a steady positive trend downward, exceeding the target and maintaining that performance.

The CQI case review indicator (CQI Item 3) linked to child safety (making concerted efforts to address risk and safety) showed a 4.2% decline and remains below statewide performance, PIP goal, and federal and state expectations. (See Table 7)



#### NO MALTREATMENT AFTER FAMILY SUPPORT SERVICES

Percent of children not abused or neglected within six months of termination of family support services. This graph depicts the percentage of children who did not have a verified maltreatment during the report period. This is a Florida indicator that measures the CBC's success in keeping children safe after family support services have ended. ECA P/P has performed below the statewide average in four of the last five quarters.

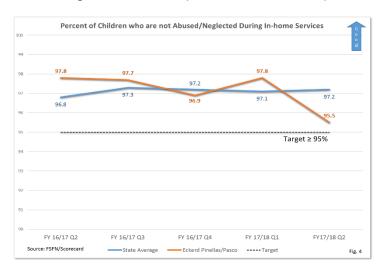


#### NO MALTREATMENT DURING IN-HOME SERVICES

Percent of children not abused or neglected while receiving in-home services (Scorecard Measure M02): This

graph depicts the percentage of children who did not have a verified abuse or neglect maltreatment while receiving in-home services. This indicator measures whether the CBC was successful in preventing subsequent maltreatment of a child while a case is open and the CBC is providing in-home services to the family.

ECA P/P's performance in this measure has stayed above the target in the last five quarters, and above the statewide performance in three of the five quarters.



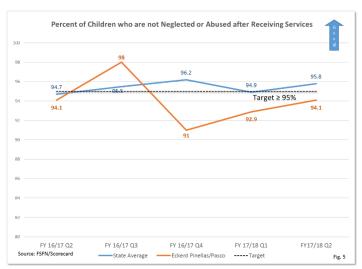
Rapid Safety Feedback (RSF) data revealed

that ECA P/P performed above the statewide average performance in RSF 1.1 (ensuring the family assessments are sufficient) and RSF 2.1 (ensuring the quality of visits between the case manager and the child(ren) are sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes). Additionally, ECA P/P performed above the statewide average in RSF 4.1 by ensuring the safety plan in place was sufficient to control danger threats and protect the child. In the past year, ECA P/P has shown a negative downward trend in performance on CQI Item 3, decreasing by 4.2% from the previous year, indicating staff need improvement in making concerted efforts to assess and address risk and safety concerns for children while in their homes or in foster care. ECA P/P's performance of 73% is below the PIP goal of 77.7%. (See Table 7)

#### NO MALTREATMENT AFTER RECEIVING SERVICES

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

ECA P/P's performance has been below the target and statewide performance in four of the past five quarters. However, performance in this area is trending positively in the last three quarters.



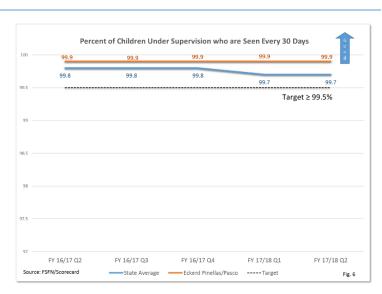
ECA P/P has shown a 9.7% decline in performance on CQI Item 2 (90.3%), ensuring concerted efforts are made to provide services to the family to prevent children's entry into foster care or re-entry after reunification. While they scored above the federal PIP goal, they performed below the statewide performance and the federal and state expectation. (See Table 7)

#### **CHILDREN SEEN EVERY 30 DAYS**

Children under supervision who are seen every thirty days (Scorecard Measure M04):

This graph depicts the rate at which children are seen every thirty days while in foster care or receiving in-home services during the report period.

ECA P/P's performance in seeing children under supervision children as required has consistently exceeded the statewide performance and target for the past five quarters. CQI Item 14 data indicates that the quality of these visits between the case manager and child are above the statewide average and federal PIP goal, however are



not meeting state and federal targets. (See Table 9)

#### **QA CASE REVIEW DATA**

The table below provides the current performance in items related to child safety that are based on qualitative case reviews. Rapid Safety Feedback (RSF) reviews show that from the period of July 1, 2016 through June 30, 2017, ECA P/P case managers were completing sufficient assessments, completing quality visits to address issues pertaining to safety and evaluate progress towards case plan outcomes, and ensuring a sufficient safety plan is in place to control danger threats. Florida CQI reviews indicate that ECA P/P has made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification. However, ECA P/P's performance in making concerted efforts to assess and address risk and safety concerns while children were in their home or in foster care was below the statewide performance, the federal PIP goal, and the federal and state expectations. Also of note, in both CQI items shown below, a decrease in performance occurred between FY 15/16 and FY16/17.

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

Quality Assurance - Rapid Safety Feedback Item	Eck	erd Pinellas Pasco n=50	Statewide RSF Performance <sup>1</sup> n=851
Assessement Based on Case Reviews by Child Welfare Professionals		July 1, 2016-	June 30, 2017
RSF 1.1: Is the most recent family assessment sufficient?		82.0%	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?		78.0%	62.7%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?		62.0%	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	Eckerd Pinellas Pasco	Eckerd Pinellas Pasco		Statewide	2016 Statewide Federal		
Assessement Based on Case Reviews by Child Welfare Professionals	FY 2015/2016 n=70	FY 2016/2017 n=74	Percent Improvement	CQI/QA Performance <sup>1</sup> n=1,290	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%	90.32%	<b>-</b> 9.7%	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?	77.14%	72.97%	<b>-</b> 4.2%	77%	71.3%	77.7%	95.0%

Source: Federal Online Monitoring System

Table 7

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

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

<sup>&</sup>lt;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**

ECA P/P is performing below target or trending negatively in three permanency measures and trending above target or trending positively in three permanency measures. Additionally, RSF (Rapid Safety Feedback) and CQI (Continuous Quality Improvement) reviews highlight areas where continued efforts to improve performance is warranted and areas where performance is trending positively.

The graphs and tables on the follow pages depict ECA P/P's performance related to permanency in the following areas:

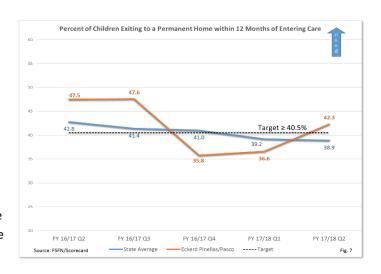
- 1. Permanency in 12 months
- 2. Permanency in 12-23 months
- 3. Permanency after 24 months
- 4. Placement stability
- 5. Percent not re-entering care
- 6. Siblings placed together
- 7. Qualitative Case Review Results

#### **PERMANENCY IN 12 MONTHS**

Percent of children exiting foster care to a permanent home within twelve months of entering care (Scorecard Measure M05):

Figure 7 depicts the percentage of children who entered foster care during the report period where the child achieved permanency within twelve months of entering foster care.

ECA P/P has performed above the target and statewide performance in three of the previous five quarters. Performance dipped below the target and the state performance in FY16/17 Q4, but improved and was above the target and the statewide performance by FY17/18 Q2.



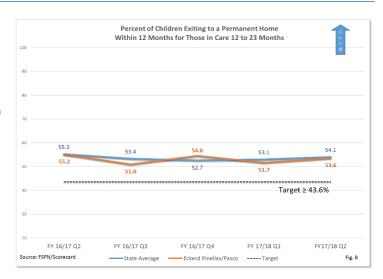
ECA P/P scored above the statewide performance and PIP goal in CQI Item 5 (establishing permanency goals in a timely manner) and CQI Item 6 (making concerted efforts to achieve permanency). While they are still below the state and federal expectations, they have shown an increase in FY16/17 putting them closer to the goal. (See Table 8)

#### PERMANENCY IN 12 - 23 MONTHS

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

Figure 8 provides the percentage of children in foster care whose length of stay is between twelve (and twenty-three months as of the beginning of the report period who achieved permanency within twelve months of the beginning of the report period.

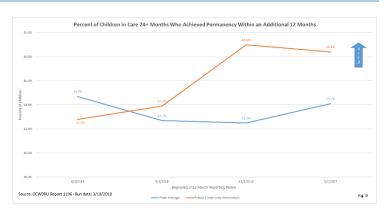
ECA P/P consistently performed above the target for the past five quarters, and within 2% of the statewide performance for the same timeframe.



#### **PERMANENCY AFTER 24 MONTHS**

Percent of children in foster care for twenty-four or more months exiting to a permanent home (Scorecard Measure M05): Figure 9 depicts the percentage of children who were in foster care for 24 or more months and achieved permanency upon exiting foster care.

ECA P/P has exceeded the statewide performance average in three of the previous four quarters measured.

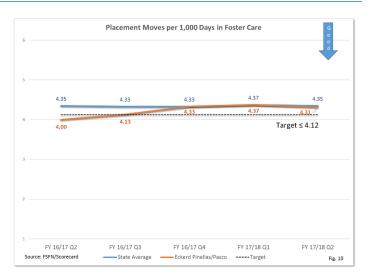


#### **PLACEMENT STABILITY**

Placement moves per one-thousand days in foster care (Scorecard Measure M08): Figure 10 depicts the rate at which children change placements while in foster care during the report period.

ECA P/P's performance in this measure has trended negatively over the past five quarters. While they performed at the same rate or better than the state in the last five quarters, they have not met the target in four of the five quarters reported.

Qualitative case reviews indicate that ECA P/P's performance declined 10.9% from FY15/16 to



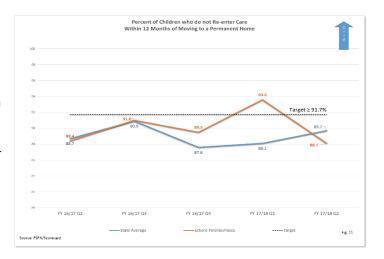
FY16/17 on CQI Item 4 (ensuring stable placement and that any moves are in the best interest of the child). This score is below the statewide performance, the PIP goal, and the federal and state expectations. (See Table 8)

#### PERCENT NOT RE-ENTERING INTO CARE

Percent of children who do not re-enter foster care within twelve months of moving to a permanent home

(Scorecard Measure M07): Figure 11 depicts the percentage of exits from foster care to permanency for a cohort of children who entered foster care during the report period, exited within twelve months of entering, and subsequently do not re-enter foster care within twelve months of their permanency date.

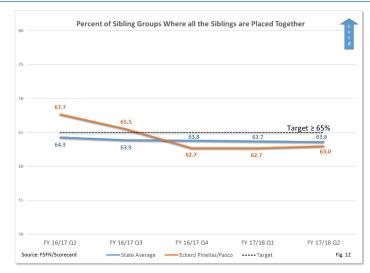
ECA P/P has performed below the target in four of the five previous quarters, but above the statewide average in the same time period.



#### SIBLINGS PLACED TOGETHER

Percent of sibling groups where all siblings are placed together (Scorecard Measure M12): Figure 12 depicts the percentage of sibling groups with two or more children in foster care as of the end of the report period where all siblings are placed together.

ECA P/P performed above the statewide average and the target in two of the five previous quarters. While performance declined over the most recent three quarters, ECA P/P has been within 1% of the statewide average and 2-3% of the target.



Overall, this measure was met in FY 15/16

and FY16/17, but showed a decline in FY 16/17. Additionally, ECA P/P showed a decline (19.4%) in CQI Item 7, ensuring concerted efforts are made to ensure siblings in foster care are placed together unless separation is necessary to meet the needs of one of the siblings, placing their performance above the state but below the state and federal expectations (See Table 8).

#### **QA CASE REVIEW DATA**

The tables below provide ECA P/P's performance based on qualitative reviews. Rapid Safety Feedback (RSF) reviews show that for FY2016/2017 ECA P/P's case managers were completing visits of sufficient quality to address issues pertaining to safety and evaluate progress towards case plan outcomes (see Table 8, RSF 2.1, 2.3, and 2.5). Florida CQI reviews further support that ECA P/P's performance in most measures is currently above the Federal PIP goal and statewide average performance (see Table 8, CQI Item 5, 6, 7, 8, 9, and 11). It is important to note that ECA P/P's performance in FY16/17 declined from FY15/16 in four of the eight CQI measures (see Table 8, CQI Item 4, 7, 9, and 10).

Quality Assurance Item	Eckerd Pinellas Pasco n=50	Statewide RSF Performance n=851
Assessement Based on Case Reviews by Child Welfare Professionals	Performance fo	r FY 2016/2017
RSF 2.1 Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?  RSF 2.3 Is the quality of visits between the	78.0%	62.7%
case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	83.7%	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?	86.0%	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  Assessement Based on Case Reviews by Child Welfare  Professionals	Eckerd Pinellas Pasco FY 2015/2016 n=70	Eckerd Pinellas Pasco FY 2016/2017 n=74	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>
CQI Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interest of the child and consistent with achieving the child's permanency goal(s)?	88.64%	77.78%	<b>-10.9%</b>	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?	79.07%	88.89%	9.8%	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?	86.36%	93.33%	<b>7</b> .0%	81.0%	74.5%	75.4%	95.0%
CQI Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?	100.00%	80.65%	<b>-19.4%</b>	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?	80.00%	86.05%	<b>↑</b> 6.1%	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?	96.05%	84.09%	<b>-12.0%</b>	79.0%	82.0%	None	95.0%
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	85.33%	81.40%	<b>↓</b> -3.9%	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?	75.00%	78.95%	<b>1</b> 4.0%	61.0%	60.0%	None	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

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

Table 8

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

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

 $<sup>^4\</sup>mbox{This}$  is the overall federal and state expectation for performance.

#### **WELL-BEING**

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

In the past five quarters, ECA P/P consistently exceeded the target and the statewide average for children receiving medical care and dental care. They exceeded the statewide average for children enrolled in secondary education in three of the quarters, but exceeded the target in all five quarters. Florida CQI reviews support that ECA P/P's performance in most measures are currently meeting or exceeding the Federal PIP goal and statewide average performance (see Table 9, CQI Item 12B, 13, 14, 15, 17, 18).

The graphs and tables on the follow pages depict ECA P/P's performance related to well-being in the following areas:

- 1. Children receiving medical care
- 2. Children receiving dental care
- 3. Young adults enrolled in secondary education
- 4. Qualitative Case Review Results

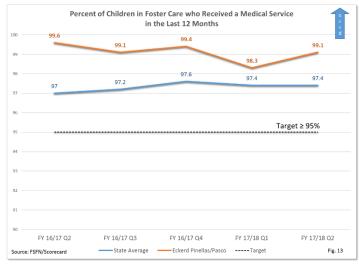
#### CHILDREN RECEIVING MEDICAL CARE

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

Figure 13 depicts 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.

ECA P/P has consistently performed above the target and statewide performance in this area over the previous five quarters.

ECA P/P scored above the statewide performance in CQI Item 17: ensuring the agency addresses the physical health needs of children, including dental needs. While ECA P/P showed improvement (6.3%) in FY 16/17, it is still below the federal and state expectations. (See Table 9)

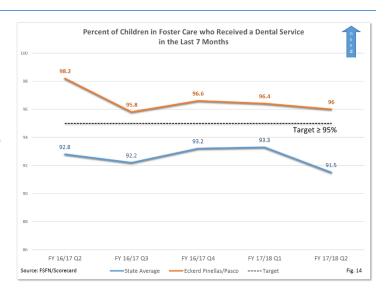


#### CHILDREN RECEIVING DENTAL CARE

Percent of children in foster care who received a dental service in the last seven months (Scorecard Measure M10): Figure 14 depicts 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.

ECA P/P has consistently performed above the statewide target and statewide performance in this area over the previous five quarters.

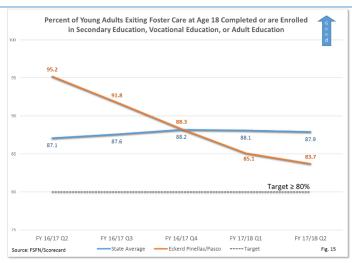
ECA P/P scored above the statewide performance in CQI Item 17: ensuring the agency addresses the physical health needs of children, including dental needs. While ECA P/P showed improvement (6.3%) in FY 16/17, it is still below the federal and state expectations. (See Table 9)



#### YOUNG ADULTS ENROLLED IN SECONDARY EDUCATION

Percentage of young adults who have aged out of foster care at age eighteen and completed or are enrolled in secondary education, vocational training, or adult education (Scorecard Measure M11): Figure 15 depicts 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.

ECA P/P's performance has been consistently above the target and above the statewide performance for three of the previous five quarters. While performance remains above the target, it has trended negatively since FY 16/17 Q2.



Although ECA P/P showed improvement (7.8%) in CQI Item 16 (ensuring concerted efforts are made to assess children's educational needs appropriately address identified needs in case planning and case management activities) performance is still below the statewide performance and the federal and state expectation. (See Table 9)

#### **QA CASE REVIEW DATA**

The table on the following page(s) provides ECA P/P's performance in measures related to child well-being based on CQI case reviews. ECA P/P has performed above the statewide performance in six of nine measures, and above the Federal PIP goal in six of measures. ECA performed below the Federal and State expectation in all measures. ECA P/P showed improvement in FY 2016/2017 from FY 2015/2016 in three of the nine measures (See CQI Item 13, 16, and 17).

Quality Assurance - Florida CQI Item  Assessement Based on Case Reviews by Child Welfare	Eckerd Pinellas Pasco FY 2015/2016	Eckerd Pinellas Pasco FY 2016/2017	Percent Improvement	Statewide CQI/QA Performance FY 2016/2017	2016 Statewide Federal Child & Family Service Review <sup>2</sup> 4/1/16-9/30/16	Federal Program Improvement Plan (PIP) Goal <sup>3</sup>	Federal and State Expectation <sup>4</sup>
Professionals	n=70	n=74		n=1,290	n=80		
CQI Item 12A: Did the agency make concerted efforts to assess the needs of and provide services to <u>children</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	85.71%	<b>85.14%</b>	<b>-</b> 0.6%	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 achiever case goals and adequately address the issues relevant to the agency's involvement with the family?	77.05%	75.71%	<b>-</b> 1.3%	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 achiever case goals and adequately address the issues relevant to the agency's involvement with the family?	97.67%	83.72%	<b>-</b> 14.0%	88.0%	51.3%	58.4%	95.0%
CQI Item 13 Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	79.03%	79.17%	<b>•</b> 0.1%	66.0%	63.6%	70.7%	95.0%
CQI Item 14: Were the frequency and quality of visits between caseworkers and the <a href="child">child (ren)</a> sufficient to ensure the safety, permanency and well-being of the child (ren) and promote achievement of case goals?	87.14%	85.14%	<b>-2.0</b> %	67%	72.5%	78.9%	95.0%
CQI Item 15 Were the frequency and quality of the visits between the case workers and mothers and fathers sufficient to ensure the safety, permanency and wellbeing of the children and promote achievement of the case goals?	56.90%	<b>55.71%</b>	<b>-</b> 1.2%	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?	74.47%	82.22%	<b>↑</b> 7.8%	84%	92.0%	None	95.0%
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	79.69%	86.00%	<b>♠</b> 6.3%	77%	85%	None	95.0%
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	86.11%	80.00%	<b>-</b> 6.1%	75%	72%	None	95.0%

children?
Source: Federal Online Monitoring System

<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.

 $<sup>^{1}\</sup>mbox{This}$  date provides the statewide rating in each case review item for all CBCs

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

#### **SUMMARY**

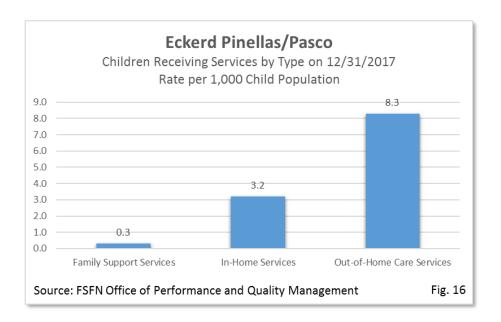
In July of 2016, the Office of Child Welfare initiated a <u>service array assessment</u> with each CBC across the state. The assessment focuses on evaluating the availability, access and application of services for child welfare involved families. ECA P/P submitted information to the Office of Child 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, ECA P/P received a rating of "3", for their family support services programs and a rating of "1" for the safety management services program. The rating system is as follows:

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

<u>Family Support Services</u>- Eckerd Community Alternatives contracts with Gulf Coast Jewish Services (Safe at home) in Pasco county and Directions for Living (Family Works) in Pinellas county for Family Support Services. They are able to utilize additional community service providers to provide services to families. In addition, ECA P/P has three resource specialists that assist families with linkage of resources. Front line staff expressed confusion about current service model, resulting in low utilization of family support services.

<u>Safety Management Services</u>- ECA P/P contracts with Gulf Coast Jewish Services (Safe at home) in Pasco county and Directions for Living (Family Works) in Pinellas county for Safety Management Services. Safety Management Services are available for investigations. The CPI focus group felt that if safety monitors are needed you would frequently be put on a wait list. Under a separate subcontract, Family Reunification Teams (FRT) can provide safety management services at the time of reunification, however it is only available to YFA cases. During the focus group case managers felt this program was very beneficial to families.

When looking at the children served by case type, (Fig 16) ECA P/P's out-of-home care rate is at more than double the rate of children served in home, either through family support services or in-home case management. To continue efforts to safely decreasing the number of children in out of home care, ECA P/P would benefit by adding the FRT program to the other case management organizations and continue collaboration with ACTION to provide training on conditions for return, as case managers indicated a continuing struggle in this area.



#### SECTION 6: LEADERSHIP AND GOVERNANCE

#### **SUMMARY**

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

ECA P/P's mission statement to "Provide and share solutions that promote the well-being of children, young adults and families in need of a second chance" is closely aligned with the Department's and is cascaded through the organization and integrated into daily work functions by staff and subcontracted providers. ECA P/P enjoys stable executive management staff that access and use data to enhance their management of the CBC and guide information sharing in the community. Executive leadership reported that a new approach to improving relationships with partners in the community, including subcontracted providers, is under way. Leadership recognized information sharing as an area in need of strengthening. At the time of the monitoring the information sharing process focused on "pushing things out and telling you this is what you need to do" rather than listening to suggestions and seeking input prior to making decisions affecting the system. ECA P/P is governed by a smaller board comprised of 4 members from Eckerd Connects board and feeds information up to the larger Eckerd Connects board. They are kept appraised of critical incidents, performance and financial standing on a regular basis. The smaller board evaluates the Director annually on performance through a formal process, but also uses feedback from the community received all year long. The smaller board meetings are transparent and open to the public; they meet three times a year in addition to sub-committee meetings held more frequently.

Developing leaders within the organization's Director level staff is conducted formally with the Leadership Academy. The Leadership Academy was rolled out in 2017 through Eckerd Connects. It contains a rigorous curriculum of online classes, job shadowing, and testing to determine competency. Topics include, but are not limited to, basic management and critical thinking skills. As new leaders emerge they can observe weekly meetings to learn and may fill in for the Director if he or she is absent.

ECA P/P applied for, and was approved to receive, Risk Pool funding for FY16/17. The Risk Pool Peer Review Committee made several recommendations including review of high cost placements, addressing CPA Audit findings, and to reevaluate engaging in deficit spending to reduce caseloads and, instead, conduct assessments of other less costly strategies for reduction in workload burden on front-line case managers. The FY 16-17 Risk Pool Peer Review Committee Report further recommended to continue work on resolving placement timeframe issues, re-educate CPIs on diversion programs, begin using conditions for return staffings, continue to focus on a more collaborative management style, and implement a plan to prudently reduce administrative costs. ECA P/P manages and connects fiscal and performance data and continuously works on stepping down children, through daily tracking and reporting with the CMOs.

The strategic plan is developed by the main Eckerd Connects organization and contains three key opportunities as well as three key challenges. While some areas are specific to ECA P/P, others are generalized and align with the global organization's goals. The challenge for Eckerd P/P will be to translate the opportunities and challenges into day-to-day work and the system of care in which they operate. Throughout the organization, Leadership adjusts when crises arise and uses data to aid in developing strategic plan goals.

ECA P/P receives in-kind support through various community entities, and hold events such as a golf tournament, Thanksgiving drive, and back to school supply donations to raise money to support and reward all out-of-home care families in a variety of ways.

#### **ANALYSIS**

EAC P/P does align with the Department's M/V/V and it is integrated into their daily operations. The Director and Executive Leadership have developed a culture that is performance driven and solution focused. There are generalized goals in place to maintain quality staff, build community relationships, and improve of client services. Continuing efforts to analyze data and root causes will likely further sustainability and achieve positive community impact. Additionally, it may be beneficial to continue efforts to enhance communication strategies and strengthen mechanisms for information sharing where all suggestions are explored prior to decision making encompassing the system. Although the members of the smaller board have the same responsibilities as a community board and its members are involved and knowledgeable about the agency and the work being done by ECA P/P it is not representative of the community stakeholders.

#### **SECTION 7: WORKFORCE MANAGEMENT**

#### **SUMMARY**

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

ECA P/P contracts with three case management organizations (CMOs) to provide case management services for dependency cases; Directions for Living (DFL), Youth and Family Alternatives (YFA), and Lutheran Services of Florida (LSF). ECA P/P aims to have caseloads around seventeen children per staff member, but many case managers currently have caseloads over 25 children. This exceeds the Child Welfare League of America's recommended caseloads of fifteen children per case manager. ECA P/P has created a 'Watch List" where the CMOs report weekly to ECA P/P on caseloads and weekly discussions are held surrounding this issue.

Two of the CMOs have developed traditional case manager and senior case manager positions. The senior case managers are intended to be mentors for new case managers and work more complex cases. During the review, it was clear that while senior case managers were intended to have reduced caseloads, most are carrying a higher

number of cases than the regular case managers, with the added responsibilities and no additional incentives. ECA P/P keeps case managers on a protected caseload for 30 days and then increase by one case per week. Focus groups, interviews, and survey results described transportation of children by case managers to be a challenge and a struggle.

ECA P/P reports retention for the CMOs has been challenging. At the time of the review turnover rates are 98% for DFL, 75% for LSF, and 63% for YFA. Each of the CMOs have their own employee retention plan, which include both general and special retention activities for staff. ECA P/P hosts an annual "Day of Fun" training event in which the CMOs are all invited to take part. ECA P/P also hosts a reunification event in each county and invites stakeholders, case manager, and community providers. For the event the CMO identifies two to three family speakers to talk about their experience and success. Foster Parents recognize a case manager of the month who receives a small token of appreciation; in the past the foster parents have held a breakfast for the case managers to invite open communication and create partnerships. In addition, a young leaders committee, made up of partner staff, was formed to provide input on system change. This committee provides results during bi-annual "All Management Meeting". Further activities led by ECA P/P encompassing the whole system of care could generate further retention and a broader understanding of the system and all of its components' roles in retention. ECA P/P acknowledges retention is an area that needs attention and has started a taskforce to increase performance. For example, ECA facilitates monthly calls with the CMOs to discuss retention, as the CMOs felt this was the largest issue surrounding their workforce. Focus groups indicated that a forum for case managers to formally communicate is not available. Turnover and lack of retention is managed through averaged case load reports, which may not provide a clear picture of the challenges, some ongoing analysis with the implementation of the "watch list", and weekly calls.

Eckerd has contracted with University of South Florida (USF) to provide pre-service training, post pre-service field support, and in-service training. Pre-service trainings have a flexible schedule with one starting every month. Classes are twelve weeks with an average of fifteen trainees per class. The CMOs can send new case managers to any of the classes as the contract serves Pasco, Pinellas, and Hillsborough. There are ten trainers, six in Hillsborough and four in Pasco/Pinellas, and the Manager. A field guide is used during the structured field days which allows the supervisor or mentors to document what took place. A calendar is set in advance to enable supervisors to plan ahead. Court experience is tied to the court testimony module, in which the trainees meet with GAL, SAO, Judges, and parents' attorneys. Case managers felt this was helpful, however could be enhanced by ensuring blended classes experienced court day in their own county. After pre-service, the trainers are available to lead consultations to assist staff and supervisors when needed. Field days in Pasco County are not as structured and are not ensuring that staff are completing the required activities to enhance their classroom learning. Case managers reported that an increase in field days, further structure around field days, and clearly defined shadow/mentor expectations would be beneficial. Eckerd has developed a training plan based on needs, which is updated throughout the year to ensure all training needs are being met. A training task force comprised of Eckerd's training specialist, USF's training manager and representatives from the CMOs, assist in developing the training plan and meet quarterly or as needed to re-prioritizing training needs as new law or policy is rolled out. Suggestions for trainings are elicited from the Quality Assurance Department, the CMOs, and directly from staff. CMOs report monthly on overall Title IV-E spending; and all in-service training is centered around Title IV-E funds reimbursable training.

Currently, there is no formalized leadership development plan or specific training for leadership development skills. Case Manager Supervisor development is encouraged through informal field coaching, learning circles, supervisory learning sessions, and supervisor for excellence training. A continuation of developing supervisors in the use of supervisory styles such as consultative and reflective supervision and guidance is warranted, with many supervisors averaging one year in their positions.

#### **ANALYSIS**

ECA P/P recognizes that retaining staff is essential to providing quality services to the families they serve and has taken steps to increase retention of frontline staff. During frontline staff interviews, staff stated they felt supported by their supervisors. Further analysis, to include actual caseload data and work demands on senior case manager, in addition to the amount of transporting case managers do, may inform future retention strategies. Leadership should evaluate the impact of transporting time on service delivery. There is a career path for case managers but it does not have a formalized supervisor development plan. The established relationship with USF is strong and training needs are being adequately met, with a need for some further addition of field days.

#### SECTION 8: QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

#### **SUMMARY**

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

ECA P/P's ability to generate and analyze data is evident. ECA P/P has invested time and resources to develop a system which allows for efficient data management and reporting. "Data Packets" are shared weekly with leadership and CMOs and used to drive performance. For example, the QM team used predictive analytics from mindshare around safe return reviews. These reviews began about 2 years ago to help identify children who had a high probability of re-entering the system or running the risk of being maltreated again. The process stopped due to not enough data and evidence that the analytical process was beneficial. However, it has been brought back again as they are not meeting the re-entry performance measure. They have also implemented re-removal roundtables which uses a team approach to review cases and determine if alternative interventions could have been used after children re-enter out of home care. QM also worked with the Managing Entity (ME) and found that the FIS (Family Intervention Specialist) was beneficial for families for three months at reunification and again for three months after case closure. The Quality management team includes four QA Specialists, one incident reporting specialist, and the Director. The team is invested in ensuring that data gathered from the Performance Measures and RSF/CQI/CFSR is shared with management and the training department. RSF reviews are completed on 100% of in home cases with children ages 0-3. The data is monitored periodically and analyzed to address areas that continue to increase in non-compliance or struggle with meeting targets. QA Specialists provide feedback to Directors, who provide abbreviated feedback to case managers and case manager supervisors. Interviews with frontline staff indicated a lack of clarity in their awareness and understanding of performance measures and their role in impacting them. Although ECA P/P collects, manages, and analyzes a variety of data, there seems to be disconnect in the ability of font line staff, supervisors, and managers to use it to drive day to day work.

Supervisors use cold calls to families to collect customer feedback, however, there is no formal mechanism to consistently collect feedback from consumers on case managers.

ECA P/P's revenue maximization is an area of strength. They have a process to track eligibility to ensure state and federal funds, such as Social Security, Title IV-E, and Medicaid, are managed appropriately. They verify Medicaid eligibility at shelter reviews, review daily reports for placement moves and children entering licensed care, use the TANF report to verify TANF, and recently reviewed all relatives and non-relative placements for benefit eligibility. Additionally, the supervisor reviews accuracy through selecting random files for QA reviews and brings issues found to weekly team meetings to work on solutions and identifying training needs of staff. The staff see themselves as a support function for the case managers and complete all eligibility reviews for them. The revenue maximization staff also create all the provider profiles in FSFN for CPI's and case managers, ensuring efficient data entry and data integrity.

#### **ANALYSIS**

ECA P/P has maintained oversight of performance and quality practices through mindshare and other available or required reporting venues. These venues provide quantitative data on performance measures and can provide trend analysis. It is expected that the CMOs do their own root cause analysis on areas identified by ECA P/P as needing improvement. Other strengths include the use of 100% RSF reviews and the revenue maximization practices. While the management team has a clear understanding of data and performance measures, there is a lack of understanding by the frontline staff of how data can inform and affect day-to-day work. Additionally, actively sharing data with the QM department and Training team, to identify areas of deficiency supported by data, would result in more proactive training topics and help inform reviews to areas most needing improvement.

#### SECTION 9: PLACEMENT RESOURCES AND PROCESS

#### **SUMMARY**

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

#### **Recruitment and Retention**

ECA P/P is responsible for recruitment, retention, placement, and supportive services for foster families. ECA P/A has a target to recruit 105 new foster homes for FY 17/18. A taskforce that includes several directors works on the foster home recruitment plan. ECA P/P uses a strategy to establish a target number of homes they can recruit by reviewing zip codes yielding high removals, foster parent ratios in communities with high removal rates, and reviewing trends from community partners such as the juvenile welfare board. They also review past recruitment efforts and determine what methods produced a high return on investment. For example, foster parents receive an incentive if they recruit a foster family.

Once a prospective foster parent has expressed an interest in fostering, they attend an orientation on what it is to be a foster parent either on-line or in the community. ECA P/P has invested in the Quality Parenting Initiative for families to develop a network of quality foster parents equipped to partner with case managers and other providers minimizing disruptions to the children during their time in out-of-home care. A quality tool developed by ECA P/P is used to screen people expressing an interest in becoming a foster parent. ECA P/P Licensing will then review and make recommendations based on the results of the screening tool.

ECA P/P provides the 8-week foster parent pre-service training called Professional Parent Training and also teaches expedited classes over four Saturdays. ECA P/P has experienced foster parents assist with training. A self-learning component featuring a scavenger hunt requiring the prospective foster parent to find certain resources, attend meetings, and interview partners is also incorporated into the training. This is used to enrich learning and gain efficiency by gathering information from community providers and partners instead of scheduling time for them to come to a class and present. This environment was seen as both beneficial and a hindrance during the foster parent focus group, as some work through the task while others skim through it, causing them to miss out on certain learning opportunities and to fail to receive needed information on how to work through the system when advocating for foster children. QPI is incorporated through training and aids in setting expectations around family visits. Ice breakers are used to facilitate open lines of communication and increase comfort with sharing information between biological family and foster parents. Licensing specialists, CPI's, and GAL's are also available to go out to speak to case managers about their role. Other efforts that have been well received include the foster parent/case manager breakfast and the monthly newsletter. Any areas causing friction between foster parents and case managers gets resolved in partnership meetings and/or can be brought up during the taskforce meetings.

A specific taskforce has been created to include directors, program directors from the CMOs, GAL, State Attorneys, Early Learning Coalition, Medical foster care, DCF, and 15 foster families. They meet monthly and focus on the system of care and barriers that are brought forward by foster parents or case managers, or by current trends identified in the data packet sent out by ECA P/P. Retention of foster homes continues to be a challenge for ECA P/P. The goal is to license 105 new foster homes, and as of February, 70 new foster homes had been licensed, leaving 35 still to go. In that time 61 homes closed, leaving a net gain of 9 new foster homes. ECA P/P is doing an analysis on closure reasons to identify things they could have done differently and areas of closure reasons that they can impact. For example, ECA P/P will work to minimize closures due to the foster parent being frustrated by the system or poor utilization. Part of ECA P/P's recruitment plan is to establish a teen foster care recruitment committee to develop a strategy for recruitment of teen foster homes, as there is a significant need due to an increased influx of teenagers into the system. Licensing will also assist on foster care referrals in group homes and group home staff can attend foster parent training.

A significant strength that was discussed during several of the interviews was the availability of the licensing specialists and the licensing department. Foster parents indicated staff are quick to respond when there are questions or concerns and they always assist expeditiously. There are two Foster Parent Associations, one in Pinellas County and one in Pasco County, as well as a foster parent mentor program which matches existing foster parents with new foster parents. These mentors provide support and guidance and are viewed as a positive asset. Also, a Facebook Page for foster parents is set up to access information and connect with others. Additional retention efforts employed by ECA P/P include: a yearly dinner, a "foster parent of the month" gift card reward, and free gym membership at the YMCA. They recognize foster parent's birthdays and appreciate single foster parents on Valentine's Day. A weekly e-mail is sent to all foster parents with pertinent information, including a "Tip of the Day". When a placement is made, the foster parent's licensing specialist conducts a visit within 72 hours to provide support and guidance. Another aid in retention of foster parents is the ELC voucher, which lets foster parents pay \$25 a week for child care while the rest is paid by ECA P/P. In an effort to care for children who await placement, ECA P/P contracts with several child care centers to care for children ages 2-12 during the day. They provide supervision, snacks, and lunch from 7AM to 5:30PM and can be used until placement is found.

#### **Placement Process**

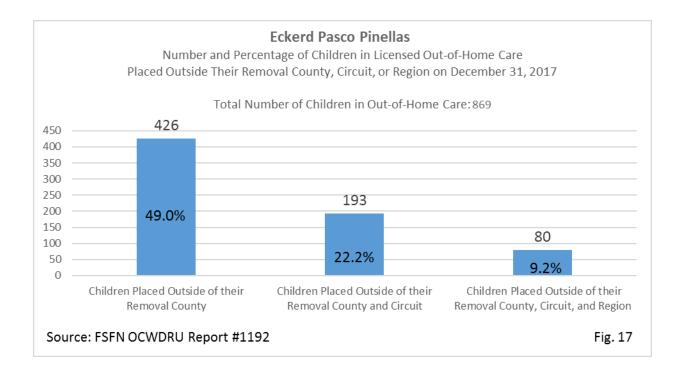
Placement of children in licensed care goes through the placement specialists, who are managed by the placement specialist supervisor. At the time of an initial or change of placement request, the placement specialist collects information about the child(ren) and reviews the list of available placements to locate potential placements. The placement specialist works continuously to identify the best match based on location, demographics, mental/behavioral health needs, community supports, and best match for stability and minimal trauma impact. A placement board is also used for children without an identified placement. In some instances, when an identified placement could not be attained immediately, an overnight placement is secured with continuous support from placement and licensing staff provided. The child stays on that board until placement is found. Placement also makes the Comprehensive Behavioral Health Assessment (CBHA) referral. Once the assessment is completed it is sent back to the Single Point of Access (SPOA) specialist on the clinical team to review it. They send the recommendations via e-mail to the case manager and case manager supervisor and subsequently hand deliver the CBHA to the CMO so they can file it with court.

Although foster parents are included in the planning of care for the children placed in their homes as they are invited to participate in staffings and court hearings, foster parents reported concerns of being sent notices of court hearings after the child has moved placements because addresses are not consistently updated in the system. Foster parents reported in the focus group and the survey they are not consistently receiving sufficient information about children who are placed into their home. Foster parents also reported, that when they had identified an issue, the licensing specialist would provide assistance immediately. An additional concern reported was the informal actions taken for establishing child placement agreements at initial placement. Placement staff reported that at the time of the initial placement the CPI will verbally discuss the agreement with the foster parent, and then placement staff writes it and provide it to the foster parent the following day.

Meetings are held with licensing staff to monitor placements and address issues such as sibling separation, disruptions, stabilizing placements, and transition planning. In January 2018 placement created a "separated sibling list" which tracks reasons for separations and is reviewed at the meetings held with licensing staff. An area needing some further attention is ECA P/P's performance on placement moves per 1,000 days in foster care (SCM08) which has trended negatively for the past five quarters. Qualitative case reviews indicate that ECA P/P's performance declined 10.9% from FY15/16 to FY16/17 on CQI Item 4 (ensuring stable placement and that any moves are in the best interest of the child), and is also below the statewide performance, the PIP goal, and the federal and state expectations. Clinical and placement staff work closely together and meet weekly to staff cases. The behavioral health coordinator and SPOAs assist with the decision-making process to ensure that the appropriate services are initiated upon placement. If there are no matches or the child cannot be placed in the county, the specialist then searches for an appropriate placement within the circuit. Weekly meetings occur between licensing and placement staff and an updated Placement Availability List (PAL) is generated to inform placement staff of the coming week's available foster home beds. The PAL provides the specialist with information about the foster parents that aids in placement matching. The PAL contains several details about the foster parents, and preferences for children to be placed in the home. For a few of the placements listed there were preferences based on race that were listed in a manner that appeared as though they were exclusionary. For example, it would be noted that they would prefer Caucasian or African American children only. Through discussion with the placement staff, monitoring team, DCF legal counsel and Office of Child Welfare further information was gathered about ECA P/P practice in documentation and exploration of preferences expressed by foster parents.

There are certain circumstances in which the child(ren) may have special needs beyond the capability of any placement in the service area and an identified out-of-county foster home or group home is warranted. While

there are efforts to bring these children back into the service area, ECA P/P also focuses on allowing the child(ren) to remain in a placement where they will thrive. As indicated in Figure 17 below, the number of children in out of circuit placements is 22.2%, above the statewide average of 19%.



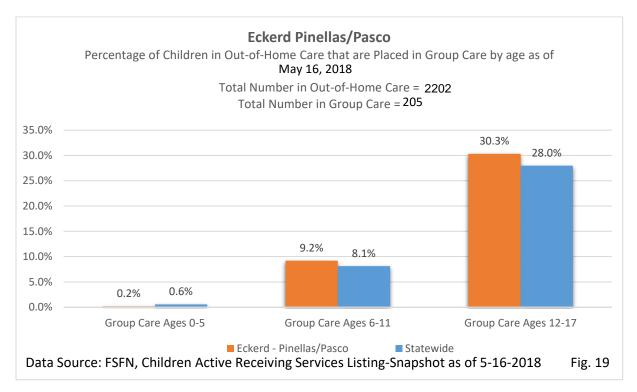
Over the past five quarters as shown in Figure 10, there had been an upward trend in which placement moves were becoming more frequent. Placement instability does occur and there are formal channels to assist and address the concerns of either the foster parents or relative/non-relative placements. A staffing occurs within 72 hours with all parties involved and includes the behavioral health coordinator and SPOAs to address any extra supports and/or services that are needed by the child or caregiver(s) to maintain the child in the home. If this is unsuccessful, transition planning begins and is tailored to the change of placement being made.

#### **Group Home Care**

ECA P/P recognizes that children should be placed in the most family-like setting possible, but when that cannot occur, they are cognizant of those group homes which yield quality care for the children placed there. The contract management team monitors these placements and will partner with DCF if areas of concern arise. They will conduct unannounced visits when receiving any complaints. ECA P/P will discontinue contracting with any group home that shows significant concerns. Group care is the option of last resort.

Figure 19 depicts child placements in group care by age. Of the total number of children in out-of-home care, 9.3% of the children are placed in group care (See Figure 19). This is higher than the statewide average of 8.71% in group

care placements. Further efforts to address those children under the age of twelve in group care along with children under the age of five should be taken.



#### Relative/Non-Relative and Extended Foster Care Supports

As of April 30<sup>,</sup> 2018, 55.61% of children in out-of-home care are placed in relative or non-relative placements within ECA P/P's service area. ECA P/P has a contract with The Children's Home to provide kinship care services including but not limited to: linkage to resources, childcare referrals, and support groups. It was indicated through the focus groups that further training and orientation on the child welfare system could be beneficial for relative/non-relatives. Some supports for children that are available to foster parents are also available to relative/non-relative placements, such as summer camps. ECA P/P also uses in-kind donations to assist relative/non-relative caregivers with items such as school uniforms. The FPA in Pasco County also includes relative/non-relative caregivers in their meetings. In December 2017 RevMax initiated a review of all relative/non-relative caregiver placements carried out by the case managers to verify if they were receiving financial assistance and reasons for not receiving it. An area of concern that was mentioned during the focus groups was the lag time of the fingerprinting process, which hinders placement with relatives.

Extended foster care services are provided through a contract with Camelot. ECA P/P forecast the number of children that may enter EFC 90 days out in order to estimate placement needs. They recruit host EFC homes and partner with licensing and the out of home care director to negotiate a rate for the home. They also coordinate staffings if issues arise. Each of the homes are assessed and interviewed for suitability. Additionally, Camelot has established a partnership with an apartment complex that have agreed to house some of these youths and where the manager provides additional support ensuring the youth manage their bills.

#### **ANALYSIS**

Strengths include the trauma informed placement process, the licensing department, the foster parent mentors, and the task force. There is a strong commitment to ensuring children are initially placed in the best and least restrictive placement possible. Foster parents feel supported by the licensing department and appreciate their continuous availability. The foster parent mentors are available to guide new foster parents and support them in times of need. Further review of the fingerprinting process is warranted. ECA P/P should continue to review and discuss cases involving children currently placed in licensed and group care for possible step down to a less restrictive placement option.

#### **SECTION 10: PRACTICE**

#### **SUMMARY**

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

ECA P/P has embraced the Practice Model and staff are trained on it during pre-service. There is some struggle with application in the field by case managers. The Practice Model is reinforced through QA reviews, training and consultations, and supervision. At the time of the review neither of the two counties in the service area had fully implemented the Practice Model. They did not convert all cases to the new framework and were still serving families with the prior practice model. The following is the implementation status of each county in the service area, (Source: Child Welfare Key Indicators Report, April 2018):

- Pasco 76.9%
- Pinellas 75.4%

When new CFOP's are released, the Director emails the policy to all staff and then reviews it during "All Staff Meetings" that the CMOs hold. The QA team ensures CFOPs are being implemented through their CFSR and RSF reviews. Based on interviews there is evidence of implementation of CFOPs.

ECA P/P and its system of care involves family centered practice and trauma informed care. During interviews and focus groups, staff spoke in terms of avoiding further trauma for children. For example, placement specialists ask questions about favorite toys and favorite food in an attempt to lessen the trauma experienced by children being removed from their homes. Placements are made based on "what's best for the child, not the fastest." Another example is that all CMOs and ECA P/P use a "tool kit" created by a foster parent which provides a resource for children with autism. While ECA P/P's in-house operations show implementation of family centered practice and trauma informed care, some work is still needed for these philosophies to be further reinforced with front line staff. Front line staff understood the principles but desired more training in applying them in the field while "keeping your head above water" in a reactionary environment.

Lastly, as an example of family centered practice, ECA P/P hosts a Reunification Day event to honor families who have been successfully reunified.

#### **ANALYSIS**

Although ECA P/P has implemented the Practice Model and is encouraging comprehension with continuous reviews, there is still a struggle with application of theory into day-to-day work. ECA P/P values and infuses the practice of trauma informed care throughout its approach to staff, clients, and community partnerships. It was

clear that decisions during the placement process are made with a trauma informed lens, as shown by finding the "best placement, not the fastest placement".

While the management team and frontline staff have a clear understanding of trauma informed care and family centered practice, the translation into practice in the field is sporadic due to an environment in which front line staff is reactionary to crisis. Improvement is needed to increase the implementation of the Practice Model.

#### SECTION 11: PARTNERSHIP RELATIONS

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

ECA P/P engages in a collaborative effort of communication by attempting to ensure all voices are heard and addressed. They participate in a variety of venues including leadership meetings, workgroups, and collaboration meetings, in an effort to create and sustain effective partnerships. ECA P/P leadership welcomes open communication and is working to address issues brought to their attention. EAC P/P acknowledges there are some struggles with partner accountability, as well as establishing and fostering effective front-line communication, so they are taking the approach of listening to suggestions and seeking more input instead of directing and pushing things out. They spotlight a community provider during quarterly "all provider meetings" and provide information about them and what they do, highlighting services, and bringing forward success stories. ECA P/P established and co-hosts biannual resource fairs to inform CPIs and case managers of available community providers and services. ECA P/P's transparent budget development further involves community partners, reflecting their philosophy that the budget belongs to the communities they serve and that the community should be involved in budget decision making.

As part of this monitoring process, surveys were distributed to several groups including Child Protective Investigators (CPI) and Supervisors (CPIS), State Attorney's Office (SAO), Guardian ad Litem (GAL), and members of the judiciary. Additionally, focus groups were held with CPI/CPIS and SAO staff. GAL survey responses indicated they felt that children were receiving appropriate services in a timely manner, were in an appropriate placement, and were placed with their siblings or having monthly visits with their sibling(s). While, GAL responses indicated they were not routinely kept up to date on case progress, they felt their recommendations were considered when decisions were being made about their children. Survey results from the Judiciary indicated that case managers are not providing them with quality, sufficient, and timely information on cases in a consistent manner. Case management tasks are being completed but not consistently on time. They indicated that services are available and case managers are working collaboratively with parents and foster parents.

Child protective investigations are carried out in Circuit 6 by Pasco and Pinellas Sheriff's offices. This creates a unique working relationship where close collaboration and effective communication is key to optimize effective operational activities such as case transfers, joint home-visits, and case communication. CPI and frontline staff continue to struggle with building rapport and maintaining effective communication. ECA P/P and CPI's do not conduct joint trainings, which creates some barriers. Some discontent was expressed regarding the case transfer process. Specifically, it was felt that case managers were not conducting adequate preparation, as they sometimes seemed uniformed about case specifics and would ask for redundant information. An additional issue impacting efficient processes is the encryption level used by ECA P/P, which is not compatible with equipment used by partners, so when in the field important information cannot be accessed by partners devices. CPIs also expressed frustration at being asked for non-child specific information at placement. For example, being asked "is the child in

a mental health institution" for a newborn baby. Steps to streamline and improve information sharing and communication between case management and investigations would positively impact operations in the service area.

The State Attorney's Office is providing children's legal services in Circuit 6, many of whom are long tenured in their positions. An area of concern expressed in the focus group was case manager turn over, as it negatively impacts preparation for court, knowledge of cases, and updates on cases. They also felt that safety planning was inconsistent among case managers. Communication on cases from providers in the community could be increased and better coordinated. SAO feels ECA P/P and the CMOs leadership is very responsive to requests from SAO.

Across the focus groups, it was often vocalized that the turnover in case managers greatly impacts the system of care and partnerships, and it was recognized by everyone as an area needing improvement. Additionally, survey responses reflected some inconsistencies in partners feeling they have an opportunity to provide feedback through a formal process and they could be given further opportunities to provide input on systemic barriers.

#### **ANALYSIS**

On the leadership level there is good communication and developed partnerships. Case managers are meeting the needs of the children they serve. Continued efforts are needed to address communication, collaboration and transparency with partners for front-line staff which is greatly impacted by the turnover of front line staff. Also, the case transfer process could be evaluated and streamlined to encourage greater harmony between case management and investigators.

#### **SECTION 12: COMMUNITY RELATIONSHIPS**

#### **SUMMARY**

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

Within the service area, ECA P/P has established local relationships with the faith based community and relies upon them for support. These relationships have supported ECA P/P through fundraisers, donations, in-kind services, and recruitment. Financial resources have been raised through golf tournaments and bowling events. ECA P/P also partners with local print and broadcast media. ECA P/P co-hosts two resource fairs every year, bringing together contracted and community providers to exchange and discuss services available in the community.

ECA supports their community partners through collaboration and advocacy. Community providers, such as the Juvenile Welfare Board, see them as responsive, transparent, and engaged in community activities. ECA P/P feels that their budget development is inclusive of the community, building a stronger partnership. ECA P/P board members often attend fundraisers and events focused on raising awareness for local community organizations. ECA P/P Director attends community meetings for information sharing, providing data summarizing ECA P/P's performance, and seeking input from community providers on different topics. ECA P/P holds quarterly "all provider meetings" where they "spotlight" a community provider recognizing their work. Additionally, interns from St. Leo University have been used by one of the case management organizations as an additional community resource. Community partners feel ECA P/P needs to work on enhancing their proactive efforts to become a driving force in identifying, analyzing, and resolving gaps surrounding child welfare in the community.

While there are established community partnerships in Pinellas County, Pasco County relies on less formal community partnerships such as strong extended families that span several generations. Pasco County is more rural in its makeup and has seen a population growth in recent years that has increased the need for larger community involvement. Pasco County could benefit from ECA P/P developing further formal outreach and strategic partnership building efforts.

#### **ANALYSIS**

ECA P/P's partnerships throughout Pasco and Pinellas counties are built on mutual investment in the communities' children and families. Some additional formal community engagement efforts would be beneficial in Pasco County. It would be beneficial for ECA P/P to further develop and engage themselves by becoming the driving force behind recognizing needed change or opportunities in the system of care.

#### Section 13: COU Monitoring Summary

#### **SUMMARY**

Eckerd Community Alternatives is a child welfare Community Based Care Agency located in Circuit 6 that is committed to design, implement, and manage a quality child protection system for the citizens of Pasco and Pinellas counties. Their leadership seems attuned to the most pressing issues within their system, and while they have tackled systemic factors that impact the quality of services delivered to the children and families they serve, adding additional attention to the issues identified below should continue to progress the system of care in Pinellas and Pasco Counties.

#### **AREAS NEEDING ACTION:**

These findings represent areas that need prompt attention and action as they impact child safety or are measures where ECA P/P has been underperforming:

- 1. Conduct analysis of the following performance measures to determine potential root causes and develop countermeasures to positively impact performance:
  - a. M01: Rate of abuse or neglect per 100,000 days in foster care
  - b. M03: % of children who are not neglected or abused after receiving services
  - c. M07: % of children who do not re-enter foster care within twelve months of moving to a permanent home
- 2. Workforce- Focus is needed on a collaborative recruitment and retention approach for frontline staff, that takes current systemic challenges into consideration; including the impact of transporting on case manager retention, the use of actual instead of averaged caseload reports to portray a true picture of the capacity, review the practice of case manager seniors including their case load size, incentives available to them, and their intended duties.
- 3. Placement Practices Contract QJ511, Standard Contract 5. Specifies that ECA P/P must be aware of and comply with all state and federal laws, rules, and regulations, without exception. Information obtained during the monitoring indicated that for a few of the placements there were listed preferences based on race in a manner that appeared as though they were exclusionary. For example, it would be noted that they would prefer Caucasian or African American children only which is in violation of the Multiethnic Placement Act of 1994, 42 U.S.C.A. §671(a)(18), and Florida Administrative Code 65C-28.004. Technical assistance was provided by DCF General Counsel and Office of Child Welfare on documentation and exploration of preferences and ECA P/P has provided updated clarification about foster parent preferences and will amend internal policies to reflect the guidance provided.

#### **OPPORTUNITIES FOR IMPROVEMENT:**

- 4. Leadership -
  - a. Continue ongoing efforts to enhance communication strategies and strengthen mechanisms for information sharing, exploring all suggestions prior to decision making when it affects the whole system of care.
  - b. The ECA P/P Board of Directors is not representative of the community stakeholders as a whole, expanding it to include a wider representation of the community, including foster parents, youth,

hospitals, and other community organizations would yield further guidance, oversight, and insight into the community.

- 5. Formalize a leadership development plan or specific training for leadership development skills. A continuation of developing supervisors in the use of supervisory styles such as consultative and reflective supervision and guidance is warranted, with many supervisors averaging one year in their positions.
- 6. Continuous Quality Improvement The amount of data available is exceptional but it is not being shared with staff in a meaningful way. Further develop the use of data with the CMOs and frontline staff, including how it can be used to inform day-to-day work and enhancing data sharing between QM and training.
- 7. Placement Resources and Process-
  - a. Continue ongoing efforts of collaboration to ensure Child Placement Agreements are developed consistently at the time of initial placement according to 65C-28.004(9) and (10), F.A.C. and to CFOP 170-11.
  - b. Review and address the process by which the foster parents receive initial and ongoing information about the child(ren) in their care.
- 8. Conduct analysis of the following performance measure to determine potential root causes and develop countermeasures to positively impact performance.
  - a. Placement moves per one-thousand (1,000) days in foster care ECA P/P has met the target in one of the last five quarters, trending negatively. Quality case reviews show that improved efforts are needed to ensure placements are stable and any moves are necessary and in the best interest of the child. ECA P/P's current performance is below the statewide performance, the PIP goal and the federal and state expectations.
- 9. Partner Communications and Relationships Continued efforts are needed to address communication and collaboration with partners, including at the front-line level
- 10. Review and evaluate fingerprinting resource challenges impacting permanency for children.

#### **ADMINISTRATIVE FINDINGS:**

- 11. Subcontractor requirements Four subcontracts did not contain all required language to be passed through to the subcontractors. Two subcontracts did not specify that subcontractor staff and volunteers must meet applicable qualification requirements, background screening requirements, and certification requirements. Five of the subcontracts did not contain licenses as required by Florida law. Contract monitoring of the selected sample of subcontractors by ECA P/P did not occur.
- 12. Incident Reporting –Two critical incidents were not identified as such and were not reported as required into IRAS. Neither did the two contain documentation that the guardian, representative, or relative was notified as appropriate. One critical incident was reported late into IRAS.

# **2017 Florida Child Well-being Index** Pasco County



(17) Economic	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	20.2	19,690	2009	18.6	Worse
Unemployment Rate	2015	5.8	12,388	2010	11.9	Better
High Housing Cost Burden (more than 30% income spent)	2015	35.9	71,925	2010	36.1	Unchanged
Teens Not in School and Not Working	2011-2015	11.5	2,523	2006-2010	11.2	Unchanged
14 Education						
Students Not Ready for Kindergarten	2013-2014	3.6	177	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	73	3,686	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	74	2,926	N.A.		
High School Students Not Graduating on Time	2014-2015	21.4	1,067	2011-2012	23.4	Better
30 Health						
Low-Birthweight Babies	2015	8.2	420	2010	8.4	Unchanged
Uninsured Children	2014	9.0	9,309	2009	23.8	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	35.2	5,477	2008-2009	33.2	Worse
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	38.1	224	2010	45.6	Better
18 Family and Community						
Children in Single Parent Families	2011-2015	29.5	25,672	2006-2010	25.7	Worse
Children Living in High Poverty Areas	2011-2015	6.8	6,717	2006-2010	4.1	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	11.5	1,185	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	20.5	943	2009-2010	29.6	Better

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- 3. parents have educational and work opportunities that support their families.

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### 2017 Florida Child Well-being Index Pinellas County



21) Economic	Current Year	0/0	#	Baseline Year	%	
Children in Poverty	2014	22.2	34,874	2009	18.7	Worse
Unemployment Rate	2015	4.9	23,111	2010	10.8	Better
High Housing Cost Burden (more than 30% income spent)	2015	38.9	168,988	2010	38.9	Unchange
Teens Not in School and Not Working	2011-2015	8.8	3,235	2006-2010	9.0	Unchange
42)Education						
Students Not Ready for Kindergarten	2013-2014	5.7	446	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	75	5,402	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	93	3,230	N.A.		
High School Students Not Graduating on Time	2014-2015	21.7	1,696	2011-2012	28.0	Better
37) Health Low-Birthweight Babies	2015	7.6	663	2010	9.1	Better
Uninsured Children	2014	8.4	13,983	2009	22.4	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	40.5	9,292	2008-2009	32.4	Worse
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	37.1	491	2010	44.6	Better
36 Family and Community						
Children in Single Parent Families	2011-2015	38.3	53,185	2006-2010	35.7	Worse
Children Living in High Poverty Areas	2011-2015	7.0	11,241	2006-2010	5.8	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	14.6	2,357	N.A.		
				2009-2010	41.9	Better

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