



Contract Monitoring Report

Kids Central, Inc.

On-Site Dates: May 7-11,
2018

Publish Date: October 2018

As required by section 402.7305 F.S., The Department of Children and Families completed an On-Site Contract monitoring of Kids Central, 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 PJJ04

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EXECUTIVE SUMMARY

This report provides findings for the contract monitoring of Kids Central, Inc. (KCI), Contract PJJ04. The monitoring was conducted May 7-11, 2018 and focused on KCI's child welfare system of care. The monitoring process included a review of KCI's programmatic and administrative operations. In addition, the Community Based Care Monitoring Team (CBCMT) reviewed fiscal monitoring reports. Findings are based on an analysis of child welfare performance indicators, quality assurance data and other information obtained through supporting documents, interviews, focus groups and stakeholder surveys. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) quality management and performance improvement; (4) placement resources and processes; (5) child welfare practice; (6) partner relationships and (7) community relations. Additionally, information security, subcontracts, and Incident reporting were administratively reviewed.

Significant findings of each category are below:

Leadership and Governance:

- KCI's mission, vision, and values are aligned with the Department's.
- KCI adheres to a robust strategic plan to guide their business decisions and service delivery.
- KCI is governed by a tenured Board of Directors who are knowledgeable and engaged. The Board is provided with balanced scorecards pertaining to performance and finances at each Board meeting. There are many subcommittees which meet monthly and report to the larger Board of Directors on a regular basis.
- Stable executive management staff are well-versed in data analytics and use balanced scorecards to manage internal and subcontracted staff performance. There is an opportunity for leadership to incorporate more qualitative data and feedback into their process.

Workforce Management:

- KCI has a process which tracks and evaluates caseload ratios and staffing needs on an ongoing basis. At the time of review, one subcontractor showed high turnover and high caseloads compared to partner subcontractors. KCI is working with CMO leadership to stabilize staff and reduce caseloads.
- Frontline staff is not aware of retention efforts.
- There is a career path for case managers and a training series for supervisor development.
- Opportunities exist to strengthen pre-service field days and enhancements and to strengthen communication and coordination of in-service training opportunities for all staff.

Quality Management and Performance Improvement

- KCI's Quality Management team is a strength of the agency. The QM team is experienced and produces numerous data reports which are shared with all levels of staff.
- Frontline staff are well-versed on balanced scorecard performance indicators but lacked an understanding of the drivers behind the measures which ensure child safety, permanency and well-being.
- Kids Central Revenue Maximization staff work closely with child advocates to track eligibility for TANF, and Medicaid and ensure fiscally responsible management of Social Security dollars.

Placement Resources and Process:

- KCI's expedited and targeted licensing process is a clear asset of the agency.
- Weekly spreadsheets, FSFN and daily change spreadsheets are used to identify current licensed caregivers and foster home capacity.
- KCI's commitment to keeping siblings together is shared by all staff and foster parents.
- KCI also provides support to relative and non-relative caregivers through their Kinship program which proactively supports caregivers throughout placement.

Child Welfare Practice:

- KCI has embraced the practice model and is continuously integrating it into its system, but case managers struggle with application of learning to the field.
- Updates to CFOPs, Florida Administrative Code and Florida Statutes are disseminated to CMO leadership and reviewed at meetings, however, frontline staff are not clear on how it impacts their work
- Opportunities exist to enhance application of family centered and trauma informed care principles into their day to day work
- KCI continues to adjust Family Support and Safety Management Services to meet the needs of the families they serve. As of July 1, 2018, KCI will no longer subcontract Safety Management Services and will begin providing the service in-house.

Partnerships Relationships

- KCI leadership works closely with the Department's Region staff through joint meetings, workgroups, and discussions.
- Front line case management and child protective investigations staff report strained relationships which could be improved by streamlining and operationalizing a consistent case transfer process
- There is a strained working relationship between CLS and KCI leadership.

Community Relations

- KCI effectively works with local media outlets, community businesses, cities and partner agencies to advocate for needed goods and services for families and children in Circuit Five.
- KCI leadership staff serve on various community boards and alliances.
- Contracted providers feel they are given clear expectations and feedback and that they are included in KCI's strategic planning process

Administrative Findings

- Subcontractor Requirements –seven subcontract files were reviewed and found to be in-compliance
- Incident Reporting - During on-site review of 15 critical incidents, one incident was not reported in IRAS as required by CFOP 215-6.
- Information Security - During on-site review 12 employee files were reviewed for the latest security awareness training and signed security agreements forms and were found to be in-compliance

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

Data Basics

Kids Central, Inc.

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

Produced by Data Advocacy, Casey Family Programs

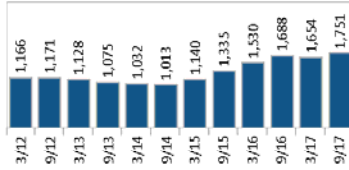
Data source: state-submitted AFCARS and NCANDS files

Date prepared: 5/22/2018

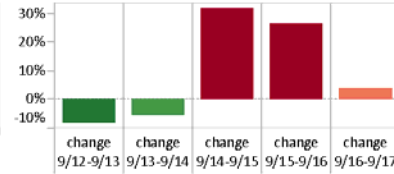
CBC state national

of children in care

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

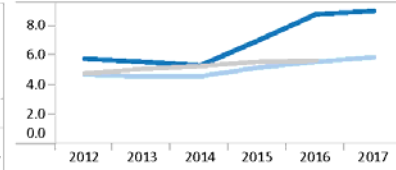


year over year change in the # in care



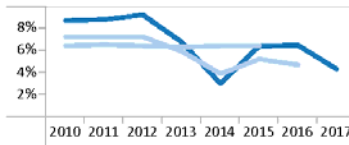
rate in care

(per 1,000, < age 18)



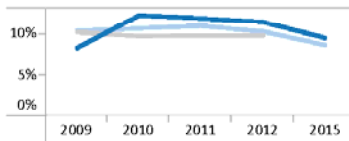
Safety

% children who experience repeat maltreatment within 6 months



% children who experience repeat maltreatment within 12 months

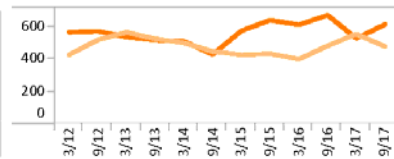
(note 2013-2014 data masked due to data quality)



Entries

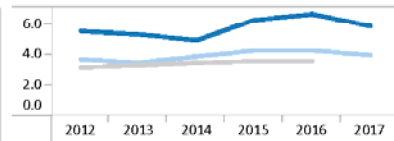
of children entering & exiting

(6 month entry cohorts ending on each date)



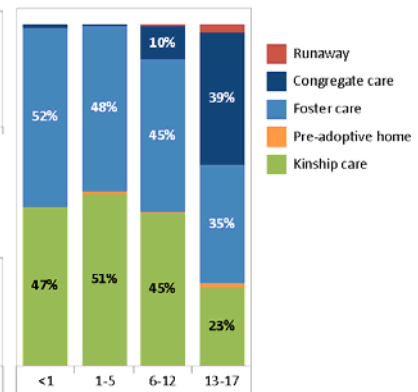
rate of children entering care

(per 1,000)



Placement

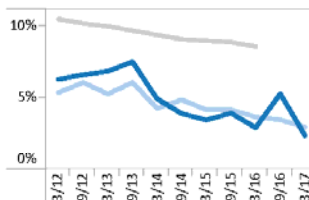
placement settings for children in care, by age (for all children in care on 9/30/2017)



Timely & Stable Permanency

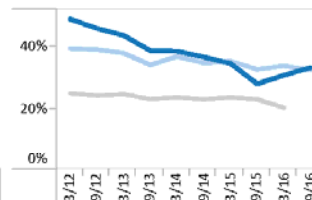
% permanency within 30 days of entering care

(6 month entry cohorts ending on each date)

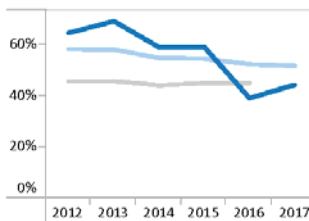


% permanency within 3-12 months of entering care

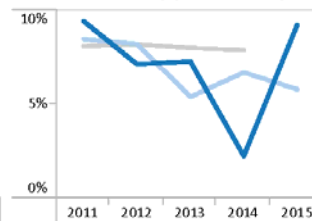
(6 month entry cohorts ending on each date)



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



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

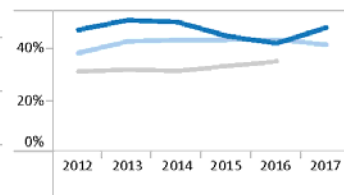


Children In Care 2+ Years (9/30/2017)

in care 2+ years

#	327
%	19%
state	17%
Nat'l (2016)	25%

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



profile of current caseload in care 2+ years

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

	ages 2-12		ages 13-17
	Reunif	Adopt	Adopt
Congregate care		5%	7%
Foster care	9%	25%	6%
Kinship care	5%	23%	3%
Pre-adoptive home		2%	

SECTION 1: CONTRACT MONITORING PROCESS

The monitoring process included a review of KCI's programmatic and administrative operations. In addition, the CBC Monitoring Team (CBCMT) reviewed fiscal monitoring reports to assess potential impacts on programmatic activities. The review process included a review and analysis of child welfare performance indicators and quality assurance data and other information obtained through supporting documents, interviews, focus groups and stakeholder surveys. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) quality management and performance improvement; (4) placement resources and processes; (5) child welfare practice; (6) partnerships and (7) community relations. Additionally, Information Security, Subcontracts, and Incident Reporting 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 Central Region contract manager. Documents reviewed and analyzed included: "[A Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Position of All Community-Based Care Lead Agencies with System of Care Analysis](#)", quarterly financial viability reports, system adoption initiative, service array assessment and survey results. Additional information was gathered through interviews with KCI and DCF staff including leadership from the DCF Central Region, KCI management level and specialist level staff, case managers, case manager supervisors and the managers/directors who supervise case management supervisors. Focus groups were held to obtain information from child protective investigations staff, Children's Legal Services, and foster parents.

The COU monitoring team consisted of Department of Children and Families Contract monitoring staff - Alissa Cross, Jessica Manfreda, Melissa Stanley and Paula Johnson; Department of Children and Families Kelly Faircloth (Northwest Region) and Ginger Griffeth (Office of Child Welfare); and representatives from Community Based Care (CBC) organizations – Bob Miller (Family Support Services of North Florida) and Brena Slater (Sarasota Family YMCA, Inc).

SECTION 2: SERVICE AREA DESCRIPTION

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

KCI operates in Circuit Five which is in the central part of Florida and covers Citrus, Hernando, Lake, Marion, and Sumter counties. Based on the US Census Facts, Sumter County fairs better than the other counties and the statewide average for median household income, percentage of population living in poverty, and percentage of individuals with a high school or college degree. Marion, Citrus, and Hernando Counties fair worse than the statewide average in the same categories. Lake County has a lower median income and percentage of individuals with a college degree, but better rates of population living in poverty and individuals with a high school diploma. (See Table 1)

US Census Facts	Marion	Citrus	Sumter	Hernando	Lake	Florida
Median Household Income	\$40,295	\$39,054	\$52,594	\$42,274	\$47,141	\$48,900
Percent of population living in poverty	17.4%	16.6%	10.5%	15.4%	11.8%	14.7%
Percent of population over 25 years old with high school diploma	86.4%	86.7%	90.5%	87.0%	87.8%	87.2%
Percent of population over 25 years old with a college degree	18.4%	17.8%	29.8%	15.4%	21.7%	27.9%

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

Table 1

CHILD WELFARE PARTNERS

In Circuit Five, Child Protective Investigations and Children’s Legal Services are provided by the Department of Children and Families. Case Management operations are provided by three subcontractors; The Centers, Youth and Family Alternatives (YFA), and LifeStream. Adoptions, Kinship Care, Foster Home Recruitment, Licensing, and Placement operations are conducted in-house by KCI. Family Support Services and Safety Management Services are currently contracted out but beginning July 1, 2018, KCI will be terminating those contracts and will bring those services in-house. Additionally, KCI has three Neighborhood Project Centers located in areas with high levels of calls to the Florida Abuse Hotline. These centers provide resources and staff to help individuals with job searches, ACCESS benefits, VPK enrollment, medical provider assistance, and case management with a goal of reducing incidents of abuse and neglect due to connection to community resources. Additionally, the CBC partners with Healthy Start, Maternal Infant Early Childhood Home-Visiting Program (MIECHV), and the Safe Sleep Program.

CHILD FATALITIES

INFANT AND CHILD MORTALITY RATES

Since 2012, the birth rates have remained relatively stable and below the statewide rate in all five counties. Lake County has consistently had the highest birth. (See Table 2) While the birth rate has been steady in all five counties, the infant mortality rate has fluctuated. Citrus and Marion counties have seen an increase in infant mortality rates since 2012 and are both above the statewide rate in 2016. Hernando and Lake counties have seen a decrease in infant mortality rates since 2012 and are below the statewide rate in 2016. Sumter County experienced a large increase in infant mortality rates from 2012 to 2014 before experiencing a decrease in 2015 and 2016 and is now below the statewide rate. In 2016, Hernando County had the lowest rates of infant mortality at 3.8 and Marion County had the highest rates of infant mortality at 10.9. (See Table 3)

Birth Rate per 1,000 population Statewide Rate: 11.1					
County	2012	2013	2014	2015	2016
Citrus	7.4	7.3	7.2	7.2	7.4
Hernando	8	8.5	8.4	9	8.8
Lake	10.2	10.1	10.2	10	10
Marion	9.8	9.9	10.1	10.5	10
Sumter	4.6	4.3	4.4	4.3	3.9

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	2013	2014	2015	2016
Citrus	2.9	7.8	6.9	9.8	8.5
Hernando	6.5	5.4	8.7	6.9	3.8
Lake	6.2	7.5	8.8	8.5	4.9
Marion	6.1	7.8	10	7	10.9
Sumter	6.7	10.3	11.4	6.9	4.1

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

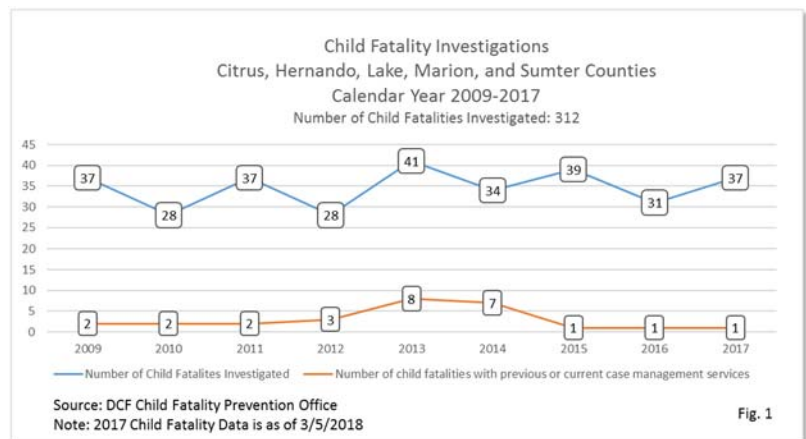
Table 3

CHILD FATALITY INVESTIGATIONS

A review of child fatality investigations in KCI's service area from 2009 through 2017 shows the number of child fatality investigations fluctuated slightly but maintained over time. Fatalities with previous or current case management involvement, totaling 27, followed similar trends until declining and maintaining at one since 2015. (See Fig. 1) Of the 27 cases, 14 were receiving case management services at the time of the fatality. Of those 27 fatalities, the most common primary causes of death were:

- Undetermined (8)
- Sleep Related (7)
- Natural Causes (4)
- Drowning (3)
- Inflicted Trauma (3)
- Accidental Trauma (1)
- Other (1)

Since 2015, the Critical Incident Rapid Response Team (CIRRT) has been deployed two times in KCI's service area, with one CIRRT involving a family who was receiving current case management services at the time of the fatality. The team was deployed in August 2016, when a 3-month-old infant was discovered unresponsive in the arms of his mother who was holding him while sitting on the couch. At the time of the incident there was an active investigation and ongoing service case as the infant had been removed due to parental substance abuse issues. The incident occurred at his relative caregiver's home where the mother was visiting. The cause of death was unable to be determined. A CIRRT was deployed and identified opportunities for practice improvements to further strengthen the local system of care. The following is a summary of those findings:



- Critical information was not fully considered or shared with all involved parties and conflicting details were not reconciled to support the decisions that were made in this case; Utilization of information

collected was insufficient at various levels of intervention to fully assess family functioning, inclusive of the relative caregivers.

- Lack of effective communication was the most consistent systemic issue identified in the system of care.
- Staff turnover with CLS has presented on-going challenges within the county.
- While the education level and experience of the staff, as well as workloads for the assigned front-line staff, was viewed as an overall strength; the supervisor provided minimal oversight and did not ensure that follow up activities occurred.
- The recent loss of the visitation center and requirements to increase the amount of family visitation that occurs each week significantly impacted the amount of time child welfare workers spent transporting children to and from visits, as well as the time spent supervising the visitation.
- Hernando county has a limited service array to address the needs of the community and those that are available are underutilized.

SECTION 3: AGENCY SUMMARY

Kids Central, Inc has been the contracted lead child welfare agency in Circuit Five since 2004. KCI is accredited by the Council on Accreditation (COA) through July 31, 2019. COA is an international, independent, nonprofit, human service accrediting organization which was founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Strong Families and Communities). KCI is accredited in the following service areas:

- Child and Family Development and Support Services
- Family Foster Care and Kinship Care
- Foster Care
- Kinship Care Services
- Network Administration
- Youth Independent Living Services

NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

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

Child Protective Investigations and Child Removals (Citrus, Sumter, Hernando, Lake and Marion Counties)	FY 2014/2015	FY 2015/2016	FY 2016/2017
Reports accepted for Investigation by DCF (Initial & Additional Reports) ¹	11,851	12,339	13,316
Children Entering Out-of-Home Care ²	987	1,242	1,106
Children Served by Kids Central³	FY 2014/2015	FY 2015/2016	FY 2016/2017
Children Receiving In-Home Services	2,735	2,226	1,851
Children Receiving Out of Home Care	2,004	2,390	2,624
Young Adults Receiving Services	139	138	156
Children Receiving Family Support Services	993	1,679	1582

Data Sources:

Table 4

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

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

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

FINANCIAL VIABILITY REPORT SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures of KCI, based on the DCF 2017-18 CBC-ME Financial Monitoring Tool for On-Site Reviews. The review period was for the period of July 1, 2017 through November 30, 2017.

One finding was identified relating to a contract not containing all contract provisions required by federal regulation. KCI ensured the contractor was not on the excluded party list in SAM and amended the contract to include all requirements. Technical Assistance was provided involving KCI's Purchasing Policy. For further details, please see the complete fiscal report - [2017-18 CBC Desk Review Financial Monitoring Kids Central, Inc.](#)

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

In FY16-17, KCI applied for and received Risk Pool Funding. According to the [Risk Pool Committee Report](#), the primary factors were ineffective utilization/underutilization of up-front services including Family Support Services and Safety Management Services, and issues related to communication between investigators, case managers, and providers. Recommendations made by the committee included improving utilization of Diversion and Safety Management Services through streamlining the referral process and sharing successful outcomes with CPIS to build trust in the services, reviewing cases moving from in-home judicial to removal to determine if other options were available to keep the children safely at home and if the family was well engaged, and monitoring residential group care placements and transition children to family based services, if appropriate.

In FY 17-18, KCI applied for but did not receive Risk Pool Funding. Findings from the [Risk Pool Committee Report](#) in November 2017 stated that while KCI made some improvements on the front-end services, KCI is struggling to manage the back-end of the system effectively due to out-of-home care increases, longer length of stays, lack of use of conditions for return, and delays in the judiciary process. Recommendations made by the committee

included a faster case transfer process, work with staff and stakeholders on understanding and using conditions for return, and work to address issues related to the judiciary.

Comparison of Funding by Fiscal Year					
Kids Central, Inc					
DCF Contract Funds Available (by Fiscal Year)	FY13-14	FY14-15	FY15-16	FY16-17	FY17-18
Core Services Funding	\$36,473,968	\$38,204,407	\$37,288,333	\$37,633,982	\$38,666,497
Other**	\$9,162,419	\$9,312,023	\$9,672,451	\$10,634,292	\$9,935,408
Total Initial Appropriation	\$45,636,387	\$47,516,430	\$46,960,784	\$48,268,274	\$48,601,905
Risk Pool Allocation					
CBC Operational Costs from Back of the Bill				\$1,270,073	
MAS from Back of the Bill			\$191,121		
Carry Fwd Balance from Previous Years	\$2,388,645	\$2,101,049	\$2,774,045	\$0	\$0
Total at Year End	\$48,025,032	\$49,617,479	\$49,925,950	\$49,538,347	\$48,601,905
** Includes Maintenance Adoption Subsidy (MAS), Independent Living (IL and Extended Foster Care), Children's Mental Health Services (Cat 100800/100806), PI Training, Casey Foundation or other non-core services					

Table 5

SECTION 4: PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA

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

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

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

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

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

- CFSR reviews consist of completing a case file review, interviewing case participants, completing the on-line review instrument. In addition, these cases receive 2nd level reviews by the Office of Child Welfare and at times, 3rd level reviews by the Administration for Children and Families to ensure each case was accurately rated.

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

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

CONTRACT AND CBC SCORECARD MEASURES

KCI is performing well in several areas however, opportunities for improved performance exist in other areas. There are eight contract measures which KCI met or exceeded their established targets for FY 16/17, they are as follows (See Table 6):

- 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
- M09: % of children in out-of-home care who received medical service in the last twelve months
- M11: % of young adults in foster care at age 18 that have completed or are enrolled in secondary education
- M12: % of sibling groups where all siblings are placed together
- Adoption: Number of children with finalized adoptions

Apart from M05 and M09, these measures were also successfully met in FY 15/16.

In the remaining five measures, KCI did not meet the established targets for FY 16/17 for the following measures:

- M01: Rate of abuse or neglect per day while 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
- M08: Children’s placement moves per 1,000 days in foster care
- M10: % of children in out of home care who received dental services in the last seven months

Additionally, M01 and M10 were not met in FY 15/16.

SC #	Kids Central Performance Measures Contract #PJL04	CBC Contract Measure Targets	Federal National Standard (Performance of Other)	Statewide Performance (FY 2016/2017)	Kids Central	
					FY 2015-2016	FY 2016-2017
					July 1, 2015-June 30,2016	July 1, 2016-June 30, 2017
1	Rate of abuse or neglect per day while in foster care <i>(Source: CBC Scorecard)</i>	<8.5	<8.5	10.56	9.07	10.87
2	Percent of children who are not neglected or abused during in-home services <i>(Scorecard)</i>	>95%		97.20%	96.20%	97.60%
3	Percent of children who are not neglected or abused after receiving services <i>(Scorecard)</i>	>95%		95.60%	95.00%	94.80%
4	Percentage of children under supervision who are seen every thirty (30) days <i>(CBC Scorecard)</i>	>99.5%		99.80%	99.70%	99.70%
5	Percent of children exiting foster care to a permanent home within twelve (12) months of entering care <i>(Scorecard)</i>	>40.5%	>40.5% <i>(16%-61%)</i>	41.60%	39.90%	42.10%
6	Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months <i>(Scorecard)</i>	>44%	>43.6% <i>(21%-50%)</i>	53.70%	54.90%	44.10%
7	Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home <i>(Scorecard)</i>	>91.7%	>91.7% <i>(83%-98%)</i>	89%	92.10%	86.30%
8	Children's placement moves per 1,000 days in foster care <i>(Scorecard)</i>	<4.12	<4.12 <i>(2.6%-8.7%)</i>	4.33	3.62	4.27
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months. <i>(Scorecard)</i>	>95%		97.14%	94.93%	96.65%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months. <i>(Scorecard)</i>	>95%		92.70%	93.80%	92.30%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education <i>(Scorecard)</i>	>80%		87.60%	89.60%	86.00%
12	Percent of sibling groups where all siblings are placed together <i>(Scorecard)</i>	>65%		63.90%	73.30%	71.80%
	Number of children with finalized adoptions <i>(DCF Dashboard run date 10/17/18)</i>	148/170			149	184

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

Table 6

CHILD SAFETY

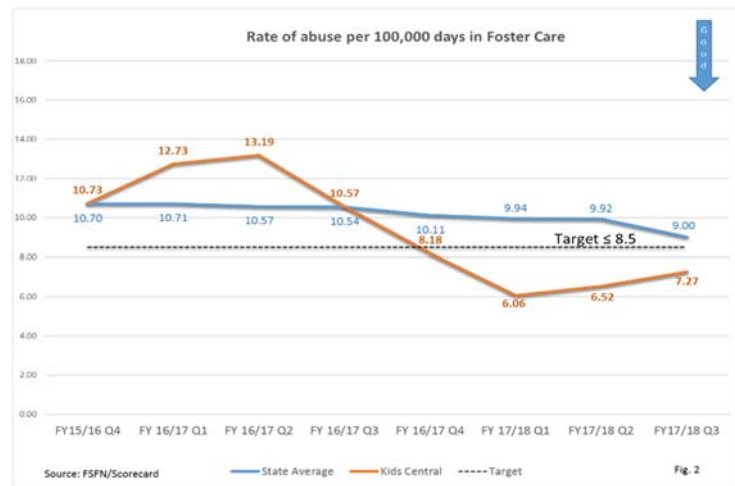
The figures and tables on the follow pages depict KCI's performance related to child safety in the following areas:

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

RATE OF ABUSE IN FOSTER CARE

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

The rate of abuse has decreased over the last eight quarters from 10.73 (FY15/16, Q4) to 7.27 (FY 17/18, Q3), and KCI has performed better than the statewide average and the target for the most recent four quarters.

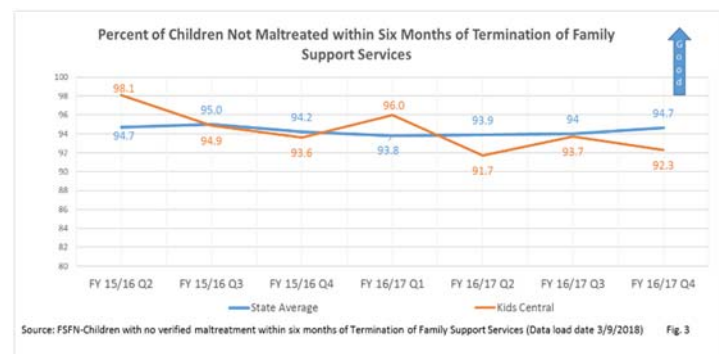


KCI's performance on CQI Item 3 (making concerted efforts to address risk and safety), is below the statewide average, the PIP goal, and the federal and state expectation. While KCI is under the target in CQI Item 3, they saw a 9.4% improvement between FY15/16 and FY 16/17. (See Table 7)

NO MALTREATMENT AFTER FAMILY SUPPORT SERVICES

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

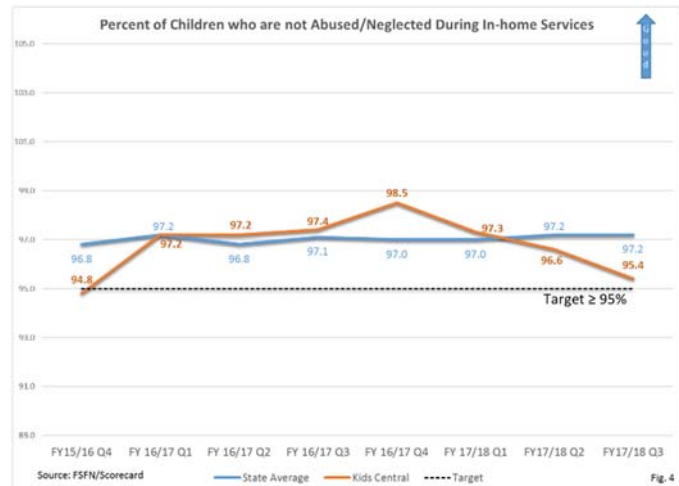
KCI has performed above the statewide average in two of the previous seven quarters (FY1516 Q2, FY1617 Q1), but overall, KCI's performance has decreased.



NO MALTREATMENT DURING IN-HOME SERVICES

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

KCI's performance in this measure has stayed above the target in seven of the previous eight quarters, and at or above the statewide average in five of the previous eight quarters (FY16/17 Q1, Q2, Q3, Q4, FY17/18 Q1). While still above the target, KCI's performance has been steadily declining since FY 16/17 Q4.



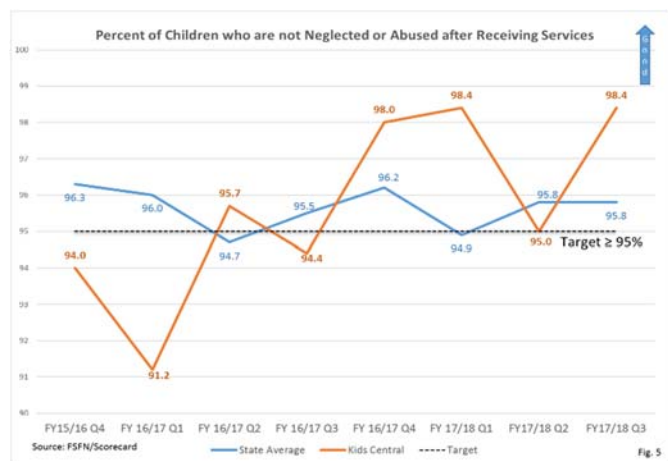
Rapid Safety Feedback (RSF) data revealed that KCI scored below statewide performance in RSF 1.1 (ensuring the family assessments are sufficient) and RSF 2.1 (quality of visits are sufficient to address safety concerns and evaluate case plan progress). Additionally, KCI scored below the statewide performance in RSF 4.1 (ensuring safety plans are sufficient). (See Table 7)

KCI's performance on CQI Item 3 (making concerted efforts to address risk and safety), is below the statewide average, the PIP goal, and the federal and state expectation. While KCI is under-performing in CQI Item 3, they saw a 9.4% improvement between FY15/16 and FY 16/17. (See Table 7)

NO MALTREATMENT AFTER RECEIVING SERVICES

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

KCI's performance has steadily increased over the last eight quarters from 94% (FY15/16, Q4) to 98.4% (FY17/18, Q3). KCI has met or exceeded the target in five of the previous eight quarters and performed above the statewide performance in four quarters over the same period.



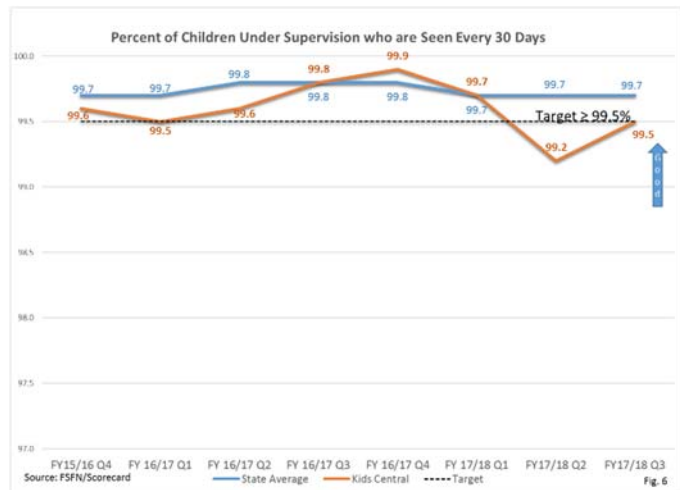
KCI has shown a positive trend in performance on CQI 2 (ensuring concerted efforts are made to provide services to the family to prevent children's entry into foster care or re-entry after reunification). They scored above the statewide performance, the federal PIP goal, and is above the federal and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

CHILDREN SEEN EVERY 30 DAYS

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

KCI's performance in seeing children under supervision as required has met or exceeded the target in seven of the previous eight quarters and has met or exceeded the statewide performance in three quarters over the same period.

While KCI is performing well on this scorecard measure, quality data indicates there is room for improvement. Data from RSF 2.1 (quality of visits are sufficient to address safety concerns and evaluate case plan progress) indicated KCI scored below the statewide performance. (See Table 7)



CQI Item 14 (frequency and quality of visits between the case manager and the child) data indicates that KCI scored below the statewide average, the PIP goal, and the state and federal expectation. Additionally, KCI saw a 4% decline in performance between FY15/16 and FY16/17. (See Table 9)

QA CASE REVIEW DATA

The table below provides the current performance in items related to child safety that are based on qualitative case reviews. Rapid Safety Feedback (RSF) reviews show that from the period of July 1, 2016 through June 30, 2017, KCI case managers were not consistently demonstrating quality practice by completing sufficient assessments, completing quality visits to address issues pertaining to safety and evaluate progress towards case plan outcomes, nor completing sufficient safety plans to control danger threats. Florida CQI reviews indicate that KCI was making concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification but were not adequately making concerted efforts to assess and address the risk and safety concerns related to the children in their own homes or while in foster care. Also, of note, in both CQI items shown below, an improvement in performance occurred between FY15/16 and FY16/17. (See Table 7)

Quality Assurance - Rapid Safety Feedback Item	Kids Central n=40	Statewide RSF Performance ¹ n=851
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>		
July 1, 2016-June 30, 2017		
RSF 1.1: Is the most recent family assessment sufficient?	● 20.0%	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?	● 30.0%	62.7%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	● 30.0%	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	Kids Central	Kids Central	Percent Improvement	Statewide CQI/QA Performance ¹ n=1,290	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal ³	Federal and State Expectation ⁴
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>	FY 2015/2016 n=68	FY 2016/2017 n=66					
CQI Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?	94.12%	● 96.77%	↑ 2.7%	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?	58.82%	● 68.18%	↑ 9.4%	77%	71.3%	77.7%	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 7

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

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

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

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

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

PERMANENCY

KCI is performing below target or trending negatively in three permanency measures and trending above target or trending positively in three permanency measures. Rapid Safety Feedback (RSF) and Continuous Quality Improvement (CQI) reviews highlight areas where performance is trending positively and negatively.

The figures and tables on the follow pages depict KCI' 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): The graph 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.

KCI has performed above the target in three of the previous eight quarters (FY 16/16 Q1, Q2, Q4), and above the statewide performance in two quarters over the same period (FY16/17 Q1, Q4). Overall, there was a slight increase in performance but KCI has performed below the target and the statewide performance for the most recent three quarters. (FY 17/18 Q1, Q2, Q3)

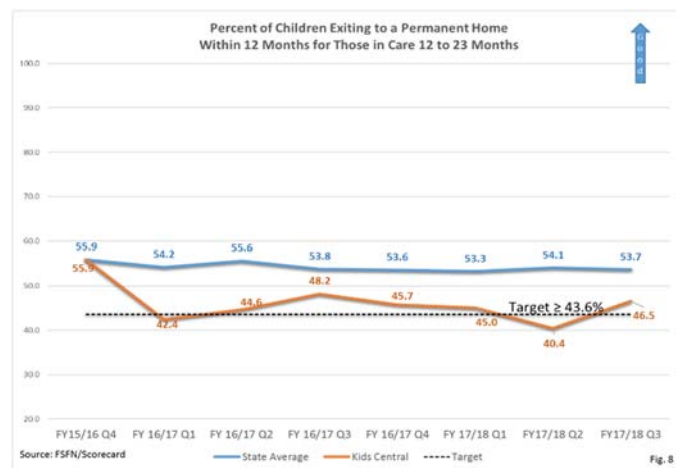
Quality data results from CQI Item 5 (establishing permanency goals in a timely manner) show that KCI performed below the statewide performance, the PIP goal, and the federal and state expectations. However, KCI showed a 10.1% improvement between FY 15/16 and FY 16/17. Results from CQI Item 6 (making concerted efforts to achieve permanency) show that KCI has performed below the statewide performance and the federal and state expectations, but above the PIP goal. KCI showed a 10.6% decline in this area between FY 15/16 and FY 16/17. (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): The graph provides the percentage of children in foster care as of the beginning of the reporting period whose length of stay is between twelve 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.

KCI performed above the target in six of the previous eight quarters, but consistently performed below the statewide performance.

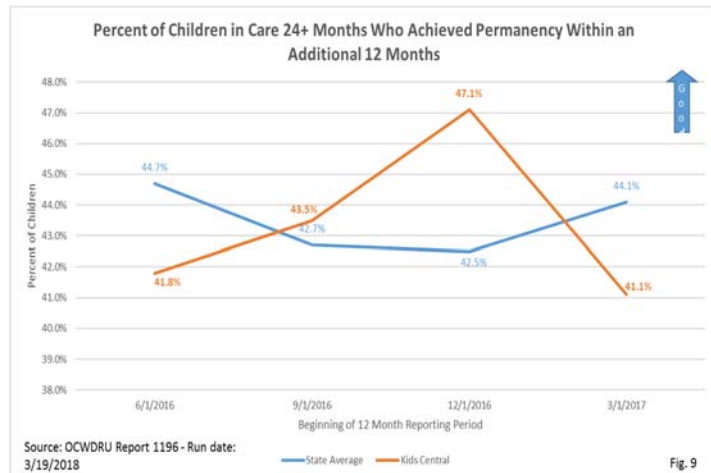
Quality data results from CQI Item 5 (establishing permanency goals in a timely manner) show that KCI performed below the statewide performance, the PIP goal, and the federal and state expectations. However, KCI showed a 10.1% improvement between FY 15/16 and FY 16/17. Results from CQI Item 6 (making concerted efforts to achieve permanency) show that KCI performed below the statewide performance and the federal and state expectations, but above the PIP goal. KCI showed a 10.6% decline in this area between FY 15/16 and FY 16/17. (See Table 8)



PERMANENCY AFTER 24 MONTHS

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

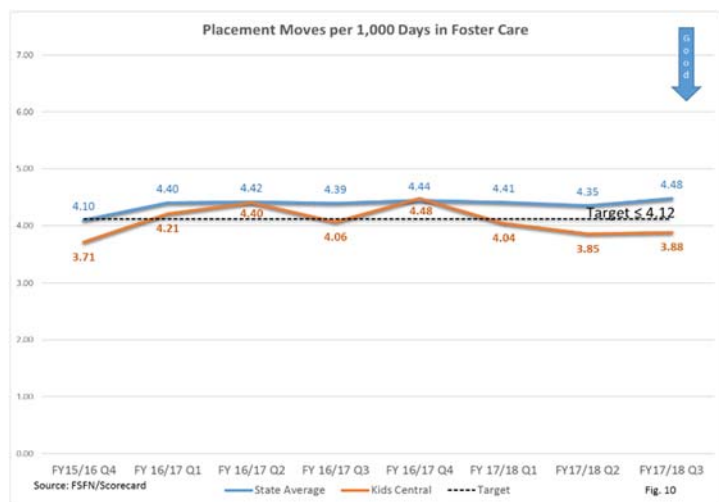
KCI's performance in this measure has fluctuated over the reporting period but has performed above the statewide average in two of the four quarters.



PLACEMENT STABILITY

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

Data indicates that KCI's rate of placement moves for children in out-of-home care is 3.88 per 1,000 days in foster care (FY 17/18 Q3). KCI has performed better than the target in five of the previous eight quarters, and better than the state in seven quarters over the same period.

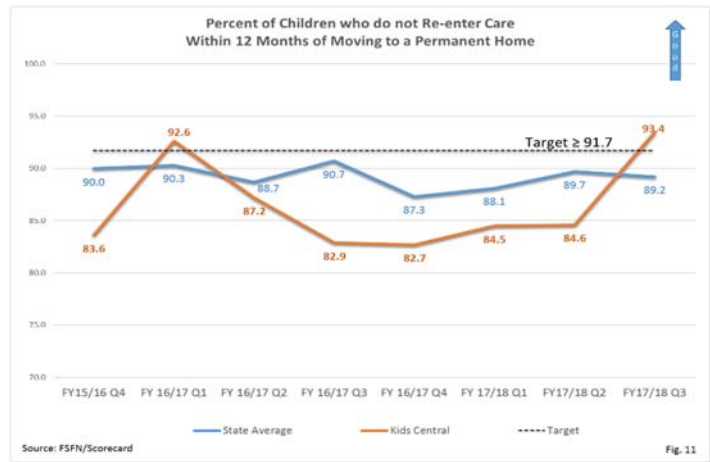


Quality data results from CQI Item 4 (ensuring stable placement and that any placement moves are in the best interest of children) showed KCI scored below the statewide performance, PIP goal, and the federal and state expectation. Additionally, their performance declined (6.4%) between FY 15/16 and FY 16/17. (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): The graph depicts the percentage of exits from foster care to permanency for a cohort of children who entered foster care during the report period and exited within twelve months of entering and subsequently did not re-enter foster care within twelve months of their permanency date.

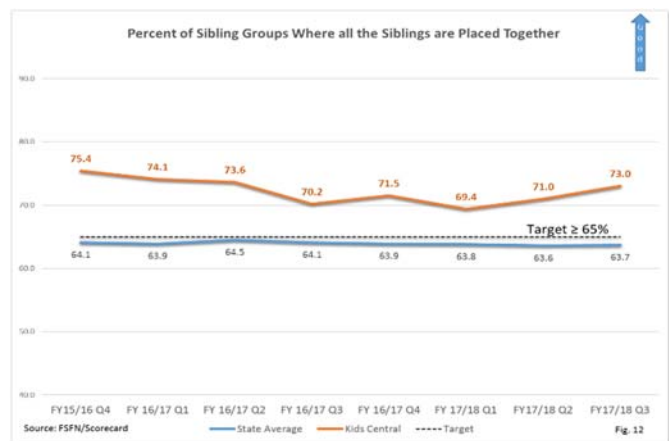


Overall, KCI has not met the target and performed below the statewide performance in six of the previous eight quarters. However, there was a significant increase in the most recent quarter (FY 17/18 Q3).

KCI has shown a positive trend in performance on CQI 2 (ensuring concerted efforts are made to provide services to the family to prevent children’s entry into foster care or re-entry after reunification). They scored above the statewide performance, the federal PIP goal, and are above the federal and state expectation. KCI’s performance on CQI Item 3 (making concerted efforts to address risk and safety), is below the statewide average, the PIP goal, and the federal and state expectation. While KCI is under-performing in CQI Item 3, they saw a 9.4% improvement between FY15/16 and FY 16/17. (See Table 7)

SIBLINGS PLACED TOGETHER

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






KCI has consistently performed above the statewide average and the target over the previous eight quarters.

KCI scored above the statewide performance in CQI Item 7 (ensuring the agency is making concerted efforts to place siblings together while in foster care). Scores are still below the federal and state expectation and declined 5.7% between FY15/16 and FY16/17. (See Table 8)

QA CASE REVIEW DATA

The table below provides KCI’s performance based on qualitative case reviews. RSF reviews show that from the period of July 1, 2016 through June 20, 2017, KCI case managers were regularly completing visits of sufficient quality to address issues pertaining to safety and evaluate progress towards case plan outcomes with fathers; however, they were not consistently completing quality visits with children and mothers. (See Table 8) Florida CQI reviews show KCI’s performance in most measures are currently below the Federal PIP goal, statewide average performance, and federal and state expectations (see Table 8, CQI Item 4, 5, 8, 10, and 11). Overall, KCI showed a need for improvement in all CQI measures related to permanency.

Quality Assurance Item	Kids Central n=40	Statewide RSF Performance n=851
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>	Performance for FY 2016/2017	
RSF 2.1 Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	 30.0%	62.7%
RSF 2.3 Is the quality of visits between the case manager and the child’s mother sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	 43.6%	67.7%
RSF 2.5 Is the quality of visits between the case manager and the child’s father sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	 64.5%	55.1%

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

Quality Assurance - Florida CQI Item	Kids Central	Kids Central	Percent Improvement	Statewide CQI/QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal ³	Federal and State Expectation ⁴
Assessment Based on Case Reviews by Child Welfare Professionals	FY 2015/2016 n=68	FY 2016/2017 n=66					
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)?	76.60%	70.21%	-6.4%	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?	65.96%	76.09%	10.1%	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?	89.36%	78.72%	-10.6%	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?	87.50%	81.82%	-5.7%	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?	69.44%	54.05%	-15.4%	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?	85.11%	80.43%	-4.7%	79.0%	82.0%	None	95.0%
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	69.57%	75.56%	6.0%	83.0%	72.0%	None	95.0%
CQI Item 11: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging visitation?	50.00%	50.00%	0.0%	61.0%	60.0%	None	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 8

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

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

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

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

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

WELL-BEING

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

In the past eight quarters, KCI consistently exceeded the target for children receiving medical care and children enrolled in secondary education. They failed to meet the target for children receiving dental care. Florida CQI reviews show that KCI's performance in most measures are currently below the statewide average performance, the PIP goal, and the state and federal expectations (See Table 9, CQI Item 12B, 12C, 13, 14, 15, 18).

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

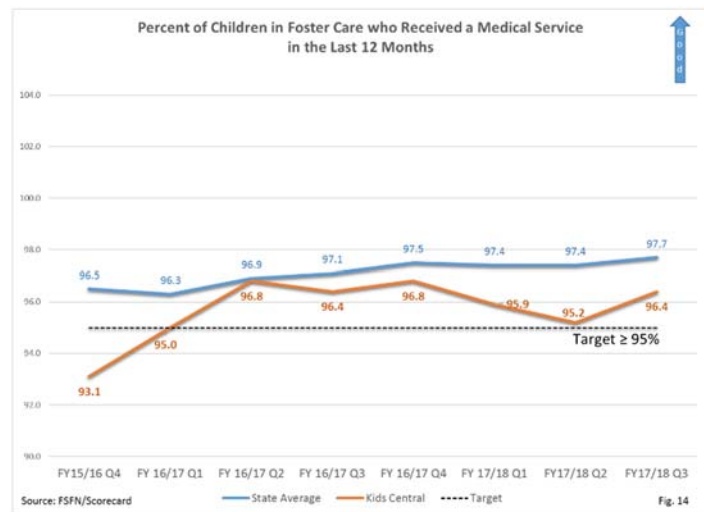
1. Children receiving medical care
2. Children receiving dental care
3. Young adults enrolled in secondary education
4. Qualitative case review results

CHILDREN RECEIVING MEDICAL CARE

Percent of children in foster care who received medical care in the previous twelve months (Scorecard Measure M9): This measure is the percentage of children in foster care as of the end of the report period who have received a medical service in the last twelve months.

KCI has consistently performed below the statewide average but has performed above the target in six of the previous eight quarters.

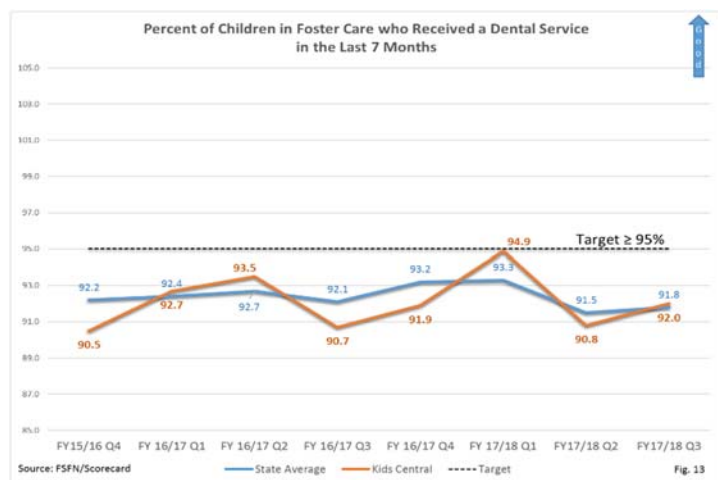
CQI Item 17 (ensuring the agency address the physical health needs of children, including dental needs) reflects KCI scored above the statewide performance but is below the federal and state expectation. Performance in this item improved 7.5% between FY15/16 and FY16/17. (See Table 9)



CHILDREN RECEIVING DENTAL CARE

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

KCI's performance has been above the statewide average in four of the previous eight quarters, however they have failed to meet the target in all the last eight quarters. While performance has fluctuated, overall performance has improved.



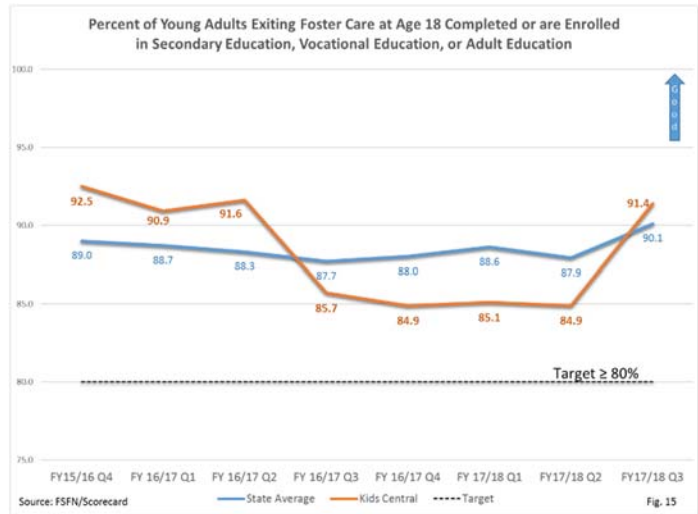
CQI Item 17 (ensuring the agency address the physical health needs of children, including dental needs) reflects KCI scored above the statewide performance but is below the federal and state expectation. Performance in this item improved 7.5% between FY15/16 and FY16/17. (See Table 9)

YOUNG ADULTS ENROLLED IN SECONDARY EDUCATION

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

This measure is the percentage of young adults who aged out of foster care who had either completed or were enrolled in secondary education, vocational training, or adult education as of their eighteenth birthday.

KCI's performance has been consistently above the target for the previous eight quarters; and above the statewide average in four quarters over the period. KCI's performance dipped in FY16/17, Q3 and did not recover until FY17/18, Q3.



KCI showed improvement in CQI Item 16 (concerted efforts were made to assess children's educational needs and address them appropriately in case planning and activities) scoring above the statewide performance, yet still is below the federal and state. Performance in this item improved (1.5%) between FY15/16 and FY16/17. (See Table 9)

QA CASE REVIEW DATA

The table on the following page provides KCI's performance in measures related to child well-being based on CQI case reviews. KCI has performed above the statewide performance in three measures and above the PIP goal in two measures. KCI performed below the Federal and State expectation in all nine measures. KCI showed improvement in FY 2016/2017 from FY 2015/2016 in five of the nine measures (See Table 9, CQI Item 12A, 15, 16, 17, 18).

Quality Assurance - Florida CQI Item	Kids Central	Kids Central	Percent Improvement	Statewide CQI/QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal ³	Federal and State Expectation ⁴
Assessment Based on Case Reviews by Child Welfare Professionals	FY 2015/2016 n=68	FY 2016/2017 n=66					
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?	82.35%	89.39%	7.0%	89%	51.3%	58.4%	95.0%
CQI Item 12B Did the agency make concerted efforts to assess the needs of and provide services to <u>parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	67.35%	52.73%	-14.6%	73.0%	51.3%	58.4%	95.0%
CQI Item 12C Did the agency make concerted efforts to assess the needs of and provide services to <u>foster parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	86.67%	86.05%	-0.6%	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?	69.09%	60.34%	-8.7%	66.0%	63.6%	70.7%	95.0%
CQI Item 14: Were the frequency and quality of visits between caseworkers and the <u>child (ren)</u> sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?	69.12%	65.15%	-4.0%	67%	72.5%	78.9%	95.0%
CQI Item 15 Were the frequency and quality of the visits between the case workers and <u>mothers and fathers</u> sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals?	30.34%	35.85%	5.5%	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?	83.33%	84.85%	1.5%	84%	92.0%	None	95.0%
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	76.47%	84.00%	7.5%	77%	85%	None	95.0%
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	69.57%	72.00%	2.4%	75%	72%	None	95.0%

Source: Federal Online Monitoring System

Table 9

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

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

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

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

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

SUMMARY

In July of 2016, the Office of Child Welfare initiated a [service array assessment](#) with each CBC across the state. The assessment focuses on evaluating the availability, access and application of services for child welfare involved families. CBCs have the flexibility to create programs and services that meet the needs of children and families. CBCs should continuously monitor and analyze the success of programs they purchase or develop. This analysis should go beyond monitoring contract outcomes to also include analysis of outcomes for children and families related to safety, permanency and well-being. Prior to modifying, implementing or purchasing a program the CBC should ensure there is research supporting the use of this program for the child welfare population. KCI has a rating of “4” in Family Support Services and a “3” rating in Safety Management Services, these ratings are defined below. As of July 1, 2018, KCI will be terminating their contracts with the Family Support Services providers and will be providing the services directly under KCI.

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.

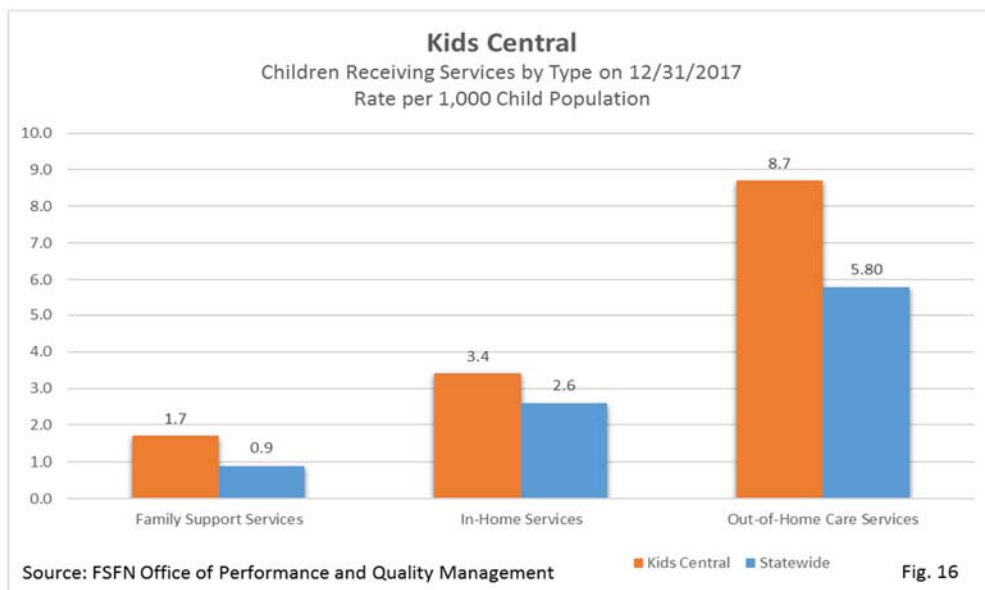


Figure 16 depicts the rate of children receiving family support, in-home and out-of-home services in Circuit 5, which are closely aligned with the statewide averages. KCI has slightly more children receiving Family Support Services and In-Home services than the statewide averages (Statewide FSS rate – 1.0 and Statewide In-Home Services rate – 2.8). In contrast, KCI’s rate per 1,000 children receiving Out-of-Home Care is higher than the average statewide rate (5.7).

Family Support Services

KCI funds four Family Support Service Programs through Devereux, LifeStream, and the Centers. Devereux provides two types of services to safe families. For families which are safe but at high or very high risk for future maltreatment, Devereux provides the Nurturing Parenting Program (NPP). NPP is a set of evidence-based curricula for prevention, intervention and treatment of child abuse and neglect. The program uses a strength-based, research-derived approach designed to ensure families receive education and tools they need to replace negative patterns with new, positive, nurturing patterns, thus honoring the emotional physical and spiritual health of the young ones in their care. Services last no longer than 20 Sessions, one per week, depending on the accessed needs of the family.

Devereux also provides Family Group Decision Making (FGDM), a decision-making process in which members of the family group are invited and joined by members of their informal network, community groups, and the child welfare agency that has become involved in the family’s life. It involves a neutral, non-case carrying facilitator conducting a Family Team Conference to develop and individualized course of action plan (ICAP) to address the maltreatments or child safety concerns identified by the Child Protective Investigator as well as needs the family and its supports identify. These services are provided to safe children with moderate, high, or very high risk for future maltreatment when the underlying reason for the referral as Domestic Violence. A Diversion Care Coordinator (DCC) or Family Preservation Coordinator will work with the family for 30 to 90 days to help them implement the tasks on their ICAP successful completion of the plan.

KCI funds The Centers and LifeStream to provide Family Connections (FC). FC is as a multi-faceted community-based service program that delivers tailored and direct therapeutic services to help families reduce risks, maximize protective factors, and achieve service outcomes and goals. A FC worker provides at least one hour of face-to-face services to families at least once per week for at least three months following the development of the service plan. These services are available to families which are safe but at moderate, high, or very high risk for future maltreatment.

KCI also funds a Kinship program to serve families that include relative caregivers who are at high/very high risk. The program offers support groups, case management, referrals, legal assistance, financial assistance, and tangible resources. Additionally, Neighborhood Project Centers may also serve high/very high- risk families.

As of July 1, 2018, KCI will no longer subcontract the Family Support Services out to other agencies but will provide the service in-house. It is recommended that once the new services are in place, an updated service array review and rating should be submitted.

Safety Management Services

Neighbor to Family (NTF) is the Safety Management Service (SMS) and foster care prevention service for Circuit 5. They ensure that the caregivers are assisted in every possible way to gain a healthy lifestyle for themselves and their families. Each case lasts between two weeks and one month but can extend to a longer period. They provide services to unsafe children that immediately and actively protect the child from dangerous threats when the parent/caregiver cannot meet the safety standards. They provide behavioral management, crisis management,

social connections, resource support, and separation assistance. NTF sees each child in the family in the home a minimum of every seven calendar days. NTF is a direct referral and they are available normal business hours and on call. If there is an immediate response needed, NTF responds within two hours of the referral.

Focus groups and surveys reflected that Safety Management Services were unclear or not valued. There was confusion of roles, length of service, and service providers. As of July 1, 2018, KCI will no longer subcontract the Safety Management Services out to NTF but will provide the service in-house.

ANALYSIS

KCI continues to develop and modify existing programs to meet the needs of the community for family support and Safety Management Services using evidence-based practices. As of July 1, 2018, KCI will no longer subcontract the Safety Management Services out to NTF but will provide the service in-house. Once the new services are in place, an updated service array review and rating should be obtained.

SECTION 6: LEADERSHIP AND GOVERNANCE

SUMMARY

This category focuses on alignment of the Department's Mission/Vision/Values to those of KCI and includes an assessment of resource and risk management, evaluation of the Chief Executive Officer and leadership development. KCI has an experienced and long standing executive management staff. KCI's Board of Directors (BOD) has representation from each county and a range of professional background experience. KCI's BOD are involved and knowledgeable about the agency and the work being done by KCI. They are kept apprised of critical incidents, performance and financial standing on a regular basis through bi-monthly Board meetings and monthly committee meetings. Subcommittees are grouped as finance, community development, board development, executive, and legislative. The Board completes a thorough annual CEO performance evaluation, which includes the CEO's self-evaluation, and sets goals for the coming year. While the BOD is kept abreast of system of care issues, they do not take an active role in working with community leadership members or other Boards to troubleshoot issues.

KCI values the use of data, targeted marketing, strategic planning, and process analysis. KCI has developed a five-year strategic plan which is reviewed annually through a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis. KCI is heavily invested in measuring and using data to inform the decision-making process. Most recently, they used this information to determine the type of Family Support Services and Safety Management Services they would fund, and later to bring them in-house. In 2015, KCI won the Governor's Sterling Award, the first CBC to do so. Additionally, KCI developed a successful marketing strategy focused on foster parent recruitment. Throughout the monitoring, the message understood by individuals was that quantitative data drives performance.

KCI's leadership team has been in place for many years so there has been no need for formal succession planning or for a formal leadership development plan. KCI's COO is significantly involved in daily operations within KCI and with subcontractors. KCI's leadership organize and participate in numerous meetings and committees throughout the community, additionally serving as board members on five boards within the service area. Staff closely watch cost drivers such as children in out of home care and high utilizers and understand the importance of reducing costs where possible. Leadership holds weekly Executive Management Team meetings to review data trends and financial impacts.

Resources are managed through fixed rate and cost reimbursement contracts to ensure every dollar is accounted for and funds are maximized for reinvestment into the system of care. Since inception KCI has secured over 40 grants or alternative funding sources and have partnered with community agencies, churches, and cities for

various initiatives such as the Neighborhood Project Centers (discussed in more depth in the Innovative Practices section) KCI receives financial donations through their website, social media, fundraising events, and receives in-kind donations for various community partners.

KCI's Mission/Vision/Values are aligned with those of the Department. For KCI to meet their vision "to be the most effective and recognizable lead agency for community-based care, providing child-centered practices that strengthen families and help create, support and maintain a safe environment for children" requires the community's acceptance, inclusion of partners, collaboration and continued support for the system of care. It was evident throughout the monitoring process that subcontractor staff, system partners, and community partners felt that KCI did not take a leadership role in trouble shooting systemic concerns, were not supportive of collaborative efforts and encouraged "silos" and were "disconnected" from daily tasks and difficulties. Additionally, survey responses from all groups (CPI, CPIS, GAL, CLS, Community Partners, and Judiciary) indicated that there is a lack of awareness of KCI's plans to address system of care challenges and their budgeting process. All groups surveyed also indicated that KCI does not consistently seek feedback or input from others on addressing child welfare issues and services. While surveys reflect this perception, KCI conducts an annual meeting with the stakeholders to discuss what is perceived to be the strengths, weaknesses, opportunities and threats within the system of care. Additionally, KCI posts the Board meeting schedule on their website.

ANALYSIS

KCI's executive leadership is experienced and tenured and the BOD holds high confidence in them. KCI's mission, vision and values are aligned with the Department's though, further effort to ensure these principles are integrated throughout the organization are needed. KCI has developed additional financial resources however, has had financial challenges in the past two fiscal years. The recommendations of the risk pool team remain relevant and necessary to prevent any further financial challenges.

SECTION 7: WORKFORCE MANAGEMENT

SUMMARY

KCI contracts with 3 case management agencies (CMA) to provide case management services for dependency cases; The Centers, Youth and Family Alternatives (YFA), and LifeStream. KCI aims to have caseloads between 15 and 19 children per case manager, and 83% of case managers are currently under 25 children per case manager. There are case managers carrying high caseloads ranging from 25 to 45 children, with many of those staff working at The Centers. This exceeds the Child Welfare League of America's recommended caseloads.

Contributing factors to high caseloads are large sibling groups, staff turnover and vacancies. Employee retention and recruitment for the CMOs has been a challenge. The rolling year total turnover rates for case managers are 100% for LifeStream, 58% for The Centers, and 46% for YFA. Additionally, 13% of allocated positions are currently vacant, most at The Centers. KCI has The Centers on a Corrective Action Plan which includes the need for recruitment and retention activities as they have experienced complete turnover with their executive leadership team. KCI has had an increased turnover rate for FY 17/18 and they have had to freeze several positions due to fiscal deficiencies.

Each of the CMA's have their own employee retention plan which include both general and special retention activities for staff. KCI conducts quarterly staff recognition events where individuals or teams from KCI are presented with awards for service longevity, high performance, shining star, and extraordinary efforts. KCI's COO holds quarterly meetings with CMA Directors and Supervisors where they are presented with certificates of

accomplishment. KCI plans to expand their internal recognition events to include all CMA staff and CPI staff. Focus groups indicated that staff feel most supported by their direct supervisor and valued by their individual agency.

KCI uses balanced scorecards as a mechanism to assess performance and to incentivize staff. Balanced scorecards are completed on the individual staff level up to the whole system of care level. Case managers receive their scorecards weekly and with the intent for supervisors to use them to drive performance improvement KCI also conducts weekly data calls with the Directors to discuss trends and plans to address any concerns. Individuals can earn a performance incentive based on their balanced scorecard performance. Additionally, to incentivize staff and create career advancement opportunities, KCI created a case manager level system with accompanying salary increases. Higher level case managers also function as mentors for lower level staff. The levels are as follows:

- CM1- New Hire
- CM2- Have been employed at least 2 years
- CM3- Have been employed at least 4 years

KCI employs three child welfare trainers to deliver the 9-week core pre-service training curriculum and provide field support post-pre-service training. Pre-service training covers topics such as trauma, human trafficking, FSFN, psychiatric medication, sunshine health, court observation, and field days. During the focus groups, case managers and case manager supervisors expressed concern that pre-service training did “not prepare them” for the field, and felt specific topics were not covered and that field days were not being conducted in a meaningful manner. Currently, each CMA determines how field days are structured and staff reported that, often, they are filing paperwork or transporting clients but not observing any other case work or practice. Staff reported that an increase in structure around field days and clearly defined shadow/mentor expectations would be beneficial. After pre-service, the trainers are available to lead consultations to assist staff and supervisors when needed.

KCI offers trainings based on feedback from staff, feedback from the quality management team, and the balanced scorecard. KCI has a training calendar but does not share it with staff or the providers until 30 days prior to the scheduled training date to minimize frustration in the event of a cancellation or change in location or time. KCI also utilizes a web-based training system, Relias, to provide training to internal staff and foster parents. However, CMA staff do not have access to Relias and focus groups revealed frustration over the lack of training opportunities, including specific topics, and the inability to plan further ahead when participating in trainings. Staff indicated a need for more frequent training on topics such as adoption, case planning, critical thinking, time management, and quality measures (PIP, CFSR, CQI).

KCI offers leadership development through a series of trainings offered each quarter. Topics include supervising for excellence, reality-based leadership, Sterling, workplace generations, and Six Sigma Yellow/Green Belt. Staff must complete the required trainings to advance into a supervisory role. The training department will soon be enhancing the leadership program by using performance reviews to inform training needs. KCI collects information from the CMOs on Title IV-E funds reimbursable training.

ANALYSIS

KCI is clearly invested in creating a workplace which supports efficiency and productivity. KCI recognizes that retaining staff is essential to providing quality services to the families they serve and has begun to take steps to participate in retention of frontline staff. There is a career path for case managers and a training series for supervisor development. During frontline staff interviews, staff stated they felt training needs are not being adequately met. Further evaluation of KCI’s role in structuring pre-service and in-service opportunities exist. Formalized development of an organized and strategic training plan that coordinates with CMA’s training may strengthen and focus efforts to meet the needs of CMA staff.

SECTION 8: QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

SUMMARY

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

KCI's Continuous Quality Improvement (CQI) team offers an abundance of data and resources to enhance efficiency and casework. With the philosophy that "focusing on quantitative data will drive quality services", daily, weekly, bi-weekly, monthly, bi-monthly and quarterly reports are generated and distributed to all levels of staff. KCI uses a balanced scorecard which analyzes performance in the following domains: Customer, Internal Process, Employee Learning and Growth, and Financial. Each staff member, unit, agency, and department are evaluated using the balanced scorecard. Monthly performance meetings review progress and identify any areas of concern. Annual financial incentives are provided to staff based on their balanced scorecard results. The CQI team meets with the Training department to identify training needs.

KCI conducts quality case reviews and reviews all in-home cases where there is a child under three years old. A debrief on every reviewed case is held with the case manager and case manager supervisor to discuss opportunities for improved performance and highlight quality work. Although these reviews occur, interviews and focus groups revealed that staff are not aware of the CFSR measures and related PIP and how their daily work is related to it.

While KCI uses data to drive performance, they also use it to conduct root-causes analyses. Recently, KCI completed a DMAIC project to help identify barriers to children achieving permanency within 12 months of entering care. This project revealed that most cases that failed to reach permanency were in two counties within the KCI service area; and deeper analyses revealed that delays in permanency stemmed from court actions. KCI conducted another root-cause analysis on children not receiving dental services within the previous seven months. Data revealed that one county performed much lower than the others and further analysis discovered that there were limited dental services available in that community. KCI used this information to partner with a hospital to provide two mobile dental vans twice a week at their neighborhood centers.

KCI has a process to track eligibility to ensure state and federal funds, such as Social Security, Title IV-E, and Medicaid, are managed appropriately. Revenue Maximization (Rev Max) staff receive notification of all children coming into care via a child intake form. The Rev Max Specialist collects further information from the CPI and FSN and initiates the eligibility process. Rev Max staff are sent the updated weekly placement list, further supporting ongoing eligibility management. The Rev Max Department has recently "refreshed", so staff are new and there are still vacancies; however, the Supervisor assists with daily tasks when needed. The Rev Max Department also developed a training manual for investigators and case managers, and Rev Max Specialists are always available to answer questions. The Quality Management team conducts an annual review of Title IV-E cases which has been beneficial in locating problem areas or processes.

Annually, KCI conducts a risk assessment of all their subcontracts to determine which subcontracts will be monitored. CMA's are monitored annually or more frequently if needed. FSS and SMS case files are reviewed quarterly by the utilization management staff. Surveys of subcontractors reinforce that KCI sets clear expectations and provides quality feedback.

ANALYSIS

KCI's CQI Team is a clear strength of the agency. A wealth of data is analyzed, and numerous reports are generated and distributed on a regular basis which provides guidance and encourages performance within KCI and their subcontractors. Staff are unaware of the impact their daily work has on quality performance measures (RSF, CQI, and the CFSR PIP). Opportunities exist to increase staff knowledge on the impact their daily work has on quality performance measures (RSF, CQI, and the CFSR PIP). KCI holds regular meetings to share information, review data and discuss methods to ensure continuous quality improvement. KCI utilizes balanced scorecards to message their expectations, drive performance, and analyze service delivery.

KCI values and uses data to inform decisions and drive performance both within KCI and with their subcontractors. They use performance measures, balanced scorecards, root cause analysis, strategic (measurable) planning, and DMAIC methods to guide and inform performance. While the use and analyzation of quantitative data is extensive and a strength in the organization, there was not the same level of focus on qualitative data to drive system improvement and relationship building. An opportunity exists for KCI to consider the symbiotic relationship that quantitative and qualitative data have with each other and message the value of both.

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

KCI is responsible for recruitment, retention, placement, and supportive services for foster families. KCI employs four Licensing Specialists, nine Re-Licensing Specialists, two Licensing Supervisors, and two contracted Recruitment Specialists. In 2013, KCI collaborated with Gold & Associates to develop a strategic marketing plan for foster parent recruitment. During the same timeframe, KCI was one of three CBC's selected to participate in the Florida Intelligent Recruitment Project (FIRP), a five-year federal project which implements an intelligence-driven approach to market the need for and recruit quality resource families for older children and teens in the foster care system. These initiatives informed marketing strategies to target messages based on the research, which has proven to be successful. KCI has a target to recruit 100 new foster homes and 50 new beds for teens for FY 17/18. Once a prospective foster parent has expressed an interest in being a foster parent, KCI conducts a pre-screening interview over the phone, and if there are no disqualifying responses, an application package is sent to the prospective foster parent. If the application is sent back to KCI, the background screening process begins, and they are invited to an orientation. After orientation, the foster parent(s) begin PRIDE classes and are assigned a Licensing Specialist by the second class, who begins the licensing process. These strategies have resulted in homes being licensed within an average of 40 days of graduating from pre-service classes, down from 211 days.

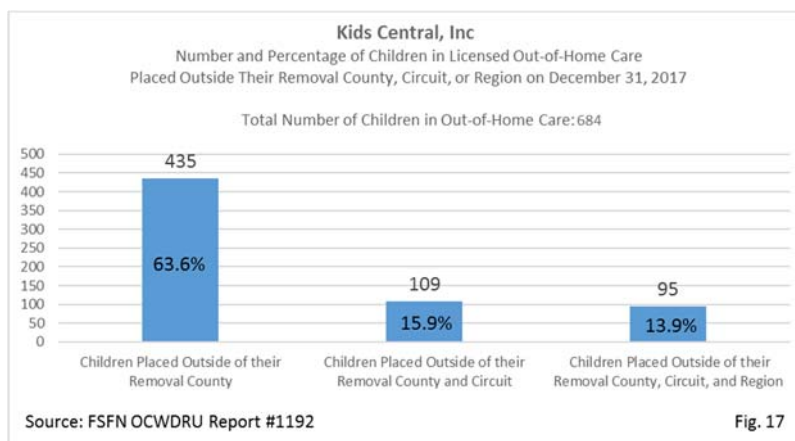
In FY17/18, KCI had only gained a net of 43 foster homes compared to 53 during the prior fiscal year. Retention efforts are conducted through formal and informal practices. KCI surveys foster parents quarterly and internal results showed improvement between FY16/17 and FY 17/18. Foster parent mentoring is utilized to assist new foster parents and to present "the real-life experience" during pre-service training. Foster parents receive recognition through the Foster Parent Association, an annual Halo Awards event, holiday donations, tickets to various events, and opportunities to attend conferences. Foster parents indicated that they feel "heard" and know that KCI will quickly respond when there are any concerns. Belief in the same tenets associated with QPI was

evident during on-site interviews and focus groups. While foster parents described a positive relationship with KCI, they discussed the interactions with CPIs and Case Managers as being most important. Positive interactions were reported as an exception while frustration was more common. Foster parents reported that they did not receive consistent and thorough information from CPIs and case managers. KCI piloted an app that allowed for foster parents to provide feedback on interactions with case managers to incorporate their feedback in their retention efforts. The monitoring team requested the information related to this pilot to inform the evaluation of their retention efforts however, the CEO would not release the information as it was proprietary in nature. There are training and collaboration opportunities for KCI to ensure case managers fully understand their role in foster parent retention.

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 a placement request, either initial or change, the placement specialist collects information about the child(ren) and reviews the available placement list to locate potential placements. The placement specialist works around the clock to identify the best match based on location, demographics, mental/behavioral health needs, community supports, and best match for stability and minimal trauma impact. They place a heavy focus on placing siblings together as evident in KCI consistently performing above the target and statewide average for the past two fiscal years and maintaining this performance in FY 17/18. On-site interviews, focus groups, and documentation review reflected that approximately 23% of foster homes were on an over-capacity waiver with one quarter of those having more than five children (some as many as 12) in the home. Many overcapacity waivers are contributed to multiple large sibling groups being placed together. In instances when children are placed in an overnight placement, pending additional placement matching efforts, the placement team ensure that there are supports in place for both the child and foster parents. Additionally, the team actively monitors the status of the child’s placement while pursuing a better match placement.

The placement team focuses heavily on ensuring kids stay in their community, however as Figure 17 shows, 63.6% of children are placed outside of their removal county and 13.9% are placed outside of their region. The statewide average for this measure is 36.03% for children placed outside their removal county and 10.5% placed outside their removal region. With 15.9% of children placed outside of their removal county and circuit, KCI is performing better than the statewide average of 19.25%. If a child cannot be placed in the county or their original school zone, the placement specialists notify the education specialist to begin the school enrollment process.



Information obtained during the monitoring indicates that at least one placement had listed preferences based on race in a manner that appeared as though it was exclusionary. For example, “no white” was noted which is in violation of the Multiethnic Placement Act of 1994, 42 U.S.C.A. §671(a) (18), and Florida Administrative Code 65C-

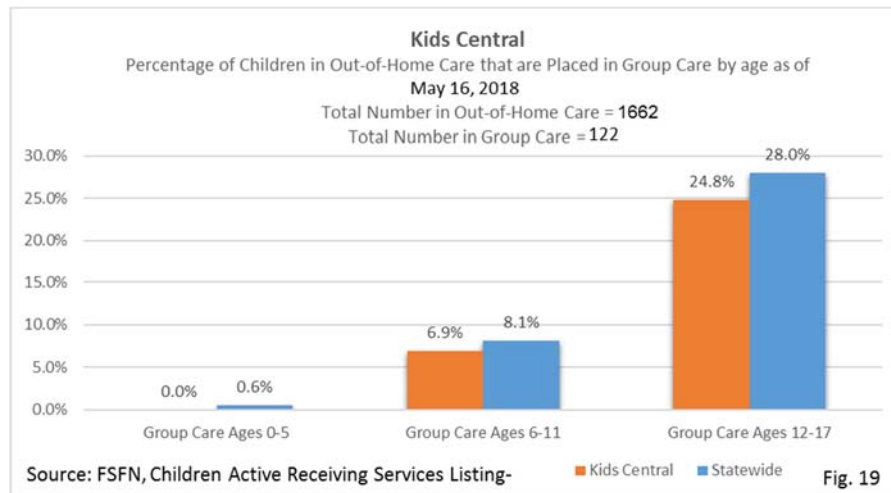
28.004. Technical assistance was provided by DCF General Counsel and Office of Child Welfare on documentation and exploration of preferences and KCI has provided updated clarification about foster parent preferences and will amend internal policies to reflect the guidance provided.

Placement instability does occur and there are formal channels to assist and address the concerns of either the foster parents or relative/ non-relative placements. A staffing will occur with all parties involved and include the GAL, case manager, foster parent, licensing specialist, and placement specialist. At the time of the review, Kids Central employed a PhD level mental health professional who served as a Behavioral Specialist who is available to provide support to case managers for placement stabilization, however interviews indicated that there were no formal trauma or crisis response teams to support the caregivers to stabilize placement. While KCI's placement moves were above the national standard for FY 16/17, placement moves have remained below the statewide average for the previous seven quarters and steadily decreased under the target for most recent three quarters, currently at 3.88 (Refer to Figure 10, FY17/18, Q3).

Foster parents also reported an area that could be enhanced is the amount of information that is available and provided for the child at the time of placement. They reported that they were disappointed in the discontinuation of the electronic blue book, as it kept them abreast of more information. Most reported during the focus group however, that when they had identified an issue, KCI would assist immediately.

More than half of all children (56.71%) in out of home care in Circuit Five were placed with an approved relative or non-relative as of May 2018 and 6.85% of children were placed in group care. The statewide average placement in relative or non-relative placement (56.17%) and group care (8.72%) was higher than Circuit Five's as of that same date. Approximately 32.44% of children were placed in licensed foster care, higher than the statewide average of 29.51%.

Children five and under are especially vulnerable and group care placement should be a last resort unless the child's specific needs warrant such a placement. As of May 16, 2018, no children age 0-5 were placed in group care. (see Fig. 19).



Relative/Non-Relative and Extended Foster Care Supports

In 2006, KCI established a Kinship program to provide support to formal (approximately 30%) and informal (approximately 70%) kinship placements. The unit has one supervisor and two case managers, to cover all five

counties, each case manager carrying an average of 30 cases. Case managers hold a bachelor's degree and do not have to be certified. The Kinship program accepts referrals from multiple sources, conducts in-home visits, and assists families in receiving benefits, relative caregiver funds, referrals, legal assistance, flex funds, donations, and support groups. The eight-week support group uses the "Parenting- 2nd Time Around" curriculum, is offered to all families, and required for any families receiving flex funds or in-house legal assistance. Kinship caregivers are also able to attend foster parent pre-service training if they want to become licensed. KCI's internal data reflected that 98% of the families served in the Kinship program do not enter the foster care system within six months of case closure.

Extended Foster Care/ Independent Living

Extended foster care and independent living services are provided in-house by five coordinators and one supervisor. When a youth turns 17 a coordinator is assigned as a secondary case manager in FSFN and a transition plan is developed with the youth and then reviewed quarterly. The coordinators assist in court proceedings, search for housing, prepare and review documentation, and makes necessary referrals. When the youth turns 18, coordinators visit them monthly and continue to assist them with PESS, EFC, and/or Aftercare benefits. KCI focuses on recruiting "host homes" where community members have agreed to house these youths.

ANALYSIS

KCI's expedited and targeted licensing process is a clear asset of the agency. Foster parents expressed positive experiences with KCI and felt "heard". Conversely, they felt interactions with the case managers could improve. KCI is committed to placing siblings together and supporting Kinship placements. While recruitment efforts have historically been successful, challenges exist in retaining foster homes. Despite recruiting close to 100 new homes, their FY net gain was 43 homes compared to a net gain of 53 homes the previous fiscal year. Further recruitment and retention efforts are warranted to reduce the need for over-capacity waivers.

SUMMARY

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

KCI has accepted the Practice Model and staff are trained on the Practice Model during pre-service. There is still some struggle with application in the field by case managers. The Practice Model is reinforced through QA reviews, training and consultations, and supervision. The following is the implementation status of each county as of June 18, 2018, ([Source: Child Welfare Key Indicators Report, June 2018](#)):

- Marion 86.7%
- Citrus 89.9%
- Sumter 86.3%
- Lake 87.6%
- Hernando 71.6%

When new CFOP’s are released, KCI sends them to CMA Directors who are expected to notify and train case management staff. KCI also reviews them at the quarterly CMA meeting. During interviews, frontline staff were not familiar with what CFOPs were and it was unclear if the information was trickling down effectively to frontline staff. CMA staff reported that they do not know who to contact for assistance in implementing changes and repeatedly requested more training on safety planning, child placement agreements, conditions for return, judicial vs. non-judicial cases, sufficient behavior change documentation, and permanent guardianship and adoption. This was echoed in focus groups and surveys.

The application of family centered and trauma informed care principles was evident in KCI’s dedication and performance in placing siblings together and ensuring siblings have frequent visits if separated, however, was rarely referenced in interviews and focus groups in any other capacity. When the practices were discussed, staff requested additional and more frequent training on these practices. Quality assurance data, focus groups, interviews, and surveys indicate that there is a need for improvement in the application of these concepts. Quality case reviews indicated the family was involved in the development of their case plan in 60.34% of the cases reviewed (CQI Item 13), the frequency and quality of visits with mothers and fathers were sufficient to ensure the safety, permanency and wellbeing of the child(ren) and promote achievement of case goals in 35.85% of cases reviewed (CQI Item 15), and there were concerted efforts to ensure visits between the child and mother or father and siblings was of sufficient frequency and quality to promote continuity in 54.05% of cases reviewed (CQI Item 8).

While trauma informed care and family centered practice need to be further reinforced in practice, foster parents demonstrated a clear understanding of these philosophies in their role. Foster parents spoke of including biological families in holiday and birthday celebrations and staying connected with biological parents. One foster parent stated they became a foster parent “to help the whole family, not just the child”.

ANALYSIS

There is still a struggle with application of theory and policy into day-to-day work. While the management team has a clear understanding of new policies and procedures, there is a lack of understanding by the frontline staff. Opportunities exist to enhance family centered and trauma informed care principles through training and on-going support to ensure these key concepts become imbedded in day-to-day work.

SUMMARY

This category focuses on established relationships with Child Protective Investigators (CPI), Children’s Legal Services (CLS), the Judiciary, Guardians ad Litem (GAL), other governmental agencies, domestic violence providers, local education programs and other area partnerships.

As part of this monitoring process, surveys were distributed to several groups including child protective investigators (CPI) and supervisors (CPIS), Children’s Legal Services (CLS), guardian ad litem (GAL), community partners, and members of the judiciary. Additionally, focus groups were held with CPI/CPIS and CLS staff. GAL survey responses indicated they felt that children were consistently receiving appropriate services in a timely manner, were placed in an appropriate setting in an appropriate placement and were placed with their siblings or having monthly visits with their sibling. GAL responses indicated they were not routinely kept up to date on placement moves and felt their recommendations were not consistently considered when decisions were being made about their children. Survey results from the Judiciary indicated that case managers work collaboratively with parents and foster parents and case managers are providing them with quality, sufficient, and timely information on cases. However, judiciary responses indicated that case managers were not taking actions appropriate or timely to ensure permanency. GAL and Judiciary responses indicated they were not provided opportunities or were unaware of opportunities to learn about system barriers and challenges, and the activities KCI is taking to overcome them.

CPI and frontline staff continue to struggle building rapport and maintaining effective communication. An area of some discontent involves the case transfer process. Specifically, individuals are unclear of who “owns” portions of the process. Furthermore, a hard copy of the required documentation is required to be hand delivered to schedule the case transfer staffing. This practice is time consuming and frustrating for staff. While an MOU is in the process of being finalized, the current protocol varies by county. Additionally, there is a perception from partners that CMA’s are resistant to taking in-home non-judicial cases, which was confirmed by CMA staff. CPIs felt that placements were made timely and they were kept informed of case developments. Surveys indicated that CPIs did not have the opportunity to provide feedback on service array. Steps to streamline and improve information sharing and communication between case management and investigations would positively impact operations in the service area.

CLS and case managers have a slightly stronger relationship, but larger struggles between KCI and CLS may be impacting improvement in these areas. Specifically, there are collaboration challenges in Hernando and Citrus counties. CLS feels that case managers are not consistently prepared for court or lack knowledge of case details. In some instances, case managers and case manager supervisors lack an understanding of safety planning and conditions for return. CLS reported that they offer court preparation on Fridays, but often case managers are unable to attend. CLS described case managers engaging and assisting families and children with services and constructing case plans. CLS survey responses indicated they felt that case managers are actively engaging with families and working with families to construct individualized case plans; however, they are not effective at diligent searches to locate absent parents or relatives.

KCI maintains a good relationship with school systems, domestic violence, substance abuse, and mental health partners. Domestic violence advocates attend case transfer staffings and are available to assist on cases and safety planning, if needed. Despite a strong partnership on the Crossover Youth Project between KCI and DJJ, frontline staff interviews described the relationship with DJJ as “frustrating”.

Across all survey responses, it was noted that partners do not have an opportunity to provide feedback through a formal process and they are unaware of opportunities to provide input on systemic barriers. Additionally, there was a perception that roles are “siloeed” leaving partners to believe they are to “stay in their own lane”.

ANALYSIS

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

SECTION 12: COMMUNITY RELATIONSHIPS

SUMMARY

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

Within the five counties that make up KCI’s service area local relationships with the faith-based community and city government have been established and are relied upon for support. These partnerships have supported KCI in operating Neighborhood Projects at these locations to best meet the needs of the local community. The Neighborhood Projects serve as family resource centers and offer access to staff who can help families with employment, ACCESS benefits, medical referrals, VPK enrollment, and other linkages to community resources through case workers. These relationships have supported KCI through fundraisers, donations, in-kind services, and recruitment. Financial support has been raised through grants and donations. KCI also partners with local media outlets including newspapers, magazines, radio, news, and commercial.

KCI staff serve on local advisory committees and boards such as Fatherhood Initiative, Marion County Children’s Alliance, Safe Kids, Ocala Housing Authority, Education Vision Council, and Florida Coalition for Children. KCI supports their community partners through collaboration and advocacy. Contracted providers feel they are given clear expectations and feedback and feel they are included in KCI’s strategic planning process. Surveys reflected community partners do not consistently see KCI as being responsive or transparent, however they feel KCI does provide opportunities to provide feedback and seeks input on their services

ANALYSIS

KCI’s partnerships are built on mutual investment in the communities’ children and families. Additional formal community engagement efforts would be beneficial in improving perceptions of responsiveness and transparency efforts with partners.

SECTION 13: COU MONITORING SUMMARY

SUMMARY

KCI is a robust child welfare community-based care agency in Circuit Five that is committed to serving the community and being a trusted community partner.

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

AREAS NEEDING ACTION:

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

1. Placement Practices – Contract PJO4, Standard Contract, Section 5 specifies that KCI must be aware of and comply with all state and federal laws, rules and regulations, without exception. Information obtained during the monitoring indicates that at least one placement had listed preferences based on race in a manner that appeared as though it was exclusionary. For example, “no white” was noted 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 KCI has provided updated clarification about foster parent preferences and will amend internal policies to reflect the guidance provided.
2. Scorecard Measures- One performance and quality measure represents an area in critical need of improvement, as KCI has failed to meet the performance target in the past eight quarters and last two fiscal years.
 - a. Percentage of children in foster care who receive dental services (M10)- KCI failed to meet the performance target for the past two fiscal years and has failed to meet the target in the past eight quarters.
3. Partner Relationships- Formalize a working agreement with Child Protection Investigations on joint operating procedures in accordance with Contract PJO4, Att. I., 1.5. 2..

OPPORTUNITIES FOR IMPROVEMENT:

The following areas identified are opportunities for improvement and should be evaluated as a part of KCI's improvement plan.

1. Scorecard Measures- Several performance measures represent opportunities for local level discussion and monitoring to ensure the upward trend in performance continues. They are:
 - a. Rate of abuse per 1000,000 days in foster care (M01)- This measure has not been met over the past two fiscal years in totality, however, over the past eight quarters, KCI has met this measure consecutively in the recent four quarters.
 - b. Percentage of children exiting foster care to a permanent home within twelve months of entering foster care (M05)-While there was improvement seen in FY16/17, KCI has failed to meet the target in five of the last eight quarters; three of the most recent quarters were consecutively not met.
 - c. Percentage of children who do not re-enter care within 12 months of moving to a permanent home (M07)- KCI failed to meet the target in FY 16/17 and did not meet the target in six of the last eight quarters.
2. Quality Measures- Most quality measures represent opportunities for case level and quality discussion and monitoring to ensure improvement. They are:
 - a. Rapid Safety Feedback (RSF) reviews show KCI case managers were not completing sufficient assessments (RSF1.1, 20%), completing quality visits with children (RSF2.1, 30%) and mother (RSF2.3, 43.6%) to address issues pertaining to safety and evaluate progress towards case plan outcomes, nor completing sufficient safety plans to control danger threats (RSF4.1, 30%)
 - b. Quality reviews indicate that while performance improved, KCI performed below the state, federal, and PIP expectations for the following CQI Items:

- i. 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? KCI's performance improved by 9.4% to 68.18%.
 - ii. CQI Item 5- Did the agency establish appropriate permanency goals for the child in a timely manner? KCI's performance improved by 10.1% to 76.09%.
 - iii. 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 well-being of the children and promote achievement of the case goals? KCI's performance improved by 5.5% to 35.85%.
 - c. Quality reviews indicate that KCI's performance trended negatively and performed below state, federal, and PIP expectations for the following CQI Items:
 - i. 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). KCI declined in performance by 6.4% to 70.21%.
 - ii. 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? KCI declined in performance by 15.4% to 54.05%.
 - iii. CQI Item 12B- Did the agency make concerted efforts to assess the needs of and provide services to children to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family? KCI declined in performance by 14.6% to 52.73%.
 - iv. CQI Item 13- Did the agency make concerted efforts to involve the parents and children in the case planning process on an ongoing basis? KCI declined in performance by 8.7% to 60.34%.
 - v. CQI Item 14- Were the frequency and quality of visits between caseworkers and the child(ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals? KCI declined in performance by 4% to 65.15%.
3. Leadership and Governance- The recommendations of the risk pool team remain relevant and necessary to prevent any further financial challenges.
 4. Workforce- Further analysis of KCI's role in structuring pre-service and in-service opportunities is recommended. Formalize an organized and strategic training plan and which incorporates training and training oversight into the strategic plan.
 5. Quality Management and Performance Improvement- Opportunities exist to increase staff knowledge on the impact their daily work has on quality performance measures (RSF, CQI, and the CFSR PIP). KCI would benefit from further consideration and messaging regarding the value of qualitative data.
 6. Practice- Opportunities exist to enhance family centered and trauma informed care principles.
 7. Partner Relationships- Continue efforts to address communication, collaboration and transparency with partners. Formalize a working agreement with Child Protection Investigations on joint operating procedures in accordance with Contract PJL04, Att. I., 1.5. 2..

8. Service Array- Once KCI takes these services in-house, KCI should resubmit their assessment for family support and safety management services. Currently, KCI has received a rating of “4” for Family Support Services and “3” for safety management services.

ADMINISTRATIVE FINDINGS:

- Subcontractor Requirements –7 subcontract files were reviewed and found to be in-compliance
- Incident Reporting - During on-site review of 15 critical incidents, one incident was not reported in IRAS as required by CFOP 215-6.
- Information Security - During on-site review 12 employee files were reviewed for the latest security awareness training and signed security agreements forms and were found to be in-compliance.

SECTION 14: INNOVATIVE PRACTICES

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

- Florida Sterling Council
In 2015, KCI adopted the Sterling framework, pursued a Sterling Excellence achievement, and were awarded the Governor’s Sterling Award. The Governor’s Sterling Award assessment process is rigorous, consisting of an Organizational Profile and a formal 50-page application responding to the Sterling Criteria for Performance Excellence. The Sterling Criteria for Performance Excellence, modeled from the evidence-based National Baldrige Criteria for Performance Excellence, provides a systematic framework for helping organizations improve their Return on Investment (ROI) and their bottom line. Continued implementation in these methods may further KCI’s mission and vision.
- Strategic Marketing Plan
KCI introduced a set of professional segmented strategic marketing techniques to recruit foster homes. KCI partnered with Gold & Associates to conduct extensive research, data analysis, and interviews to establish a targeted marketing plan to recruit foster parents in 2013. This plan proved so be successful in recruiting record numbers of foster homes in the KCI service area. Continued use and evaluation of this strategy will support further recruitment efforts to meet the needs of the children in licensed care.
- Kinship Services
Since 2006, KCI has funded a program specifically for relative caregivers. This program offers resources, support, and advocacy. In-home services, support groups, and parenting classes are offered to relative caregivers to help maintain and stabilize a child’s placement when they cannot be in the care of their parents. Continued dedication in this area can help keep children out of licensed care.
- Neighborhood Project Centers
In 2006, KCI funded and operationalized a Neighborhood Project Center. KCI now has three Neighborhood Project Centers located in areas with high levels of calls to the Florida Abuse Hotline. These centers provide resources and staff to help individuals with job searches, ACCESS benefits, VPK enrollment, medical provider assistance, and case management with a goal of reducing incidents of abuse and neglect due to connection to community resources.
- Evidenced Based Practices
KCI has a full array of evidence-based prevention programs to keep families together and reduce the number of children entering out of home care.

2017 Florida Child Well-being Index

Citrus County



48 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	34.1	6,943	2009	26.9	Worse
Unemployment Rate	2015	7.4	3,552	2010	13.7	Better
High Housing Cost Burden (more than 30% income spent)	2015	30.3	19,436	2010	30.4	Unchanged
Teens Not in School and Not Working	2011-2015	10.1	547	2006-2010	10.8	Unchanged

28 Education

Students Not Ready for Kindergarten	2013-2014	6.9	72	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	73	731	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	83	567	N.A.		
High School Students Not Graduating on Time	2014-2015	22.6	257	2011-2012	22.0	Unchanged

60 Health

Low-Birthweight Babies	2015	11.0	112	2010	8.2	Worse
Uninsured Children	2014	9.5	2,051	2009	24.0	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	35.7	1,156	2008-2009	27.6	Worse
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	46.1	192	2010	45.1	Worse

35 Family and Community

Children in Single Parent Families	2011-2015	36.9	6,339	2006-2010	34.9	Worse
Children Living in High Poverty Areas	2011-2015	9.1	1,923	2006-2010	0.0	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	16.4	342	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	20.0	197	2009-2010	31.2	Better

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

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KCI was the lead in providing New Generation PRIDE training with web-based modules.

2017 Florida Child Well-being Index Hernando County



38 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	24.4	7,862	2009	22.1	Worse
Unemployment Rate	2015	6.8	4,520	2010	13.5	Better
High Housing Cost Burden (more than 30% income spent)	2015	34.5	25,705	2010	34.8	Unchanged
Teens Not in School and Not Working	2011-2015	13.5	1,004	2006-2010	8.7	Worse

23 Education

Students Not Ready for Kindergarten	2013-2014	11.1	163	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	73	1,180	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	75	1,066	N.A.		
High School Students Not Graduating on Time	2014-2015	22.0	374	2011-2012	25.8	Better

27 Health

Low-Birthweight Babies	2015	8.1	129	2010	8.3	Unchanged
Uninsured Children	2014	10.2	3,494	2009	23.3	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	34.4	1,513	2008-2009	38.3	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	36.8	189	2010	44.9	Better

34 Family and Community

Children in Single Parent Families	2011-2015	36.1	10,303	2006-2010	30.5	Worse
Children Living in High Poverty Areas	2011-2015	9.6	3,193	2006-2010	0.0	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	10.8	359	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	24.9	389	2009-2010	31.9	Better

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2017 Florida Child Well-being Index

Lake County



24 Economic	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	23.2	14,246	2009	21.1	Worse
Unemployment Rate	2015	5.4	7,565	2010	11.8	Better
High Housing Cost Burden (more than 30% income spent)	2015	35.2	45,929	2010	35.2	Unchanged
Teens Not in School and Not Working	2011-2015	11.6	1,570	2006-2010	10.0	Worse

45 Education	Current Year	%	#	Baseline Year	%	
Students Not Ready for Kindergarten	2013-2014	6.6	206	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	74	2,155	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	92	1,639	N.A.		
High School Students Not Graduating on Time	2014-2015	24.2	743	2011-2012	21.8	Worse

32 Health	Current Year	%	#	Baseline Year	%	
Low-Birthweight Babies	2015	9.3	296	2010	7.7	Worse
Uninsured Children	2014	10.8	6,979	2009	23.9	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	35.3	3,063	2008-2009	46.8	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	36.0	244	2010	43.8	Better

23 Family and Community	Current Year	%	#	Baseline Year	%	
Children in Single Parent Families	2011-2015	33.4	18,108	2006-2010	28.4	Worse
Children Living in High Poverty Areas	2011-2015	4.3	2,708	2006-2010	0.0	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	6.8	431	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	24.9	699	2009-2010	46.0	Better

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2017 Florida Child Well-being Index Marion County



43 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	29.7	18,498	2009	26.0	Worse
Unemployment Rate	2015	6.4	8,358	2010	13.6	Better
High Housing Cost Burden (more than 30% income spent)	2015	35.3	50,702	2010	35.6	Unchanged
Teens Not in School and Not Working	2011-2015	9.7	1,373	2006-2010	13.7	Better

32 Education

Students Not Ready for Kindergarten	2013-2014	7.9	244	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	78	2,405	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	84	2,040	N.A.		
High School Students Not Graduating on Time	2014-2015	19.3	580	2011-2012	24.8	Better

52 Health

Low-Birthweight Babies	2015	9.2	331	2010	7.9	Worse
Uninsured Children	2014	11.6	7,626	2009	23.9	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	39.5	4,145	2008-2009	37.3	Worse
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	37.9	204	2010	41.4	Better

57 Family and Community

Children in Single Parent Families	2011-2015	39.2	21,204	2006-2010	33.6	Worse
Children Living in High Poverty Areas	2011-2015	21.7	13,774	2006-2010	14.3	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	12.2	777	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	25.7	730	2009-2010	48.9	Better

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2017 Florida Child Well-being Index

Sumter County



23 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	30.5	2,534	2009	31.6	Better
Unemployment Rate	2015	7.5	2,130	2010	13.3	Better
High Housing Cost Burden (more than 30% income spent)	2015	25.0	13,349	2010	25.1	Unchanged
Teens Not in School and Not Working	2011-2015	12.1	254	2006-2010	21.8	Better

17 Education

Students Not Ready for Kindergarten	2013-2014	*	*	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	69	461	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	83	285	N.A.		
High School Students Not Graduating on Time	2014-2015	19.6	110	2011-2012	22.3	Better

10 Health

Low-Birthweight Babies	2015	10.0	50	2010	10.6	Unchanged
Uninsured Children	2014	9.5	839	2009	19.7	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	28.4	524	2008-2009	17.4	Worse
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	35.9	133	2010	43.4	Better

32 Family and Community

Children in Single Parent Families	2011-2015	36.9	2,625	2006-2010	33.1	Worse
Children Living in High Poverty Areas	2011-2015	7.1	594	2006-2010	4.7	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	18.0	188	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	26.7	114	2009-2010	38.0	Better

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