FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

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Community Based Care of Central Florida Contract Monitoring Report

On-Site Completed: July 9-13, 2018

Report Issued: November 2018

As required by section 402.7305 F.S., The Department of Children and Families completed an On-Site Contract monitoring of Community Based Care of Central Florida. 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 GJL57

EXECUTIVE SUMMARY

This report provides findings for the contract monitoring of Community Based Care of Central Florida (CBCCF). The on-site monitoring was conducted July 9-13, 2018 and focused on CBCCF's child welfare system of care. The monitoring process included a review of CBCCF's programmatic and administrative operations. In addition, the Community Based Care contract monitoring team reviewed fiscal monitoring reports. Findings are based on an analysis of child welfare performance indicators and quality assurance data and other information obtained through supporting documents, interviews, surveys, and focus groups. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) continuous quality improvement process; (4) placement resources and process; (5) child welfare practice; (6) partnership relations and (7) community relationships. Additionally, 10 subcontracts, 20 critical incidents, 10 files for Employment Eligibility Verification, and 20 Information Security training certificates and agreement forms were administratively reviewed.

Significant findings of each category are below:

Leadership and Governance:

- CBCCF's mission, vision and values are aligned with the Department's.
- The Board of Directors takes an active role to not only support CBCCF leadership, but also utilize their influence in the community to increase resources available for CBCCF staff and clients.

Workforce Management:

- CBCCF training staff provide abundant and flexible pre-service training, job coaching and relevant in-service training.
- Retention activities and on-going support headed by CBCCF are apparent and responsive to frontline staff.
- A lack of consistency among each County and Executive Director hinders retention efforts and increase feelings among staff of being "siloed".

Continuous Quality Improvement Process:

- Continuous quality improvement initiatives are shared by all CBCCF and partner agency staff and embedded in the operational flow of day-to-day frontline work.
- There is a continuous and robust feedback loop between quality, leadership, frontline staff, and providers.
- Rev Max is a strength in the agency and serves as a huge support to staff and families. Data integrity is safeguarded by both the data unit and continuous quality review.

Placement Resources and Process:

- Unresponsive inquiries are negatively impacting recruitment efforts.
- Case Managers' and Leadership's lack of partnering with foster parents has impacted foster parent satisfaction and undermined retention efforts.

- CBCCF's dedication to IL/EFC youth is evident in their ability to form meaningful and resourceful partnerships in the community, creating impactful opportunities for foster youth to transition into adulthood.
- Safety Management Services and Family Support Services are robust and available throughout the service area.

Child Welfare Practice:

- While trauma informed care and family centered practice principles are a focus of training and echoed by front line interviews, knowledge is not consistently transferred into practice.
- CBCCF has fully embraced the Practice Model and is dedicated to achieving and maintaining proficiency.

Partnership Relations:

- CBCCF works collaboratively with partners to ensure children and families are receiving needed services.
- Partners consistently described CBCCF as being responsive, collaborative, and supportive.
- Continued efforts to address relationships with the judiciary and GALs in Osceola and Seminole Counties are warranted.

Community Relationships:

- CBCCF's relationships with community partners are strong, particularly in the business community.
- Targeted foster parent recruitment efforts using various media outlets are necessary to increase foster home capacity.

Administrative Findings:

- Subcontracts
  - 10 subcontracts were reviewed for required language passed through to the subcontractors. The required language was included however the Department was omitted in certain clauses where it shouldn't be.
- Incident Reporting
  - Some critical incident reports were not entered timely into IRAS and a few were missing notification of the incident to the client's guardian, representative, or relative. This requirement is also not present in CBCCF's policy on reporting critical incidents.

PERFORMANCE AT A GLANCE

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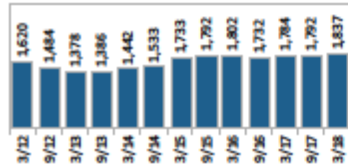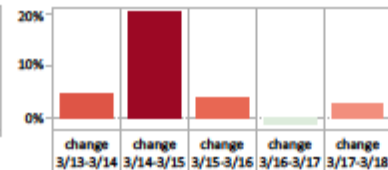
Data Basics

CBC of Central Florida

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

Legend: ▆ CBC   ▆ Florida   ▆ national

# of children in care
(< age 18; as of last day of each month)

Values: 1,620 (3/12), 1,484 (9/12), 1,378 (3/13), 1,386 (9/13), 1,442 (3/14), 1,533 (9/14), 1,733 (3/15), 1,792 (9/15), 1,802 (3/16), 1,732 (9/16), 1,784 (3/17), 1,792 (9/17), 1,837 (3/18)

year over year change in the # in care

change 3/13-3/14, change 3/14-3/15, change 3/15-3/16, change 3/16-3/17, change 3/17-3/18

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

2012–2018
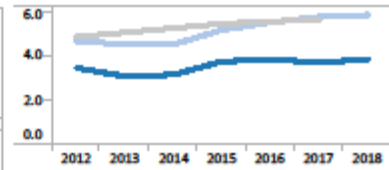
Safety

% children who experience repeat maltreatment within 6 months

2012–2017

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

2009, 2010, 2011, 2012, 2015

Entries

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

Legend: Entries, Exits

3/12 – 3/18
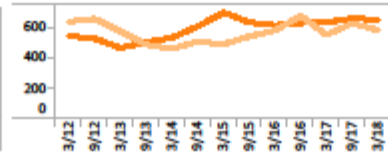
rate of children entering care
(per 1,000)

2012–2017
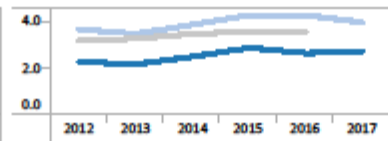
Placement

placement settings for children in care, by age (for all children in care on 3/31/2018)

Legend: Runaway, Congregate care, Foster care, Pre-adoptive home, Kinship care

<1: Foster care 47%, Kinship care 53%
1-5: Foster care 46%, Kinship care 52%
6-12: Congregate care 10%, Foster care 43%, Kinship care 46%
13-17: Congregate care 47%, Foster care 24%, Kinship care 22%
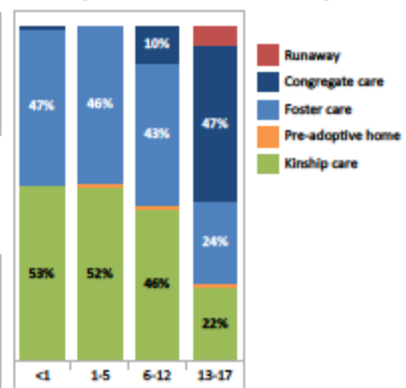
Timely & Stable Permanency

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

3/12 – 9/17

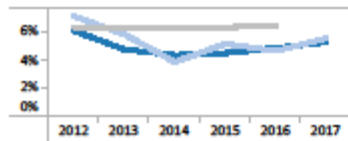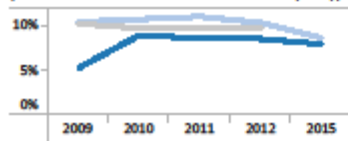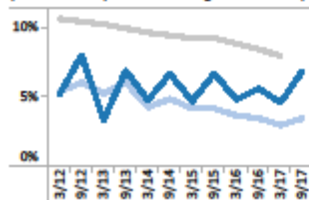**% permanency within 3-12 months of entering care**
(6 month entry cohorts ending on each date)

3/12 – 3/17
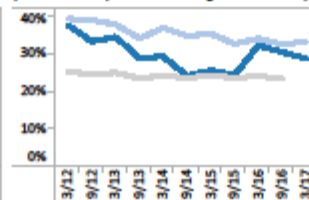
% permanency w/in 12 months for children in care 12-23 months

2012–2017
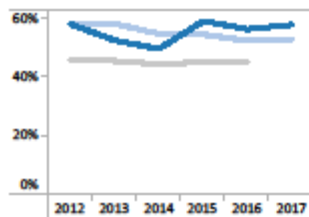
% re-entering care w/in 12 months of timely permanency

2011–2016
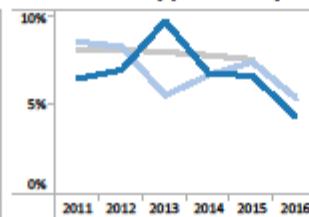
Children In Care 2+ Years (3/31/2018)

in care 2 + years

#	306
%	17%
state	18%
Nat'l (2017)	25%
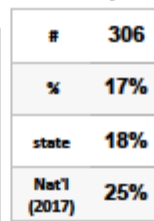
% in care 2+ years at start of the year who achieve permanency w/in 12 months

2012–2017
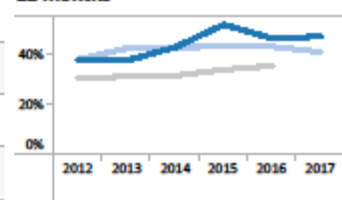
profile of current caseload in care 2+ years
(for groups that represent at least 2% of the total; by age, placement type and case plan goal)

	ages 2-12		ages 13-17		
	Reunif	Adopt	Reunif	Adopt	APPLA
Congregate care		4%	3%	7%	4%
Foster care	3%	37%		6%	
Kinship care		21%			
Pre-adoptive home		2%			

SECTION 1: CONTRACT MONITORING PROCESS

The monitoring process included a review of CBCCF's programmatic and administrative operations. In addition, the Community Based Care (CBC) monitoring team reviewed fiscal monitoring reports to assess potential impacts on programmatic activities. The review process included a review and analysis of child welfare performance indicators and quality assurance data and other information obtained through supporting documents, interviews, surveys and focus groups. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) continuous quality improvement; (4) placement resources and process; (5) child welfare practice; (6) partnership relations and (7) community relationships. Additionally, 10 subcontracts were administratively reviewed, along with 20 critical incidents, 10 files reviewed for Employment Eligibility Verification, and 20 Information Security training certificates and agreements.

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: "The Comprehensive, Multi-Year Review of Revenues, Expenditures, and Financial Position of All Community Based Care Lead Agencies with System of Care Analysis Report", quarterly financial viability reports, system adoption initiative gap analysis, service array assessment and stakeholder survey results. Additional information was gathered through interviews with CBCCF and DCF staff including leadership from the Central Region, CBCCF management level and specialist level staff, case managers, case manager supervisors and case management leadership, whether internal to CBC or subcontracted to case management organizations. Focus groups were held to obtain information from DCF child protective investigators, Children's Legal Services, community partners, and foster parents.

The CBC monitoring team consisted of Department of Children and Families Community Based Care Monitoring Unit staff- Melissa Stanley, Jessica Manfresca, Alissa Cross and Megan Wiggins; DCF Child Welfare representatives Nellie Warriner (Office of Child Welfare) and Kathleen Cowan (Suncoast Region), DCF Managing Entity Monitoring Unit Staff-Linda Tappan, and CBC representatives Denise Waninger (Communities Connected for Kids) and Jenn Petion (FFN).

SECTION 2: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community CBCCF serves, including US Census data, information on child welfare partners, Florida Department of Health birth and infant mortality rates, and DCF investigations of child fatalities reported to the Florida Abuse Hotline. Additional information may include data from the 2018 Florida Kids Count County Child Well-being Index attached to this report. CBCCF serves the children and families in Orange and Osceola counties in Circuit 9 and Seminole County in Circuit 18. Based on the US Census Facts Seminole County is education rich, with a higher percent of the population having a high school diploma and a college degree than the state average. The county also has an appreciatively higher median household income than the state average, coinciding with a poverty rate lower than the state average. Orange County follows similar trends to Seminole County with education rates higher than the state average, a slightly higher median household income, but a higher poverty level than the state average. In contrast, Osceola County has lower population rates with

high school diplomas and college degrees, lower median household incomes, and a slightly higher percent of population living in poverty than the state averages.

US Census Facts	Florida	Orange	Osceola	Seminole
Median Household Income	$48,900	$49,391	$45,536	$58,538
Percent of population living in poverty	14.7%	16.3%	14.8%	11.4%
Percent of population over 25 years old with a college degree	27.9%	31.1%	18.7%	35.8%
Percent of population over 25 years old with high school diploma	87.2%	87.6%	85.7%	93.4%

Table 1. Data Source: census.gov/quickfacts/(2012-2016 v2016)

CHILD WELFARE PARTNERS

Child Protection Investigations are conducted by the Seminole Sheriff's Office in Seminole County and by DCF in Orange and Osceola counties. Children's Legal Services (CLS) represents the state in dependency proceedings in both judicial circuits. In Orange County, the Guardian Ad Litem Program is managed by Legal Aid Society of Orange County Florida Bar Association.

CBCCF has subcontracted case management services to community providers in all three counties: Seminole-Children's Home Society; Orange- Children's Home Society, Devereux and One Hope United; and in Osceola-Gulf Coast Jewish Family and Community Services. CBCCF subcontracts with five (Children's Home Network, Children's Home Society, Devereux, One Hope United, and One More Child) child placing agencies (CPA) to oversee recruitment and licensing efforts. CBCCF subcontracts with Great Oaks Village, Gulf Coast, CHS, Boys Town, National Youth Advocate Program, and Pathways to Home to provide Family Support Services (FSS) and Safety Management Services (SMS).

There are two Foster and Adoptive Parent Associations (FAPA), the Orange and Seminole County FAPA, and the Osceola County FAPA.

CHILD FATALITIES

BIRTH AND INFANT MORTALITY RATES

Over the past five years Orange, Osceola, and Seminole counties have had very little deviation in birth rates, however there are differences noted between the counties. Seminole County's birth rate has remained below the statewide rate, while the birth rate in Orange and Osceola counties has remained higher than the statewide rate. The infant mortality rate has fluctuated in each county over the past five years. Orange County and Osceola County saw variation in the infant mortality rate year to year, with an upward trend in 2015 and 2016. Orange County's 2016 infant mortality rate was 7.1, higher than the statewide rate of 6.1. Osceola County's infant mortality rate in 2016 was 6.0, lower than the state rate. Seminole County's infant mortality rate has decreased over the past five years from a high of 6.8 in 2012 to 4.0 in 2016, significantly lower than the statewide rate.

County	Birth Rate per 1,00 Population Statewide Rate 11.1					Infant Mortality Per 1,000 Population Statewide Rate: 6.1				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Orange	13.30	13.10	13.10	13.30	12.90	6.90	7.50	5.20	6.40	7.10
Osceola	13.50	13.50	14.10	13.40	13.30	4.40	5.10	4.80	5.00	6.00
Seminole	10.30	10.20	10.30	10.20	10.50	6.80	5.40	4.90	4.80	4.00

Table 2. Source: flheathcharts.com

CHILD FATALITY INVESTIGATIONS

From January 2009 through August 2018, there were 435 child fatality investigations in Circuits 9 and 18-Seminole County (see Fig. 1). Of the 435 child deaths, 45 had previous or current case management services at the time of the death. Two cases had a prior verified investigation involving the victim or a sibling within the past twelve months, thus a Critical Incident Rapid Response Team (CIRRT) was deployed to conduct a review. The findings were as follows:

- 2-month-old infant was found unresponsive after sleeping in bed with her mother, who was reportedly under the influence of multiple substances. The death was subsequently determined to be the result of natural causes. The CIRRT found that the safety plan was not updated nor discussed thoroughly with the family when the case was transferred to case management; the inexperience of case management staff impacted the ability for comprehensive casework to occur; Caseloads were manageable; Case management did not explore options to provide financial assistance for child care services.

- 5 ½-month-old infant was pronounced dead six days after she was found unresponsive in her foster home. The investigation and final CIRRT report is pending.

Child Fatality Investigations

Figure 1. Source: DCF Child Fatality Prevention Office, 9/4/2018
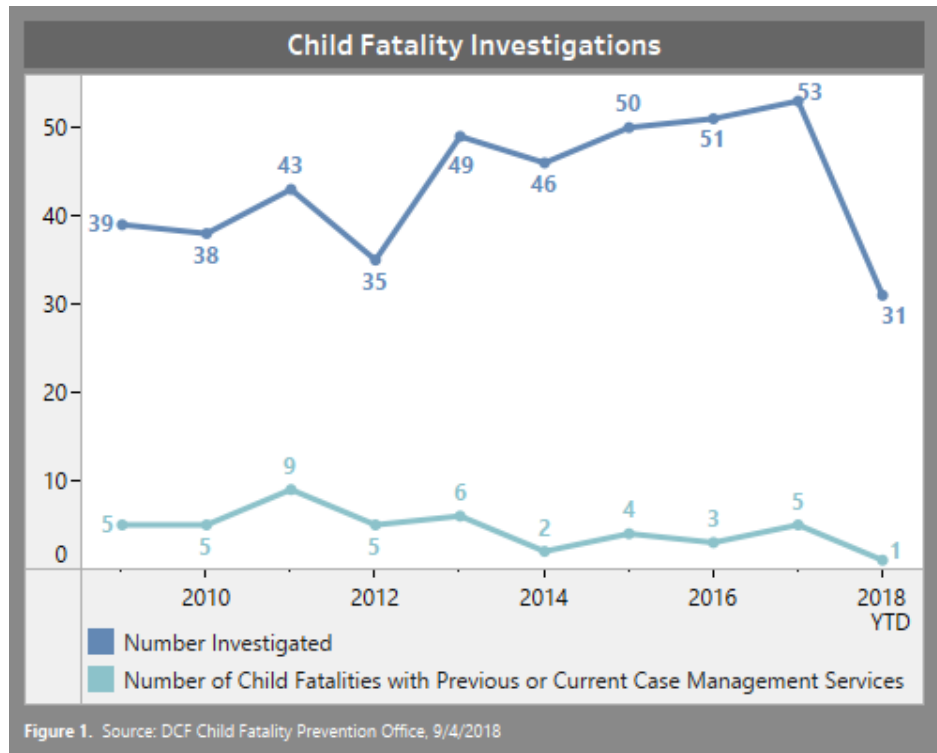
SECTION 3: AGENCY SUMMARY

CBCCF has held the lead agency contract since 2004 in Seminole County and since 2011 in Orange and Osceola Counties. The contracts were administered separately until October 2016, when they were combined. Seminole, Osceola, and Orange County are all run the same programmatically. Each county has a service center with one Executive Director which includes the same administrative and programmatic structure. Due to size, Orange County has three case management agency (CMA) sub-contracts and Seminole and Osceola each have one. The funding as well as all contractual functions were combined into GJL57 beginning October 1, 2016. CBCCF Seminole data in FSFN remains separate, however all FSFN data is calculated together as one contract when measuring performance and processing the financial data. CBCCF is accredited by the Council on Accreditation (COA), an international, independent, nonprofit, human service accrediting organization that accredits the full continuum of child welfare, behavioral health, and community-based social services. CBCCF is accredited through February 28, 2019 in Network Administration.

NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

Between FY 15/16, FY 16/17 and FY17/18 the number of reports accepted for investigation by the Department's Child Protective Investigations (CPI) did not significantly fluctuate, though the number of removals increased slightly overall. Children receiving out of home care services have increased and children receiving in-home services have generally decreased over the last three fiscal years. Children receiving family support services have significantly decreased over the past three fiscal years. The number of young adults receiving services decreased as well. (source: http://www.dcf.state.fl.us/programs/childwelfare/dashboard/)

Service Area Data		FY 2015/2016	FY 2016/2017	FY 2017/2018
Child Protective Investigations and Child Removals (Orange, Osceola, Seminole Counties)	Reports accepted for Investigation by DCF (Initial & Additional Reports)	21,653	20,917	20,612
	Children Entering Out-of-Home Care	1,131	1,210	1,220
Children Served by CBC Central Florida	Children Receiving In-Home Services	2,713	2,703	2,421
	Children Receiving Out of Home Care	2,814	2,866	2,887
	Young Adults Receiving Services	378	283	253
	Children Receiving Family Support Services	6,952	3,729	974

Table 3. Data Sources: Child Protective Investigation Trend Report, Child Welfare Dashboard, FSFN OCWDRU Report 1006

FINANCIAL VIABILITY SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures, based on the DCF 2017-18 CBC-ME Financial Monitoring Tool for Desk Reviews, of CBCCF. The desk review period was for the period July 1, 2017-September 30, 2017 and was published March 28, 2018. Five findings and four observations related to noncompliance with Federal/State Regulatory Requirements, noncompliance with travel requirements, and reconciliation between general ledger and FSFN. All findings were addressed prior to the posting of the report.

For further details, please see the completed fiscal report – 2017-18 CBC Desk Review Financial Monitoring Report 7.1.17 9.30.17.

Comparison of Funding by Fiscal Year					
CBC of Central Florida					
DCF Contract Funds Available (by Fiscal Year)	FY13-14	FY14-15	FY15-16	FY16-17	FY17-18
Core Services Funding	$52,911,060	$54,335,501	$53,643,706	$54,505,280	$55,291,962
Other**	$13,609,397	$13,376,751	$13,920,690	$15,131,056	$14,461,074
Total Initial Appropriation	**$66,520,457**	**$67,712,252**	**$67,564,396**	**$69,636,336**	**$69,753,036**
Risk Pool Allocation	$0	$0	$2,418,247	$1,398,745	
CBC Operational Costs from Back of the Bill	$0	$0	$405,130	$1,423,887	
MAS from Back of the Bill	$0	$0	$249,692	$0	
Carry Fwd Balance from Previous Years	-$321,297	$3,296,239	$449,359	-$1,857,244	-$672,385
Total Funds Available	**$66,199,160**	**$71,008,491**	**$71,086,824**	**$70,601,724**	**$69,080,651**
** Includes Maintenance Adoption Subsidy (MAS), Independent Living (IL and Extended Foster Care), Children's Mental Health Services (Cat 100800/100806), PI Training, Casey Foundation or other non-core services					Table 4

Financial Viability Plan

CBCCF applied for and received Risk Pool Funding during FY 15/16 and in FY 16/17, specifically for Seminole County.

According to the Risk Pool Committee Report in March 2016, the primary factors in the FY 15/16 were an increase in removals, decreased core funding, and an increased number of children in out of home care. Recommendations made by the committee included developing a plan to reduce the use of group home placements, use of the Practice Model in reunification decisions, getting caught up on monthly bank reconciliations, revising the agreement with the holding company, and consideration for the Department to combine Orange-Osceola and Seminole contracts into one to help with budget and cash management by CBCCF.

Findings from the Risk Pool Committee Report in May 2017 stated that the information in the March 2016 report largely remained applicable. The key difference was that the prior recommendation to merge the Seminole County contract with the Orange-Osceola contract was implemented effective October 1, 2016. The Risk Pool application was based on the residual effects of the prior separate contract arrangement.

SECTION 4: PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA

This section provides a picture of CBCCF's performance as captured by data indicators that are used to assess how well CBCCF 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 CQI case reviews.

The performance measures outlined in this report are accessible through the Child Welfare Dashboard and include both federal and state measures used to evaluate the lead agencies on twelve 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). The Department of Children and Families has developed additional methods to evaluate the quality of the services provided by the lead agency using Rapid Safety Feedback (RSF) and Continuous Quality Improvement (CQI) reviews.

- Rapid Safety Feedback (RSF) assesses open in-home service cases. The RSF Tool focuses on safety and is used to review active cases that have 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 use the same review instrument as the Child and Family Services Review (CFSR).

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

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

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

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

 The Child Welfare Quality Assurance (QA) unit in the Office of Child Welfare was tasked with conducting secondary oversight of ongoing quarterly case reviews completed by Community-based Care lead agencies, specifically the Florida Continuous Quality Improvement (CQI) reviews which utilize the Child and Family Services Review (CFSR) on-line system review instrument and web-portal. The purpose of oversight of the reviews is to improve inter-rater reliability between CBCs and to provide guidance to QA who in turn transfer the learning to operations and child welfare professionals. The ratings on the Florida CQI reviews vary significantly between CBCs.

The QA team currently provides secondary oversight for each case monitored as a part of the state's Program Improvement Plan (PIP). The process used for second level oversight of the Florida CQI case

reviews mirrors that of the PIP second level oversight. These reviews identify practice strengths and areas in need of improvement, and measure performance improvement.

The Child Welfare QA unit conducted secondary oversight of all 23 of the Florida CQI reviews conducted by CBC of Central Florida during the fourth quarter of FY 17/18. While the second level review did not identify concerns with inter-rater reliability, all cases were returned for additional information to support the ratings ensuring consistency with the item instructions per the CFSR instrument. The total responses rated a strength remained fairly flat for the last quarter, consistent with prior quarters.

CONTRACT AND CBC SCORECARD MEASURES

During FY 2017/2018, CBCCF has met or exceeded their established contract target in eight of the thirteen measures including:

- M02: % of children who are not neglected or abused during in-home services
- M03: % of children who are not neglected or abused after receiving services
- M04: % of children under supervision who are seen every 30 days
- M06: % of children exiting to a permanent home within 12 months for those in care 12 to 23 months
- M09: % of children in out-of-home care who received medical service in the last twelve (12) months
- M10: % of children in out-of-home care who received dental services within the last seven (7) months
- M11: % of young adults in foster care at age 18 that have completed or are enrolled in secondary education
- Adoption Measure: Number of children with finalized adoptions

With the exception of M10, these measures were successfully met in FY16/15 as well. (See Table 5)

In the remaining five measures, CBCCF did not meet the established targets for FY 17/18 or FY 16/17. (See Table 5) These measures are:

- M01: Rate of abuse per 100,000 days in foster care
- M05: % of children exiting to a permanent home within twelve (12) months of entering care
- M07: % of children who do not re-enter care w/in
- M08: Placement moves per 1,000 days in foster care
- M12: % of sibling groups where all siblings are placed together

Performance Measures

Contract Targets Compared to Federal Standards and Statewide Performance

**CBC ScoreCard -CBC of Central Florida**					
Scorecard Measure Number	Performance Measure	CBC Contract Measure Targets1	Federal National Standard (Performance of Other States)	Statewide Performance (FY 2017/2018)1	CBC of Central Florida July 1, 2016-June 30, 2017	CBC of Central Florida July 1, 2017-June 30, 2018
1	Rate of abuse or neglect per day while in foster care	<8.5	<8.5	9.45	● 9.3	● 9.3
2	Percent of children who are not neglected or abused during in-home services	>95%		97.20%	● 97.0%	● 97.2%
3	Percent of children who are not neglected or abused after receiving services	>95%		96.10%	● 96.4%	● 95.2%
4	Percentage of children under supervision who are seen every thirty (30) days	>99.5%		99.70%	● 99.8%	● 99.8%
5	Percent of children exiting foster care to a permanent home within twelve (12) months of entering care	>40.5%	>40.5% (12%-64%)	39.70%	● 37.3%	● 39.5%
6	Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months	>44%	>43.6% (25%-66%)	53.40%	● 54.7%	● 59.6%
7	Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home	>91.7%	>91.7% (83%-98%)	89.60%	● 89.1%	● 91.1%
8	Children's placement moves per 1,000 days in foster care	<4.12	<4.12 (2.7 - 9.8)	4.45	● 4.2	● 4.6
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months.	>95%		97.50%	● 97.0%	● 97.2%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months.	>95%		92.40%	● 92.1%	● 95.9%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education	>80%		89.00%	● 87.9%	● 86.3%
12	Percent of sibling groups where all siblings are placed together	>65%		63.70%	● 64.2%	● 64.0%
	Number of children with finalized adoptions (FSFN Adoptions Finalized by Month and Cumulative SFY, Report Run Date 7/1/2018)	FY 2016/17: 203 FY 2017/18: 224			● 219.0	● 292.0

A green dot denotes performance is above the CBC Contract Measure Target; a red dot denotes performance is below the CBC Contract Measure Target.
Table 5: CBC Scorecard, Run date: Aug 14, 2018

CHILD SAFETY

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

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

RATE OF ABUSE IN FOSTER CARE

Rate of abuse or neglect per day while in foster care (Scorecard Measure M01): This graph depicts the rate at which children are the victims of abuse or neglect while in foster care (per 100,000 bed days). 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 overall in the last eight quarters from 10.17 (FY16/17, Q1) to 9.44 (FY 17/18, Q4), and CBCCF has performed better than the statewide average in five quarters and

Figure 2. Source: CBC Scorecard, M01

better than the target in two quarters. In the most recent three quarters, CBCCF has not met the target but has shown improvement.
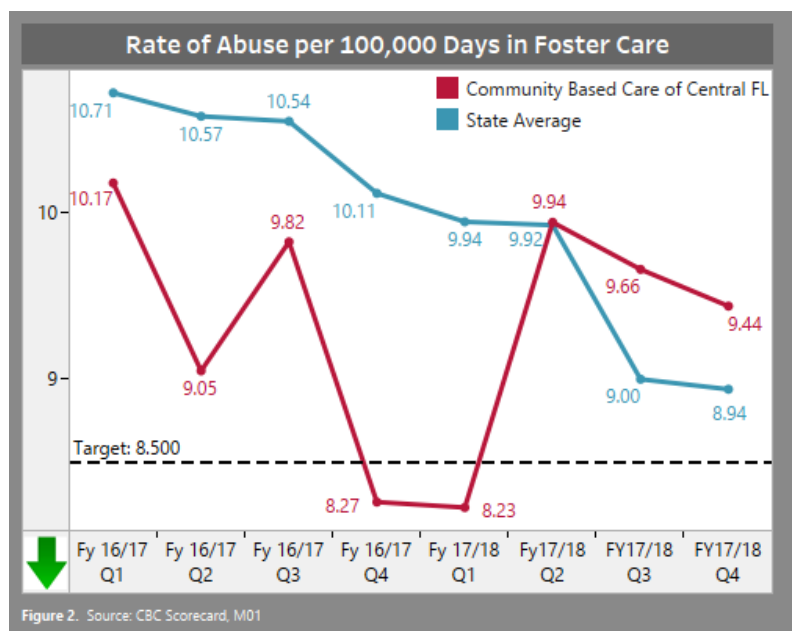
The CQI case review indicator (CQI Item 3) linked to child safety (making concerted efforts to address risk and safety) showed a 12.3% decline and remains below statewide performance, PIP goal, and federal and state expectations. (See Table 7)

NO MALTREATMENT AFTER FAMILY SUPPORT SERVICES

Percent of children not abused or neglected within six months of termination of family support services. This graph depicts the percentage of children who did not have a verified maltreatment during the report period. This is a Florida indicator that measures the CBC's success in enhancing the protective factors in a family to ensure the children remain safe after family support services have ended.

CBCCF has performed above the statewide average in three of the previous five quarters. In June 2017 CBCCF received a rating of "4" f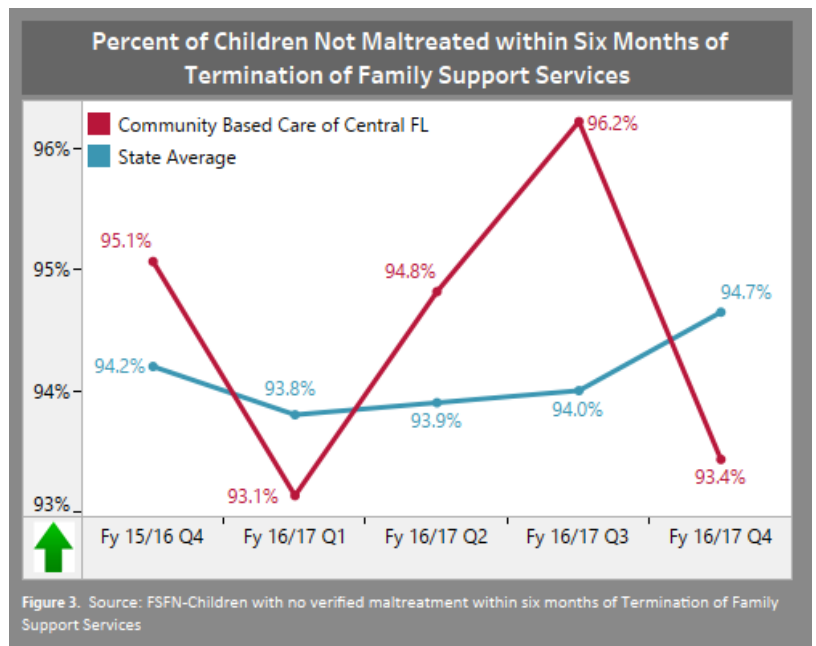rom OCW for their FSS programs indicating there is no capacity issues and methods have been developed to assess the quality and effectiveness of the services and has processes in place top address issues from those assessments.

Percent of Children Not Maltreated within Six Months of Termination of Family Support Services

- Community Based Care of Central FL
- State Average

	Fy 15/16 Q4	Fy 16/17 Q1	Fy 16/17 Q2	Fy 16/17 Q3	Fy 16/17 Q4
CBC	95.1%	93.1%	94.8%	96.2%	93.4%
State	94.2%	93.8%	93.9%	94.0%	94.7%

Figure 3. Source: FSFN-Children with no verified maltreatment within six months of Termination of Family Support Services

NO MALTREATMENT DURING IN-HOME SERVICES

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

CBCCF's performance in this measure has stayed above the target in the last eight quarters, and at or above the statewide performance in four of the eight quarters.

Percent of Children Who are not Abused or Neglected During In-home Services

	Fy 16/17 Q1	Fy 16/17 Q2	Fy 16/17 Q3	Fy 16/17 Q4	Fy 17/18 Q1	Fy17/18 Q2	FY17/18 Q3	FY17/18 Q4
CBC	97.1%	97.1%	97.1%	96.6%	98.0%	96.1%	97.8%	96.7%
State	97.2%	96.7%	97.1%	97.0%	97.0%	97.2%	97.2%	97.4%

Target: 95.00%

- Community Based Care of Central FL
- State Average

Figure 4. Source: CBC Scorecard, M02
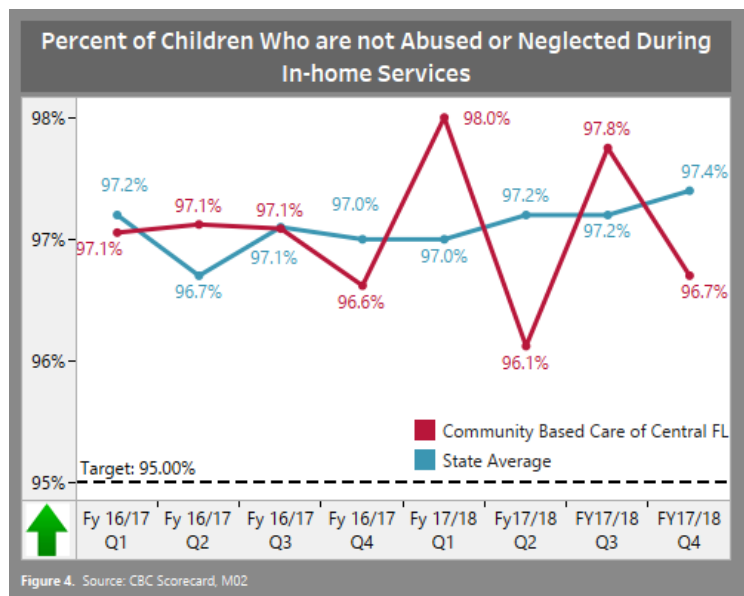
Rapid Safety Feedback (RSF) data revealed that CBCCF scored below statewide performance in RSF 1.1 (ensuring the family assessments are sufficient) and RSF 2.1 (quality of visits are sufficient to address

safety concerns and evaluate case plan progress). However, CBCCF scored above the statewide performance in RSF 4.1 (ensuring safety plans are sufficient). (See Table 7)

CBCCF'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. CBCCF has shown a negative downward trend in performance on CQI Item 3, decreasing by 12.3% from the previous year. (See Table 7)

NO MALTREATMENT AFTER RECEIVING SERVICES

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

CBCCF's performance has fluctuated over the last eight quarters. CBCCF 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.

Figure 5. Source: CBC Scorecard, M03
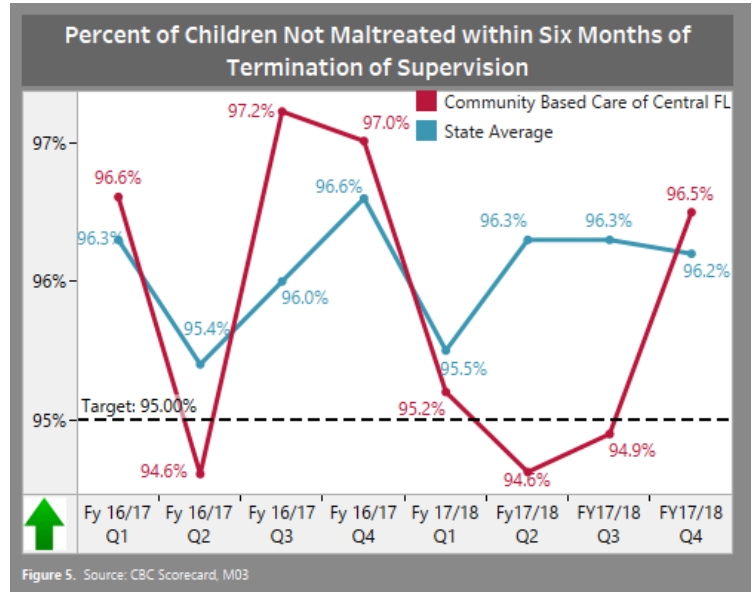
Although CBCCF's performance decreased by 2.6% on CQI Item 2 (ensuring concerted efforts are made to provide services to the family to prevent children's entry into foster care or re-entry after reunification), they scored above the statewide performance and the federal PIP goal. (See Table 7)

CHILDREN SEEN EVERY 30 DAYS

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

CBCCF has shown strong and consistent performance in this area as they have performed above the performance target in all of the past eight quarters and has met or exceeded the statewide performance in six quarters over the same period.

While CBCCF 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 CBCCF 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 CBCCF scored below the statewide average, the PIP goal, and the state and federal expectation. Additionally, CBCCF saw a 22.5% decline in performance between FY16/17 and FY17/18. (See Table 9)

Figure 6. Source: CBC Scorecard, M04
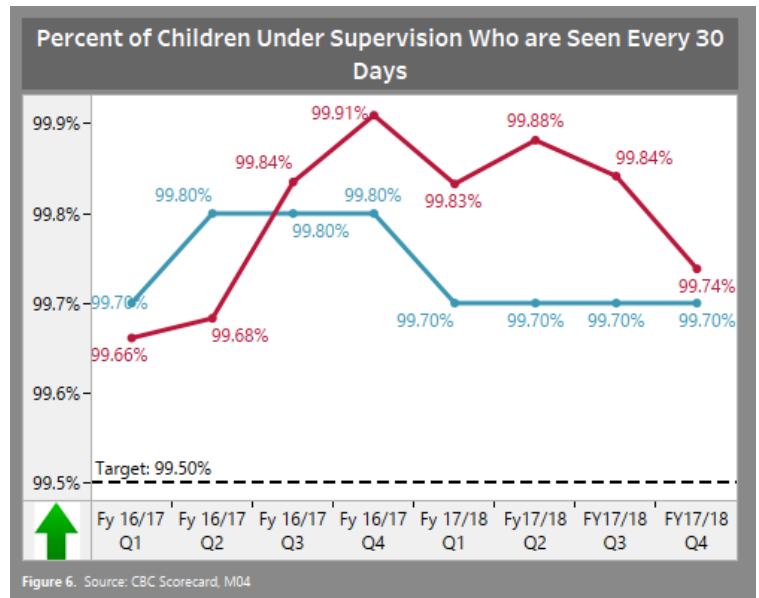
QA CASE REVIEW DATA

These tables provide 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, 2017 through June 30, 2018, CBCCF case managers were not completing sufficient assessments nor completing quality visits to address issues pertaining to safety and evaluate progress towards case plan outcomes. Case managers were completing sufficient safety plans to control danger threats.

Rapid Safety Feedback - Safety		
Quality Assurance - Rapid Safety Feedback Item	CBC Central Florida n=103	Statewide RSF Performance n=830
RSF 1.1: Is the most recent family assessment sufficient?	35.9%	52.4%
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 progr..	53.4%	60.1%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	58.3%	55.6%

Green font denotes performance above the Statewide RSF Average; red font denotes performance below the Statewide RSF Average.
Table 6. Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Florida CQI reviews indicate that CBCCF 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. (See Table 7)

CQI Safety							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	CBC Central Florida FY 2016/2017 n=104	CBC Central Florida FY 2017/2018 n=103	Percent Improvement	Statewide CQI/QA Performance FY 2017/2018 n=1,081	2016 Statewide Federal Child & Family Service Review 4/1/16-9/30/16 n=80	Federal and State Expectation	Federal Program Improvement Plan (PIP) Goal
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?	95.0%	🟢 92.4%	-2.6%	90.9%	76.5%	95.0%	85.2%
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?	86.0%	🔴 73.7%	-12.3%	89.8%	71.3%	95.0%	77.7%

A green dot denotes performance is above the federal PIP goal; a red dot denotes performance is below the federal PIP goal.
Table 7. Source: QA Rapid Safety Feedback; Federal Online Monitoring System

PERMANENCY

The graphs and tables on the follow pages depict CBCCF'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
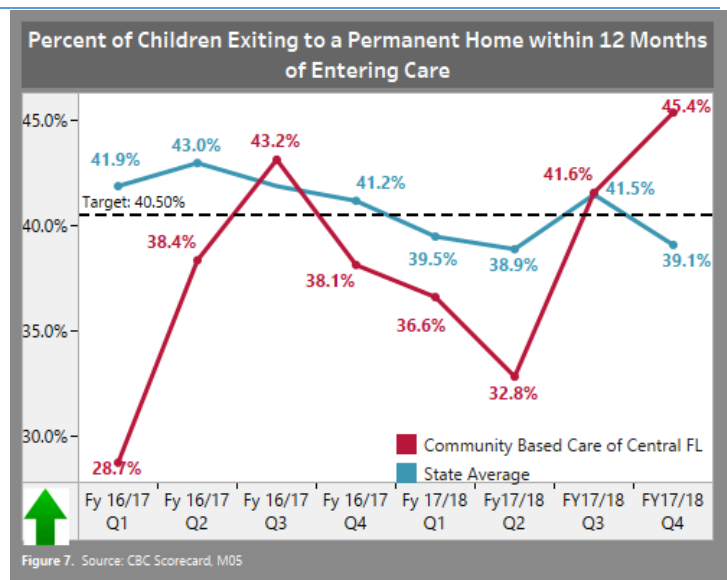7. Qualitative case review results

PERMANENCY IN 12 MONTHS

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

CBCCF has performed above the target and statewide performance in three of the previous eight quarters. Performance has shown an upward trend in the most recent three quarters.

Figure 7. Source: CBC Scorecard, M05

Quality data results from CQI Item 5 (establishing permanency goals in a timely manner) show that CBCCF performed below the statewide performance, the PIP goal, and the federal and state expectations, however showed a 13% improvement between FY 16/17 and FY 17/18. Results from CQI Item 6 (making concerted efforts to achieve permanency) show that CBCCF has performed below the statewide performance and the federal and state expectations, and the PIP goal. However, CBCCF showed a 1.2% increase in this area between FY 16/17 and FY 17/18. (See Table 8) Results from CQI Item 12B (making concerted efforts to assess the needs of and provide services to parents to achieve case plan goals and adequately address the issues relevant to the agency's involvement with the family) show that CBCCF met or exceeded the statewide performance and the PIP goal, though performance decreased by 9.8% between FY16/17 and FY17/18. CBCCF showed a decrease of 14.5% between FY16/17 and FY17/18 and performed below the statewide performance, the federal and state expectations, and the PIP goal on CQI Item 15 (frequency and quality of visits between 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).

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): This graph provides the percentage of children in foster care whose length of stay is between 12 and 23 months as of the beginning of the report period who achieved permanency within twelve months of the beginning of the report period.

CBCCF consistently performed above the target and the statewide performance for the past eight quarters.

Figure 8. Source: CBC Scorecard, M06
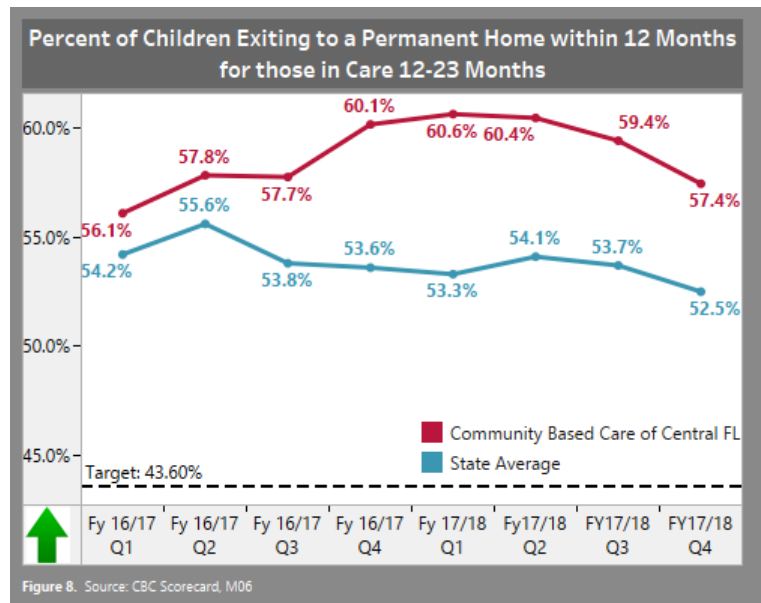
PERMANENCY AFTER 24 MONTHS

Percent of children in foster care for twenty-four or more months exiting to a permanent home: This graph depicts the percentage of children who were in foster care for 24 or more months and achieved permanency upon exiting foster care.

CBCCF has exceeded the statewide performance average in three of the previous four quarters measured.

Figure 9. Source: CBC Scorecard
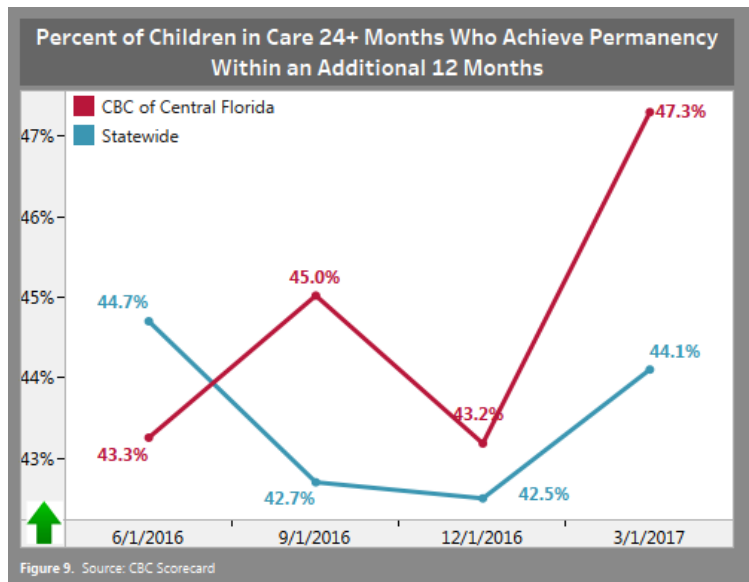
PERCENT NOT RE-ENTERING INTO CARE

Percent of children who do not re-enter foster care within twelve months of moving to a permanent home (Scorecard Measure M07): This 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 12 months of entering and subsequently do not re-enter foster care within 12 months of their permanency date.

CBCCF's performance has met the target in three of the past eight quarters. In FY 17/18, Q4 92.9% of the cohort of children served by CBCCF did not re-enter care within 12 months of moving to a permanent home, above the statewide average and the national target. However, performance has been erratic and may require further analysis to address maintaining performance above the target of 91.7%.

Figure 10. Source: CBC Scorecard, M07
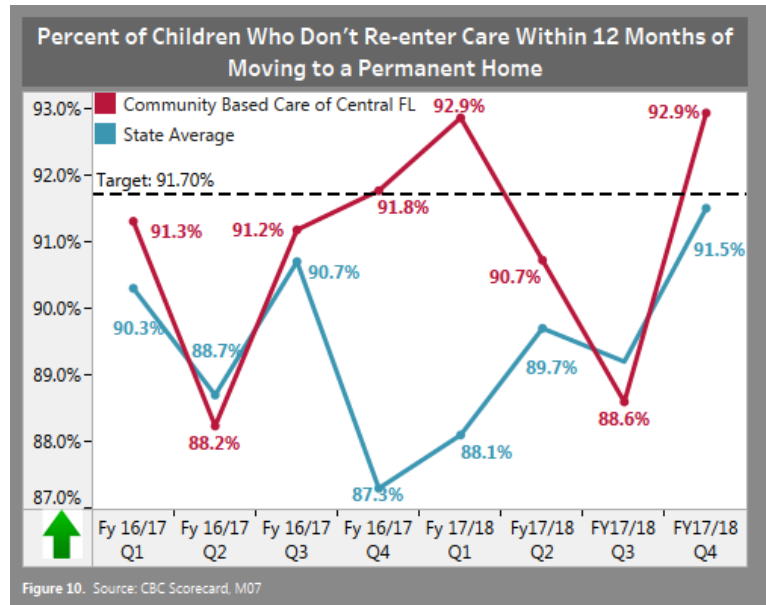
CQI Item 2 indicates that the agency is making concerted efforts to provide services to the family to prevent entry or re-entry at 92.4% for FY 17/18, a 2.6% decrease from the prior fiscal year.

PLACEMENT STABILITY

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

CBCCF's performance in this measure trended negatively from FY16/17, Q2 through FY17/18, Q4. While they performed better than the state in the last quarter, they have not met the target in five of the eight quarters reported.

Figure 11. Source: CBC Scorecard, M08

Qualitative case reviews indicate that CBCCF's performance declined 2% from FY 16/17 to FY 17/18 on CQI Item 4 (ensuring stable placement and that any moves are in the best interest of the child). This score is below the statewide performance, the PIP goal, and the federal and state expectations. (See Table 8)
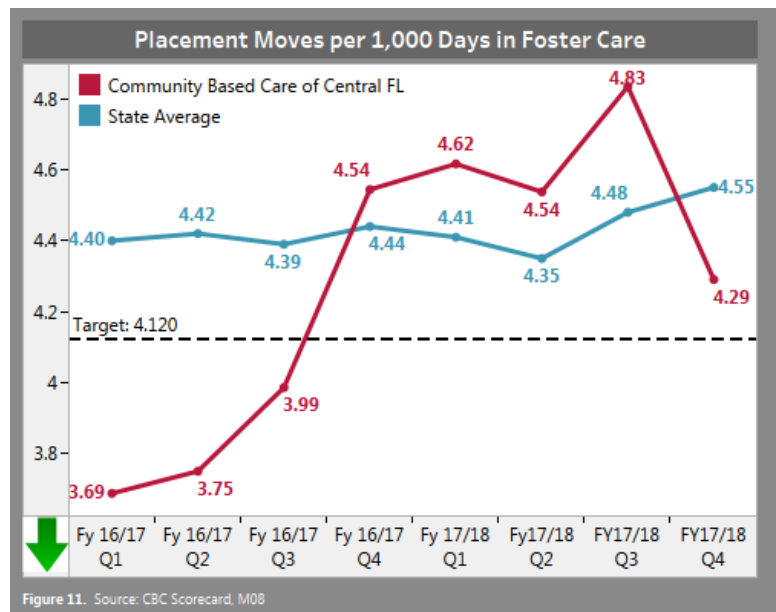
SIBLINGS PLACED TOGETHER

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.

Overall, CBCCF has not met the target and performed below the statewide performance in seven of the previous eight quarters.

CBCCF scored below the statewide performance in CQI Item 7 (ensuring the agency is making concerted efforts to place siblings together while in foster care).

Figure 12. Source: CBC Scorecard, M12

Scores are below the federal and state expectation but improved 9.9% between FY 16/17 and FY 17/18. (See Table 8)
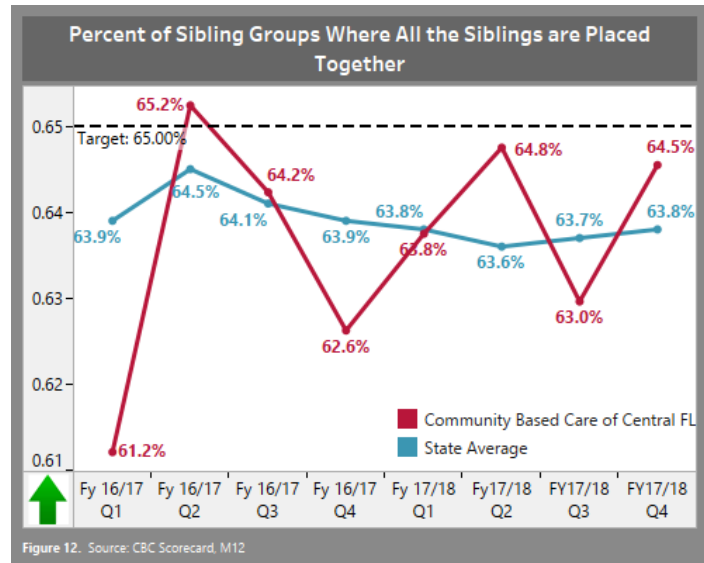
QA CASE REVIEW DATA

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

RSF reviews show that from the period of July 1, 2017 through June 20, 2018, CBCCF case managers were not completing visits of sufficient quality to address issues pertaining to safety and evaluate progress towards case plan outcomes with children, mothers, and fathers. (See Table 8, RSF 2.1, 2.3, 2.5)

Florida CQI reviews show CBCCF'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

| Rapid Safety Feedback - Permanency		
Quality Assurance - Rapid Safety Feedback Item	CBC Central Florida n=103	Statewide RSF Performance n=830
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?	53.4%	60.1%
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?	58.0%	66.3%
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?	41.6%	52.6%

Green font denotes performance above the Statewide RSF Average; red font denotes performance below the Statewide RSF Average.
Table 8. Source: QA Rapid Safety Feedback; Federal Online Monitoring System

4, 5, 6, 7, 8, 9, 10, and 11). CBCCF showed improvement in CQI Items 5, 6, and 7 between FY16/17 and 17/18. Overall, CBCCF showed a need for improvement in all CQI measures related to permanency.

CQI Permanency							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	CBC Central Florida FY 2016/2017 n=104	CBC Central Florida FY 2017/2018 n=103	Percent Improvement	Statewide CQI/QA Performance FY 2017/2018 n=1,081	2016 Statewide Federal Child & Family Service Review 4/1/16-9/30/16 n=80	Federal and State Expectation	Federal Program Improvement Plan (PIP) Goal
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)?	77.0%	●75.0%	-2.0%	81.6%	82.0%	95.0%	88.5%
CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?	62.0%	●75.0%	13.0%	83.0%	81.8%	95.0%	82.1%
CQI Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child?	55.0%	●56.2%	1.2%	72.5%	74.5%	95.0%	75.4%
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?	66.0%	75.9%	9.9%	83.8%	67.3%	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?	58.0%	54.7%	-3.3%	62.9%	69.0%	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?	74.0%	65.0%	-9.0%	75.1%	82.0%	95.0%	
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	77.0%	72.5%	-4.5%	80.9%	72.0%	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?	46.0%	38.8%	-7.2%	54.6%	60.0%	95.0%	

A green dot denotes performance is above the federal PIP goal; a red dot denotes performance is below the federal PIP goal. Green font in the "Percent Improvement" column denotes positive improvement; red font denotes a negative change.
Table 9. Source: QA Rapid Safety Feedback; Federal Online Monitoring System

WELL-BEING

The graphs and tables on the follow pages depict CBCCF '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 reviews

CHILDREN RECEIVING MEDICAL CARE

Percent of children in foster care who received medical care in the previous twelve months (Scorecard Measure M09): This graph depicts the percentage of children in foster care as of the end of the report period who have received a medical service in the last 12 months.

CBCCF has consistently performed above the target in this area over the previous eight quarters.

CBCCF scored above the statewide performance in CQI Item 17: ensuring the agency addresses the physical health needs of children, including dental needs. While CBCCF showed improvement (9.1%) in FY 17/18, it is still below the federal and state expectations. (See Table 9)

Figure 13. Source: CBC Scorecard, M09
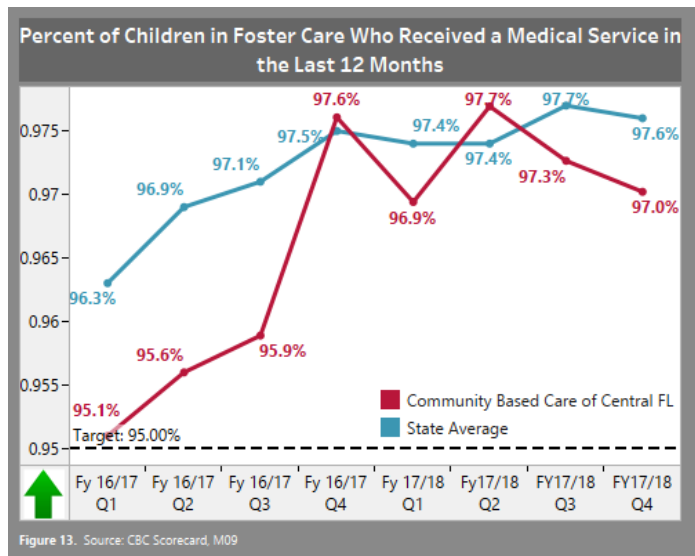
CHILDREN RECEIVING DENTAL CARE

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

CBCCF has performed above the statewide target for the past four out of eight quarters.

CBCCF scored above the statewide performance in CQI Item 17 (ensuring the agency addresses the physical health needs of children, including dental needs). While CBCCF showed improvement (9.1%) in FY 17/18, it is still below the federal and state expectations. (See Table 9)

Figure 14. Source: CBC Scorecard, M10
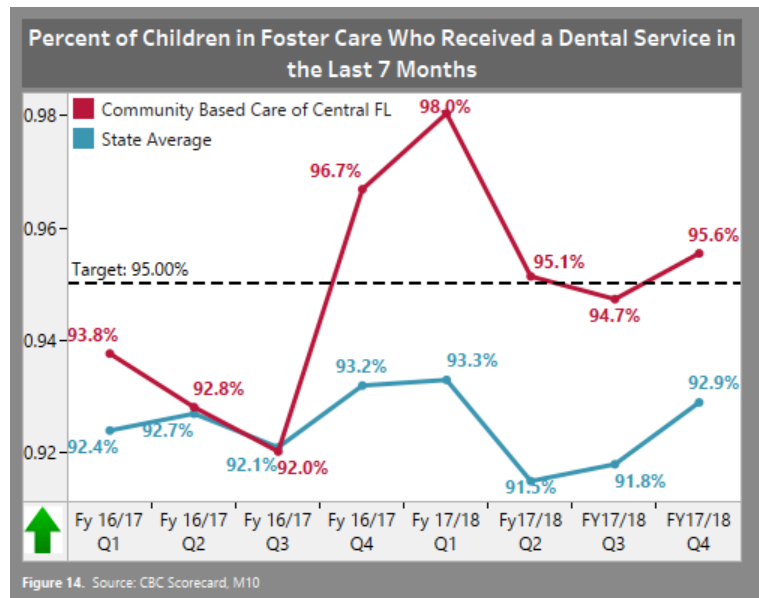
YOUNG ADULTS ENROLLED IN SECONDARY EDUCATION

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

CBCCF's performance is trending positively and has been consistently above the target for six of the previous eight quarters.

Figure 15. Source: CBC Scorecard, M11

Although CBCCF performed better than the statewide performance in CQI Item 16 (ensuring concerted efforts are made to assess children's educational needs appropriately address identified needs in case planning and case management activities), performance is still below the statewide performance and the federal and state expectation and showed a decline of 2.9% between FY 16/17 and FY 17/18. (See Table 9)
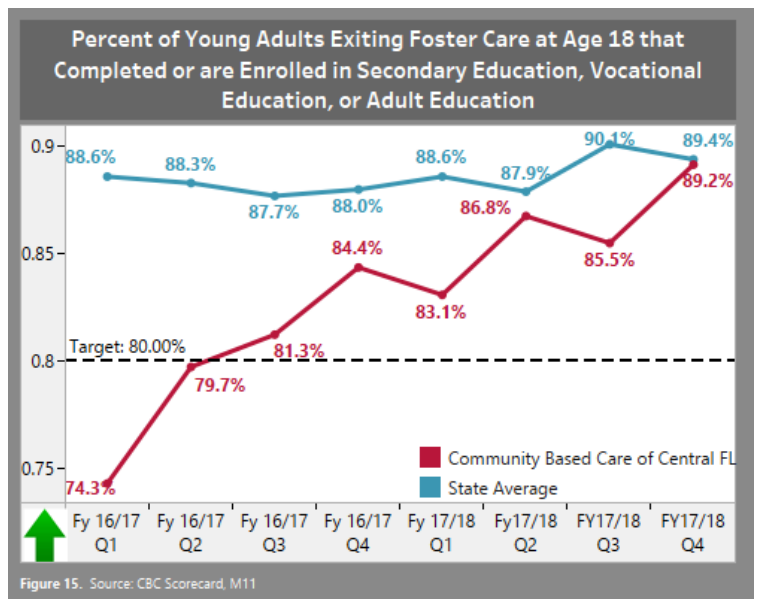
QA CASE REVIEW DATA

The table on the following page provides CBCCF's performance in measures related to child well-being based on CQI case reviews.

CBCCF has performed above the statewide performance in five of nine measures, and above the Federal PIP goal in three of six measures. CBCCF performed below the Federal and State expectation in all measures. CBCCF showed improvement in FY 17/18 from FY 16/17 in two of the nine measures (See CQI Item 12C and 17).

CQI Well-Being							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	CBC Central Florida FY 2016/2017 n=104	CBC Central Florida FY 2017/2018 n=103	Percent Improvement	Statewide CQI/QA Performance FY 2017/2018 n=1,081	2016 Statewide Federal Child & Family Service Review 4/1/16-9/30/16 n=80	Federal and State Expectation	Federal Program Improvement Plan (PIP) Goal
CQI Item 12A: Did the agency make concerted efforts to assess the needs of and provide services to children to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	93.0%	● 89.3%	-3.7%	86.4%	51.3%	95.0%	58.4%
CQI Item 12B Did the agency make concerted efforts to assess the needs of and provide services to parents to identify the services necessary to achiever case goals and adequately address the issues relevant to the agency's involvement with the family?	75.0%	● 65.2%	-9.8%	64.0%	51.3%	95.0%	58.4%
CQI Item 12C Did the agency make concerted efforts to assess the needs of and provide services to foster parents to identify the services necessary to achiever case goals and adequately address the issues relevant to the agency's involvement with the family?	94.0%	● 94.6%	0.6%	88.3%	51.3%	95.0%	58.4%
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?	71.0%	● 44.5%	-26.5%	60.5%	63.6%	95.0%	70.7%
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?	70.0%	● 47.5%	-22.5%	62.5%	72.5%	95.0%	78.9%
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?	45.0%	● 30.5%	-14.5%	38.7%	43.5%	95.0%	51.1%
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?	86.0%	83.1%	-2.9%	80.3%	92.0%	95.0%	
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	72.0%	81.1%	9.1%	76.8%	85.0%	95.0%	
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	94.0%	60.3%	-33.7%	69.3%	72.0%	95.0%	

A green dot denotes performance is above the federal PIP goal; a red dot denotes performance is below the federal PIP goal. Green font in the "Percent Improvement" column denotes positive improvement; red font denotes a negative change.
Table 10. Source: QA Rapid Safety Feedback; Federal Online Monitoring System

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.

The rating system is as follows:

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

Family Support Services- CBCCF has a rating of "4" for Family Support Services. CBCCF has an approved policy (aligned with CFOP 170-1, chapter 4) which outlines all diversion operating procedures, including Family Support Services. CBCCF contracts with the CMA providers to provide staff that serve as the Diversion Coordinators (Resource Specialists) and Diversion Specialists (assigned to provide care coordination or oversight of care coordination) to all cases referred by the CPI. Case coordination commences with a staffing with the referral source and a complete review of the FSFN casebook. Two evidence-based standardized assessment tools are used, specifically the Protective Factors survey (FRIENDS) and the Child and Adolescent Needs and Strengths (Praed Foundation). In addition to utilizing all evidence-based assessment tools on FSS cases, the diversion staff attempt to respond to needs identified within the Protective Factor framework by using evidence-based programming delivered by a provider from the CBCCF Preferred Provider Network which is available on their website.

The Diversion Program staff work on-site with the CPI, identifying or linking the family to resources, as well as staff/providers of FSS that provide care coordination for families identified as high or very high risk by the CPI. This has allowed flexibility in assisting the CPI as needed (including after hours or adjusting during higher volume times), as well as the movement of resources from case management to diversion or vice versa when caseloads shift. Service providers must complete a minimum of monthly face-to-face home visits, utilize the FSS module in FSFN to document service delivery, and conduct close the loop staffings, when required. To promote the standards for engagement, CBCCF ensures that all

employees, contractors and partnering agencies participate in creating a culture with CREST (Communication, Respect, Empowerment, Support & Trust).

The Preferred Provider Network includes a wide array of programs and services throughout all three counties which are free, or funded through Medicaid, TANF, private insurance or offer a sliding fee scale. CBCCF partners with many community and governmental entities to ensure services are provided timely with no capacity concerns. CBCCF collects data (through FSFN and ARGOS) on all cases involved with the diversion program for multiple purposes, including but not limited to trend analysis, identification of gaps in services and resource allocation.

Safety Management Services- CBCCF has a rating of "3" for Safety Management Services. CBCCF has contracted with four Safety Management Service providers in the tri-county area. The SMS providers are: Osceola County- Gulf Coast Safe At Home (SAH); Orange County-Gulf Coast Safe At Home (SAH) and Great Oaks Village Family Preservation; Seminole County- Children's Home Society CARE. Also available in all counties is Boys Town, National Youth Advocate Program, and Pathways to Home. A minimum of two of these providers are available immediately (within two hours) in each county for present and/or impending danger safety plans. Services are available and accessible, with no wait lists, by investigators and case managers. Service provision includes behavior and crisis management, social connection and networking, resource support, stress reduction, behavior modification, parenting assistance, and separation support, when indicated.
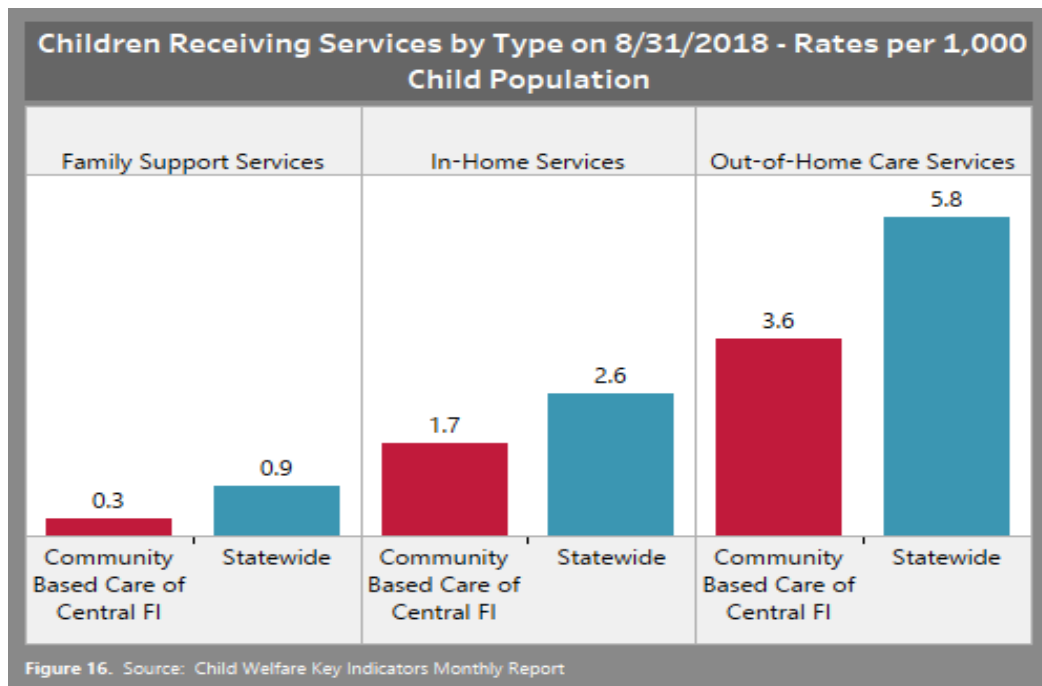
In each county, at least one of the safety management providers is contracted with a CMA, which has built additional flexibility in moving resources between counties as needed. This has also allowed continuity in service provision when the safety management service extends past the 14-day initial safety plan, when an in-home safety plan is determined to be sufficient in managing the danger threats in a case that is staffed over to on-going case management, or when needed at Conditions for Return/Reunification.

CBCCF provides ongoing training and support to these programs to ensure understanding of the Safety Methodology, safety planning process, the difference between risk and safety, and what role they play in Safety Management Services. In addition to contracting with specific Safety Management service providers, CBCCF has provided, using non-recurring funds, extensive training to in-home providers within the Preferred Provider Network. There is an expectation that in-home providers in the Preferred Provider Network will be involved in the Safety Management process, as appropriate, including but not limited to signing and conducting tasks assigned to them on the safety plan. Staffings are conducted when safety plans breakdown or when there are disagreements with an identified safety action.

Quality assurance staff and the Diversion Program Manager conduct on-going quality reviews on all cases using the Safety Management Services Program Quality and Compliance Review Tool. All case notes and documents in FSFN and the client file are reviewed for timeliness and thoroughness. This review also monitors the quality of services being provided. Peer and joint reviews are conducted as well. All results are shared with the provider and incorporated into their monitoring report. CBCCF tracks timeliness, sufficiency of safety plans, and proper use of Safety Management Services, and uses the data to drive performance improvement. CBCCF maintains an internal scorecard to measure compliance and effectiveness on all cases served under Diversion programs (FSS and SMS). Measures include type of closure, home visit frequency, protective factor improvement, supervisory reviews, recidivism at six and twelve months after closure. Additionally, all cases are reviewed for compliance with internal diversion program procedures which include referral process and initial contact, intake and assessment, service

planning, case coordination and home visits, and case closures. Recently, CBCCF surveyed the Child Protection Investigators on their satisfaction with SMS and received a high response rate, though results are still pending. They plan to conduct this survey annually. CBCMT survey responses and on-site focus groups reflected positive experiences with CBCCF's SMS. No barriers have been identified with SMS.

Safety management services have added quality case reviews and annual surveys since receiving the "3" rating.

Children Receiving Services by Type on 8/31/2018 - Rates per 1,000 Child Population

Family Support Services	In-Home Services	Out-of-Home Care Services
Community Based Care of Central Fl: 0.3 / Statewide: 0.9	Community Based Care of Central Fl: 1.7 / Statewide: 2.6	Community Based Care of Central Fl: 3.6 / Statewide: 5.8

Figure 16. Source: Child Welfare Key Indicators Monthly Report

ANALYSIS

Family Support Services and Safety Management Services are robust and available throughout the service area. There are no waiting lists and no capacity concerns, and services are provided by dedicated and experienced staff. Quarterly diversion (FSS and SMS) meetings are held to discuss performance, review cases, and share resources. Currently, Family Support Services are rated a "4" and Safety Management Services a "3". The SMS services are provided consistently across the service area with no capacity issues or wait lists, and methods are in place to assess the quality and effectiveness of the service and has processes in place to address issues identified from those assessments.

SECTION 6: LEADERSHIP AND GOVERNANCE

SUMMARY

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

In 2013, as a response to address the diverse needs of the clients served in the community, the CBCCF Board of Directors passed a resolution that formed the CBC Family of Companies. Each entity under this umbrella has its own fiduciary board of directors and are linked through a common mission, vision, and

values. This structure allows CBCCF to serve children and families more effectively, engage more broadly with the community and become more transparent with those who fund the services. Their main functions include:

- **CBC Holdings (CBCH):** Administrative Support
- **CBC of Central Florida (CBCCF):** Foster care/child welfare operations
- **CBC Integrated Health (CBCIH):** Medicaid provided physical and mental healthcare
- **Community Initiatives (Initiatives):** Grants, programs and system enhancements
- **CBC Foundation (Foundation):** Mission support (Donations)

Mission/Vision/Values

CBCCF's mission to "empower families to safely care for their children by engaging, protecting and inspiring every child, everyday" is aligned with the Department's. CBCCF views their function as a support to their providers and to the community. Frontline staff routinely echoed CBCCF's philosophy of "how does it help families, how does it help children, how does it help the community" throughout the on-site interviews and focus groups. Staff at all levels spoke of "doing whatever it takes" to ensure each child and family is cared for and supported.

Frontline staff perceive CBCCF as being open to feedback and responsive to needs. One participant described CBCCF as "quietly supporting us in the background, being there when we need them".

Resource Management

CBCCF fundraising activities are managed under the CBC Foundation, while grants and program enhancements are managed under Community Initiatives. CBCCF receives in-kind donations such as holiday gifts, event tickets, clothing, school supplies, and computers from various organizations and companies within the service area. CBCCF/Community Initiatives receives grants for kinship support (United Way), employment/diploma support (CareerSource Central Florida), youth mental health (SAMHSA), and mentoring support (Lawrence E. White Family Foundation). CBBCF's relationships with local businesses has helped to secure tangible items such as braces for children, cars for youth, and laptops. CBCCF Initiatives recently partnered with Disney World to develop a phone application that will provide instant access to resources for homeless youth.

CBCCF leadership takes financial risks on new initiatives that are in the best interest of the children, ensuring that they always evaluate their return on investment afterward.

Evaluation of CBC Leadership

CBCCF's Chief Executive Officer (CEO) is evaluated annually by the Board of Directors on CBC Holdings. The Board Chair uses various sources to inform the written evaluation including stakeholder surveys, PQI plan progress, strategic planning goal status, and accomplishments of previously established evaluation goals. Once a draft is completed, the rest of the Board provides additional information and new goals are developed during the annual Board retreat. Once the Board approves the evaluation, it is sent to the executive committee where recommendations for additional compensation may be made. The Board Chair then reviews the evaluation with the CEO and prioritizes performance goals for the coming year. Goals for the current FY include increasing foster parent retention and recruitment by 10% and rebranding.

Risk Management

CBCCF holds internal risk management meetings on a quarterly basis where items reviewed include foster child placement breakdowns, children that re-enter out of home care within six months of reunification, survey results from foster children given at the time of a placement move, reports of a problem or potential problem in a foster care home or institutional placement, client complaints, incident reports, and reviews requested by the Department, Executive Management or Region. Additionally, this information is reported to the Risk Management Committee function of the Board which meets quarterly to identify and examine potential risk to the organization. An email alert system is in place to alert Executive management on highly critical incidents and events are reported to the Board via email or telephone call immediately.

Board Activities

CBCCF's Board of Directors are involved and knowledgeable about the agency and the work done by CBCCF. CBCCF's board functions under the Holdings Board which also has subcommittees including an Executive Committee, Performance and Quality Improvement (PQI) Committee, and Finance Committee. They are kept appraised of critical incidents, performance and financial status on a regular basis and meet on a quarterly basis. CBCCF's Board of Directors bring diverse and valuable backgrounds from each county and represents numerous stakeholder groups. Recruitment efforts for new members target individuals whose experience and expertise are not already represented on the board. Membership includes a foster parent, education representatives, a former foster child who is a police officer, a retiree, business executives, and the previous Captain for the Seminole Sheriff's Office. Board members complete a half to full day orientation where they learn about the system of care, diversion programs and finances, and review the Board Policy Handbook.

The Board members are very involved and committed to the success of the children in their communities. Due to the depth of business and finance experience of the Board members and a strong business plan, the agency has been able to forge meaningful and mutually beneficial relationships with local businesses. For example, the Board created agreements with local companies in trades industry to begin an apprenticeship program for foster care youth. One Board member (the CEO of an Electric Company) had his company participate in the program and has had some youth complete the apprenticeship. See Section 15: Innovative Practices for more information

The Board is very connected with daily activities but see themselves as supporters rather than micro-managers. They are kept abreast of issues through quarterly board meetings, quarterly dinners with the CEO, emails, phone calls, and monthly committee meetings. They are not afraid to take risks if it is what is "best for the child". During on-site interviews, they were well versed in current challenges and spoke about the children and families being served as "our" kids and parents.

 Leadership Development

CBCCF has an experienced and long standing executive management staff. Senior level staff are expected to liaise with community partners by attending meetings and participating in community events. This has led to CBCCF staff appearing visible and involved in the community. Positions within the CBC are viewed as a "stepping stone" in career advancement and staff are continuously encouraged to explore new opportunities and expand their skill sets. Senior level staff may attend leadership meetings

and a focus on soft skills, such as appropriate ways to interact with colleagues during meetings, is incorporated into management oversight. CBCCF encourages "cross pollination" of staff responsibilities to expand individual's skill sets and to deepen the expertise within the agency. If a vacancy is foreseen or future programming requires new staff, a workforce analysis is completed to begin matching skill sets with current employees to create promotional opportunities.

ANALYSIS

CBCCF's executive leadership is experienced and tenured. The Board of Directors has a wealth of experience and expertise and is invested in the community. CBCCF's mission, vision and values are aligned with the Department's, and both CBC and Provider staff are committed to providing services that positively impact the community. The Board strives to be innovative and creative in developing supports for all families and children in the service area.

SECTION 7: WORKFORCE MANAGEMENT

SUMMARY

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

Workforce Capacity

CBCCF contracts with four case management agencies (CMA) to provide case management services for dependency cases: One Hope United (OHU), Children's Home Society (CHS), Devereux, and Gulf Coast (GC). CBCCF aims to have caseloads between 18-20 children per staff, but at the time of the on-site review they averaged 23, with many in Orange County carrying more than 27. The supervisor to staff ratio is 1:5 and supervisors do not carry cases. Current rolling turnover rates range from 2.7% (CHS-Seminole) to 73.1% (OHU-Orange) depending on the CMA and service area. CBCCF works closely with the CMAs on hiring practices and allows over-hiring and financial reallocation in their contracts to meet the individualized needs of each CMA. During the prior fiscal year, CHS-Seminole had experienced a large amount of turnover which was impacting service delivery. CBCCF sent in a team of employees to work alongside CHS employees, for several months, to help stabilize staff and minimize the impact of staff turnover. This effort was viewed as a success by CMA staff and community partners. CBCCF holds weekly "Healthy Systems" meetings which includes the Executive Director and the Operations Manager from CBCCF and CMA Management staff. These meetings are to review caseloads, current and upcoming vacancies, training and certification status, and closures.

Retention Activities

Good customer service is core to the mission of CBCCF, and they help achieve this by incorporating seven service values, titled RESPECT. These service values, often called the CREST principles, are summarized below:

- **Responsive-**Staff will, in writing and in speaking, listen actively, ask for clarification and respond promptly and thoughtfully. Staff will consider how their failure to follow through will impact the life of a child.

- **Empowered-** Staff will provide outstanding service as a part of everything they do, every day. Staff will consider how their actions and decisions impact the life of a child.
- **Supportive-** Staff will help others succeed. Staff will consider how respecting the voice and choice of others impact the life of a child.
- **Professional-** Staff will reflect the integrity of the organization through their individual behavior. Staff will consider how their commitment to mutual respect and efficiency impact the life of a child.
- **Engaged-** Staff will give and receive actionable feedback to ensure continuous improvement. Staff will consider how their active involvement in continuous improvement impact the life of a child.
- **Courteous-** Staff will unfailingly be respectful and regularly exceed expectations. Staff will consider how their respectful interactions with clients, caregivers and colleagues impact the life of a child.
- **Trustworthy-** Staff will earn trust through their words, actions, and follow through. Staff will consider how their careful communication and prompt follow-through will impact the life of a child.

The RESPECT service values are posted in each service center and discussed through different meetings. Each county has an established CREST committee which plans various events, trainings, and reminders which reinforce the RESPECT values.

CBCCF has focused their internal recruitment efforts to provide promotional opportunities to internal and CMA staff. New employees attend four days of orientation designed to acclimate individuals to their work environment, culture, and the entire system of care. Case managers are kept on a protected case load with incremental increases for the first two months. CHS, Devereux, and OHU provide mentors for new case managers, and in some instances, provides a financial incentive to staff who mentor other staff.

CBCCF focuses on retention activities through their support of CMAs. CBCCF staff are co-located with CMA staff in each service center, creating a partnership among staff at each location. CBCCF promotes retention through wellness fairs, building (center) walking clubs, candy grams, fiscal year BBQs, and building competitions such as the monthly step count competition.

In an effort to keep a "small agency environment" despite its growth, each center has its own work culture and activities, such as walking clubs, building meetings, and employee recognition. This has also created inconsistencies among staff regarding expectations and work processes. In some instances, Executive Directors are receiving and utilizing different data reports to inform procedures causing inconsistencies in workflow and quality among the CMAs. Another example is that each CMA employs their own retention strategies which include different resources and supports for case managers; sometimes contributing to turnover.

Case manager supervisors and Operations Managers were described as "extensive supports" to frontline staff. CBCCF was described as "always there to help". Several individuals from different focus groups spoke about the CBC sending in a "stability team" to help CHS manage their caseloads while they were

experiencing leadership changes and practice model struggles. They reported CBCCF staff stepping in to transport children, supervise visits, make referrals, etc. This was seen by other CMAs and partner staff as a strength within the system.

CBCCF is in the process of re-vamping their performance evaluations and expectations. Staff will attend a "coaching session" with their managers every 4 months to discuss how their position and work relates to agency strategic priorities and focus on soft skill development to support career advancement.

Training

The training department is responsible for scheduling, tracking, and procuring trainings for CBC and provider staff. Training needs are identified through annual staff surveys, QA reviews, training committees (one per county), and supervisor requests. Each service center has a co-located trainer which provides hands-on technical assistance, in-service trainings, and oversees learning circles.

Trainings are tracked electronically making it simple for staff to gauge their progress on required training topics and hours. Supervisors monitor staff progress using an individualized training checklist. SharePoint is used to track Title IV-E Eligible training information and is shared with CBCCF's Fiscal Department.

Staff are notified of trainings via emails, calendar appointment invitations, and posted flyers in each service center. Trainings are offered in each county and are open to anyone from the tri-county service area, which offers flexibility for scheduling conflicts. CBCCF is seen as "very responsive" to any training request, typically having one scheduled within a month. CBCCF uses their system of care trainers to provide many trainings, but CBCCF will also procure subject matter experts utilizing community partners. CBCCF has training funds dedicated to specialized trainings ensuring there are no training gaps within the system of care.

Pre-Service Training

CBCCF employs a full-time trainer to provide pre-service training on a rolling basis. Pre-service training lasts eight weeks which includes four field days, three practicum days, and one day of shadowing. Staff then attend a one-week training specifically focused on FSFN. During pre-service, subject matter experts are used to discuss topics such as domestic violence, substance abuse, and human trafficking. Staff from other departments present to each class to help new staff understand processes such as placements and utilization management. Field days are structured for new staff to observe daily case practice. Once pre-service is completed, the co-located trainers shadow new staff and provide hands-on guidance.

In-Service Training

In-service trainings are offered to CBCCF and CMA employees. Co-located trainers are available at each service center and provide hands-on technical assistance. OHU recently benefited from the co-located trainers when they focused on developing appropriate safety plans. Legal updates and changes to Children and Families Operating Procedures (CFOP) are sent out to all staff and reviewed during staff meetings. Training topics are aligned with policy and practice standards and address individualized needs based on quantitative and qualitative performance data. CBCCF continuously offers "How To"

trainings which are designed to teach participants, using real life examples, how to complete certain tasks; for example, "How to document using family centered practice language".

Case Management Supervisor Development

CBCCF provides a Leadership Academy which is available for CBCCF and provider staff. The leadership series includes supervisory skills, communication skills, and soft skills. Supervisors reported that they felt it was very helpful for them. Supervisors attend leadership meetings, monthly learning circles, and participate in peer supervisor reviews. CMA's have a case management leveling system which identifies a "lead" or a "senior" level case manager who mentors other case managers and oversees the supervisor's duties when the supervisor is unavailable. This allows staff to be exposed to supervisory tasks and increase their skills.

ANALYSIS

CBCCF recognizes that retaining staff is essential to providing quality services to the families they serve. CBCCF has procedures in place to monitor caseload sizes and workforce needs, however increased caseloads are still evident. CBCCF has a strong training team with dedicated co-located trainers available to staff. Retention activities and on-going support headed by CBCCF are apparent and responsive to frontline staff, as evidenced by CBCCF providing hands-on staff support to reduce the workload when CHS experienced high turnover in leadership and front-line staff. Further efforts to maintain consistency among each center and Executive Director will further promote retention efforts and reduce feelings among staff of being "siloed". Pre-service and in-service training opportunities are viewed as an asset to the agency.

SECTION 8: CONTINUOUS QUALITY IMPROVEMENT

SUMMARY

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

Data Quality

The Director of Quality Assurance and Training has a team of five staff that participate in file reviews, safety plan reviews, specialized reviews, various staffings, weekly Healthy Systems meetings and Fab Five calls, and quarterly CMA meetings. CBCCF utilizes reporting from FSFN, ARGOS, and internal tracking systems to assess compliance. Supervisors, records management specialists, and intake and eligibility specialists review FSFN to ensure data is entered in timely and accurately.

Data Analysis

CBCCF takes a comprehensive approach in reviewing all data reports to identify trends or issues and to identify the needed changes. Data is used to document if a trend is a systemic, programmatic, or unit/employee specific issue. Qualitative and quantitative data is shared with the PQI committee, leadership, contract managers, training, and frontline staff through weekly, monthly, and quarterly meetings. Quality Managers work closely with CMA QA staff to gather and compare findings of reviews

and performance. Quality Managers provide direct observation and feedback to Case Manger Supervisors and Case Managers.

Quality Managers complete CFSR, PIP, RSF, CQI and front-end reviews. Diversion and Safety Management Services (SMS) complete quarterly peer reviews and supervisors complete peer reviews. Additionally, CBCCF employs two Nurse Coordinators who review cases with medical and/or behavioral concerns to identify if further services are needed.

CBCCF has created a "wealth of reports" and can generate data in various formats using dashboards and individualized requests. In response to various requests and needs, there are a large amount of reports that are used and updated. While the flexibility and responsiveness of the generated data has assisted staff, the large volume has created some confusion and inconsistency ("each county is different") with end users. During on-site interviews, it was reported that supervisors still maintain their own tracking systems. Additionally, front line staff stated supervisors spend a lot of time "chasing data" because they must reconcile exceptions and resolve discrepancies between CBCCF and CMA data.

Performance Improvement Strategy

Data is also used to identify issues, implement actions, and evaluate if the actions taken have been successful. CBCCF uses multiple strategies to improve performance including email alerts, contract flexibility, hands-on feedback, provider PIPs/CAPs, short term initiatives, and green belt projects. Email alerts are sent to frontline staff reminding them of upcoming tasks to be completed and the context of how those tasks relate to larger system performance. For example, if a visit is coming up to be due, an email alert is generated to the case manager reminding them of the need for a visit and it will include the definition of what a "quality visit" looks like.

When performance concerns arise, short term targeted initiatives are presented as "a challenge" or "a competition" among CMAs. To increase performance in children receiving permanency within 12 months, CBCCF Leadership launched the SIS (Sixty Children in Sixty Days) challenge (April-May) which focused case managers on enhancing their support of parents and preparing children to safely transition to permanency. In addition to the SIS challenge, CBCCF recently challenged the CMAs with HIT (Home In Thirty). During the month of June, each case manager was challenged to utilize the summer break to successfully transition at least one child to a safe, loving, and permanent home by assessing conditions for return at each contact with parents, exploring if a placement can be made/maintained with an in-home safety plan, and continuously exploring relatives and non-relatives. Both challenges resulted in CBCCF successfully meeting their goal and generated healthy competition and team building among the CMAs.

In October of 2017, CBCCF incorporated Rapid Permanency Reviews (RPR), in partnership with Casey Family Foundation, in all three counties as an initiative to target the adoption processes with the goal of identifying barriers in reaching timely permanency for matched children.

CBCCF completes an annual risk assessment to identify which subcontracts will be monitored, however all CMAs are monitored annually. Network Support Managers (contract managers) complete contract monitoring alongside QA and Finance. Monitoring includes personnel files, facility walk-throughs, client files, fiscal, and quality. The Network Support Manager also attends all QA feedback sessions, Healthy Systems meetings, and provider Board meetings. Comprehensive monitoring reports are provided to the

subcontractors and leadership and are used in decision making processes for program investment. CBCCF uses flexibility in their contracting process to meet the needs of their subcontractors. Recently, CBCCF allowed CHS to go under one master contract which allows them to utilize the funding where it is needed. This flexibility also allowed Gulf Coast to expand their Diversion services into Orange County when caseloads were low in Osceola.

Quality of Eligibility Determination

CBCCF's Revenue Maximization Unit (Utilization Management and Administration) is a strength and viewed as a "huge" support in the agency. Utilization managers, Intake & Eligibility Specialists, and Records Specialists are co-located at each service center and are responsible for entering and verifying all information in FSFN. They complete TANF forms and Medicaid applications and help assign physicians. These supports are also available to all relative and non-relative placements through the Kinship Navigator.

The Revenue Maximization unit provides training to all CBCCF and subcontracted staff through pre-service training, lunch and learns, and in-service trainings. Staff provide support and guidance through checklists and participation in CTS. Training topics are informed through quarterly reviews and staff feedback. This unit's philosophy, "We are here to support the staff working with the kids", exemplifies CBCCF's commitment to the community and to staff and was evident during on-site focus groups.

ANALYSIS

Continuous quality improvement initiatives are shared by all CBCCF and partner agency staff and are embedded in the operational flow of day-to-day frontline work. Data reports are generated by leadership and CQI staff, and multiple meetings occur to discuss performance and initiatives. There is a continuous and robust feedback loop between quality, leadership, frontline staff and providers. While there is a large amount of data being shared, applicability and consistency in the use of these reports vary depending on the end user. Rev Max is a strength in the agency and serves as a huge support to staff and families. Data integrity is safeguarded by both the data unit and continuous quality review.

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 services to transitioning youth and adults.

Recruitment:

DCF Central Region and CBCCF staff meet regularly to address recruitment and retention initiatives and licensed care capacity. There is a current action plan to address both recruitment and retention practices. The recruitment plan specifies objectives including:

- Utilizing Facebook to increase awareness through live feeds, posts, Q & A Sessions, and targeted ads
- Targeting outreach efforts in the faith- based community
- Create a foster parent recruitment incentive program

- Focus recruitment activities to identified zip codes
- Increase outreach to LGBTQ , Hispanic, and African American community
- Increase advertising and promotional opportunities
- Increase presence of foster parent hotline.

CBCCF maintains a recruitment plan with a goal of having 110 licensed foster homes by June 2019. The plan maintains recruitment strategies that include general recruitment activities, but also recruitment activities to solicit homes to meet the needs of children such as faith based, teen homes, medical, children dually served, etc. There is no clear method developed that informs recruitment efforts based on volume or type. CBCCF staff three recruiters who are responsible for overseeing a foster parent inquiry hotline, prescreening potential foster parents, inputting information into a foster tracking database, scheduling individuals for PRIDE training, and attending various events to recruit foster parents.

CBCCF staffs four Licensing Managers who are co-located at the service centers. CBCCF contracts with five Child Placing Agencies (CPA) who are responsible for licensing and re-licensing, on-going support, and training: Children's Home Network (Osceola), Children's Home Society (Seminole), Devereux (Orange), One Hope United (Faith based; Tri-county) and One More Child (Faith based; Tri-county). Upon inquiry, potential foster parents are pre-screened and enrolled in the next PRIDE training class. At the second PRIDE class, a Licensing Manager and a CPA is assigned, and they begin the licensure process. CBCCF has three (one per county) foster parent trainers deliver the 8-week PRIDE training curriculum. A fourth foster parent trainer provides support and resources during the first two weeks of new placements.

On-site focus groups and surveys reflected that the initial process for becoming a foster parent is frustrating. It was reported that the dedicated recruitment telephone line is rarely answered, and calls are rarely returned. Some active foster parents spoke of personally referring individuals and, in turn, received delayed or nonexistent responses. Some newly licensed foster parents spoke of waiting two to three months and several attempts before speaking with someone about beginning the process. Recently licensed foster parents described the PRIDE training as being "realistic though mostly negative" and that it "prepares you emotionally but not practically". Participants felt that they wanted to hear about some positive aspects of foster parenting ("Why we do this") and practicalities of fostering ("What does it actually look like"). The curriculum was recently reduced to eight in-person classes, down from twelve with the remaining four done online. Foster parents felt this shift eliminated valuable information, including the ability to have more guest speakers. CBCCF has been selected as a participant site for CORE TEEN training sponsored by the Children's Bureau. This three-year project will complement their current PRIDE training and will be provided for foster parents with interest in parenting teens. The first training is scheduled to begin in October.

Retention:

The retention plan activities, mentioned above, include QPI Learning Circles, QPI refresher training, a monthly newsletter highlighting a foster parent of the month identified by case managers and a case manager of the month identified by foster parents, monthly emails about new rules and policies, CBCCF attendance at FPA and CPA monthly meetings, anniversary cards sent out upon re-licensure, gifts of gratitude given to foster parents and case managers, and annual appreciation events.

While CBCCF does not have a formal foster parent mentoring program, CBCCF employs four independent contractors to serve as Foster Parent Advocates. Their role is to assist and support foster parents, act as liaisons between foster parents and the CBC, and help identify potential placement matches. Surveys and focus groups indicated the foster parent advocates were highly appreciated and frequently the reason foster parents continued to foster children. While foster parents viewed foster parent advocates as an asset, the advocates' strong alignment with foster parents came across as "us versus them" which, at times, impeded their ability to diffuse situations early on. Other efforts found to be positive were email blasts alerting foster parents to new policy changes and upcoming training opportunities, QPI training, and the FAQ section on the CBCCF website.

On-site focus groups and surveys reflected a very strained relationship between foster parents and CBCCF. Numerous foster parents spoke of feeling undervalued, unappreciated, easily dismissed and disrespected. Many spoke of being "afraid" to complain for fear of retribution, and felt they were often "targeted" through placement freezes and negative notes in their files. Participants spoke of frustration with case managers' lack of communication, unclear expectations placed upon them, and repeated inquiries from licensing staff for information previously provided. Foster parents spoke of feeling "alone" and "not part of the team".

Case managers and case manager supervisors did not consistently believe that they played a role in retaining foster parents. Some felt retention was directly linked to the type of children the foster parents received, not the case manager. Others felt their role in retention was related to clear and thorough communication. In Seminole County, in an effort for case managers to understand the foster parents' perspective, the foster parent advocate and trainer held interactive trainings, including role plays, with case managers and supervisors.

Additional items reported to impact retention is the lack of child care, unclear expectations when supervising visits, and the overage costs (medical/dental) associated with caring for the children. It was reported that there are a limited number of child care centers and slots available for foster children resulting in foster parents having to pay a cost difference, in some case an extra $75 a week. Foster parents reported that they would feel more comfortable supervising visits if they were provided with specific training and clear expectations as to their role and responsibilities while supervising visits.

Placement Process

CBCCF contracts with IMPOWER to provide intake and placement services. Investigators/ case managers contact IMPOWER when a placement is needed. IMPOWER staff collect information aligned with the placement assessment including the child(ren) demographic, behavioral, emotional, developmental, and physical needs as well as connections to siblings and other affiliated agencies. This information is then shared with the child placing agencies via email and they begin looking to match the child(ren) to an appropriate foster home. Each agency maintains an internal spreadsheet that is submitted to IMPOWER daily. If a placement cannot be found within four hours, the child(ren) may be brought to the "Welcome Center" at Great Oaks Village. This is an emergency placement option which is used during late night removals or if an identified caregiver needs extra time to be available to the child. IMPOWER staff are co-located in each service center. Any placement that is not going into a traditional foster home must be approved by the Utilization Manager, Operations Manager, and Executive Director.

CBCCF aims to maintain a trauma informed process for initial placements. Placement staff often encourage CPIs to ask the child(ren) questions about their favorite foods, fears, and wishes. This approach has even been incorporated onto staff badges: CPI badges have a list of "5 important questions to ask" at removal and case manager badges have a list of "5 things to tell foster parents" upon placement. Survey results indicate that foster parents feel they are not getting all the required information about children prior to their placement. Placement Stability Staffings are conducted to stabilize placements and are recorded and followed up by intake and placement staff. Clinical staff are also available to provide expertise and assistance in cases where higher levels of care are necessary based on the child's need. Although processes are in place to plan for transitions, on-site focus groups revealed that transition plans are rarely created or adhered to. While efforts are being made to have a trauma informed placement process, application on a consistent basis is challenging.

Placement staff attempt to make placements within county a priority, however as noted in Figure 17, this is not always possible. Currently, CBCCF's number of children placed out of county, circuit, and region significantly surpass the statewide averages. (See Figure 17) A Match Specialist is used to identify less restrictive placements, support transition planning, and oversee sibling visits. Weekly meetings are also held to review step down options, group home placements, separated siblings, and out of county placements.

All staff have been trained on child placement agreements. CPIs inform placement staff at removal that the child requires or is currently on one. The Clinical Coordinator at each service center helps develop and maintain child placement agreements. The agreement may be modified upon initial or subsequent placement or as needed by case managers.

Figure 17. Source: FSFN OCWDRU Report #1192
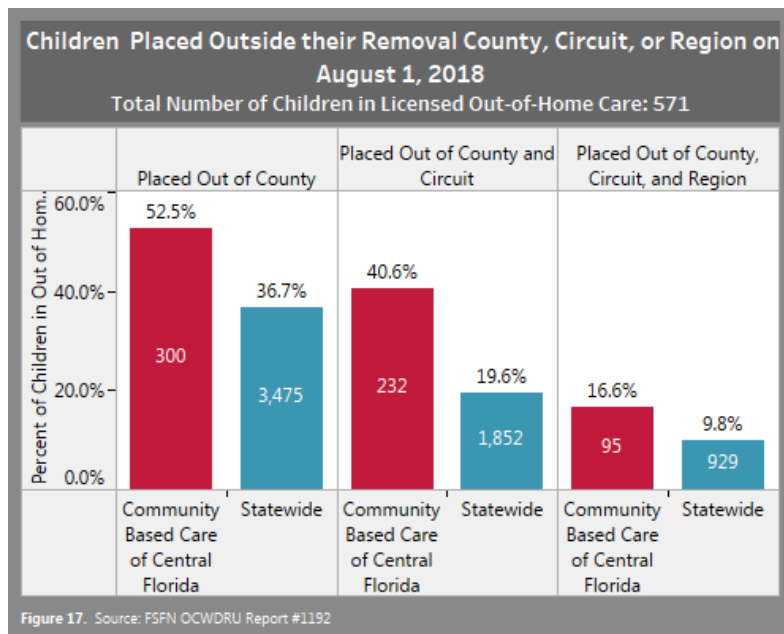
Group Home Care

CBCCF recognizes that children should be placed in the most family-like setting possible, but when that cannot occur, they are cognizant of those group homes which yields quality care for the children placed there. Any group care placement must be approved by the Utilization Manager, Operations Manager, and Executive Director. The contract management team monitors these placements, will partner with DCF if areas of concern arise and will conduct unannounced visits when receiving any complaints. CBCCF will discontinue contracting with any group home that shows significant concerns. Group care is the option of last resort. Group homes provide monthly reports on each child in their care which includes medication logs, IL life skills training, participation in normalcy activities, and status on keys to independence, if applicable.

Figure 18. Source: FSFN OCWDRU Report #1005
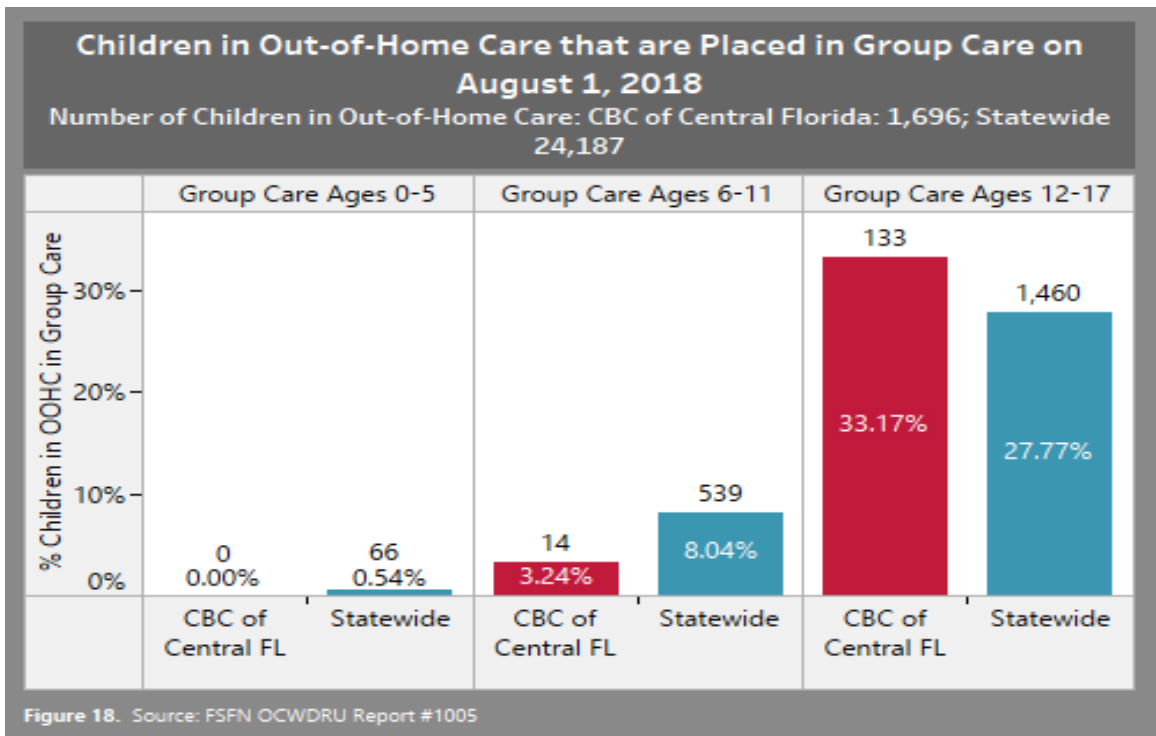
As of August 1, 2018, 8.7% of children in out-of-home care that CBCCF serves were placed in group care. (See Figure 18). There were no children under the age of five in group care. Although, compared to the statewide average, CBCCF had fewer children ages six to eleven in group care, they had more children ages twelve to seventeen in group care.

Relative/Non-Relative Caregiver Supports

CBCCF has been successful in maintaining a significant number of children with their relative and non-relative caregivers, as evidenced in Figure 19. Through community Initiatives, CBCCF receives grant money to provide and expand Kinship services for relative/non-relative caregivers. As soon as Intake & Placement receive notification that a placement in relative/non-relative care will be made, placement specialists make a referral to the Kinship program, which is opened immediately. The Kinship case manager will attend the shelter hearing and the CTS. The case managers, with assistance from Rev Max helps the caregiver apply for and obtain food stamps, housing, Medicaid, child care, and caregiver funds. Additionally, in-kind donations and flex funds are utilized to provide food, beds, clothes, school supplies, etc. Family Support Coordinators provide an in-home assessment, develop family support plans and provide case coordination services for 3-6 months. Monthly support groups are available to all and help relative caregivers with similar experiences make new connections with other caregivers to increase their social support.

Fig 19. Source: OCW Children in Out of Home Care Dashboard
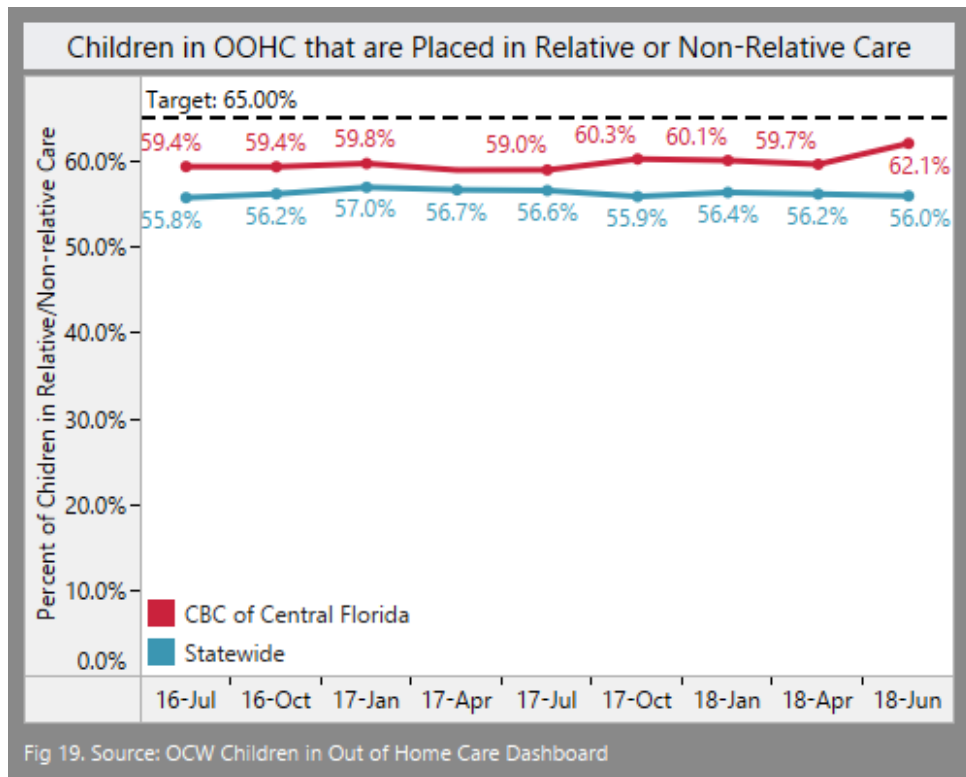
Services to Transitioning Youth and Young Adults

The Independent Living and Extended Foster Care (IL/EFC) program and staff are a strength of CBCCF. Each CMA has dedicated case managers responsible for IL/EFC youth. CBCCF employs four Youth Services Managers, a Youth Services Director, a Coordinator, a Housing Manager, an Education Manager, and an Employment Manager. Case managers are assigned as the secondary when the youth turns 16 and transition meetings are held every 90 days. CBCCF is resource rich for youth enrolled in or transitioning to independent living, EFC, PESS, or Aftercare. The Housing Manager works with apartment complexes, foster homes, and shelters to secure housing for youth and assist the youth in creating

shared living agreements. He has established relationships with newly built developments to secure units under the auspices of meeting HUD requirements. This relationship has allowed youth to live in new, safe apartments at low-cost rent. The Education Manager assists youth with IEPs, financial aid applications, securing GEDs, and post-secondary enrollment. The Employment Managers assist youth in creating resumes, job searches, and interviewing skills. Partnerships with other agencies such as Goodwill and CareerSource aid in job placement. Through connections with the CBCCF board, a job shadowing program was created which allows youth to shadow various people in various positions for two hours, exposing them to different occupations. As mentioned earlier, an apprenticeship program has also been established which provides hands-on skill training in various industries. Monthly partner meetings with all IL/EFC staff encourage consistency between counties, resource sharing, and problem solving. A resource guide is updated monthly and distributed to all staff.

Life skills are taught through various hands-on activities, such doing laundry and grocery shopping, and trainings, such as a financial literacy training provided by Regions Bank. Youth are also provided with an IL toolkit which highlights various skills for youth to achieve. Eligibility Specialists manage youth payments and track education and employment requirements. Eligibility Specialists also check youth credit reports and identify and assist with any discrepancies.

Two impressive initiatives formed through CBCCF partnerships are the Cars for Kids program with Reed Nissan and the car loan program through Iberia Bank. The Cars for Kids program donates two vehicles to youth at CBCCF. Reed Nissan uses their commercial space for nine weeks to highlight each youth's story and the public votes on which youth will receive the vehicle. The partnership with Iberia Bank allows CBCCF to co-sign auto loans for the youth which helps the youth obtain a low-cost vehicle payment while building up their credit.

Three Youth Advisory Boards are active and assist with training group home staff ("How group home staff impacted me"), creating marketing flyers, and have developed a resource guide for youth depicting what to expect in foster care and beyond. Additional wrap around supports include a mentor program, a "my jump vault" champion, public allies (AmeriCorps internships), Keys to Independence team, A OK financial assistance, and High School Hi-Tech.

ANALYSIS

Strengths include the intake and placement unit, integrated trauma informed practices during initial placements, kinship services and support, eligibility specialists, and the IL/EFC program and staff. There is a strong commitment to ensuring children are initially placed in the best and least restrictive placement. Foster parent recruitment processes are challenging and undefined. Targeted and impactful retention strategies, including partnering with foster parents, are lacking.

SECTION 10: PRACTICE

SUMMARY

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

Theory Comprehension

CBCCF, in conjunction with CMAs, reviews the application of a family-centered and trauma-informed approach in working with families, case reviews, case staffings, and quality assurance. Trainings are available through in-service, supervisor reviews, and individualized case reviews completed by QA. CBCCF is focused on integrating theory comprehension into daily practice, qualitative review results indicate that concepts are not being consistently applied.

Practice Competency

CBCCF is committed to Practice Model Proficiency. The most recent information regarding safety methodology implementation status can be located in the [Child Welfare Key Indicators Monthly Report - August 2018.](#) Staff are trained on the Practice Model during pre-service and provided with refresher courses through in-service training and job coaching, as needed. In an effort to create a work culture which supports implementation, CBCCF required all operations staff and case management agency leadership to participate in and successfully complete a proficiency process designed internally by CBCCF staff. The proficiency process included:
1. staff being matched with a mentor,
2. observations of the staff conducting three case consultations,
3. a written exam where the concepts are tested,
4. a presentation to a panel describing feedback that would be provided to a case manager, and
5. a roleplay where any areas of practice could be further examined by questioning/challenging feedback being provided

The final part of the proficiency training required the staff to successfully mentor a subsequent participant.

In October 2017, recognizing that CBC Lead Agency staff required additional support to understand the practice model, the Training Manager developed a four-part in-service training geared toward a target audience consisting of CEO, COO, CLO, Clinical, Licensing and Network Support staff. The training is an intensive overview of the main concepts of the practice model with sessions addressing:
1. Identifying danger and safety planning,
2. Assessment and case planning,
3. Assessing progress and identifying stage of change and
4. FSFN document review

CBCCF reinforced the role of the case manager supervisor by providing additional guidance tools and supports during delivery of the Supervisor Model Training. Practice model application was reinforced during all staff trainings and during a "Connecting the Dots Training Series". and through practice support in unit level Learning circles facilitated by CBCCF trainers also support practice model implementation. A second series of the supervisor trainings centered primarily on FSFN and practice model documentation was delivered in late Spring 2017.

To further expand Practice Model comprehension and practices, CBCCF utilized non-recurring safety management funds to train their partner providers on key concepts and common terminology associated with participating in safety planning. With a greater understanding of the Practice Model, providers' reports and feedback are aligned with Practice Model terms and language, making the feedback more valuable and consistent across all parties involved.

All staff are trained on the Practice Model, trauma informed care and family centered practice principles from pre-service training to field application and beyond. However, qualitative data results indicate that trauma informed care and family centered practices are not being consistently applied or integrated into their daily work.

SECTION 11: PARTNERSHIP RELATIONS

This category focuses on established relationships with Child Protective Investigators (CPI), Children's Legal Services (CLS), the Judiciary, Guardian ad Litem (GAL), other governmental agencies, domestic violence providers, coordination of educational services and other area partnerships. CBCCF County Executive Directors meet monthly with CPI/CLS stakeholders to review operational status and barriers; and DCF/CBCCF host a monthly larger stakeholder System of Care operational review meeting that includes leadership from DCF, CBCCF, GAL, APD, SAMH, and CFCHS to review system of care performance.

Child Protective Investigations

Child Protective Investigations is provided by DCF in Orange and Osceola counties and the Seminole County Sheriff's Office in Seminole County. DCF Investigators and supervisors report having strong relationships, with the ability to work through difficult issues or differing opinions. Strong relationships are not as apparent between Seminole County Sheriff's Office and CMA staff, resulting in difficult interactions when trying to work through challenges. If a new report is called in on an open investigation, CPIs contact the case manager and a joint visit is completed. Case transfer staffings (CTS) are scheduled through IMPOWER and facilitated by Program Directors. Investigators and front-line staff spoke positively about the case transfer process; however, some of the time it was felt that the case manager supervisors, who are assigned to attend staffings on behalf of case managers, were not adequately prepared for the staffing. Seminole County Sheriff's Office Investigators do not invite parents to CTS and will not participate in a staffing if a parent arrives. When CMAs have tried to encourage more family involvement in staffings with SCSO, they have been met with refusal.

Children's Legal Services

The relationship between CBCCF and CLS supports efficient communication and timely receipt of court documents and services. CLS reports inconsistency in experience, responsiveness, and thoroughness in case managers and CMAs cause some frustration, but they are empathetic to the work demands of case managers and will assist when needed. CLS expressed the need of one centralized person to conduct diligent searches due to inconsistencies in staff ability between all three counties. Conditions for Return has been implemented in all three counties but has begun to cause conflicts in Orange (due to differing opinions on what needs to be incorporated on Conditions for Return) and Osceola county (due to case managers' trepidation of GALs resistance). In Seminole County, CLS participates in system integration meetings (bi-monthly conference calls) with staff from CMA, GAL, and Regional Counsel. CLS is available to provide training to all CMAs on legal processes and updates. CLS reported that going through the Practice Model training has strengthened their relationship with front line staff and service providers.

Judiciary

Within CBCCF's service area there are three different court systems and each county interacts with the judiciary differently. The judiciary survey response indicated that CBCCF and the frontline staff were meeting the needs of the children and families by being resourceful, prepared, and engaging. In Orange County, the judiciary and leadership staff hold monthly "brown bag lunches" to address barriers and discuss systemic issues. On-site focus groups and interviews spoke of challenges with the judiciary in Osceola and Seminole County. It was reported that some case managers in these areas lack confidence and are overly anxious about making and admitting to a mistake (even minor ones) for fear of losing all credibility with the judiciary. There is a perception that if a case manager makes an error, the judge(s) will no longer trust them or their casework.

GAL

The GALs in Orange County are attorneys while GALs in Osceola and Seminole County are volunteers. Relationships with Orange County GALs are mostly positive and are continuing to improve. In the other counties, relationships with GALs are challenging or non-existent. Focus groups indicated that the GAL "drives the bus" on cases, often have unrealistic expectations for the families and consistently advocate for TPR or lengthy stays in foster care. Often times, case managers are resistant to utilizing conditions for return in an effort to avoid conflict with the GAL. Survey responses from GALs indicated they feel they are not included in staffings or kept abreast of changes.

Early Childhood Court

CBCCF partners with Orange County for an early childhood court pilot, which targets mothers with dependent children under the age of 5. Dedicated case management support is provided by One Hope United. The program provides mothers with additional therapies, visitation and parenting supports while expediting the traditional hearing schedule.

Department of Juvenile Justice

CBCCF has two staff that serve as DJJ liaisons and who work to provide families with mentoring and other services. Diversion Managers in each county manage complex cases that require system navigation such as the SIPP application process for community children.

Managing Entity

Central Florida Cares Health System, Inc. (CFCHS) is the managing entity contract by DCF serving CBCCF's service area. CBCCF has corroborated with CFCHS to create a streamlined referral and funding process with mutual providers for maximum utilization of each agencies' limited funding and resources and to better track service quality and client engagement. In response to significant substance abuse issues faced by parents and families, the Family Intensive Treatment Team (FITT) program was expanded from Orange County to Seminole County. Mental Health Integration Specialists are available to investigators and during CTS to assist with assessment and to provide additional resource support.

 Domestic Violence Service Providers

There are co-located DV Advocates available to participate in safety planning and staffings, including case transfer staffings. These experts provide on-going support and guidance to case management staff.

Educational Coordination

An education liaison works closely with CMAs to ensure children's educational needs are met through ESSA (Every Student Succeeds Act) staffings. The Education Liaisons work with local public schools, case management staff and out of home caregivers to assist with enrollment and educational services including transportation when indicated.

Other Partners

Orange County Government manages Great Oaks Village (GOV), which serves as a shelter (Welcome Center) and residential group care facility. Funding for this program in the amount of $2.68 million is provided by the Department, as legislatively mandated, from CBCCF's contract to provide 46 beds for CBCCF's use. Information gathered through surveys and on-site focus groups exposed a challenging relationship between GOV and CBCCF. Challenges are routinely discussed at monthly meetings between the Region, GOV, and CBCCF. With increasing focus on keeping children out of shelters and group homes, a stronger, cooperative collaboration between GOV and CBCCF is necessary to remain relevant and meet the ever-changing needs within the system of care.

Pathways to Home, a housing stabilization program for homeless families, expanded from Seminole County in March 2017 to include Orange and Osceola families. The program can serve families with no or low income from both the child welfare system and community at large. Referrals can come from diversion/prevention or dependency case managers.

Specialized Medical Unit Case managers (supported by the Child Advocacy Center) support in-home medical neglect cases and focus on providing increased oversight. Nurse Health Coordinators (funded through CBC-IH) provides supports for children, including ensuring Health Risk Assessments are completed and helping to navigate intensive health needs for children in foster care.

ANALYSIS

CBCCF works collaboratively with partners to ensure children and families are receiving needed services. When faced with challenges, CBCCF approaches them with the philosophy of "What can we improve or do differently", not "who is to blame". This leadership approach sets an example for all staff and partners to follow. Partnership meetings are held routinely to address concerns or issues. Continued effort to address relationships with the judiciary and GALs in Osceola and Seminole Counties and Great Oaks Village is warranted.

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.

Faith-Based Community

CBCCF has built some relationships throughout the faith-based community. Two subcontracted providers responsible for recruitment and licensing are faith based and utilize their religious affiliations to spread the word about the need for foster parents. Additionally, CBCCF has relationships with

churches that provide tangible supports in the way of Christmas gifts, food, furniture and other donated items collected and stored in the clothing closet that may be needed in the future.

Business Community

CBCCF has strong relationships with businesses throughout the community. CBCCF's relationships have created job opportunities, enhanced and expanded services, increased awareness, raised funds and provided countless tangible items. Relationships with banks and car dealerships have assisted youth in the Keys to Independence program. Relationships with housing and apartment complexes have assisted older youth and families in providing affordable, safe residences. A relationship with the Orlando Science Center has allowed supervised visitation to occur on the weekends in a safe, family friendly location.

Media Relationship

CBCCF actively engages media partners to showcase events, increase awareness of CBCCF initiatives, and involve the community in their mission. CBCCF uses radio, television, newspaper/print, and social media in various ways. Further development of using media to recruit foster parents is encouraged.

ANALYSIS

CBCCF's relationships with community partners are strong, particularly in the business community. CBCCF is encouraged to continue to establish, expand and nurture collaborative relationships within the community. Targeted foster parent recruitment efforts using various media outlets is lacking.

SECTION 13: ACTIONS TAKEN IN RESPONSE TO PREVIOUS MONITORING ACTIVITIES

The CBC Monitoring Team completed a desk review in FY March 2018. The following is a summary of the findings and any actions taken by CBCCF to improve. The full FY17/18 Contract Oversight Desk Review of Community Based Care of Central Florida monitoring report is available for reference.

Areas Needing Action Identified in Previous Report

1) **Rate of abuse or neglect per day while in foster care (SM01)**
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Improved Performance:* While CBCCF has not met the target on this measure, they have seen improvement over the last eight quarters, moving from 10.17 (FY16/17, Q1) to 9.44 (FY 17/18, Q4).
   c) *Summary of Actions Taken:* The Department and CBCCF participate in a monthly performance meeting to discuss barriers to performance and additional action items required to address performance measures.

2) **Percent of children exiting foster care to a permanent home within 12 months of entering care (SM05)**
   a) This finding was not included on a corrective action or performance improvement plan.

   b) *Improved Performance:* Performance has shown an upward trend in the most recent three quarters and CBCCF has performed above the target in three of the previous eight quarters.

c) *Summary of Actions Taken:* CBCCF completes weekly front-end reviews with Executive Directors on all cases at transfer up to 45 days. Executive Directors are reviewing and staffing older cases with the CMAs at weekly Healthy Systems meetings for follow-up to increase discharges and move cases to permanency. The Department and CBCCF participate in a monthly performance meeting to discuss barriers to performance and additional action items required to address performance measures.

3) **Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home (SM07)**
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Improved Performance:* CBCCF's performance has met the target in three of the past eight quarters. Currently, 92.9% of the children served by CBCCF are not re-entering care within 12 months of moving to a permanent home, above the statewide average and the national target.
   c) *Summary of Actions Taken:* The Department and CBCCF participate in a monthly performance meeting to discuss barriers to performance and additional action items required to address performance measures.

4) **Percent of sibling groups where all siblings are placed together (SM12)**- This measure was not met in four of the past five quarters.
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Improved Performance:* While CBCCF has not met the target and performed below the statewide performance in seven of the previous eight quarters, performance improved overall from 61.2% (FY 16/17) to 64.5% (FY 17/18).
   c) *Summary of Actions Taken:* CBCCF facilitates weekly foster home matching for sibling groups. CBCCF increased the Kinship contract to target teens and sibling group placements by providing immediate and ongoing support. The Department and CBCCF participate in a monthly performance meeting to discuss barriers to performance and additional action items required to address performance measures.

5) **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)?**
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Performance Declined:* CBCCF's performance showed a 2% decrease of and remains below the statewide target, state and federal expectations, and the PIP goal.
   c) *Summary of Actions Taken:* CBCCF increased Kinship support services and increased the utilization of Placement Support Staffings. The Department and CBCCF participates in a monthly performance meeting to discuss barriers to performance and additional action items required to address performance measures.

6) **CQI Item 5- Did the agency establish appropriate permanency goals for the child in a timely manner?**
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Improved Performance:* CBCCF's performance showed a 13% increase but remains below the statewide target, state and federal expectations, and the PIP goal.

c) *Summary of Actions Taken:* CBCCF completes weekly front-end reviews with Executive Directors on all cases at transfer up to 45 days. The Department and CBCCF participates in a monthly performance meeting to discuss barriers to performance and additional action items required to address performance measures.

7) **CQI Item 6- Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child?**
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Improved Performance:* CBCCF's performance showed a 1.2% increase but remains below the statewide target, state and federal expectations, and the PIP goal.
   c) *Summary of Actions Taken:* CBCCF increased Kinship support services and increased the utilization of Placement Support Staffings. The Department and CBCCF participate in a monthly performance meeting to discuss barriers to performance and additional action items required to address performance measures.

Opportunities for Improvement Identified in Previous Report

1) **Review and discuss cases involving children currently placed in residential care for possible step down to a less restrictive placement option. CBCCF has a higher percentage of children in residential care than the statewide average.**
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Improved Performance:* CBCCF's percentage of children in residential care decreased from 12.31% in FY16/17 and is currently 8.7%, only .2% over the statewide percentage.
   c) *Summary of Actions Taken:* CBCCF coordinates monthly residential group care step down staffings in each county to review children in residential group care to identify possible alternative placements. The staffings include the involvement of the Clinical Utilization Manager, Intake & Placement, Operations Managers, and Executive Directors. Weekly staffings are held to address action plans to step children down and/or for reunification.
2) **Review and discuss cases involving children placed outside of the county and circuit for possible closer placement. CBCCF has twice as many children placed out of their home county and circuit than the statewide average.**
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *No change in performance:* There has been no change in CBCCF's performance in percentage of children placed out of their home county (12/31/17: 52.4%; 8/1/18: 52.5%), circuit (12/31/17:40.7%; 8/1/18: 40.6%) and region (12/31/17: 16.5%; 8/1/18: 16.6%). Rates remain higher than the statewide averages (county-36.7%; circuit-19.6%, region-9.8%).
   c) *Summary of Actions Taken:* CBCCF coordinates monthly residential group care step down staffings in each county to review children in residential group care to identify possible alternative placements. The staffings include the involvement of the Clinical Utilization Manager, Intake & Placement, Operations Managers, and Executive Directors. Weekly staffings are held to address action plans to step children down and/or for reunification. The Department and CBCCF participate in a monthly performance meeting to discuss barriers to performance and additional action items required to address performance measures.

3) **Placement moves per 1,000 days in foster care (SM08)-** CQI data echoes quarterly data that placement moves are increasing.
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Performance Declined:* CBCCF's performance in this measure has trended negatively from FY16/17, Quarter 2 until FY17/18, Quarter 4. While they performed better than the state in the last quarter, they have not met the target in five of the eight quarters reported. Qualitative case reviews indicate that CBCCF's performance declined 2% from FY16/17 to FY17/18 on CQI Item 4 (ensuring stable placement and that any moves are in the best interest of the child). This score is below the statewide performance, the PIP goal, and the federal and state expectations.
   c) *Summary of Actions Taken:* CBCCF increased Kinship support services and increased the utilization of Placement Support Staffings. The Department and CBCCF participate in a monthly performance meeting to discuss barriers to performance and additional action items required to address performance measures.
4) **Percent of children in foster care who received a dental service in the last seven months(SM10) -** CQI Item 17 which measures children receiving medical and dental services, shows a 10% decrease from FY 15/16 and is scoring below the statewide performance and federal state expectations.
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Improved Performance:* CBCCF performed above the statewide target in five out of the previous eight quarters. CBCCF improved performance by 9.1% in CQI Item 17, scoring above the statewide performance but still below the federal and state expectations.
   c) *Summary of Actions Taken:* The Department and CBCCF participate in a monthly performance meeting to discuss barriers to performance and additional action items required to address performance measures.

SECTION 14: ON-SITE MONITORING SUMMARY

SUMMARY

CBCCF is an established community-based care agency serving Circuit 9 and Circuit 18-Seminole County in the Central Region of Florida. CBCCF's leadership culture and collaborative efforts in the community reflect their commitment to provide the best care to not only the children and families they serve, but also to their community, their employees and subcontractors, and to their partners. Their approach to collaborate and not dictate, to guide and not micro-manage, and to be accountable rather than condemning has contributed to the strengths within the local child welfare system of care.

Opportunities for system of care enhancement are inherent in all community-based care organizations. CBCCF's leadership, staff, along with established partnerships 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 prompt attention and action as they impact child safety, are violations of statute or administrative rule, or are areas where CBCCF has consistently underperformed:

1. Performance
    a. **Rate of abuse or neglect per day while in foster care (SM01)**
        i. While CBCCF has not met the target on this measure, they have seen improvement over the last eight quarters, moving from 10.17 (FY16/17, Q1) to 9.44 (FY 17/18, Q4). CBCCF has seen improvement on this measure in the last eight quarters and efforts to improve should continue.

    b. **Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home (SM07)**
        i. CBCCF has seen improvement on this measure in the last eight quarters and efforts to improve should continue.

    c. **Placement moves per 1,000 days in foster care (SM08).**
        i. This was a previous item under opportunity for improvement. CBCCF has not met this measure for two years. CBCCF's performance in this measure has trended negatively from FY16/17, Quarter 2 through FY17/18, Quarter 4.

    d. **Children placed outside their removal county, circuit, region**
        i. CBCCF's percentage of children placed out of their home county, circuit and region remains higher than the statewide percentage and percentages remained similar to the prior year. This was identified as an opportunity for improvement in the FY 16/17 COU Desk Review.

    e. **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)?**
        i. CBCCF has seen a decline in performance on this measure and should review and evaluate efforts to address this measure.

2. Systemic
    a. **Placement Resources and Process**
        i. **Recruitment and Retention.** Further efforts to streamline the foster parent recruitment process, along with targeted and impactful retention strategies, including partnering with foster parents, is needed to increase foster parent satisfaction and retention.

3. Administrative
    a. **Incident Reporting**-CBCCF's incident reporting policy must include the required process regarding notification to a client's guardian, representative or relative CFOP 215-6(6)(a)(3)

OPPORTUNITIES FOR IMPROVEMENT:

These findings represent areas where there is need for analysis and development of an agency improvement plan.

1. Performance
    a. **Percent of children exiting foster care to a permanent home within 12 months of entering care (SM05):** Performance has shown an upward trend in the most recent three

quarters and CBCCF has performed above the target in three of the previous eight quarters. CBCCF has seen improvement on this measure in the last eight quarters and efforts to improve should continue.

c. **Percent of sibling groups where all siblings are placed together (SM12)**: While CBCCF has not met the target and performed below the statewide performance in seven of the previous eight quarters, performance improved overall from 61.2% (FY 16/17) to 64.5% (FY 17/18).

d. **Children in Out-of-Home Care that are placed in Group Care**- CBCCF's percentage of children in residential care remains higher than the statewide percentage, but CBCCF decreased their overall percentage from 12.31% to 8.7%**.** This was identified as an opportunity for improvement in the FY 16/17 COU Desk Review.

e. **CQI Item 5, Did the agency establish appropriate permanency goals for the child in a timely manner,** While CBCCF's performance improved by 13% in this measure in FY 17/18, it remains below the statewide target, state and federal expectations, and the PIP goal. CBCCF has underperformed in this measure for two years.

f. **CQI Item 6, Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child,** While CBCCF's performance improved by 1.2%, it remains below the statewide target, state and federal expectations, and the PIP goal. CBCCF has underperformed in this measure for two years.

g. **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,** CBCCF's performance decreased 3.3% and remains below the statewide target, state and federal expectations, and the PIP goal. CBCCF has underperformed in this measure for two years.

h. **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,** CBCCF's performance decreased 9% and remains below the statewide target, state and federal expectations, and the PIP goal. CBCCF has underperformed in this measure for two years.

i. **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?,** CBCCF's performance decreased 7.2% and remains below the statewide target, state and federal expectations, and the PIP goal. CBCCF has underperformed in this measure for two years.

j. **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, CBCCF's performance decreased 22.5% and remains below the statewide target, state and federal expectations, and the PIP goal. CBCCF has underperformed in this measure for two years.

k**. CQI Item 15, Were the frequency and quality of visits between caseworkers and the mothers and fathers sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?** CBCCF's performance decreased 14.5% and remains below the statewide target, state and federal expectations, and the PIP goal. CBCCF has underperformed in this measure for two years.

2. Systemic
   a. **Partner Relations, Other Partners-Great Oaks Village**, Further efforts to work through the various challenges and build a positive partnership with GOV is warranted.

ADMINISTRATIVE FINDINGS:

The following administrative findings were identified during the monitoring:

Incident Reporting
A sample of 20 incidents (out of 233 critical and non-critical incidents) were reviewed to determine compliance with CFOP 215-6 and CBCCF's internal incident reporting procedure.

In 73.3% (11 of the 15 critical incidents reviewed), notification was made timely, in accordance with CFOP 2015-6(4), which requires incidents be reported within 1 business day. The four that were not reported timely were reported 1-3 days late.

In 66.6% (10 of the 15 critical incidents reviewed), the notifications were made as required by CFOP 215-6(6)(a)(3) to a client's guardian, representative or relative. During this review it was learned that CBCCF's incident reporting policy does not have this requirement, which is required.

1. Additional CBCCF specific critical incident reporting procedures including law enforcement involvement shall include a police report number was met in 62.5% (5 of 8 applicable critical incidents reviewed), 1 of 2 applicable critical incidents had unrelated children listed on separate incident reports, and in two missing child related critical incidents the missing child report was not attached to the critical incident.

Subcontracts
A sample of 10 (out of 23) subcontracts were reviewed to ascertain if all applicable contract clauses/language found in the contract between DCF and CBCCF were passed through/communicated as required by Contract GJL57 to subcontracted providers of CBCCF.

1. All subcontracts reviewed contained the language including CBCCF, however the Department was omitted:
   a. That the subcontractor may not represent to others that it is an agent of the Department and has no authority to bind the Department by virtue of the subcontract, unless permitted in writing.

b. The subcontracts do not communicate that the subcontractor is an independent contractor and may not be considered or permitted to be an officer, employee, or agent of the State of Florida.
   c. The subcontracts do not require that the subcontractor may not offer to give any gifts to any Department employee, and that the provision shall survive the contract for a period of two years.
   d. The subcontracts do not include language that Department duly authorized personnel may interview subcontractor employees and clients.
   e. The subcontracts do not include language that require subcontractors permit access to facilities, goods, and services by persons duly authorized by the Department.
   f. The subcontracts do not require that subcontractors offer measures deemed appropriate by DCF to mitigate or avoid injury to any person as a result of an information security breach.
2. Subcontractors are required to have insurance in effect at all times during the term of the contract and provide CBCCF with a certificate that names the Department as a certificate holder
   a. 30% (3 of 10 certificates reviewed) names DCF as a certificate holder, however two of those certificates were expired.
3. Additional CBCCF specific subcontract monitoring requirements specify that a monitoring plan should be prepared when a provider is selected for monitoring – All 10 subcontractors had been monitored by CBCCF, however a monitoring plan had not been prepared.
   a. 90% of subcontractors (9 of 10) were notified of the upcoming monitoring timely according to CBCCF policy.
   b. 60% of subcontractors (6 of 10) were provided with a final written report timely according to CBCCF policy.
   c. In 80% of reviews where CBCCF requested corrective action (4 of 5), the provider received timely notification of approval according to CBCCF policy.

Employment Eligibility

A sample of 10 (out of 15) newly hired staff was reviewed for employment eligibility information. Of the reviewed I-9 forms, two were missing the preparer and/or translator certification information, two used incorrect forms, and one was missing the address and date of birth of the employee.

Information Security

A sample of 20 (out of 80) security certificates were reviewed and found to be in compliance.

SECTION 15: INNOVATIVE PRACTICES

CBCCF has developed some innovative practices which positively augment their system of care. They are:

- Practice Model- To further expand Practice Model comprehension and practices, CBCCF utilized non-recurring funds to train their partner providers on key concepts and common terminology. With a greater understanding of the Practice Model, providers' reports and feedback are aligned with Practice Model terms and language, making the feedback more valuable and consistent across all parties involved.

- Housing for EFC/IL Youth- CBCCF's Housing Manager has utilized his knowledge on the "Fair Housing" federal regulation, which requires apartment complexes to designate a certain number of units for "Extremely Low Income-ELI" individuals, to secure safe, new housing for EFC/IL youth. CBCCF has formed MOUs with various new apartment complexes to set aside these units for EFC/IL youth with rental payments ranging from $175-$440 (1-4 bedrooms).

- Cars for Kids- The Cars for Kids program was created out of partnerships with local businesses. Reed Nissan donates two vehicles a year to youth served by CBCCF. Reed Nissan uses their commercial space for nine weeks to highlight each youth's story and the public votes on which youth will receive the vehicles. A partnership with Iberia Bank allows CBCCF to co-sign auto loans for the youth helping them obtain a low-cost vehicle payment while building up their credit. To date, CBCCF has co-signed twelve car loans and four have been completely paid off.

Community Based Care of Central Florida - Survey Summary Report

The CBC Monitoring Team conducted surveys of six stakeholder groups prior to the on-site monitoring of Community Based Care of Central Florida. The surveys were open from May 18, 2018 through June 27, 2018. The results are contained in this Survey Summary Report.

The responses are depicted as the "percent of positive responses" which is defined as the number of positive responses divided by the number of positive and negative responses. Positive responses include "agree", "strongly agree", "every time", "Usually, about 90% of the time", and "Frequently, about 70% of the time". For the purposes of this analysis responses of "not sure" and "not applicable" were removed from the total number of responses, which is reflected in the response rate for each question.

Maximum and minimum lines represent the highest and lowest percent of positive responses a CBC received for a given question in the CBC's most recent survey results. Response Rate is specific to the CBC (denoted by the red line) and does not reflect any statewide averages (denoted by the blue line). The Statewide Average includes the CBC.

CLS Survey Responses - CBC of Central Florida
Percent of Positive Responses*

Q2. How many years have you served with the CLS program?
Response Rate: 92.3% (24 responses out of 26 surveys sent)

- Less than One Year: 3
- One to Two Years: 4
- Three Years or More: 17
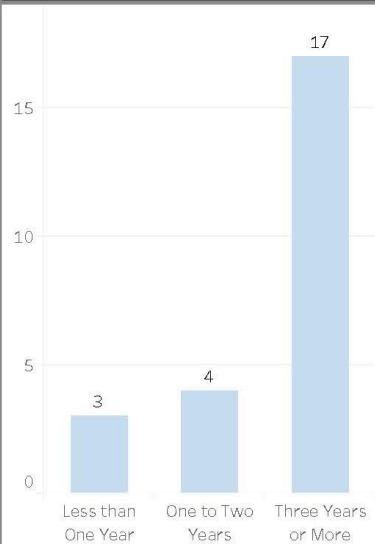
Q3. Case Managers effectively identify appropriate services to meet the needs of children.
Response Rate: 88.5% (23 responses out of 26 surveys sent)

- Maximum: 95.7%
- CBCCF: 82.6%
- Statewide Average: 66.6%
- Minimum: 40.0%
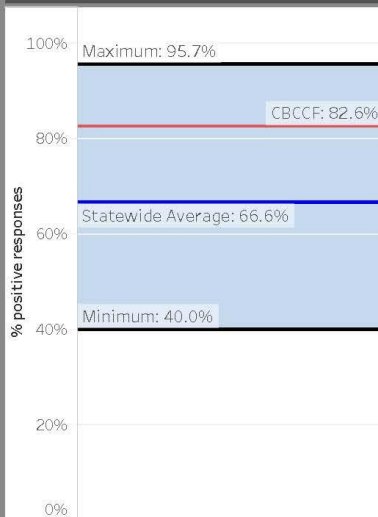
Q4. Case Managers providing supervision to families are actively engaging with the families.
Response Rate: 88.5% (23 responses out of 26 surveys sent)

- Maximum: 86.4%
- CBCCF: 82.6%
- Statewide Average: 57.2%
- Minimum: 33.3%
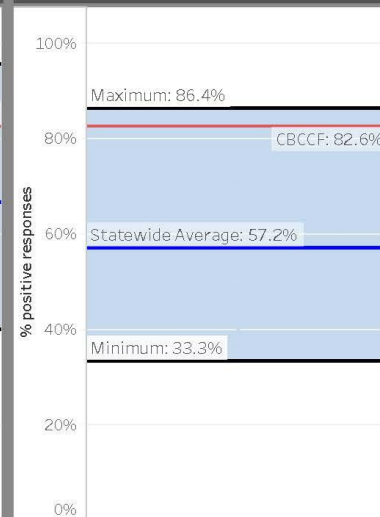
Q5. Case Managers consistently make reasonable efforts to assist families.
Response Rate: 88.5% (23 responses out of 26 surveys sent)

- Maximum: 87.0%
- CBCCFL: 78.3%
- Statewide Average: 53.6%
- Minimum: 33.3%
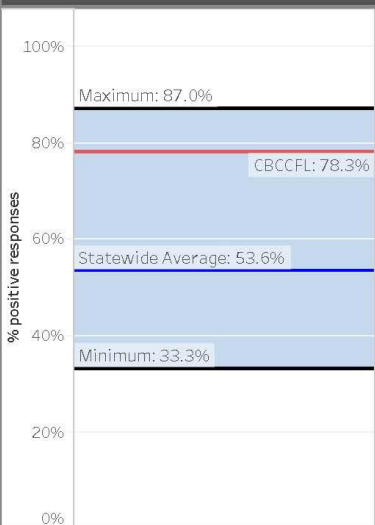
Q6. Case Managers work with families to construct individualized case plans.
Response Rate: 80.8% (21 responses out of 26 surveys sent)

- Maximum: 90.9%
- Statewide Average: 54.9%
- CBCCF: 38.1%
- Minimum: 30.0%
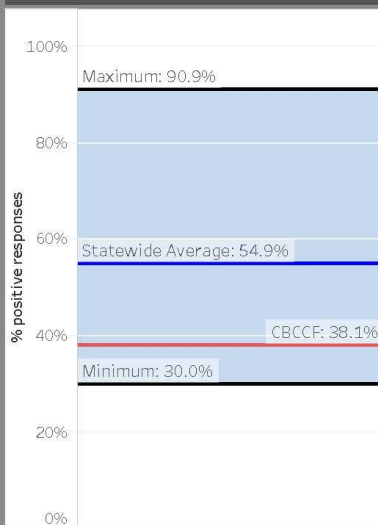
Q7. Case Managers gather quality information regarding case plan progress from services providers, including written progress reports.
Response Rate: 80.8% (21 responses out of 26 surveys sent)

- Maximum: 86.4%
- CBCCF: 57.1%
- Statewide Average: 53.0%
- Minimum: 20.0%
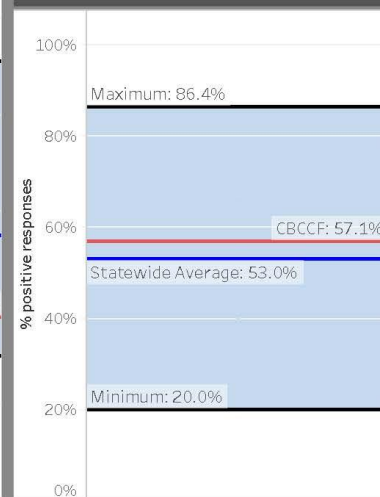
Response Rate is specific to the "Red Line" CBC highlighted in this report.

CLS Survey Results Summary
Percent of Positive Responses

Q8. When requesting reunification, Case Managers provide sufficient proof to support their decision.
Response Rate: 80.8% (21 responses out of 26 surveys sent)

- Maximum: 100.0%
- CBCCF: 71.4%
- Statewide Average: 67.7%
- Minimum: 46.7%

Q9. Case Managers are able to properly identify when an in-home safety plan has failed, and whether or not the failure of the safety plan would require an out of home plan.
Response Rate: 80.8% (21 responses out of 26 surveys sent)

- Maximum: 81.8%
- CBCCF: 47.6%
- Statewide Average: 47.8%
- Minimum: 26.7%

Q10. Outside partners such as foster parents, GAL, behavioral health providers, domestic violence providers, and others with pertinent case knowledge are included in case staffing adn decsion making with respect to child welfare and safety issues such as permanency and placements.
Response Rate: 80.8% (21 responses out of 26 surveys sent)

- Maximum: 85.7%
- CBCCF: 76.2%
- Statewide Average: 59.4%
- Minimum: 33.3%

Q11. The CBC has an effective diligent search method to locate absent parents, supporting permanency for children.
Response Rate: 76.9% (20 responses out of 26 surveys sent)

- Maximum: 79.2%
- CBCCF: 60.0%
- Statewide Average: 51.0%
- Minimum: 20.0%

Q12. The CBC has an effective method to locate relatives, supporting family connection.
Response Rate: 76.9% (20 responses out of 26 surveys sent)

- Maximum: 70.0%
- CBCCF: 70.0%
- Statewide Average: 47.6%
- Minimum: 26.7%

Q13. Case Managers consistently communicate with the attorney on a case and keep him or her informed of changes in the child or family's situation.
Response Rate: 76.9% (20 responses out of 26 surveys sent)

- Maximum: 87.0%
- Statewide Average: 52.3%
- CBCCF: 50.0%
- Minimum: 40.0%

CLS Survey Results Summary
Percent of Positive Responses

Q14. Case Managers submit completed Judicial Summary Review Reports to Children's Legal Services 10 days before court.

Response Rate: 76.9% (20 responses out of 26 surveys sent)

Maximum: 91.7%

CBCCF: 55.0%

Statewide Average: 45.1%

Minimum: 0.0%

% positive responses
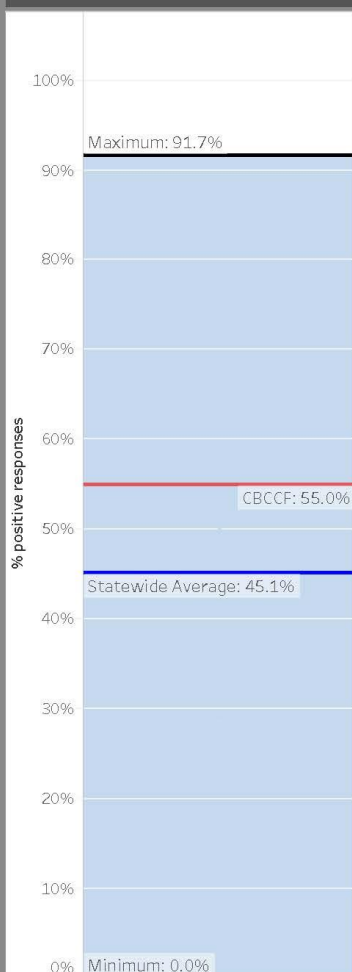
Q15. Case Managers come to court prepared to respond to questions in court.

Response Rate: 76.9% (20 responses out of 26 surveys sent)

Maximum: 95.2%

CBCCF: 65.0%

Statewide Average: 61.5%

Minimum: 37.9%

% positive responses
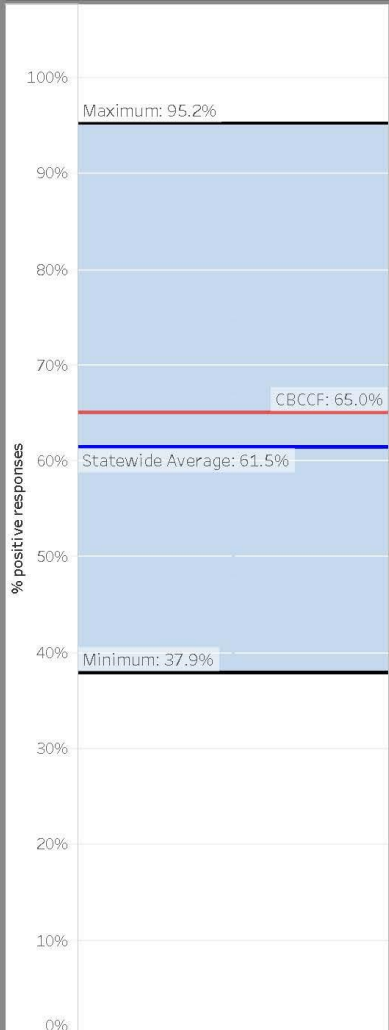
Q16. When there are differing opinions between CLS and case management, if necessary the CBC is responsive.

Response Rate: 76.9% (20 responses out of 26 surveys sent)
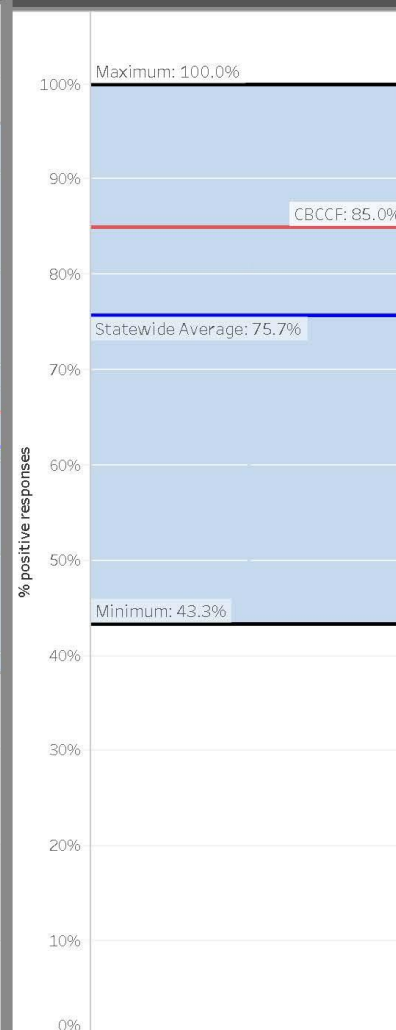
Maximum: 100.0%

CBCCF: 85.0%

Statewide Average: 75.7%

Minimum: 43.3%

% positive responses

* Positive responses include "Strongly Agree", "Agree", "Frequently, about 70% of the time", "Usually, about 90% of the time", and "Every time". The percent of positive responses is calculated by dividing the number of positive responses for a CBC by the total number of responses.

Notes: Maximum and minimum lines represent the highest and lowest percent of positive responses a CBC received for a given question during the FY. Response Rate is specific to the "Red Line" CBC and does not reflect any statewide averages. Statewide Average includes "Red Line" CBC.

Data Source: Surveys conducted by the CBC Monitoring Team prior to FY 17/18 and FY18/19 on-site monitoring activities.

CPI Survey Results Summary - CBC of Central Florida
Percent of Positive Responses*

Q3. How many years have you served with Protective Investigations?
Response Rate: 37.6% (91 responses out of 242 surveys sent)

Category	Value
Less than One Year	17
One to Two Years	26
Three to Five Years	22
More than Five Years	26

Q5. The CBC provides opportunities to give feedback regarding the array of services available.
Response Rate: 37.2% (90 responses out of 242 surveys sent)

Maximum: 50.0%
CBCCF: 43.3%
Statewide Average: 41.4%
Minimum: 20.0%
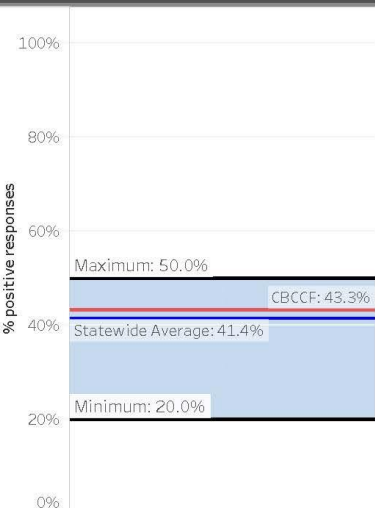
Q6. Formal safety management services provide support to CPIs to manage safety plans during the investigation.
Response Rate: 36.4% (88 responses out of 242 surveys sent)

Maximum: 71.4%
CBCCF: 59.1%
Statewide Average: 28.0%
Minimum: 0.0%

Q4. What are your current duties?
Response Rate: 37.6% (91 responses out of 242 surveys sent)

Category	Value
Child Protective Investigations	72
Supervision or Management	19
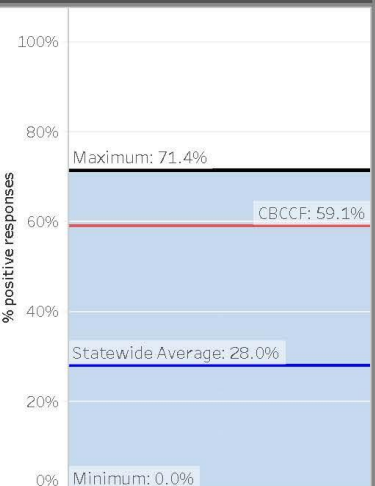
Q7. The placement of children in foster homes or group homes at removal is timely, meaning within 4 hours.
Response Rate: 36.4% (88 responses out of 242 surveys sent)

Maximum: 59.4%
CBCCF: 53.4%
Statewide Average: 44.1%
Minimum: 16.0%
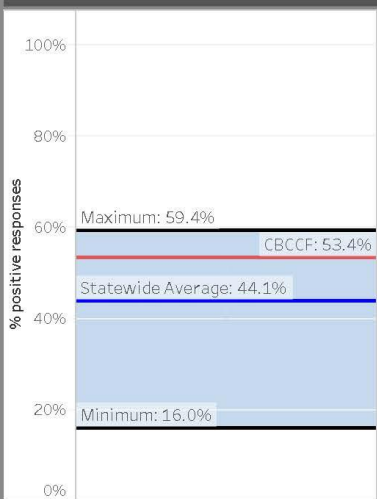
Q8. When Case Managers schedule multidisciplinary staffings on cases open to investigation, CPIs are invited.
Response Rate: 35.5% (86 responses out of 242 surveys sent)

Maximum: 85.5%
CBCCF: 62.8%
Statewide Average: 59.4%
Minimum: 36.0%
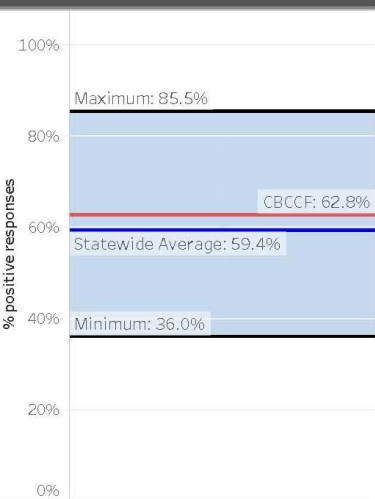
Q9. During the time when both the CPI and the Case Manager have open cases on a family, the case manager keeps the CPI informed of any new information they obtain.
Response Rate: 36.0% (87 responses out of 242 surveys sent)
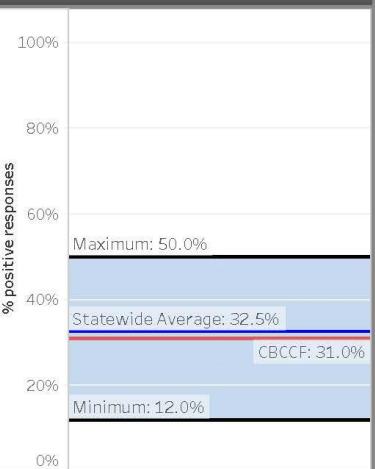
Maximum: 50.0%
Statewide Average: 32.5%
CBCCF: 31.0%
Minimum: 12.0%

Response Rate is specific to the "Red Line" CBC highlighted in this report.

Foster Parent Survey Results Summary - CBC of Central Florida
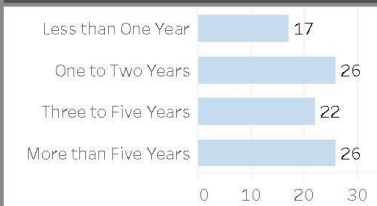### Percent of Positive Responses*

Q2. How many years have you served as a foster parent?
Response Rate: 28.5% (108 responses out of 316 surveys sent)

Category	Value
Less than One Year	18
One to Two Years	47
Three to Five Years	28
More than Five Years	32

Q3. The training provided for my initial foster home license was accommodating.
Response Rate: 5.7% (18 responses out of 316 surveys sent)

Maximum: 100.0%
CBCCF: 94.4%
Statewide Average: 89.0%
Minimum: 40.0%

Q4. The training provided for my initial foster home license effectively prepared me to be a foster parent.
Response Rate: 5.7% (18 responses out of 316 surveys sent)

Maximum: 100.0%
CBCCF: 77.8%
Statewide Average: 71.8%
Minimum: 20.0%
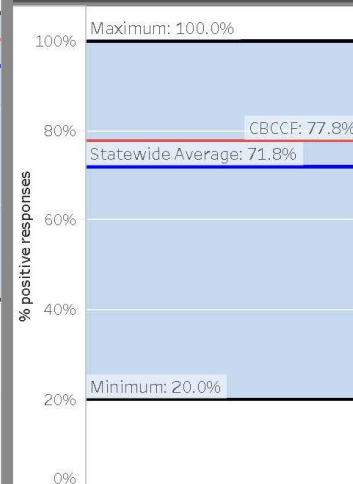
Q5. Foster parents are provided opportunities for ongoing training.
Response Rate: 39.2% (124 responses out of 316 surveys sent)

Maximum: 100.0%
Statewide Average: 95.5%
CBCCF: 95.2%
Minimum: 87.1%

Q6. I have all the required information about children prior to the children being placed in my home.
Response Rate: 39.2% (124 responses out of 316 surveys sent)

Maximum: 51.2%
Statewide Average: 34.6%
CBCCF: 25.8%
Minimum: 15.8%
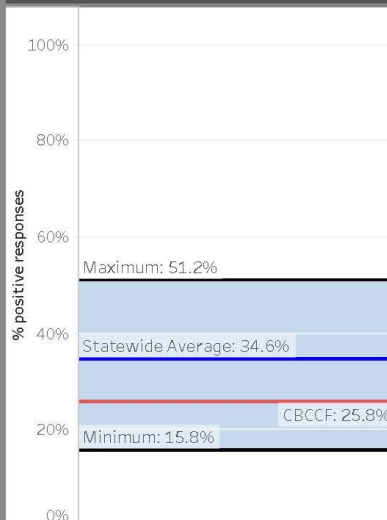
Q7. The Case Manager responds in a helpful manner when there are challenges with children placed in my home.
Response Rate: 37.3% (118 responses out of 316 surveys sent)

Maximum: 77.8%
CBCCF: 61.9%
Statewide Average: 56.9%
Minimum: 41.3%

Response Rate is specific to the "Red Line" CBC highlighted in this report.

Foster Parent Survey Results Summary
Percent of Positive Responses

Q8. The Case Manager responds in a helpful manner when there are challenges related to obtaining Medicaid.
Response Rate: 37.3% (118 responses out of 316 surveys sent)

Maximum: 81.0%
CBCCF: 68.6%
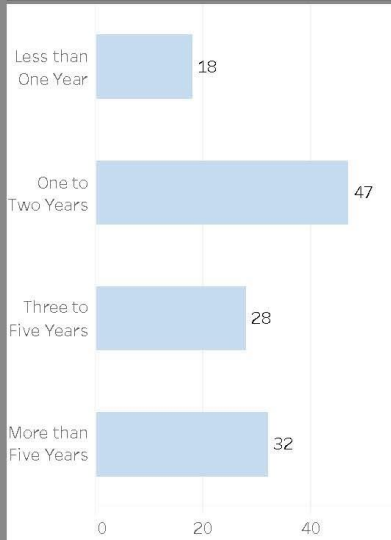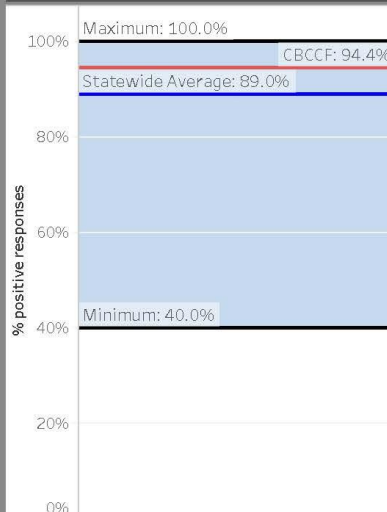Statewide Average: 60.5%
Minimum: 50.0%

Q9. The Case Manager responds in a helpful manner when there are challenges related to child care needs.
Response Rate: 31.6% (100 responses out of 316 surveys sent)

Maximum: 73.2%
CBCCF: 61.0%
Statewide Average: 57.4%
Minimum: 42.1%

Q10. The Case Manager responds in a helpful manner when there are challenges related to WIC enrollment.
Response Rate: 20.3% (64 responses out of 316 surveys sent)

Maximum: 69.0%
CBCCF: 57.8%
Statewide Average: 57.1%
Minimum: 46.6%

Q11. The Case manager responds in a helpful manner when there are challenges related to school enrollment.
Response Rate: 25.9% (82 responses out of 316 surveys sent)

Maximum: 75.0%
CBCCF: 64.6%
Statewide Average: 62.4%
Minimum: 49.2%

Q12. The children placed in my home receive medical services including preventive care.
Response Rate: 35.1% (111 responses out of 316 surveys sent)

Maximum: 95.7%
Statewide Average: 86.6%
CBCCF: 72.1%
Minimum: 63.0%

Q13. The children placed in my home receive dental services including preventive care.
Response Rate: 34.5% (109 responses out of 316 surveys sent)

Maximum: 97.1%
Statewide Average: 83.2%
CBCCF: 72.5%
Minimum: 66.7%

Foster Parent Survey Results Summary
Percent of Positive Responses

Q14. The children placed in my home receive mental health services, when needed.
Response Rate: 23.7% (75 responses out of 316 surveys sent)

Maximum: 83.3%
Statewide Average: 67.5%
CBCCF: 58.7%
Minimum: 41.5%

(% positive responses)
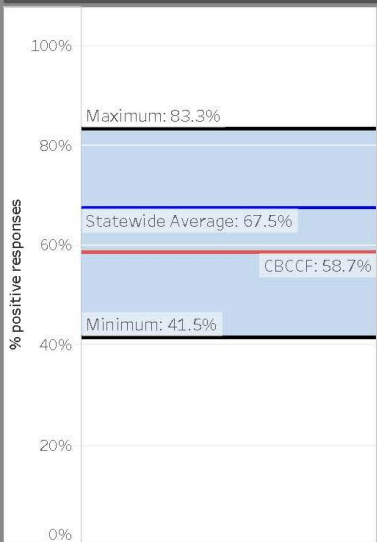
Q15. The children placed in my home receive educational support, when needed.
Response Rate: 21.5% (68 responses out of 316 surveys sent)

Maximum: 78.0%
CBCCF: 69.1%
Statewide Average: 65.9%
Minimum: 37.7%

(% positive responses)
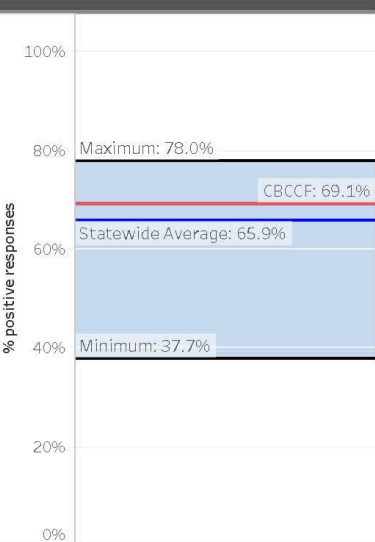
Q16. I am encouraged, when appropriate, to maintain relationships with the children's family members through visits and other ativities.
Response Rate: 29.7% (94 responses out of 316 surveys sent)

Maximum: 94.4%
CBCCF: 85.1%
Statewide Average: 84.0%
Minimum: 72.7%

(% positive responses)
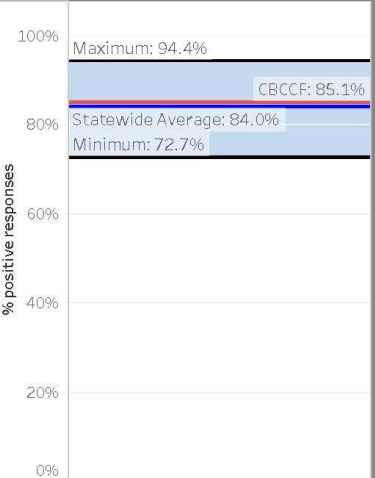
Q17. I am allowed to make parenting decisions and have my foster children participate in activities appropriate to their age.
Response Rate: 34.8% (110 responses out of 316 surveys sent)

Maximum: 93.3%
Statewide Average: 87.6%
CBCCF: 87.3%
Minimum: 78.3%

(% positive responses)
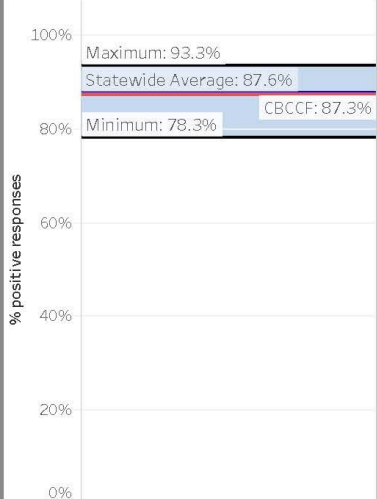
Q18. Case managers respond to my communications within one business day.
Response Rate: 35.1% (111 responses out of 316 surveys sent)

Maximum: 76.2%
CBCCF: 63.1%
Statewide Average: 57.5%
Minimum: 36.4%

(% positive responses)
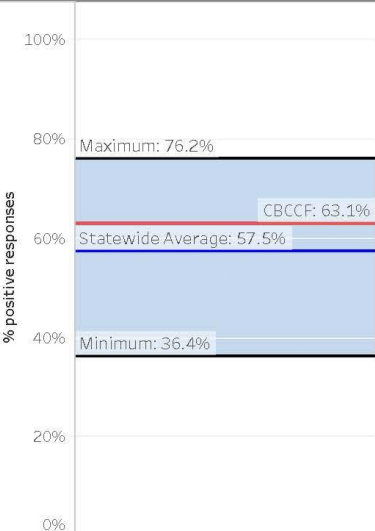
Q19. I have the opportunity, which includes being given sufficient notice, to participate in staffings for children placed in m home.
Response Rate: 34.5% (109 responses out of 316 surveys sent)

Maximum: 59.2%
CBCCF: 47.7%
Statewide Average: 45.5%
Minimum: 29.4%

(% positive responses)
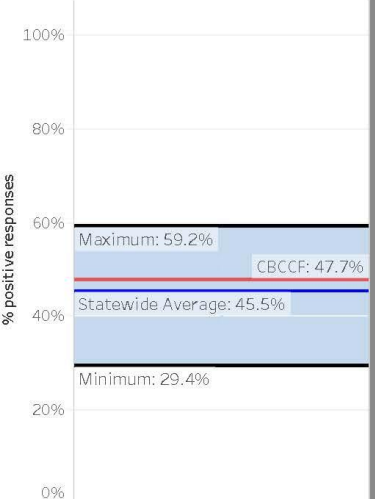
Foster Parent Survey Results Summary
Percent of Positive Responses

Q20. I have the opportunity and am provided options which make it convenient to participate in staffings for children placed in my home.
Response Rate: 34.2% (108 responses out of 316 surveys sent)

Maximum: 56.5%
CBCCF: 52.8%
Statewide Average: 45.4%
Minimum: 18.8%
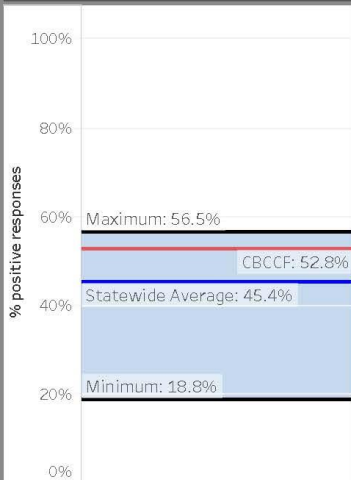
Q21. My recommendations are considered when decisions are made about the children placed in my home.
Response Rate: 34.2% (108 responses out of 316 surveys sent)

Maximum: 53.7%
CBCCF: 53.7%
Statewide Average: 47.1%
Minimum: 33.3%
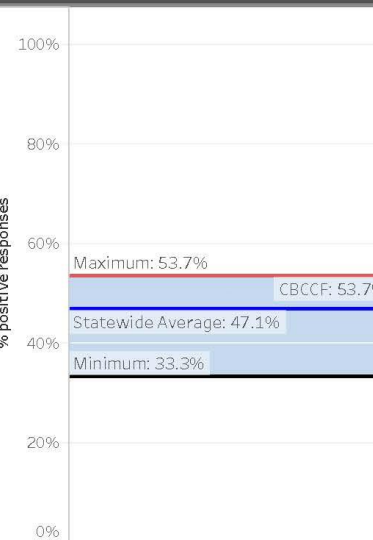
Q22. I am kept informed by Case Managers about case developments for children placed in my home.
Response Rate: 33.9% (107 responses out of 316 surveys sent)

Maximum: 64.3%
CBCCF: 50.5%
Statewide Average: 48.4%
Minimum: 26.3%
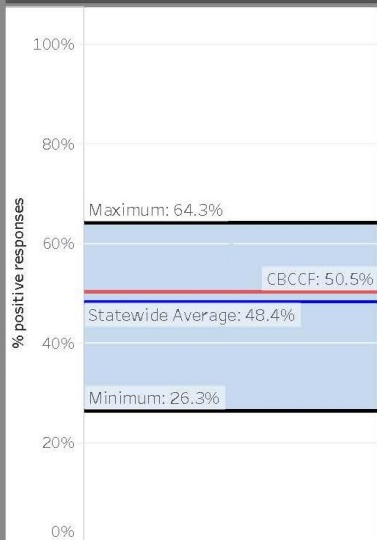
Q23. I am provided with court dates at least 72 hours before the court hearing.
Response Rate: 33.5% (106 responses out of 316 surveys sent)

Maximum: 91.3%
Statewide Average: 57.3%
CBCCF: 56.6%
Minimum: 39.4%
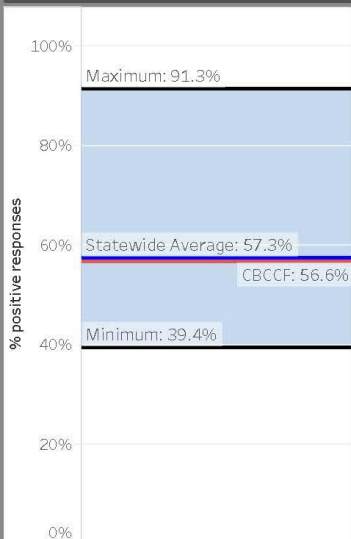
Q24. I am provided Judicial Review Summary Reports at least 72 hours prior to the court hearing.
Response Rate: 33.5% (106 responses out of 316 surveys sent)

Maximum: 50.0%
CBCCF: 31.1%
Statewide Average: 30.8%
Minimum: 15.8%
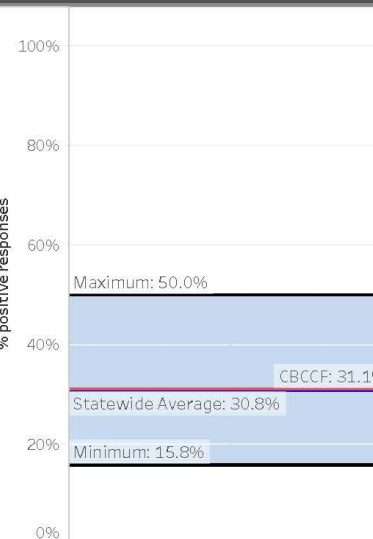
Q25. I am provided with court orders within 30 days of the court hearing.
Response Rate: 32.6% (103 responses out of 316 surveys sent)

Maximum: 72.5%
Statewide Average: 42.1%
CBCCF: 33.0%
Minimum: 23.4%

Foster Parent Survey Results Summary
Percent of Positive Responses

Q26. As a foster parent, I feel appreciated by the child welfare system.
Response Rate: 33.9% (107 responses out of 316 surveys sent)

Maximum: 80.0%

Statewide Average: 58.6%

CBCCF: 57.0%

Minimum: 45.6%

% positive responses

Q27. The child welfare system provides supports to foster parents to reduce stress.
Response Rate: 29.1% (92 responses out of 316 surveys sent)

Maximum: 72.2%

CBCCF: 42.4%

Statewide Average: 40.6%

Minimum: 20.0%

% positive responses

Q28. I have a clear understanding of who to contact at the CBC if I have unresolved questions or concerns.
Response Rate: 32.0% (101 responses out of 316 surveys sent)

Maximum: 90.0%

Statewide Average: 71.9%

CBCCF: 63.4%

Minimum: 60.5%

% positive responses

Q29. The CBC has an effective conflict resolution process which addresses and resolves conflicts.
Response Rate: 22.2% (70 responses out of 316 surveys sent)

Maximum: 70.0%

Statewide Average: 55.3%

CBCCF: 54.3%

Minimum: 44.2%

% positive responses

* Positive responses include "Strongly Agree", "Agree", "Frequently, about 70% of the time", "Usually, about 90% of the time", and "Every time". The percent of positive responses is calculated by dividing the number of positive responses for a CBC by the total number of responses.

Notes: Maximum and minimum lines represent the highest and lowest percent of positive responses a CBC received for a given question during the FY. Response Rate is specific to the "Red Line" CBC and does not reflect any statewide averages. Statewide Average includes "Red Line" CBC.

Data Source: Surveys conducted by the CBC Monitoring Team prior to FY 17/18 and FY 18/19 on-site monitoring activities.

GAL Survey Results Summary - CBC of Central Florida
Percent of Positive Responses*

Q3. How many years have you served with the GAL program?
Response Rate: 8.57% (57 responses out of 665 surveys sent)

Category	Value
Less than One Year	5
One to Two Years	11
Three to Five Years	9
More than Five Years	32

Q4. What is your role with the GAL program?
Response Rate: 8.57% (57 responses out of 665 surveys sent)

Category	Value
Best Interest Attorney	26
Child Advocate / Volunteer	22
Child Advocate Manager	5
Child Advocate Manager 2	1
Circuit Director	2
Supervising Attorney	1

Q5. The GAL has the opportunity and is given sufficient notice to participate in staffings or service planning for children who are assigned to them.
Response Rate: 8.4% (56 responses out of 665 surveys sent)

Maximum: 68.7%
Statewide Average: 55.8%
CBCCF: 53.6%
Minimum: 26.1%

Q6. The GAL has the opportunity and is provided options that make it convenient to participate in staffings for children who ar assigned to them. Options might include use of technology or flexible times.
Response Rate: 8.4% (56 responses out of 665 surveys sent)

Maximum: 67.2%
CBCCF: 60.7%
Statewide Average: 54.6%
Minimum: 36.6%
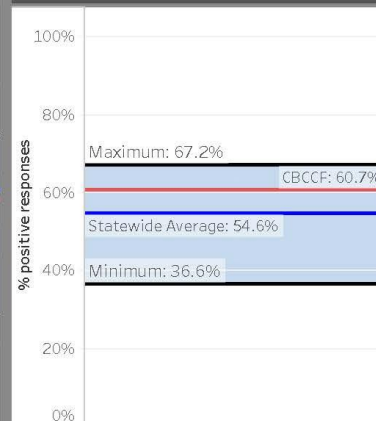
Q7. Case managers respond to my communications within 1 business day.
Response Rate: 8.1% (54 responses out of 665 surveys sent)

Maximum: 60.9%
Statewide Average: 43.9%
Minimum: 25.9%
CBCCF: 25.9%
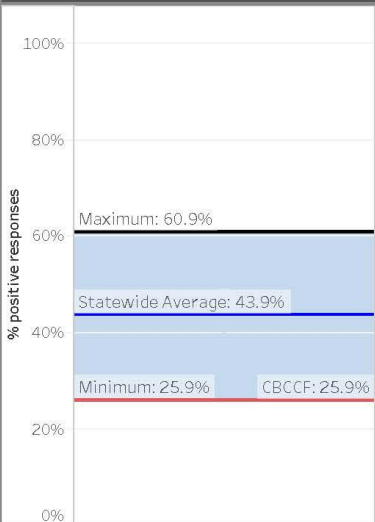
Q8. The GAL is kept informed about developments in assigned cases.
Response Rate: 8.3% (55 responses out of 665 surveys sent)

Maximum: 54.5%
Statewide Average: 38.2%
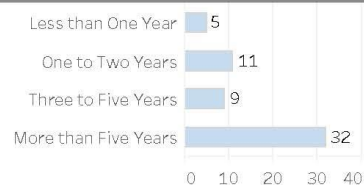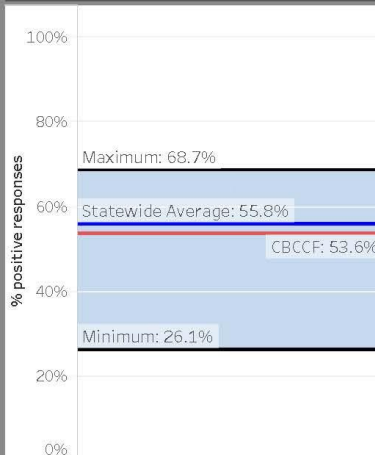CBCCF: 29.1%
Minimum: 21.7%
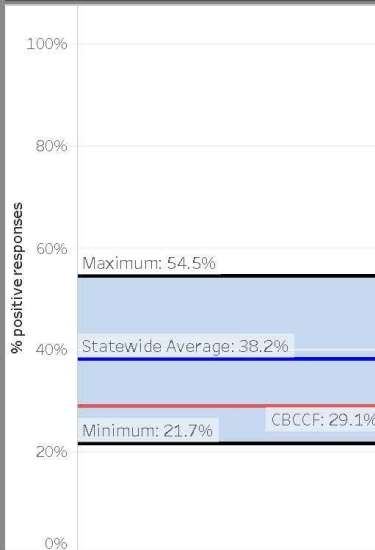
Q9. The GAL's recommendations are considered when decisions are being made about the children who are assigned to them, even if the agency has a different opinion.
Response Rate: 8.4% (56 responses out of 665 surveys sent)

Maximum: 66.1%   CBCCF: 66.1%
Statewide Average: 59.9%
Minimum: 47.6%
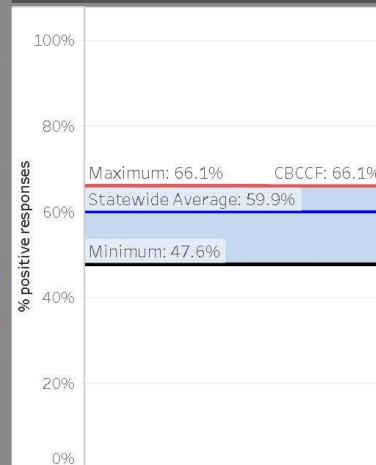
Response Rate is specific to the "Red Line" CBC highlighted in this report.

GAL Survey Results Summary
Percent of Positive Responses

Q10. When there are differing opinions between the GAL and case managers regarding a case, there is an opportunity to escalate he differences.
Response Rate: 5.1% (34 responses out of 665 surveys sent)

Maximum: 89.5% CBCCF: 82.4%
Statewide Average: 68.7%
Minimum: 54.5%

% positive responses

Q11. The GAL is provided with Judicial Review Summary Report at least 72 hours before the court hearing.
Response Rate: 8.4% (56 responses out of 665 surveys sent)

Maximum: 71.7%
CBCCF: 58.9%
Statewide Average: 57.3%
Minimum: 45.6%

Q12. In my opinion, the children assigned to me receive services that are required to meet their needs.
Response Rate: 8.4% (56 responses out of 665 surveys sent)

Maximum: 84.8%
Statewide Average: 66.4%
CBCCF: 57.1%
Minimum: 31.8%

% positive responses

Q13. In my opinion, the children assigned to me receive services they need in a timely manner.
Response Rate: 8.4% (56 responses out of 665 surveys sent)

Maximum: 66.7%
Statewide Average: 47.8%
CBCCF: 41.1%
Minimum: 17.4%

% positive responses

Q14. In my opinion, the children assigned to me are placed in the most appropriate placement.
Response Rate: 8.4% (56 responses out of 665 surveys sent)

Maximum: 85.2%
CBCCF: 71.4%
Statewide Average: 72.8%
Minimum: 28.6%

% positive responses

Q15. When children make a placement move, the assigned GAL is informed within 1 business day of the move.
Response Rate: 7.4% (49 responses out of 665 surveys sent)

Maximum: 58.1%
Statewide Average: 44.9%
Minimum: 28.6% CBCCF: 30.6%

% positive responses

GAL Survey Results Summary
Percent of Positive Responses

Page 3

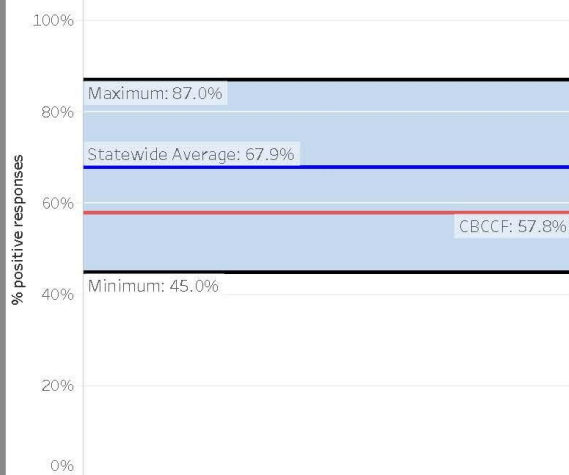### Q16. Siblings who are assigned to me are placed together, or if not visit at least once a month.
Response Rate: 6.8% (45 responses out of 665 surveys sent)

Maximum: 87.0%
Statewide Average: 67.9%
CBCCF: 57.8%
Minimum: 45.0%

Q17. Case Managers respond to concerns the GAL has about a child's psychotropic medications.
Response Rate: 5.4% (36 responses out of 665 surveys sent)

Maximum: 94.6%
Statewide Average: 73.6%
Minimum: 63.9%
CBCCF: 63.9%
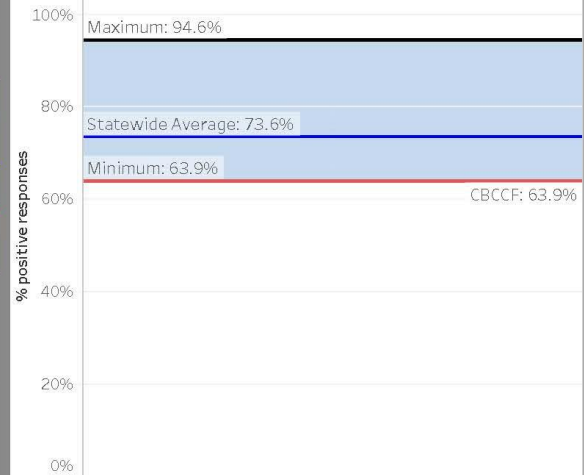
Q18. Children assigned to me are allowed to have normalcy in their setting by participating in activities that are considered normal for their age group.
Response Rate: 8.3% (55 responses out of 665 surveys sent)

Maximum: 86.3%
CBCCF: 74.5%
Statewide Average: 73.8%
Minimum: 43.5%
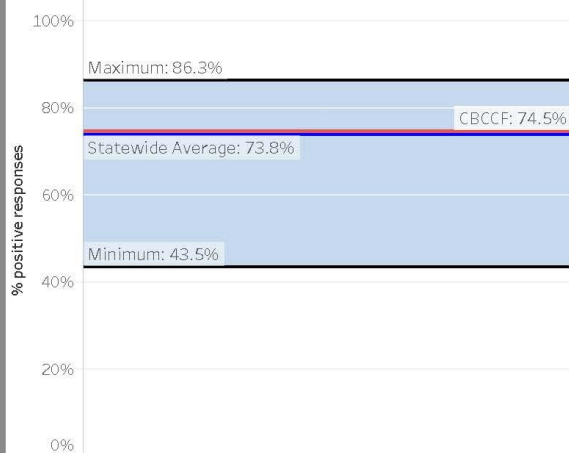
Q19. I am provided with opportunities to learn about system barriers and challenges, and the activities that the CBC is taking o overcome these.
Response Rate: 6.9% (46 responses out of 665 surveys sent)
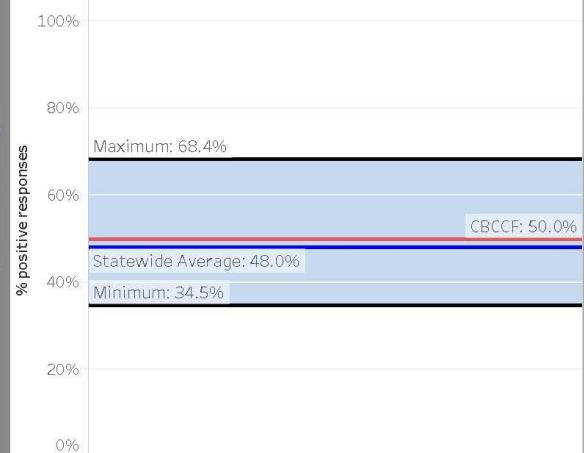
Maximum: 68.4%
CBCCF: 50.0%
Statewide Average: 48.0%
Minimum: 34.5%

* Positive responses include "Strongly Agree", "Agree", "Frequently, about 70% of the time", "Usually, about 90% of the time", and "Every time". The percent of positive responses is calculated by dividing the number of positive responses for a CBC by the total number of responses.

Notes: Maximum and minimum lines represent the highest and lowest percent of positive responses a CBC received for a given question during the FY. Response Rate is specific to the "Red Line" CBC and does not reflect any statewide averages. Statewide Average includes "Red Line" CBC.

Data Source: Surveys conducted by the CBC Monitoring Team prior to FY 17/18 and FY18/19 on-site monitoring activities.
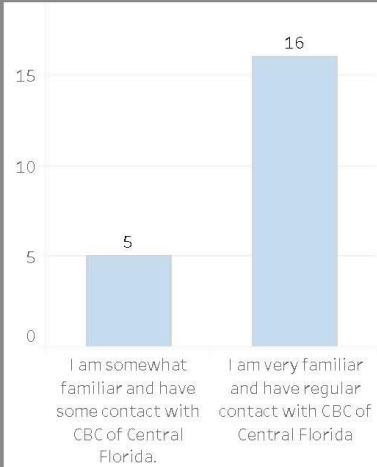
Community Partner Survey Results Summary - CBC of Central Florida
## Percent of Positive Responses*

Q2. Which statement best describes your knowledge and frequency of interaction with CBC of Central Florida?
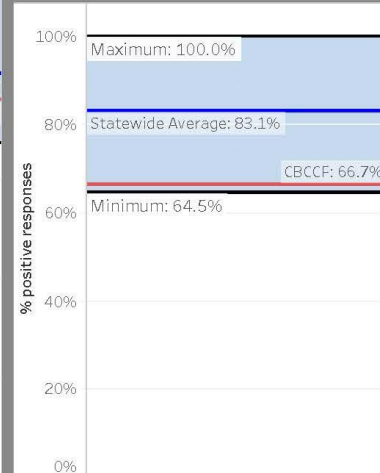Response Rate: 84.0% (21 responses out of 25 surveys sent)

Bar chart values:
- I am somewhat familiar and have some contact with CBC of Central Florida: 5
- I am very familiar and have regular contact with CBC of Central Florida: 16

Q3. The CBC is responsive to the needs of my clients.
Response Rate: 84.0% (21 responses out of 25 surveys sent)

- Maximum: 100.0%
- Statewide Average: 81.7%
- CBCCF: 76.2%
- Minimum: 67.7%
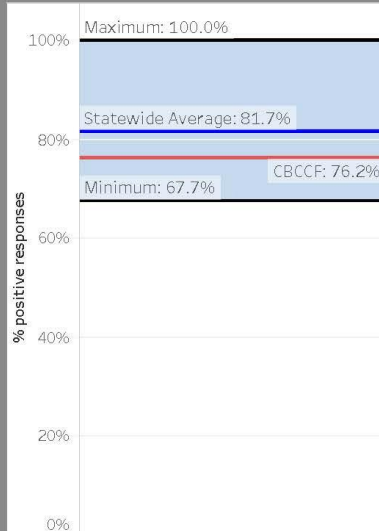
Q4. The CBC collaborates with my organization to advocate for issues of mutual concern related to child welfare.
Response Rate: 84.0% (21 responses out of 25 surveys sent)

- Maximum: 100.0%
- Statewide Average: 83.1%
- CBCCF: 66.7%
- Minimum: 64.5%

Q5. The CBC conducts ongoing public community meetings.
Response Rate: 80.0% (20 responses out of 25 surveys sent)

- Maximum: 100.0%
- Statewide Average: 57.0%
- CBCCF: 50.0%
- Minimum: 33.3%
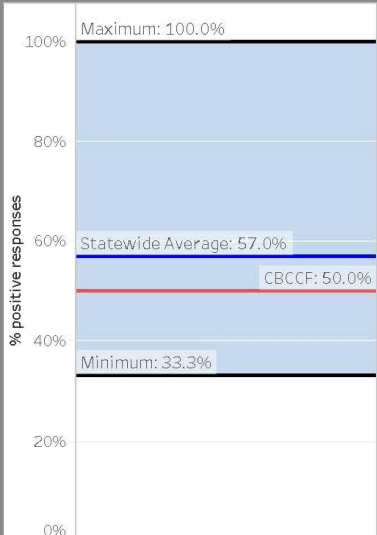
Q6. The CBC coordinates child welfare services in their area well.
Response Rate: 80.0% (20 responses out of 25 surveys sent)

- Maximum: 100.0%
- Statewide Average: 71.9%
- CBCCF: 55.0%
- Minimum: 51.6%
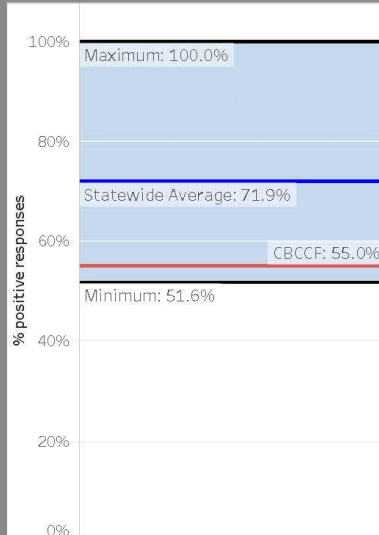
Q7. The CBC seeks input and participation from my organization to improve the quality of services.
Response Rate: 80.0% (20 responses out of 25 surveys sent)

- Maximum: 100.0%
- Statewide Average: 65.9%
- CBCCF: 55.0%
- Minimum: 40.9%
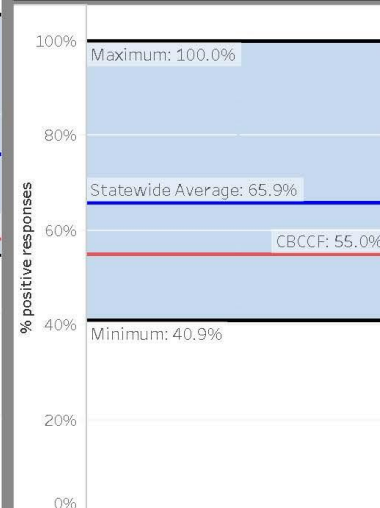
Response Rate is specific to the "Red Line" CBC highlighted in this report.

Community Partner Survey Results Summary
Percent of Positive Responses

Page 2

Q8. The CBC provides opportunities for community stakeholders to express satisfaction with services.
Response Rate: 80.0% (20 responses out of 25 surveys sent)

Maximum: 82.6%
CBCCF: 70.0%
Statewide Average: 60.3%
Minimum: 41.4%

Q9. The CBC has an effective mechanism for resolving conflict with my organization.
Response Rate: 76.0% (19 responses out of 25 surveys sent)

Maximum: 100.0%
Statewide Average: 63.9%
CBCCF: 57.9%
Minimum: 44.4%
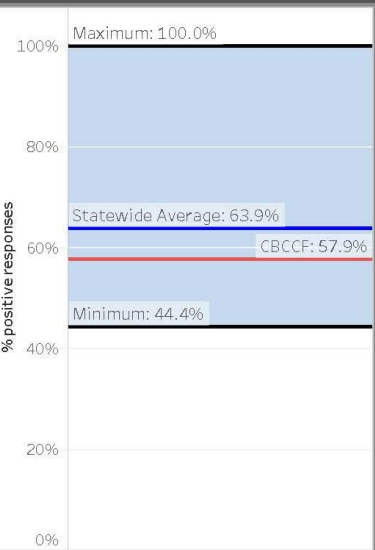
Q10. The CBC has a good working relationship with my organization.
Response Rate: 76.0% (19 responses out of 25 surveys sent)

Maximum: 100.0%
Statewide Average: 83.7%
CBCCF: 78.9%
Minimum: 66.7%
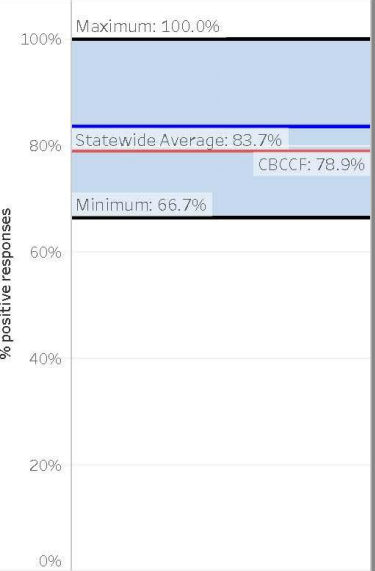
Q11. Does your organization have a contract with the CBC to provide services?
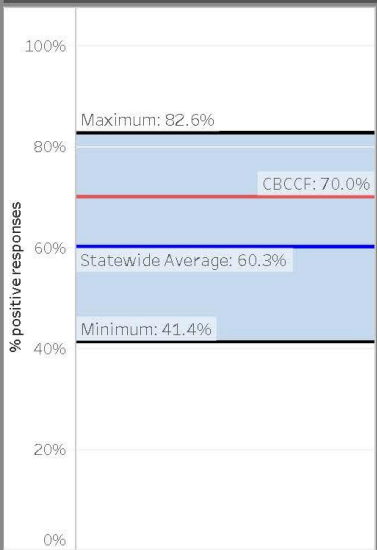Response Rate: 79.2% (19 responses out of 25 surveys sent)

No: 15
Yes: 4
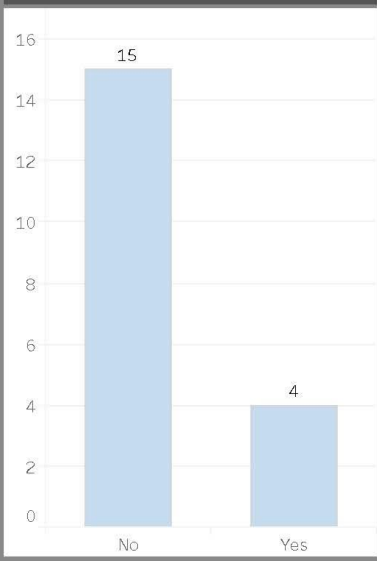
Q12. The responsibilities of my organization as a contracted provider are clear and established in writing.
Response Rate: 16.0% (4 responses out of 25 surveys sent)

Maximum: 100.0%
Statewide Average: 89.1%
CBCCF: 75.0%
Minimum: 75.0%
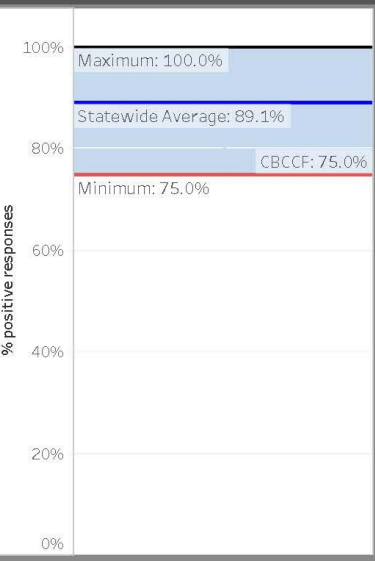
Q13. My organization is included in the CBC's child welfare strategic planning for our community.
Response Rate: 16.0% (4 responses out of 25 surveys sent)

Maximum: 77.8%
CBCCF: 50.0%
Statewide Average: 47.6%
Minimum: 20.0%
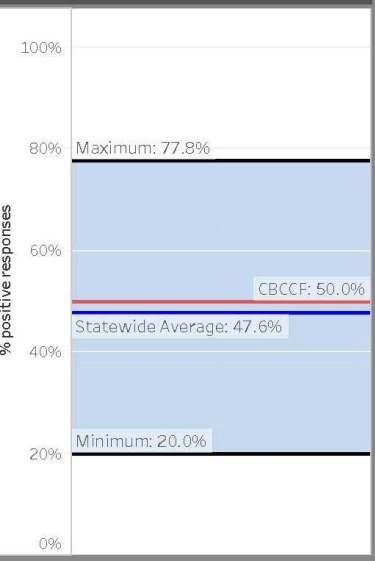
Community Partner Survey Results Summary
Percent of Positive Responses

Q14. The CBC seeks my organization's input on how to best resolve child welfare issues in our community.
Response Rate: 16.0% (4 responses out of 25 surveys sent)

- Maximum: 100.0%
- CBCCF: 75.0%
- Statewide Average: 63.0%
- Minimum: 39.0%
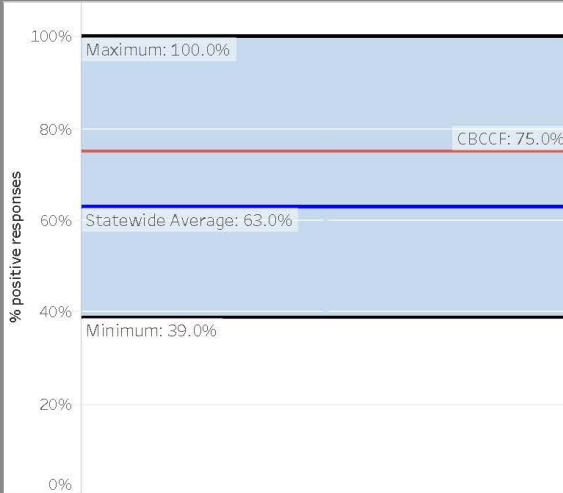
Q15. The CBC's budgeting process and decisions are transparent.
Response Rate: 16.0% (4 responses out of 25 surveys sent)

- Maximum: 67%
- CBCCF: 50.0%
- Statewide Average: 40.8%
- Minimum: 0%
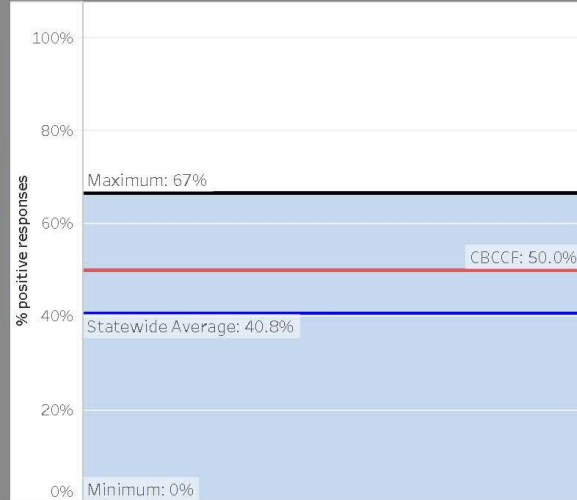
Q16. As a contracted provider, my organization receives performance data from the CBC.
Response Rate: 16.0% (4 responses out of 25 surveys sent)

- Maximum: 100.0%
- CBCCF: 100.0%
- Statewide Average: 76.5%
- Minimum: 50.0%
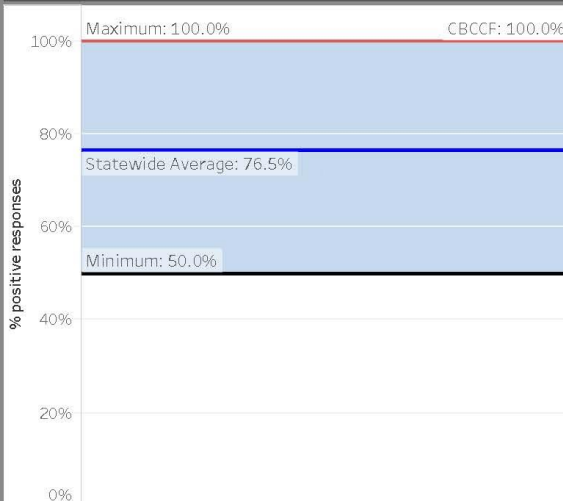
Q17. The CBC provides my organization with the opportunity to provide feedback to improve the provision or the quality of services.
Response Rate: 16.0% (4 responses out of 25 surveys sent)
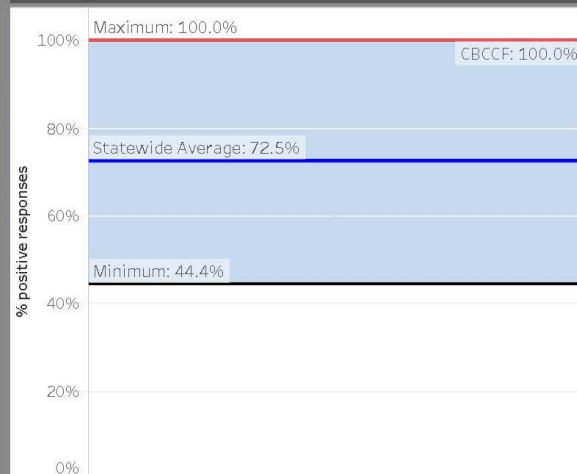
- Maximum: 100.0%
- CBCCF: 100.0%
- Statewide Average: 72.5%
- Minimum: 44.4%

* Positive responses include "Strongly Agree", "Agree", "Frequently, about 70% of the time", "Usually, about 90% of the time", and "Every time". The percent of positive responses is calculated by dividing the number of positive responses for a CBC by the total number of responses.

Notes: Maximum and minimum lines represent the highest and lowest percent of positive responses a CBC received for a given question during the FY. Response Rate is specific to the "Red Line" CBC and does not reflect any statewide averages. Statewide Average includes "Red Line" CBC.

Data Source: Surveys conducted by the CBC Monitoring Team prior to FY 17/18 and FY18/19 on-site monitoring activities.

Judiciary Survey Results Summary - CBC of Central Florida
Percent of Positive Responses*

Page 1

Q3. How many total years have you served on the bench?
Response Rate: 66%(2responses out of 3 surveys sent)

- Three to Five Years: 1
- More than Five Years: 1

(0 to 2 scale)

Q4. How many years have you served on the bench in a dependency role?
Response Rate: 66%(2 responses out of 3 surveys sent)

- More than Five Years: 1
- Three to Five Years: 1

(0 to 2 scale)

Q5. The case managers who appear in my court are prepared and knowledgeable about the cases.
Response Rate: 33.3% (1 responses out of 3 surveys sent)

Maximum: 100.0% CBCCF: 100.0%
Statewide Average: 74.1%
Minimum: 0.0%
% positive responses

Q6. I am provided with quality information from case managers on cases.
Response Rate: 33.3% (1 responses out of 3 surveys sent)

Maximum: 100.0% CBCCF: 100.0%
Statewide Average: 74.1%
Minimum: 0.0%
% positive responses

Q7. I am provided with sufficient information from case managers on cases.
Response Rate: 33.3% (1 responses out of 3 surveys sent)

Maximum: 100.0% CBCCF: 100.0%
Statewide Average: 68.5%
Minimum: 0.0%
% positive responses

Q8. I am provided with information on cases in a timely manner.
Response Rate: 33.3% (1 responses out of 3 surveys sent)

Maximum: 100.0% CBCCF: 100.0%
Statewide Average: 55.6%
Minimum: 0.0%
% positive responses

Q9. Appropriate and timely actions are taken by case managers to ensure children gain permanency.
Response Rate: 33.3% (1 responses out of 3 surveys sent)

Maximum: 100.0% CBCCF: 100.0%
Statewide Average: 59.3%
Minimum: 0.0%
% positive responses

Response Rate is specific to the "Red Line" CBC highlighted in this report.

Judiciary Survey Results Summary
Percent of Positive Responses

Q10. Appropriate services are available for parents to enhance their protective capacities.
Response Rate: 33.3% (1 responses out of 3 surveys sent)

Maximum: 100.0%   CBCCF: 100.0%
Statewide Average: 81.5%
Minimum: 33.3%

Q11. Appropriate services are available for children to meet their needs.
Response Rate: 33.3% (1 responses out of 3 surveys sent)

Maximum: 100.0%   CBCCF: 100.0%
Statewide Average: 74.1%
Minimum: 0.0%

Q12. I observe case managers as being collaborative with foster parents.
Response Rate: 33.3% (1 responses out of 3 surveys sent)

Maximum: 100.0%
CBCCF: 100.0%
Statewide Average: 74.1%
Minimum: 0.0%

Q13. I observe case managers as being helpful to parents.
Response Rate: 33.3% (1 responses out of 3 surveys sent)

Maximum: 100.0%
CBCCF: 100.0%
Statewide Average: 61.1%
Minimum: 0.0%

Q14. Orders which require case management actions are completed timely and consistently.
Response Rate: 33.3% (1 responses out of 3 surveys sent)

Maximum: 100.0%
CBCCF: 100.0%
Statewide Average: 66.7%
Minimum: 0.0%

Q15. I have a clear understanding of whom I should contact when I have issues regarding case management.
Response Rate: 33.3% (1 responses out of 3 surveys sent)
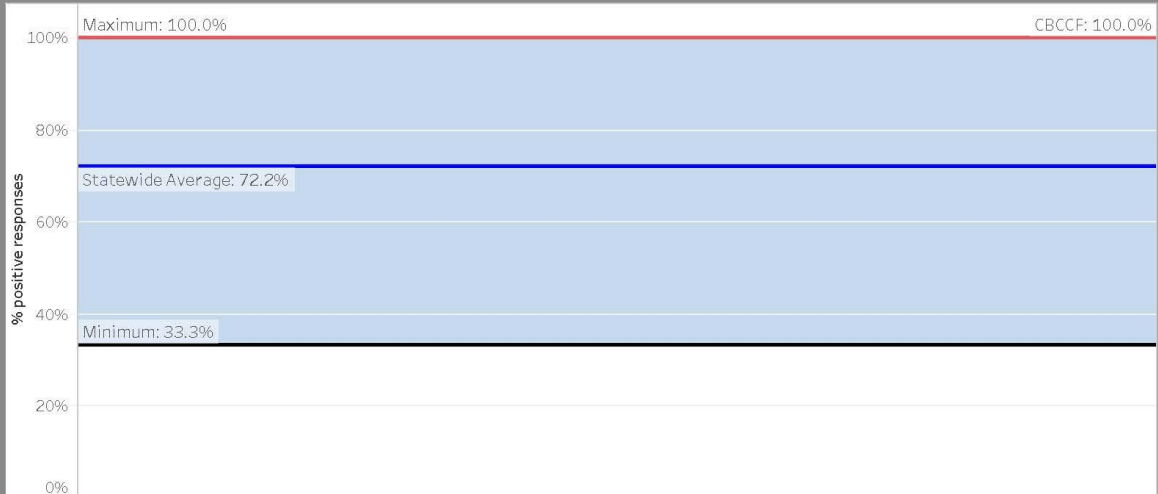
Maximum: 100.0%
CBCCF: 100.0%
Statewide Average: 79.6%
Minimum: 0.0%

Q16. The CBC actively addresses issues identified by the court.

Response Rate: 33.3% (1 responses out of 3 surveys sent)

Maximum: 100.0%
CBCCF: 100.0%
100%
80%
Statewide Average: 70.4%
60%
40%
20%
0% Minimum: 0.0%
% positive responses
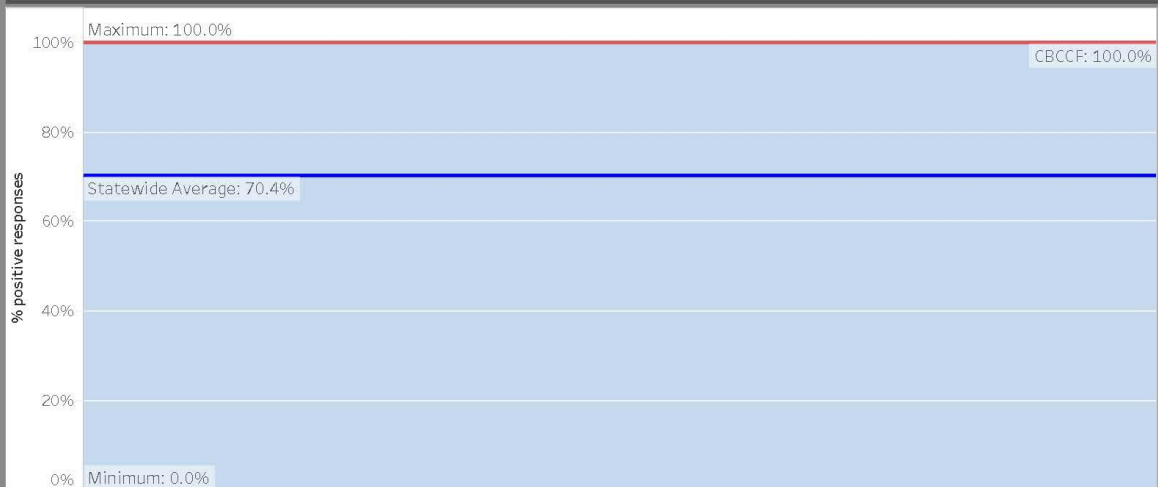
Q17. I am provided with opportunities to learn about system barriers and challenges, and the activities that the CBC is taking overcome these.

Response Rate: 33.3% (1 responses out of 3 surveys sent)

Maximum: 100.0%
CBCCF: 100.0%
100%
80%
Statewide Average: 72.2%
60%
40% Minimum: 33.3%
20%
0%
% positive responses

* Positive responses include "Strongly Agree", "Agree", "Frequently, about 70% of the time", "Usually, about 90% of the time", and "Every time". The percent of positive responses is calculated by dividing the number of positive responses for a CBC by the total number of responses.

Notes: Maximum and minimum lines represent the highest and lowest percent of positive responses a CBC received for a given question during the FY. Response Rate is specific to the "Red Line" CBC and does not reflect any statewide averages. Statewide Average includes "Red Line" CBC.

Data Source: Surveys conducted by the CBC Monitoring Team prior to FY 17/18 and Fy 18/19 on-site monitoring activities.

– 2018 FLORIDA CHILD WELL-BEING INDEX –

OVERALL COUNTY RANK

39

Orange County

Keeping a focus on where counties can make life better for our children & families

ECONOMIC WELL-BEING
DOMAIN RANK 46

	Baseline Year	%	Current Year	%	Number	Change
Children in poverty	2011	25.8	2016	22.2	65,087	👍
Unemployment rate	2011	9.8	2016	4.4	31,043	👍
High housing cost burden (>30% income spent)	2007-2011	48.0	2012-2016	41.2	183,440	👍
Teens not in school and not working	2007-2011	8.4	2012-2016	6.3	4,342	👍

EDUCATION WELL-BEING
DOMAIN RANK 32

	Baseline Year	%	Current Year	%	Number	Change
3 & 4 year old children not enrolled in school	2007-2011	45.6	2012-2016	51.9	16,893	👎
4th grade students not proficient in English Language Arts	2014/15	73.0	2015/16	74.0	11,512	👎
8th grade students not proficient in math	2014/15	87.0	2015/16	89.0	6,487	👎
High school students not graduating on time	2011/12	26.1	2015/16	18.7	2,549	👍

HEALTH WELL-BEING
DOMAIN RANK 22

	Baseline Year	%	Current Year	%	Number	Change
Low-birthweight babies	2011	8.9	2016	8.8	1,465	Unchanged
Uninsured children	2010	12.7	2015	7.2	21,681	👍
Overweight and obese 1st, 3rd & 6th grade students	2010/11	31.9	2015/16	35.3	15,293	👎
High school teens who used alcohol/drugs (past 30 days)	2012	39.7	2016	30.6	233	👍

FAMILY & COMMUNITY
DOMAIN RANK 43

	Baseline Year	%	Current Year	%	Number	Change
Children in single parent families	2007-2011	35.3	2012-2016	36.7	92,713	👎
Children living in high poverty areas	2007-2011	8.8	2012-2016	13.2	37,736	👎
Children with verified maltreatment (per 1,000)	2011/12	9.1	2016/17	7.1	2,144	👍
Youth contacts with the juvenile justice system (per 1,000)	2011/12	35.3	2016/17	20.1	2,718	👍

We all do better when Florida's children succeed. Find out how you can act locally and at the state level to ensure: (1) Children have access to health care; (2) Communities prevent child abuse, juvenile justice involvement, and substance abuse; and (3) Parents have educational and work opportunities that support their families.

– 2018 FLORIDA CHILD WELL-BEING INDEX –
Osceola County

OVERALL COUNTY RANK
34

Keeping a focus on where counties can make life better for our children & families

ECONOMIC WELL-BEING
DOMAIN RANK 54

	Baseline Year	%	Current Year	%	Number	Change
Children in poverty	2011	24.4	2016	23.3	19,094	👍
Unemployment rate	2011	11.3	2016	5.0	8,141	👍
High housing cost burden (>30% income spent)	2007-2011	52.7	2012-2016	42.6	39,734	👍
Teens not in school and not working	2007-2011	11.4	2012-2016	9.5	1,681	👍

EDUCATION WELL-BEING
DOMAIN RANK 40

	Baseline Year	%	Current Year	%	Number	Change
3 & 4 year old children not enrolled in school	2007-2011	58.4	2012-2016	61.5	4,982	👎
4th grade students not proficient in English Language Arts	2014/15	77.0	2015/16	77.0	3,474	Unchanged
8th grade students not proficient in math	2014/15	86.0	2015/16	80.0	3,754	👍
High school students not graduating on time	2011/12	22.5	2015/16	18.0	790	👍

HEALTH WELL-BEING
DOMAIN RANK 10

	Baseline Year	%	Current Year	%	Number	Change
Low-birthweight babies	2011	8.5	2016	7.9	343	Unchanged
Uninsured children	2010	13.8	2015	8.3	6,875	👍
Overweight and obese 1st, 3rd & 6th grade students	2010/11	63.6	2015/16	37.0	5,265	👍
High school teens who used alcohol/drugs (past 30 days)	2010	38.4	2016	25.5	122	👍

FAMILY & COMMUNITY
DOMAIN RANK 26

	Baseline Year	%	Current Year	%	Number	Change
Children in single parent families	2007-2011	36.7	2012-2016	33.3	22,539	👍
Children living in high poverty areas	2007-2011	2.3	2012-2016	6.9	5,450	👎
Children with verified maltreatment (per 1,000)	2011/12	10.8	2016/17	5.6	459	👍
Youth contacts with the juvenile justice system (per 1,000)	2011/12	35.1	2016/17	16.9	648	👍

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– 2018 FLORIDA CHILD WELL-BEING INDEX –

Seminole County

Keeping a focus on where counties can make life better for our children & families

ECONOMIC WELL-BEING
DOMAIN RANK 6

	Baseline Year	%	Current Year	%	Number	Change
Children in poverty	2011	16.5	2016	14.1	13,454	👍
Unemployment rate	2011	9.6	2016	4.3	10,541	👍
High housing cost burden (>30% income spent)	2007-2011	40.8	2012-2016	35.4	55,243	👍
Teens not in school and not working	2007-2011	6.9	2012-2016	6.4	1,382	Unchanged

EDUCATION WELL-BEING
DOMAIN RANK 9

	Baseline Year	%	Current Year	%	Number	Change
3 & 4 year old children not enrolled in school	2007-2011	41.0	2012-2016	42.7	4,152	👎
4th grade students not proficient in English Language Arts	2014/15	67.0	2015/16	68.0	3,371	👎
8th grade students not proficient in math	2014/15	83.0	2015/16	81.0	1,886	👍
High school students not graduating on time	2011/12	19.7	2015/16	11.7	592	👍

HEALTH WELL-BEING
DOMAIN RANK 11

	Baseline Year	%	Current Year	%	Number	Change
Low-birthweight babies	2011	9.1	2016	8.0	378	👍
Uninsured children	2010	11.4	2015	6.3	6,301	👍
Overweight and obese 1st, 3rd & 6th grade students	2010/11	32.0	2015/16	30.7	4,356	👍
High school teens who used alcohol/drugs (past 30 days)	2012	37.8	2016	33.9	277	👍

FAMILY & COMMUNITY
DOMAIN RANK 8

	Baseline Year	%	Current Year	%	Number	Change
Children in single parent families	2007-2011	28.1	2012-2016	28.2	24,322	Unchanged
Children living in high poverty areas	2007-2011	1.3	2012-2016	3.2	3,094	👎
Children with verified maltreatment (per 1,000)	2011/12	4.4	2016/17	6.0	589	👎
Youth contacts with the juvenile justice system (per 1,000)	2011/12	28.2	2016/17	18.7	866	👍

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