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Family Support
Services of North
Florida, Inc.

Contract Monitoring
Report

On-Site Visit Completed: April 2019

Report Issued: August 2019

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

Contract DJ038

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EXECUTIVE SUMMARY

This report provides findings for the contract monitoring of Family Support Services of North Florida, Inc. (FSSNF). The on-site monitoring was conducted April 1-5, 2019 and focused on FSSNF's child welfare system of care. The monitoring process included a review of FSSNF'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, subcontracts, critical incidents, employment eligibility verification, and information security were administratively reviewed.

Significant findings of each category are below:

Leadership and Governance:

- *FSSNF's senior leadership team are experienced and dynamic.*
- *The Board of Directors is diverse and dedicated to the community served by FSSNF.*
- *FSSNF manages their resources strategically and thoughtfully through collaboration with community partners.*

Workforce Management:

- *FSSNF has a strong training department with dedicated trainers focused on delivering innovative and enhanced training experiences for staff, community partners, and foster parents.*
- *FSSNF is making diligent efforts to implement effective strategies to address challenges and improve frontline staff retention.*
- *Further efforts to ensure messages are aligned with FSSNF's culture and values regarding workload expectations, overtime requests, time management realities, and workforce support are needed to ensure staff always accurately document time worked.*

Continuous Quality Improvement Process:

- *FSSNF has a dynamic quality management team comprised of staff that are well informed, proactive, supportive, and enthusiastic.*
- *CQI processes are in place to ensure data quality.*
- *Data analysis is comprehensive, on-going, and informs performance improvement strategies. FSSNF is eager to implement performance improvement strategies while continuing to analyze their effectiveness.*
- *Rev Max is a strength in the agency and serves as a huge support to staff and families.*

Placement Resources and Process:

- *FSSNF provides engaging and enhanced PRIDE training for foster parents.*

- *Wrap around crisis and stress management support resources are available for foster parents.*
- *FSSNF demonstrates a strong commitment to provide teens with innovative programming and enriching activities.*

Child Welfare Practice:

- *FSSNF provides Family Support Services and Safety Management Services which are robust and available throughout the service area.*
- *Trauma informed care and family centered practices are consistently applied and integrated into daily work and seen in policies and procedures. Participants in focus groups consistently used trauma informed and family centered language while discussing day to day work.*

Partnership Relations:

- *FSSNF enjoys collaborative partnerships with CPIs and CLS.*
- *FSSNF has developed extensive relationships with formal and informal service providers to create a comprehensive array of services that meet the needs of children and families in the communities they serve.*

Community Relationships:

- *FSSNF's relationships with community partners are strong and supportive.*

Administrative Findings:

- *Incident Reporting*
 - *Three critical incidents were not entered timely into IRAS and FSSNF's incident reporting policy is not fully aligned with CFOP 215-6.*
- *Employment Eligibility*
 - *New staff documentation contained properly documented I-9 and E-Verify information.*
- *Information Security*
 - *Out of 20 staff files reviewed one did not contain documentation of annual security awareness training.*
- *Subcontracts*
 - *All five subcontracts reviewed were in compliance.*

SECTION 1: 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 FSSNF performance is depicted later in this report.

Data Basics

Family Support Services of North Florida, Inc.

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

Produced by Data Advocacy, Casey Family Programs

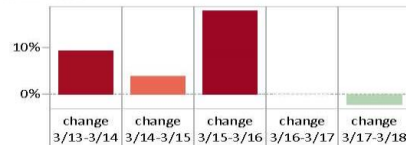
Data source: state-submitted AFCARS and NCANDS files
Date prepared: 6/19/2018

of children in care

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

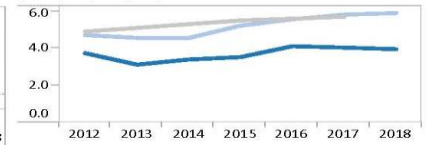


year over year change in the # in care



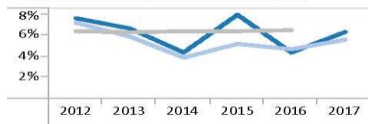
rate in care

(per 1,000, < age 18)

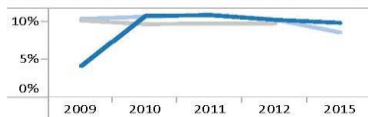


Safety

% children who experience repeat maltreatment within 6 months

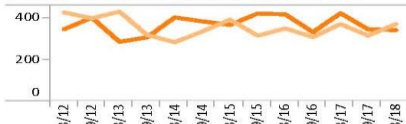


% children who experience repeat maltreatment within 12 months (note 2013-2014 data masked due to data quality)

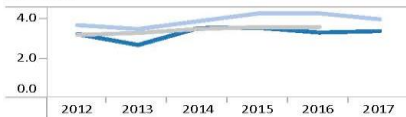


Entries

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

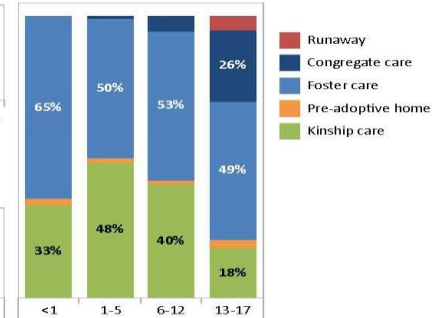


rate of children entering care (per 1,000)



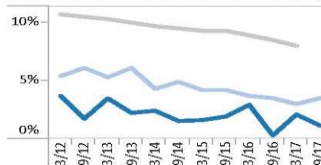
Placement

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

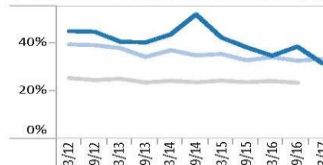


Timely & Stable Permanency

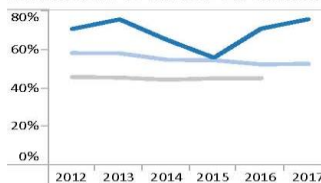
% permanency within 30 days of entering care (6 month entry cohorts ending on each date)



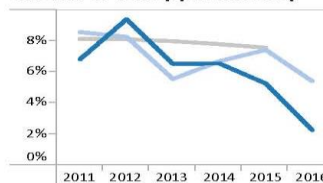
% permanency within 3-12 months of entering care (6 month entry cohorts ending on each date)



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



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

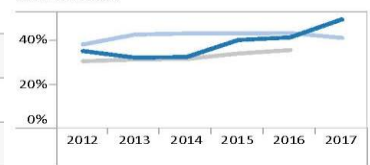


Children In Care 2+ Years (3/31/2018)

in care 2+ years

#	76
%	8%
state	18%
Nat'l (2017)	25%

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



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

	ages 2-12		ages 13-17	
	Adopt	Adopt	APPLA	Guard
Congregate care	4%	21%	4%	
Foster care	20%	26%		4%
Pre-adoptive home	7%			
Runaway		3%		

SECTION 2: CONTRACT MONITORING PROCESS

The monitoring process included a review of Family Support Services of North Florida, Inc.'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, five subcontracts were administratively reviewed, along with critical incidents, employment eligibility verification, and information security. Supplementary information was provided by the Department's Office of Financial Management Services, Community-Based Care (CBC)/Managing Entity (ME) Financial Accountability, Office of Child Welfare and Northeast Region contract manager. Several documents were reviewed and analyzed including, but not limited to: quarterly financial viability reports, system adoption initiative gap analysis, service array assessment, and stakeholder survey results. Additional information was gathered through interviews of FSSNF and DCF staff including leadership from the DCF Northeast Region, FSSNF 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, Eric Wetzel, Jessica Manfresca, and Alissa Cross, DCF Child Welfare representatives Kelly Faircloth (Northwest Region) and Nereida Warriner (Office of Child Welfare), and CBC representatives Diane Greene (Embrace Families) and Lynne Whittington (Families First Network).

SECTION 3: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community FSSNF 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. FSSNF serves the children and families in Duval and Nassau counties representing the 4th Judicial Circuit in the Northeast Region. The table below provides key US Census Facts for these counties as compared to the statewide percentages.

Based on the US Census Facts, both counties are above the statewide median income level and have a higher percentage of individuals with a high school diploma than the state. Additionally, both counties have lower poverty levels than the state. Duval County has a higher percentage of individuals with a college degree while Nassau has a lower percentage than the state.

Census Facts			
US Census Facts	Florida	Duval	Nassau
Median Household Income	\$48,900	\$49,196	\$59,196
Percent of population living in poverty	14.7%	14.5%	10.3%
Percent of population over 25 years old with a college degree	27.9%	28.1%	24.5%
Percent of population over 25 years old with high school diploma	87.2%	88.9%	90.9%

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

CHILD WELFARE PARTNERS

Child Protective Investigations and Children’s Legal Services are provided by the Department of Children and Families. FSSNF provides case management services in Nassau County. In Duval County case management services are subcontracted through Children’s Home Society, Daniel Memorial, and Jewish Family and Community Services. There are three Foster and Adoptive Parent Associations (FAPA) in Duval County and one FAPA in Nassau.

CHILD FATALITIES

BIRTH AND INFANT MORTALITY RATES

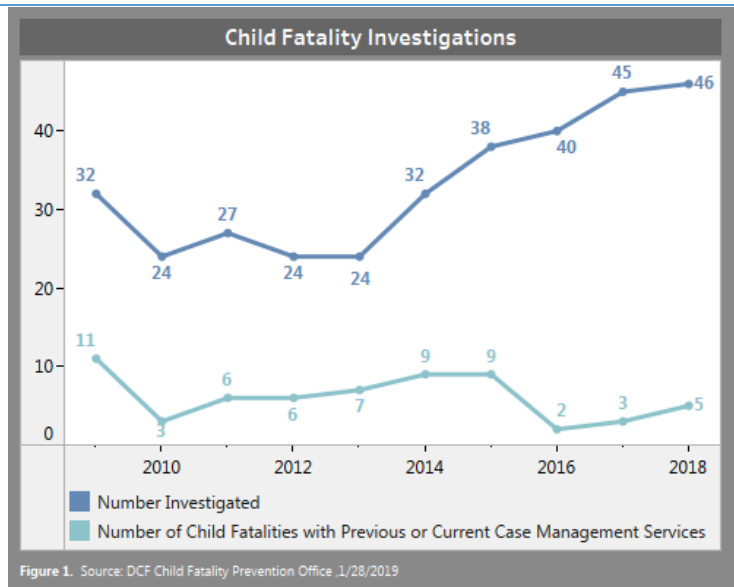
Over the past five years Duval County and Nassau County have had very little deviation in birth rates, however there are differences noted between the counties. Nassau County’s birth rate has remained below the statewide rate, while the birth rate in Duval County has remained higher. The infant mortality rate has remained consistent in Duval County but fluctuated in Nassau County over the past 5 years. Both Duval and Nassau counties’ 2017 infant mortality rates were higher than the statewide rate of 6.1. Nassau County’s infant mortality rate doubled in 2017.

County	Birth Rate per 1,000 Population - Statewide Rate in 2017: 10.9						Infant Mortality Per 1,000 Population - Statewide Rate in 2017: 6.1					
	2012	2013	2014	2015	2016	2017	2012	2013	2014	2015	2016	2017
Duval	14.3	14.3	14	14.3	14.3	14	8.3	8.8	8.8	7.9	8.4	8
Nassau	10.2	9.9	9.9	10.4	10.5	10.5	8	1.3	5.4	5	4.9	10.7

Table 2. Source: fihealthcharts.com, Data Run: Feb 2018

CHILD FATALITY INVESTIGATIONS

A review of child fatality investigations from 2009 to 2018 shows the number of child fatality investigations has steadily increased since 2013. Fatalities with previous or current case management involvement followed similar trends until declining in 2016 but have shown increases in the two subsequent years. A Critical Incident Rapid Response Team (CIRRT) reviews fatalities involving a case that had a prior verified abuse report within the previous 12 months. Since the inception of the Critical Incident Rapid Response Teams in 2014, four of the 61 fatalities with prior or current case management involvement had a CIRRT review. There has been one fatality requiring a CIRRT review since the last CBCMT on-site visit in 2017. The findings were as follows:



- 2018: 1-year-old child was pronounced deceased the day after he was rushed to the hospital when he became unresponsive at his daycare. Although initial reports suggest he may have swallowed a small toy, nothing was found in the child's airway. The investigation has closed and the final CIRRT report was issued on January 10, 2019.

SECTION 4: AGENCY SUMMARY

Family Support Services of North Florida, Inc. has been the lead child welfare agency for Duval and Nassau counties within the 4th Judicial Circuit since 2003. FSSNF is nationally accredited by the Council on Accreditation (COA) for adoption services, family foster care and kinship care, network administration, counseling support and education services, as well as mentoring services through December 31, 2020. Since 2007, FSSNF has provided case management services in Nassau County. In Duval County, case management services are subcontracted through Children's Home Society (CHS), Daniel Memorial (DM), and Jewish Family and Community Services (JFCS). Foster home recruitment, licensing, and placement are provided by FSSNF staff. Family Support Services for safe families at high or very high risk is subcontracted and provided by JFCS. Safety Management Services are subcontracted and provided by JFCS and DM. FSSNF also contracts with DM to provide Post-Reunification Support Services.

Pre-service training is provided under the RITA contract through internal FSSNF staff. Internal FSSNF staff also provide in-service training.

NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

Since FY 2015-2016, both the number of reports accepted for investigation by the Department’s Child Protective Investigations (CPI) and the number of children removed has decreased. Children receiving out of home care services and children receiving family support services have increased over the last three fiscal years. In contrast, the number of children receiving in-home services and the number of young adults receiving services has decreased.

Service Area Data		Fy 2015/ 2016	Fy 2016/ 2017	FY 2017/ 2018
Child Protective Investigations and Child Removals (Duval and Nassau Counties)	Reports accepted for Investigation by DCF (Initial & Additional Reports)	12,174	12,934	12,044
	Children Entering Out-of-Home Care	769	760	671
Children Served by Family Support Services of North Florida	Children Receiving In-Home Services	2,226	2,106	2,211
	Children Receiving Out of Home Care	1,558	1,603	1,565
	Young Adults Receiving Services	205	183	164
	Children Receiving Family Support Services	3,755	4,521	4,241

Data Sources: Child Protective Investigation Trend Report, Child Welfare Dashboard, FSN OCWDRU Report 1006. Data Run Date: Nov 20, 2018

FINANCIAL VIABILITY SUMMARY

During an on-site review period of July 1, 2018- February 28, 2019, the Office of CBC/ME Financial Accountability performed financial monitoring based on DCF 2018-19 CBC-ME Financial Monitoring Tool for On-Site Reviews and found one finding and one observation, both involving cash management. The finding resulted from a review of cancelled checks from the Client Trust Fund Accounts, which indicated that FSSNF did not require two authorized signatures on all checks and that they failed to have printed on the check that it is void 90 days from the date of issue. The observation resulted from a review of files for the Client Master Trust and Dedicated REP Payee for SS and SSI accounts, which indicated that FSSNF did not maintain the manufacturer’s serial numbers for purchases of equipment. FSSNF followed the recommendations and made the appropriate corrections. For further details, please see the completed fiscal report –[2018-19 CBC On Site Financial Monitoring Report](#).

For the past six fiscal years, FSSNF has operated within their allocated budget and has maintained a carry forward balance. See Table 4.

Comparison of Funding by Fiscal Year						
Family Support Services of North Florida						
DCF Contract Funds Available (by Fiscal Year)	FY13-14	FY14-15	FY15-16	FY16-17	FY17-18	FY18-19
Core Services Funding	\$34,253,221	\$35,046,497	\$35,591,869	\$35,743,249	\$35,904,623	\$36,023,588
Other**	\$17,690,779	\$17,975,844	\$18,395,806	\$20,040,662	\$19,702,941	\$20,047,841
Total Initial Appropriation	\$51,944,000	\$53,022,341	\$53,987,675	\$55,783,911	\$55,607,564	\$56,071,429
Risk Pool Allocation						
CBC Operational Costs from Back of the Bill						
MAS from Back of the Bill			\$549,225			
Carry Fwd Balance from Previous Years	\$1,146,731	\$1,132,336	\$2,005,764	\$3,231,450	\$3,245,015	\$229,301
Total Funds Available	\$53,090,731	\$54,154,677	\$56,542,664	\$59,015,361	\$58,852,579	\$56,300,730
** Includes as applicable 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						
Source: Comprehensive Review of Revenues, Expenditures, and Financial Position of All CBC Lead Agencies (11/1/18)						Table 4

SECTION 5: PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA

This section provides a picture of FSSNF’s performance as captured by data indicators that are used to assess how well FSSNF 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 10 of the Florida CQI reviews conducted by Family Support Services of North Florida during the second quarter of FY 2018 – 2019. Each case reviewed was returned for additional justification of the ratings and scores changed on four cases:

- One case had the rating for two items changed to a Strength from an Area Needing Improvement (ANI) and one item to an ANI from a Strength
- One case had one item changed from an ANI to a Strength
- three cases had strength ratings change to ANI
 - One case had four items,
 - One case had three items, and
 - One case had two items

Common feedback provided involved:

- documenting agency actions
- item drift (rating a specific item by including criteria for another item and rating multiple items with the same information)
- not including fathers in the ratings per tool instructions
- alternative caregivers during family-made arrangements

- There were also three cases in which the applicability criteria for specific items had not been determined correctly.

Family-made arrangements may be an area for further research for the region. Several of the Florida CQI in-home cases included family-made arrangements and two appeared to have restrictions on parental access to the children which is not in line with operating procedures. In addition, it was discovered in one case review that a call was required to be made to the hotline and the headquarters Quality Assurance Specialist had to request that this be completed.

The total responses rated a strength have been showing steady improvement until the last two quarters; however, consistently remained higher than statewide performance. Compared to the state and the average Florida CQI and PIP scores, FSSNF scored significantly higher than the statewide performance for the 2017-2018 fiscal year and continues to exceed statewide performance.

CONTRACT AND CBC SCORECARD MEASURES

During FY 17/18, FSSNF has met or exceeded their established contract target in 10 of the 13 measures including:

- M01: Rate of abuse per 100,000 days in foster care
- M02: % of children who are not neglected or abused during in-home services
- M03: % of children who are not neglected or abused after receiving services
- M04: % of children under supervision who are seen every 30 days
- M06: % of children exiting to a permanent home within 12 months for those in care 12 to 23 months
- M08: Placement moves per 1,000 days in foster care
- M09: % of children in out-of-home care who received medical service in the last 12 months
- M11: % of young adults in foster care at age 18 that have completed or are enrolled in secondary education
- M12: % of sibling groups where all siblings are placed together
- Adoption Measure: Number of children with finalized adoptions

Except for M03, these measures were successfully met in FY 16/17. (See Table 5)

In the remaining three measures, FSSNF did not meet the established targets for FY 17/18. These measures are:

- M05: % of children exiting to a permanent home within 12 months of entering care
- M07: % of children who do not re-enter care w/in 12 months of moving to a permanent home
- M10: % of children in out-of-home care who received dental services within the last seven months

With the exception of M10, these measures were not met in FY 16/17. (See Table 5)

Performance Measures Contract Targets Compared to Federal Standards and Statewide Performance

CBC Scorecard						
Scorecard Measure Number	Performance Measure	CBC Contract Measure Targets	Federal National Standard (Performance of Other States)	Statewide Performance (FY 2017/2018)	Family Support Services of North Florida July 1, 2016-June 30, 2017	Family Support Services of North Florida July 1, 2017-June 30, 2018
1	Rate of abuse or neglect per day while in foster care (Source: CBC Scorecard)	<8.5	<8.5	10.56	● 6.7	● 7.4
2	Percent of children who are not neglected or abused during in-home services (Scorecard)	>95%		97.20%	● 95.8%	● 97.6%
3	Percent of children who are not neglected or abused after receiving services (Scorecard)	>95%		95.60%	● 93.7%	● 96.1%
4	Percentage of children under supervision who are seen every thirty (30) days (CBC Scorecard)	>99.5%		99.80%	● 99.9%	● 99.9%
5	Percent of children exiting foster care to a permanent home within twelve (12) months of entering care (Scorecard)	>40.5%	>40.5% (16%-61%)	41.60%	● 45.4%	● 37.8%
6	Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months (Scorecard)	>44%	>43.6% (21%-50%)	53.70%	● 71.7%	● 75.3%
7	Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home (Scorecard)	>91.7%	>91.7% (83%-98%)	89%	● 89.2%	● 91.3%
8	Children's placement moves per 1,000 days in foster care (Scorecard)	<4.12	<4.12 (2.6%-8.7%)	4.33	● 4.0	● 3.3
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months. (Scorecard)	>95%		97.14%	● 98.0%	● 98.9%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months. (Scorecard)	>95%		92.70%	● 95.5%	● 93.9%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education (Scorecard)	>80%		87.60%	● 94.6%	● 99.0%
12	Percent of sibling groups where all siblings are placed together (Scorecard)	>65%		63.90%	● 71.1%	● 69.7%
	Number of children with finalized adoptions (DCF Dashboard run date 8/14/2018)	FY 16/17:155 Fy 17/18: 172			● 253.0	● 347.0

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 4: CBC Scorecard, Run date: Aug 14, 2018

CHILD SAFETY

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

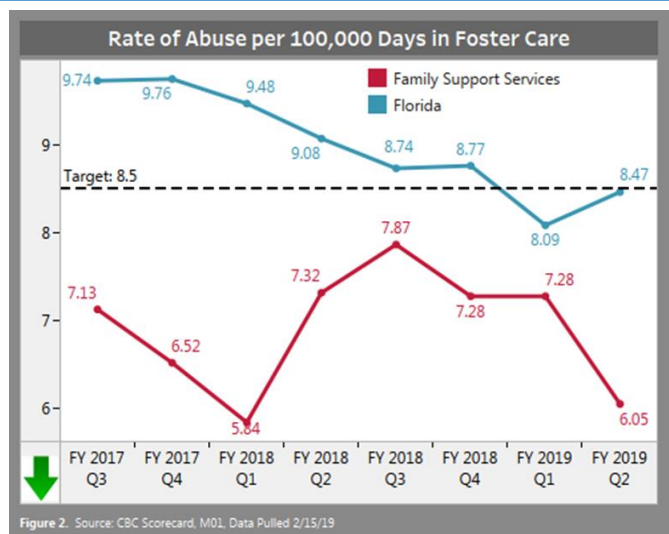
1. Rate of Abuse in Foster Care
2. No maltreatment after Family Support Services
3. No maltreatment during in-home services
4. No maltreatment after receiving services
5. Children seen every 30 days
6. Qualitative Case Review

Overall, FSSNF performed well on quantitative measures related to child safety during FY 17/18, both exceeding the statewide performance and the contract targets. While improvement was made on quantitative measures, performance declined or did not meet the PIP goal in three measures related to assessing and addressing safety concerns and preventing re-entry.

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. It should be noted that this measure includes both licensed foster care and relative/non-relative placements.

FSSNF's performance on the rate of abuse has consistently exceeded the target and statewide performance over the last eight quarters

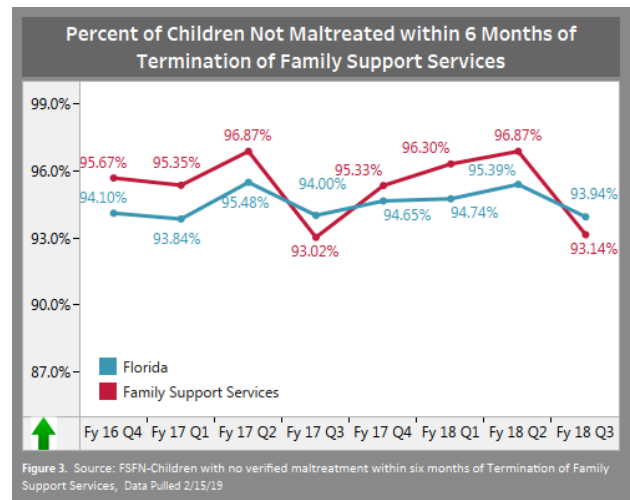


CQI Item 3 (making concerted efforts to address risk and safety) showed a 4.1% increase in performance but remains below statewide performance and the PIP goal. This item was previously identified as an opportunity for improvement. (See Table 7)

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.

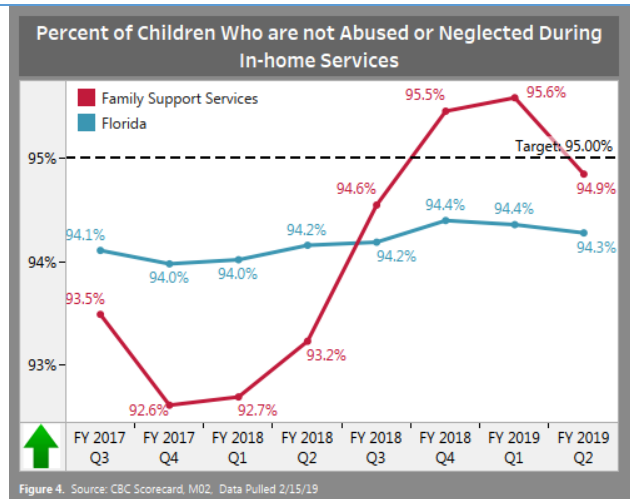
FSSNF has performed above the statewide performance in six of the previous eight quarters. FSSNF's performance has closely followed the statewide trends. FSSNF's service array rating for Family Support Services is currently a "4" indicating these services are provided consistently without capacity concerns and that the CBC has methods to assess the quality and effectiveness of the 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.

FSSNF's performance has trended positively since FY 17/18, Q1 until a recent decline in FY18/19, Q2. Performance has consistently stayed above the statewide performance in the four most recent quarters. FSSNF performed above the target in two of the previous eight quarters.



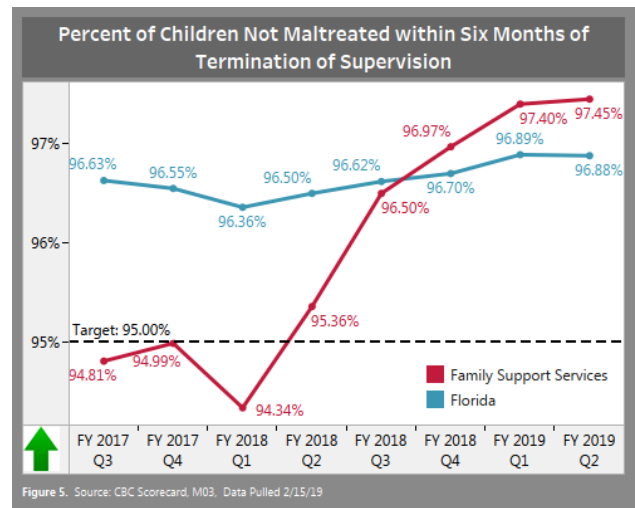
Rapid Safety Feedback (RSF) data revealed FSSNF scored above the statewide performance during FY 17/18 in RSF 1.1 (ensuring the family assessments are sufficient) and RSF 2.1 (the quality of visits is sufficient to address safety concerns and evaluate case plan progress). FSSNF performed below the state in RSF 4.1 (ensuring safety plans are sufficient) and showed a 4.4% decline during FY 17/18. This measure was previously identified as an opportunity for improvement. (See Table 6)

FSSNF's performance on CQI Item 3 (making concerted efforts to address risk and safety), is below the statewide performance, the PIP goal, and the federal and state expectation but improved 4.1% during FY 17/18. This item was previously identified as an opportunity for improvement. (See Table 7)

CHILDREN WHO ARE NOT NEGLECTED/ABUSED AFTER RECEIVING SERVICES

Percent of children with no verified maltreatment within 6 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 6 months immediately following termination of supervision.

FSSNF's performance has been trending positively since FY 17/18, Q1 and has exceeded the target in five quarters and the statewide performance in three quarters over the previous eight quarters. FSSNF's performance has improved since being previously identified as an area needing action.



Although FSSNF's performance decreased slightly 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. (See Table 7)

CHILDREN SEEN EVERY 30 DAYS

Children under supervision who are seen every 30 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.

Data for this measure was temporarily unavailable at the time of this report.

QA CASE REVIEW DATA

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

Rapid Safety Feedback (RSF) reviews show FSSNF's performance exceeded the statewide performance in RSF 1.1 and RSF 2.1. FSSNF's performance on RSF 4.1 was below the statewide performance and declined during FY 17/18, indicating safety plans were not sufficient to control danger threats in 47.6% of the sampled cases. This measure was previously identified as an opportunity for improvement. (See Table 6)

Florida CQI reviews indicate that FSSNF case managers were making concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification (CQI Item 2) in 93.6% of sampled cases. While FSSNF's performance declined slightly, it remained above the statewide performance. FSSNF's performance

Rapid Safety Feedback - Safety			
Quality Assurance - Rapid Safety Feedback Item1	FSS of North Florida FY 2016-17 n=37	FSS of North Florida FY 2017-18 n=41	Statewide RSF Performance Fy 2017-18 n=830
RSF 1.1: Is the most recent family assessment sufficient?	78.4%	83.3%	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 progress towards case plan outcomes?	73.0%	66.7%	60.1%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	56.8%	52.4%	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, Data Run: 3/4/19

CQI Safety							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Family Support Services of North Florida FY 2016/2017 n=81	Family Support Services of North Florida FY 2017/2018 n=69	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?	96.2%	93.6%	-2.6%	93.0%	76.5%	95.0%	
CQI Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes or while in foster care?	65.4%	● 69.6%	4.1%	77.0%	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, Data Run 7/19/19

improved on CQI Item 3 during FY 17/18, however it remained below the statewide performance and the PIP goal. This item was previously identified as an opportunity for improvement. (See Table 7)

PERMANENCY

The graphs and tables on the follow pages depict FSSNF'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

Overall, FSSNF performed well on most permanency related quantitative and qualitative measures, typically exceeding the statewide performance. While performance has improved in several scorecard measures, FSSNF is trending negatively on two scorecard measures related to timely permanency. FSSNF's performance on quality measures related to permanency is a clear strength for FSSNF, as scores exceed statewide performance and PIP goals and most scores improved during FY 17/18.

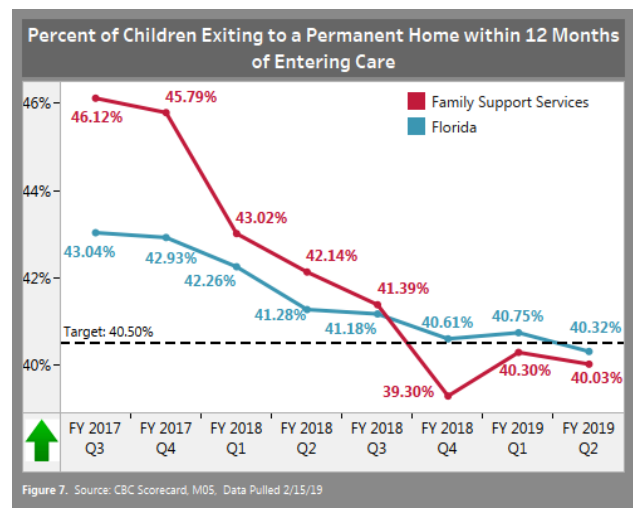
PERMANENCY IN 12 MONTHS

Percent of children exiting foster care to a permanent home within 12 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.

FSSNF's performance has been trending negatively since FY16/17, Q3, falling below the target, statewide performance, and the PIP goal during FY 17/18.

In contrast to the negative trend discussed above, quality data results from CQI Item 5 (establishing permanency goals in a timely manner) show that FSSNF performed above the statewide performance and the PIP goal; and performance increased by 8.3% during FY 17/18. Additionally, results from CQI Item 6 (making concerted efforts to achieve permanency) show that FSSNF has performed above the statewide performance and the PIP goal, and scores improved to 90.7% during FY 17/18. (See Table 9)

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 FSSNF exceeded the statewide performance and the PIP goal, and performance improved 3.5% during FY 17/18. FSSNF also showed an increase of 2.8% during FY 17/18 and performed above the statewide performance on CQI Item 15 (frequency and quality of visits

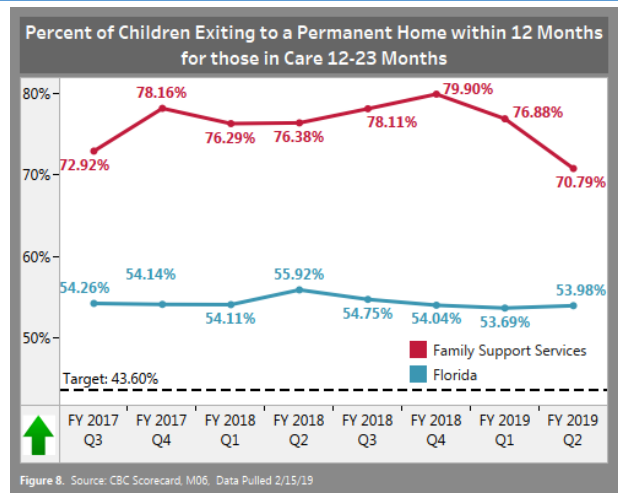


between case workers and mothers and fathers sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals). (See Table 10)

PERMANENCY IN 12 – 23 MONTHS

Percent of children exiting foster care to a permanent home in 12 months for children in foster care 12 to 23 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 12 months of the beginning of the report period.

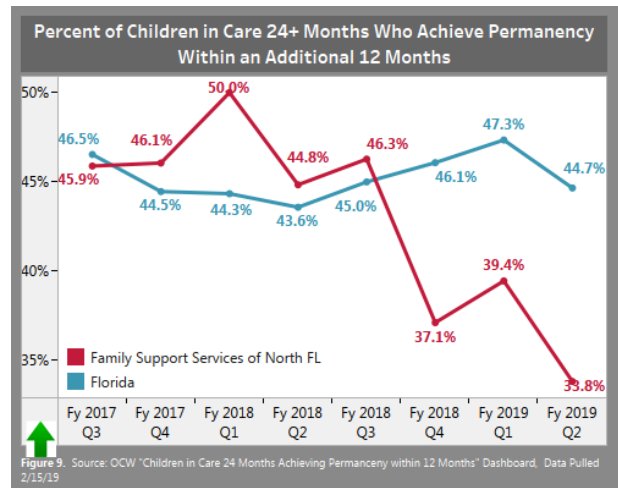
FSSNF consistently performed above the target and the statewide performance for the past eight quarters. FSSNF’s performance increased 3.6% during FY 17/18. As perviously mentioned, FSSNF’s CQI performance related to permanency has been a strength.



PERMANENCY AFTER 24 MONTHS

Percent of children in foster care for 24 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.

FSSNF’s performance has been trending negatively since FY 17/18, Q3, and falling below the statewide performance in the three most recent quarters. Overall performance has declined 12.1% in the previous eight quarters.

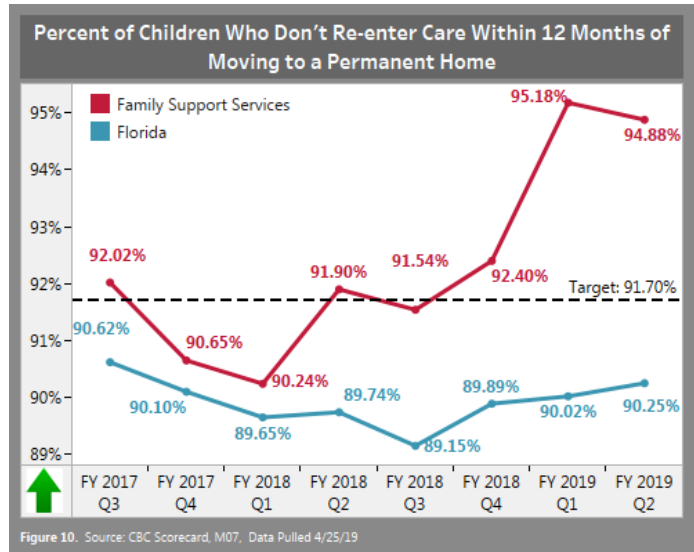


PERCENT NOT RE-ENTERING INTO CARE

Percent of children who do not re-enter foster care within 12 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.

FSSNF has performed above the target and the statewide performance in five of the previous eight quarters and trended positively since FY 18/19 Q3. Despite a 2.1% increase in performance, FSSNF's performance for FY 17/18 remained below the target. This was previously identified as an opportunity for improvement.



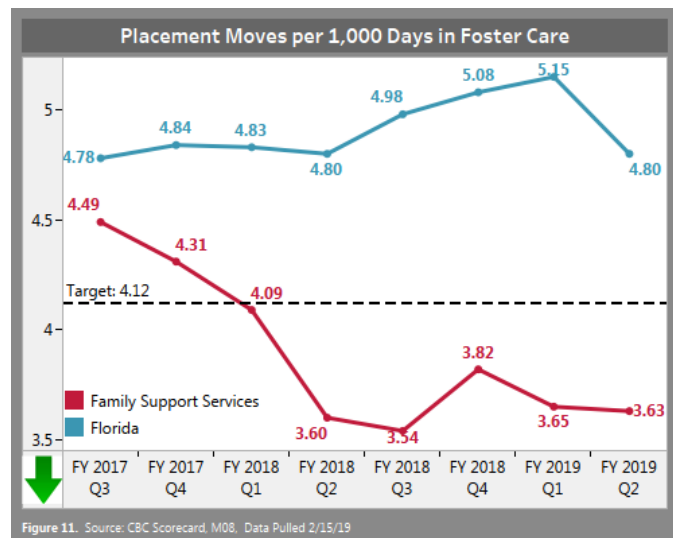
CQI Item 2 indicates that the agency made concerted efforts to provide services to the family to prevent entry or re-entry in 93.6% of the cases sampled. While FSSNF's performance slightly decreased by 2.6% during FY 17/18, performance remained above the statewide performance on this quality measure. (See Table 7)

PLACEMENT STABILITY

Placement moves per 1,000 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.

FSSNF's performance in this measure has trended positively over the past eight quarters. Their performance has exceeded the target in six of the past eight quarters and the statewide rate in all of the eight past quarters. During FY 17/18, performance met the target and statewide performance.



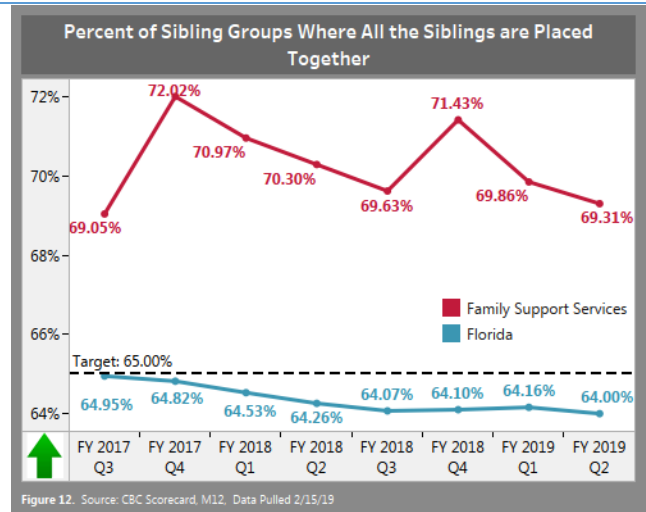
Qualitative case reviews indicate that FSSNF's performance improved 4.1% during FY 17/18 on CQI Item 4 (ensuring stable placement and that any moves are in the best interest of the child), exceeding the statewide performance and the PIP goal. (See Table 9)

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.

FSSNF performed above the state and the target in each of the previous eight quarters. Overall, this measure was met but showed a 1.4% decrease during FY 17/18.

Data from CQI Item 7 (ensuring concerted efforts are made to ensure siblings in foster care are placed together unless separation is necessary to meet the needs of one of the siblings) indicated FSSNF showed a performance increase of 10% during FY 17/18 and scored above the statewide performance. (See Table 9)



QA CASE REVIEW DATA

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

Overall, FSSNF has seen an increase in quality performance on permanency related measures, despite a decline in two areas during FY 17/18. RSF reviews show that from the period of July 1, 2017 through June 30, 2018, FSSNF case managers were completing visits of sufficient quality to address issues pertaining to safety and evaluating progress with children (RSF 2.1), mothers (RSF 2.1), and fathers (RSF 2.5) in 66.7%, 82.9%, and 57.9% of the sampled cases, respectively. While FSSNF performed above the state on RSF permanency related quality measures, their performance decreased in RSF 2.1 and RSF 2.5 during FY 17/18. (See Table 8)

Quality Assurance - Rapid Safety Feedback Item1	FSS of North Florida FY 2016-17 n=37	FSS of North Florida FY 2017-18 n=41	Statewide RSF Performance FY 2017-18 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?	73.0%	66.7%	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?	77.8%	82.9%	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?	62.5%	57.9%	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, Data Run: 3/4/19

FSSNF's scores in CQI quality measures related to permanency indicate an area of strength for the agency. FSSNF's performance exceeded the statewide performance in all CQI items and exceeded the PIP goal on the two applicable measures. In addition, FSSNF saw improvement in all permanency related CQI items. (See Table 9)

CQI Permanency							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Family Support Services of North Florida FY 2016/2017 n=81	Family Support Services of North Florida FY 2017/2018 n=69	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)?	93.6%	● 97.7%	4.1%	83.0%	82.0%	95.0%	88.5%
CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?	89.4%	97.7%	8.3%	84.0%	81.8%	95.0%	
CQI Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child?	87.2%	● 90.7%	3.5%	81.0%	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?	90.0%	100.0%	10.0%	64.0%	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 famil..	80.0%	90.0%	10.0%	69.0%	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?	78.7%	87.8%	9.1%	79.0%	82.0%	95.0%	
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	72.3%	82.1%	9.7%	83.0%	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 acti.	80.7%	89.3%	8.6%	61.0%	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, Data Run 7/19/19

WELL-BEING

The graphs and tables on the follow pages depict FSSNF'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

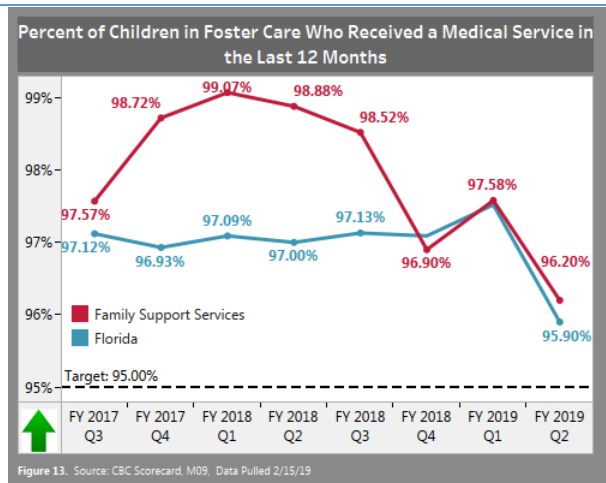
Overall, FSSNF is meeting the target and performing above the statewide performance on quantitative and qualitative measures related to well-being, with the exception of the scorecard measure ensuring children receive timely dental services. Performance on all quantitative measures were trending downward through the most recent quarter (FY 2019, Q2), while performance on the majority of qualitative measures has improved.

CHILDREN RECEIVING MEDICAL CARE

Percent of children in foster care who received medical care in the previous 12 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.

FSSNF has consistently performed above the target in the previous eight quarters, and in seven of the eight quarters they performed above the statewide performance. Although performance is still above the target, recent performance has been trending down.

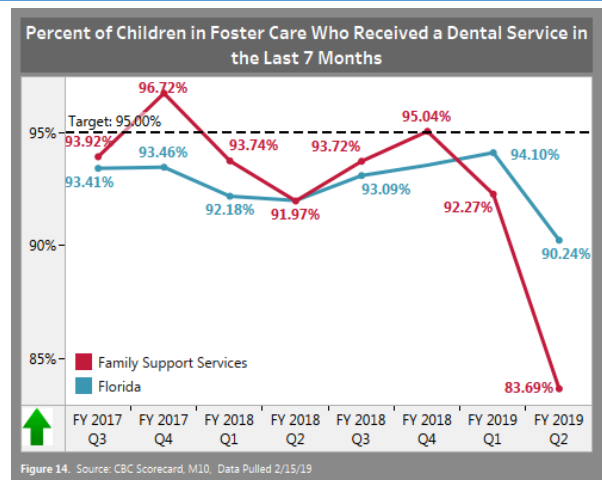


During FY 17/18, FSSNF scored above the statewide performance in CQI Item 17 indicating 89.8% of sampled cases demonstrated the physical health needs of children, including dental needs are addressed by the agency. (See Table 10)

CHILDREN RECEIVING DENTAL CARE

Percent of children in foster care who received a dental service in the last 7 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 7 months.

FSSNF scored above the target in two of the previous eight quarters and scored above the statewide performance in five of the eight quarters. FSSNF's performance on the scorecard declined during FY 17/18, falling below the target but remaining above the statewide performance. Performance continues to trend negatively and has decreased 11.35% over the first two quarters of FY18/19.

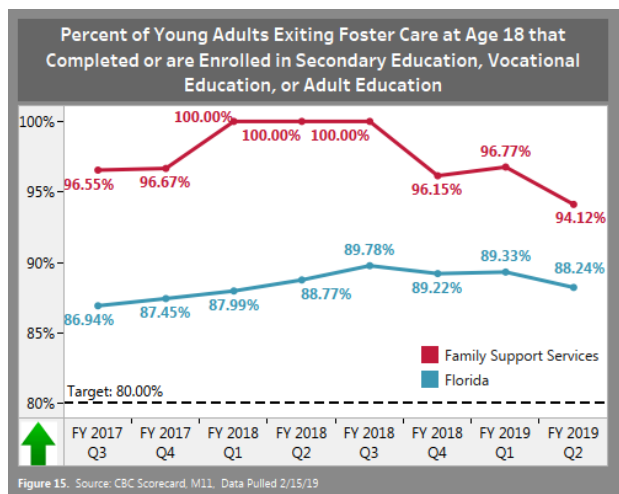


Despite the negative trend on the quantitative measure, FSSNF scored above the statewide performance, during FY 17/18, in CQI Item 17 indicating 89.8% of sampled cases demonstrated the physical health needs of children, including dental needs are addressed by the agency. (See Table 10)

YOUNG ADULTS ENROLLED IN SECONDARY EDUCATION

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

FSSNF's performance has been consistently above the target and the statewide performance for the previous eight quarters, although performance has slightly declined since FY 17/18, Q3.



Quality data shows that while FSSNF is performing above the statewide performance in CQI Item 16 (ensuring concerted efforts are made to assess children's educational needs appropriately and address identified needs in case planning and case management activities), their performance declined by 4.1% during FY 17/18. (See Table 10)

QA CASE REVIEW DATA

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

In general, FSSNF has seen an increase in quality on well-being related measures; most notably in performance on Items 12B and 12C. These measures evaluate concerted efforts to provide necessary services to parents and foster parents to achieve case goals and address issues relevant to the agency's involvement. Florida CQI reviews show FSSNF is performing above the statewide performance and the PIP goal, when applicable, in all quality measures related to well-being. Although scores exceeded the statewide performance, FSSNF saw a decrease in three measures. While scores on two measures decreased slightly, performance on the measure ensuring concerted efforts were made assessing children's educational needs decreased by 4.1%. (See Table 10)

CQI Well-Being							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Family Support Services of North Florida FY 2016/2017 n=81	Family Support Services of North Florida FY 2017/2018 n=69	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?	90.1%	● 92.8%	2.6%	89.0%	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 achieve case goals and adequately address the issues relevant to the agency's involvement with th..	77.9%	● 88.7%	10.7%	73.0%	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 achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	88.9%	● 100.0%	11.1%	88.0%	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?	76.3%	● 84.5%	8.2%	66.0%	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?	70.4%	69.6%	-0.8%	67.0%	72.5%	95.0%	
CQI Item 15 Were the frequency and quality of the visits between the case workers and mothers and fathers sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals?	73.1%	● 75.9%	2.8%	48.0%	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?	90.9%	86.8%	-4.1%	84.0%	92.0%	95.0%	
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	89.7%	89.8%	0.1%	77.0%	85.0%	95.0%	
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	86.4%	86.1%	-0.3%	75.0%	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 9. Source: QA Rapid Safety Feedback; Federal Online Monitoring System, Data Run: 7/19/19

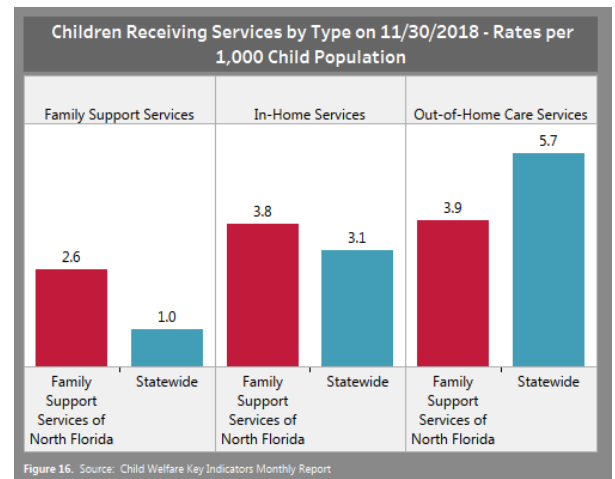
SECTION 6: SERVICE ARRAY FOR SAFETY MANAGEMENT AND FAMILY SUPPORT SERVICES

SUMMARY

In July of 2016, the Office of Child Welfare initiated a service array assessment with each CBC across the state. The assessment focuses on evaluating the availability, access and application of services for child welfare involved families. CBCs have the flexibility to create programs and services that meet the needs of children and families. CBCs should continuously monitor and analyze the success of programs they purchase or develop. This analysis should go beyond monitoring contract outcomes to also include analysis of outcomes for children and families related to safety, permanency and well-being. Prior to modifying, implementing or purchasing a program the CBC should ensure there is research supporting the use of this program for the child welfare population.

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

FSSNF has a rating of “4” for Family Support Services (FSS). FSSNF fulfills the service need of Family Support Services under their Family Preservation department. FSSNF Family Preservation services and programs are available for families residing in Duval and Nassau counties. Family Preservation services are short-term, family-focused services designed to assist families in crisis by improving parenting and family functioning while keeping children safe in their homes. These services build upon the conviction that many children can be safely protected and have their needs met within their own homes when parents are provided with services and support that empower them to change their lives. Family Preservation believes in engaging with children and families early to develop life plans that will:

- Build on child, family, and community strengths so that parents are supported to move children toward safety, permanency and well-being.
- Foster communities with strong families in which children are safe and thriving.
- Support family's voice and choice.

One such program under Family Preservation is Strengthening Ties and Empowering Parents (STEPS). STEPS is a voluntary prevention program for safe, but high or very high risk families. The program provides in-home intervention to prevent families from entering the foster care system and to help them work toward stabilization. The STEPS unit is staffed with six family support specialists and one supervisor. Upon receiving a referral, STEPS workers have five days to contact the family and complete an assessment. Depending on their risk level, families receive between one and three home visits per month, for an average length of service of three months.

STEPS uses evidence-based parenting training, Active Parenting Now and Active Parenting of Teens. Other services offered by STEPS include budgeting, behavior modification, case management, and community resource referrals. Additionally, STEPS is able to provide Healthcare Coordination through an augmented service array that includes a focus on medical consultation, domestic violence and substance misuse. This Healthcare Coordination program works concurrently with STEPS.

STEPS services are supported by the Oversight Coordinator team. The Coordinator supports the program with quarterly case auditing, regular trainings and field coaching on best practices. Regular data reports are assessed to ensure continued program success. These reports generally are focused on recidivism of re-abuse and services rendered. FSSNF uses this information to adjust services as needed to ensure clients are being served in the most appropriate and effective manner possible. All STEPS clients are entered into the FSS module in FSFN.

Until December 2018, referrals to the STEPS program were accepted from the community, self-referrals, and from CPIs that have been deemed safe, but low to moderate or high-very high risk. In preparation for the transition to a post-waiver environment, STEPS now only accepts referrals for safe but high or very high risk from CPIs upon the completion of their investigation. Other referral sources and families determined to be safe but at low to moderate risk are now being provided with referrals and linkages to community services by FSSNF Community Resource Specialists. While there are no capacity concerns for safe families, CPIs expressed disappointment in STEPS no longer serving low/moderate risk families; however, CPIs may still refer families to the community resource specialists. Continued CPI training and communication on available supports could help alleviate concerns during this transition.

Safety Management Services

FSSNF has a rating of “4” for Safety Management Services. FSSNF subcontracts with Jewish Family Community and Services (JFCS) and Daniel Memorial (DM) to provide voluntary, in-home safety management services through the Family Assessment Support Team (FAST). FAST services use certified Child Welfare Case Manager Family Service Counselors (FSCs) to act as Formal Safety Monitors. These Safety Monitors assess, enforce and adapt safety plans to ensure they are sufficient while investigations is gathering additional information. These services are available as a non-judicial service with a two-hour response time. At the discretion of the Child Protective Investigator (CPI), a joint visit is completed within 24 hours. The joint visit includes the family, CPI, informal safety monitors, and the FSC. The FSC/SM acts as a liaison between all parties to ensure that information is shared and monitored for sufficiency. Their caseloads do not exceed two safety management cases per full-time employee, although they have other types of cases as well.

A referral to FAST/SMS is mandatory in all cases involving a substance exposed newborn (SEN) and child deaths where living siblings are identified. To ensure continuity of care, the services continue through the same FAST FSC as a non-judicial case when appropriate. Using integrated services, involved families can also transition to other programs in the service array directly from FAST depending on the investigation's assessment. These services include STEPs, High Risk Newborn (in-home infant mental health services) and dependency/judicial services.

The High-Risk Newborn (HRN) Program provides behavioral health and social services to children 0-5 years of age and their caregivers. HRN serves young children who may be at risk for developing more severe mental health disorders and helps parents learn how to build stronger bonds with their children. The voluntary HRN prevention program focuses on therapeutic infant mental health. HRN case managers are therapists that are trained in evidence-based Nurturing Parenting, Active Parenting Now, Active Parenting of Teens, Ages & Stages Questionnaire and Ages & Stages Questionnaire: Social Emotional assessments. The High-Risk Newborn program is available to FAST FSC's and CPI's who identify a need for services that meets the criteria. Prior to High Risk Newborn (HRN) services beginning FAST/SMS will complete plans of safe care.

In October 2018, FSSNF was awarded the Preserving Families and Protecting Children Regional Partnership Grant to pilot an augmented FAST program called IFAST. IFAST will integrate substance abuse, mental health and child welfare services to maximize efficiencies and improve outcomes for children ages birth to five and their families. The model allows for randomly selected families to receive a Healthcare Coordinator and a Parent Educator/Peer. The University of South Florida's (USF) Louis de la Parte Florida Mental Health Institute (FMHI) will conduct a rigorous evaluation of the Preserving Families and Protecting Children program, to include a process evaluation, a partnership study, and an outcomes evaluation. To elevate FAST to a recognized evidence-based program and meet the requirements of the Families First Preservation Services Act as a well-supported practice, a quasi-experimental group matching study will be designed to assess child and family outcomes. A total of 800 families will be enrolled into the three-year study.

FSSNF implemented the use the Integrated Practice Team (IPT), which consists of specialized community service providers that offer knowledge and expertise as they partner with parents to assist in identifying barriers that would prevent children from remaining safely in their home. Innovative ideas ensure that the individual needs of the family are being met, while the children stay in their own home. IPT was developed to decrease removals as well as shorten the removal period and has grown to include lockout cases where children discharged from a mental health or DJJ facility and the parent refuses to take custody of the child. IPT members include representatives from: FSSNF, Duval County Public Schools, Child Guidance Center, DCF Family Advocate, Hubbard House, and Gateway Community Services. Family members and their identified supports are encouraged to attend the IPT meetings to empower them with ways to help strengthen the family. Internal FSSNF data shows 92% of IPT cases have children that remain in the home despite crisis situations.

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. FSSNF are using performance measures and quality reviews to assess the quality

and effectiveness of the services and has processes in place to address issues identified from those assessments.

SECTION 7: LEADERSHIP AND GOVERNANCE

SUMMARY

This category focuses on alignment of FSSNF'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.

Mission/Vision/Values

Aligned with the Department, FSSNF's mission to "be the leader in providing safety, stability and quality of life for all children by working with the community to strengthen the family unit" with a vision that:

- children grow up connected to their own families, supported by quality families, and protected by the community;
- children have the opportunity to achieve in school and learn to become productive citizens; and
- Duval and Nassau County citizens, organizations and agencies recognize that child protection is a community responsibility and represents the best interests of all county residents.

FSSNF's practice values are to be child-focused, family-centered, strength-based, individualized, culturally competent, comprehensive, community partnership-oriented, and outcome-based. FSSNF's mission, vision, and values were echoed throughout all on-site focus groups and interviews.

For FY 18/19, FSSNF re-vamped their strategic plan and identified four priorities to focus their efforts and resources. Their strategic priorities are workforce stabilization, child placement resources, community partnerships and the teen umbrella. They removed performance measure goals from their plan because they believe if they "focus on their priorities and practice their m/v/v, positive performance will come."

Resource Management

FSSNF minimally focuses on fundraising to avoid competing with their community partners. They focus their efforts collaborating, partnering, leveraging resources and obtaining grants. FSSNF's budget is informed by strategic priorities and forecasting programmatic needs. The CFO and finance department bring programmatic knowledge and system of care understanding to FSSNF's financial goals and decisions. FSSNF has \$2.6 million in current grant funding.

Evaluation of CBC Leadership

FSSNF's Chief Executive Officer (CEO) is evaluated annually by the Board of Directors (BOD). The CEO completes a self-assessment describing successes and challenges experienced throughout the year. It details goal progress from the previous year and sets goals for next year. The BOD also provides input regarding goal progress, budgetary performance, and performance measures. Once approved and finalized by the BOD, recommendations for additional compensation may be made.

Risk Management

All client grievances and complaints are processed through the Quality Management (QM) Department. If the complaint comes from the DCF Client Relations Office, QM immediately addresses it with the CMO to resolve the issue and provide a response back to the DCF Client Relations Office. QM tracks all grievances and provides information to the internal Risk Management Committee. On a quarterly basis, the BOD legal counsel, FSSNF's internal legal counsel, the CFO, and FSSNF's insurance broker meet to discuss current or potential litigation. The BOD legal counsel keeps the BOD updated. If a crisis emerges, the CEO notifies the BOD via phone call and they can decide if they need to hold an emergency board meeting.

Board Activities

FSSNF's Board of Directors are involved and knowledgeable about the agency and the work done by FSSNF. FSSNF's BOD bring diverse and valuable backgrounds from each county and represents numerous stakeholder groups. There are 18 members on the board who can serve up to six years. Members bring backgrounds in fostering/adopting, education, law enforcement, child welfare, finance, law, real estate, business, and include a former foster youth. The Board Development committee focuses on recruiting new members who can bring different skills to the group. The BOD uses a matrix of skills, background, and strengths to identify any areas that are underrepresented in order to maintain a diverse membership. Other committees include an Executive and Finance Committee. The BOD's main function is to oversee and help guide FSSNF operations, but they do not direct them. The BOD has a lot of confidence in FSSNF's leadership and their vision.

Leadership Development

FSSNF's Senior Leadership team has changed significantly over the previous two years. An existing executive staff member became CEO, and three of the five senior level staff are new to the senior level. FSSNF values leadership development and prefers to promote from within by assessing employee potential, setting goals, and providing opportunities for staff to increase their leadership skills. FSSNF has recently implemented the Transformational Change Leadership (TCL) initiative with goals to: engage, train, retain, and support staff; redesign the work that is done to produce the results that must be achieved; build a collaborative, interdependent team of leaders. The purpose of TCL is to create an organizational culture that is clear and transparent in communication and interaction, to understand the importance of collaboration and interdependence, and to engage and encourage a safe and secure environment that is flexible and accepting of change. The tenets of TCL are that individuals become leaders by increasing four important capacities (identified by colors):

- *Spiritual: Who we are and what we do*
- *Behavioral: How we interact and offer support*
- *Cognitive: How we prepare for the future*
- *Emotional: How we handle change*

ANALYSIS

FSSNF's executive and senior leadership team is experienced and dynamic. The Board of Directors' membership brings diverse backgrounds and skills to align with the needs of the community served by

FSSNF. FSSNF's mission, vision and values are aligned with the Department's, and both FSSNF and CMO staff are committed to providing services that positively impact the children and families. FSSNF manages their resources strategically and thoughtfully. FSSNF is dedicated to staff development and retention as evidenced by the TCL initiative.

SECTION 8: WORKFORCE MANAGEMENT

SUMMARY

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

Workforce Capacity

FSSNF contracts with three case management organizations (CMOs) to provide case management services for dependency cases in Duval County: Children's Home Society (CHS), Daniel Memorial (DM) and Jewish Family and Community Services (JFCS). Dependency case management is provided in-house in Nassau County. FSSNF aims to have caseloads between 12-15 and contractually requires no more than 25 children per dependency case worker. At the time of the on-site review overall dependency caseloads averaged 14-19, however CHS case workers averaged 25. FSSNF also contracts with the CMOs to provide STEPs (FSS) and FAST (SMS/Unsafe Non-judicial) services in Duval and Nassau counties. At the time of the on-site, caseloads averaged 14-19 children. The supervisor to staff ratio is 1:5 and supervisors do not have primary assignment on cases. Daily, FSSNF monitors all caseloads and determines which CMO will be assigned cases. If caseloads get too high, such as current CHS caseloads, FSSNF will take the CMO out of the assignment rotation to provide a reprieve while the CMO works on reducing caseloads to a manageable level.

According to their [website](#), as of March 2019, FSSNF's rolling turnover rates range for dependency case management 12.5% (FSSNF), 33.33% (CHS), 49.06% (JFCS), and 66.67% (DM). FSSNF works closely with the CMOs on hiring practices and allows over-hiring to meet the individualized needs of each CMO, however CMOs can be financially penalized for extended vacancies.

Retention Activities

As part of their strategic plan, FSSNF has made retention one of their top priorities. To best inform their approach in developing retention activities, FSSNF gathered input from various sources. FSSNF conducted meetings with the CMOs to exchange best practice ideas, they participated on the DCF statewide strategic initiative committee, and reviewed The Florida Study of Professionals for Safe Families research conducted by Dr. Wilke for the Florida Institute of Child Welfare. FSSNF subsequently had Dr. Wilke conduct an onsite visit to provide an overview on the challenges unique to the service area; this was presented to leadership from FSSNF, CMOs, community partners, and the Northeast Region. In response to their information gathering, FSSNF has created a TCL workgroup with a CMO retention focus, developed a formalized collaboration with Casey Family Programs and FICW, integrated HR staff on workgroups, surveyed all CMO staff, conducted individual case manager interviews, prioritized supervisor supports, launched a professional development program, and planned recognition appreciation events.

FSSNF ensures each CMO implements their own retention activities, which include options to work from home, flexible work schedules, paid time off, financial incentives, and staff recognition. FSSNF has added staff (such as the Safety Practice Integration Specialist) to increase support for supervisors, new case managers, and tenured case managers. One common complaint from case managers was that they did not have enough time in their work week to complete their required tasks due to travel time, visitation standards, paperwork, and court appearances. After hearing this from numerous sources in various venues, FSSNF began gathering information to identify possible strategies to reduce the demands on staff. The Performance Analytics department began analyzing schedules, mileage logs, and documentation timeframes. In addition, FSSNF staff shadowed caseworkers to conduct a time study in an effort to determine where and how their time is spent. They plan to use this information to add additional supports and resources. For example, in Duval County, visitation is ordered to occur at least three times a week from the beginning of the case. Although there are some resources available to assist with transportation and visitation supervision, FSSNF has identified the need for more transportation and supervision options as well as geographically dispersed visitation locations. FSSNF is now reaching out to the community to establish partnerships to create satellite visitation spots.

On-site focus groups revealed that, due to the immense amount of time their workload requires, some staff reported working overtime but not reporting it accurately on their time sheets. A few staff stated that requesting overtime is discouraged and the approval process is cumbersome. They expressed that the unspoken message was that they were inadequate if they were not able to complete their tasks within the 40-hour work week, and because they want to do a good job, they work “off the clock” on nights and weekends. Due to this discovery, a report was made to the Inspector General as it is in violation of the Federal Fair Labor Standards Act (FLSA). The northeast region leadership was notified, and a meeting was held with FSSNF executive staff immediately. FSSNF had no prior knowledge of the allegations and reported being unaware of any active concerns or complaints regarding CMO staff feeling pressured to not document overtime hours. FSSNF stated that the beliefs that some staff shared are contradictory to the culture infused at FSSNF and expected to be implemented throughout the system of care. FSSNF’s response to the IG inquiry is attached at the end of this report as Appendix C. The IG referred the allegations to the northeast region as a management inquiry and the northeast region accepted FSSNF’s response without further action or investigation.

Training

The FSSNF Training Department provides training for the Case Management Organizations in Duval, Nassau, St. Johns and Clay counties. The training department is responsible for scheduling, tracking, and procuring trainings for FSSNF staff, CMO staff, and foster parents. They provide pre-service training with seven weeks of curriculum in five cycles per fiscal year, as well as PRIDE Training for foster parents with a six-week curriculum consisting of six evening class cycles and six weekend class cycles per fiscal year. Trainings are identified through annual training needs assessments, CQI reviews, and supervisor requests.

An annual training plan is completed, and quarterly training calendars are available online. Training evaluations are completed at the end of each course and are reviewed for trainer, content, and presentation satisfaction. FSSNF uses internal trainers and their system of care partners to provide many

trainings, but FSSNF will also utilize training funds to procure specialized trainings ensuring there are no training gaps within the system of care.

Pre-Service Training

In 2018, the Department of Children and Families issued an Invitation to Negotiate for the Northeast Region Child Protective Investigation Training Program and awarded FSSNF the three year contract which began in July 2018. Prior to receiving this contract, FSSNF provided Case Management training for Duval and Nassau counties, Kids First of Florida in Clay County and the Family Integrity Program in St. Johns County. The new CPI training contract allows FSSNF to include training for CPI trainees region wide. To cover the entire Northeast Region, FSSNF contracts with Community Partnership for Children in Daytona and Partnership for Strong Families in Gainesville to provide the needed training in their areas. This new collaborative is called the Regional Integrated Training Alliance (RITA).

It is a great opportunity to help bridge communication gaps between the CPIs and CMs as they will go through the training experience together and build positive working relationships as they move to their respective positions. The goal is that these relationships will lead to an increase in the quality of case work provided to families. CPIs and case managers have the opportunity to cross train and shadow each other in their respective jobs, and they learn the same information at the same time to increase consistency in local and regional child welfare practices, messaging, and decision-making.

Under RITA, enhancements have been incorporated into pre-service training to improve real application in the field. One enhancement utilizes an Avatar system which allow trainees to practice engagement, collect financial information, and have difficult conversations with one of three available avatars (virtual client). As part of the guest speaker presentations a foster parent and a teen share their first-hand experiences with the system of care. A mock courtroom training day is incorporated and provided an opportunity for trainees to practice standing before the Judge or Magistrate for shelter or Judicial Review, and are provided feedback from the judiciary and CLS. The trainees also participate in a real CTS-Case Transfer Staffing with Investigators and Case Managers.

In January 2017, FSSNF created a Mentor position located at JFCS. This position coaches new child welfare case management staff in court preparation and data entry in the FSFN and COBRIS systems; they also provide refresher trainings and case consultations for dependency and non-judicial case managers.

In-Service Training

The training department offers in-service training opportunities monthly and bi-monthly to enhance FSSNF employees, case management and child protective investigator staff. The training department is certified to deliver in-service trainings from many curriculums including Trauma-Informed Care, Cultural Competence, Florida Safety Practice Model, De-Escalation, PRIDE Train-the-Trainer, Premarital Counseling, Family Team Conferencing, Fatherhood, Compassion Fatigue, Victims Advocate, Domestic Violence and Motivational Interviewing, and Supervising for Excellence. Staff is able to attend in-service training anywhere in the region and they have the opportunity to attend online training from a remote location.

FSSNF also maintains a Professional Training Library on the FSSNF website which offers staff development and continuing education for child welfare professionals and foster parents. The training library contains self-paced and directed training videos that engage trainees with quizzes and allow them to print certificates online.

Case Management Supervisor Development

In 2018, FSSNF contracted with ACTION to provide training to staff on supervisory consultations. This training provided instruction and guidance on how to conduct supervisor consultations through the various case management phases of the safety practice model. Participants also learned how to document these supervisor consultations in FSN.

FSSNF offers eight leadership skills training annually which supervisors can attend. Supervisors are able to attend any training offered throughout the northeast region and have access to online trainings and conferences. The Safety Practice Integration Specialist (SPIS) consults with supervisors and is available for support and guidance. The SPIS also facilitates “Survive and Thrive” supervisor groups, which allow all supervisors to come together to discuss challenges, brainstorm solutions, vent about difficulties, and build supportive relationships. The supervisor focus group reported that this was very beneficial to them to come together as a team across the system of care. FSSNF is transitioning from the Supervising for Excellence curriculum to the Strength Based Supervision curriculum.

ANALYSIS

FSSNF has a strong training department with dedicated trainers focused on delivering innovative and enhanced training experiences for staff, community partners, and foster parents. Pre-service and in-service training opportunities are viewed as an asset to the agency. FSSNF recognizes that retaining staff is essential to providing quality services to the families they serve and are making diligent efforts to implement effective strategies to address challenges and improve retention. FSSNF has procedures in place to monitor caseload sizes and workforce needs.

Further efforts to ensure messages are aligned with FSSNF’s culture and values regarding workload expectations, overtime requests, time management realities, and workforce support is warranted to reduce feelings of “incompetence” and ensure that work hours are always reported accurately by frontline staff.

SECTION 9: CONTINUOUS QUALITY IMPROVEMENT

SUMMARY

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

The Technology and Operating Services Department (functioning as CQI) includes Quality Management (QM), Revenue Maximization (Rev Max), Information Technology (IT), Training, and Performance Analytics (PA). FSSNF has integrated Results Oriented Accountability (ROA) concepts into their quality management and improvement.

The Quality Management department is responsible for monitoring the case management organizations and departments within FSSNF to ensure quality services are practiced. QM staff complete quarterly, statewide quality assurance case reviews and psychotropic medication compliance reviews. QM reviews and processes all incident reports, facilitates and ensures compliance for Permanency Staffings, and processes client grievances and complaints.

Data Quality

FSSNF and their CMOs utilize FSFN and Mindshare to capture data, which is assessed for accuracy and completeness by QM, Rev Max, and PA. These databases are also used to generate and implement tracking systems. QM, PA, and Rev Max maintain a schedule to validate data on a daily, weekly, monthly, and quarterly basis. Scorecard measures are reviewed monthly and eligibility is reviewed quarterly. FSSNF completes this by pulling a case sample to validate FSFN data entry and reported performance. FSSNF also compares their performance measure analysis to the analysis conducted by the CMOs to ensure they align. The Rev Max department continuously notifies and trains staff and partners of the importance of collecting accurate information.

Data Analysis

The QM Specialists and Lead QM Specialist conduct the quarterly RSF and CQI case reviews that focus on Safety, Permanency, and Well-Being of the child. After each case review is completed, the QM Specialist schedules and conducts a case consultation with the CMO agency assigned to the case. The case consultation provides immediate feedback for what is going well and areas that need improvement with a goal to assist the case manager and case manager supervisor in developing critical thinking skills around their casework practice. A Request for Action (RFA) is documented in FSFN by the QM Specialist using the RFA action in FSFN when safety concerns are identified, and the case manager must immediately address and resolve the RFA within 2 days. The Director of Quality Management or designee tracks, analyzes, and reports the findings of the RSF and CQI case reviews to the FSSNF's Management, FSSNF Contracts Department, FSSNF Board of Directors, and to each CMO on a quarterly basis.

FSSNF has also designated additional quality reviews that the Lead QM Specialist also conducts monthly. They include:

- Reunification home study reviews focus on children ages 0-5 who have been reunified and have had their case closed.
- Relative/non-relative home study reviews focus on children ages 0-5 who have been moved and placed with a relative or non-relative during the prior month.
- Out-of-home care reviews focus on well-being and permanency and include questions from the CFSR and focus on children ages 0-5 who have been in out-of-home care with the goal of reunification for over 12 months.

The FAST program is supported and reviewed for quality by FSSNF's Oversight Coordinator team that regularly assesses timeliness of services rendered, safety plan sufficiency, and appropriate treatment

recommendations upon the completion of the Family Functioning Assessment-Investigation (FFA-I). Additionally, as part of FSSNF's continuous quality improvement process, safety management outcomes are monitored for diversion from judicial services.

The Performance Analytics (PA) department monitors all quantitative and qualitative performance measures. Additionally, they oversee specialized projects requiring information gathering, tracking, and analysis. The PA department regularly interacts with all other departments and shares strengths, barriers, and trends with Directors and Program Managers. Recently, the PA Director created a visual data one-page flyer using informative graphics with the goal to engage all staff in better understanding how their daily work impacts performance. Each month the flyer has a theme such as "going green for March", which highlighted all of the performance measures which are meeting or exceeding expectations. Front-line staff focus groups indicated confusion as to why the performance measures contained in the flyer changed monthly. This innovative approach to deliver data information could be more impactful if shared with all front-line staff along with a better description on the purpose behind the monthly themes.

Performance Improvement Strategy

Results from the data analysis inform FSSNF's performance improvement strategies. New processes and programs have been implemented to improve performance, and continued reviews provides guidance on needed adjustments. The QM and PA department utilized performance data to redesign the permanency staffing process and change the permanency staffing referral form. FSSNF, with the assistance of CMOs and CLS, incorporated the Florida Safety Practice Model requirements into the form. FSSNF also changed permanency staffing schedule from every 4, 7, 10, and 12 months to every 3, 6, 9, and 11 months to coincide with CMO Supervisory Reviews, to help minimize duplicative work. Also, the QM staff ensure referrals are made to the Post Reunification Program to improve reunification outcomes and reduce recidivism.

After recognizing the challenges that exist in achieving permanency within 12 months, the Innovation Staffing concept was developed to focus on cases that have been open for 12 months or longer and permanency has not been achieved. These staffings offer a creative, out of the box, brainstorming environment with the CMO, FSSNF, GAL, CLS, and Service Providers to identify the challenges that have prevented permanency and provide solutions for these families. In addition, FSSNF revised the home visit form to incorporate fidelity language to assist in the delivery and documentation of quality visits.

Recognizing a need for improved reunification outcomes, reduced recidivism, and shortened length of stays, FSSNF also developed a Post Reunification Program managed by Daniel Kids. This specialized post reunification program engages, involves, supports and strengthens families following reunification. Services focus on empowering parents by improving caretaking and coping skills, enhancing family resilience, supporting healthy and nurturing relationships, and fostering children's physical, mental, emotional and educational well-being. Special emphasis is placed on effective engagement strategies so that the family perceives the program as helpful and valuable, rather than an intrusive continuation of child welfare supervision. The goal for aftercare services is to ensure that reunification is successful for the family and to prevent foster care re-entry. FSSNF showed improvement on Measure 7 (Children Not Re-Entering within 12 Months of Permanency) during FY 17/18 and continues to trend positively. Front-line focus groups spoke favorably of this program saying, "this program provides support for the parent,

and they really feel this is just for them, helping them adjust and cope with the children being back in the home”.

In July 2018, to reduce errors and duplicative efforts for TANF eligibility, FSSNF’s Rev Max department began a pilot project to increase the CPI’s ability to document the correct TANF eligibility information at the time of the investigation. They created a one-page document for the family to provide the CPI with initial information as to how the family manages, and how resources are used if someone helps support the family. This allows the Rev Max staff to complete the initial CPI TANF so that CMO staff would not have to redo the eligibility for cases that transferred to services. CPIs are able to do one TANF for an investigation and Case Managers have to do one per child. This process will also postpone the need for another TANF until 12 months after the initial. There has been some progress with this pilot and new CPI units are being piloted to determine if it should be implemented across the service area.

Quality of Eligibility Determination

The FSSNF Revenue Maximization department receives notification of all removals and reviews court documents and FSFN to ensure that the information is correctly identified for eligibility determination. Once the proper documentation on the placement is updated in FSFN, the eligibility process begins. If information is not known or unavailable at the time the case is received, there is a follow up with the case manager or CPI. All children placed in out-of-home care have their Title IV-E and Medicaid eligibility completed. Revenue Maximization uses the assistance of software provided by Carahsoft (The Work Number) to verify income when possible.

Master Trust is activated when a child enters out-of-home care with third party benefits. When CBHA’s are received they are reviewed to determine if a child should be assessed for SSI benefits eligibility. If a child appears to be eligible, a request is sent to the case manager to start the eligibility determination process. Master Trust tracks progress on applications on a monthly basis to determine the status, and denied requests are sent to CLS to obtain an attorney to handle the appeal. Once a payment is received, if it covers prior months cost of care, then a request is sent to Social Security to recoup those payments.

In January 2019, the Rev Max department began using the project management software, Trello. This software provides real time case information by tracking status, tasks, and communication among staff. All Rev Max staff have access to the system which enables anyone in the department to follow-up on tasks and answer any inquiries on cases. Once all the required tasks are completed, the system allows Rev Max staff to transfer the data into FSFN to capture historic information regarding eligibility and benefits.

Participants in on-site interviews and focus groups reported the Rev Max department as being supportive and highly invested in the children and families served. Focus group participants gave numerous examples of Rev Max staff “going above and beyond” to ensure caregivers and children are receiving all of the appropriate benefits they are eligible for. The Rev Max Director has built strong relationships within the community throughout her career and has maintained them throughout her tenure at FSSNF. Because of this, she is able to reduce barriers and expedite benefit processes with a simple phone call. She has begun succession planning by training the Rev Max Manager to ensure that her knowledge and connections continue when she retires (in approximately seven years). The Rev Max Director’s passion brings enthusiasm to the role of Revenue Maximization while maintaining focus on

the importance of the department as evidenced by her philosophy, “They are not the kid riding in my car, but the kid on my desk. Each piece of paper is a child with a family.”

ANALYSIS

FSSNF has a dynamic “CQI” team comprising of staff that are well informed, pro-active, supportive, and enthusiastic. Continuous quality improvement initiatives are shared by all FSSNF and partner agency staff and are embedded in the operational flow of day-to-day frontline work. Data performance and initiatives are shared with staff through reports, case reviews, and presentations. The QM and PA departments work diligently to find fun and creative ways to engage staff in understanding and valuing data. FSSNF consistently uses data analysis to inform performance improvement strategies. Rev Max is a strength in the agency and serves as a huge support to staff and families.

SECTION 10: 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.

Family Foster Home Recruitment

FSSNF regularly recruits for foster parents using various community venues, media outlets, communications techniques and social media marketing. FSSNF uses targeted recruitment efforts to increase the number of foster homes who will serve specialized populations such as teens, LGBTQ youth, special needs children, CSEC/HT victims, and large sibling groups; with a goal of specialized homes representing 30% of their total licensed foster homes. The Foster Parent Recruitment and Retention Specialist (FPRRS) is responsible for generating leads, attending community events, and building new partnerships to support recruitment efforts. The FPRRS’s goal is to generate seven leads per week, with two leads targeting the specialized population.

The current FPRRS, a strength within FSSNF, demonstrates creativity and enthusiasm in recruitment efforts while remaining focused on ensuring the customer service experience is effective to ensure quality homes are available for children in care. One example of a creative recruitment strategy recently implemented is that the FPRRS frequently goes to the courthouse on Mondays to solicit leads from individuals who were requested to appear for jury duty. This strategy allows him to reach a large group of people (a captive audience) who, because they are eligible to serve on a jury, are not felons. As individuals wait in the juror pool room, the FPRRS can converse and answer questions in a one on one forum. He is also able to check back with potential prospects during breaks and lunch.

The FPRRS has launched a new initiative called “Faith to Foster”, which will be a collaboration between FSSNF and local faith-based organizations (FBO). The Faith to Foster Program asks FBOs to actively recruit and support foster parents by creating a foster ministry and appointing a minister liaison to oversee the program. The FPRRS will oversee implementation and will be the point of contact for the minister liaisons to troubleshoot challenges and to report progress updates.

Prospective foster parents are screened over the phone by the Foster Parent Recruitment and Retention Specialist who then schedules a face to face intake appointment to explain the system of care, the quality parenting expectations, and the licensing process, and begin the fingerprinting and background screening process. After the initial meeting, FSSNF Licensing Specialists complete a pre-initial home visit and aid in completing the required background screenings prior to enrollment in PRIDE classes to ensure the home study meets statutory standards prior to starting training.

The FRRS has begun capturing recruitment data to help inform efforts. He tracks how many leads are generated from various outreach activities. He collects quantitative data on non-completers to determine which stage of the process they dropped out of and attempts to have exit interviews with them to gather qualitative information to explore possible barriers. He follows up with individuals who did not attend the initial face to face meeting to further inform practice.

FSSNF has developed a unique PRIDE class structure to provide a more comprehensive and trauma-informed training experience for the prospective foster parents. Six-week long PRIDE trainings are conducted six times throughout the fiscal year to accommodate participant schedules with classes available in the evenings and on Saturdays. Make up classes are also made available for extenuating circumstances so as not to interfere with the expediency of the licensing process. In addition to the standard PRIDE curriculum, the FSSNF Pride Training Specialist coordinates trauma training by a licensed clinical social worker to speak about additional topics like trauma-informed care, attachment disorder, bonding and positive behavior management. Additional guests include Children's Medical Services, Foster Closet, Foster and Adoptive Parent Associations, and other providers.

A new enhancement FSSNF has added to PRIDE is The Children's Connection (TCC). TCC is a training for the foster parent's biological children designed to help them understand the role their family is taking on, learn about living with a traumatized child, and are given the opportunity to share how they feel.

The licensing packet is initiated by the Licensing Coordinator while foster parents are in training. The permanent FSSNF Licensing Counselor is then assigned to the home prior to graduation to ensure any issues are addressed immediately. This process helps expedite the licensing packets being submitted to DCF for approval usually within 3-4 weeks after the PRIDE class is completed, successfully reducing the licensing time from 25 weeks to 14 weeks between when a family expresses interest in fostering and receiving their license.

Current data indicates that FSSNF is opening the same number of homes that close, and foster bed capacity is at 36.9%. During on-site interviews, it was reported that there are some homes that continue to maintain their license despite not accepting any placements for over a year up to six years, which may be contributing to the low foster bed utilization. These homes still require quarterly visits and annual re-licensure. While licensing specialists encourage these homes to end their license, they choose to maintain the license for personal reasons or to avoid the initial licensure process and training. FSSNF staff reported they are unable to recommend closing out the license to DCF unless there are safety concerns. In addition to these homes, respite only homes may also be included in the total number of licensed homes.

Family Foster Home Retention

Foster home retention efforts include quarterly home visits completed by Licensing Counselors, ongoing training opportunities, FAPAs, Family Resource Advocates (FRA), tangible resources, financial and service support, on-call crisis management, in-home therapeutic support, and respite.

Members of FSSNF's intake and placement department, Kids Central, collaborate with external stakeholders that include but are not limited to: Family Services Counselors; Foster Parents; Adoptive Parents; Attorney ad Litem; Juvenile Probation Officer; Guardian ad Litem; mentors; and clinical staff. The goal of the collaboration between the Kids Central team and external team members is to stabilize children's behaviors in their foster home setting and to ensure therapeutic, social support and educational needs are met while supporting the Foster Parent.

Licensing Counselors are assigned to foster homes at the onset of the licensing process and continue to provide support and oversight throughout the time that home remains licensed. FSSNF Licensing Counselors serve all traditional foster homes while CHS and JFCS licensing counselors serve therapeutic foster homes. Licensing counselors complete quarterly home visits, whether there is a child placed in the home or not, and assist the foster parents through the re-licensure process. The licensing counselors are available to assist foster parents with questions, referrals, resources, and advocacy. Foster parents reported inconsistent communication and support from licensing counselors, ranging from continuous calls and follow-up to no interaction at all. FSSNF has created an on-call list which is given to all foster parents and includes the direct phone numbers of staff in Licensing, Placement, Case Management, and Leadership; however, staff roles and responsibilities were unclear to foster parents as to who to contact for what. Licensing and placement staff continuously communicate regarding foster home appropriateness and quality concerns.

The Family Resource Advocate (FRA) provides direct, on-site support to foster parents at the onset of a new placement to ensure immediate stabilization within the home. The FRA provides referral services and linkage to community resources, and when needed, intensive short-term interventions including in home support to prevent any placement disruption. The FRA is assigned to each newly licensed foster parent when they receive their first placement to ensure a smooth transition and provide intense support between the initial removal and case management assignment. The FRA calls the foster parent within 24 hours of placement and creates a support and services plan (which is uploaded into FSFN) to determine what is needed in the home. The FRA can assist the foster parent (up to 60 days) with navigating WIC, Medicaid, school enrollment, and other emergent needs until the assigned case manager opens the case and takes responsibility for meeting the needs of the support and service plan. Some foster parents expressed the need to have this type of support, not just on the very first child placement but when they accept a new "type" of placement. For example, if a foster parent agrees to accept a teenager after only caring for children under five years old, new supports and guidance is needed from the FRA to help the foster parent prepare for and navigate a whole new set of processes and expectations. Information received from the foster parent focus groups confirmed that the FRA provides this support upon their first placement, but they were unaware that they could access the FRA at any time for additional support and assistance.

FSSNF also funds the Acute Intervention Team (AIT) which is an in-home crisis stabilization service available after-hours to any foster parent. The AIT program seeks to provide intensive wrap-around services to high-risk adolescent youth in out-of-home care in the foster care system. This service helps

prevent emergency disruptions and lock-outs by providing immediate support in the foster home to de-escalate tensions between the youth and the foster parent.

FSSNF partners with the Quality Parenting Initiative (QPI) of Florida to work on approaches which strengthen foster parents' skills and ensure that children receive effective, quality and loving parental support. FSSNF has teamed up with foster parents, adoptive parents, GAL's, case management staff, licensing staff, and placement staff to implement the 5 STAR (Striving to Achieve Redesign Success) rating program for licensed foster homes. FSSNF incorporates QPI principals and best practices into the rating in order to recognize high-quality foster homes. The bronze, silver, gold levels reflect the quality of care provided as well as the caregiver's training and attributes of the home. The 5 STAR program also identifies areas for improvement for foster parents, so they understand specific expectations from FSSNF and the QPI model. This effort was implemented to help bridge potential communication gaps between foster parents and case management organizations and assist them with alignment to the QPI model and expectations. Placement staff are available to facilitate QPI staffings with licensing counselors, foster parents, case managers, and others to ensure collaborative communication is happening with all parties. FSSNF also facilitates a QPI steering committee in partnership with other providers in the community to address system needs and identify innovative solutions to better support foster parents and case management organizations.

In alignment with QPI, FSSNF offers tri-annual foster parent training events for licensed foster parents and extended foster care providers. These events ensure caregivers are receiving quality training and the needed support and services to enhance child well-being. All training events provide childcare for toddlers and infants; and age-specific activities for younger children and teens so that everyone in the family is engaged in a fun and meaningful experience. Foster parent interviews and surveys revealed methods and timely notification of training opportunities were not consistent. For example, one foster parent received information in the mail, one received calls from their licensing counselor, one received an email, and another never received any. Additionally, foster parent feedback indicated a need for more diverse topics, and diverse training locations throughout Duval and Nassau.

There are four Foster and Adoptive Parent Associations (FAPA) operating in the service area, three in Duval County and one in Nassau County. Each FAPA meets regularly and FSSNF assists with arranging and scheduling guest speakers to cover pertinent topics of interest identified by the caregivers. FSSNF's Recruitment and Retention Specialist, and Licensing Counselors attend the association meetings to provide updates and assist with questions. FSSNF also provides funding for meals during the meetings.

Additional supports available to foster parents include the Children's Health Specialist (CHS) and the Behavioral Health Care Coordinator (BHCC). The CHS interacts with Magellan and Sunshine Health and provides customer service to providers. This position is responsible for assigning CBHAs to assessors and monitoring their completion. The CHS reviews the completed CBHA for any recommendations and makes authorization determination on requests for mental health services prior to forwarding it to the case management organization. This position is also responsible for ensuring children who qualify for APD services are staffed, referred, and added to the monthly Champion Call with APD and DCF.

FSSNF's Behavioral Health Care Coordinator (BHCC) works closely with Sunshine Health. The BHCC is responsible for monitoring children in need of special mental health and substance abuse services such as Special Therapeutic Foster Care, Special Therapeutic Group Home, SIPP, Behavioral Health Overlay

Services, Targeted Case Management and In-Home Services. In addition, the BHCC manages the suitability assessment process for children who may need a higher level of care and facilitates the multi-disciplinary team to determine the most appropriate services needed. The BHCC also works with the Family Services Counselors, foster parents, and kinship providers to assist in making any changes to a child's primary care physician, health insurance plan and ensuring Medicaid coverage. The BHCC assists in monitoring Healthcare Effectiveness Data and Information Set (HEDIS) to ensure children in the system of care receive dental and medical care.

If foster parents need tangible items they can access the Foster Closet, a foster parent owned thrift store supported by FSSNF and community donations. When a new child is placed in a foster home or if a need arises, the foster parents can go to the Foster Closet to get needed clothing, bedding, school supplies, diapers, bottles, etc. During the on-site focus groups foster parents reported that, while it is a great resource, barriers to accessing the Foster Closet has deterred them from utilizing it. Barriers included the online registration process, lack of available days and times, and the requirement to bring older youth. To access the Foster Closet, foster parents must make an appointment and complete a form online, and then bring the child's "red book" with them to the appointment. If the needed items are for an older youth, the foster parent is required to bring the youth with them.

Lastly, while many CBC's have had to eliminate extra "costly" supports for foster parents, FSSNF continues to provide all foster parents with 12 respite days a year. This allows foster parents the opportunity to travel, run errands, attend events, or simply relax. This option can help foster parents mitigate fatigue and frustration by giving them the time to re-energize and manage stress.

Surveys show that case management support around WIC is highest in the state at as 73.8% of responses were positive and school enrollment is similar at 75% positive responses. Support for medical services is highest in the state at 83.3% positive responses, dental services is similar at 79.2%, mental health services at 70.2%, and educational supports above the statewide average at 71.7%. Survey results showed foster parents' positive responses are below the statewide average in having an opportunity to participate in staffings (44% positive responses) and well below the statewide average in being provided convenient opportunities to participate in staffings (38.4% positive responses). This was also heard during the foster parent focus group. Foster parents' positive responses are above the statewide average in feeling appreciated by the child welfare system (70.7%) and are the highest in the state at feeling supported to reduce stress (63.2%). Please see Appendix A for detailed survey responses.

Placement Process

FSSNF's intake and placement department, Kids Central, receives all placement related requests for Duval and Nassau counties. All requests are managed and performed by the Kids Central Team using CareMatch, a child-specific placement matching software. CareMatch maintains all information on the preferences, location and availability of each foster parent home. The Kids Central team uses a team approach to best meet the needs of the children in care and to improve outcomes that affect permanency, such as placement stabilization rates and separated siblings. The core team is supervised by the Kids Central Manager and includes an Intake Specialist, a Placement Supervisor, a Behavioral Health Care Coordinator, a Children's Health Specialist, ICPC and OCS Liaison, an Education Liaison, and Placement Specialists.

When a call is received from the DCF CPI, Placement Specialists complete the child placement assessment gathering information about the child such as behaviors, medical information, current school, siblings, child’s preferences, and any other relevant facts. Placements are prioritized with first preference given to a relative or close friend of the family. If none are identified immediately, the specialist will conduct a child specific placement match utilizing the CareMatch system that matches foster parent demographics, characteristics and zip codes with those of the child to identify the most appropriate home with efforts made to maintain the child within their same area of removal for education and child care continuity in the home school of the child if possible. If a child qualifies for a therapeutic level placement, the child is referred to the Children’s Health Specialist (CHS) who will work in partnership with the Behavioral Health Care Coordinator (BHCC) to identify a therapeutic placement or request further documentation to assess for a higher level of care. If those options are not available, or circumstances prohibit the first two preferences, a residential group home may be utilized.

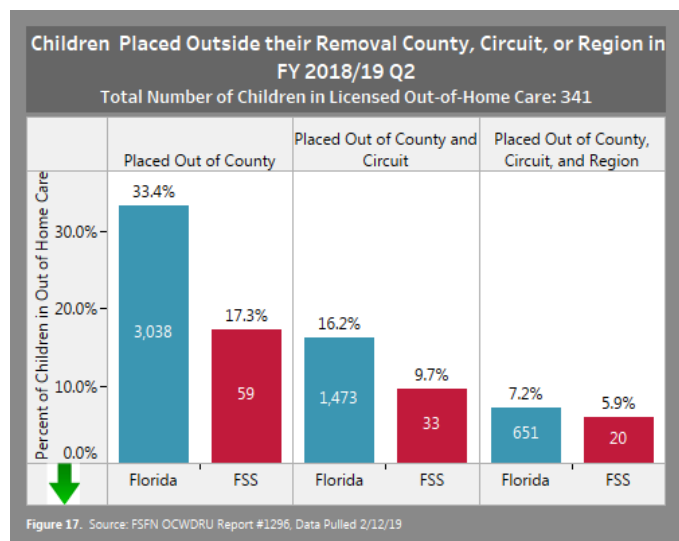
The Placement Specialists work in conjunction with the FSSNF Education Liaison to maintain the child in their school of origin when coming into foster care, or when they are changing foster care placements. Through the use of the school stability form, all parties involved with the child come to a determination in order to develop a plan to keep the child in the same school or to change the school based on the child’s needs, IEP, transportation, etc.

If placement is needed the same day of the request, the goal is to make a placement match with a foster parent within four hours of the call from the CPI; however, surveys and interviews with CPI were inconsistent on whether this is a regular occurrence. Placement move requests are received at least two weeks prior to the anticipated move date. Placement staff continuously work on finding new placement options and maintain the information in CareMatch. According to case manager interviews and surveys, case managers felt placement moves were not made timely and communication regarding placement progress was lacking. Case managers often have to reach out to placement to gather information on the status of their placement request, and are often simply told, “it’s on the board”. There is no formal protocol in place which outline expectations of on-going updates between placement specialists and CPIs or case managers.

Placement specialists continually look for opportunities to move teens from group homes to family foster homes, place siblings together, step children down to lower levels of care and look for new services that could support placements by facilitating youth-centered staffings.

Kids Central is also the hub for identifying and directing compliance for many child-specific requirements related to placement. The team tracks and monitors child placement

agreements, exit interviews, CSEC victims, and different data for children in out-of-home care.



As shown in Figure 17, the number of children in out of county, circuit and region placements is below the statewide performance, indicating the FSSNF focuses on keeping children close to their removal home.

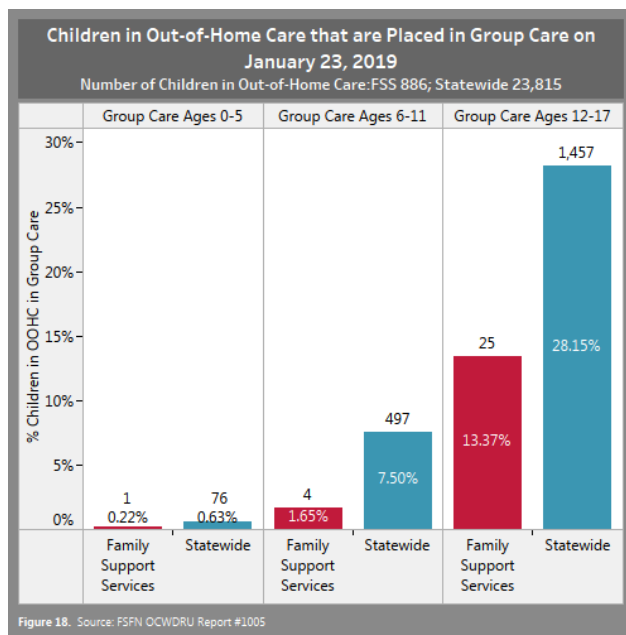
Group Home Care

Group home management and training is performed by the FSSNF Contracts and Compliance department. FSSNF implemented the 5-Star Quality Group Home rating program for the licensed group homes under contract with FSSNF which emphasizes the importance of quality and appropriateness of group care for youth that need such placement. As a method to recognize high quality group homes, FSSNF’s principals and best practices are incorporated into the rating system, allowing FSSNF’s Contracts team to identify areas for improvement so that group homes know specific expectations from FSSNF.

The Kids Central team works with the contracts department to assist in monitoring group home compliance. A placement specialist attends the 5-Star visits with the contracts department and provides input from the placement perspective. The contracts department gathers feedback from placement staff and case managers regarding contracted group homes. Currently, the contracts department has put the 5-Star program on hold while FSSNF evaluates the impact of the Families First Prevention Services Act (FFPSA) on group care standards.

FSSNF facilitates training for residential group homes by coordinating bi-annual training events specifically for residential group homes. Training topics for the staff has included: normalcy, de-escalation techniques, emergency preparedness planning, internet safety/cyberbullying, safety planning, and human trafficking, understanding trauma, community engagement, mental health overview, and identity theft, keys to independence, HIPAA compliance, and stress management techniques. In February 2019, FSSNF launched a new training program, using Facebook Live, for their contracted group homes. All new group home staff will receive PRIDE training delivered in eight sessions over the period of one year. This PRIDE training for group home staff will also incorporate current or former foster youth to be guest speakers to describe their experiences. FSSNF also shares other training opportunities available to group home staff offered online, at FSSNF and in the community.

The placement team utilizes group homes for placement, when necessary, for children who have specialized needs such as: pregnant teens, substance use, DJJ behaviors, CSEC, etc. that cannot be served in a foster family home and, therefore, only places in out of county group homes for specialized services and uses in county group homes that are contracted with FSSNF. As seen in Figure 18, FSSNF places significantly lower amounts of children in group care compared to the statewide performance. As of January 23, 2019, one child under the age of five was placed in group care due to severe medical

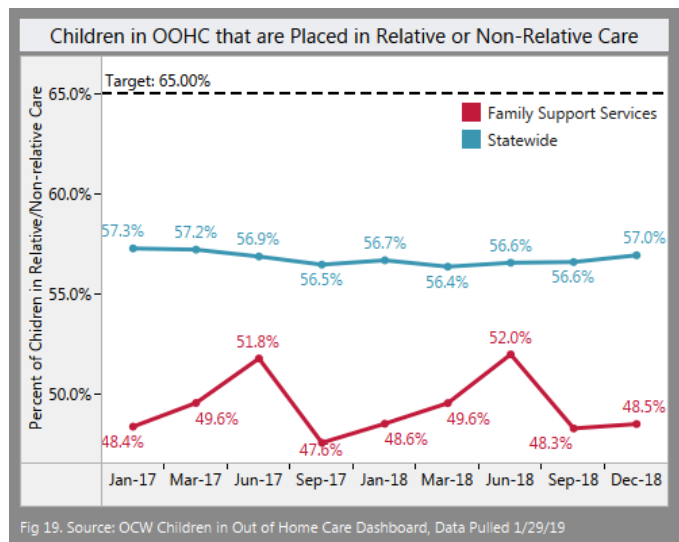


complications resulting in the child being placed on life support and requiring 24 hour specialized medical care.

Relative/Non-Relative Caregiver Supports

Since January 2017, FSSNF has seen minor changes in the percentage of children placed in relative or non-relative care and has consistently been below the target and statewide performance.

FSSNF created a Kinship Caregiver Department staffed with specialists who are trained to respond to the distinctive needs of those families. Specialists are assigned once the case manager has begun services. On-site interviews and surveys suggested that this lag time was often a barrier to service engagement and caregivers' feeling supported during this challenging and chaotic timeframe.



FSSNF Kinship services includes assisting in applying for appropriate benefits, tracking of the adjudication dates to ensure the timeliness of benefit commencement; as well as liaison services between the caregivers and state offices. These services are enhanced by support group meetings and events geared directly toward the education, training, and appreciation of these caregivers. The program also allows for crisis intervention supports to help stabilize a kinship placement that may be in jeopardy. Funding is also available in emergencies for children 0-5 who need formula, diapers and other supplies.

FSSNF also established a position that works in collaboration with DCF and CMOs. The Kinship Navigator Specialist is responsible for increasing the number of kinship placements by using FSFN, Accurint and other tools to find relatives and non-relatives for children in foster care. The Specialist sends letters to the potential relative/non-relatives of the child and provides this list to the case manager. The case manager has 30 days to contact the potential relative/non-relatives, begin the home study process, and report progress back to FSSNF.

When children are placed with relative/non-relative/or out-of-state placements, the Revenue Maximization staff complete these TANF eligibilities at the time the placement is documented in FSFN and at the 11-month point, if the case is still open with an out-of-home placement, to ensure that eligibility does not lapse. The FSC's are notified of all in home placements that are due for redetermination of TANF at the same 11 month point to ensure TANF eligibility continues with no breaks.

In preparation for the sunseting of the Title IV-E Demonstration Waiver, FSSNF has developed a process to participate in the Guardianship Assistance Program (GAP). Participation in GAP will require relative/non-relatives and fictive kin placements to be licensed as a Level I foster home. FSSNF's process

outlines tasks, timeframes, and responsible departments for licensure, financial payments and reimbursements, and service delivery.

Services to Transitioning Youth and Young Adults

FSSNF began providing the direct case management support and services for all young adults in the Extended Foster Care (EFC)/Independent Living (IL) program in August of 2016 and transferred this responsibility back to the case management organizations (CHS, JFCS, DM) in March of 2019. During the on-site visit, the program responsibilities were still in transition with supportive guidance from FSSNF staff. EFC provides assistance with room and board and focuses on the value of education and employment through continued court oversight. For young adults who pursue Post-Secondary Education Support and Services (PESS) or are over the age of 21 but not yet 23, IL staff offer case management support and services.

Service review staffings are completed when youth turn 17 ½ years old and transition staffings are held 90 days prior to their 18th birthday. Cases are assigned to the CMO at the time of the service review staffing and the EFC/IL case manager becomes the primary worker. On-site interviews revealed that engaging youth as a new case worker is very challenging due to the short time frame between case assignment at the youth's age of 17 ½ and the youth's 18th birthday. Another barrier discussed was the lack of capacity planning by projecting the anticipated number of incoming youth based on their age (preferably 2-3 years prior to 18) and approaching closures based on youth's age (21-23). Earlier case worker assignment (even as a secondary) based on identification of potential EFC/IL youth will provide more opportunities for the EFC/IL case worker to engage the youth and create a smoother transition as the youth approaches 18 years old.

Independent living services are aimed to prepare teens for adulthood and life after foster care by helping them obtain basic life skills. These skills include financial literacy, household management, educational and career planning. FSSNF maintains a Housing and Placement Specialist position to build the capacity for young adults to live with foster parents or to house them in transitional programs or scattered site housing. Also, a relationship with HUD has provided FSSNF with 14 vouchers for eligible EFC/IL youth. Volunteerism has been incorporated into all Independent Living enrichment programs through partnerships with HabiJax, Clara White Mission, the Jacksonville Humane Society and the City of Jacksonville Beach so youth are exposed to the value of giving back.

FSSNF has a targeted approach to support teens and their caregivers under their "Teen Umbrella" initiative. This multi-faceted initiative unifies various programs and services intent on creating a stable and nurturing environment for teens in care. Services are aimed at supporting both the caregiver and child, with a focus on developing independent adults from their most challenging population. Two such programs under the "Teen Umbrella" initiative is the Acute Intervention Team (AIT) program and Justice Works (JW). The AIT program seeks to achieve crisis stabilization through the provision of intensive wrap-around services to high-risk adolescent youth in out-of-home care in the foster care system, including kinship care. The program is intended for foster care youth with intensive needs such as placement disruptions, history of hospitalizations, and involvement with DJJ. Justice Works is a professional mentoring program for high-risk youth in out-of-home care. This specialty program provides support for youth who have dual involvement with DCF and the Department of Juvenile Justice

(DJJ). Justice Works' services provide foster parents an extra layer of support from a counselor who helps stabilize youth behaviors that can cause placement and other disruptions.

FSSNF collaborates with numerous partners to offer unique enrichment activities targeting teens in foster care. Some formal activities include:

- SPLASH (SCUBA Promotes Life goals And Supports Healthy living) is a program where participants receive their SCUBA certification on a diving trip to the Florida Keys. This program is accomplished in partnership with Florida State Parks, the YMCA, First Coast Divers, the University of Miami and the Professional Association of Diving Instructors.
- Tour de TRAILS, features a 50-mile cycling challenge on an established bike trail. Successful participating teens receive a high-end crossover bicycle and gear. This program is accomplished in partnership with the YMCA, the Jacksonville Sheriff's Office and a local business, Open Road Bicycles.
- Passport to Leadership is a 6-month program concentrating on leadership skills, employment, community volunteerism and education planning. This program is achieved through partnerships with Disney's Epcot, Johnson & Johnson Vision Care, the City of Jacksonville, WorkSource and other community partners.
- The Challenge is a program that puts youth outside of their comfort zone to rely on their peers to accomplish their goals. Young people who participate take part in activities, learning new skills through teamwork and collaboration. This program is accomplished through partnerships with UNF, The Edge Rock Gym, Yoga 4 Change, In the Breeze Ranch, Florida State Parks and Hillsborough County Parks and Recreation.
- Just Like Me is a three-week cultural arts camp where youth are able to select an activity such as dance, hip hop, singing or poetry to develop and perfect, in order to express themselves on a deeper level. They learn how to relate to other youth in foster care and get an opportunity to show off their creativity and talent in a talent show at the end of camp.

In addition to the programs, FSSNF coordinates and participates in statewide advocacy events. FSSNF participates in the Florida Youth Leadership Academy where FSSNF staff and youth participate to enhance their leadership and life skills. Yearly, FSSNF coordinates approximately 50-80 youth and caregivers to travel to Tallahassee for Advocacy Day during United Way's Children's Week. FSSNF is also actively involved in the Florida Coalition for Children's One Voice IMPAACT – a state advocacy group that hosts innovative trainings and creates tools that allows foster youth to discover and develop their talents and find their voice through music, the arts, business, athletics and establish a network of support and resources through various programs and workshops.

ANALYSIS

Strengths include targeted and creative foster parent recruitment, engaging and enhanced PRIDE training, integrated trauma informed practices during initial and subsequent placements, and wrap around crisis and stress management support for foster parents. Additionally, there is a strong commitment to provide teens with innovative programming and enriching activities. Expectations regarding staff roles are unclear to foster parents; and expectations on timely placement status updates

are unclear to CPIs and case managers. Early engagement with relative/non-relative caregivers and potential EFC/IL youth is lacking.

SECTION 11: PRACTICE

SUMMARY

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

Theory Comprehension

FSSNF and their subcontracted CMOs utilize family centered and trauma informed approaches in their daily practice. Families are included in case transfer staffings and are included in their child's care. Foster parents are encouraged to build and maintain relationships with biological caregivers and siblings.

Trauma informed care and practice is integrated throughout FSSNF's system of care. Trauma informed principles guide service provision, training, out of home care support, program development, and staff retention efforts. FSSNF works diligently to provide front-end prevention services to prevent the trauma children experience by being removed from the home. However, when it is required that children be placed out-of-home, FSSNF utilizes their Transitional Trauma Therapist (TTT) program to assist families. This FSSNF funded service provides a licensed therapist to be on-site during the removal to provide therapeutic support to the family and works to minimize trauma to the children. It is designed to mitigate maladaptive behaviors and establish connections with the child early in the life of an investigation. The CPI contacts the TTT at time of removal, or at the staffing when a removal is imminent, to involve the TTT early in the removal process.

Additionally, FSSNF contracted with The Healing Playroom and Licensed Clinical Social Worker Anna Farrin in July 2017 to teach the PRIDE trauma curriculum and supplement the curriculum with information on the impact of trauma on the brain, how trauma impacts behavior, discussion of the Adverse Childhood Experience (ACE) Study conducted by Kaiser Permanente and the Center for Disease Control, and to teach positive behavior management techniques.

Practice Competency

FSSNF has accepted the Practice Model and staff are trained on the Practice Model during pre-service. The most recent information regarding safety methodology implementation status, as of March 18, 2019, can be located in the [Child Welfare Key Indicators Monthly Report-March 2019](#). Safety practice training, case consultations and fidelity reviews were originally secured through regional Critical Child Safety Practice Experts (CCSPEs) and Action for Child Protection. In 2018, FSSNF began providing pre-service training to both dependency case managers and Child Protection Investigators (CPIs) through the Regional Integrated Training Alliance (RITA) where safety practice concepts are first introduced. Local Implementation Team meetings, Barrier Breaker, and Team roundtables continue in the Circuit between the Department, Lead Agencies, Case Management Organizations, Children's Legal Services (CLS), Managing Entity, Substance Abuse and Mental Health Office, and other community partners. These

teams assess for systemic and service needs, work through gaps, and strategize plans to improve the Region to full implementation and sustainability of the practice.

FSSNF has developed a Safety Practice Team comprised of several departments: Quality Management, Training, Case Management Services and Family Prevention Services. This workgroup was developed to ensure a cohesive, collaborative, comprehensive understanding and approach of the Practice Model. In efforts to continually support the new Safety Practice initiatives and provide continued improvements and support for our Case Management Organizations, FSSNF has created a Safety Practice Integration Specialist position. This position provides guidance, coaching, and support in Safety Practice principles and core case practice to the CMOs. The SPIS conducts fidelity staffings with supervisors to aid in their supervisor consultation skills and facilitates a “Supervisor Survive and Thrive” support group. The SPIS has created a weekly email newsletter called Sound-off On Safety (S.O.S.), which is sent to CMOs and Safety Practice partners, which provides tips on practical applications for safety plans, Florida statutes and operating procedures. The Safety Practice Integration Specialist also focuses on developing and coordinating continuing education and skill building in Safety Practice through community trainings on Safety Practice Common Language for service providers. The Safety Practice Integration Specialist also participates in the Case Management Expert Process Workgroup with OCW and other CBCs in the state to develop the proficiency process for case management. On-site interviews and focus groups across departments and position spoke very highly of the current SPIS and viewed the addition of this position as a valuable asset to the agency.

ANALYSIS

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. FSSNF’s belief is that every child who can be safely served in the home should be. This belief has through the years become the norm and is evident throughout the system of care through a robust array of in-home services. It is ingrained in day to day operations from frontline staff to service providers and leaders. The creation of the Safety Practice Integration Specialist has elevated the understanding and the implementation of the Safety Practice Model. Qualitative data results indicate that trauma informed care and family centered practices are consistently applied and integrated into daily work.

SECTION 12: 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.

Child Protective Investigations

Child Protective Investigations is provided by DCF in Duval and Nassau counties. DCF Investigators and supervisors report having strong working relationships with FSSNF and CMO staff. CPI/S expressed satisfaction with the STEPS and FAST programs and feel these programs allow them opportunity to complete their full investigation while feeling confident that children are kept safe and families are being helped. CPI/S appreciate the co-located staff and feel the new preservice structure is an asset. CPI/S expressed a need for assistance in locating relative/non-relative caregivers including the availability of short-term placement options to give investigators a couple of days to locate potential

caregivers. Communication between FSSNF and DCF frontline staff and leadership is on-going and collaborative.

Children's Legal Services

The relationship between FSSNF and CLS is highly collaborative and efficient. CLS reports having high confidence in FSSNF's leadership and reports FSSNF is responsive to any needs or concerns. CLS has seen success with the Post Reunification Support Program and has begun seeing improvements in implementing conditions for return to support reunifications. CLS participates in permanency and fidelity staffings. CLS reports some inconsistency in thoroughness between case managers and CMOs and have expressed concerns over increasing caseloads and the needs for additional supports for case managers. On a system wide level, there is some angst regarding the high number of cases that are TPR'd resulting from the judiciary's strong focus on expediency.

Judiciary

The judiciary survey responses indicated that FSSNF and the frontline staff were meeting the needs of the children and families by being resourceful, prepared, and engaging. Respondents noted improvement in case managers' collaboration with foster parents and biological parents, although continued improvement is needed. Surveys reflected inconsistency among CMOs in their ability to provide timely, sufficient, and quality information to inform judiciary decisions. FSSNF's services and partnerships are meeting the needs of families and children, however, the community still lacks vital resources such as psychiatry, dental, evidenced-based parenting, and residential substance abuse treatment. Similar to CLS, angst regarding goal changes from reunification to adoption without comprehensive diligence was expressed. The judiciary and FSSNF have regular meetings to discuss system challenges and both entities maintain open lines of communication. The judiciary described FSSNF as being responsive and collaborative, and expressed confidence in their role as a leader in the system of care.

GAL

Focus groups indicated good working relationships between front line staff and Guardians Ad Litem. Any system concerns are continuously brought up to appropriate levels. There were a limited number of survey responses, which indicated potential communication issues and concerns around timeliness.

Other Governmental Agencies

Managing Entity

FSSNF is actively involved in Jacksonville's System of Care Initiative (JSOCI), funded by a planning grant from the Substance Abuse and Mental Health Services Administration (SAMHA) which is working to transform Jacksonville's mental health services into a coordinated system of care to better meet the needs of youth with serious emotional disturbances and the related needs of their families. The grant funds wraparound services to children and families that are involved in multiple systems: DJJ, foster care, homeless youth, early learning programs and childcare. The wraparound coordinator works with child welfare case managers to ensure that all positive natural supports are identified and developed.

As part of the Northeast Region's Child Welfare and Behavioral Integration implementation plan, FSSNF, in conjunction with local partners such as the Department of Children and Families (DCF), Lutheran Services Florida (LSF), Children's Home Society (CHS), Hubbard House, and Children's Legal Services (CLS), developed a curriculum to cross train providers in Child Welfare and Behavioral Health as to how each organization operates and to enhance knowledge and skill levels. Some of the cross trainings include Mental Health/First Aid (which FSSNF has been offering to employees and Case Management Organizations since January 2017), Trauma Informed Care/Compassion Fatigue, Safety Practice Model, Domestic Violence, The Legal Process, Infant Mental Health and Plan of Safe Care Training.

Agency for Persons with Disabilities

FSSNF participates in collaboration with DCF and APD on a monthly Champion Call with other community providers to staff children with special needs for APD placement and services. Also, on the monthly call, FSSNF and DJJ staff teens currently in commitment programs to ensure effective transition back to the community. FSSNF continues to work in collaboration with DCF and APD to recruit, train and license homes for children with special needs.

Early Childhood Court

The Fourth Judicial Circuit Court in Duval County launched Safe Baby Court, also known as Early Childhood Court (ECC), in October 2015, led by the FSSNF Community Court Coordinator. Safe Baby Court is a specialized program for children in open dependency cases in the 0-3 population. The goal of Safe Baby Court is to expedite permanency and enhance the relationship between children and parents during the removal period and educate the community about maltreatment amongst the most vulnerable population. Families that participate in the voluntary program have monthly court hearings, monthly family team meetings, enrichment activities and an extra layer of support and guidance. Each case is examined to find and correct any deficiencies, to ensure that the children are receiving all services necessary to encourage their healthy growth and development. Safe Baby Court clients can participate in specialized therapeutic programs such as Child Parent Psychotherapy (CPP) and Circle of Security (COS). CPP is a treatment for trauma-exposed children ages 0-5 which focuses on how the trauma and the caregiver's relational history affects the caregiver-child relationship and the child's developmental trajectory. COS is a relationship-based early intervention program designed to enhance the attachment security between parents and children. ECC has state and national support through the Zero to Three Institute. Zero to Three provides bi-weekly calls on a state level, as well as weekly national calls to support all community court coordinators, to provide networking opportunities and training. In April of 2018, this program was awarded the Quality Improvement Center Collaborative Community Court Teams Grant.

Department of Juvenile Justice

FSSNF has been at the forefront of maximizing the court system to improve outcomes for children. This was done through strong relationships within the local judicial systems and through the Model Court Initiative, an evidence-based practice which has strengthened collaboration with local child welfare partners. The Model Court utilizes one judge to hear both dependency and delinquency cases and a General Magistrate who oversees the Independent Living/Extended Foster Care court docket, thereby

ensuring continuity in the coordination of services to the child, especially as it relates to his or her education and service needs.

In September 2014, the Fourth Judicial Circuit Court in Duval County launched Girls Court. Girls Court is a specialized form of juvenile court that links at-risk girls to community resources, social service agencies, and mentors while offering a holistic team approach to reduce recidivism, detention, and commitment programs among girls. Girls Court provides young women a team of professionals to help develop trust and create a sense of empowerment, with a focus on providing individualized services to prevent further involvement in the juvenile justice system. The program gives girls a voice in the courtroom and helps them feel more connected and ultimately have a higher chance of success in completing probation. The voluntary Girls Court also connects them with needed services and aims to prevent teen girls from entering into the dependency system as parents. The focus is on teen mothers, pregnant teens and human trafficking victims. The development of Girls Court was a collaborative effort between Judge David M. Gooding, the Delores Barr Weaver Policy Center, FSSNF, the Department of Juvenile Justice, the State Attorney's Office and the Public Defender's Office. Girls Court went through a redesign last year and new plans for the program will focus on a younger population with more parental involvement.

FSSNF collaborated with the Department of Juvenile Justice (DJJ) to implement the Crossover Youth Practice Model developed by Georgetown University to address the 12 needs of children who are in both the child welfare and DJJ systems. Each crossover youth is required to have a multi-disciplinary team (MDT) staffing within 10 days of arrest. The State Attorney's Office and the Public Defender attend by conference call. JPO, IDDS, and a School Board Representative also attend. Any other people that play a role in the child's life (foster parent, GAL, etc.) are invited and encouraged to attend.

Domestic Violence Service Providers

There are co-located Domestic Violence 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

FSSNF's Kids Central works directly with the school boards of Duval and Nassau counties to arrange details such as transportation, school placement and any additional school services. The Education Liaison has provided training to foster parents in an effort to help them understand the need for school stability and supporting research so that the move to a new home imposes the least amount of trauma to the child.

The FSSNF Education Liaison provides administrative oversight of educational information on every school-aged child, performing routine data matches to ensure every child is enrolled and attending school. Memoranda of Understanding (MOUs) with the Nassau County School Board allows direct data sharing for real time education information for the clients served. FSSNF Education Liaisons complete educational reviews and closely monitor grades to determine whether a student needs additional ancillary services. The liaison also trains and assists with recruitment of educational surrogates for youth who in need of this support. Tutors are engaged for all students who agree to work with this resource for additional supports to improve their skills and promote further education. FSSNF also consistently

makes efforts to improve the education outcomes for youth ages 18-23, specifically that youth earn a high school diploma or GED.

The Child Welfare-Early Education Program (CW-EEP) was developed by FSSNF to create an infrastructure between child welfare agencies and the leading agencies for childcare and early education services. The program goal is to increase the likelihood that children under six years old participate in high-quality early education programs that improve school readiness and lifelong outcomes. The collaboration concentrates on the capacity of early learning programs to address the needs of child welfare involved infants and toddlers, as well as the developmental and social wellness of the 0 – 5 population.

MOUs have been implemented with schools to allow the sharing of all academic records for students in care. FSSNF has also developed multiple resources to address education needs at every stage of a child's development, from early intervention preschool classes to innovative alternative education opportunities for teens. FSSNF has built a comprehensive approach that ensures each child receives the services he or she needs for academic success. The Every Student Succeeds Act (ESSA) was implemented in 2016 and requires that Community Based Care Agencies strive to keep children in their 'school of origin' that they were attending prior to removal and placement in out of home care if it's in their best interest. An ESSA Foster Care Transportation Plan was developed between FSSNF, DCPS, DCF and CMO's to ensure that transportation is available to the child. Frontline focus groups and survey results indicate children receive educational support, when needed and assistance is given when there are challenges to school enrollment.

Other Area Partnerships

Family Preservation Community Services

Family Preservation provides other unique services that are available both to CPIs and the community. FSSNF provides a Community Resource Specialist at CPI offices and at the Schell Sweet Community Center at Edward Waters College (EWC) to assist as a referral source for families in the community who are in need of parenting, behavior modification, connection with utility assistance, housing and/or money management training.

Family Preservation delivers several educational programs in the community such as the Dad All Day (DAD) network, a support group for fathers that meets on the first Saturday of each month at the Schell Sweet Community Center facilitated by Reverend Hill. The topics focus on helping fathers develop better parenting skills and include: what it means to be a man, handling your feelings, and how to communicate more effectively with your children.

Additionally, Family Preservation provides 24/7 Dad, an evidence-based curriculum developed through the National Fatherhood Initiative (NFI). The grant focuses on equipping fathers in the community with self-awareness, compassion, and a sense of responsibility. The model supports the growth and development of fathers as caring and compassionate people who treat themselves, others, and the environment with respect and dignity.

The Department of Children and Families (DCF) and FSSNF worked with EWC and other partners to re-establish a health clinic and primary care medical practice at Schell Sweet referred to as the Community

of Hope (COH). A wide variety of ongoing services are provided by Veterans Administration, Healthy Start, War on Poverty, Northwest Behavioral Health, Three Rivers Legal Services, United Way. Schell-Sweet staff also work with Elder Source and AARP to provide a variety of services to senior citizens, including health and wellness activities.

Schell Sweet Community Center at EWC provides food distribution on a monthly basis for families who reside in the community and offers several classes including computer operation, GED, pre-GED, tutoring, parenting, career search and resume- building.

FSSNF also facilitates the Breakfast Learning Series (BLS), a free, monthly community educational program for parents, caregivers, social workers, and other professionals. The BLS provides beneficial information and networking opportunities for everyone involved in helping families in Duval and Nassau counties.

Nassau County Community Services

FSSNF Nassau County Service Center has partnered with several community agencies to increase accessibility to services by providing in-home substance abuse and mental health services to assist local children and families in need. In Nassau County, public transportation is one of the biggest barriers to assist families in getting services, since many of the families are not able to get to service providers from outlying areas. FSSNF has collaborated with community agencies to have the FSSNF office designated a bus stop in the community as well as provide services that will go to where the families are, to ensure they are getting the support to be successful. Jewish Family and Community Services, NACDAC, Children's Home Society of Florida, Florida Psychological Associates and Starting Point Behavioral Health all provide evidence-based in-home services to families. In addition, the agencies are co-located with FSSNF case management staff to ensure streamlined communication and collaboration.

The Nassau County office has a dedicated visitation area called the Bright Space®. The Bright Space® was designed and created by the Bright Horizons Foundation for children, Casey Family Programs and FSSNF. The design provides families a space that builds stronger bonds by giving children a place to play and learn while simultaneously encouraging and coaching positive parenting behaviors. The FSSNF team uses the visitation center to strengthen positive interactions between parents and children, who are moving toward the goal of reunification. This incorporates a therapeutic approach to coached supervised visitation while parents spend quality time with their children.

The FSSNF Nassau office has partnered with the Nassau Public Library System and the Nassau County School Board to promote literacy. The Doggone Good Readers program encourages young children to read and encourages families to use the public library. Guest readers go into pre-kindergarten and kindergarten classes at both public and private schools throughout the county. After the book is read and the theme discussed, the guest reader then presents the various activities and resources available at public libraries and encourages each child to get their library card. As an extra incentive, the children are shown a "doggone good reader" backpack filled with books and educational materials that they receive when they obtain their library card, compliments of FSSNF and a corporate partner grant. The ultimate goal is that the child and the entire family become regular visitors of the library and reinforces the message that families that read together strengthen their familial bond.

FSSNF Nassau also hosts a Breakfast Learning Series similar to the Duval office series. That has brought information and topics that are relevant and informative to Nassau County families and professionals.

ANALYSIS

FSSNF has developed extensive relationships with formal and informal service providers to create a comprehensive array of services that meet the needs of children and families in the communities they serve. FSSNF continues to place a strong emphasis on utilizing prevention and diversion services to effectively manage the “front door” while safely reducing the number of children who unnecessarily enter the formal child welfare system. FSSNF has developed a strong network of services in Duval and Nassau counties that ensures the continuity of care from entry to exit.

SECTION 13: 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.

FSSNF’s Community Development department launched the Mentors Matter program as a part of the volunteer program. After identifying that foster youth often have different emotional needs and goals than those served by traditional community mentor programs, the program was developed specifically to enhance and build relationships between a young person in foster care and a caring adult who can serve as a role model, advocate and friend willing to understand the children’s unique family situations. The Volunteer Program Specialist matches school-aged foster youth to mentors based on a specific goal requested by their case manager. Mentors must be 21 or older, be willing to spend 4 hours a month with their mentee and give a one-year commitment to the program. All mentors are screened and trained by FSSNF Community Development staff. The Volunteer Program Specialist works in conjunction with the Foster Parent Recruiter on tabling and outreach efforts to efficiently engage the community for foster, mentor or volunteer engagement.

Faith-Based Community

FSSNF is working on building stronger relationships with the faith-based community through their Faith to Foster initiative. As a kickoff to the initiative, FSSNF will be hosting a gala to connect and recognize leaders of the faith-based community for their on-going support and future collaborations.

Business Community

FSSNF maintains positive relationships with the business community as evidenced by the following examples. One such partnership is with Kohl’s which provides a special shopping day for FSSNF’s kinship families where they receive large discounts. FSSNF also have a partnership with Rayonier, Inc. who hosts an Angel Tree to collect holiday gifts for FSSNF’s youth. Rayonier also provides backpacks filled with books and educational materials when a child obtains a library card. Florida Blue donates Easter baskets, back to school supplies, and holiday gifts. Additional supporters include Coldwell Banker, Vanguard Realty, and TIAA.

Media Relationship

FSSNF actively engages media partners to showcase events, increase awareness of FSSNF initiatives, and involve the community in their mission. FSSNF uses radio, television, newspaper/print, and social media in various ways, for example Action News Jax has run a media campaign for foster care recruitment.

Community Alliance

FSSNF is part of the Community Alliance that oversees Duval, Nassau, and Clay counties. The alliance meets quarterly and FSSNF presents data, discusses needs, receives input on child welfare priorities, and updates the community on upcoming events.

ANALYSIS

FSSNF's relationships with community partners are strong and supportive. These relationships provide the families and children served by FSSNF with valuable resources and experiences. FSSNF enjoys positive relationships with the media and the community alliance.

SECTION 14: ACTIONS TAKEN IN RESPONSE TO PREVIOUS MONITORING ACTIVITIES

The CBC Monitoring Team completed a desk review in April 2018 for FY 17/18. The following is a summary of the findings and any actions taken by FSSNF to improve. The full [FY 17/18 Contract Oversight Desk Review of Family Support Services of North Florida, Inc.](#) monitoring report is available for reference.

Areas Needing Action Identified in Previous Report

- 1) **Percent of children who are not neglected or abused after receiving services (M03)**- FSSNF has not met this performance measure in the past two fiscal years and saw a decline in performance between FY15/16 and FY 16/17.
 - a) This finding was included on an improvement plan developed by the CBC.
 - b) *Improved Performance*: FSSNF exceeded the target for this measure in FY 17/18; meeting or exceeding the target in five of the previous eight quarters and performing above the statewide performance in three quarters over the same period.
 - c) *Summaries of Actions Taken*: FSSNF has created a Safety Practice Integration Specialist position to train, monitor, and consult with case managers to ensure children and families are receiving the appropriate services to prevent re-entry. FSSNF implemented the Post-Reunification Support Services Program through Daniel Memorial which provides support prior to and after reunification to reduce stressors during the transition.

Opportunities for Improvement Identified in Previous Report

- 1) **Percent of children who do not re-enter foster care within 12 months of moving to a permanent home (M07)**- FSSNF has not met this performance measure in the past two fiscal years but saw an improvement in performance between FY 2015/2016 and FY 2016/2017.
 - a) This finding was included on an improvement plan developed by the CBC.

- b) *Improved Performance*: Although FSSNF did not meet the target for FY 17/18, performance improved; exceeding the target and statewide performance in seven of the previous eight quarters.
 - c) *Summaries of Actions Taken*: FSSNF implemented the Post-Reunification Support Services Program through Daniel Memorial which provides support prior to and after reunification to reduce stressors during the transition.
- 2) **Is a sufficient safety plan in place to control danger threats to protect the child? (RSF 4.1) -** Although FSSNF saw an improvement in this measure between FY 2015/2016 and FY 2016/2017, they performed below the statewide performance for the past two fiscal years.
- a) This finding was included on an improvement plan developed by the CBC.
 - b) *Performance Declined*: FSSNF's performance remained below the statewide performance and declined during FY 17/18.
 - c) *Summaries of Actions Taken*: FSSNF has focused training efforts on ensuring sufficient safety plans are in place. FSSNF has created a Safety Practice Integration Specialist position to train, monitor, and consult with case managers to ensure children and families are receiving the appropriate services to prevent re-entry. Additionally, FSSNF discontinued sub-contracting safety management services with Neighbor to Family in the beginning of FY 18/19 due to poor performance. The impact of these efforts is not reflected in FY 17/18 data.
- 3) **Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own home or while in foster care? (CQI Item 3)-** Although FSSNF saw an improvement in this measure between FY 2015/2016 and FY 2016/2017, they performed below the statewide performance for the past two fiscal years.
- a) This finding was included on an improvement plan developed by the CBC.
 - b) *Improved Performance*: Although FSSNF's performance remained below the statewide performance and the PIP goal, performance improved during FY 17/18.
 - c) *Summaries of Actions Taken*: FSSNF has focused training efforts on ensuring sufficient safety plans are in place. FSSNF has created a Safety Practice Integration Specialist position to train, monitor, and consult with case managers to ensure children and families are receiving the appropriate services to prevent re-entry. Additionally, FSSNF discontinued sub-contracting safety management services with Neighbor to Family in the beginning of FY 18/19 due to poor performance. The impact of these efforts is not reflected in FY 17/18 data.
- 4) **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? (CQI Item 9)-** Although FSSNF saw an improvement in this measure between FY 2015/2016 and FY 2016/2017, they performed below the statewide performance for the past two fiscal years.
- a) This finding was included on an improvement plan developed by the CBC.
 - b) *Improved Performance*: FSSNF improved performance and exceeded the statewide performance in FY 17/18.
 - c) *Summaries of Actions Taken*: FSSNF's placement team focuses their efforts on placing children close to their removal location and is working to obtain more access to visitation locations and transportation to support on-going connections.

- 5) **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? (CQI Item 10)** - Although FSSNF saw an improvement in this measure between FY 2015/2016 and FY 2016/2017, they performed below the statewide performance for the past two fiscal years.
- a) This finding was included on an improvement plan developed by the CBC.
 - b) *Improved Performance*: FSSNF improved performance and exceeded the statewide performance in FY 17/18.
 - c) *Summaries of Actions Taken*: FSSNF's placement team focuses their efforts on placing children close to their removal location and is working to obtain more access to visitation locations and transportation to support on-going connections.

SECTION 15: ON-SITE MONITORING SUMMARY

SUMMARY

FSSNF is an established community-based care agency serving Circuit 4 in the Northeast Region of Florida. FSSNF'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 their partners. Their approach is collaborative, supportive, and responsive while maintaining accountability and quality. FSSNF's willingness to encourage and seek creativity and innovation embraces their mission be the leader in providing safety, stability and quality of life for all children by working with the community to strengthen the family unit.

Opportunities for system of care enhancement are inherent in all community-based care organizations. FSSNF'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 FSSNF has consistently underperformed:

1. Systemic
 - a. Workforce Retention
 - i. Potential non-compliance with the Federal Fair Labor Standards Act (FLSA)
 1. Some staff report working work overtime but not reporting it accurately on their time sheets.
 - ii. Turnover Rates
 1. While FSSNF continues to implement strategies to improve retention rates, turnover rates for case managers under subcontractors remain high at 33.33% (CHS), 49.06% (JFCS), and 66.67% (DM).

iii. Practice

1. Family-made arrangements may be an area for further research. Several of the Florida CQI in-home cases included family-made arrangements and two appeared to have restrictions on parental access to the children which is not in line with operating procedures.

OPPORTUNITIES FOR IMPROVEMENT:

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

1. Performance

a. Safety

- i. Is a sufficient safety plan in place to control danger threats to protect the child? (RSF 4.1)

1. This was an item previously identified as an opportunity for improvement. FSSNF's performance remained below the statewide performance and declined during FY 17/18. FSSNF has implemented counter measures that are not reflected in FY 17/18 so continued monitoring of the impact of these counter measures is warranted.

- ii. Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own home or while in foster care? (CQI Item 3)

1. This item was previously identified as an area for improvement. FSSNF's performance remained below the statewide performance and the PIP goal during FY 17/18 despite improved performance. FSSNF has implemented counter measures that are not reflected in FY 17/18 so continued monitoring of the impact of these counter measures is warranted.

b. Permanency

- i. Percent of children exiting foster care to a permanent home within twelve months of moving to a permanent home (M05)

1. FSSNF's performance was below the target, PIP goal, and statewide performance in FY 17/18; and performance has been trending negatively.

- ii. Percent of children who do not re-enter foster care within 12 months of moving to a permanent home (M07)

1. This was a previous item identified as an opportunity for improvement. Although performance has improved; exceeding the target and statewide performance in seven of the previous eight quarters, FSSNF did not meet the target for FY 17/18 or the PIP goal.

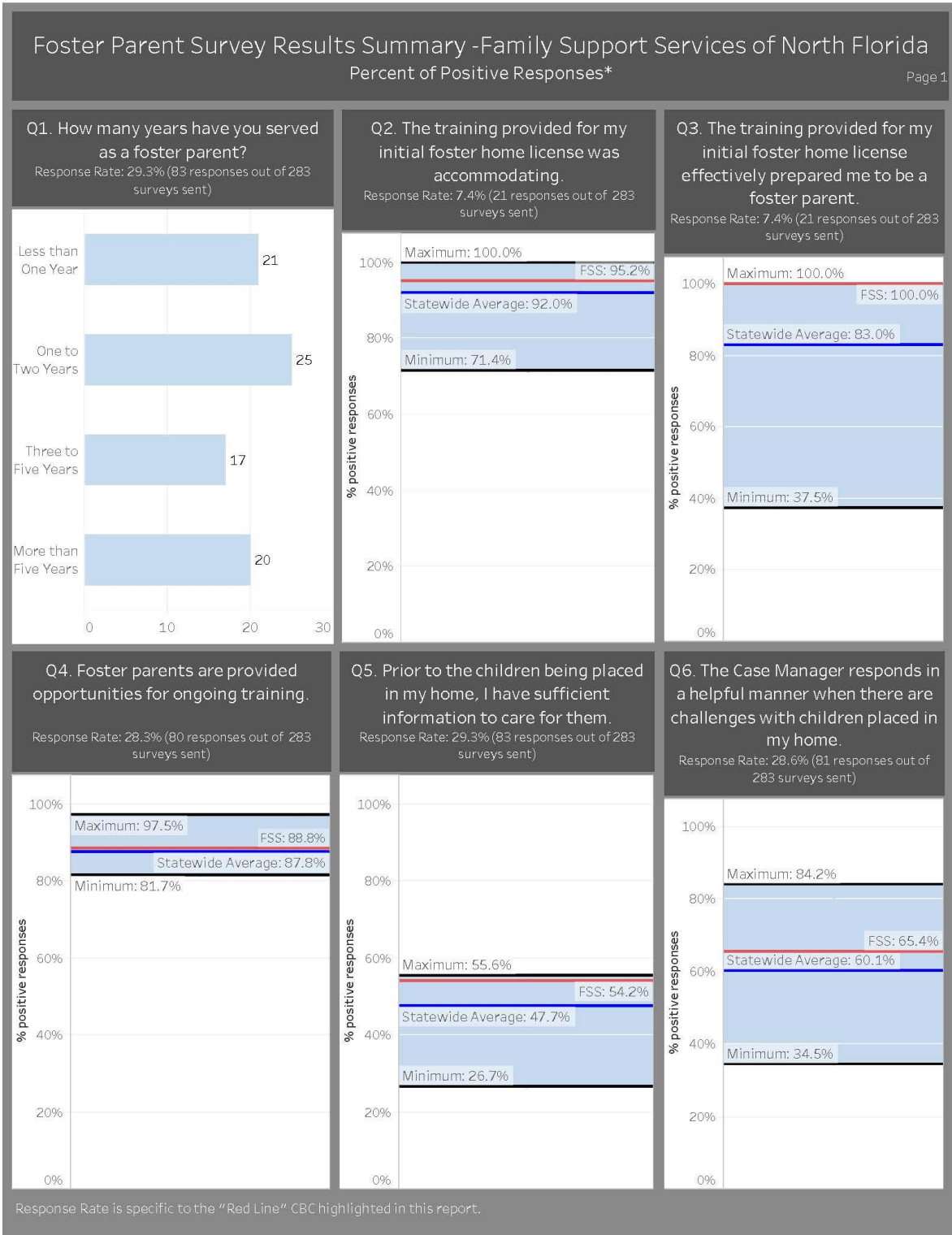
c. Well Being

SECTION 16: INNOVATIVE PRACTICES

The Foster Parent Recruitment and Retention Specialist (FRRS) frequently goes to the courthouse on Mondays to solicit leads from individuals who were requested to appear for jury duty. This strategy allows for reaching a large group of people (a captive audience) who, because they are eligible to serve on a jury, are not felons. As individuals wait in the juror pool room, the FRRS can converse and answer questions in a one on one forum. He is also able to check back with potential prospects during breaks and lunch.

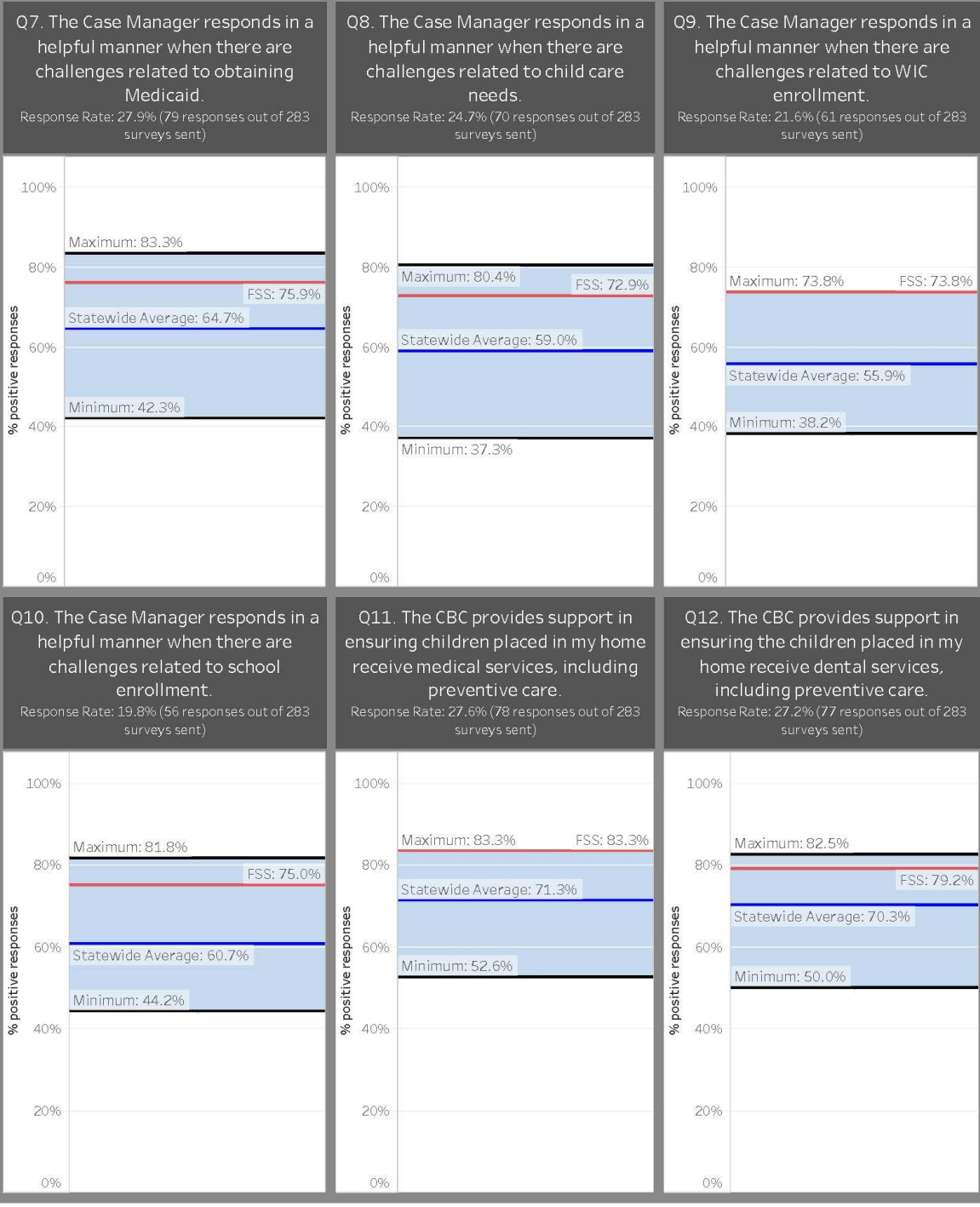
FSSNF developed a Post Reunification Program managed by Daniel Kids. This specialized post reunification program engages, involves, supports and strengthens families following reunification. Services focus on empowering parents by improving caretaking and coping skills, enhancing family resilience, supporting healthy and nurturing relationships, and fostering children's physical, mental, emotional and educational well-being. Special emphasis is placed on effective engagement strategies so that the family perceives the program as helpful and valuable, rather than an intrusive continuation of child welfare supervision.

APPENDIX A: SURVEY RESULTS



Foster Parent Survey Results Summary

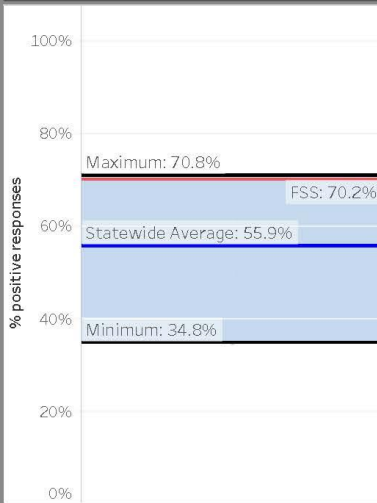
Percent of Positive Responses



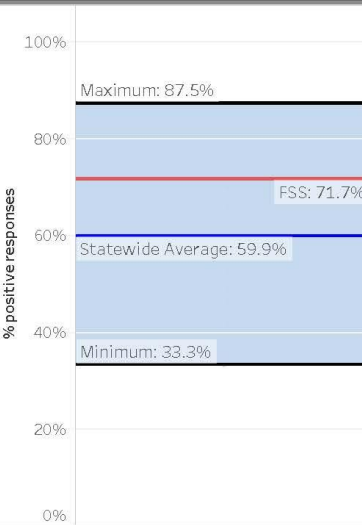
Foster Parent Survey Results Summary

Percent of Positive Responses

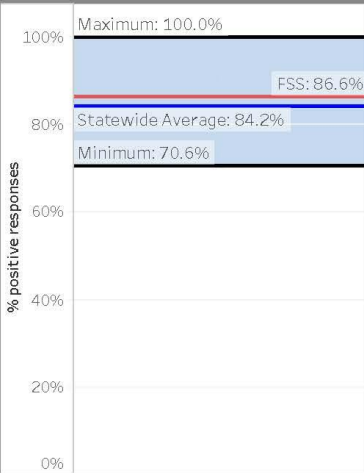
Q13. The CBC provides support in ensuring the children placed in my home receive mental health services, when needed.
 Response Rate: 20.1% (57 responses out of 283 surveys sent)



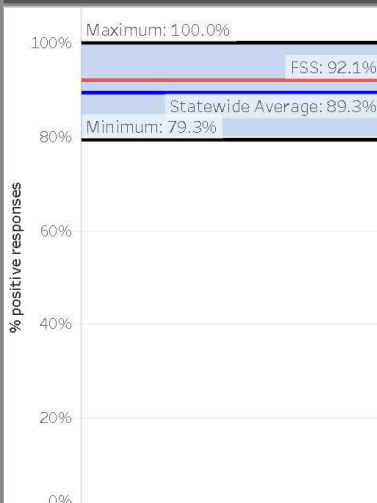
Q14. The children placed in my home receive educational support, when needed.
 Response Rate: 16.3% (46 responses out of 283 surveys sent)



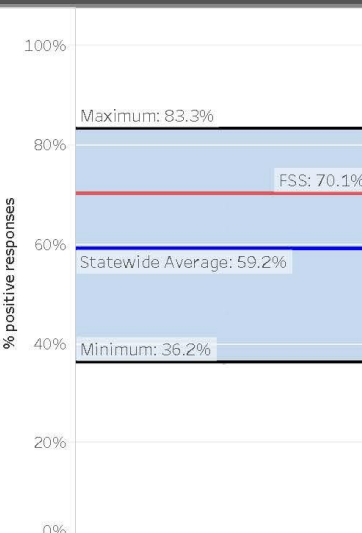
Q15. I am encouraged, when appropriate, to maintain relationships with the children's family members through visits and other activities.
 Response Rate: 23.7% (67 responses out of 283 surveys sent)



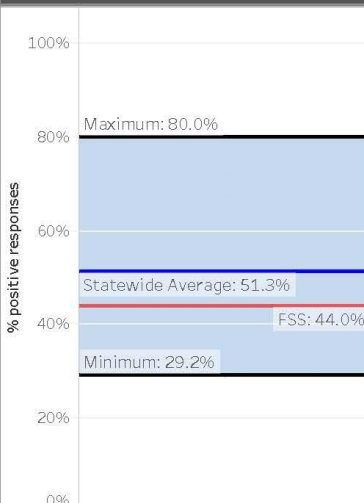
Q16. I am allowed to make parenting decisions and have my foster children participate in activities appropriate to their age.
 Response Rate: 26.9% (76 responses out of 283 surveys sent)



Q17. Case managers respond to my communications within one business day.
 Response Rate: 27.2% (77 responses out of 283 surveys sent)



Q18. I have the opportunity, which includes sufficient notice, to participate in staffings for children placed in my home.
 Response Rate: 26.5% (75 responses out of 283 surveys sent)

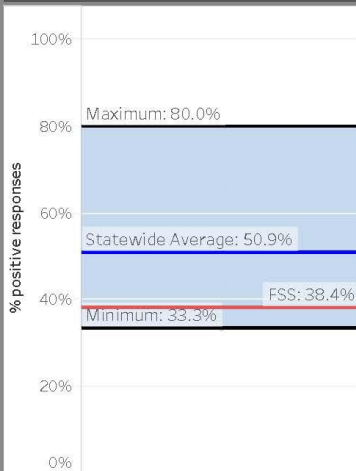


Foster Parent Survey Results Summary

Percent of Positive Responses

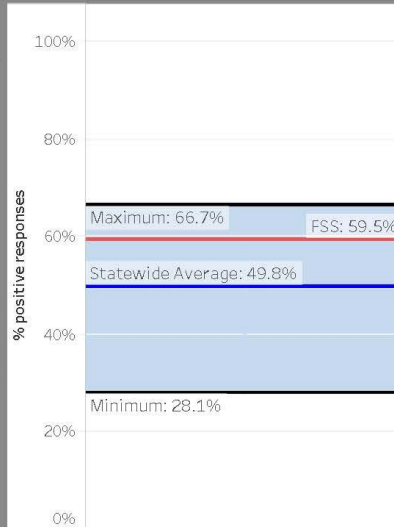
Q19. I have the opportunity and am provided options which make it convenient to participate in staffings for children placed in my home.

Response Rate: 25.8% (73 responses out of 283 surveys sent)



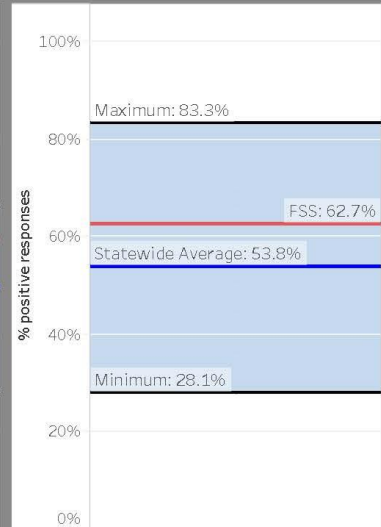
Q20. My recommendations are considered when decisions are made about the children placed in my home.

Response Rate: 26.1% (74 responses out of 283 surveys sent)



Q21. I am kept informed by Case Managers about case developments for children placed in my home.

Response Rate: 26.5% (75 responses out of 283 surveys sent)



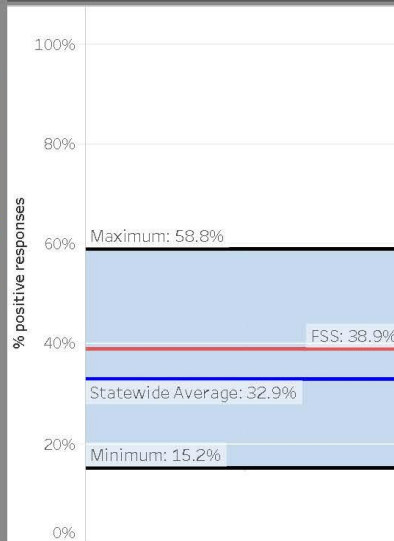
Q22. I am provided with court dates at least 72 hours before the court hearing.

Response Rate: 25.8% (73 responses out of 283 surveys sent)



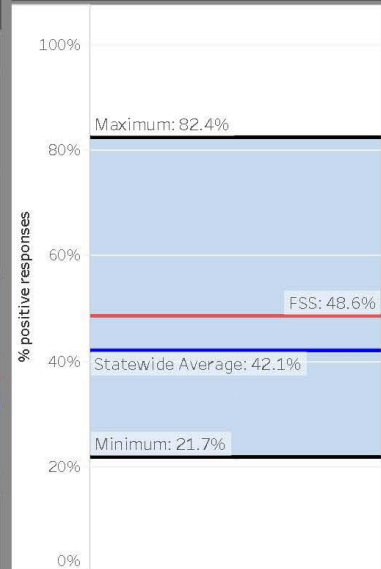
Q23. I am provided Judicial Review Summary Reports at least 72 hours prior to the court hearing.

Response Rate: 25.4% (72 responses out of 283 surveys sent)



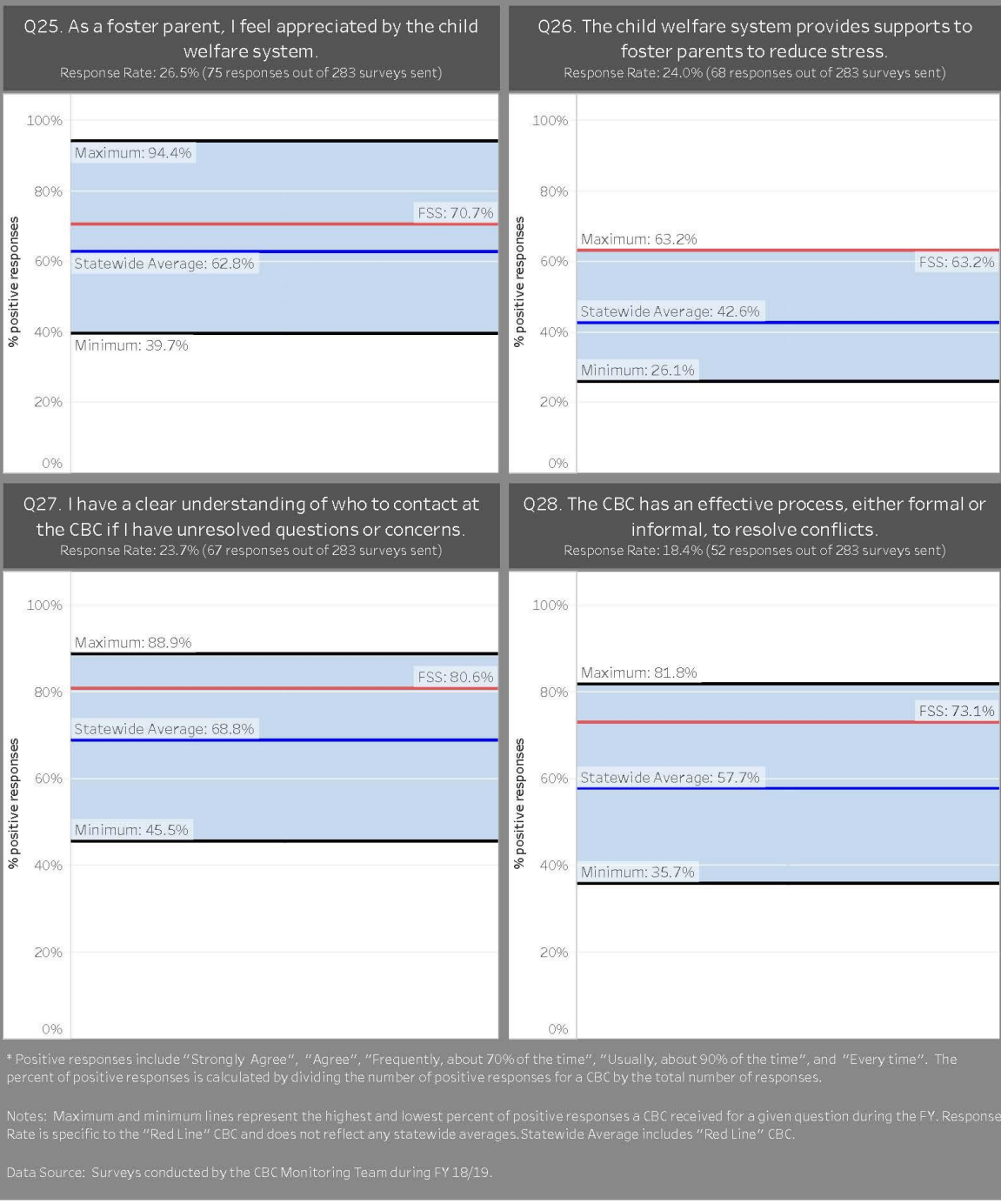
Q24. I am provided with court orders within 30 days of the court hearing.

Response Rate: 24.7% (70 responses out of 283 surveys sent)



Foster Parent Survey Results Summary

Percent of Positive Responses

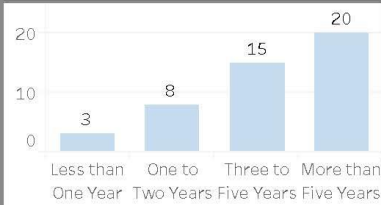


Case Manager Survey Results Summary

Percent of Positive Responses*

Q1. How many years have you served with Case Management?

Response Rate: 41.4% (46 responses out of 111 surveys sent)



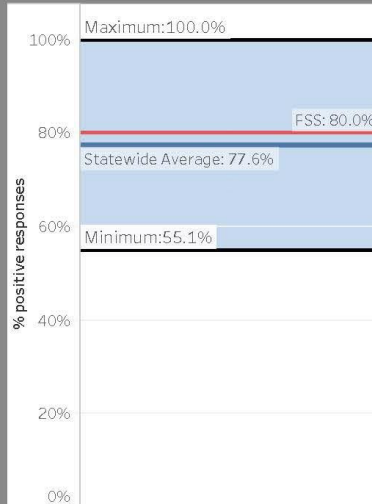
Q2. What are your current duties?

Response Rate: 40.5% (45 responses out of 111 surveys sent)



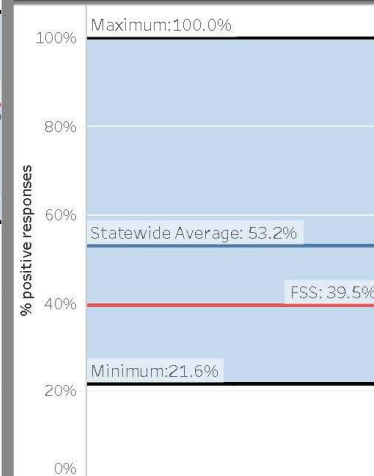
Q3. The CBC provides opportunities to give feedback regarding the array of services available.

Response Rate: 36.0% (40 responses out of 111 surveys sent)



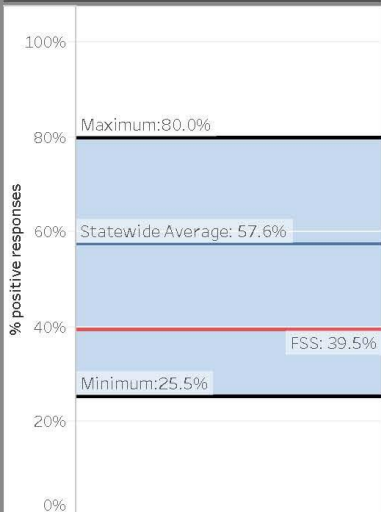
Q4. Formal safety management services provide support to Case Managers to manage safety plans during the investigation.

Response Rate: 38.7% (43 responses out of 111 surveys sent)



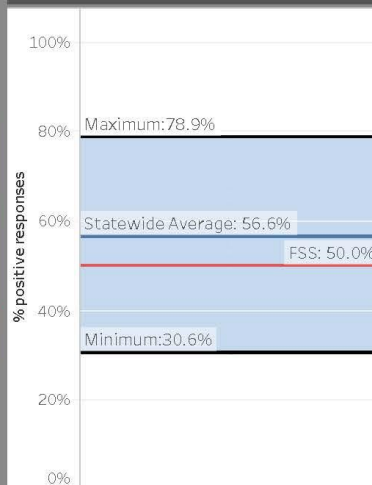
Q5. The identification of foster home or group care placements occurs timely.

Response Rate: 34.2% (38 responses out of 111 surveys sent)



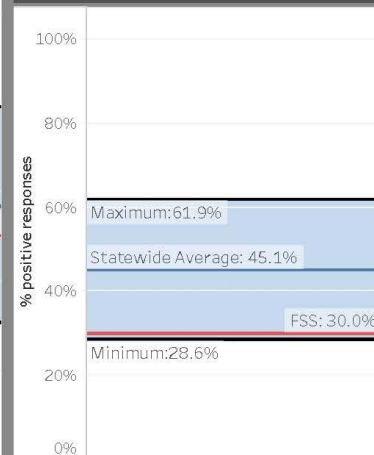
Q6. When there are multidisciplinary staffings or legal staffings on cases still open to investigations, CPIs participate.

Response Rate: 36.0% (40 responses out of 111 surveys sent)



Q7. During the time when both the CPI and the Case Manager have open cases on a family, the CPI keeps the Case Manager informed of any new information they obtain.

Response Rate: 36.0% (40 responses out of 111 surveys sent)



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

Case Manager Survey Results Summary

Percent of Positive Responses*

Page 2

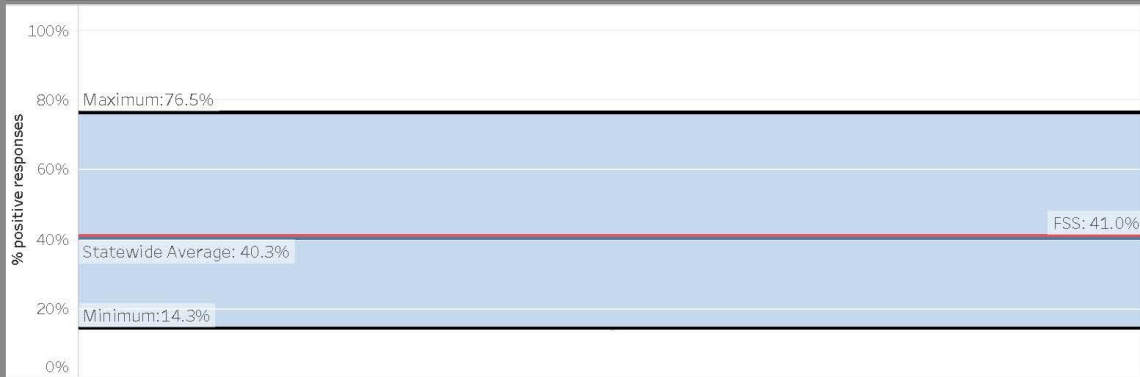
Q8. The case transfer process is clearly defined.

Response Rate: 34.2%(38 responses out of 111 surveys sent)



Q9. All relevant parties participate in case transfer staffings. This includes but is not limited to biological parents, caregivers, Case Managers, CPI, GAL, service providers, etc.

Response Rate: 35.1%(39 responses out of 111 surveys sent)



Q10. The quality of information discussed at case transfer is sufficient.

Response Rate: 36.0%(40 responses out of 111 surveys sent)



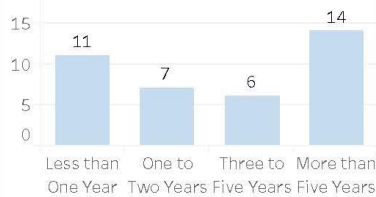
Response Rate is specific to the "Red Line" CBC highlighted in this report.

CPI Survey Results Summary

Percent of Positive Responses*

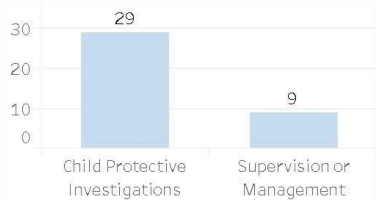
Q1. How many years have you served with Protective Investigations

Response Rate:28.1% (38 responses out of 70 surveys sent)



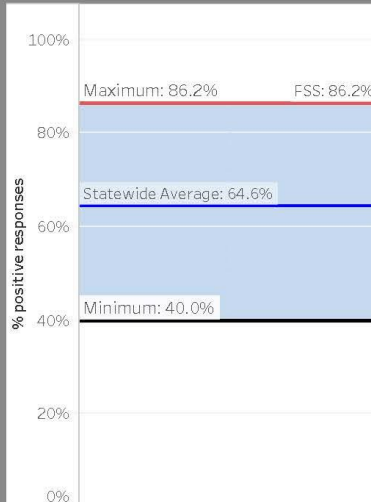
Q2. What are your current duties?

Response Rate:15.7% (38 responses out of 70 surveys sent)



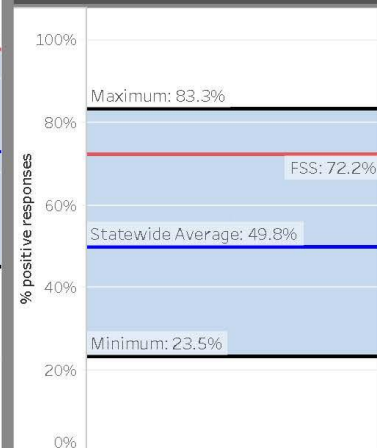
Q3. The CBC provides opportunities to give feedback regarding the array of services available.

Response Rate:21.5%(29 responses out of 135 surveys sent)



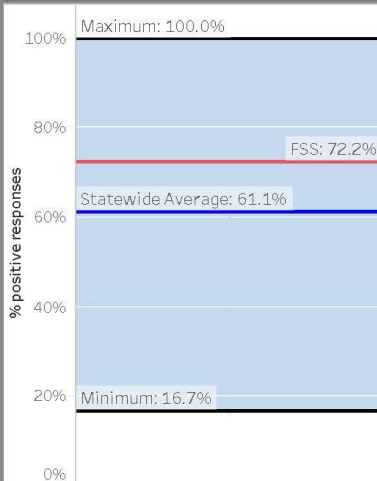
Q4. Formal safety management services provide support to CPIs to manage safety plans during the investigation.

Response Rate:26.7%(36 responses out of 135 surveys sent)



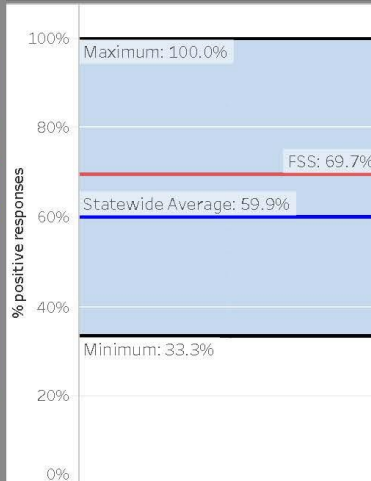
Q5. The placement of children in foster homes or group homes at removal is timely, meaning within 4 hours.

Response Rate:26.7%(36 responses out of 135 surveys sent)



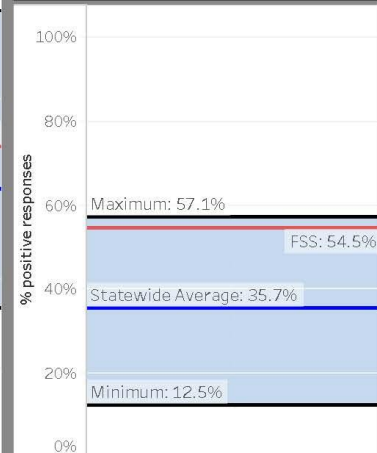
Q6. When Case Managers schedule multidisciplinary staffings on cases open to investigation, CPIs are invited.

Response Rate:24.4%(33 responses out of 135 surveys sent)



Q7. During the time when both the CPI and Case Manager have open cases on a family, the Case Manager keeps the CPI informed of any new information they obtain.

Response Rate:24.4%(33 responses out of 135 surveys sent)



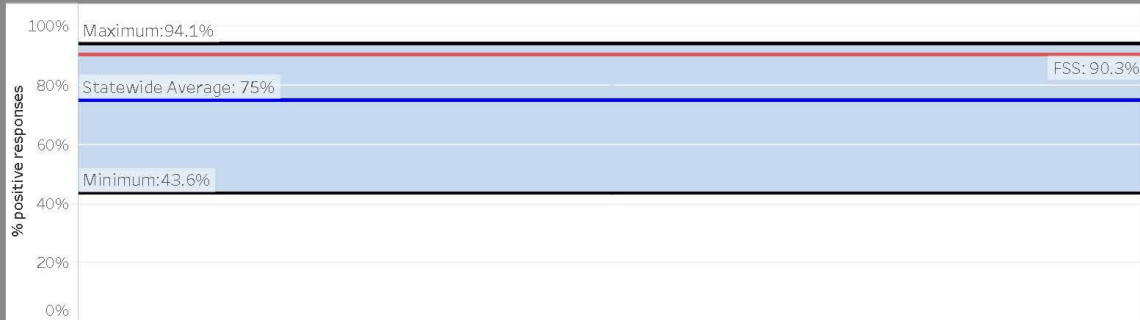
Response Rate is specific to the "Red Line" CBC highlighted in this report.

CPI Survey Results Summary

Percent of Positive Responses*

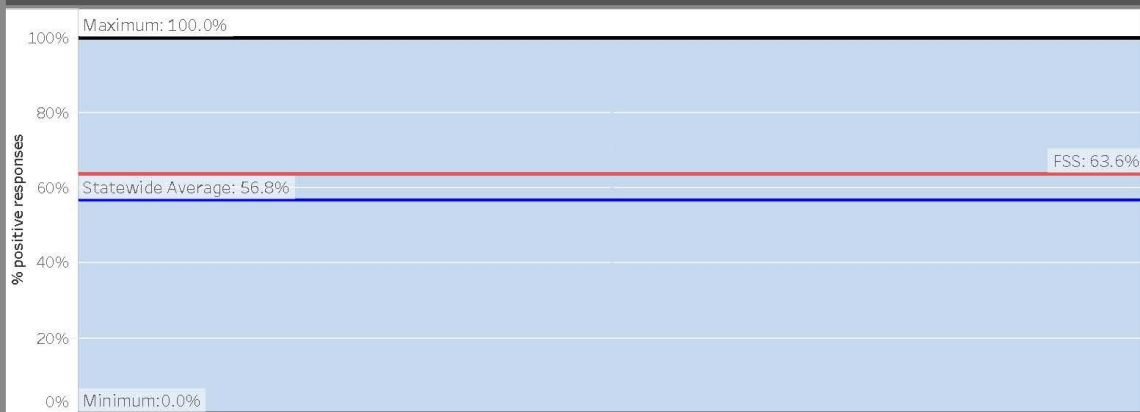
Q8. The case transfer process is clearly defined.

Response Rate:23.0%(31 responses out of 135 surveys sent)



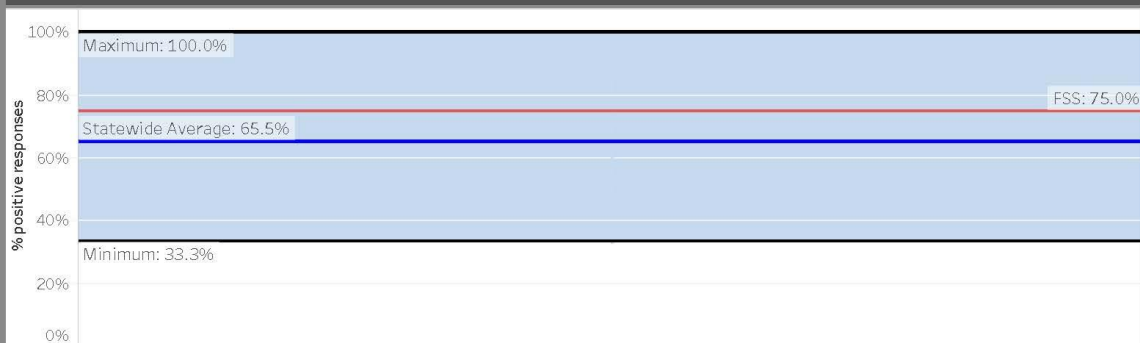
Q9. All relevant parties participate in case transfer staffings. This includes but is not limited to biological parents, caregivers, Case Managers, CPIs, service providers, etc.

Response Rate:24.4%(33 responses out of 135 surveys sent)



Q10. The quality of information discussed at case transfer is sufficient.

Response Rate:23.7%(32 responses out of 135 surveys sent)

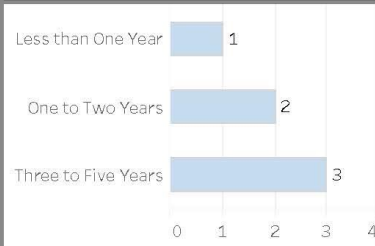


Response Rate is specific to the "Red Line" CBC highlighted in this report.

GAL Survey Results Summary

Percent of Positive Responses*

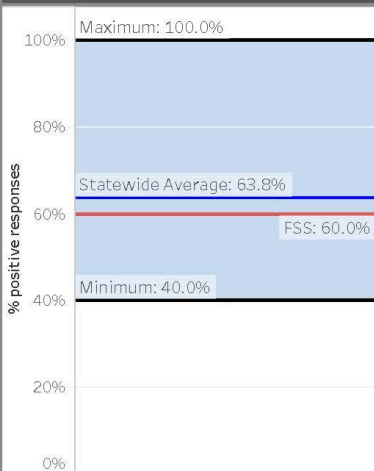
Q1. How many years have you served with the GAL program?
6 Responses



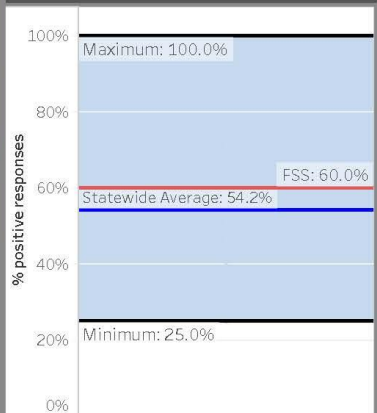
Q2. What is your role with the GAL program?
6 Responses



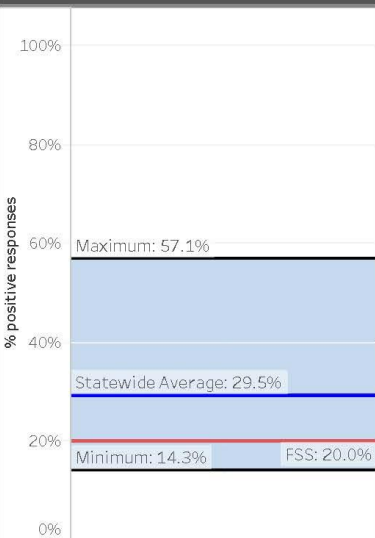
Q3. The GAL has the opportunity and is given sufficient notice to participate in staffings or service planning for children who are assigned to them.
5 Responses



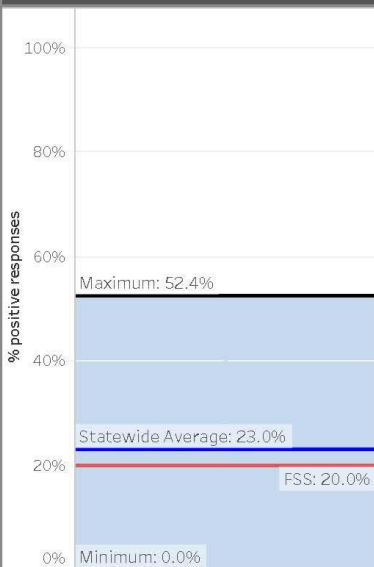
Q4. The GAL has the opportunity and is provided options that make it convenient to participate in staffings for children who are assigned to them. Options might include use of technology or flexible times.
5 Responses



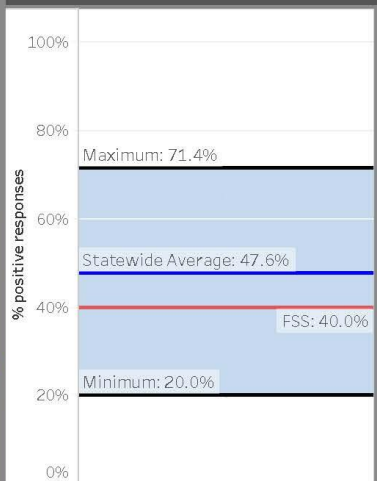
Q5. Case Managers respond to my communications within one business day.
5 Responses



Q6. The GAL is kept informed about developments in assigned cases.
5 Responses



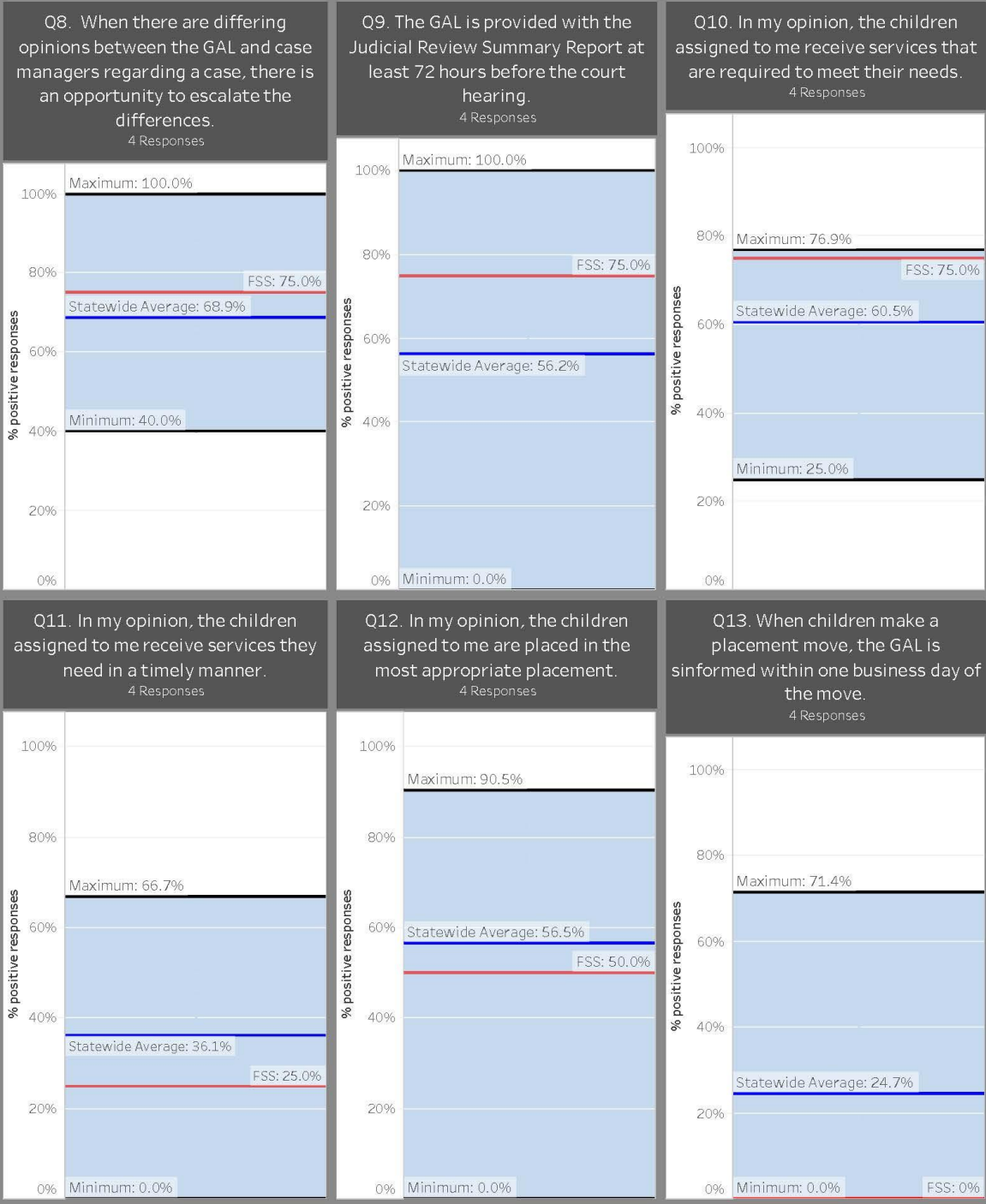
Q7. The GAL's recommendations are considered when decisions are being made about the children who are assigned to them, even if the agency has a different opinion.
5 Responses



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

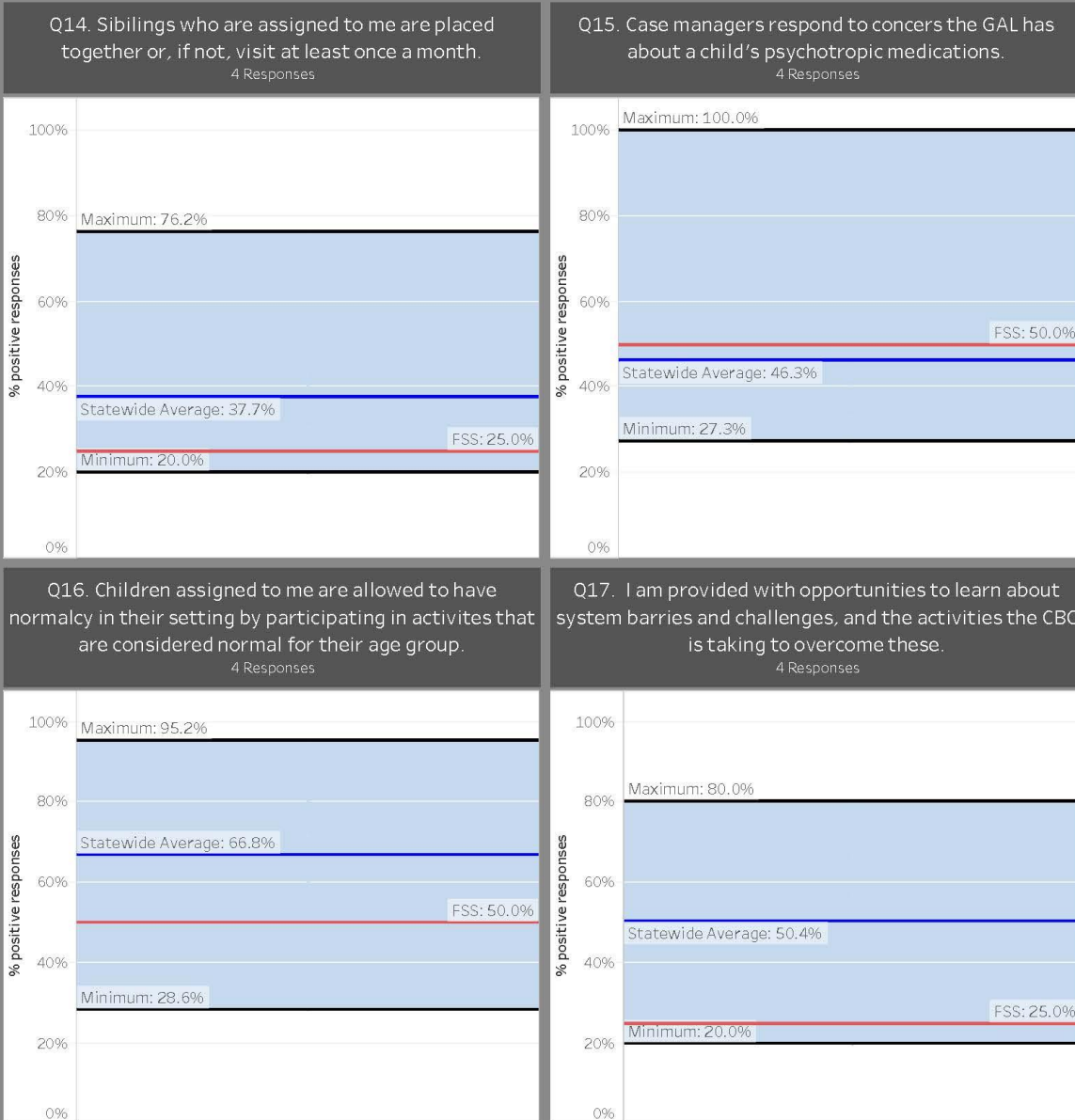
GAL Survey Results Summary

Percent of Positive Responses



GAL Survey Results Summary

Percent of 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.

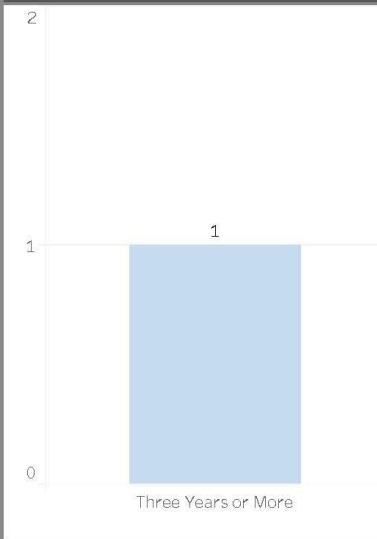
Notes: Maximum and minimum lines represent the highest and lowest percent of positive responses a CBC received for a given question during the FY. Response Rate is specific to the "Red Line" CBC and does not reflect any statewide averages. Statewide Average includes "Red Line" CBC.

Data Source: Surveys conducted by the CBC Monitoring Team during FY18/19.

CLS Survey Responses Percent of Positive Responses*

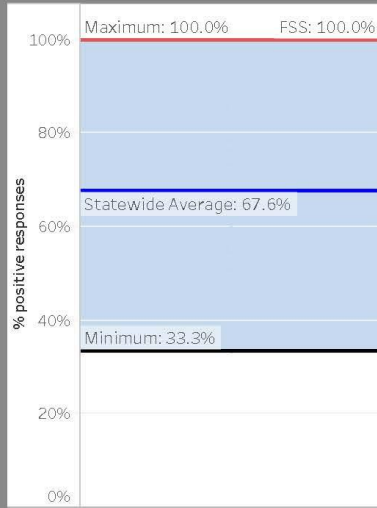
Q1. How many years have you served with the CLS program?

Response Rate: 5.6% (1 responses out of 18 surveys sent)



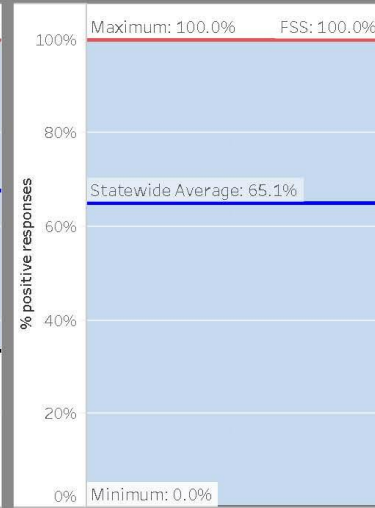
Q2. Case Managers effectively identify appropriate services to meet the needs of children.

Response Rate: 5.6% (1 responses out of 18 surveys sent)



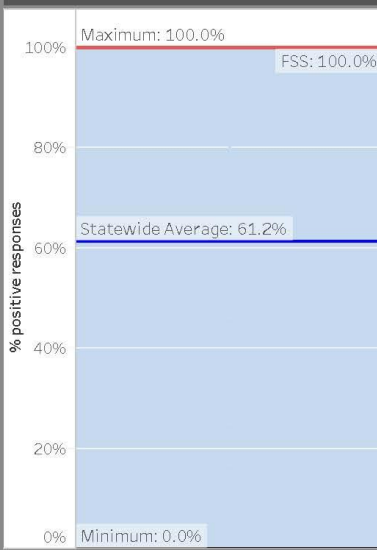
Q3. Case managers providing supervision to families are actively engaging with the families.

Response Rate: 5.6% (1 responses out of 18 surveys sent)



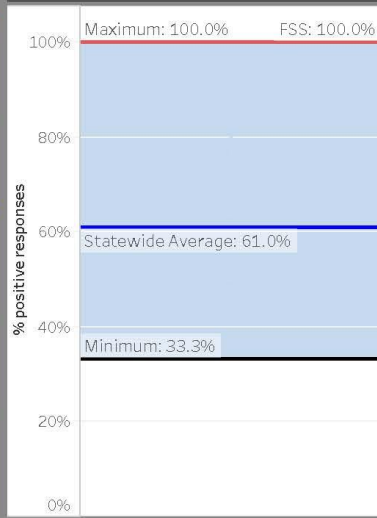
Q4. Case Managers consistently make reasonable efforts to assist families.

Response Rate: 5.6% (1 responses out of 18 surveys sent)



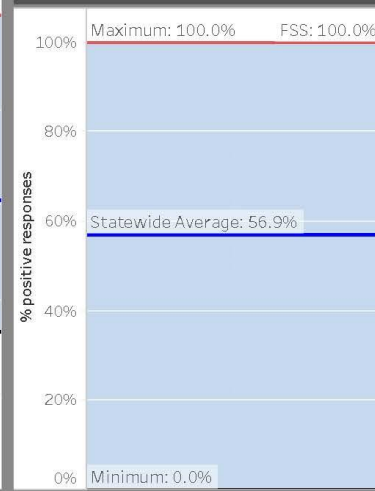
Q5. Case Managers work with families to construct individualized case plans.

Response Rate: 5.6% (1 responses out of 18 surveys sent)



Q6. Case Managers gather quality information regarding case plan progress from service providers, including written progress reports.

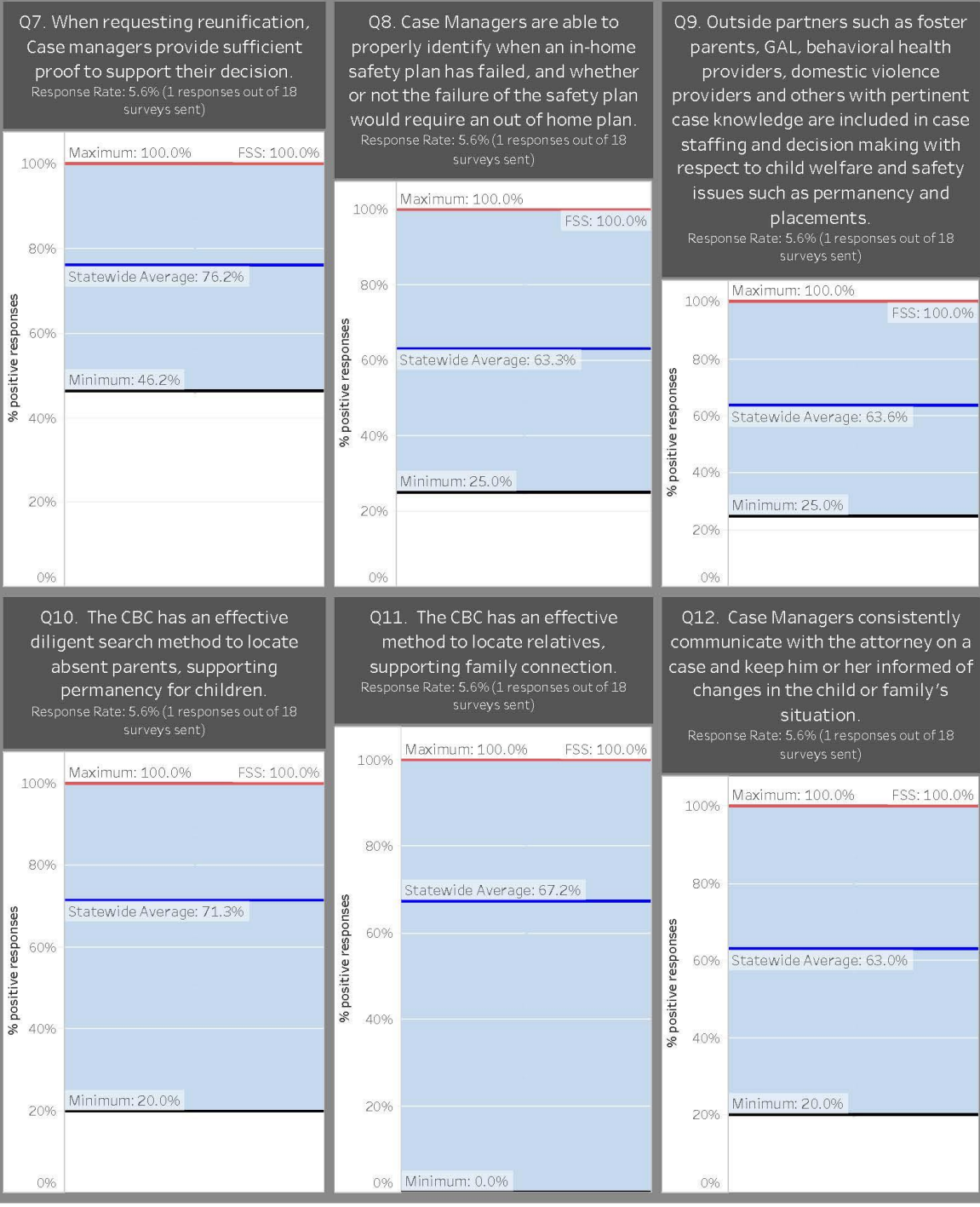
Response Rate: 5.6% (1 responses out of 18 surveys sent)



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

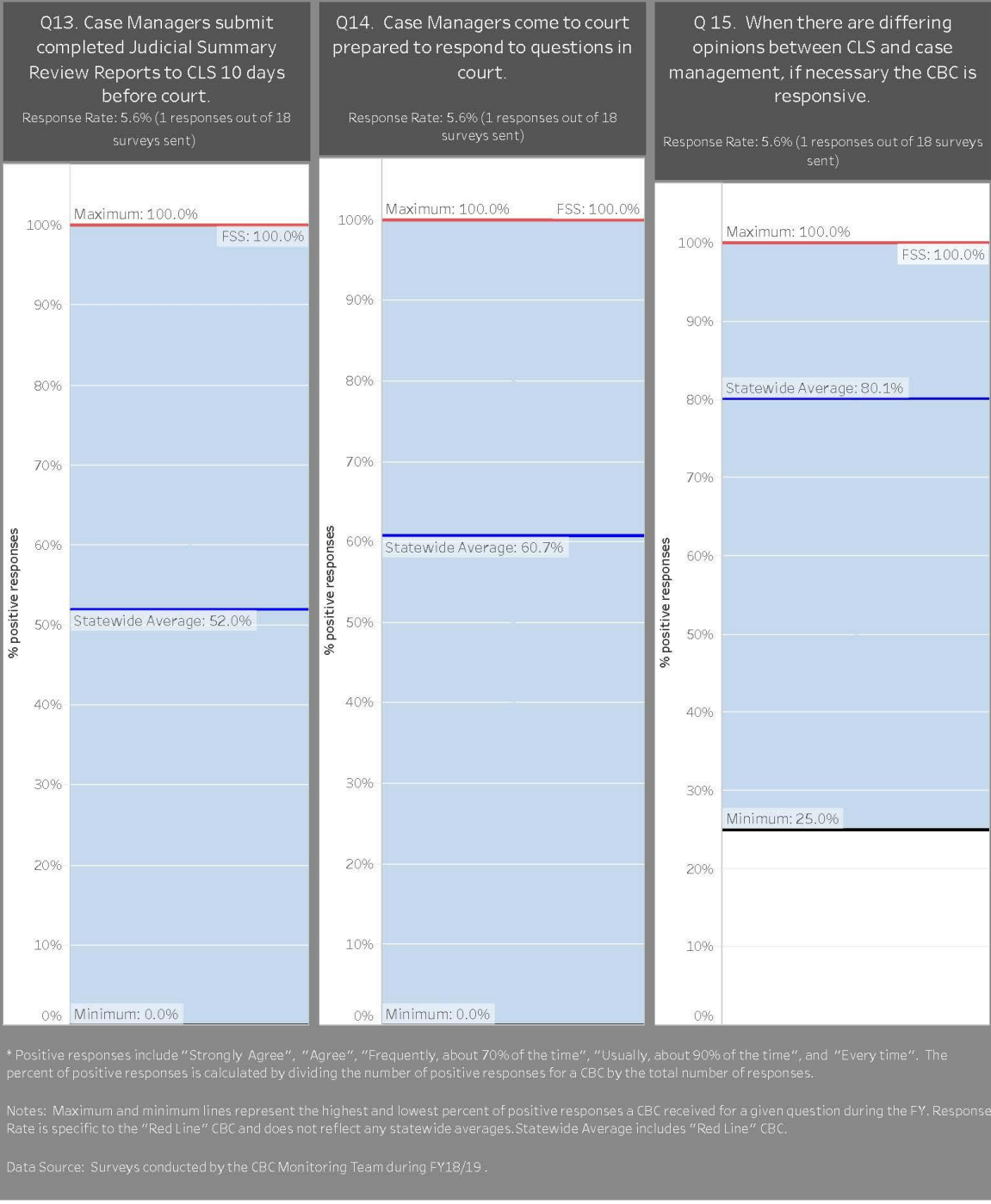
CLS Survey Results Summary

Percent of Positive Responses



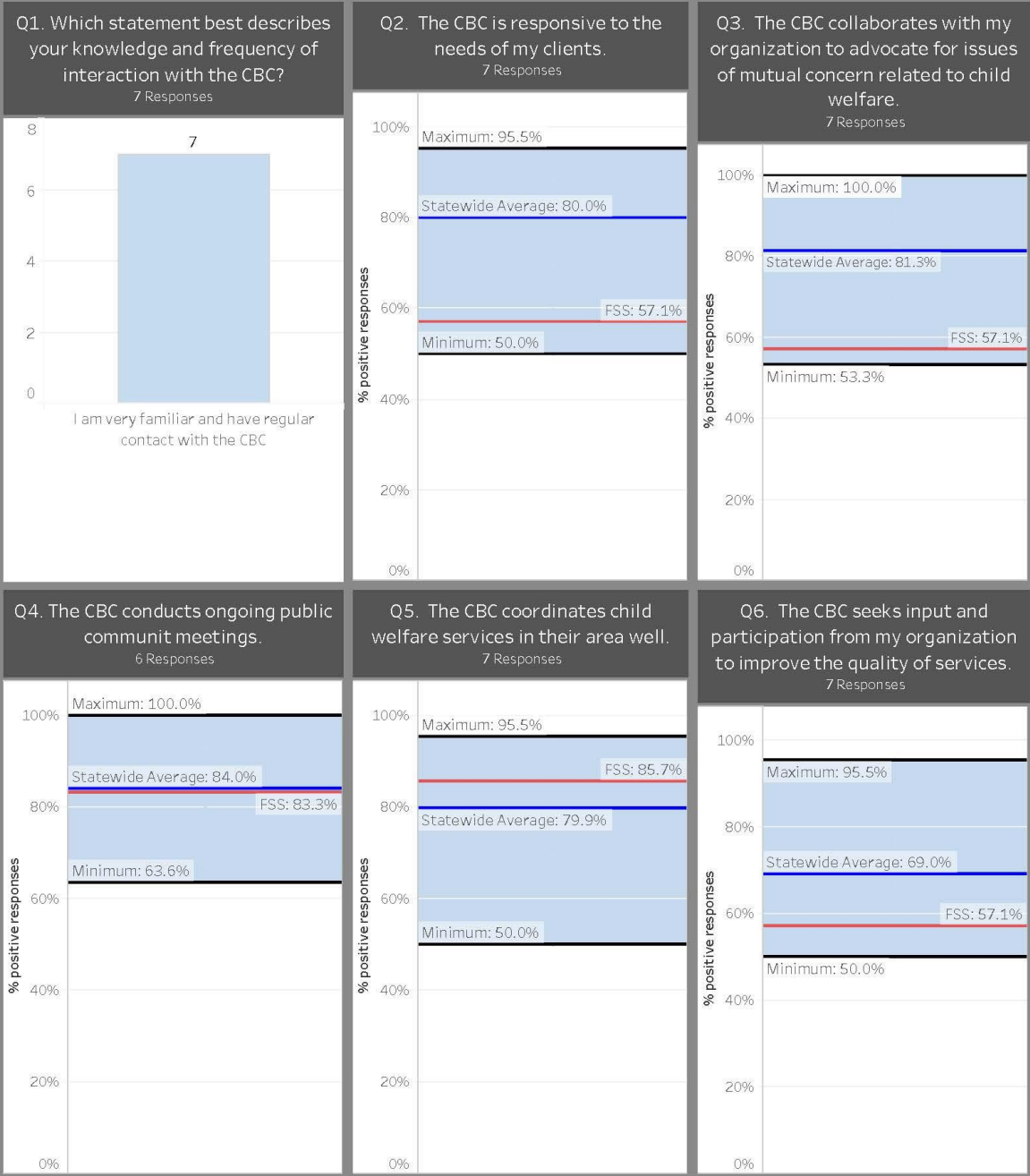
CLS Survey Results Summary

Percent of Positive Responses



Community Partner Survey Results Summary

Percent of Positive Responses*

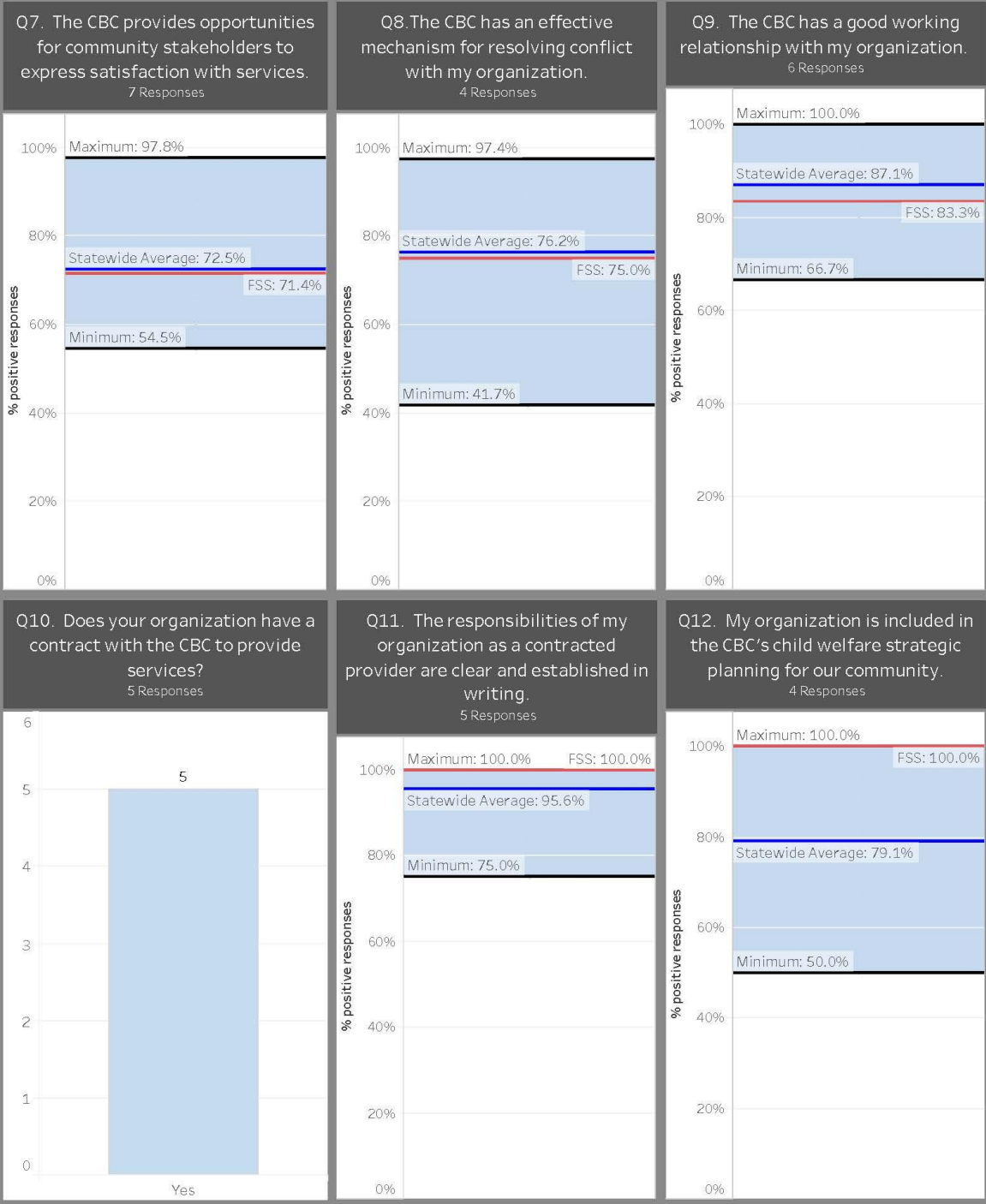


Response Rate is specific to the "Red Line" CBC highlighted in this report.

Community Partner Survey Results Summary

Percent of Positive Responses

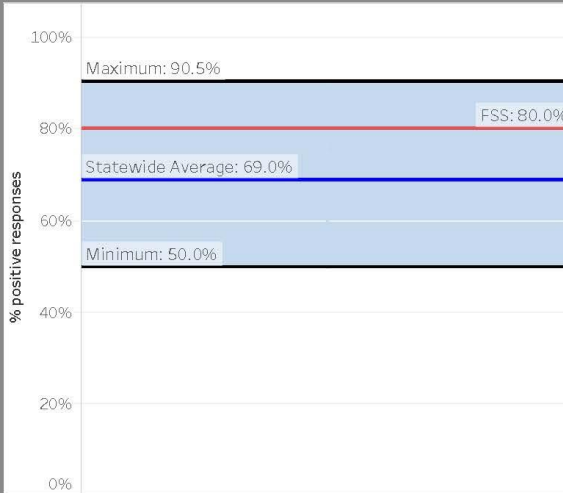
Page 2



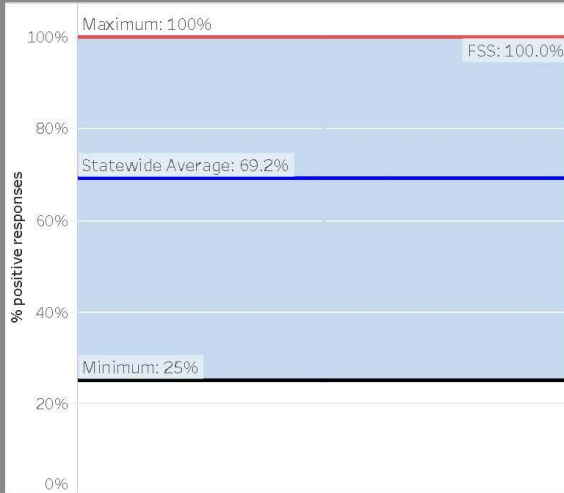
Community Partner Survey Results Summary

Percent of Positive Responses

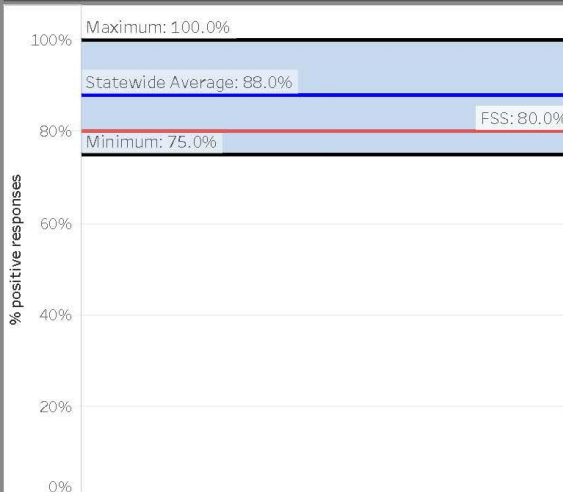
Q13. The CBC seeks my organizations input on how to best resolve child welfare issues in our community.
5 Responses



Q14. The CBC's budgeting process and decisions are transparent.
4 Responses



Q15. As a contracted provider, my organization receives performance data from the CBC.
5 Responses



Q16. The CBC provides my organization with the opportunity to provide feedback to improve the provision or the quality of services.
5 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 during FY18/19.

– 2018 FLORIDA CHILD WELL-BEING INDEX –





OVERALL COUNTY RANK

43

Duval County



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

ECONOMIC WELL-BEING		Baseline Year	%	Current Year	%	Number	Change
 ECONOMIC WELL-BEING DOMAIN RANK 38	Children in poverty	2011	25.5	2016	20.6	42,561	👍
	Unemployment rate	2011	10.3	2016	5.0	23,601	👍
	High housing cost burden (>30% income spent)	2007-2011	39.7	2012-2016	36.3	124,260	👍
	Teens not in school and not working	2007-2011	11.9	2012-2016	9.4	4,031	👍
EDUCATION WELL-BEING		Baseline Year	%	Current Year	%	Number	Change
 EDUCATION WELL-BEING DOMAIN RANK 36	3 & 4 year old children not enrolled in school	2007-2011	46.2	2012-2016	51.2	12,670	👎
	4th grade students not proficient in English Language Arts	2014/15	77.0	2015/16	77.0	7,745	Unchanged
	8th grade students not proficient in math	2014/15	91.0	2015/16	86.0	4,856	👍
	High school students not graduating on time	2011/12	32.3	2015/16	21.2	1,740	👍
HEALTH WELL-BEING		Baseline Year	%	Current Year	%	Number	Change
 HEALTH WELL-BEING DOMAIN RANK 24	Low-birthweight babies	2011	9.0	2016	10.0	1,330	Unchanged
	Uninsured children	2010	9.9	2015	6.1	12,897	👍
	Overweight and obese 1st, 3rd & 6th grade students	2010/11	29.7	2015/16	32.9	8,773	👎
	High school teens who used alcohol/drugs (past 30 days)	2012	37.3	2016	33.4	302	👍
FAMILY & COMMUNITY		Baseline Year	%	Current Year	%	Number	Change
 FAMILY & COMMUNITY DOMAIN RANK 52	Children in single parent families	2007-2011	37.1	2012-2016	40.3	72,256	👎
	Children living in high poverty areas	2007-2011	11.2	2012-2016	14.0	28,885	👎
	Children with verified maltreatment (per 1,000)	2011/12	9.3	2016/17	9.6	2,058	Unchanged
	Youth contacts with the juvenile justice system (per 1,000)	2011/12	29.7	2016/17	17.9	1,636	👍

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.



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UNIVERSITY OF SOUTH FLORIDA
COLLEGE OF BEHAVIORAL & COMMUNITY SCIENCES

OVERALL
COUNTY RANK

3

– 2018 FLORIDA CHILD WELL-BEING INDEX –

Nassau County



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

		Baseline Year	%	Current Year	%	Number	Change
<p>ECONOMIC WELL-BEING DOMAIN RANK 10</p>	Children in poverty	2011	17.6	2016	14.4	2,288	👍
	Unemployment rate	2011	9.6	2016	4.6	1,706	👍
	High housing cost burden (>30% income spent)	2007-2011	29.4	2012-2016	30.4	8,876	Unchanged
	Teens not in school and not working	2007-2011	9.3	2012-2016	12.3	431	👎
<p>EDUCATION WELL-BEING DOMAIN RANK 12</p>	3 & 4 year old children not enrolled in school	2007-2011	52.7	2012-2016	60.0	1,012	👎
	4th grade students not proficient in English Language Arts	2014/15	63.0	2015/16	63.0	511	Unchanged
	8th grade students not proficient in math	2014/15	74.0	2015/16	79.0	396	👎
	High school students not graduating on time	2011/12	11.0	2015/16	8.6	73	👍
<p>HEALTH WELL-BEING DOMAIN RANK 1</p>	Low-birthweight babies	2011	7.2	2016	8.0	65	Unchanged
	Uninsured children	2010	11.3	2015	7.4	1,215	👍
	Overweight and obese 1st, 3rd & 6th grade students	2010/11	17.4	2015/16	11.9	225	👍
	High school teens who used alcohol/drugs (past 30 days)	2012	40.0	2016	31.0	104	👍
<p>FAMILY & COMMUNITY DOMAIN RANK 7</p>	Children in single parent families	2007-2011	25.7	2012-2016	30.9	4,169	👎
	Children living in high poverty areas	2007-2011	0.0	2012-2016	0.0	0	Unchanged
	Children with verified maltreatment (per 1,000)	2011/12	7.7	2016/17	9.6	154	👎
	Youth contacts with the juvenile justice system (per 1,000)	2011/12	22.6	2016/17	13.3	97	👍

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Robert Miller
President & CEO

Mark Bridwell
Board Chair

VIA ELECTRONIC MAIL

May 31, 2019

Timothy Ring
Northeast Region Client Relations Coordinator
Florida Department of Children & Families
5920 Arlington Expressway
Jacksonville, FL 32211

Re: Office of Inspector General Correspondence Number 2019050030

Dear Mr. Ring,

In response to the request received to conduct an inquiry into the allegations made to the Office of the Inspector General, Family Support Services of North Florida, Inc., (“FSSNF”) has conducted an internal inquiry and provides the following response:

During the first week of April 2019, the DCF Contract Oversight Unit (“COU”) provided on-site CBC Monitoring of FSSNF and its Case Management Organizations (“CMO”s), Daniel Memorial, Children’s Home Society, Jewish Family and Community Services, and FSSNF Nassau. At the conclusion of the on-site review, it was stated to FSSNF leadership that there were case management organization employees who revealed that they are not documenting hours worked. It was further stated by those employees that while they were not told by management to not document their time, they feel pressured to complete all of their work within 40 hours, and do not want to document hours worked over 40. This information reported by the COU team came as a surprise to FSSNF as these concerns had been addressed throughout our system of care previously and FSSNF was not aware of any active concerns or complaints regarding case management organization employees feeling pressured to not document accurate work hours.

FSSNF takes the statements and opinions given by the case management supervisors and case managers during the COU review very seriously. After being briefed by the COU team on what had been disclosed during their interviews with these workers, FSSNF and its subcontracted CMOs took immediate action to ensure that every case manager understood the expectation of properly recording all hours worked. The FSSNF Nassau office and the CMOs have either conducted all-staff meetings or scheduled all staff trainings to address proper time keeping and the importance of documenting all hours worked with case managers.



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Jacksonville, FL 32207
904.421.5800 Fax 904.348.3258



FSSNF leadership has consistently communicated internally and externally that employees should accurately document their time. We have not prohibited non-exempt employees from claiming overtime on their timesheets. For example, we have had several case managers in the Nassau office claim overtime this fiscal year. Overtime is explicitly allowed per internal policy. The FSSNF employee handbook does state that "...overtime work...must be pre-approved" by a non-exempt worker's supervisor. This is a wholly reasonable policy and common to many organizations.

There have also been no communications from FSSNF to any of our CMO partners that overtime is prohibited. Notwithstanding this, after consulting with each of our CMO partners, we can also report that none of them have communicated an absolute prohibition on overtime to their employees either.

The FSSNF Nassau office frequently discusses self-care with staff and how it is vital in the child welfare field. FSSNF recognizes that emergencies do occur (in fact, frequently so in child welfare) which could require case managers to work overtime hours. Effective communication between worker and supervisor is all that we require to ensure case managers' needs are adequately met.

Daniel Memorial also discussed the importance of work/life balance. Their mid-level supervisors have received additional guidance and direction on methods to empower case managers to feel completely comfortable in accurately reporting all work hours. Finally, they are bolstering their new hire training in order to increase both expectations and comfort of accurate timekeeping.

Jewish Family & Community Services has clearly communicated to their staff that time sheets should be accurate. Shortly after these allegations were brought to light, their Executive Director communicated to all staff that time sheets need to be accurate. She also emphasized maintaining a work/life balance while accurately recording the amount of hours worked. They are also scheduling an all staff training from Human Resources to discuss their overtime policy. No supervisor at JFCS is allowed to tell staff that they are unable to earn overtime when it's needed to fulfill critical work requirements.

Tracking overtime hours is actually helpful to FSSNF as a lead agency because it can serve to identify potential service gaps and where more resources could be placed in the system of care to alleviate heavy caseloads or overwhelmed case management units. In fact, FSSNF and its CMOs have paid thousands of dollars of overtime pay this year alone. Prior to the week of the COU review, FSSNF and its CMOs paid out \$63,969.26 in overtime costs. These trends have continued after the on-site visit. Since April 1, 2019, a combined \$13,878.84 has been spent on overtime costs.

It appears that our case managers (both employed and subcontracted) needed to be reminded that it is crucial for them accurately record all hours worked. Overtime is available, when necessary, in our system of care. As was stated during the COU onsite review, case managers were not told they couldn't claim overtime, they felt that they shouldn't or it was burdensome. We believe that

our recent all-staff communications and training should leave the case managers empowered to claim overtime when necessary and accurately record all hours worked on their time sheets.

If you have any further questions or concerns, please do not hesitate to contact me at (904) 265-8070 or kenneth.barton@fssnf.org.

Sincerely,

A handwritten signature in blue ink that reads "Kenneth Barton". The signature is written in a cursive style with a large initial "K".

Kenneth Barton, Esq.
Assistant General Counsel