Kids First of Florida Contract Monitoring Report

On-Site Completed: October 2018

Report Issued: March 2019

As required by section 402.7305 F.S., The Department of Children and Families completed an On-Site Contract monitoring of Kids First of 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 DJ039

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EXECUTIVE SUMMARY

This report provides findings for the contract monitoring of Kids First of Florida (KFF), Inc. The on-site monitoring was conducted October 15-19, 2018 and focused on KFF's child welfare system of care. The monitoring process included a review of KFF'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, 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:

- KFF's mission, vision and values are aligned with the Department's.
- KFF's Board of Directors (BOD) reviews fiscal data and is kept appraised of critical incidents as they occur.
- The BOD uses a formal process for evaluation of the KFF CEO that utilizes performance data, however there is no formal process to include feedback from community partners.

Workforce Management:

- KFF participates in the Regional Integrated Training Alliance (RITA) which is made up of regional DCF and CBC representatives to support co-training of investigators and case managers throughout preservice training.
- Pre-service training is comprehensive and interactive, but lacks specifics relating to Clay County judicial processes and community resources. While on-site, KFF and FSSNF began to address this issue.
- Internal formalized methods to evaluate training effectiveness are limited.
- Formal training and support geared toward supervisory development and professional development opportunities are minimal.
- As a retention strategy, leadership focuses on self-care and attempting to ensure employees maintain a work/life balance.

Continuous Quality Improvement Process:

- The Quality Assurance team involves staff in their case review process and provides specific and detailed feedback to frontline staff and supervisors.
- KFF has an internal process to ensure or evaluate data quality.
- Available resources, such as Mindshare and FSFN reports, to assist with case oversight are used by QA, Rev Max, and the Data and Policy Project Analyst but they are not routinely utilized by

supervisors or frontline staff. At the time of the review, front end case file and supervisory consultative reviews to ensure service quality and delivery were not consistently occurring.

- KFF staff find it challenging to identify meaningful trends within small samples.
- The QA team is committed to providing information in user friendly terms to assist with staff skill development.
- The QA team does not consistently conduct an in-depth analysis of trends across timeframes, measures, or areas where there are obvious deficiencies which inform performance improvement strategies. Performance improvement strategies are often short term and single focused. Once a strategy is implemented there is a lack of formalized evaluation to determine the effectiveness of the solution.
- At the beginning of FY18/19, KFF and the Northeast Region initiated a Green Belt Project to analyze increases in children entering out of home care and decreases in children remaining at home; however, have had one meeting due to statewide travel restrictions.
- On-site interviews revealed that case managers were not consistently completing home visits in foster homes, exposing a lack of internal oversight and controls.

Placement Resources and Process:

- KFF is focused on ensuring children are placed in the least restrictive local placement.
- Case manager's and leadership's lack of consistent partnering and communicating with foster parents has impacted foster parent satisfaction and weakened foster home retention efforts.

Child Welfare Practice:

- While KFF strongly believes in the concepts of family centered practice and trauma informed care – those concepts are not consistently applied in day to day work with families.
- There is a heavy reliance on utilizing the Clay Behavioral Health Center (CBHC)Triple T program to address trauma concerns with children which has left a gap in staff routinely incorporating trauma informed practices into their daily interactions and decision-making processes.
- Family Support Services is available through KFF and community providers. Formal Safety Management Services have not been consistently available since late 2017.

Partnership Relations:

- Case managers and investigators enjoy a collaborative working relationship.
- KFF and Clay Behavioral Health Center's natural partnership is focused on meeting the needs of the families they serve; however, perceptions of long wait lists and delayed services referrals create concerns among KFF's partners.
- On-going adversarial relationships between KFF leadership and CLS as well as KFF case managers and GALs create challenges in collaboration.

Community Relationships:

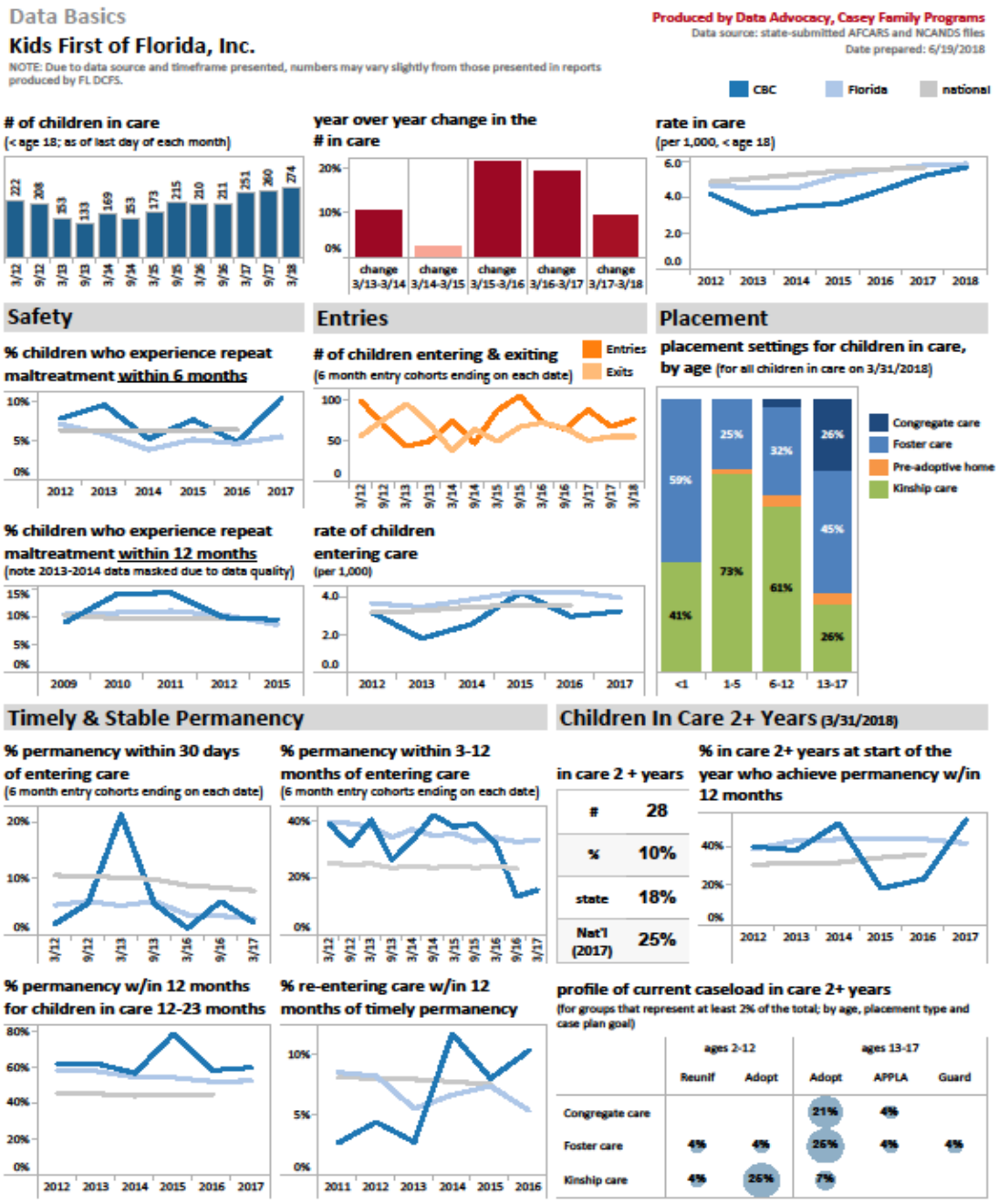
- KFF's efforts to continually engage and collaborate with the community in identifying and prioritizing specific issues and needs within the system of care are limited.

Administrative Findings:

- 3 out of 5 critical incidents were not reported into IRAS.
- 7 out of 10 I-9 forms were not filled out completely.
- 5 out of 10 security awareness forms were not completed annually.

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 KFF performance is depicted later in this report.



SECTION 2: CONTRACT MONITORING PROCESS

The monitoring process included a review of Kids First of 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, 6 subcontracts were administratively reviewed, along with 10 incidents of which 5 were critical incidents, 10 employee files for Employment Eligibility Verification, and 10 employee files for Information Security.

Supplementary information was provided by the Department's Office of Revenue Management, Office of Community-Based Care (CBC)/Managing Entity (ME) Financial Accountability, Office of Child Welfare and 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 KFF and DCF staff including leadership from the Northeast Region, KFF management level and specialist level staff, case managers, case manager supervisors and case management leadership. Focus groups were held to obtain information from DCF child protective investigators, Children's Legal Services, and foster parents.

The CBC monitoring team consisted of Department of Children and Families Community Based Care Monitoring Unit staff- Melissa Stanley and Jessica Manfresca, DCF Child Welfare representatives Tina Cain/Operations Manager Circuit 1 Northwest Region and Zandra Odum/Project Consultant Office of Child Welfare, CBC representative Jess Sternthal-Eckerd Community Alternatives Pinellas/Pasco, and DCF Managing Entity Monitoring Unit Staff-Sabrina Brown.

SECTION 3: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community KFF 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 as Appendix B. KFF serves the childen and families in Clay County representing the 4th Judicial Circuit in the Northeast Region. The table below provides key US Census Facts for this county as compared to the statewide percentages.

Based on the US Census Facts Clay County has a higher percent of the population with a high school diploma than the state. Although the county has a lower percent of the population with college degrees than the state as a whole, it has a higher median household income. This higher household income coincides with a poverty rate more than 5% lower than the statewide rate.

US Census Facts	Florida	Clay
Median Household Income	$48,900	$59,179
Percent of population living in poverty	14.7%	9.6%
Percent of population over 25 years old with a college degree	27.9%	23.9%
Percent of population over 25 years old with high school diploma	87.2%	90.8%

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 in Circuit 4-Clay County. Case management services are provided by KFF. Lutheran Services Florida, Inc. is the Managing Entity (ME) in Clay County and funds Clay Behavioral Health Center (CBHC) to provide behavioral health services to children and families in the community. KFF's CEO also serves as the CEO of CBHC. There is no foster parent association currently operating in Clay County. In the past, a support group was available to all foster parents and relative caregivers, but the individual who managed it had to stop and no one else was available to take over the group responsibilities.

CHILD FATALITIES

BIRTH AND INFANT MORTALITY RATES

Over the past five years, Clay County has had very little variation in both birth and infant mortality rates. While the birth rate topped at 11 per 1,000 population in 2015, this is only a .4 difference from the lowest number in the last five years. The infant mortality rate peaked at 6.2 in 2014, and has decreased to 5.4 in 2016, under the statewide rate of 6.1.

	Birth Rate per 1,000 Population - Statewide Rate 11.1					Infant Mortality Per 1,000 Population - Statewide Rate: 6.1				
County	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Clay	10.8	10.8	10.5	11.0	10.7	5.3	4.8	6.2	4.9	5.4

Table 2. Source: flhealthcharts.com

CHILD FATALITY INVESTIGATIONS

Since 2009, Clay County has had a total of 49 child fatality investigations. Of those 49 fatalities, seven had previous or current case management services at the time of the death. Since the inception of the Critical Incident Rapid Response Teams in 2014, there have been no teams deployed to Clay County.

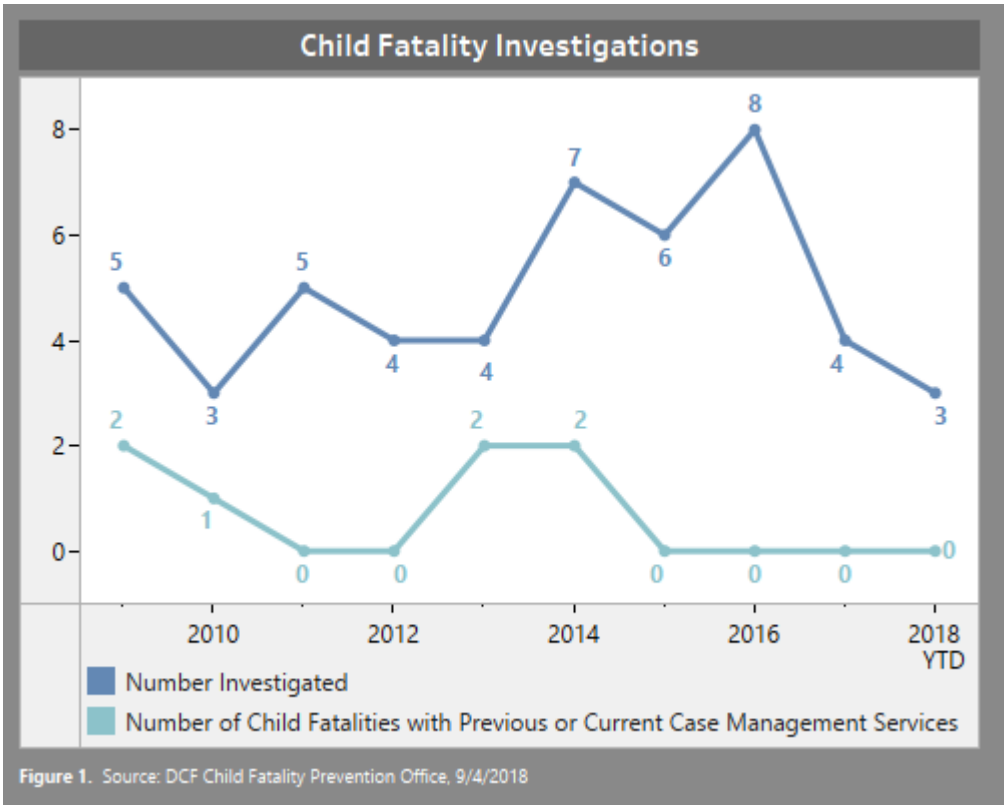


Figure 1. Source: DCF Child Fatality Prevention Office, 9/4/2018

SECTION 4: AGENCY SUMMARY

Kids First of Florida, Inc. was originally named Clay & Baker Kids Net upon implementation of community-based care in 2003. After redistricting in 2008, Kids First of Florida, Inc. was awarded the contract from the Department to be the lead child welfare agency for Clay County located within the Fourth Judicial Circuit. Kids First of Florida, Inc. provides prevention, case management, placement and adoption services, as well as post adoption supportive and independent living services. Kids First of Florida, Inc. is accredited through the Council on Accreditation (COA) for the areas of Adoption Services, Case Management Services, Family Foster Care and, Kinship Care, and Youth Independent Living Services through October 31, 2022.

KFF subcontracts with Family Support Services of North Florida to provide pre-service training.

NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

The number of reports accepted for investigation by the Department has decreased each fiscal year since FY15/16, however the number of children entering out-of-home care has fluctuated. The number of children receiving in-home services has steadily decreased, while the number of children receiving out-of-home services decreased between FY15/16 and FY16/17 but increased significantly from FY 16/17 to FY 17/18. The number of children receiving family support services in FY17/18 increased, while the number of young adults receiving services slightly decreased. (See Table 3)

Service Area Data

		FY 2015/ 2016	FY 2016/ 2017	FY 2017/ 2018
Child Protective Investigations and Child Removals (Clay County)	Reports accepted for Investigation by DCF (Initial & Additional Reports)	2,403	2,372	2,328
	Children Entering Out-of-Home Care	181	156	175
Children Served by Kids First of Florida	Children Receiving In-Home Services	438	381	311
	Children Receiving Out of Home Care	396	390	435
	Young Adults Receiving Services	31	38	35
	Children Receiving Family Support Services	154	153	206

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

FINANCIAL VIABILITY SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures, based on the DCF 2017-18 CBC-ME Financial Monitoring Tool for On-Site Reviews, of Kids First of Florida, Inc. The on-site review period was for the period of July 1, 2017- March 31, 2018 One finding was identified pertaining to noncompliance with Federal/State Regulatory Requirements which was addressed during the on-site visits. There were no observations made. Technical Assistance was provided for three items in the areas of cash management and revenue recognition, and procurement. Kids First has seen a 1.5 million increase in their initial appropriation over the past five years and has remained within the allocated budget and have maintained a carry forward balance of over two million dollars each year.

For further details, please see the complete fiscal report – 2017-18 CBC On-Site Review Financial Monitoring Report Kids First of Florida, Inc. 7.1.17-3.31.18.

Comparison of Funding by Fiscal Year Kids First of Florida						
DCF Contract Funds Available (by Fiscal Year)	**FY13-14**	**FY14-15**	**FY15-16**	**FY16-17**	**FY17-18**	**FY18-19**
Core Services Funding	$5,731,581	$5,760,494	$5,922,019	$6,423,068	$6,612,645	$6,628,898
Other**	$1,705,994	$1,799,400	$2,011,165	$2,320,024	$2,517,530	$2,673,129
Total Initial Appropriation	**$7,437,575**	**$7,559,894**	**$7,933,184**	**$8,743,092**	**$9,130,175**	**$9,302,027**
Risk Pool Allocation						
CBC Operational Costs from Back of the Bill						
MAS from Back of the Bill			$36,120			
Carry Fwd Balance from Previous Years	$2,385,626	$2,493,644	$2,875,755	$2,290,386	$2,211,230	$2,322,249
Total Funds Available	**$9,823,201**	**$10,053,538**	**$10,845,059**	**$11,033,478**	**$11,341,405**	**$11,624,276**
** 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 Kids First of Florida, Inc.'s performance as captured by data indicators that are used to assess how well KFF 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 five of the Florida CQI reviews conducted by Kids First of Florida during the first quarter of FY 2018 – 2019. While the second level review did not identify concerns with inter-rater reliability, all of the cases were returned for additional information to support the ratings ensuring consistency with the item instructions per the CFSR instrument. Kids First of Florida tends to be a strict rating agency and scores improved with second level oversight.

The total responses rated a strength have been fluctuating with a steady decline until the last two quarters. Compared to the state and the average Florida CQI and PIP scores, Kids First of Florida's overall performance is more than one standard deviation below the statewide average. Agencies that perform below the statewide average tend to more closely follow the instructions on the CFSR guidelines.

CONTRACT AND CBC SCORECARD MEASURES

During FY 2017/2018, KFF has met or exceeded their established contract target in 11 of the thirteen 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
- M07: % of children who do not re-enter care w/in 12 months of moving to a permanent home
- 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

With the exception of M01, M03, and M07 these measures were successfully met in FY16/17 as well. (See Table 5)

In the remaining two measures, KFF 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
- M10: % of children in out-of-home care who received dental services within the last seven months

These measures were not successfully met in FY16/17. (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)	Kids First of Florida July 1, 2016-June 30, 2017	Kids First of Florida July 1, 2017-June 30, 2018
1	Rate of abuse or neglect per day while in foster care	<8.5	<8.5	9.45	10.77	5.57
2	Percent of children who are not neglected or abused during in-home services	>95%		97.20%	96.2%	97.6%
3	Percent of children who are not neglected or abused after receiving services	>95%		96.10%	92.5%	97.6%
4	Percentage of children under supervision who are seen every thirty (30) days	>99.5%		99.70%	99.9%	99.7%
5	Percent of children exiting foster care to a permanent home within twelve (12) months of entering care	>40.5%	>40.5% (12%-64%)	39.70%	32.9%	16.2%
6	Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months	>44%	>43.6% (25%-66%)	53.40%	59.9%	65.4%
7	Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home	>91.7%	>91.7% (83%-98%)	89.60%	90.0%	92.4%
8	Children's placement moves per 1,000 days in foster care	<4.12	<4.12 (2.7 - 9.8)	4.45	1.64	2.93
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months.	>95%		97.50%	97.8%	97.2%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months.	>95%		92.40%	94.3%	91.2%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education	>80%		89.00%	100.0%	96.8%
12	Percent of sibling groups where all siblings are placed together	>65%		63.70%	66.1%	71.7%
	Number of children with finalized adoptions (DCF Dashboard run date 8/14/2018)	FY 2016/17: 42 FY 2017/18: 55			43.00	75.00

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

CHILD SAFETY

The figures and tables on the following pages depict KFF'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, KFF has shown improved performance on safety related quantitative measures between FY 16/17 and 17/18. While there is overall improvement, KFF is trending negatively on one scorecard measure related to recurrence of maltreatment. While there has been overall improvement performance on safety related scorecard measures, there has been a notable decrease in performance in safety related quality measures.

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.

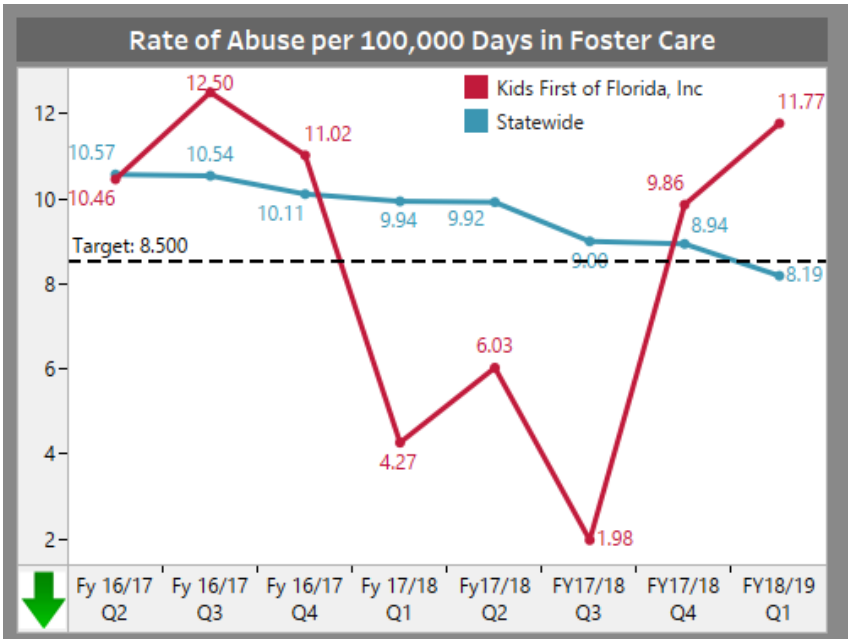


Figure 2. Source: CBC Scorecard, M01

The rate of abuse has increased overall the last eight quarters from 10.46 (FY16/17, Q2) to 11.77 (FY 18/19, Q1), KFF saw significant improvement in performance for FY 17/18, including meeting the target for this measure. However, performance in the last two quarters is trending negatively, despite overall improvement in performance statewide.

The CQI case review indicator linked to child safety (CQI Item 3, making concerted efforts to address risk and safety) showed a 33.2% decline in FY 17/18 and remains below statewide performance, PIP goal, and federal and state expectations. (See Table 7)

NO MALTREATMENT AFTER FAMILY SUPPORT SERVICES

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

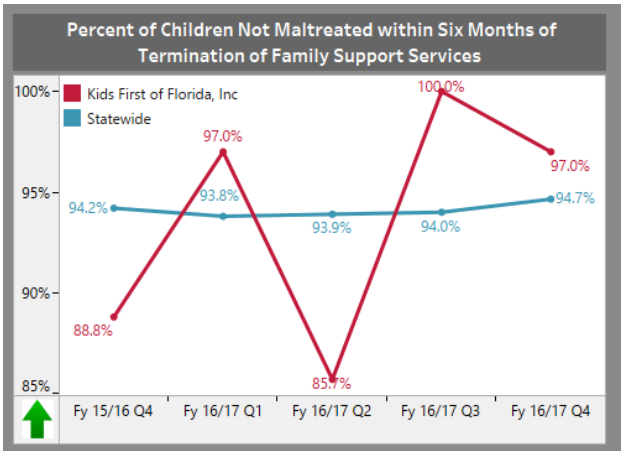


Figure 3. Source: FSFN-Children with no verified maltreatment within six months of Termination of Family Support Services

KFF performance has fluctuated however they were above statewide performance in three of the previous five quarters. KFF's service array rating for Family Support Services is currently a "2" indicating these services are in accordance with the service array framework definitions.

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.

KFF's performance in this measure has stayed above the target in the last eight quarters and above the statewide performance in three of the eight quarters.

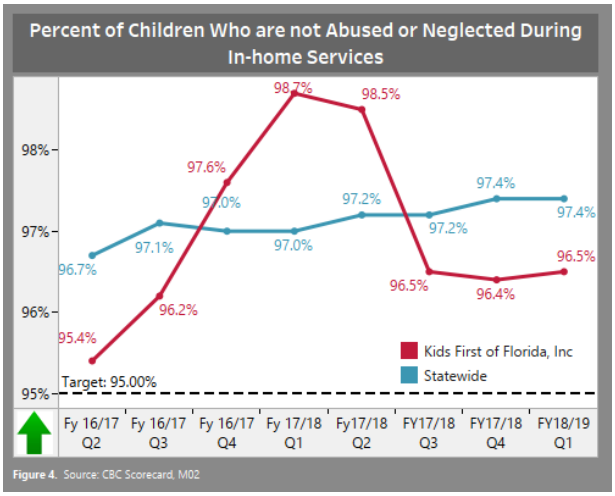


Figure 4. Source: CBC Scorecard, M02

Rapid Safety Feedback (RSF) data revealed that KFF scored below statewide performance and showed a decrease in performance during FY17/18 in RSF 1.1 (ensuring the family assessments are sufficient) and RSF 2.1 (quality of visits are sufficient to address safety concerns and evaluate case plan progress). While KFF also performed below the statewide performance in RSF 4.1 (ensuring safety plans are sufficient), they showed a 4.6% improvement during FY17/18. (See Table 6)

KFF's performance on CQI Item 3 (making concerted efforts to address risk and safety), is below the statewide average, the PIP goal, and the federal and state expectation. KFF has shown a negative downward trend in performance on CQI Item 3, decreasing by 33.2% from the previous year, indicating staff need improvement in making concerted efforts to assess and address risk and safety concerns for

children while in their homes or in foster care. In the past year, KFF's performance of 20.8% is well below the PIP goal of 77.7%. (See Table 7)

CHILDREN WHO ARE NOT NEGLECTED/ABUSED AFTER RECEIVING SERVICES

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

KFFs performance has fluctuated over the last eight quarters. KFF has exceeded the target in five of the previous eight quarters and performed above the statewide performance in three quarters over the same period.

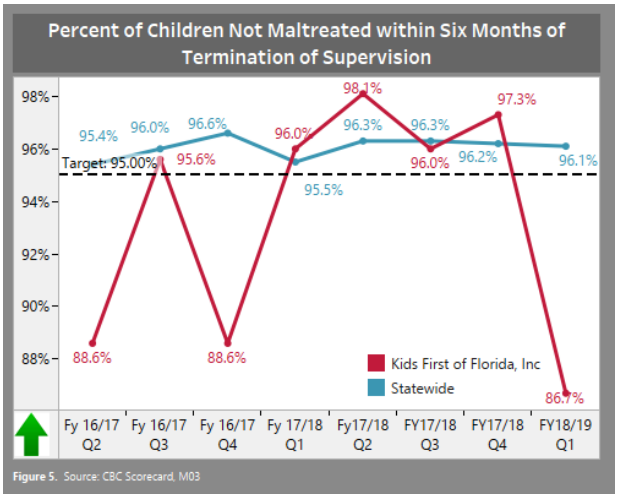


Figure 5. Source: CBC Scorecard, M03

KFF's performance of 62.5% in 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) is below the statewide performance and state and federal expectations. KFF's performance decreased 37.5% from the previous year. (See Table 7)

CHILDREN SEEN EVERY 30 DAYS

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

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

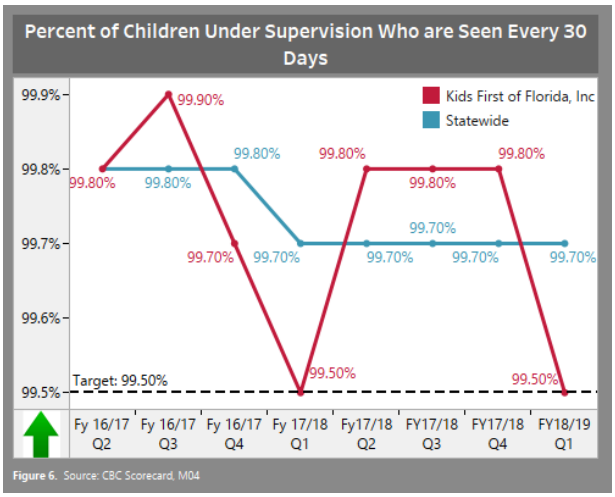


Figure 6. Source: CBC Scorecard, M04

While KFF is performing well on this scorecard measure, quality assurance data indicates there is room for improvement in the quality of the contacts. Data from RSF 2.1 (quality of visits are sufficient to address safety concerns and evaluate case plan progress) indicated KFF decreased their performance from the previous year by 5.9% and scored below the statewide performance. (See Table 6) CQI Item 14 (frequency and quality of visits between the case manager and the child) data indicates that KFF scored below the statewide average, the PIP goal, and the state and federal expectation; however, showed an 8.5% increase from the previous year. (See Table 10)

QA CASE REVIEW DATA

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

Overall, KFF has seen a decrease in quality on safety related measures with the exception of RSF 1.1 which slightly increased during FY17/18 indicating a sufficient assessment was completed in 32.4% of sampled cases. (See Table 6) Most notably was the decrease in performance in CQI Items 2 and 3 which evaluate efforts to prevent re-entry and efforts to assess and address safety concerns. Specifically, CQI Item 3 results show 79.2% of the sampled cases did not show concerted efforts were made to assess and address the risk and safety concerns relating to children in their own home or in foster care. (See Table 7)

Rapid Safety Feedback - Safety

Quality Assurance - Rapid Safety Feedback Item	Kids First of Florida Rapid Safety Feedback FY 2016/2017 n=36	Kids First of Florida Rapid Safety Feedback FY 2017/2018 n=31	Statewide RSF Performance FY 2017/2018 n=793
RSF 1.1: Is the most recent family assessment sufficient?	27.8%	32.4%	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?	50.0%	44.1%	60.1%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	34.3%	29.4%	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

CQI Safety							
Quality Assurance - Florida CQI Item Assessement Based on Case Reviews by Child Welfare Professionals	**Kids First of Florida FY 2016/2017 n=28**	**Kids First of Florida FY 2017/2018 n=24**	**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?	100.0%	62.5%	-37.5%	90.9%	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?	54.0%	20.8%	-33.2%	89.8%	71.3%	95.0%	77.7%

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

PERMANENCY

The graphs and tables on the following pages depict KFF'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, KFF has shown improved performance on permanency related quantitative measures between FY 16/17 and 17/18. While there is overall improvement, KFF is trending negatively on three scorecard measures related to timely permanency and placement stability. While there has been overall improvement performance on permanency related scorecard measures, there has been a decrease in performance in permanency related quality measures.

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.

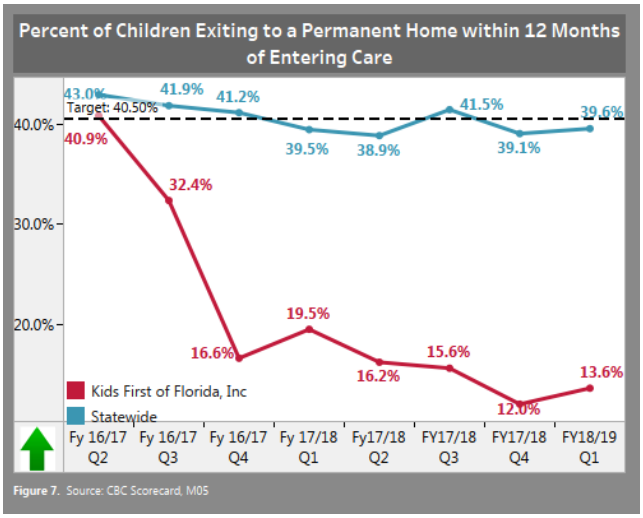


Figure 7. Source: CBC Scorecard, M05

KFF has performed significantly below the target and statewide performance in seven of the previous eight quarters. Performance has shown a downward trend since FY16/17, Q2. KFF is currently under a Corrective Action Plan (CAP) to address performance on this measure.

Quality data results from CQI Item 5 (establishing permanency goals in a timely manner) show that KFF performed below the statewide performance, the PIP goal, and the federal and state expectations; and performance decreased by 3.4% from the previous year. Additionally, results from CQI Item 6 (making concerted efforts to achieve permanency) show that KFF has performed below the statewide performance, the federal and state expectations, and the PIP goal. KFF showed a 28.1% decrease in this area during FY 17/18 indicating there is room for improvement in this area. (See Table 9)

PERMANENCY IN 12 – 23 MONTHS

Percent of children exiting foster care to a permanent home in twelve months for children in foster care twelve to twenty-three months (Scorecard Measure M06): This graph provides the percentage of children in foster care whose length of stay is between twelve and twenty-three months as of the beginning of the report period who achieved permanency within twelve months of the beginning of the report period.

KFF consistently performed above the target for the past eight quarters and above the statewide performance in seven of of those quarters.

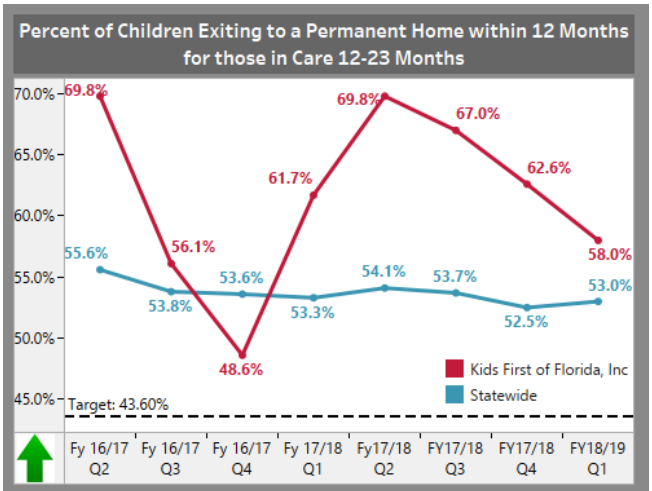
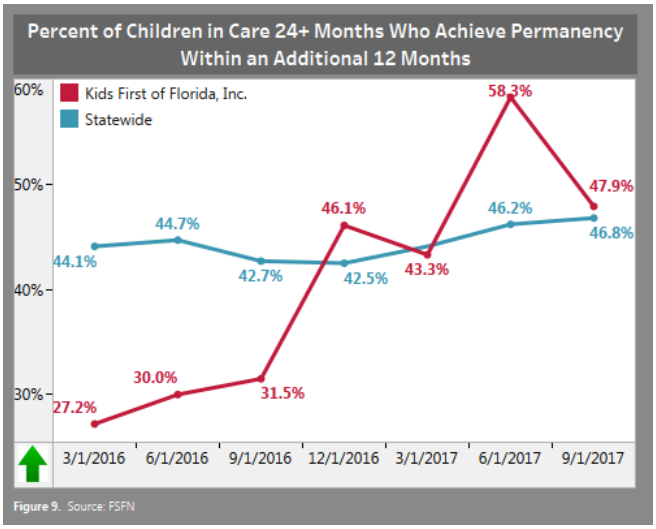


Figure 8. Source: CBC Scorecard, M06

PERMANENCY AFTER 24 MONTHS

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

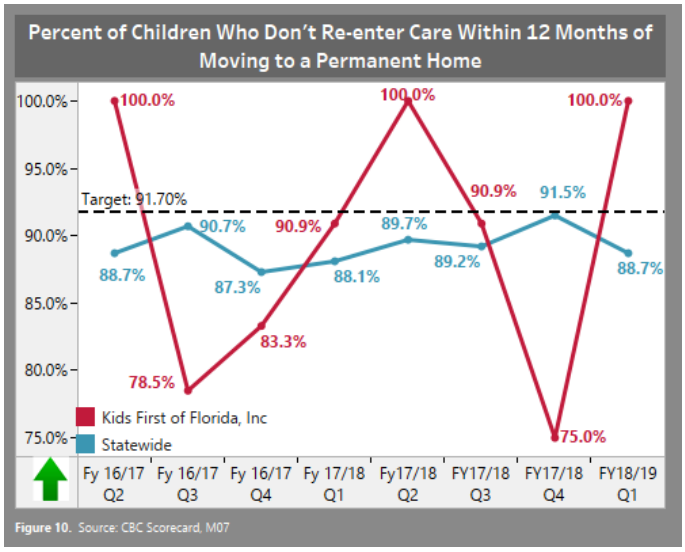
KFF has shown a positive trend in this area for the previous seven quarters and performed above the statewide average in three of the eight quarters.



PERCENT NOT RE-ENTERING INTO CARE

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

KFF's performance has fluctuated but has met the target in three of the past eight quarters. Due to the small number of children served by KFF and subsequently exiting each quarter, this measure will significantly fluctuate based on any re-entry.



CQI Item 2 indicates that the agency made concerted efforts to provide services to the family to prevent entry or re-entry in 62.5% of the cases sampled, a 37.5% decrease from the prior fiscal year. Performance is erratic and may require further analysis to address maintaining performance above the target of 91.7%. (See Table 7) Due to the small number of children served by KFF and subsequently exiting each quarter, this measure will significantly fluctuate based on any re-entry.

PLACEMENT STABILITY

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

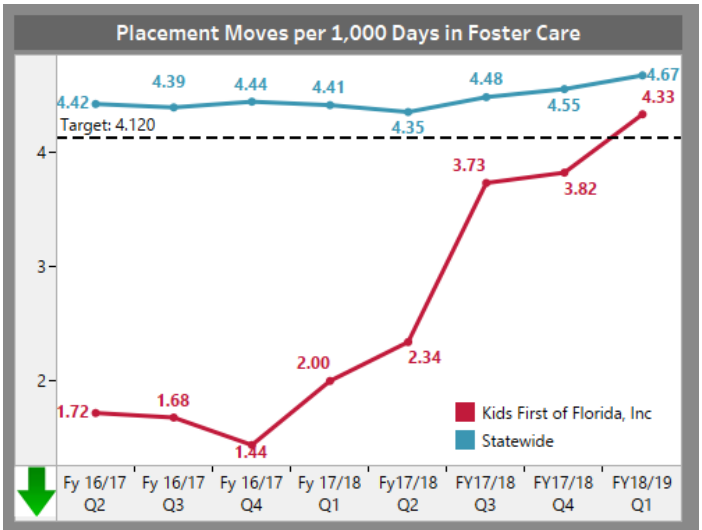


Figure 11. Source: CBC Scorecard, M08

KFF's performance in this measure has trended negatively over the past six quarters; however, their performance has exceeded the target in seven of the past eight quarters and the statewide rate in all of the eight past quarters.

Qualitative case reviews indicate that although KFF's performance declined 7.1% during FY17/18 on CQI Item 4 (ensuring stable placement and that any moves are in the best interest of the child), they exceeded 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.

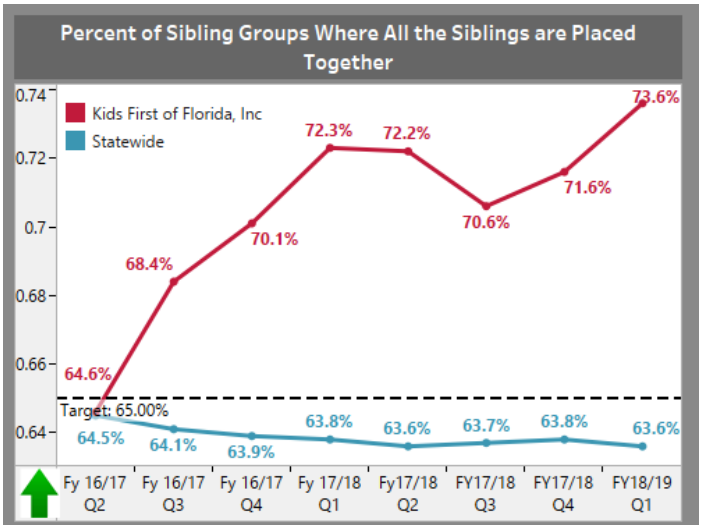


Figure 12. Source: CBC Scorecard, M12

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 KFF showed a decrease of 9.3% in FY 17/18 and scored below the statewide performance and the state and federal expectation. (See Table 9)

QA CASE REVIEW DATA

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

Overall, KFF has seen a decrease in quality on permanency related measures despite improvement in three measures during FY 17/18. RSF reviews show that during FY 17/18 improvement was made in RSF 2.3 showing KFF case managers were completing visits of sufficient quality to address issues pertaining to safety and evaluate progress with mothers in 79.4% of sampled cases. CQI performance showed notable declines during FY 17/18 in Items 6, 8 and 11; measures that evaluate concerted efforts to achieve permanent living arrangement and promote relationships between the child and their parents and siblings. The largest decrease occurred in CQI Item 8 showing that, in 85.7% of sampled cases, the agency did not make concerted efforts to ensure visitation between the child in foster care and their parent(s) and siblings was of sufficient frequency and quality to promote continuity.

Rapid Safety Feedback - Permanency

Quality Assurance - Rapid Safety Feedback Item	Kids First of Florida Rapid Safety Feedback FY 2016/2017 n=36	Kids First of Florida Rapid Safety Feedback FY 2017/2018 n=31	Statewide RSF Performance FY 2017/2018 n=793
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?	50.0%	44.1%	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?	57.1%	79.4%	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?	48.0%	40.9%	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

CQI Permanency							
Quality Assurance - Florida CQI Item Assessement Based on Case Reviews by Child Welfare Professionals	Kids First of Florida FY 2016/2017 n=28	Kids First of Florida FY 2017/2018 n=24	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)?	100.0%	92.9%	-7.1%	81.6%	82.0%	95.0%	88.5%
CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?	82.0%	78.6%	-3.4%	83.0%	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?	71.0%	42.9%	-28.1%	72.5%	74.5%	95.0%	75.4%
CQI Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?	82.0%	72.7%	-9.3%	83.8%	67.3%	95.0%	
CQI Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child's relationships and with these close family members?	67.0%	14.3%	-52.7%	62.9%	69.0%	95.0%	
CQI Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community faith, extended family, Tribe, school and friends?	82.0%	92.9%	10.9%	75.1%	82.0%	95.0%	
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	65.0%	71.4%	6.4%	80.9%	72.0%	95.0%	
CQI Item 11: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging visitation?	64.0%	38.5%	-25.5%	54.6%	60.0%	95.0%	

A green dot denotes performance is above the federal PIP goal; a red dot denotes performance is below the federal PIP goal. Green font in the "Percent Improvement" column denotes positive improvement; red font denotes a negative change. PIP monitored cases are included in the sample.

Table 9. Source: QA Rapid Safety Feedback; Federal Online Monitoring System

WELL-BEING

The graphs and tables on the following pages depict KFF '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, KFF has shown a decline in performance on well-being related quantitative measures between FY 16/17 and 17/18. While there was a slight decline overall, only one performance measure is trending negatively related to dental services. While there has been a minimal decline in performance on well-being related scorecard measures, there has been a notable decrease in performance in well-being related quality measures.

CHILDREN RECEIVING MEDICAL CARE

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

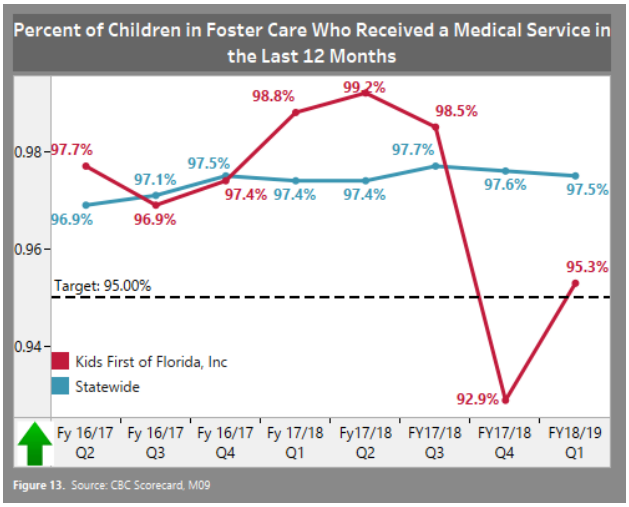


Figure 13. Source: CBC Scorecard, M09

KFF has consistently performed above the target in seven of the previous eight quarters, and in four of the eight quarters they performed above the statewide performance.

KFF scored below the statewide performance and the federal and state expectations in CQI Item 17 (ensuring the agency addresses the physical health needs of children, including dental needs). Performance decreased 31.8% between FY16/17 and FY17/18 indicating a need for improvement in this area. (See Table 10)

CHILDREN RECEIVING DENTAL CARE

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

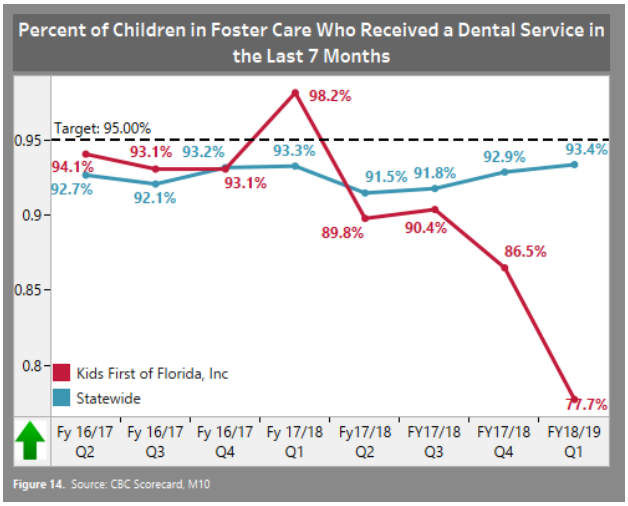


Figure 14. Source: CBC Scorecard, M10

KFF scored above the target in one of the previous eight quarters and scored above the statewide performance in three of the eight quarters. This measure has trended negatively since FY17/18, Q1.

KFF scored below the statewide performance and the federal and state expectations in CQI Item 17 (ensuring the agency addresses the physical health needs of children, including dental needs). Performance decreased 31.8% between FY16/17 and FY17/18 indicating a need for improvement in this area. (See Table 10)

YOUNG ADULTS ENROLLED IN SECONDARY EDUCATION

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

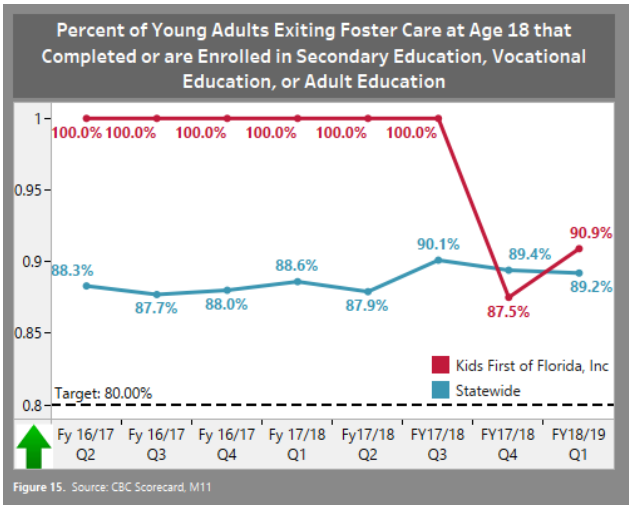


Figure 15. Source: CBC Scorecard, M11

KFF's performance has been consistently above the target for the previous eight quarters and above the statewide performance for seven of the eight previous quarters. Performance declined between the FY17/18, Q3 and FY17/18, Q4 quarters. Due to the small number of children served by KFF and included in this measure, results will significantly fluctuate based on any youth not enrolled in secondary education.

Quality data shows that while KFF 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), they are still below the state and federal expectations and their performance declined by .7% between FY16/17 and FY17/18. (See Table 10)

QA CASE REVIEW DATA

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

Florida CQI reviews show a need for improvement in most quality measures related to well-being. Significant improvement was seen in CQI Item 12C, which shows 78.6% of sampled cases demonstrated concerted efforts were made to assess the needs of and provide the necessary services to foster parents to achieve case goals. Contrastly, performance on CQI Item 12B decreased during FY 17/18, showing 83.3% of sampled cases did not demonstrate concerted efforts were made to assess the needs of and provide the necessary services to parents to achieve case goals. While KFF's scores exceeded the PIP goal in two of the five applicable measures, performance in the remaining three PIP measured items were well below the goal. (See Table 10, CQI Items 12B, 13 and 14) Additional CQI results show a need for performance improvement in measures which evaluate efforts to include parents and children in case planning activities, ensure the frequency and quality of visits is sufficient to address risk and safety issues, and address physical, dental, mental and behavioral health needs of children. (See Table 10, CQI Items 13, 14, 15, 17 and 18.)

CQI Well-Being							
Quality Assurance - Florida CQI Item Assessement Based on Case Reviews by Child Welfare Professionals	**Kids First of Florida FY 2016/2017 n=28**	**Kids First of Florida FY 2017/2018 n=24**	**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?	75.0%	66.7%	-8.3%	86.4%	51.3%	95.0%	58.4%
CQI Item 12B Did the agency make concerted efforts to assess the needs of and provide services to parents to identify the services necessary to achiever case goals and adequately address the issues relevant to the agency's involvement with the family?	30.0%	16.7%	-13.3%	64.0%	51.3%	95.0%	58.4%
CQI Item 12C Did the agency make concerted efforts to assess the needs of and provide services to foster parents to identify the services necessary to achiever case goals and adequately address the issues relevant to the agency's involvement with the family?	53.0%	78.6%	25.6%	88.3%	51.3%	95.0%	58.4%
CQI Item 13 Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	54.0%	29.7%	-24.3%	60.5%	63.6%	95.0%	70.7%
CQI Item 14: Were the frequency and quality of visits between caseworkers and the child (ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?	29.0%	37.5%	8.5%	62.5%	72.5%	95.0%	78.9%
CQI Item 15 Were the frequency and quality of the visits between the case workers and mothers and fathers sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals?	39.0%	16.7%	-22.3%	38.7%	43.5%	95.0%	
CQI Item 16: Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?	93.0%	92.3%	-0.7%	80.3%	92.0%	95.0%	
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	88.0%	56.3%	-31.8%	76.8%	85.0%	95.0%	
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	88.0%	60.0%	-28.0%	69.3%	72.0%	95.0%	

A green dot denotes performance is above the federal PIP goal; a red dot denotes performance is below the federal PIP goal. Green font in the "Percent Improvement" column denotes positive improvement; red font denotes a negative change. PIP monitored cases are included in the sample.

Table 10. Source: QA Rapid Safety Feedback; Federal Online Monitoring System

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.

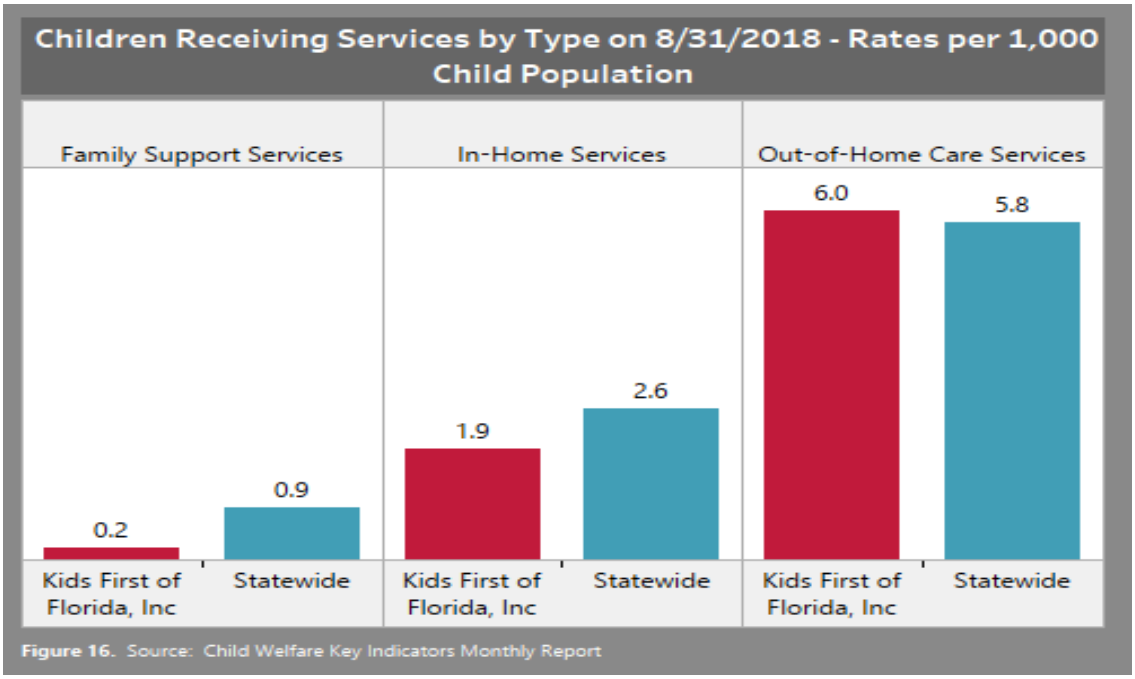


Figure 16. Source: Child Welfare Key Indicators Monthly Report

Family Support Services- KFF currently has a rating of "2" for Family Support Services based on documentation submitted to the Office of Child Welfare. KFF provides Family Support Services through their internal case management team. Family Support Service (FSS) referrals are received from CPIs once the FFA has been completed on all cases with high or very high-risk level, where children are determined safe from impending danger. Case coordination commences with a staffing with the CPI and the assigned certified case manager. A joint visit occurs, and the case is fully accepted for FSS oversight through KFF. Case managers provide traditional case management activities such as transportation, flex funds, and referrals to needed services. Assessments may be conducted by a service provider, or case managers utilize the FFA-Initial. Some service providers report that the assessments are evidence based and KFF reports that they have trained CBHC staff on the Protective Factors framework. Case managers primarily refer cases to CBHC's Family Preservation program which provides intensive in-home therapy and parenting or to CBHC's FIS program which provides services to families identified with substance abuse issues. Other community service providers include Children's Home Society (parenting), Community Behavioral Health (private behavioral health services), and Duval County service providers.

Case managers complete weekly home visits for the first thirty days and then decreases frequency after staffing the case to determine on-going needs. Cases are open 60 to 90 days but may be open longer if necessary. Case information is shared with the FSS case manager and documented in the FSS module in FSFN. A "close the loop" staffing occurs with the referring CPI and KFF if a family is unable to be engaged in services. A closure staffing is held with the referring investigator and any service providers. A staffing form is completed which contains information on case progress and is provided to the referral source.

KFF has partnerships with domestic violence and substance abuse providers where the FSS referrals receive priority on any waitlists. Despite the prioritization, participants in focus groups and surveys reported that there are often long waitlists for treatment services. Other barriers to services include clients residing in remote locations causing difficulty in service engagement, lack of transportation, and lack of inpatient detox and treatment.

KFF currently employs ten case managers that manage up to ten cases (25 children) of mixed types- FSS, non-judicial, and judicial. KFF uses an internal log to track types of cases referred, due dates and timeframes for the case, closure dates and reasons, referral sources and recidivism rates. Further development of this informal tracking system may assist with continued program development.

Safety Management Services- KFF has a rating of "3" for Safety Management Services. In May 2018 KFF resubmitted their SMS assessment to OCW and received an increased rating from "2" to "3". The SMS service description states: KFF has a Safety Management Coordinator whose primary role is to assist the CPI when the CPI identifies the danger threat and assesses the need for safety management. The response time for Safety management assistance and joint visit with the CPI will occur no later than 24 hours after the request. The Safety Management Coordinator participates in development of the safety plan with the CPI, family, and safety monitors, and is responsible for monitoring of the safety plan ongoing. The Safety Management Coordinator's responsibilities include:

- Monitoring the danger threat identified in the safety plan through no less than weekly contact with all participants on the safety plan to include the parents to ensure the safety actions are and implemented are appropriate and effective.
- Analyzing the Safety Analysis questions at each home visit to determine the level of intrusiveness required to manage the danger threat and need for modification to ensure appropriateness of the safety plan.
- Being the designated friendly visitor working in cooperation with the case manager.
- Maintaining contact with informal supports participating in safety plan actions.
- Partnering with evidenced-based parenting providers to assist in assessing the parenting needs of the parent or informal safety monitor of children with special needs or behavioral issues that make them vulnerable to the danger threat.

During on-site monitoring, it was reported that there have not been consistent formal safety management services or a Safety Management Coordinator available since late 2017 and no formal safety management services available from May through November 2018. While KFF is in the process of re-implementing safety management services, the current service array rating does not accurately reflect KFF's safety management services.

ANALYSIS

Defined safety management services are lacking in Clay County. KFF is in the process of re-implementing formal safety management services, however the current SMS rating does not reflect what is available and greater efforts to identify and secure safety management services is warranted. Family Support Services are available through KFF case managers. Participants from several focus groups reported difficulty in accessing treatment services timely and difficulty receiving feedback from service providers. CPIs noted that the lack of appropriate and timely treatment services often leads to recidivism and child removal, especially in non-judicial cases. Surveys show CPIs' positive responses to safety management services providing support to manage safety plans during the investigation is low at 15.8%.

SECTION 7: LEADERSHIP AND GOVERNANCE

SUMMARY

This category focuses on alignment of KFF '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.

Kids First of Florida, Inc. was originally named Clay & Baker Kids Net upon implementation of community-based care in 2003. After redistricting in 2008, Kids First of Florida, Inc. was awarded the contract from the Department to be the lead child welfare agency for Clay County, located within the Fourth Judicial Circuit. KFF and its partner agency, Clay Behavioral Health Center (CBHC) are managed by The Institute for Growth and Development (IGD) under the direction of one Chief Executive Officer (CEO). IGD provides the following: executive officer services, information technology, community outreach, accounting and human resources.

Mission/Vision/Values

KFF's mission and vision "To ensure the safety of children through a holistic approach designed to support the health and well-being of families in order to build a healthier community one family at a time" is aligned with the Department's. This philosophy was echoed throughout on-site interviews and focus groups. KFF's values were not demonstrated as clearly as the mission and vision. While one of KFF values is "setting the standard of continuous improvement of child welfare services through the use of self-evaluating the system and use of data to drive decision-making", it is not consistently integrated in the quality improvement process.

Resource Management

Resources are managed through fixed rate and cost reimbursement contracts. IGD hosts an annual fundraising dinner to raise funds to enhance on-going programming and finance tangible items needed to assist the families they serve. Community businesses also donate tangible items throughout the year. KFF's Chief Financial Officer (CFO) is well versed in programmatic operations, creating a fiduciary which balances fiscal responsibility with service delivery needs. This ability, a strength within the organization, can create opportunities for KFF staff to explore enhanced and innovative ways to overcome deficiencies.

Evaluation of CBC Leadership

The CEO is evaluated on her performance for both KFF and CBHC by the governing board of IGD every other year. The KFF Board of Directors (BOD) provides input regarding goal progress, budgetary performance, and performance measures. There are no formalized methods for community partners to provide input on the CEO's evaluation.

Risk Management

The BOD focuses heavily on risk management, both fiscal and legal. The BOD is informed by the CEO immediately of any events that may create risk for the agency and they receive financial information during their regularly scheduled meetings. Additionally, the BOD reviews trends in complaints and incident reports and may request additional information or follow-up activities.

Board Activities

The KFF BOD has five members but is currently functioning with only four members due to a temporary leave of absence of one member. Two members also serve on the IGD BOD. The current Board Members have heavy backgrounds in finance, law, IT and risk management. Although one board member has experience as a foster parent, overall membership lacks diversity in experience and expertise in the child welfare system of care. The BOD meets every other month and reviews finances, scorecard performance, current issues and legislative changes, and by-laws. Recruitment for board membership is done through an individual's interest in serving and reaching out to KFF or through referral from other members.

Leadership Development

KFF has formal succession plans for use in the event an executive position becomes vacant. Over the most recent two years, several tenured staff retired or resigned creating opportunities for staff promotion and opportunities for new staff to join the agency. These departures left a large gap in historic and institutional knowledge leaving some procedural and practical functions to be learned and, in some cases, re-developed by new staff. There is no clear formal or informal plan or activities in place to foster leadership development within the agency.

ANALYSIS

KFF's mission, vision and values are aligned with the Department's and this is messaged and practiced throughout all staff in the agency. The Board of Directors takes an active role in ensuring leadership responds to needs associated with performance measures and is provided with data related to incidents and risk. Opportunities exist for the BOD to formally evaluate KFF's leadership and collaboration with community partners within the system of care. Recent staff transitions have highlighted the need to build more institutional knowledge and depth across the agency.

SECTION 8: WORKFORCE MANAGEMENT

SUMMARY

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

Workforce Capacity:

KFF provides case management in-house, overseeing six case management units: two non-judicial, one adoption, and three judicial. Units are staffed with one case manager supervisor and up to six case managers. Two units also have a senior case manager. KFF aims to keep caseloads below twelve cases (families) in judicial units and below eight cases in non-judicial units; the number of children on a caseload is considered secondary. At the time of the on-site review non-judicial case managers were also carrying judicial cases, and caseloads ranged from four (protected caseload) cases up to thirteen cases, resulting in most case managers having less than twenty children on their caseload. Additionally, four supervisors were carrying partial caseloads (1 to 8 cases each). As of September 2018, KFF's current rolling turnover rates was 36.9%, according to information posted on their website. Turnover has been as high as 47% in the past year. In order to help mitigate the significant workload impact a small agency endures when turnover occurs, KFF has implemented the strategy of over hiring and continuously posts employment ads for case managers.

Retention Activities:

KFF's focus on creating a culture that promotes and encourages work/life balance is central in all retention activities. Leadership at all levels value and reinforce self-care techniques continuously through daily interactions. While on-site, staff consistently described executive leadership modeling and messaging healthy self-care behavior and, at times, even setting limits for staff to discourage behavior which negatively impacts healthy self-care habits. For example, the Chief Operating Officer will require

the placement specialist to relinquish on-call responsibilities periodically to allow him time to be "off", both physically and mentally. While staff reported receiving support from Executive Leadership, support from program directors was not as evident. Targeted retention efforts include birthday and work anniversary recognition, quarterly pot lucks, case manager of the month award and quarterly financial bonuses. Recently, KFF created two senior case management positions which included a salary increase with plans to expand this opportunity to each unit. While case managers and supervisors feel senior level positions is a good concept, there is confusion about the position responsibilities which differentiate them from case managers. Without any research conducted to support the need for the senior level staff, supervisors have had to improvise utilizing this position which has resulted in senior level staff functioning as an enhanced case manager working extra cases and being on-call rather than taking on leadership/mentoring responsibilities or assisting the supervisor with their tasks. Informal retention strategies include open communication and relationship building among staff.

Training:

KFF develops a yearly training plan that is inclusive of pre-service and in-service training. Specialized in-service training is offered not only to KFF staff, but also to foster parents and community partners. Upon completion, staff submit their training certificates to the finance department for tracking and reimbursement of Title IV-E funds. KFF utilizes internal staff and CBHC staff to provide most trainings, although training funds are available to meet any specialized training needs. KFF staff can also attend any trainings provided by Family Support Services of North Florida (FSSNF).

The training plan states training needs are assessed using contract oversight unit reports, CBC scorecard, quality assurance and improvement data, the federal CFSR reviews and feedback from staffings. Internal methods to evaluate the impact of specific trainings to determine if knowledge was transferred from the classroom to the field include monthly and quarterly QA performance measure reviews. While these evaluation methods provide some information on performance improvement, focused and timely feedback processes to ensure new skills are incorporated into daily practice are not consistently occurring. Recently, KFF's QA Supervisor implemented a strategy to include the Critical Child Safety Practice Supervisor (CCSPS) on all case reviews after recognizing an opportunity to further enhance the CCSPS's knowledge of strengths and weaknesses in frontline practices. FSSNF conducts evaluations on trainings they provide, and results are shared with KFF.

When new CFOP's are released, it is distributed to all staff by the COO, QA Department, or the Data and Policy Project Analyst. They are reviewed during staff meetings and integrated into internal QA review tools. Leadership attempts to ensure staff are aware of policy updates through various formats. For example, a fun quiz may be created, or an online training resource is shared to help staff understand the CFOP; a discussion may occur during staff meetings; and the changes are integrated into internal QA reviews. KFF staff also have the option to attend training on new CFOPs provided by FSSNF.

Pre-Service Training:

The Northeast Region began a new workgroup in July called the Regional Integrated Training Alliance (RITA) which is made up of regional DCF and CBC representatives. This collaboration supports co-training of investigators and case managers throughout preservice training, encourages staff to learn together and offers them a chance to observe each other's roles through the life of a case. KFF participates in this initiative. Throughout pre-service training, evaluations are conducted regularly by FSSNF, as part of RITA, and are shared with KFF.

KFF subcontracts with Family Support Services of North Florida (FSSNF) to provide pre-service training to their staff. FSSNF utilizes the most recent training curriculum and includes the most recent Case Management Specialty Track. Training lasts eight weeks and includes training days, lab days, field days, and field trips which are scheduled in advance and provided to KFF and posted on FSSNF website. Field trips are used to observe court hearings, visit the Child Protection Team office, and visit a domestic violence center. During on-site interviews, it was noted that the field trips were not useful to staff because they were held in Duval County; the FSSNF trainer responded by confirming that field trips will now occur in Clay County for KFF staff. Field days are structured to coincide with material being reviewed in class. Trainees shadow a senior case manager and are required to conduct specific activities such as home visiting, assessing, and safety planning. Senior case managers and supervisors sign off on daily logs and report back to the trainer any noted concerns. The labs are designed as interactive virtual reality sessions held with a computer-generated avatar which presents the trainee with various scenarios and responses. The avatar and the training coach provide real-time feedback to assist the trainee in improving their skills. Subject matter experts are utilized to provide overviews of their specialized areas such as domestic violence, substance abuse, CLS, prevention, kinship, DCF, and CTS coordination.

Upon completion of pre-service training, KFF applies for the trainee's provisional license and supervises the staff during the 12-month process of becoming fully licensed through the Florida Certification Board (FCB). KFF has a position titled Critical Child Safety Practice Supervisor (CCSPS) that ensures the FCB requirements are met during the specified timeframe and provides mentoring, modeling and hands-on training opportunities to ensure the trainee is well equipped to perform the day to day function of case management. The CCSPS also provides feedback to the supervisor and management as needed.

In-Service Training: Trainings are offered and advertised to KFF employees through a computerized training calendar, flyers and calendars posted throughout KFF, and via email. While it is the responsibility of each FSC and FSCS to ensure they are obtaining necessary in-service training hours, the KFF support services assistant maintains a record of in-service training hours completed and reports how many hours are still required. Most in-service trainings are provided by internal staff or by CBHC staff. Trainings provided this fiscal year (up to the on-site visit) were Assessing Caregiver Protective Capacity and Child Needs, Legislative Updates, Child Placement Agreements, and Adoption Competency.

Case Management Supervisor Development

While on-site, it was reported that KFF did not have formalized training for advancing into leadership or formal training requirements geared toward supervisory development. Recently, KFF incorporated, into FSSNF's contract, the ability to send supervisors to the Supervising for Excellence training program

provided by FSSNF. However, a lack of support and lack of workload coverage create barriers for staff to capitalize on this opportunity. During on site interviews, it was reported that KFF had sent a supervisor to the Supervising for Excellence training at FSSNF, but further discussion revealed that the staff member did not complete it because she was pulled out to manage a case issue. Senior case managers and the CCSPS assists supervisors in managing trainees. The CCSPS provides guidance and support to supervisors when needed. KFF reported they routinely apply for and receive grants through the Reinhold Foundation to allow their supervisory staff to attend the Non-Profit Leadership Development Training Program, offered by Rollins College, however, during the on-site visit KFF staff lacked awareness of this leadership training opportunity. KFF lacks formalized activities to continuously develop, support, and evaluate supervisor development.

ANALYSIS

At the time of the review, supervisors were managing caseloads similar in size as the case managers they supervise. KFF monitors caseload sizes and workforce needs. Pre-service training provided by FSSNF, as part of RITA, is comprehensive and interactive. KFF identified an opportunity to be more inclusive of Clay County judicial processes and community resources and FSSNF has agreed to incorporate those changes. Internal formalized methods to assess in-service training needs and evaluate training effectiveness are limited, creating uncertainty of whether staff are receiving proper and adequate instruction to improve specific skill sets. Formal training and support geared toward supervisory development and professional development opportunities are minimal. Retention activities and on-going support by KFF leadership are apparent and responsive to frontline staff.

SECTION 9: CONTINUOUS QUALITY IMPROVEMENT

SUMMARY

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

Data Quality

KFF's Quality Assurance (QA) Department has one supervisor, two coordinators and employs a Data and Policy Project Analyst to conduct quality assurance and improvement functions. The QA Supervisor and the Data and Policy Project Analyst utilize FSFN and Mindshare to assess FSFN data for accuracy and completeness. Although the FY 17/18 Quality and Risk Management Plan states that supervisors also use FSFN and Mindshare reports in addition to case file reviews to ensure FSFN data is accurate, on-site interviews and focus groups revealed that this is not routinely occurring. Additionally, frontline staff and supervisors indicated a desire to have the ability to generate reports and implement tracking systems through the use of a database. While Mindshare and FSFN are available to staff and have the capacity to meet this need, staff were uninformed of their capabilities and lacked the skills to utilize them effectively. At the time of the on-site review, expectations and training regarding the use of FSFN and Mindshare to ensure data quality were not evident.

The Data and Policy Project Analyst oversees performance and data quality related to scorecard measures. They prepare and send emails requesting data corrections weekly, monthly, and quarterly to case managers and supervisors. The Rev Max department reviews all child intake packets received from

CPIs for accuracy prior to entering all of the family information into FSFN. Any changes in placement or in a family's demographic information is submitted to Rev Max for review and editing in FSFN. Rev Max conducts training on the importance collecting accurate information during all staff meetings.

Data Analysis

The QA supervisor and coordinators complete comprehensive PIP, RSF, CQI, and discretionary (requested for specific purposes) case file reviews. Each quarter, the QA team reviews eight files for RSF, five for Florida CQI (one with interviews), one CFSR/CQI-PIP case (with interviews), and a random sample of open in-home non-judicial cases. Prior to the review the QA team conducts a pre-consultation with the case manager and case manager supervisor where they discuss the case, describe the QA process, and review the QA tool that will be used when reviewing the case. QA staff use the RSF, CQI, and CFSR/CQI-PIP review tool and write a case review report which identifies missing information in the file or FSFN, requests for action (RFA) items and status, opportunities for improvement, and strengths. If a safety issue arises during RSF reviews, the QA staff issues a RFA and holds a face to face meeting with the case manager who, in turn, have 48 hours to address the concern. The QA staff conducts a post-consultation meeting with the case manager and the case manager supervisor to review the results, document any updates, and sign the report. Quality case review data is tracked to determine if a trend is a unit/employee specific issue, however, there is a perception by the QA Department that meaningful trend analysis is challenging within small samples.

The Data and Policy Project Analyst oversees performance on scorecard measures and sends various status reports to leadership, supervisors, and frontline staff. While this information is intended to link practice to performance, they are interpreted by staff as being strictly task oriented to correct data. The analysis conducted in these reports is focused on individuals and does not incorporate systemic challenges or trends which lead to meaningful practice changes.

Supervisors expressed interest in having a way of doing data analysis through use of reports. There was an unawareness and lack of training in FSFN and Mindshare's capabilities to assist in data analysis.

The QA department regularly shares scorecard, RSF, and CQI performance data with leadership and at various monthly and quarterly meetings including quality improvement team meetings, partnership meetings, supervisor meetings, and barrier breakers meetings. Internal data analysis, such as process mapping and root/cause analyses, are not regularly conducted in a way that speaks to larger trends. Scorecard and quality measures are not analyzed or presented in a manner to identify common themes or create a better understanding of how practice impacts performance. While on-site, the monitoring team identified opportunities for process mapping KFF's internal referral approval process and for adoption home studies.

At the time of the visit, KFF and DCF began the process of completing a Greenbelt Project to determine the root cause of why the number of children remaining in-home is decreasing and the number of children placed out-of-home is increasing. This project began in Fall 2018 and was slated to be conducted over the next 18 months, however the team has had delays due to statewide travel restrictions.

Performance Improvement Strategy

KFF has implemented minimal formalized performance improvement strategies, for both quality review performance and scorecard measures. They often rely on anecdotal root cause determinations or limited analysis to implement short term and single focused improvements. Once a strategy is implemented there is a lack of formalized evaluation to determine the effectiveness of the solution. For example, using quality case review results, the QA department identifies training opportunities for staff, but a targeted follow up analysis of the individuals who should have benefitted from the training is not conducted.

Quality of Eligibility Determination

KFF's Revenue Maximization Unit (Rev Max) is a strength and viewed as supportive in the agency. Rev Max staff are responsible for entering and verifying all information in FSFN. They complete TANF forms, Medicaid applications, and complete the Title IV-E waiver application on all cases. These supports, along with the relative/non-relative caregiver fund application, are also available to all relative and non-relative placements, however, are reliant on referral through the CPI or case manager. Rev Max staff updates placements, Medicaid, and PCPs in FSFN when changes occur. The Rev Max Supervisor provides training to CPIs and case managers, and updates staff on policy changes during all staff meetings.

ANALYSIS

The QA CQI and RSF case file review process actively engages staff before, during, and after the review with the intent of furthering staff's understanding of what and why content is being reviewed. The QA department staff are dedicated to using data to improve service delivery and inform systemic changes. Staff perceive small sample sizes as a challenge when conducting analysis to link and validate results to larger system themes. While the QA department regularly shares information and reviews data with leadership and frontline staff, there is a lack of understanding of how scorecard measures and quality reviews intersect and overlap. KFF staff, including Rev Max, QA, and the Data and Policy Projects Analyst, conduct processes to ensure data quality. At the time of the review, front end case file reviews and supervisory consultations were not regularly occurring to ensure service quality and delivery. Data analysis is often focused on individuals and do not incorporate systemic challenges or trends which lead to meaningful practice changes. While tools and resources (Mindshare) are available to assist supervisory and frontline staff with case oversight, expectations and knowledge regarding their use were unclear at the time of the review.

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.

Recruitment

KFF has a recruitment and retention plan which outlines several ways individuals may learn about fostering and how new referrals come in such as internal referral, radio commercial, social media, and community events. Currently, most foster parents are referred through existing foster parents. KFF has a goal of recruiting 27 new foster homes (seven for teens) by June 2019, however, comprehensive methods used to inform the number and type of new foster homes needed were not clear. Current data indicates that KFF is trending negatively in the number of licensed foster homes available, however foster bed capacity is at 46%

KFF employs two licensing coordinators who pre-screen individuals who are interested in becoming foster parents and then send them a packet of information about the licensing process and the PRIDE training schedule. Prospective foster parents attend PRIDE training, facilitated by the licensing coordinators, twice a week for six weeks. Once they graduate from PRIDE, homes are typically licensed within thirty days.

Retention

Retention efforts include an annual foster parents' appreciation dinner, a foster parent of the year recognition, back to school events, holiday donations, a dedicated Facebook page for active foster parents, a foster parent mentor, and a program support coordinator. The Facebook page provides support, resources, and a question/answer forum. KFF offers quarterly training opportunities focused on topics such as CPR, Autism, Challenging Behavior, and any other topic suggested by the mentor or on the Facebook page. Foster parents are provided with contact information for all licensing and placement staff, the program support coordinator, the program director, and the COO.

On-site focus groups and surveys indicated that interactions with KFF's staff and processes have undermined retention efforts. It should be noted that some spoke of being "afraid of retaliation" for sharing with the monitoring team and participating in the focus group. Foster parents' frustration is attributed to inconsistent (sometimes non-existent) communication, lack of support and guidance, delays in financial reimbursement, and not being treated as "part of the team". During the foster parent focus group, it was shared that a foster family has put themselves on a "freeze" from accepting any more children because they had to recover financially from their first placement (3 school aged children) because they had to purchase school clothes and supplies as school was starting the following week; and they have been met with inconsistent and difficult instructions on how to get reimbursed. They also shared that they were disappointed in the lack of, and sometimes completely incorrect, information they were given for the children. Foster parents' largest complaint is that they felt staff were not incorporating trauma informed practices into their decision-making processes. For example, one foster parent reported that she notified KFF, several months in advance, that she would be moving out of state and her foster children would need to find new placement. The foster children were not placed in their new home until the day before she moved, with the children having only one visit with the new home months earlier.

Most concerning was that some foster parents reported that case managers were not completing visits with the children in their home. They stated that they had reported this concern to Region leadership as well. Upon further exploration, the Region and the CBCMT determined that this was a valid concern and

that case managers were not consistently completing home visits at the foster homes. Documentation confirmed that case managers were seeing the children monthly, visiting children at school, child care, and during supervised visits. In at least one case, the foster home was visited by the case manager or the supervisor on only four occasions within a ten-month period. Two of those visits was to place other children and pick up existing children for a placement move. Another visit occurred outside so staff did not enter the physical home. This practice is in violation of Florida Administrative Code 65C-30.007(1)(a):

> "*The case manager shall make face-to-face contact with every child under supervision and living in Florida no less frequently than every 30 days in the child's residence."*

Lack of supervisor oversight, uninformed training decisions, unclear expectations, ineffective use of available technologies, and deficient internal controls may have contributed to this practice.

Foster parents stated that KFF's COO is responsive to their calls and that a recent call with the CEO was a "step in the right direction" for them to feel heard and validated. According to surveys, they know who to contact, but don't feel things are resolved. There is currently no formal Foster and Adoptive Parent Association (FAPA). Until recently, there was a support group for foster, adoptive, and kinship families organized by a current foster parent, but the group has been inactive for a while as the organizer needed a break and no one else has volunteered to take it on.

Surveys show that CM support around Medicaid is highest in the state at 85.7%, school enrollment is similar at 90% positive responses, WIC is just above the statewide average at 57.1%, medical services below the statewide average at 78.6%, mental health services well below the state average at 45.5%, and educational supports are at the state minimum of 33%. While survey responses showed foster parents felt some level of support from case managers, foster parents reported that it was inconsistent and were often given contradictory information. Clarity around basic processes such as financial reimbursement (forms, receipt submission criteria, etc), accessing WIC benefits, accessing Medicaid information, and school enrollment is desired by foster parents-one parent even suggesting the development of an "important info" binder that is given to them at licensure and can be referenced any time. Survey results showed foster parents' positive responses are near the state max in having an opportunity to participate in staffings (57.1%) but at the state minimum for being provided convenient opportunities to participate in staffings (14.3%). Foster parents described being notified of staffings most of the time, but not being offered alternative days/times/methods to participate. They are above the statewide average in positive responses to being appreciated by the child welfare system, but almost at the state minimum at feeling supported to reduce stress (21.4%).

<u>Placement Process</u>

KFF employs one placement coordinator who oversees initial placements and placement moves. Investigators/case managers contact the placement coordinator when a licensed placement is needed. The placement coordinator gathers information from the placement assessment including background information such as prior placements and family information, siblings, behaviors, medical, and prescriptions. The coordinator also asks about likes/dislikes and hobbies. The coordinator then matches the child(ren) with a placement based on demographics, school zone, foster license capacity, and any other specific information which impacts placement. The coordinator then calls the foster parent and notifies the investigator once a placement is found. The placement coordinator maintains a spreadsheet

which is updated one to two times a month in excel and a physical copy contains his handwritten notes in between electronic updates. The placement coordinator keeps a hard copy with him while on-call and after hours. The COO serves as a secondary contact and is the on-call contact when the placement coordinator is out. Any placement that is not going into a traditional foster home must be approved by the COO. Surveys show CPIs felt KFF made placements timely, usually in four hours (73.7%).

Besides the placement coordinator and COO, no other staff are available to assist with locating placements after hours, leaving the placement coordinator to manage on-call responsibilities every night and weekend. The placement coordinator has an organized system in place when placing children, and KFF's Removal and Placement Policy outline a formal process, however there are no electronically shared documents that can assist other staff should they need to take on placement responsibilities. Cross training, accessible information sharing, and on-call rotation strategies would further support healthy self-care practices and build breadth and depth within the agency.

The licensing and placement staff hold monthly meetings where they discuss each foster home and identify pending changes or concerns. When there are concerns of a possible placement disruption, a team meeting is held with licensing, placement, foster home support, and case management staff. The team focuses on placing additional supports in the foster home to de-escalate the situation prior to a placement move. While there are processes in place to plan for transitions, on-site focus groups revealed that transition plans are rarely created or adhered to. KFF partners with CBHC's Triple T team to provide trauma-focused counseling to assist with removals, when warranted, however, on-site focus group participants reported that these services are inconsistent and sometimes "are not very helpful". Participants from different focus groups reported that services were often not available due to long wait lists, infrequent or nonexistent communication due to frequent staff turnover, and inconsistent service quality.

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

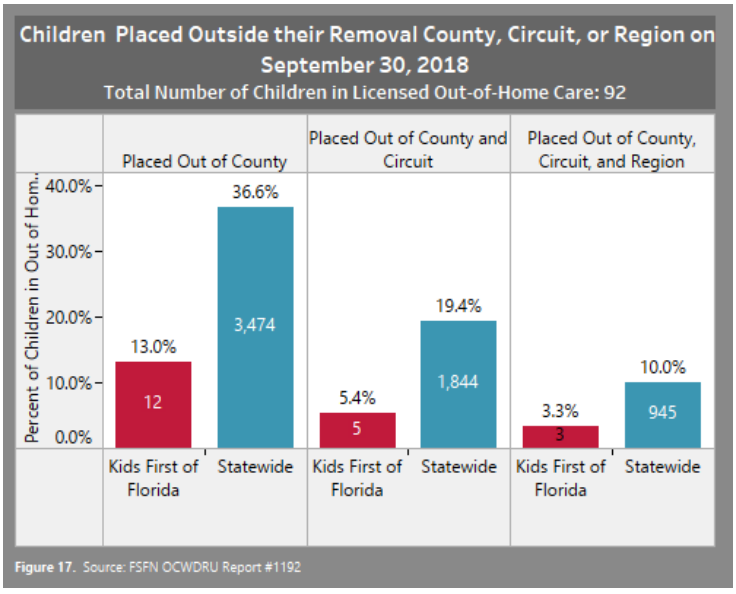


Figure 17. Source: FSFN OCWDRU Report #1192

Group Home Care

KFF recognizes that children should be placed in the most family-like setting possible, but when that cannot occur, they are cognizant of those group homes which yield quality care for the children placed there. The COO must approve any group care placement. The CFO monitors these placements and will partner with DCF if areas of concern arise and conduct unannounced visits when receiving any complaints. Group care is the option of last resort.

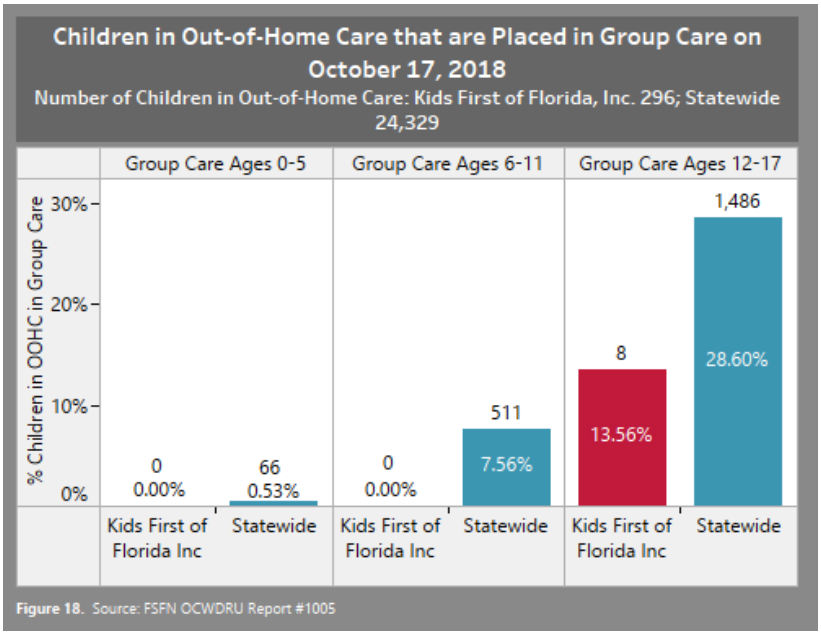


Figure 18. Source: FSFN OCWDRU Report #1005

Of the total number of children in out-of-home care on October 17, 2018, 2.7% of the children were placed in group care (See Figure 18). This was significantly lower than the statewide average of 8.47% in group care placements. There were no children under the age of twelve in group care at that time.

Relative/Non-Relative Caregiver Supports

KFF has been successful in maintaining a significant number of children with their relative and non-relative caregivers, outperforming statewide averages over the past eight quarters, as evidenced in Figure 19. As of September 30, 2018, 63.1% (below target) of children in out of home care are placed in relative or non-relative placements within KFF's service area. While KFF exceeded the target in five of the previous eight quarters, performance fell below the target in the last quarter. KFF does not have any specialized programs for relative/non-relative caregivers and rely on staff to provide resources and support as needed. KFF Rev Max staff assist caregivers with applying for and managing financial support. In the past, a support group

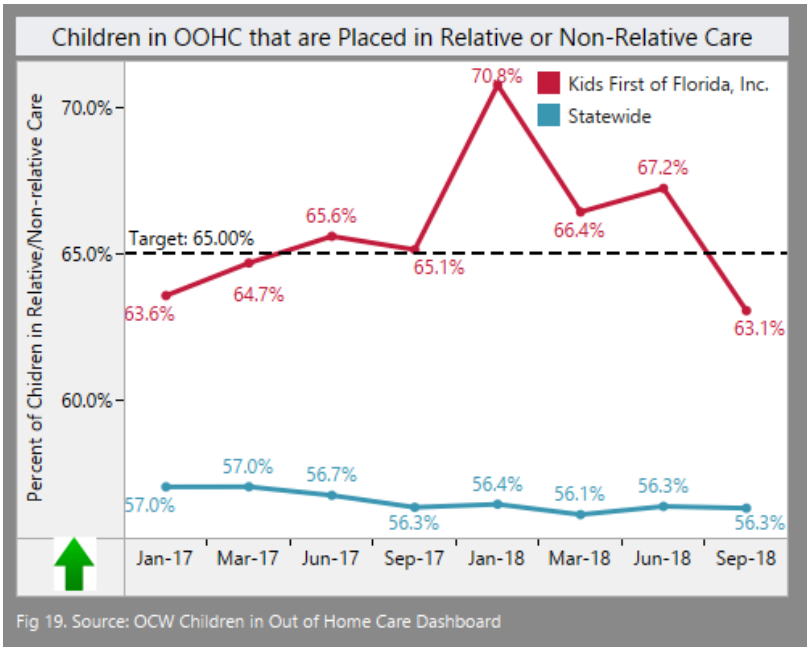


Fig 19. Source: OCW Children in Out of Home Care Dashboard

was available for foster, adoptive, and relative/non-relative caregivers but the group is no longer occurring because the original organizer could no longer do it and no one else has volunteered to take on the responsibility.

Services to Transitioning Youth and Young Adults

Extended foster care services are provided by dedicated case managers. Case managers are assigned as the secondary when the youth turns 16 and transition meetings are held every 90 days. The IL/EFC case manager supervisor is currently carrying a full caseload (12 PESS cases, 4 dependency cases, 2 EFC cases) similar to the case manager's caseload (6 dependency, 4 secondary, 7 EFC). Staff assists youth with applying for keys to independence, Medicaid, and food stamps. Life skills are provided by foster parents and case managers during visits, though formal tracking and documentation of life skills is lacking. KFF has a partnership with Clay Youth Connection which will assist with housing for 18-21-year-olds. Housing resources are also available in the neighboring county of Duval. Staff are present at PRIDE classes to discuss the need for host homes, but no further recruitment efforts are conducted.

Adoptions

KFF has an adoption unit staffed with three adoption case managers, one post adoption case manager and one family finder/recruiter. They are assigned in FSFN as the secondary worker once the termination of parental rights (TPR) has been approved by court. KFF has consistently exceeded the yearly contract target for total number of adoptions, however the target identified does not sufficiently address the large number of children available for adoption in KFF's service area. Participants in interviews and focus groups expressed concern over the amount of cases that linger open because of delays in the completion of adoption home studies. During on-site interviews front line staff reported there was a backlog of 79 children post TPR who were residing in prospective adoptive homes. KFF completes adoption home studies on a first in-first out process giving no priority to cases that can be fast tracked based on their circumstances. Frontline staff stated that there are often delays in receiving completed paperwork from prospective adoptive caregivers; however, foster parent and CLS focus group participants described staff availability as limited because they do not work after 5:00pm. While KFF staff and leadership are aware of the backlog and lengthy delays, they have not explored opportunities to expedite the process and reduce the backlog.

ANALYSIS

Foster parent recruitment processes are challenging and undefined, and retention efforts are undermined by significant communication and service delivery concerns. The COO and program director are dedicated to improving foster parent retention efforts and integrating them into every staff member's daily work. Most of their placement related performance measures indicate that they are performing well. They have a high percentage of siblings placed together, high percentage of children who are placed in their home county, and a low percentage of children in group care. While there has been strong performance in those measures, additional data indicates there are challenges in the placement system that will lead to negative impacts. Kids First has always maintained a low placement move rate. However, over the past two years, there has been a dramatic increase, ultimately missing the target in the last quarter. Additionally, the placement capacity data on the Child Welfare Dashboard indicates that they are at 46% bed capacity. KFF is focused on keeping kids out of group home settings,

placing them with relatives/non-relatives, and maintaining placements locally. Targeted supports to relatives/non-relatives and EFC/IL are lacking. Although KFF meets their contracted adoption targets, KFF's adoption process is lengthy, resulting in adoption delays and a backlog of adoption home studies. Process improvement methods are not being used to identify barriers which could assist in establishing effective strategies to reduce adoption delays.

SECTION 11: PRACTICE

SUMMARY

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

Theory Comprehension

The application of family centered and trauma informed care principles is evident in KFF's placement efforts as evidenced by their performance in placing siblings together (M12), making concerted efforts to preserve the child's connections to his or her neighborhood/community/faith/extended family/Tribe/school and friends (CQI Item 9), placing children with relatives when appropriate (CQI Item 10), and ensuring children are placed within their removal county.

Family centered, and trauma informed care principals were not as evident in case management activities as they were rarely referenced in interviews and focus groups. If the practices were discussed, staff mainly referenced the Triple T program, a trauma focused clinical program available at CBHC. The application of these concepts is minimal, as evidenced by their performance in making concerted to ensure visits between the child and mother or father and siblings was of sufficient frequency and quality to promote continuity (CQI Item 8), 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 11), 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 the family (CQI Item 12B), to involve the family in the development of their case plan in (CQI Item 13), and the frequency and quality of visits with mothers and fathers were sufficient to ensure the safety, permanency and wellbeing of the child(ren) and promote achievement of case goals (CQI Item 15).

While trauma informed care and family centered practice need to be further reinforced in practice, foster parents demonstrated a clear understanding of these philosophies in their role. Foster parents spoke of including biological families in holiday and birthday celebrations and staying connected with biological parents.

Practice Competency

KFF 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 October 31, 2018, can be located in the Child Welfare Key Indicators Monthly Report-October 2018. KFF currently employs a person to provide support and guidance to case managers and supervisors on Practice Model concepts. This position (CCSPS) provides one-on-one instruction to any staff member that feels they

need assistance and provides hands-on training to new case managers while they are working towards their full certification. While an asset to KFF, this position is not utilized in a strategic manner that would enable staff to fully capitalize on their knowledge and experience.

ANALYSIS

Quality assurance data, focus groups, interviews, and surveys indicate that there is a need for improvement in the application of family centered and trauma informed practices. On-site interviews and data reflect KFF implements these principles better in placement activities but not case management. Case managers still struggle with application of the Practice Model in the field. Staff rely on CBHC's Triple T program to address trauma concerns with children rather than incorporating trauma informed practices into their daily interactions and decision-making processes.

SECTION 12: PARTNERSHIP RELATIONS

This category focuses on established relationships with Child Protective Investigators (CPIs), 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

KFF and DCF CPIs enjoy a cohesive relationship. Barrier Breaker meetings are held regularly to provide KFF and DCF leadership an opportunity to address any barriers which impact efficient operations. Surveys reflect KFF's openness to feedback from CPIs is highest in the state at 70.6% positive responses. On-site focus groups and surveys reflected a positive relationship between case managers and investigators. Surveys show that case managers' inclusion of CPIs in staffings (100%) and case managers' communication with CPIs (73.7%) is highest in the state for positive responses.

While the case transfer process was described as smooth and conflict free, front line interviews reported that cases are often accepted with incomplete documentation and without a thorough application of Practice Model standards. Although this practice is accepted by both parties, it can potentially impact their relationship and ultimately outcomes for families. Upon transfer, the CPI and case manager complete a joint visit with the family; although, during on site focus groups, frontline staff expressed feeling that the joint visit was not beneficial and was very difficult to schedule. The Northeast Region has recently begun the practice of co-training CPIs and Case Managers during Pre-Service Training.

Children's Legal Services

CLS participates in the Barrier Breakers meetings with KFF and DCF. Despite these efforts to improve these relationships, an adversarial co-existence is still apparent. All survey responses were lowest in the state ranging between 0% and 25% positive responses based on an 80% response rate (4 of 5 CLS). On-site focus groups and surveys indicated a lack of partnership between CLS and KFF leadership and frustration over the lack of knowledge and training provided to front line staff. CLS provides training to case managers on court processes, safety plans, court appearance, and case management expectations, however they feel they have to provide the trainings repeatedly because the concepts are not consistently applied. CLS raised concerns over permanency delays they feel are attributed to accessing services and case managers' confusion on acceptable service providers. Additionally, there is a backlog

of numerous adoptions because adoption home studies have not been completed and KFF has not made plans to strategize ways to expedite the process. This was mentioned in several interviews and focus groups as an area of frustration.

GAL

Survey responses from Guardians Ad Litem indicate a strong need to strengthen timely and on-going communication between case management and GALs. Surveys show GALs reported they are not consistently provided opportunities to attend staffings, kept up to date on case progress, notified of placement moves and are uninformed of escalation processes. GALs expressed concerns that parents and children are not receiving timely services to help them achieve permanency due to delays in making the service referral and long waitlists once the referral is complete. While KFF leadership and the GAL program have a positive relationship, GALs have concerns that appropriate steps are not being taken to eradicate these challenges.

Other Governmental Agencies

CBHC and KFF are sister agencies under the larger umbrella company, IGD. Since KFF's CEO also functions as the CEO over Clay Behavioral Health Center, KFF also has a close partnership with the Managing Entity. KFF has direct access to programs funded at CBHC and KFF's referrals receive priority status. This close relationship informs and supports the integration of child welfare and substance abuse/mental health systems of care. CBHC's Intensive Family Services program is located in the same building as KFF and can provide consultation to case managers on substance abuse and mental health safety plans. KFF and CBHC can administer substance abuse urinalyses, when needed. Recently, CBHC started a substance abuse treatment group in the Keystone Heights area to reduce location and access barriers to families residing in the rural area.

While the partnership may aid in filling service gaps, confusion among KFF staff and other community partners has created a perception that service referrals can only be made to CBHC, even when an alternate provider can meet the service need. While KFF does not allow waitlists in their subcontracts, throughout interviews and focus groups, long wait lists at CBHC were described as the primary cause of frustration among staff, partners, and foster parents. Participants perceive delays in service provision often contributes to delays in permanency and exits. Additionally, this has created an over reliance on CBHC's programs, limiting further development of other community resources. Currently, the Rev Max Clinical Coordinator must approve all service referrals before they can be made. She evaluates the need for the referral, offers suggestions for additional services, and determines the appropriateness of the identified service provider. Supervisors, CLS, and foster parents reported that this internal procedure stalls case managers' ability to link families and children to needed services timely and hinders case managers from building relationships with service providers. While on-site, the monitoring team identified this process as a possible barrier and KFF began working on analyzing the process to better streamline referrals.

Domestic Violence Service Providers

KFF works closely with The Quigley House, a local domestic violence service provider. Domestic violence advocates are co-located with CPIs and attend case transfer staffings. Case managers can contact the

advocates to receive guidance on specific cases and identify community resources families can access. On-site interviews described the Quigley House staff as helpful, supportive, and responsive.

Other Area Partnerships

While substance abuse counseling is available through CBHC, residential substance abuse facilities are not available in Clay County, so KFF must utilize Duval County residential treatment programs for their clients when needed. KFF also utilizes the PPW program, a residential treatment program strictly for pregnant or parenting women (PPW) in need of substance abuse and addiction intervention.

ANALYSIS

KFF leadership staff frequently attend community wide meetings and barrier breaker meetings in an effort to build positive, collaborative relationships with their partners. On-going adversarial relationships with CLS and GALs have produced a lack of confidence in KFF's ability to reinforce collaborative behaviors, and a lack of confidence in KFF's ability to identify and address deficiencies. The natural partnership between Clay Behavioral Health Center and KFF is cooperative and focused on meeting the needs of the families they serve. However, there is a perception in the community and with some staff that CBHC is the only service provider KFF clients can access and long waitlists are delaying needed supports. The current practice of internal reviews and approvals of all service referrals contributes to service delay, and a lack of relationship building among frontline staff and service providers.

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.

Faith-Based Community

KFF participates in the Clay Safe Net Alliance Meeting, which brings together faith-based organizations, nonprofits, for profits, and local government, to discuss community resources on a monthly basis. Various faith-based organizations donate tangible items to KFF throughout the year. Although KFF does not have any formal partnerships with faith-based organizations, foster parents are often recruited at local churches by other foster parents.

Business Community

IGD holds an annual fundraising dinner event where local businesses and community members donate money through ticket purchases and raffles to benefit KFF and CBHC. KFF's board members are also involved in the Chamber of Commerce and the Rotary Club, where they have been able to solicit tangible donations for KFF's clients.

Media Relationship

KFF enjoys a positive relationship with local media outlets. On occasion, articles are published recognizing events, initiatives or successes.

Community Alliance

The community alliance is made up of community members, school representatives, county government representatives, court personnel and law enforcement professionals. The alliance meets every other month to provide oversight and advocacy on issues relevant to children and families. Additionally, KFF participates in the monthly Clay Action Coalition Meeting where information is shared among KFF and their partner agencies.

ANALYSIS

KFF's CEO has established relationships and partnerships with many organizations throughout the community and the community is responsive to meet the needs of KFF's children and families, when requested. KFF leadership staff attend various meetings in the community, but this participation has not translated into additional community interest in or collaborative efforts for the local child welfare system of care. Based on responses to the system of care surveys distributed to community partners, responders did not feel like they are given opportunities to provide feedback or input on issues related to child welfare or service provision and quality. Surveys also reflected that KFF does not have good working relationships with community partners and lacks effective ways to resolve conflicts when they arise.

SECTION 14: ACTIONS TAKEN IN RESPONSE TO PREVIOUS MONITORING ACTIVITIES

The CBC Monitoring Team completed a desk review in January 2017 for FY 17/18. The following is a summary of the findings and any actions taken by KFF to improve. The full FY17/18 Contract Oversight Desk Review of Kids First of 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)-** This measure has not been met in four out of the last five quarters and although it the target was met in the last month; the measure should be monitored closely to ensure the positive trend continues
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Improved Performance*: KFF exceeded the target for this measure in FY17/18; 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) *Summary of Actions Taken* – Quarterly, if the measure falls below the established performance target, each child who is neglected or abused after receiving services during the review period is evaluated. Corrective action is taken on a case level basis when needed. Trends are identified to determine system level changes that are needed.
2) **Percent of children exiting foster care to a permanent home within twelve months of moving to a permanent home (M05) -** Performance on this measure has been below both contract target and the statewide average for the past two fiscal years.
   a) Corrective Action Plan issued on 8/8/18.
   b) *Performance Declined:* KFF has performed below the target and statewide performance in seven of the previous eight quarters. Performance has shown a downward trend since FY16/17, Q2.

KFF is currently under a Corrective Action Plan (CAP) to address performance. Due to the timeframes of collecting data that impact this measure, it will take time for actions currently implemented to show results. Performance has shown a downward trend since FY16/17, Q2.

c) *Summary of Actions Taken:* To improve this measure, KFF implemented the following tasks:
   i) Monthly, the KFF Program Director who oversees the judicial units will meet with each FSC Supervisor to review the children who have been in care for less than 12 months
   ii) At the beginning of each quarter, the KFF Data, Policy and Project Analyst will pull the "Children Exiting Foster Care to a Permanent Home within Twelve Months of Entering Care" report FSFN for those children approaching 12 months in out-of-home within the next three and six months.
   iii) Each FSC Unit Supervisor will provide an update to the KFF Program Director or Data, Policy and Project Analyst on the progress of achieving permanency for those children who are approaching 12 months in out-of-home within the next three and six months.
   iv) KFF will develop a workgroup that will meet quarterly to identify case specific and systemic barriers to permanency and actions needed to achieve permanency for those children who are approaching 12 months in out-of-home.

3) **Percent of children who do not re-enter foster care within twelve months of moving to a permanent home (M07)-** KFF has not met this target in four out of the last five quarters and although trending upward, still has not met the measure.
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Improved Performance*: KFF's performance has fluctuated but has met the target in three of the past eight quarters. Currently, 100% of the cohort of children served by KFF that exited in the cohort at the reporting time did not re-enter care within 12 months of moving to a permanent home, above the statewide average and the national target. KFF exceeded the target for this measure in FY17/18.
   c) *Summary of Actions Taken:* The cases that are not meeting the standard are identified and corrective action taken to improve future performance.
4) **Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes (CQI Item 3)** – This quality measure has either seen a decrease between FY 15/16 and FY 16/17 or are below our federal program improvement plan (PIP) goal, therefore needs improvement.
   a) Corrective Action Plan issued on 8/8/18.
   b) *Performance Declined*: KFF's performance in this measure declined by 33.2% in FY 17/18.
   c) *Summary of Actions Taken:* No actions were taken during FY17/18
5) **Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child (CQI Item 6)-** This quality measure has either seen a decrease between FY 15/16 and FY 16/17 or are below our federal program improvement plan (PIP) goal, therefore needs improvement.
   a) Corrective Action Plan issued on 8/8/18.
   b) *Performance Declined*: KFF's performance in this measure declined by 28.1% in FY17/18.

c) *Summary of Actions Taken:* KFF added an additional person to the adoption unit to help with increasing adoption numbers. KFF began assigning the adoption worker as primary when children are in identified adoptive homes.

6) **Continued development of both family support and safety management services**. KFF has received a rating of "2" for both safety management services and family support services, which indicates they have service programs available that are aligned with the practice model; however, they may have capacity issues impacting the service's availability across the entire service area. Additionally, the measure to evaluate the effectiveness of family support services is consistently below the statewide average, with only 85.7% (FY16/17 Q2) of children served not experiencing repeat maltreatment.
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Performance Declined:* For the performance measure "children not maltreated within six months of termination of family support services", KFF exceeded the statewide performance in the three quarters measured since the January 2018 Desk Review in FY17/18. This data is based on cases that were terminated between April 2014 and September 2017. While KFF made improvement in this area initially, during the on-site visit it was discovered that there have not been consistent formal safety management services available since late 2017 and no formal safety management services available from May through November 2018.
   c) *Summary of Actions Taken:* KFF resubmitted its Safety Management Services assessment in May 2018 and received a rating of "3". KFF resubmitted its Family Support Services assessment in October 2018 and the rating is pending.

Opportunities for Improvement Identified in Previous Report

1) **Percent of children who were not the victims of abuse or neglect in the six months immediately following termination of supervision (M03).** This measure was achieved in two of the past five quarters.
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Improved Performance*: KFF exceeded the target for this measure in FY17/18; 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) *Summary of Actions Taken:* Quarterly, if the measure falls below the established performance target, each child who is neglected or abused after receiving services during the review period is evaluated. Corrective action is taken on a case level basis when needed. Trends are identified to determine system level changes that are needed.
2) **Children in out-of-home care who received dental services within the last seven months (M10 and CQI Item 17).** CQI data echoes scorecard data to indicate a deficit.
   a) This finding was not included on a corrective action or performance improvement plan.
   b) *Performance Declined:* KFF did not meet this measure for FY17/18 and continues to trend negatively. Performance on CQI Item 17 decreased 31.8% between FY16/17 and FY17/18.
   c) *Summary of Actions Taken*: Dental appointments are tracked by the KFF Support Assistant, bi-weekly dental reports are sent to FSC's and FSCS, quarterly dental reports are sent to the

Program Director and the Program Director and FSCSs meet monthly to monitor the status of scheduling needed appointments.

SECTION 15: ON-SITE MONITORING SUMMARY

SUMMARY

KFF is a small community-based care agency serving Circuit 4 in Clay County in the Northeast Region of Florida. KFF has experienced turnover in previously held long term tenured positions. This has left KFF in a state of rebuilding. While KFF has established policies, procedures and plans, they are not consistently utilized in daily business practices. This lack of consistency is woven throughout each element of KFF's system of care. While there are strengths to the small team, there are also challenges imposed by this structure that have impacted the entire system of care. The lack of understanding roles and responsibilities of various positions and partners highlights some of that impact.

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 KFF has consistently underperformed:

1. Florida Administrative Code Violation
    a. Placement Practices and Continuous Quality Improvement- Florida Administrative Code 65C-30.007(1)(a) specifies: "*The case manager shall make face-to-face contact with every child under supervision and living in Florida no less frequently than every 30 days in the child's residence."* Information obtained during the monitoring indicates that case managers were not consistently visiting children in their foster homes. DCF leadership and contract management staff were notified and they have advised KFF of the need for immediate discontinuation of this practice.
        i. Upon notification of this issue, KFF incorporated the following corrective actions:
            - KFF will pull the FSFN report "Face to face in place of residence" as well as "Face to face visit". The COO and supervisors will monitor these reports.
            - On 9/27/18, the COO sent (via email) all case managers and supervisors copies of 65c-30.007 and reiterated the expectations regarding face to face visits in the place of residence
            - On 10/12/18, during a staff meeting, a copy of 65c-30.007 was handed out, and the COO and CEO discussed the home visit expectations with case managers and supervisors
            - On 10/22/18, KFF held a mandatory training for case managers and supervisors on how to conduct quality home visits (makeup date was 10/29/18). Training was conducted by the CCSPS and the QA Supervisor.

2. Performance
    a. **Percent of children exiting foster care to a permanent home within twelve months of moving to a permanent home (M05)**
        i. This measure has not been met in three years and is still trending negatively. KFF is currently on a Corrective Action Plan (CAP) to address this issue.
    b. **Percentage of children in out-of-home care who received dental services within the last seven months (M10)**
        i. This measure has not been met in three years and is still trending negatively. This area was identified as an area for improvement in the FY17/18 Desk Review.
    c. **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?**
        i. This measure was not met in FY17/18 and performance declined by 33.2%. KFF is currently on a CAP to address this issue.
    d. **CQI Item 6, Did the agency make concerted efforts to achieve permanency?**
        i. KFF's performance declined from 71.0% in FY16/17 to 42.9% in FY17/18 and is below the PIP goal of 75.4%. Performance in this area impacts M05, which KFF has struggled to meet. KFF is currently on a CAP for this measure. This area was identified as needing action in the FY17/18 Desk Review.
    e. **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 the family**?
        i. KFF's performance decreased from 30% in FY16/17 to 16.7% in FY 17/18, well below the PIP goal of 58.4%. KFF has underperformed in this measure for two years.
    f. **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?**
        i. KFF's performance decreased from 54% in FY16/17 to 29.7% in FY17/18 remaining well below the PIP goal of 70.7%. KFF has underperformed in this measure for two years.

    g. **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**?
        i. While KFF's performance increased from 29.0% in FY16/17 to 37.5% in FY17/18 it remains below the PIP goal of 78.9%. KFF has underperformed in this measure for two years.

3. Systemic
    a. **Service Array**
        i. **Safety Management Services**- During on-site monitoring, it was reported that there have not been consistent formal safety management services available since late 2017 and no formal safety management services from May through November 2018. At the time of the review, the current service array rating of "3" did not accurately reflect KFF's safety management services.

OPPORTUNITIES FOR IMPROVEMENT:

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

1. Performance
    a. **Rate of abuse or neglect per day while in foster care (M01)**
        i. While KFF's performance met the target for FY17/18, scores have fluctuated and are currently trending negatively.
    b. **CQI Item 5, Did the agency establish appropriate permanency goals for the child in a timely manner?**
        i. KFF's performance declined between FY16/17 and FY17/18 and is below the statewide performance and the federal and state expectations. Performance in this area impacts M05, which KFF has struggled to meet.
2. Systemic
    a. Training
        i. Supervisor Development. Formal training and support geared toward supervisory development and professional development opportunities are minimal.
    b. Continuous Quality Improvement
        i. Data Quality. At the time of the review processes, including case file, supervisory, and peer reviews, to ensure quality service delivery, are not occurring outside of QA reviews. While tools and resources (Mindshare) are available to assist supervisory and frontline staff with case oversight, expectations and knowledge regarding their use are unclear.
        ii. Data Analysis. When practice barriers or inefficiencies are identified, formal data analysis such as process mapping and root/cause analyses are not routinely conducted. Analysis efforts do not incorporate systemic challenges or trends and do not consider the overlap between qualitative and quantitative measures which can lead to meaningful practice changes. There is an unawareness and lack of training by supervisors and frontline staff in FSFN and Mindshare's capabilities to assist in data analysis.

iii. **Performance Improvement Strategy.** Strategies to improve performance are not consistently determined based on comprehensive data analysis. Targeted follow up analysis of strategy effectiveness is lacking.

c. **Placement Resources and Process**
   i. **Placement Process**. There are limited electronically shared documents that can assist other staff should they need to take on placement responsibilities.
   ii. **Retention.** Further efforts to target impactful retention strategies, including partnering with foster parents, are needed to increase foster parent satisfaction and retention.
   iii. **Relative/Non-Relative Caregiver Supports**. While KFF's Rev Max staff are available to assist relative/non-relative caregivers with applications for financial assistance, they do not have any specialized programs or services for relative/non-relative caregivers.
   iv. **Adoptions**. Adoption cases linger open and there is a backlog of cases needing adoption home studies.

d. **Practice**
   i. **Theory Comprehension.** Family centered and trauma informed care principles are not consistently evident in case management activities.

e. **Partnership Relations**
   i. **Children's Legal Services.** Survey responses and interviews indicate a strong need to strengthen the relationship between KFF leadership and CLS.
   ii. **Clay Behavioral Health Center**. Survey respondents and focus group participants described frustration with long wait lists at CBHC, creating delays in service delivery. Additionally, confusion among KFF staff and other community partners has created a perception that service referrals can only be made to CBHC, even when an alternate provider can meet the service need.

f. **Community Relationships**
   i. **Surveys.** Survey responders indicated they did not feel like they are given opportunities to provide feedback or input on issues related to child welfare or service provision and quality.

ADMINISTRATIVE FINDINGS:

The following administrative findings were identified during the monitoring:

1. **Incident Reporting**

   Contract DJ039, S.C. 12. states If services to clients are to be provided under this Contract, the provider and any subcontractors shall, in accordance with the client risk prevention system, report those reportable situations listed in CFOP 215-6. A sample of 10 incidents (out of 14 critical and non-critical incidents) were reviewed to determine compliance with CFOP 215-6 and KFF's internal incident reporting procedure.

- 5 incidents were critical incidents, only one of which were entered into IRAS according to policy requirements. Three critical incidents were not reported to IRAS at all and one was reported late by one day.

2. **Employment Eligibility**

   Contract DJ039, S.C. 35. a. vi. States unauthorized aliens shall not be employed.

   - A sample of 10 (out of 21) newly hired staff was reviewed for employment eligibility information. At the time of the review 30% of the sample (3 of 10) contained properly completed I-9 forms. Of the 70% with incomplete forms, the indication of whether a preparer or translator was used was not documented. One form was missing the employee's date of birth.

3. **Information Security**

   Contract DJ039, S.C. 28. States the provider and its subcontractors shall comply with data security requirements whenever access to Department data system or maintain any client or other confidential information in electronic form.

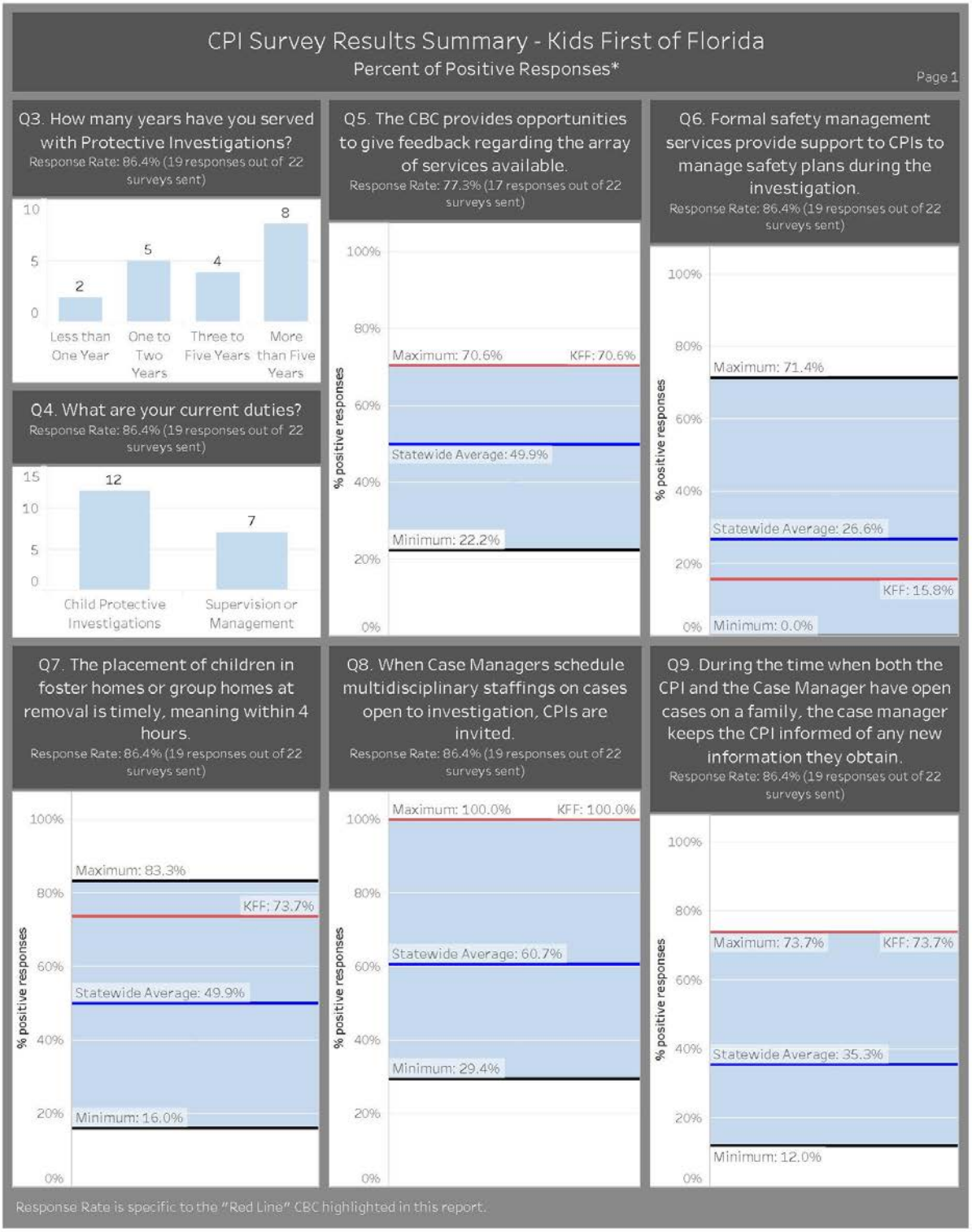
   - A sample of 10 employees with departmental data access was reviewed for timely completion of the DCF security agreement form. 50% were completed annually (5 out of 10).

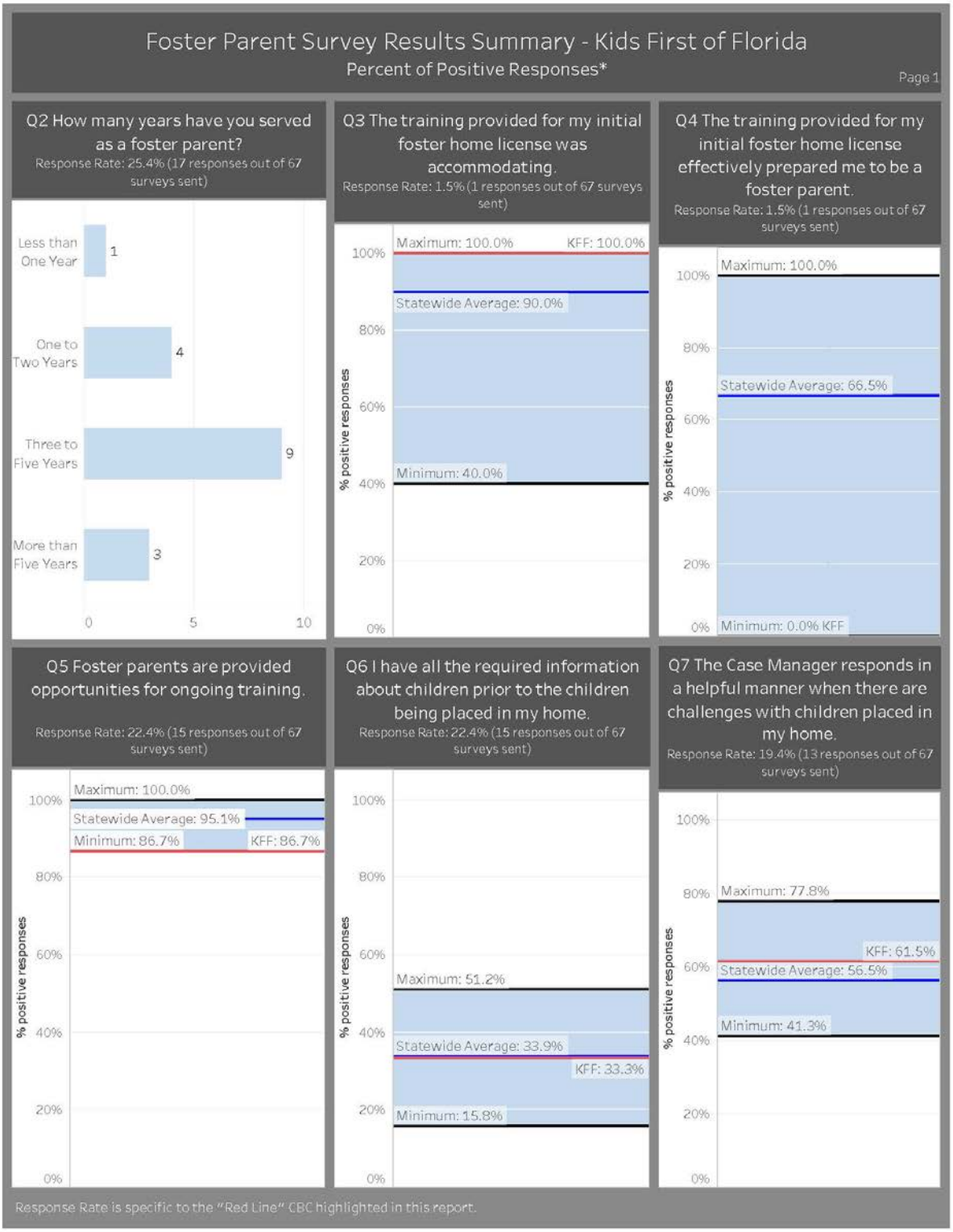
4. **Subcontracts**

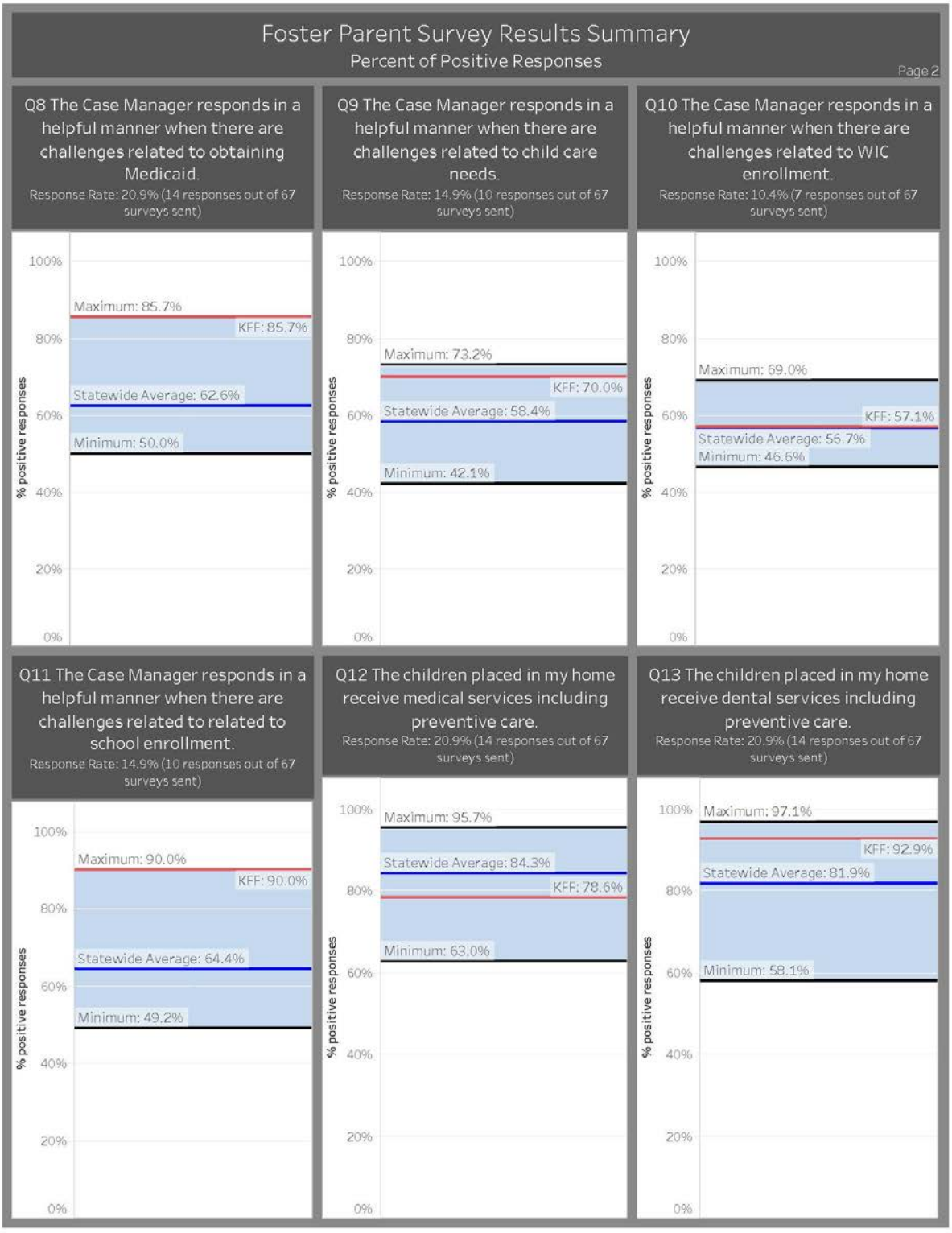
   Contract DJ039, Attachment I, 1.1.9.3. states the Lead Agency may subcontract for services unless specifically prohibited in this Contract.

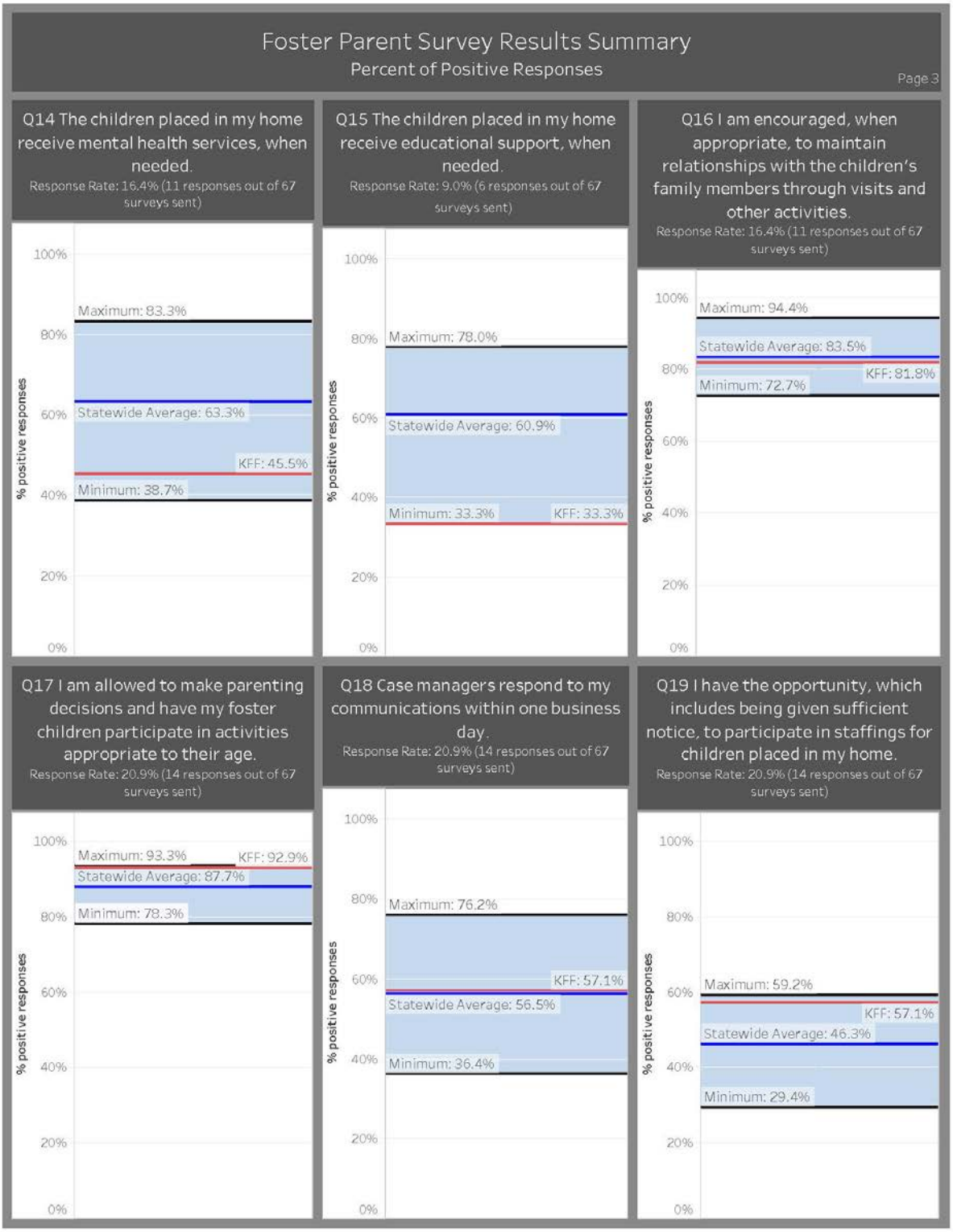
   - A sample of six subcontracts was reviewed, of which none included specific language limiting the contract renewal to either a maximum of three years or no longer than the term of the original contract, as required by 287.058(1)(g), F.S.

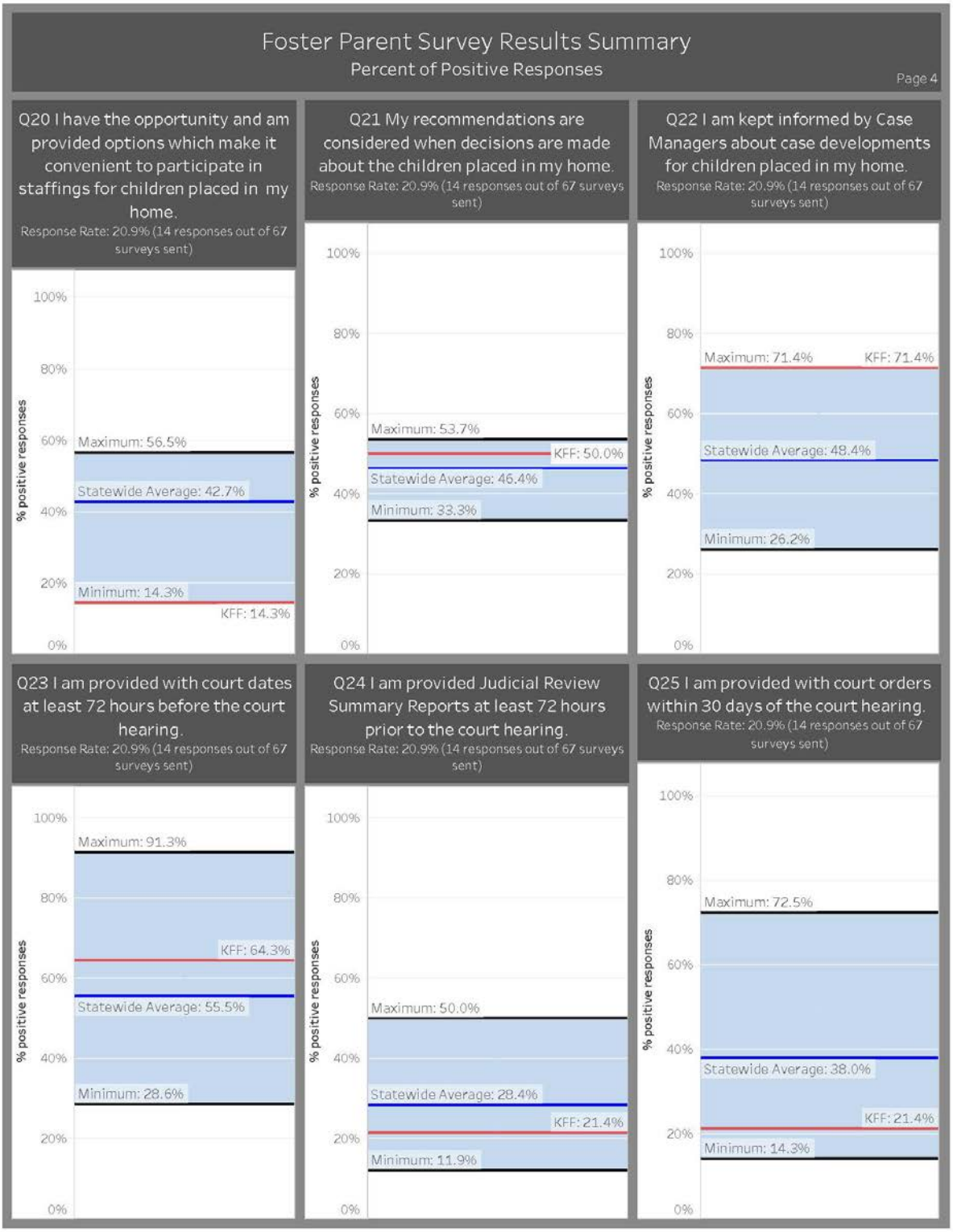
APPENDIX A: SURVEY RESULTS

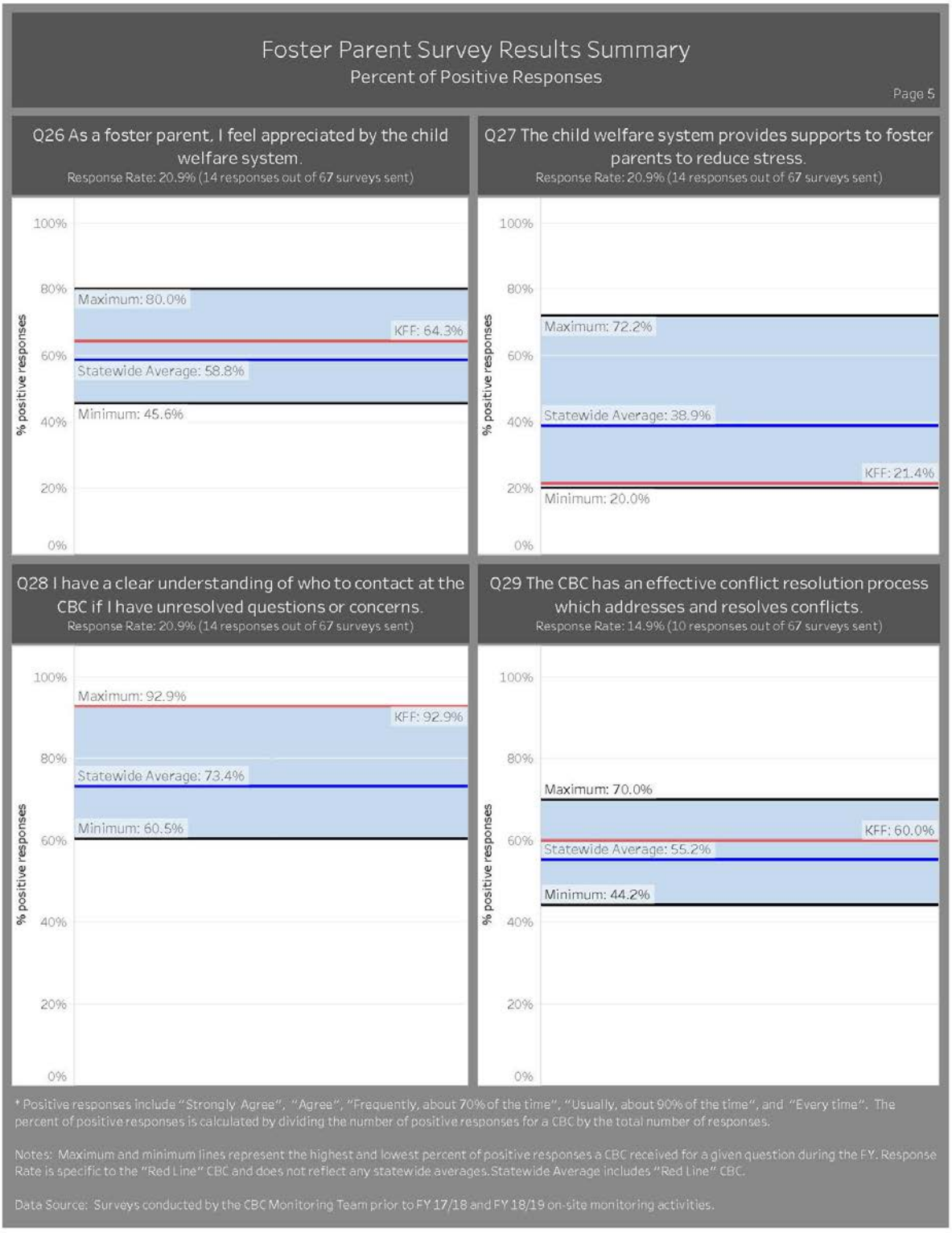



Foster Parent Survey Results Summary - Kids First of Florida
Percent of Positive Responses*
Page 1
Q2 How many years have you served as a foster parent?
Response Rate: 25.4% (17 responses out of 67 surveys sent)
Less than One Year
1
One to Two Years
4
Three to Five Years
9
More than Five Years
3
0
5
10
Q3 The training provided for my initial foster home license was accommodating.
Response Rate: 1.5% (1 responses out of 67 surveys sent)
Maximum: 100.0%
KFF: 100.0%
Statewide Average: 90.0%
Minimum: 40.0%
% positive responses
100%
80%
60%
40%
20%
0%
Q4 The training provided for my initial foster home license effectively prepared me to be a foster parent.
Response Rate: 1.5% (1 responses out of 67 surveys sent)
Maximum: 100.0%
Statewide Average: 66.5%
Minimum: 0.0% KFF
Q5 Foster parents are provided opportunities for ongoing training.
Response Rate: 22.4% (15 responses out of 67 surveys sent)
Maximum: 100.0%
Statewide Average: 95.1%
Minimum: 86.7%
KFF: 86.7%
Q6 I have all the required information about children prior to the children being placed in my home.
Response Rate: 22.4% (15 responses out of 67 surveys sent)
Maximum: 51.2%
Statewide Average: 33.9%
KFF: 33.3%
Minimum: 15.8%
Q7 The Case Manager responds in a helpful manner when there are challenges with children placed in my home.
Response Rate: 19.4% (13 responses out of 67 surveys sent)
Maximum: 77.8%
KFF: 61.5%
Statewide Average: 56.5%
Minimum: 41.3%
Response Rate is specific to the "Red Line" CBC highlighted in this report.


Foster Parent Survey Results Summary
Percent of Positive Responses
Page 2
Q8 The Case Manager responds in a helpful manner when there are challenges related to obtaining Medicaid.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 85.7%
KFF: 85.7%
Statewide Average: 62.6%
Minimum: 50.0%
Q9 The Case Manager responds in a helpful manner when there are challenges related to child care needs.
Response Rate: 14.9% (10 responses out of 67 surveys sent)
Maximum: 73.2%
KFF: 70.0%
Statewide Average: 58.4%
Minimum: 42.1%
Q10 The Case Manager responds in a helpful manner when there are challenges related to WIC enrollment.
Response Rate: 10.4% (7 responses out of 67 surveys sent)
Maximum: 69.0%
KFF: 57.1%
Statewide Average: 56.7%
Minimum: 46.6%
Q11 The Case Manager responds in a helpful manner when there are challenges related to related to school enrollment.
Response Rate: 14.9% (10 responses out of 67 surveys sent)
Maximum: 90.0%
KFF: 90.0%
Statewide Average: 64.4%
Minimum: 49.2%
Q12 The children placed in my home receive medical services including preventive care.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 95.7%
Statewide Average: 84.3%
KFF: 78.6%
Minimum: 63.0%
Q13 The children placed in my home receive dental services including preventive care.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 97.1%
KFF: 92.9%
Statewide Average: 81.9%
Minimum: 58.1%
% positive responses
100%
80%
60%
40%
20%
0%


Foster Parent Survey Results Summary
Percent of Positive Responses
Page 3
Q14 The children placed in my home receive mental health services, when needed.
Response Rate: 16.4% (11 responses out of 67 surveys sent)
Maximum: 83.3%
Statewide Average: 63.3%
KFF: 45.5%
Minimum: 38.7%
Q15 The children placed in my home receive educational support, when needed.
Response Rate: 9.0% (6 responses out of 67 surveys sent)
Maximum: 78.0%
Statewide Average: 60.9%
Minimum: 33.3%
KFF: 33.3%
Q16 I am encouraged, when appropriate, to maintain relationships with the children's family members through visits and other activities.
Response Rate: 16.4% (11 responses out of 67 surveys sent)
Maximum: 94.4%
Statewide Average: 83.5%
KFF: 81.8%
Minimum: 72.7%
Q17 I am allowed to make parenting decisions and have my foster children participate in activities appropriate to their age.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 93.3%
KFF: 92.9%
Statewide Average: 87.7%
Minimum: 78.3%
Q18 Case managers respond to my communications within one business day.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 76.2%
KFF: 57.1%
Statewide Average: 56.5%
Minimum: 36.4%
Q19 I have the opportunity, which includes being given sufficient notice, to participate in staffings for children placed in my home.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 59.2%
KFF: 57.1%
Statewide Average: 46.3%
Minimum: 29.4%
% positive responses
100%
80%
60%
40%
20%
0%


Foster Parent Survey Results Summary
Percent of Positive Responses
Page 4
Q20 I have the opportunity and am provided options which make it convenient to participate in staffings for children placed in my home.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
% positive responses
100%
80%
60%
40%
20%
0%
Maximum: 56.5%
Statewide Average: 42.7%
Minimum: 14.3%
KFF: 14.3%
Q21 My recommendations are considered when decisions are made about the children placed in my home.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 53.7%
KFF: 50.0%
Statewide Average: 46.4%
Minimum: 33.3%
Q22 I am kept informed by Case Managers about case developments for children placed in my home.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 71.4%
KFF: 71.4%
Statewide Average: 48.4%
Minimum: 26.2%
Q23 I am provided with court dates at least 72 hours before the court hearing.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 91.3%
KFF: 64.3%
Statewide Average: 55.5%
Minimum: 28.6%
Q24 I am provided Judicial Review Summary Reports at least 72 hours prior to the court hearing.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 50.0%
Statewide Average: 28.4%
KFF: 21.4%
Minimum: 11.9%
Q25 I am provided with court orders within 30 days of the court hearing.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 72.5%
Statewide Average: 38.0%
KFF: 21.4%
Minimum: 14.3%


Foster Parent Survey Results Summary
Percent of Positive Responses
Page 5
Q26 As a foster parent, I feel appreciated by the child welfare system.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 80.0%
KFF: 64.3%
Statewide Average: 58.8%
Minimum: 45.6%
Q27 The child welfare system provides supports to foster parents to reduce stress.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 72.2%
Statewide Average: 38.9%
KFF: 21.4%
Minimum: 20.0%
Q28 I have a clear understanding of who to contact at the CBC if I have unresolved questions or concerns.
Response Rate: 20.9% (14 responses out of 67 surveys sent)
Maximum: 92.9%
KFF: 92.9%
Statewide Average: 73.4%
Minimum: 60.5%
Q29 The CBC has an effective conflict resolution process which addresses and resolves conflicts.
Response Rate: 14.9% (10 responses out of 67 surveys sent)
Maximum: 70.0%
KFF: 60.0%
Statewide Average: 55.2%
Minimum: 44.2%
% positive responses
100%
80%
60%
40%
20%
0%
* 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.
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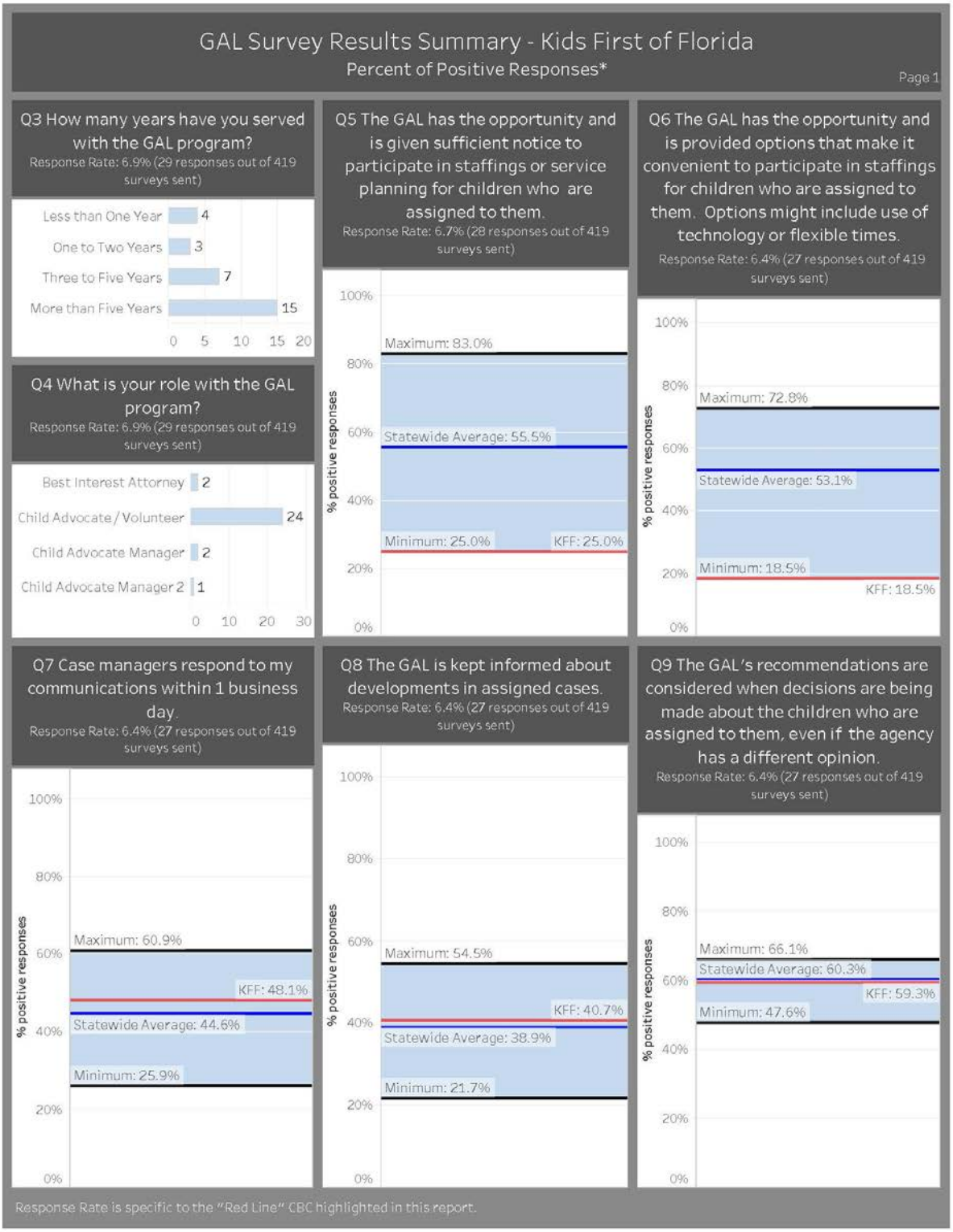
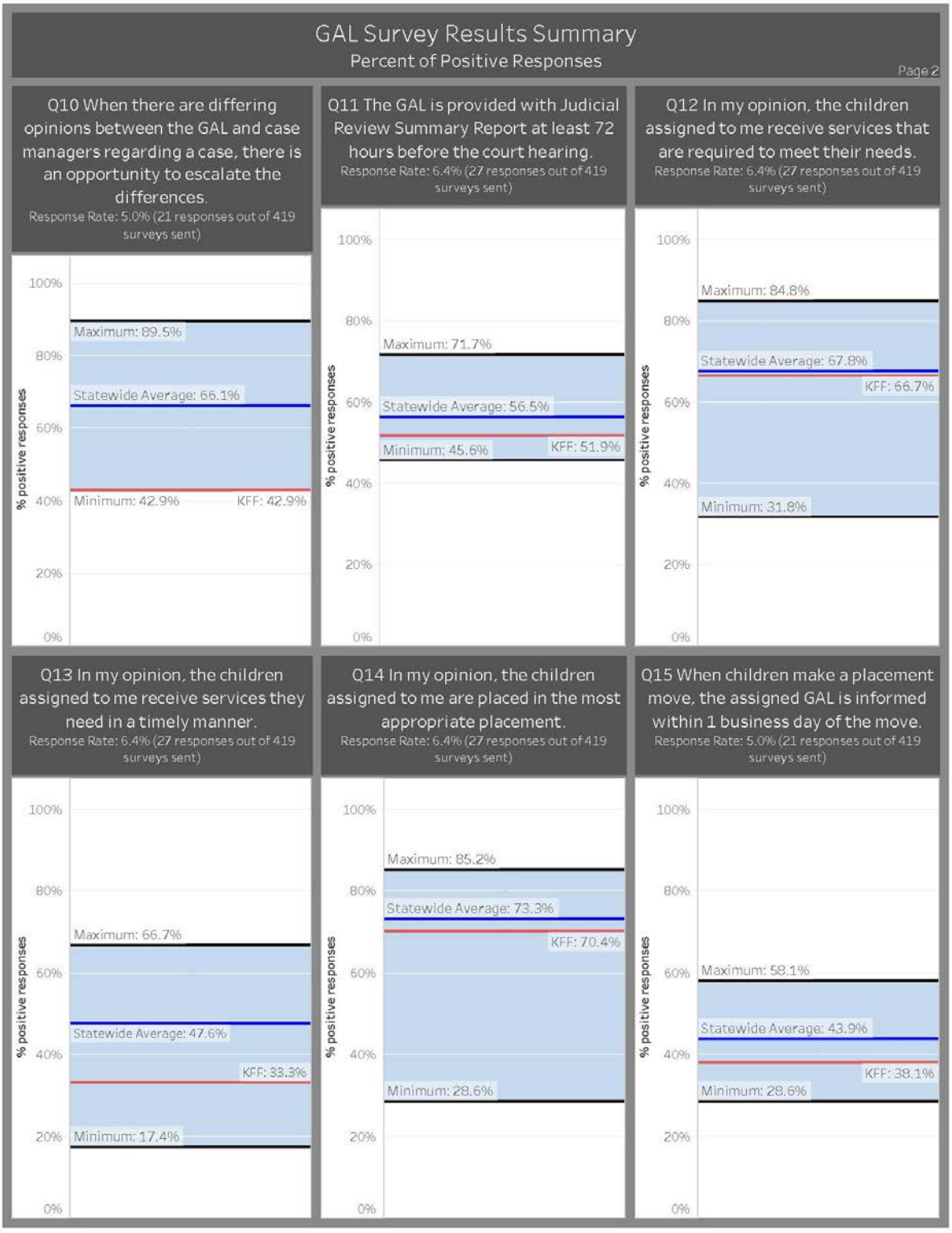
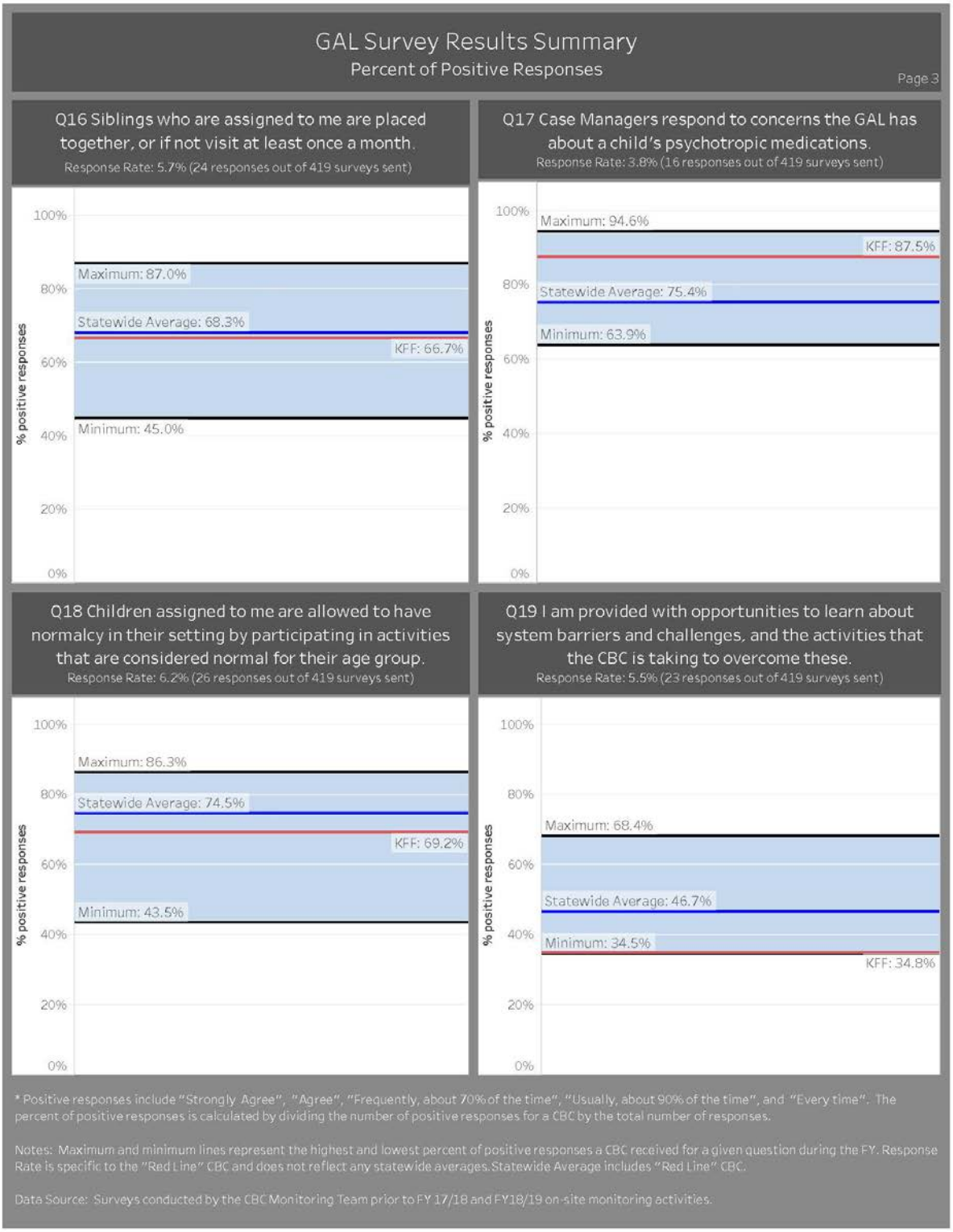

GAL Survey Results Summary - Kids First of Florida
Percent of Positive Responses*
Page 1
Q3 How many years have you served with the GAL program?
Response Rate: 6.9% (29 responses out of 419 surveys sent)
Less than One Year 4
One to Two Years 3
Three to Five Years 7
More than Five Years 15
0 5 10 15 20
Q4 What is your role with the GAL program?
Response Rate: 6.9% (29 responses out of 419 surveys sent)
Best Interest Attorney 2
Child Advocate / Volunteer 24
Child Advocate Manager 2
Child Advocate Manager 2 1
0 10 20 30
Q5 The GAL has the opportunity and is given sufficient notice to participate in staffings or service planning for children who are assigned to them.
Response Rate: 6.7% (28 responses out of 419 surveys sent)
% positive responses
100%
80%
60%
40%
20%
0%
Maximum: 83.0%
Statewide Average: 55.5%
Minimum: 25.0%
KFF: 25.0%
Q6 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.
Response Rate: 6.4% (27 responses out of 419 surveys sent)
% positive responses
100%
80%
60%
40%
20%
0%
Maximum: 72.8%
Statewide Average: 53.1%
Minimum: 18.5%
KFF: 18.5%
Q7 Case managers respond to my communications within 1 business day.
Response Rate: 6.4% (27 responses out of 419 surveys sent)
% positive responses
100%
80%
60%
40%
20%
0%
Maximum: 60.9%
KFF: 48.1%
Statewide Average: 44.6%
Minimum: 25.9%
Q8 The GAL is kept informed about developments in assigned cases.
Response Rate: 6.4% (27 responses out of 419 surveys sent)
% positive responses
100%
80%
60%
40%
20%
0%
Maximum: 54.5%
KFF: 40.7%
Statewide Average: 38.9%
Minimum: 21.7%
Q9 The GAL's recommendations are considered when decisions are being made about the children who are assigned to them, even if the agency has a different opinion.
Response Rate: 6.4% (27 responses out of 419 surveys sent)
% positive responses
100%
80%
60%
40%
20%
0%
Maximum: 66.1%
Statewide Average: 60.3%
KFF: 59.3%
Minimum: 47.6%
Response Rate is specific to the "Red Line" CBC highlighted in this report.


GAL Survey Results Summary
Percent of Positive Responses
Page 2
Q10 When there are differing opinions between the GAL and case managers regarding a case, there is an opportunity to escalate the differences.
Response Rate: 5.0% (21 responses out of 419 surveys sent)
Maximum: 89.5%
Statewide Average: 66.1%
Minimum: 42.9%
KFF: 42.9%
Q11 The GAL is provided with Judicial Review Summary Report at least 72 hours before the court hearing.
Response Rate: 6.4% (27 responses out of 419 surveys sent)
Maximum: 71.7%
Statewide Average: 56.5%
Minimum: 45.6%
KFF: 51.9%
Q12 In my opinion, the children assigned to me receive services that are required to meet their needs.
Response Rate: 6.4% (27 responses out of 419 surveys sent)
Maximum: 84.8%
Statewide Average: 67.8%
KFF: 66.7%
Minimum: 31.8%
Q13 In my opinion, the children assigned to me receive services they need in a timely manner.
Response Rate: 6.4% (27 responses out of 419 surveys sent)
Maximum: 66.7%
Statewide Average: 47.6%
KFF: 33.3%
Minimum: 17.4%
Q14 In my opinion, the children assigned to me are placed in the most appropriate placement.
Response Rate: 6.4% (27 responses out of 419 surveys sent)
Maximum: 85.2%
Statewide Average: 73.3%
KFF: 70.4%
Minimum: 28.6%
Q15 When children make a placement move, the assigned GAL is informed within 1 business day of the move.
Response Rate: 5.0% (21 responses out of 419 surveys sent)
Maximum: 58.1%
Statewide Average: 43.9%
KFF: 38.1%
Minimum: 28.6%
% positive responses
100%
80%
60%
40%
20%
0%


GAL Survey Results Summary
Percent of Positive Responses
Page 3
Q16 Siblings who are assigned to me are placed together, or if not visit at least once a month.
Response Rate: 5.7% (24 responses out of 419 surveys sent)
Maximum: 87.0%
Statewide Average: 68.3%
KFF: 66.7%
Minimum: 45.0%
Q17 Case Managers respond to concerns the GAL has about a child's psychotropic medications.
Response Rate: 3.8% (16 responses out of 419 surveys sent)
Maximum: 94.6%
KFF: 87.5%
Statewide Average: 75.4%
Minimum: 63.9%
Q18 Children assigned to me are allowed to have normalcy in their setting by participating in activities that are considered normal for their age group.
Response Rate: 6.2% (26 responses out of 419 surveys sent)
Maximum: 86.3%
Statewide Average: 74.5%
KFF: 69.2%
Minimum: 43.5%
Q19 I am provided with opportunities to learn about system barriers and challenges, and the activities that the CBC is taking to overcome these.
Response Rate: 5.5% (23 responses out of 419 surveys sent)
Maximum: 68.4%
Statewide Average: 46.7%
Minimum: 34.5%
KFF: 34.8%
% positive responses
100%
80%
60%
40%
20%
0%
* 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.
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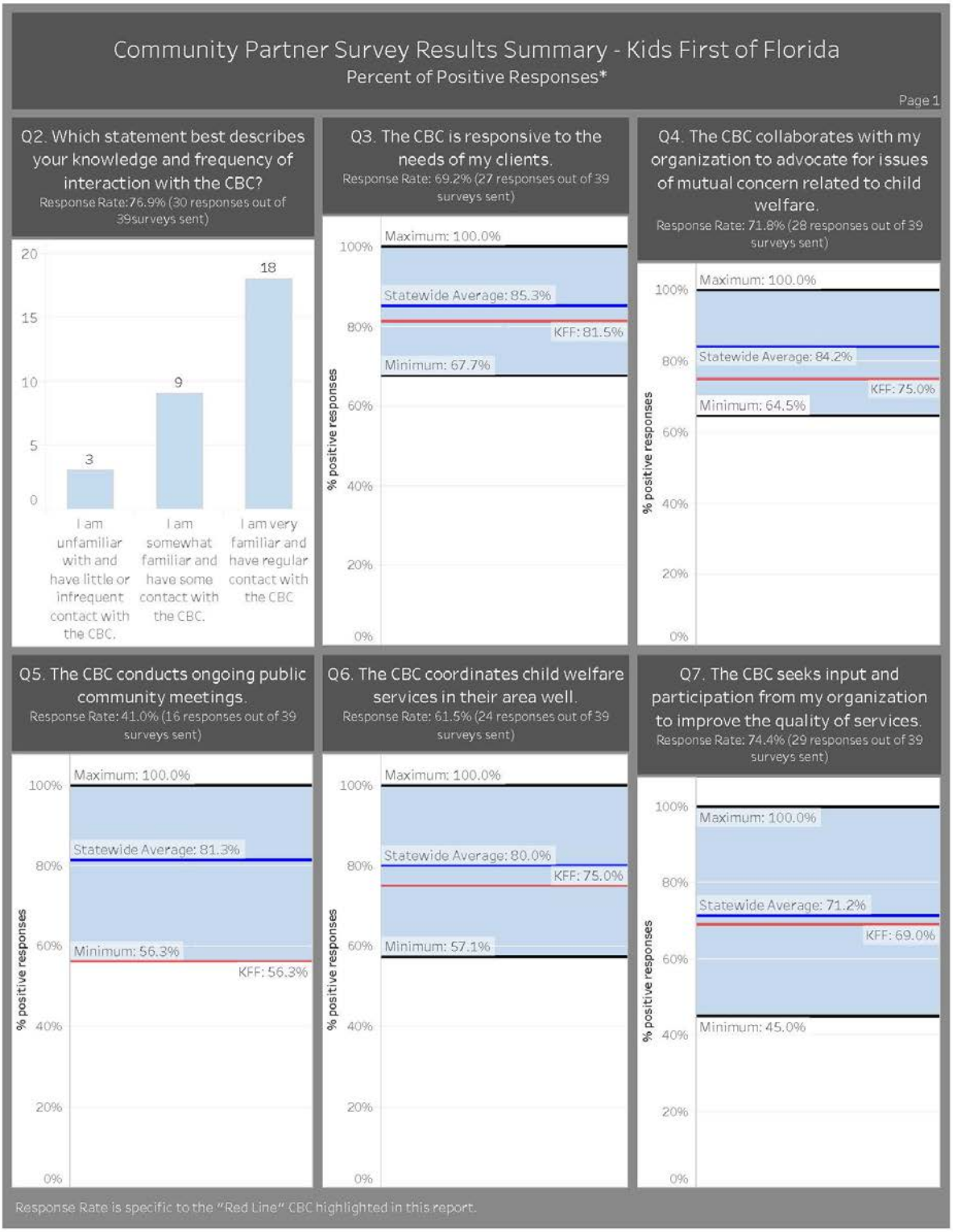
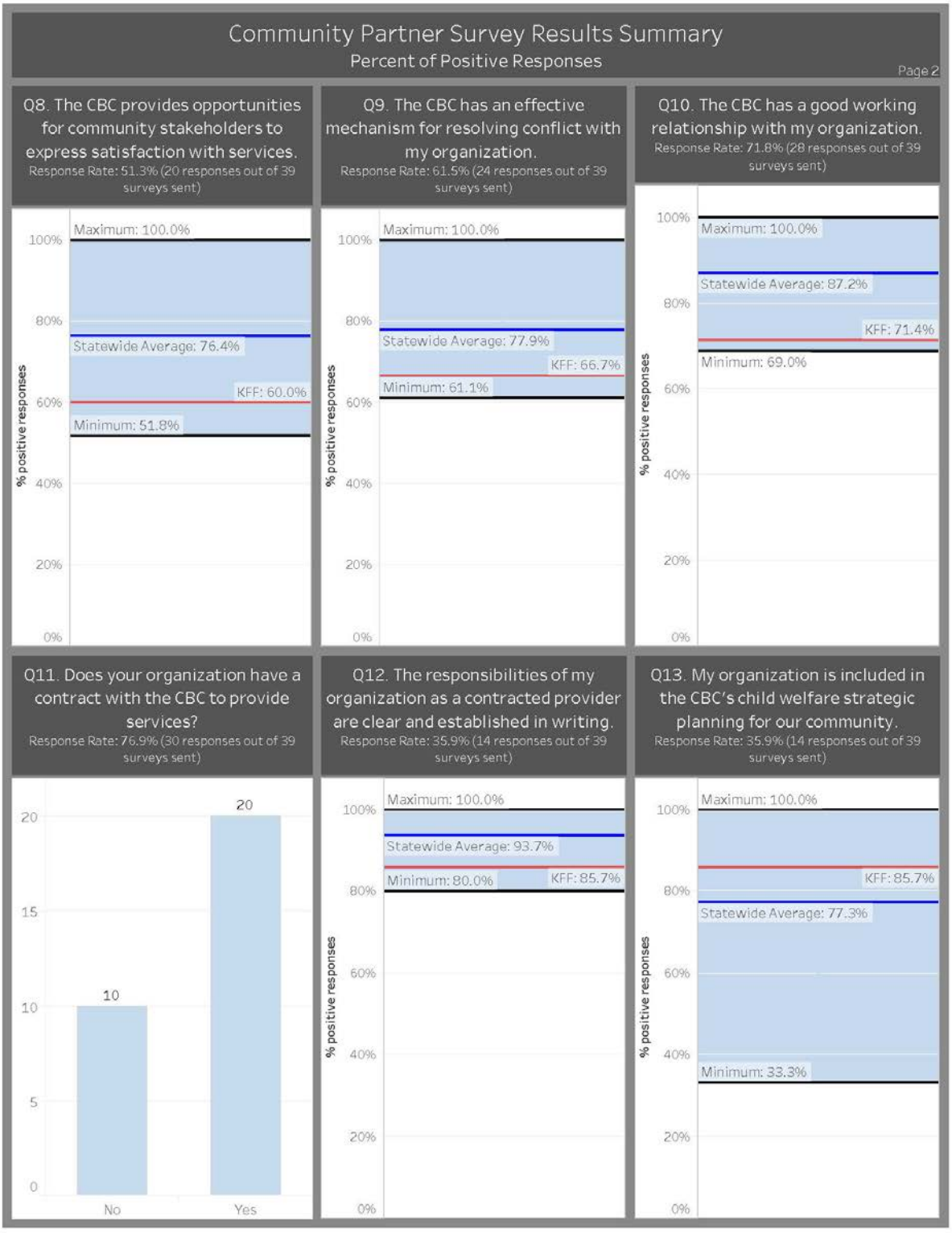
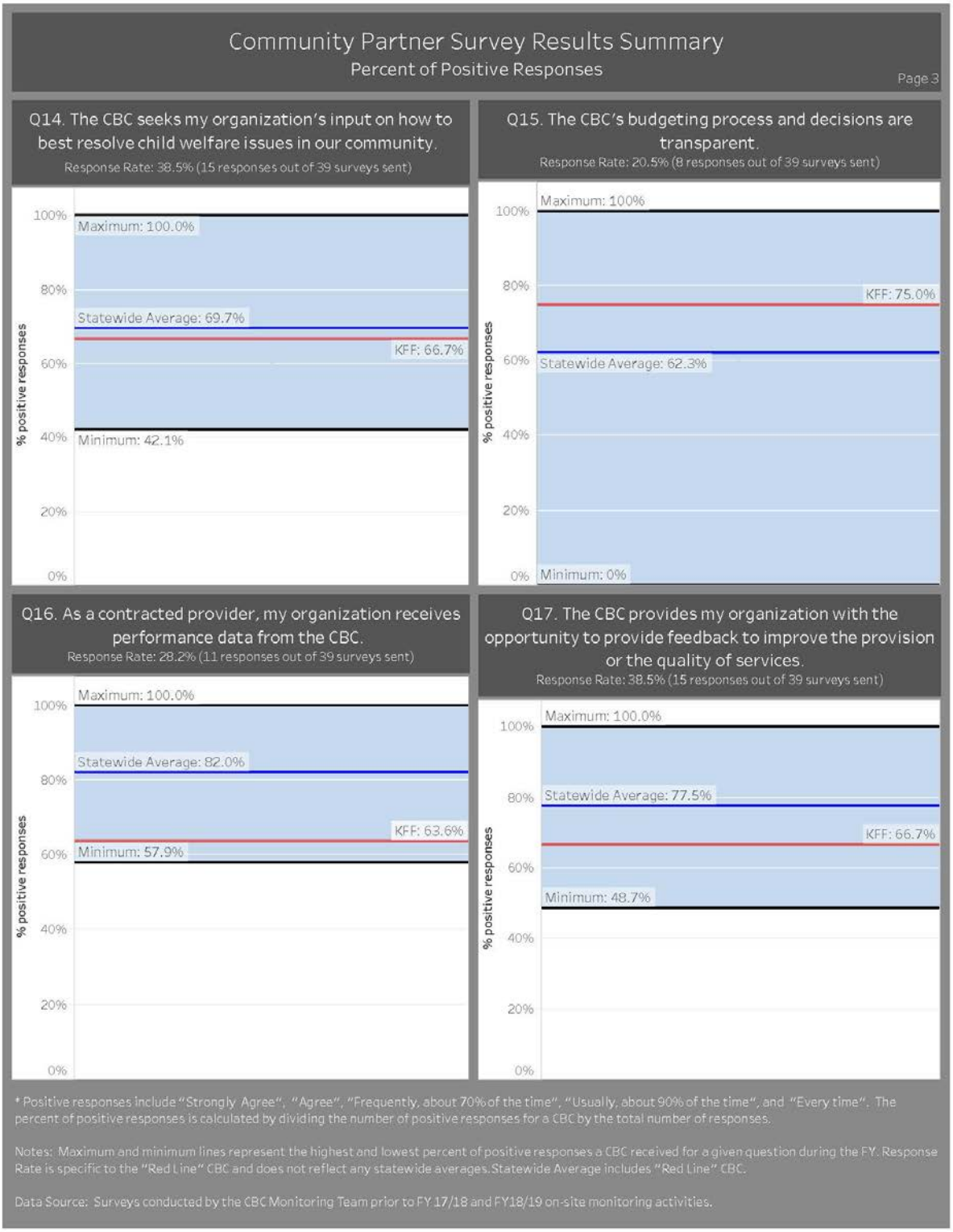

Community Partner Survey Results Summary - Kids First of Florida
Percent of Positive Responses*
Page 1
Q2. Which statement best describes your knowledge and frequency of interaction with the CBC?
Response Rate: 76.9% (30 responses out of 39surveys sent)
20
15
10
5
0
3
9
18
I am unfamiliar with and have little or infrequent contact with the CBC.
I am somewhat familiar and have some contact with the CBC.
I am very familiar and have regular contact with the CBC
Q3. The CBC is responsive to the needs of my clients.
Response Rate: 69.2% (27 responses out of 39 surveys sent)
Maximum: 100.0%
Statewide Average: 85.3%
KFF: 81.5%
Minimum: 67.7%
% positive responses
100%
80%
60%
40%
20%
0%
Q4. The CBC collaborates with my organization to advocate for issues of mutual concern related to child welfare.
Response Rate: 71.8% (28 responses out of 39 surveys sent)
Maximum: 100.0%
Statewide Average: 84.2%
KFF: 75.0%
Minimum: 64.5%
% positive responses
Q5. The CBC conducts ongoing public community meetings.
Response Rate: 41.0% (16 responses out of 39 surveys sent)
Maximum: 100.0%
Statewide Average: 81.3%
Minimum: 56.3%
KFF: 56.3%
% positive responses
Q6. The CBC coordinates child welfare services in their area well.
Response Rate: 61.5% (24 responses out of 39 surveys sent)
Maximum: 100.0%
Statewide Average: 80.0%
KFF: 75.0%
Minimum: 57.1%
% positive responses
Q7. The CBC seeks input and participation from my organization to improve the quality of services.
Response Rate: 74.4% (29 responses out of 39 surveys sent)
Maximum: 100.0%
Statewide Average: 71.2%
KFF: 69.0%
Minimum: 45.0%
% 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
Q8. The CBC provides opportunities for community stakeholders to express satisfaction with services.
Response Rate: 51.3% (20 responses out of 39 surveys sent)
Maximum: 100.0%
Statewide Average: 76.4%
KFF: 60.0%
Minimum: 51.8%
% positive responses
Q9. The CBC has an effective mechanism for resolving conflict with my organization.
Response Rate: 61.5% (24 responses out of 39 surveys sent)
Maximum: 100.0%
Statewide Average: 77.9%
KFF: 66.7%
Minimum: 61.1%
% positive responses
Q10. The CBC has a good working relationship with my organization.
Response Rate: 71.8% (28 responses out of 39 surveys sent)
Maximum: 100.0%
Statewide Average: 87.2%
KFF: 71.4%
Minimum: 69.0%
% positive responses
Q11. Does your organization have a contract with the CBC to provide services?
Response Rate: 76.9% (30 responses out of 39 surveys sent)
20
10
No
Yes
Q12. The responsibilities of my organization as a contracted provider are clear and established in writing.
Response Rate: 35.9% (14 responses out of 39 surveys sent)
Maximum: 100.0%
Statewide Average: 93.7%
Minimum: 80.0%
KFF: 85.7%
% positive responses
Q13. My organization is included in the CBC's child welfare strategic planning for our community.
Response Rate: 35.9% (14 responses out of 39 surveys sent)
Maximum: 100.0%
KFF: 85.7%
Statewide Average: 77.3%
Minimum: 33.3%
% positive responses


Community Partner Survey Results Summary
Percent of Positive Responses
Page 3
Q14. The CBC seeks my organization's input on how to best resolve child welfare issues in our community.
Response Rate: 38.5% (15 responses out of 39 surveys sent)
Maximum: 100.0%
Statewide Average: 69.7%
KFF: 66.7%
Minimum: 42.1%
% positive responses
Q15. The CBC's budgeting process and decisions are transparent.
Response Rate: 20.5% (8 responses out of 39 surveys sent)
Maximum: 100%
KFF: 75.0%
Statewide Average: 62.3%
Minimum: 0%
Q16. As a contracted provider, my organization receives performance data from the CBC.
Response Rate: 28.2% (11 responses out of 39 surveys sent)
Maximum: 100.0%
Statewide Average: 82.0%
KFF: 63.6%
Minimum: 57.9%
Q17. The CBC provides my organization with the opportunity to provide feedback to improve the provision or the quality of services.
Response Rate: 38.5% (15 responses out of 39 surveys sent)
Maximum: 100.0%
Statewide Average: 77.5%
KFF: 66.7%
Minimum: 48.7%
* 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.
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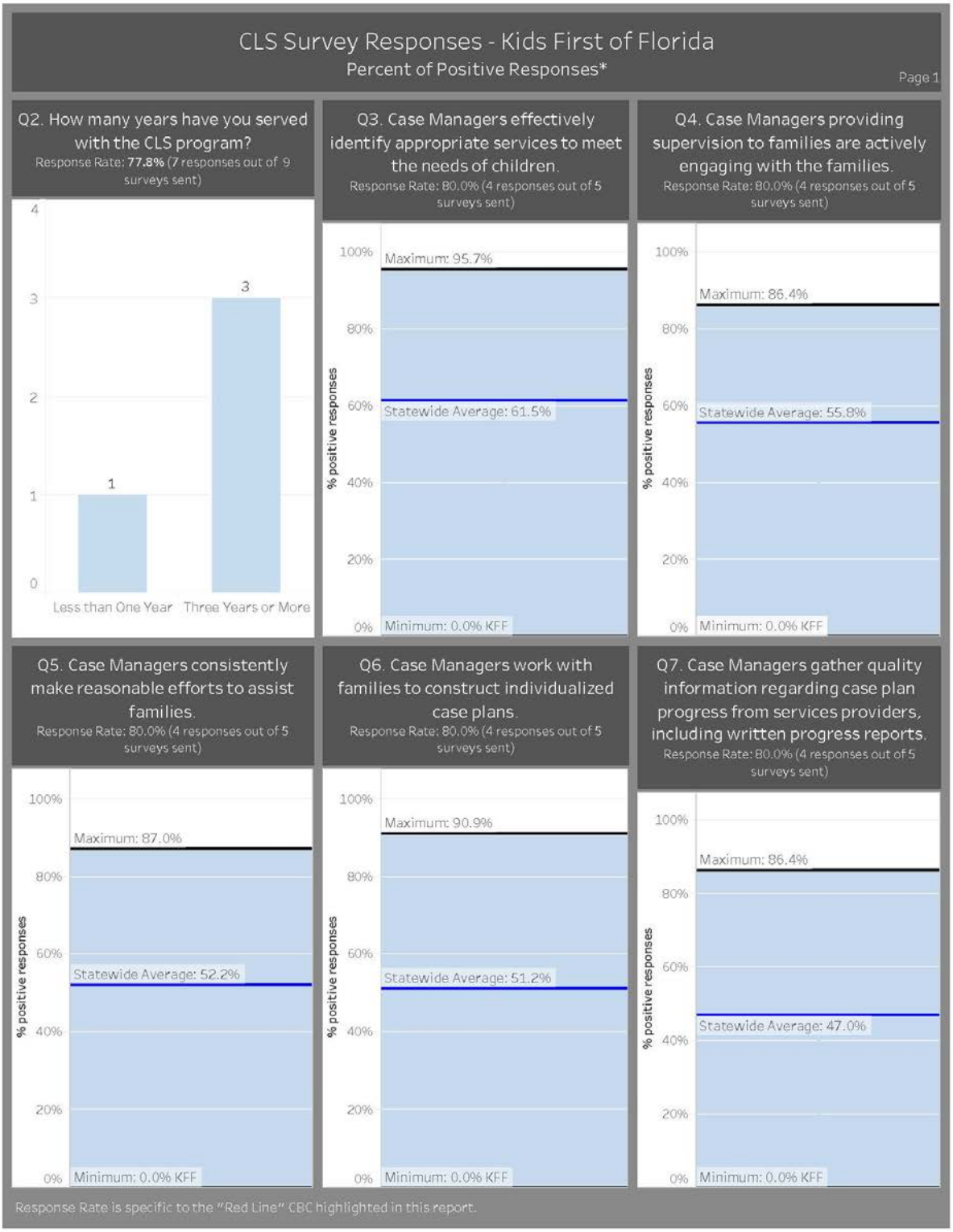
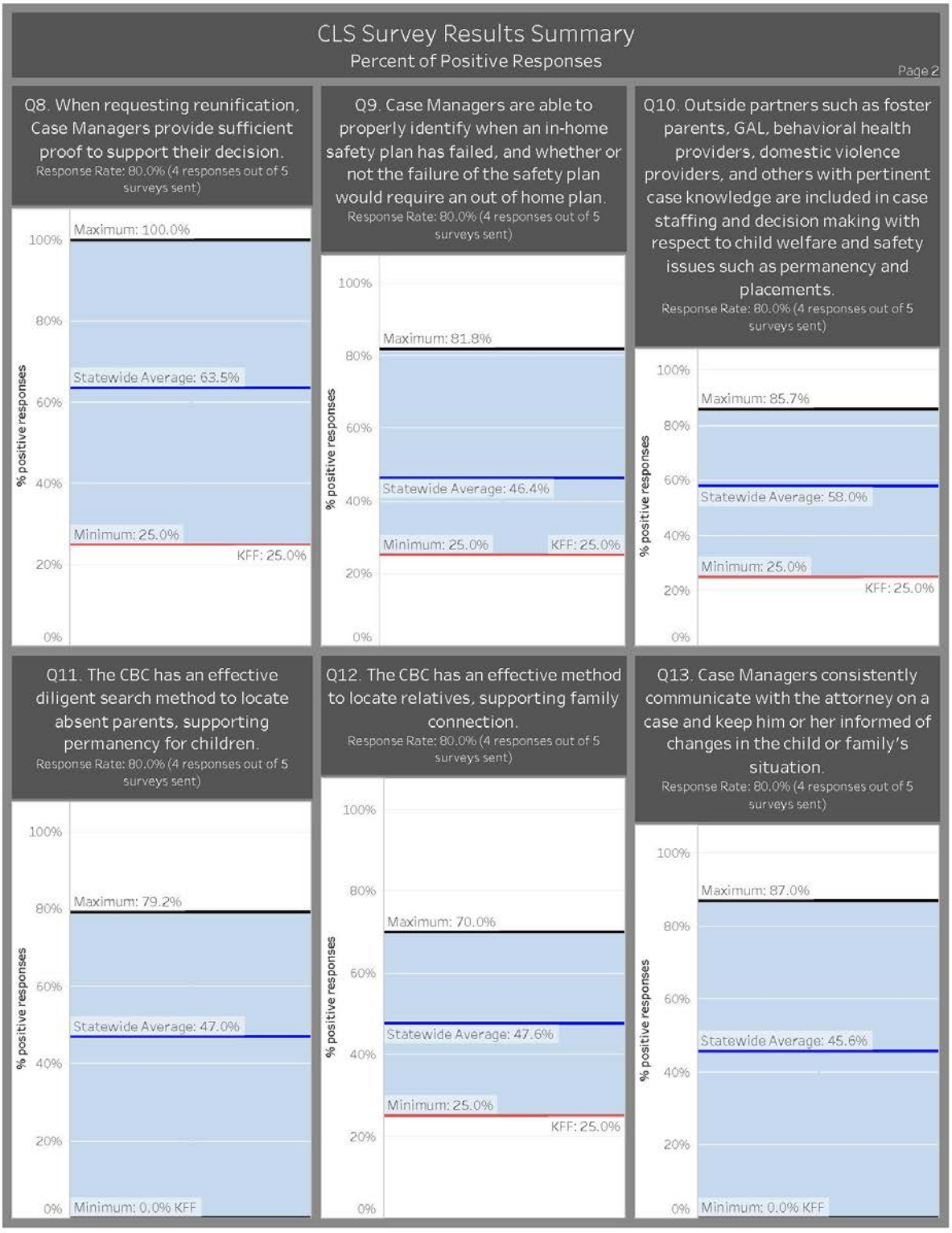
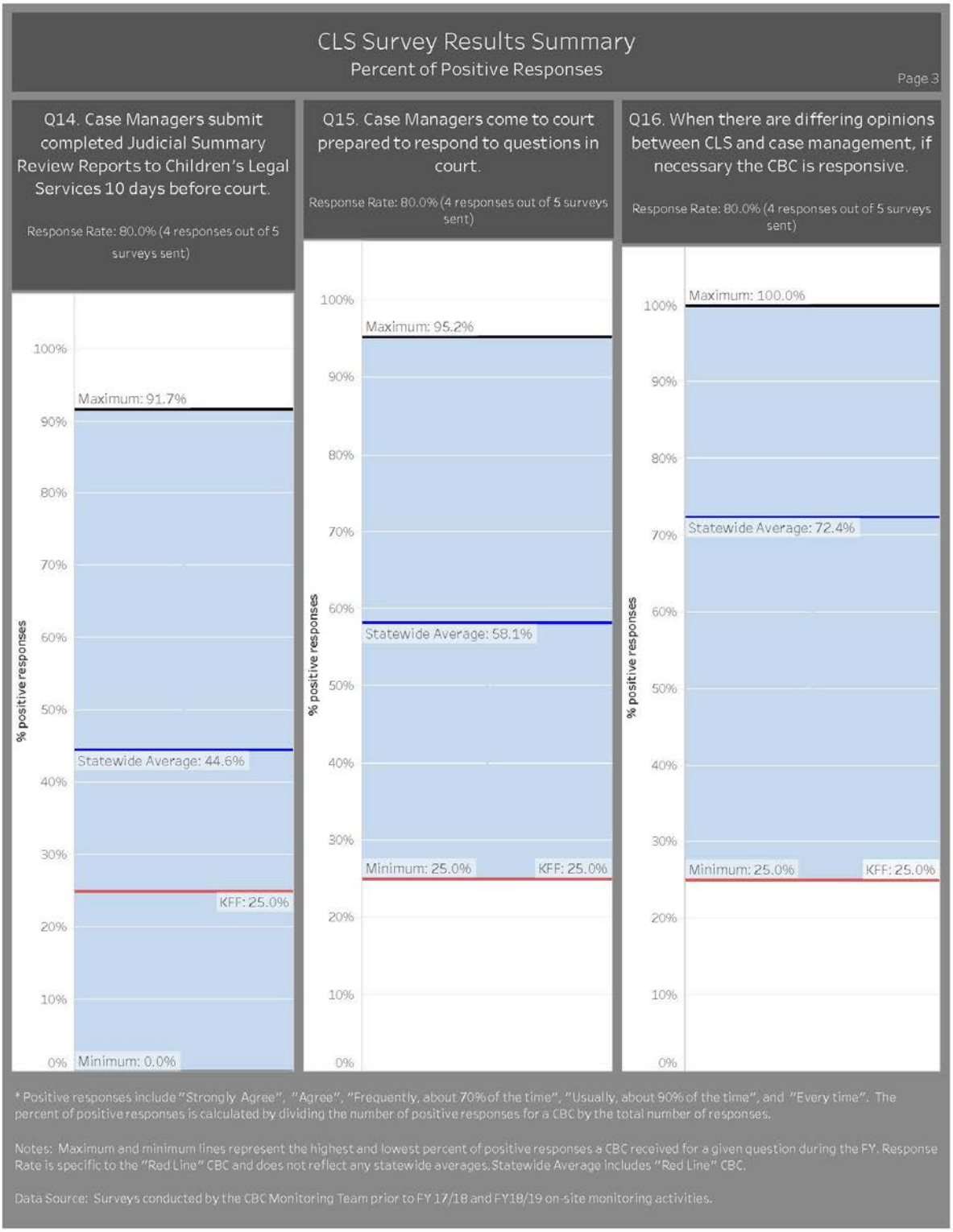

CLS Survey Responses - Kids First of Florida
Percent of Positive Responses*
Page 1
Q2. How many years have you served with the CLS program?
Response Rate: 77.8% (7 responses out of 9 surveys sent)
4
3
2
1
0
1
3
Less than One Year
Three Years or More
Q3. Case Managers effectively identify appropriate services to meet the needs of children.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
100%
80%
60%
40%
20%
0%
% positive responses
Maximum: 95.7%
Statewide Average: 61.5%
Minimum: 0.0% KFF
Q4. Case Managers providing supervision to families are actively engaging with the families.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
Maximum: 86.4%
Statewide Average: 55.8%
Minimum: 0.0% KFF
Q5. Case Managers consistently make reasonable efforts to assist families.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
Maximum: 87.0%
Statewide Average: 52.2%
Minimum: 0.0% KFF
Q6. Case Managers work with families to construct individualized case plans.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
Maximum: 90.9%
Statewide Average: 51.2%
Minimum: 0.0% KFF
Q7. Case Managers gather quality information regarding case plan progress from services providers, including written progress reports.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
Maximum: 86.4%
Statewide Average: 47.0%
Minimum: 0.0% KFF
Response Rate is specific to the "Red Line" CBC highlighted in this report.

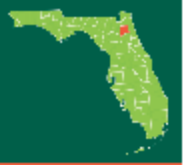

CLS Survey Results Summary
Percent of Positive Responses
Page 2
Q8. When requesting reunification, Case Managers provide sufficient proof to support their decision.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
Maximum: 100.0%
Statewide Average: 63.5%
Minimum: 25.0%
KFF: 25.0%
Q9. Case Managers are able to properly identify when an in-home safety plan has failed, and whether or not the failure of the safety plan would require an out of home plan.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
Maximum: 81.8%
Statewide Average: 46.4%
Minimum: 25.0%
KFF: 25.0%
Q10. Outside partners such as foster parents, GAL, behavioral health providers, domestic violence providers, and others with pertinent case knowledge are included in case staffing and decision making with respect to child welfare and safety issues such as permanency and placements.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
Maximum: 85.7%
Statewide Average: 58.0%
Minimum: 25.0%
KFF: 25.0%
Q11. The CBC has an effective diligent search method to locate absent parents, supporting permanency for children.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
Maximum: 79.2%
Statewide Average: 47.0%
Minimum: 0.0% KFF
Q12. The CBC has an effective method to locate relatives, supporting family connection.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
Maximum: 70.0%
Statewide Average: 47.6%
Minimum: 25.0%
KFF: 25.0%
Q13. Case Managers consistently communicate with the attorney on a case and keep him or her informed of changes in the child or family's situation.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
Maximum: 87.0%
Statewide Average: 45.6%
Minimum: 0.0% KFF
% positive responses
100%
80%
60%
40%
20%
0%


CLS Survey Results Summary
Percent of Positive Responses
Page 3
Q14. Case Managers submit completed Judicial Summary Review Reports to Children's Legal Services 10 days before court.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
Q15. Case Managers come to court prepared to respond to questions in court.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
Q16. When there are differing opinions between CLS and case management, if necessary the CBC is responsive.
Response Rate: 80.0% (4 responses out of 5 surveys sent)
% positive responses
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Maximum: 91.7%
Statewide Average: 44.6%
KFF: 25.0%
Minimum: 0.0%
Maximum: 95.2%
Statewide Average: 58.1%
Minimum: 25.0%
KFF: 25.0%
Maximum: 100.0%
Statewide Average: 72.4%
Minimum: 25.0%
KFF: 25.0%
* Positive responses include "Strongly Agree", "Agree", "Frequently, about 70% of the time", "Usually, about 90% of the time", and "Every time". The percent of positive responses is calculated by dividing the number of positive responses for a CBC by the total number of responses.
Notes: Maximum and minimum lines represent the highest and lowest percent of positive responses a CBC received for a given question during the FY. Response Rate is specific to the "Red Line" CBC and does not reflect any statewide averages. Statewide Average includes "Red Line" CBC.
Data Source: Surveys conducted by the CBC Monitoring Team prior to FY 17/18 and FY18/19 on-site monitoring activities.

OVERALL COUNTY RANK
5

– 2018 FLORIDA CHILD WELL-BEING INDEX –

Clay County



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

ECONOMIC WELL-BEING
DOMAIN RANK 2

	Baseline Year	%	Current Year	%	Number	Change
Children in poverty	2011	15.1	2016	13.5	6,592	👍
Unemployment rate	2011	9.1	2016	4.5	4,546	👍
High housing cost burden (>30% income spent)	2007-2011	32.5	2012-2016	28.1	19,835	👍
Teens not in school and not working	2007-2011	10.5	2012-2016	4.7	519	👍

EDUCATION WELL-BEING
DOMAIN RANK 16

	Baseline Year	%	Current Year	%	Number	Change
3 & 4 year old children not enrolled in school	2007-2011	48.5	2012-2016	54.2	2,694	👎
4th grade students not proficient in English Language Arts	2014/15	72.0	2015/16	73.0	1,959	👎
8th grade students not proficient in math	2014/15	71.0	2015/16	70.0	1,420	👍
High school students not graduating on time	2011/12	25.8	2015/16	15.3	470	👍

HEALTH WELL-BEING
DOMAIN RANK 14

	Baseline Year	%	Current Year	%	Number	Change
Low-birthweight babies	2011	8.0	2016	7.8	172	*Unchanged*
Uninsured children	2010	9.3	2015	6.2	3,165	👍
Overweight and obese 1st, 3rd & 6th grade students	2010/11	32.7	2015/16	30.2	2,279	👍
High school teens who used alcohol/drugs (past 30 days)	2012	42.7	2016	35.1	240	👍

FAMILY & COMMUNITY
DOMAIN RANK 3

	Baseline Year	%	Current Year	%	Number	Change
Children in single parent families	2007-2011	28.7	2012-2016	27.1	11,455	👍
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	11.2	2016/17	7.5	384	👍
Youth contacts with the juvenile justice system (per 1,000)	2011/12	25.9	2016/17	12.2	297	👍

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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2018 Florida Child Well-Being Index

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

ECONOMIC WELL-BEING

	Baseline Year	%	Current Year	%	Number	Change
Children in poverty	2011	25.1	2016	21.3	869,892	👍
Unemployment rate	2011	10.0	2016	4.9	480,368	👍
High housing cost burden (>30% income spent)	2007-2011	43.1	2012-2016	37.3	2,754,755	👍
Teens not in school and not working	2007-2011	9.8	2012-2016	8.0	75,614	👍

EDUCATION WELL-BEING

	Baseline Year	%	Current Year	%	Number	Change
3 & 4 year old children not enrolled in school	2007-2011	48.9	2012-2016	49.5	223,266	*Unchanged*
4th grade students not proficient in English Language Arts	2014/15	73	2015/16	74.0	154,853	👎
8th grade students not proficient in math	2014/15	81	2015/16	78.0	105,044	👍
High school students not graduating on time	2011/12	25.5	2015/16	19.3	38,214	👍

HEALTH WELL-BEING

	Baseline Year	%	Current Year	%	Number	Change
Low-birthweight babies	2011	8.7	2016	8.7	19,661	*Unchanged*
Uninsured children	2010	13.4	2015	7.3	312,070	👍
Overweight and obese 1st, 3rd & 6th grade students	2010/11	34.4	2015/16	35.0	199,422	*Unchanged*
High school teens who used alcohol/drugs (past 30 days)	2012	40.4	2016	32.9	12,425	👍

FAMILY & COMMUNITY

	Baseline Year	%	Current Year	%	Number	Change
Children in single parent families	2007-2011	34.1	2012-2016	35.7	1,258,425	👎
Children living in high poverty areas	2007-2011	10.7	2012-2016	12.3	500,585	👎
Children with verified maltreatment (per 1,000)	2011/12	9.3	2016/17	8.3	34,481	*Unchanged*
Youth contacts with the juvenile justice system (per 1,000)	2011/12	30.0	2016/17	17.8	33,389	👍

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