



Communities Connected for Kids, Inc.

Contract Monitoring Report

On-Site Completed: April 2019

Report Issued: October 2019

As required by section 402.7305 F.S., The Department of Children and Families completed an On-Site Contract monitoring of Communities Connected for Kids, 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 ZJK85

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
SECTION 1: PERFORMANCE AT A GLANCE	3
SECTION 2: CONTRACT MONITORING PROCESS	5
SECTION 3: SERVICE AREA DESCRIPTION	5
CHILD WELFARE PARTNERS	6
CHILD FATALITIES.....	6
SECTION 4: AGENCY SUMMARY	7
NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED	8
FINANCIAL VIABILITY SUMMARY	8
SECTION 5: PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA	9
CONTRACT AND CBC SCORECARD MEASURES	11
CHILD SAFETY	13
PERMANENCY	17
WELL-BEING	23
SECTION 6: SERVICE ARRAY FOR SAFETY MANAGEMENT AND FAMILY SUPPORT SERVICES.....	25
SECTION 7: LEADERSHIP AND GOVERNANCE	27
SECTION 8: WORKFORCE MANAGEMENT	29
SECTION 9: CONTINUOUS QUALITY IMPROVEMENT	33
SECTION 10: PLACEMENT RESOURCES AND PROCESS	35
SECTION 11: PRACTICE	41
SECTION 12: PARTNERSHIP RELATIONS.....	42
SECTION 13: COMMUNITY RELATIONSHIPS	46
SECTION 14: ACTIONS TAKEN IN RESPONSE TO PREVIOUS MONITORING ACTIVITIES	47
SECTION 15: ON-SITE MONITORING SUMMARY	49
SECTION 16: INNOVATIVE PRACTICES	54
SECTION 17: APPENDIX 1	55
SECTION 18: APPENDIX 2	73

EXECUTIVE SUMMARY

This report provides findings for the contract monitoring of Communities Connected for Kids, Inc (CCKids). The on-site monitoring was conducted the week of April 22, 2019 and focused on CCKids' child welfare system of care. The monitoring process included a review of Communities Connected for Kids, Inc. programmatic and administrative operations. In addition, the Community Based Care contract monitoring team reviewed fiscal monitoring reports. Findings are based on an analysis of child welfare performance indicators and quality assurance data and other information obtained through supporting documents, interviews, surveys, and focus groups. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) continuous quality improvement process; (4) placement resources and process; (5) child welfare practice; (6) partnership relations and (7) community relationships. Additionally, an administrative review was completed of subcontracts, critical incidents, Employment Eligibility Verification, Information Security, and HIPPA Data Security.

Significant findings of each category are below:

Leadership and Governance:

- *CCKids leadership remains stable, transparent and true to their stated mission, vision and values, which aligns with the Department's. They are valued partners within the community.*
- *CCKids, formerly known as Devereux Community Based Care of Okeechobee and the Treasure Coast, rebranded as Communities Connected for Kids as of July 2018 and currently are in the process of transitioning to a fully local, community-based Board of Directors. The strategic plan is being analyzed and updated.*
- *The Board of Directors maintains the quality management sub-committee to provide in-depth analysis of performance, quality and risk management functions.*
- *Institutional knowledge is accessible and continually shared. CCK utilizes a structured professional development plan assessing skill development, behavior and core competencies for each staff member. Each employee also completes an individual development plan to address future aspirations and steps to ascend.*

Workforce Management:

- *Targets for caseloads are monitored and changes in contractual agreements have been made to allow for over-hire both within CCKids case management and the subcontracted agency, Children's Home Society.*
- *Case manager and supervisor turnover rates are high and may require additional strategies to address this through CHS. CHS exit interviews are completed, but routine analysis of the data could be strengthened.*
- *CCKids training program is strong, providing pre-service and in-service training opportunities to DCF and case management staff. The training department also provides quarterly guest speaker trainings in which community providers and partners can attend. Training staff are well respected and provide on-going support to frontline staff.*

Continuous Quality Improvement Process:

- *CCKids leadership has strongly emphasized the use of both performance and quality data to drive practice. Data is openly discussed at meetings and everyone within the system of care knows it is a priority. Frontline staff are aware and able to articulate an understanding of the performance measures and why they are important.*
- *CCKids uses face-to-face consultations with case managers to review findings from Rapid Safety Feedback (RSF), Continuous Quality Improvement (CQI) and Child and Family Services Review (CFSR) case reviews. They also utilize a peer review process that includes a face-to-face consultation.*
- *CCKids has incorporated stakeholder interviews and surveys as part of their CQI process.*
- *Quality Management staff and revenue maximization staff are tenured and continue to foster an atmosphere of strength-based coaching, consultations, and professional growth.*
- *CCKids uses in-depth analysis to inform training, and note trends, gaps, strengths, needs and opportunities for improvement. Quality staff are embedded in every facet of the agency.*

Placement Resources and Process:

- *CCKids has expectations outlined for foster home recruitment that are monitored by the contracts team and quality management team. Analysis around the impact and success of current recruitment strategies is monitored.*
- *Identification and communication to foster parents about available resources based on the foster parent focus group and surveys could be strengthened. CCKids has implemented annual foster parent surveys to begin addressing these issues.*
- *The placement process is consistent and provides for best match approach to placements, however, foster home capacity restricts this process.*
- *The Independent Living/Extended Foster Care team are a strength to the agency and consistently advocate to ensure the youth have what they need, work hard to get it, and learn valuable life skills along the way.*

Child Welfare Practice:

- *CCKids continues to embrace the core tenets of the practice model and focus on increasing the knowledge level among staff by using the training resources available.*
- *There is a focus on trauma-informed care and family centered practice, including training to increase awareness of the concepts.*
- *CQI/CFSR reviews show that there is inconsistent application of trauma-informed care and family centered practice concepts, making the practice model and it's concepts a continual work in progress.*

Partnership Relations:

- *CCKids has been diligent in maintaining constant and consistent communication with their partners. There are a variety of forums and venues in which open discussion regarding systemic factors, case specific factors and conflict resolution can occur. Focus groups revealed further needs to address communication ensuring consistency and imaginative applications.*

Community Relationships:

- *CCKids is well known in the community, appreciated, and spoken of in respectful terms. They have maintained an air of transparency and collaboration within the community. CCKids staff are involved in various community chambers, boards, committees, workgroups and partner agency discussions.*

Administrative Findings:

- *Incident Reporting*
 - *82% of sampled critical incidents were entered timely in IRAS.*
- *Employment Eligibility*
 - *67% of newly hired staff had E-Verify cases created timely.*
- *Information Security*
 - *100% of security agreements and training certificates completed.*
- *HIPAA Data Security*
 - *The providers HIPAA data security policies and procedures are appropriate.*
- *Subcontracts*
 - *One standard contract clause was not passed through in its entirety to the subcontracted agencies contracts.*

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 CCKIDS's performance is depicted later in this report.

Data Basics

Communities Connected for Kids

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

Produced by Data Advocacy, Casey Family Programs

Data source: state-submitted AFCARS and NCANDS files

Date prepared: 3/20/2019

CBC Florida national

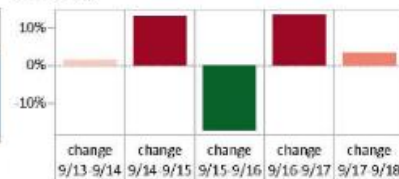
of children in care

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



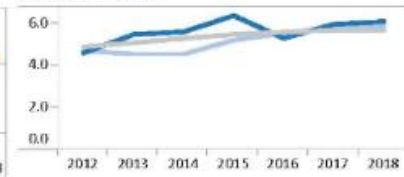
year over year change in the

in care



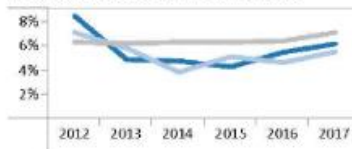
rate in care

(per 1,000, < age 18)

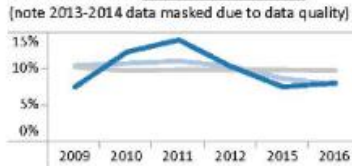


Safety

% children who experience repeat maltreatment within 6 months



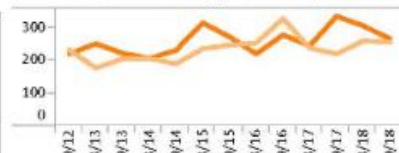
% children who experience repeat maltreatment within 12 months



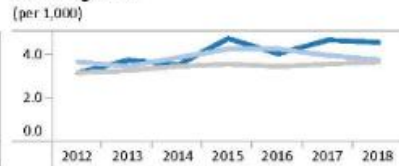
Entries

of children entering & exiting

(6 month entry cohorts ending on each date)

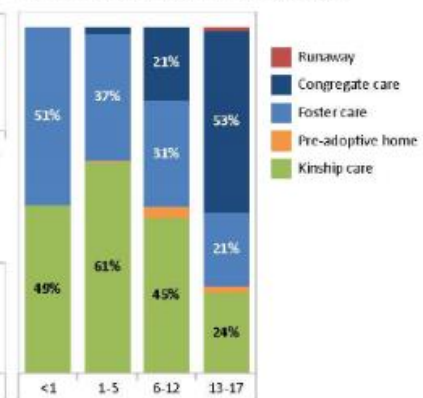


rate of children entering care



Placement

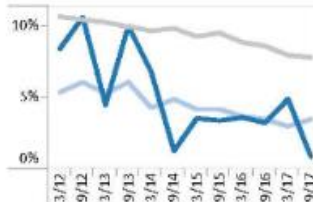
placement settings for children in care, by age (for all children in care on 9/30/2018)



Timely & Stable Permanency

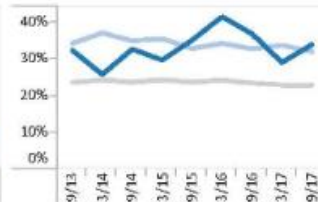
% permanency within 30 days of entering care

(6 month entry cohorts ending on each date)

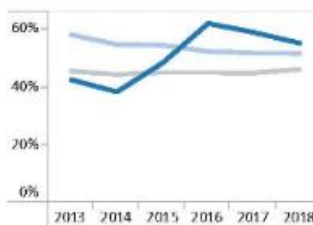


% permanency within 3-12 months of entering care

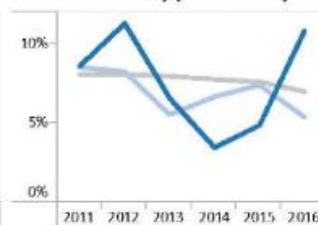
(6 month entry cohorts ending on each date)



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



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

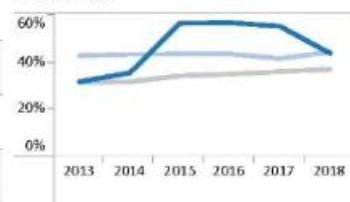


Children In Care 2+ Years (9/30/2018)

in care 2+ years

#	100
%	13%
state	19%
Nat'l (2018)	26%

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



profile of current caseload in care 2+ years

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

	ages 2-12			ages 13-17	
	Reunif	Adopt	NA	Reunif	Adopt
Congregate care		10%			18%
Foster care	2%	19%	3%	2%	2%
Kinship care		31%			4%
Pre-adoptive home		3%			

SECTION 2: CONTRACT MONITORING PROCESS

The monitoring process included a review of Communities Connected for Kids, Inc. 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, subcontracts were administratively reviewed, along with critical incidents, Employment Eligibility Verification, Information Security, and HIPPA Data Security.

Supplementary information was provided by the Department’s Office of Financial Management Services, Community-Based Care (CBC)/Managing Entity (ME) Financial Accountability, Office of Child Welfare and Southeast 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 CCKIDS and DCF staff including leadership from the Southeast Region, Communities Connected for Kids, Inc. management level and specialist level staff, case managers, case manager supervisors and case management leadership, whether internal to CBC or subcontracted to case management organizations. Focus groups were held to obtain information from DCF child protective investigators, Children’s Legal Services, community partners, and foster parents.

The CBC monitoring team consisted of Department of Children and Families Community Based Care Monitoring Unit staff- Alissa Cross and Reneé Gill, DCF Child Welfare representatives Kathleen Cowen/Suncoast Region and Rebecca Robinson/Northeast Region, and CBC representatives Sarah Markman/Family Support Services of North Florida and Bill Nunnally/Heartland for Children.

SECTION 3: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community Communities Connected for Kids, Inc. 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.

CCKIDS serves the children and families in Martin, St. Lucie, Okeechobee and Indian River counties representing the 19 Judicial Circuit in the Southeast Region. The table below provides key US Census Facts for these counties as compared to the statewide percentages.

Census Facts					
US Census Facts	Florida	Indian River	Martin	Okeechobee	St. Lucie
Median Household Income	\$48,900	\$47,466	\$52,622	\$36,415	\$44,140
Percent of population living in poverty	14.7%	12.3%	11.3%	20.2%	17.0%
Percent of population over 25 years old with a college degree	27.9%	27.2%	31.5%	10.7%	19.8%
Percent of population over 25 years old with high school diploma	87.2%	87.6%	90.0%	71.9%	88.8%

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

Okeechobee and St. Lucie counties have a higher percent of the population living in poverty than the state, with Okeechobee being significantly higher than the other counties. In contrast, Indian River and Martin counties have a lower percent of the population living in poverty than the state. Martin County has the highest percentage of the population with a high school diploma, college degree and highest median income of the four counties. Martin County is the only county in which the median income surpasses the state rate and does so by about \$4,000. Okeechobee County is the most rural county and has the lowest percentage of the population with a high school diploma, college degree as well as the lowest median income of the four counties.

CHILD WELFARE PARTNERS

Communities Connected for Kids serves Circuit 19, including St. Lucie, Martin, Okeechobee, and Indian River counties. The Department of Children and Families oversees Child Protective Investigations and Children’s Legal Services. In 2013, Circuit 19 transitioned from the Central Region to the Southeast Region leadership. While CCKids provides direct case management services in St. Lucie County, they subcontract with Children’s Home Society for these services in Martin, Indian River, and Okeechobee counties. CCKids subcontracts through Boys Town for safety management services (SMS) and family support services (FSS). CCKids also subcontracts with Hibiscus, CASTLE, BoysTown and Behavior Basics for family support services. CCKids subcontracts with four child placing agencies (Camelot Community Care, Place of Hope, Mount Bethel Human Services and 4KIDS) to conduct recruitment and licensing of foster parents.

There are three active Foster Parent Associations through Indian River, Saint Lucie and Martin counties. CCKids has formed a solid and strong partnership with their local managing entity, Southeast Florida Behavioral Health Network.

CHILD FATALITIES

BIRTH AND INFANT MORTALITY RATES

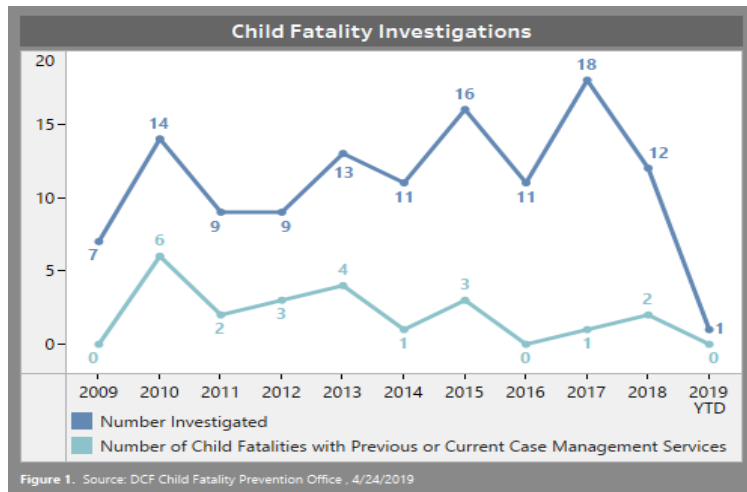
Okeechobee County, the most rural of the four counties in circuit 19, has a generally higher poverty rate, birth rate and infant mortality rate than the state rate. Indian River and Martin counties have similar birth rates; however, Indian River County has a higher infant mortality rate. St. Lucie County is the most populated county of the circuit and has a birth and infant mortality rate close to the statewide rates of 10.9 and 6.1, respectively.

County	Birth Rate per 1,000 Population - Statewide Rate in 2017: 10.9					Infant Mortality Per 1,000 Population - Statewide Rate in 2017: 6.1				
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
Indian River	8.7	9.1	8.6	8.5	8.5	6.6	4.7	7.2	8	7.1
Martin	7.9	8.5	8.4	8.4	8.4	6.8	7.1	4.8	7.1	5.5
Okeechobee	13.1	13.9	13	1.8	13	7.7	9	5.7	6.2	7.4
St. Lucie	10.6	10.5	10.7	10.2	10.1	4.3	6.1	5.8	5.3	4.6

Table 2. Source: flhealthcharts.com, Data Run Feb 2019

CHILD FATALITY INVESTIGATIONS

From January 2009 through August 2018, there were 121 child fatality investigations in Circuit 19. (See Fig. 1) Of the 121 child deaths, 16 had previous or current case management services at the time of the death. Since the previous on-site reporting in August 2017, there have been no child fatality investigations in which CCKids had prior or current case management involvement that required deployment of a Critical Incident Rapid Response Team (CIRRT) to conduct a review.



SECTION 4: AGENCY SUMMARY

Communities Connected for Kids, Inc. (previously known as Devereux CBC of Okeechobee & the Treasure Coast) was established in 2013 after being awarded the contract from the Department to be the lead child welfare agency in the 19th Judicial Circuit. At the time of the contract award, the 19th Circuit was in crisis due to multiple systemic issues and the contract termination of the previous CBC, United for Families. CCKids provides prevention, case management, placement, and adoption services, as well as post adoption support and independent living services. CCKids is accredited through the Council on Accreditation (COA) an international, independent, nonprofit, human service accrediting organization that accredits the full continuum of child welfare, behavioral health, and community-based social services. Communities Connected for Kids is COA accredited through December 31, 2019, in the following areas:

- Child Protective Services (CPS)
- Network Administration (NET)
- Youth Independent Living Services (YIL)

CCKids provides case management services in St. Lucie County and contracts with Children's Home Society (CHS) to provide case management services in Indian River, Martin and Okeechobee counties. Safety Management Services (SMS) are subcontracted to Boys Town. Family Support Services (FSS) are subcontracted through Boys Town, Hibiscus Children's Center & Behavior Basics, Inc., and CASTLE. These services are available to both investigations and case management staff.

CCKids contracts with four child-placing agencies for the recruitment, retention, and licensing of foster homes. Each child placing agency (CPA) must provide CCKids placement team with placement options for each child that comes into out-of-home care and CCKids makes the placement.

The Department contracts with CCKids to provide core pre-service training for CPIs and case managers. CCKids also provides pre-service specialty track training for all case managers, and in-service training for DCF, CBC and CMO staff, and community providers in their area.

NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

Between FY 15/16, FY 16/17 and FY17/18 the number of reports accepted for investigation by the Department’s Child Protective Investigations (CPI) did not significantly fluctuate, though the number of removals has increased. Children receiving out of home care and in-home services have generally increased over the last three fiscal years. Children receiving family support services have significantly increased over the past three fiscal years. The number of young adults receiving services increased as well.

Service Area Data		FY 2015/ 2016	FY 2016/ 2017	FY 2017/ 2018
Child Protective Investigations and Child Removals (Indian River, Martin, Okeechobee and St. Lucie Counties)	Reports accepted for Investigation by DCF (Initial & Additional Reports)	5,439	5,941	5,733
	Children Entering Out-of-Home Care	448	500	621
Children Served by Communities Connected for Kids	Children Receiving In-Home Services	960	976	987
	Children Receiving Out of Home Care	1,173	1,122	1,185
	Young Adults Receiving Services	93	102	107
	Children Receiving Family Support Services	369	552	679

Table 3. Data Sources: Child Protective Investigation Trend Report, Child Welfare Dashboard, FSN OCWDRU Report 1006. Data Run Date: Nov 20, 2018

FINANCIAL VIABILITY SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures, based on the DCF 2018-19 CBC/ME Financial Monitoring Tool for Desk Reviews, of CCKids. The desk review period was for the period of July 1, 2018 – September 30, 2018. There were 8 findings in total; 2 general ledger, 4 non-payroll related, 1 FSN review and 1 additional financial requirement.

In the general ledger, the specific findings include that the expenditure report does not reconcile to general ledger and the expenditure report does not reconcile to FSN; CCKids took steps to reconcile these issues. For the four non-payroll related disbursement testing, three findings were related to inconsistent OCA classifications and those were reclassified accordingly. The final finding was related to non-compliance with travel requirements. A recommendation to reclassify the expense on the following month’s expenditure report was made. The FSN review finding related to overlapping service dates and funds allocated to each program in which there was an overlap. CCKids took corrective actions to

remedy this finding. The final addition financial requirement related to CCKids website not having the fiscal year budget posted; CCKids subsequently posted the required information on their website.

For further details, please see the complete fiscal report – [2018-19 Desk Review Financial Monitoring Report CCKids](#)

Since Fiscal Year 13-14, Communities Connected for Kids has not received risk pool funding and only in FY15-16 did they receive operational costs and MAS from back of the bill funding. CCKids has operated with a surplus carry forward balance since FY16-17.

Comparison of Funding by Fiscal Year						
Communities Connected for Kids						
DCF Contract Funds Available (by Fiscal Year)	FY13-14	FY14-15	FY15-16	FY16-17	FY17-18	FY18-19
Core Services Funding	\$20,236,705	\$20,346,860	\$22,038,197	\$22,132,736	\$22,227,363	\$22,244,914
Other**	\$5,103,672	\$6,237,792	\$5,911,351	\$7,033,533	\$7,802,011	\$8,185,276
Total Initial Appropriation	\$25,340,377	\$26,584,652	\$27,949,548	\$29,166,269	\$30,029,374	\$30,430,190
Risk Pool Allocation						
CBC Operational Costs from Back of the Bill			\$1,218,683			
MAS from Back of the Bill			\$103,377			
Carry Fwd Balance from Previous Years	-\$133,192	\$1,507	-\$1,218,683	\$13,561	\$974,362	\$1,317,462
Total Funds Available	\$25,207,185	\$26,586,159	\$28,052,925	\$29,179,830	\$31,003,736	\$31,747,652
** 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 CCKids’ performance as captured by data indicators that are used to assess how well CCKids 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 ten of the Florida CQI reviews conducted by Communities Connected for Kids during the third quarter of FY 2018 – 2019. Each case reviewed was returned for additional justification of the ratings and scores changed on three cases.

- One case had the rating for two items changed from a Strength to an Area Needing Improvement (ANI)
- Two cases had one item changed from an ANI to a Strength

- One case had one item changed from Not Applicable to an ANI

Common feedback provided involved:

- Strengthening justifications of ratings
- Item drift (rating multiple items with the same information),
- Rate on agency efforts not parental compliance
- Including fathers and incarcerated parents as appropriate

Action for Child Protection, national experts on the safety practice model, conducts fidelity reviews of the practice model implementation on 150 cases twice per year, 25 per region of which 13 transfer to case management. CCK had four (4) cases reviewed for each fidelity report which accounts for the variability in performance. Overall fidelity (all Yes responses across all four (4) cases) spiked to 100% for the spring 2018 report and returned to 25.8% during the fall 2019 report.

CONTRACT AND CBC SCORECARD MEASURES

During FY 17/18, CCKids has met or exceeded their established contract target in ten of the thirteen measures including:

- M02: % of children who are not neglected or abused during in-home services
- M03: % of children who are not neglected or abused after receiving services
- M04: % of children under supervision who are seen every 30 days
- M05: % of children exiting to a permanent home within 12 months of entering care
- M06: % of children exiting to a permanent home within 12 months for those in care 12 to 23 months
- M08: Placement moves per 1,000 days in foster care
- M09: % of children in out-of-home care who received medical service in the last 12 months
- M11: % of young adults in foster care at age 18 that have completed or are enrolled in secondary education
- M12: % of sibling groups where all siblings are placed together
- Adoption Measure: Number of children with finalized adoptions

Except for M08, these measures were successfully met in FY 16/17. (See Table 5)

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

- M01: Rate of abuse per 100,000 days in foster care
- M07: % of children who do not re-enter care w/in 12 months of moving to a permanent home
- M10: % of children in out-of-home care who received dental services within the last seven months

These measures were not successfully met in FY 16/17, with the exception of M07. Children not re-entering foster care fell a little over 7% between the fiscal years. (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)	Communities Connected for Kids July 1, 2016-June 30, 2017	Communities Connected for Kids July 1, 2017-June 30, 2018
1	Rate of abuse or neglect per day while in foster care	<8.5	<8.5	9.45	● 8.6	● 9.9
2	Percent of children who are not neglected or abused during in-home services	>95%		97.20%	● 97.3%	● 96.5%
3	Percent of children who are not neglected or abused after receiving services	>95%		96.10%	● 96.7%	● 96.5%
4	Percentage of children under supervision who are seen every thirty (30) days	>99.5%		99.70%	● 99.9%	● 99.9%
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%	● 44.0%	● 45.7%
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%	● 66.3%	● 66.3%
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%	● 92.2%	● 85.1%
8	Children's placement moves per 1,000 days in foster care	<4.12	<4.12 (2.7 - 9.8)	4.45	● 4.2	● 3.6
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months.	>95%		97.50%	● 97.9%	● 97.3%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months.	>95%		92.40%	● 94.9%	● 94.3%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education	>80%		89.00%	● 85.8%	● 83.8%
12	Percent of sibling groups where all siblings are placed together	>65%		63.70%	● 67.7%	● 75.5%
	Number of children with finalized adoptions (DCF Dashboard run date 8/14/2018)	FY16/17: 131 FY17/18: 135			● 161.0	● 176.0

A green dot denotes performance is above the CBC Contract Measure Target; a red dot denotes performance is below the CBC Contract Measure Target.
Table 5: CBC Scorecard, Run date: July 16, 2018

CHILD SAFETY

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

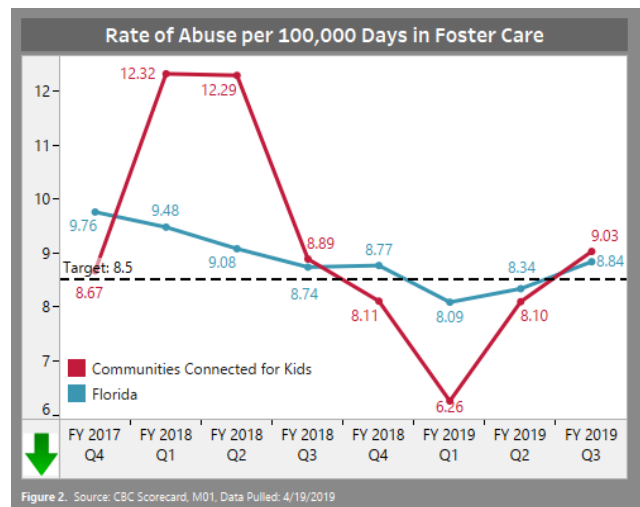
1. Rate of Abuse in Foster Care
2. No maltreatment after Family Support Services
3. No maltreatment during in-home services
4. No maltreatment after receiving services
5. Children seen every 30 days
6. Qualitative Case Review

With the exception of rate of abuse in foster care (M01) which decreased in performance from FY 16/17 to FY 17/18, CCKids has consistently met targets on safety related quantitative performance measures. CQI Item 3 (concerted efforts to assess and address the risk and safety of children in their own home or foster care), an associated qualitative measure for M01, shows a decline between the fiscal years as well and is below the federal PIP goal. Overall between FY 16/17 and FY 17/18 the qualitative measures for both RSF and CQI declined except for RSF 2.1 (quality of visits between the case manager and child) which showed a 2.5% increase. (See Tables 6 and 7)

RATE OF ABUSE IN FOSTER CARE

Rate of abuse or neglect per day while in foster care (Scorecard Measure M01): This graph depicts the rate at which children are the victims of abuse or neglect while in foster care (per 100,000 bed days). This national data indicator measures whether the state child welfare agency ensures that children do not experience abuse or neglect while in the state's foster care system. It should be noted that this measure includes both licensed foster care and relative/non-relative placements.

The rate of abuse has decreased overall in the last eight quarters from 12.32 (FY17/18, Q1) to 9.03 (FY 18/19, Q3). While CCKids has trended negatively over the most recent two quarters they have performed better than statewide performance and target for three of the most recent four quarters.

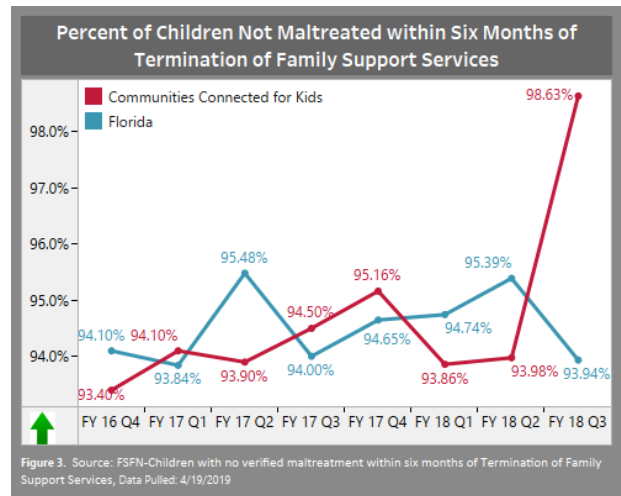


The CQI case review indicator (CQI Item 3) linked to child safety (making concerted efforts to address risk and safety) showed a 6.6% decline indicating in 59.6% of sampled cases the case manager made concerted efforts to address risk and safety, further it remains below statewide performance, PIP goal, 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.

CCKids has performed within two percentage points of the statewide for the past seven quarters with a significant spike in performance in Q3 of FY 18/19. In October 2017 CCKids received a rating of “4” from OCW for their FSS, programs indicating there are no capacity issues and methods have been developed to assess the quality and effectiveness of the services and has processes in place to address issues from those assessments.

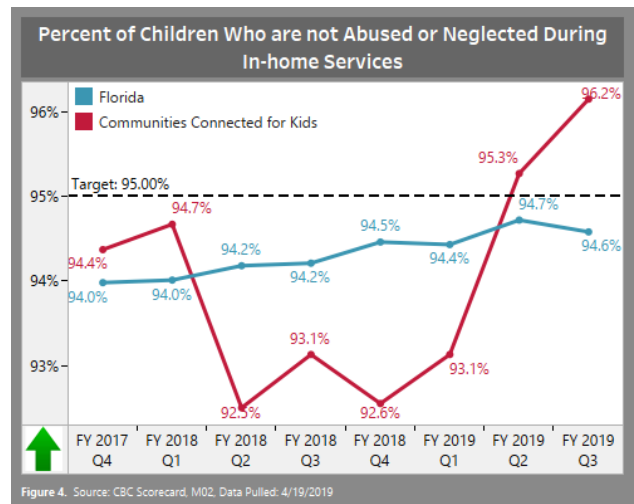


NO MALTREATMENT DURING IN-HOME SERVICES

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.

CCKids has struggled with this measure, staying below the target for six of the past eight quarters. However, in the most recent four quarters, CCKids has trended positively and surpassed the target and statewide performance for the most recent two quarters.

Rapid Safety Feedback (RSF) data shows that CCKids scored above statewide performance in RSF 1.1 (ensuring the family assessments are sufficient), RSF 2.1 (quality of visits are sufficient to address safety concerns and evaluate case plan progress) and RSF 4.1 (ensuring safety plans are sufficient), though RSF 1.1 and RSF 4.1 scores did decline from FY 16/17 to FY 17/18. (See Table 6)



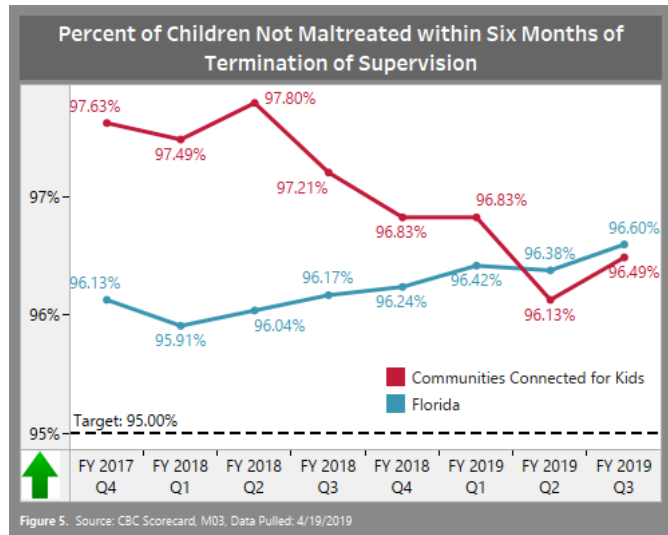
Performance on CQI Item 3 (making concerted efforts to address risk and safety), is below the statewide average, the PIP goal, and the federal and state expectation. CCKids has shown a negative trend in performance on CQI Item 3, decreasing by 6.6% from the previous year. (See Table 7) CCKids has begun

to address qualitative home visits through a workgroup collaborative to ensure the forms are comprehensive in addressing child safety, permanency and well-being.

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.

Performance by CCKids has trended negatively over the last eight quarters, it has remained above the measure target. CCKids has remained above statewide performance for six of those quarters. The most recent two quarters, while below statewide performance, CCKids was within .5%.



CCKids declined in performance by 15.2% on CQI Item 2 (ensuring concerted efforts are made to provide services to the family to prevent children’s entry into foster care or re-entry after reunification), which is below statewide performance. (See Table 7)

CHILDREN SEEN EVERY 30 DAYS

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

Quarterly data for this measure was temporarily unavailable at the time of this report. Performance measures noted on Table 5 (page 12) provide CCK’s overall compliance between FY 16/17 and FY 17/18, indicating 99.9% for both.

Qualitative data from RSF 2.1 (quality of visits are sufficient to address safety concerns and evaluate case plan progress) indicated CCKids is above the statewide performance by 2.4%. (See Table 6) CQI Item 14 (frequency and quality of visits between the case manager and the child) data indicates that CCKids is below the statewide performance and the state and federal expectations at 48.9%. (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.

Rapid Safety Feedback (RSF) reviews show that from the period of July 1, 2017 through June 30, 2018, CCKids case managers in the sampled cases were completing sufficient assessments in 62.5% of assessed cases, quality visits to address issues pertaining to safety and evaluate progress towards case plan outcomes in 62.5% of assessed cases, and sufficient safety plans to control danger threats in 77.5% of assessed cases. While there was a decline in performance for both RSF 1.1 and 4.1, there was improvement for RSF 2.1 between the FY 17/18. For the last two fiscal years, CCK has performed above the statewide performance. (See Table 6)

Rapid Safety Feedback - Safety			
Quality Assurance - Rapid Safety Feedback Item	Communities Connected for Kids FY 16/17 n=40	Communities Connected for Kids FY 17/18 n=40	Statewide RSF Performance FY17/18 n=793
RSF 1.1: Is the most recent family assessment sufficient?	77.5%	62.5%	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?	60.0%	62.5%	60.1%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	89.5%	77.5%	55.6%

Green font denotes performance above the Statewide RSF Average; red font denotes performance below the Statewide RSF Performance.
Table 6. Source: QA Rapid Safety Feedback; Data Run: 3/4//2019

CQI Safety							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Communités Connected for Kids FY 2016/2017 n=71	Communités Connected for Kids FY 2017/2018 n=47	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?	97.4%	82.1%	-15.2%	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?	66.2%	● 59.6%	-6.6%	89.8%	71.3%	95.0%	77.7%

A green dot denotes performance is above the federal PIP goal; a red dot denotes performance is below the federal PIP goal.
Table 7. Source: Federal Online Monitoring System, Data Run 7/19/18

Florida CQI reviews indicate that CCKids were making concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after reunification in 82.5% of the sampled cases and were adequately making concerted efforts to assess and address the risk and safety concerns related to the children in their own homes or while in foster care in 59.6% of sampled cases. Both of these CQI Items have declined in performance during FY 17-18, falling below statewide performance. (See Table 7)

PERMANENCY

The graphs and tables on the follow pages depict CCKids’ 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

Many of the permanency measures remained above target and/or statewide performance but are exhibiting negative trends that are reflected in the qualitative data. CCKids has consistently performed well in placement stability and maintaining sibling connections, however, the qualitative data between FY16/17 and FY17/18 does not correspond.

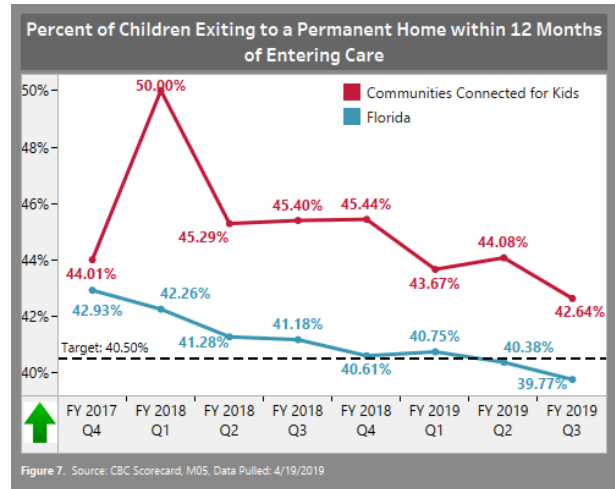
PERMANENCY IN 12 MONTHS

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.

Performance has shown a negative trend in the most recent seven quarters. CCKids has continued to perform above the target and statewide performance in all the previous eight quarters.

Quality data results from CQI Item 5 (establishing permanency goals in a timely manner) show that CCKids performed below the statewide performance, federal and state expectations. There was a decline of 8.7% during FY 17/18. Results from CQI Item 6 (making concerted efforts to achieve permanency) show that while CCKids performed below the statewide performance and the federal and state expectations, they successfully surpassed the PIP goal of 75.4% by 3.9%. Results from CQI Item 12B (making concerted efforts to assess the needs of and provide services to parents to achieve case plan goals and adequately address the issues relevant to the agency's involvement with the family) show that CCKids has consistently exceeded the statewide performance and the PIP goal, with an increase in performance of 9.8% during FY17/18. CCKids showed an increase of 2.9% during FY17/18 and has consistently performed above the statewide performance on CQI Item 15 (frequency and quality of visits between case workers and mothers and fathers sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals). (See Table 9)

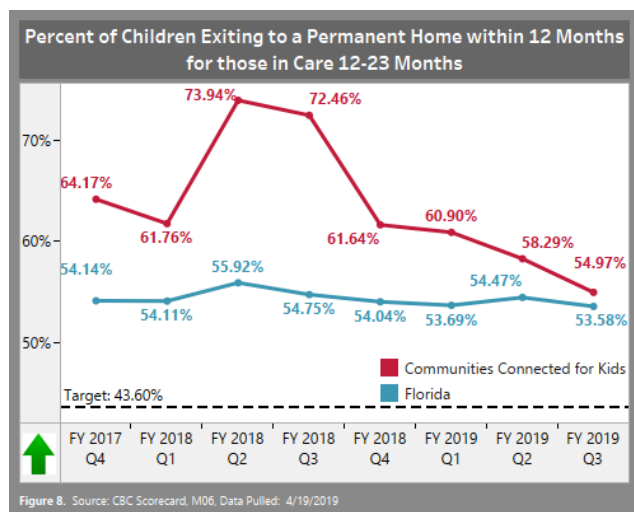


PERMANENCY IN 12 – 23 MONTHS

Percent of children exiting foster care to a permanent home in twelve months for children in foster care 12 to 23 months (Scorecard Measure M06):

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

While performance has trended negatively since FY 17/18, Q2, CCKids has consistently performed above the target and statewide performance for the past eight quarters.

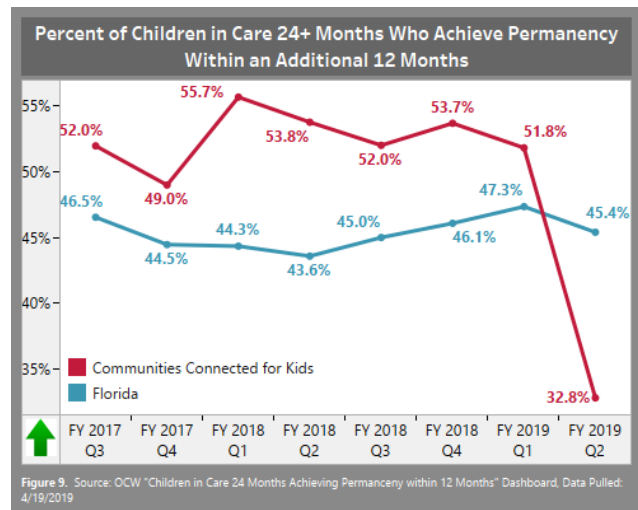


PERMANENCY AFTER 24 MONTHS

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

There has been a 19% decline over the most recent quarter; however, CCKids has exceeded the statewide performance in seven of the previous eight quarters.

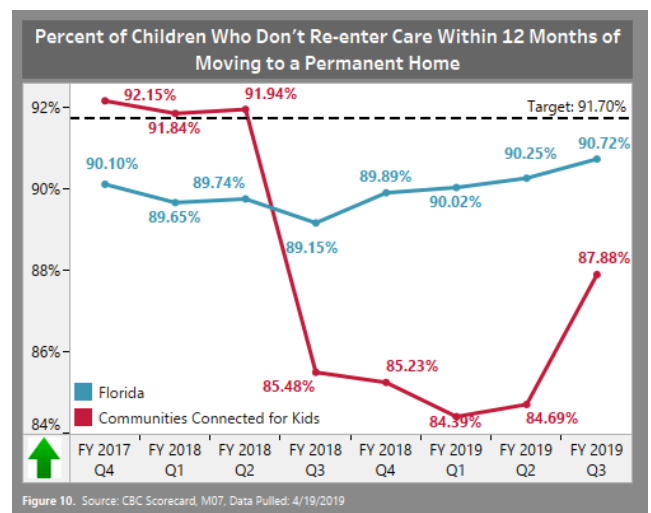
CCKids is currently addressing the recent decline through continuous quality improvement measures. Please see Section 9: Continuous Quality Improvement, page 35 for further information.



PERCENT NOT RE-ENTERING INTO CARE

Percent of children who do not re-enter foster care within 12 months of moving to a permanent home (Scorecard Measure M07): This graph depicts the percentage of exits from foster care to permanency for a cohort of children who entered foster care during the report period and exited within twelve months of entering and subsequently do not re-enter foster care within 12 months of their permanency date.

CCKids has struggled in meeting this measure target for five of the last eight quarters. There was a notable decline in performance in FY17/18 Q3, dropping by 6.46%. While there is an overall negative trend for the past eight quarters, there was some improvement reflected in the most recent three quarters. CCKids completed an analysis to address the decline in this performance measure. Preliminary data indicated that substance abuse relapse is a significant factor contributing to re-entry. CCKids in partnership with the managing entity are implementing further services to assist with parents' relapse. CCKids also continues to educate staff on how to address safety planning when there is a positive drug screen.

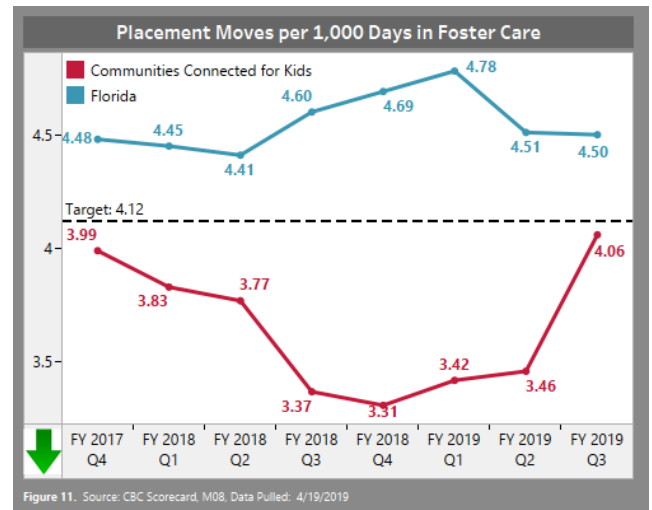


PLACEMENT STABILITY

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.

CCKids has consistently performed very well in this measure for the past eight quarters, below both statewide performance and the measure target. Quality data around placement stability has decreased in FY 17/18 and remains below the PIP goal, and the federal and state expectations. (See Table 9)

Qualitative case reviews indicate that CCKids has declined in performance by 1% during FY 17/18 on CQI Item 4 (ensuring stable placement and that any moves are in the best interest of the child). This score is below the statewide performance, the PIP goal, and the federal and state expectations. (See Table 9)

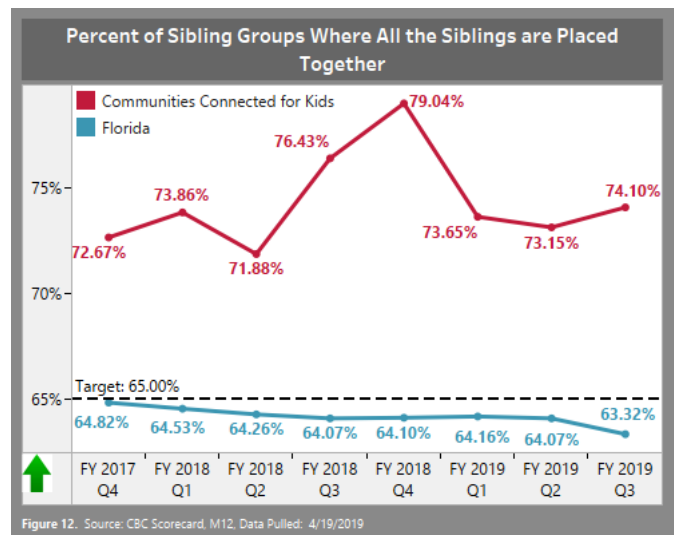


SIBLINGS PLACED TOGETHER

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.

CCKids has consistently exceeded the measure target and statewide performance in maintaining sibling placements.

CCKids declined in performance by 17.8% for CQI Item 7 (ensuring the agency is making concerted efforts to place siblings together while in foster care) between FY 16/17 and FY 17/18. (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.

RSF reviews show that from the period of July 1, 2017 through June 20, 2018 the visits between case managers, children and fathers were of sufficient quality to address issues pertaining to safety and evaluate progress towards case plan outcomes in 62.5% and 82.5% of the sampled cases. While there was a decline in performance on RSF 2.5 (the quality of visits between the case manager and mother), it remains above the statewide performance. (See Table 8)

Rapid Safety Feedback - Permanency			
Quality Assurance - Rapid Safety Feedback Item	Communities Connected for Kids FY 16/17 n=40	Communities Connected for Kids FY 17/18 n=40	Statewide RSF Performance FY17/18 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?	60.0%	62.5%	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?	87.2%	82.5%	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?	53.3%	70.0%	52.6%

Green font denotes performance above the Statewide RSF Average; red font denotes performance below the Statewide RSF Performance.
Table 8. Source: QA Rapid Safety Feedback Data Run: 3/4/2019

CCKids continues to struggle to meet the Federal PIP goal for CQI Item 4, placement stability. Overall, CCKids has declined in performance in six of the eight permanency related CQI items between FY 16/17 and FY 17/18. CCKids has improved between FY 16/17 and FY 17/18 in CQI Item 6, surpassing the Federal PIP goal. (See Table 9)

CQI Permanency							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Communités Connected for Kids FY 2016/2017 n=71	Communités Connected for Kids FY 2017/2018 n=47	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)?	83.7%	● 82.8%	-1.0%	81.6%	82.0%	95.0%	88.5%
CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?	83.7%	75.0%	-8.7%	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?	72.1%	● 79.3%	7.2%	72.5%	74.5%	95.0%	75.4%
CQI Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?	76.7%	58.9%	-17.8%	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?	54.3%	54.2%	-0.1%	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?	88.4%	82.8%	-5.6%	75.1%	82.0%	95.0%	
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	95.2%	85.7%	-9.5%	80.9%	72.0%	95.0%	
CQI Item 11: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging visitation?	51.5%	52.2%	0.7%	54.6%	60.0%	95.0%	

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

Table 9. Source: Federal Online Monitoring System Data Run 7/19/18

WELL-BEING

The graphs and tables on the follow pages depict CCKids' 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

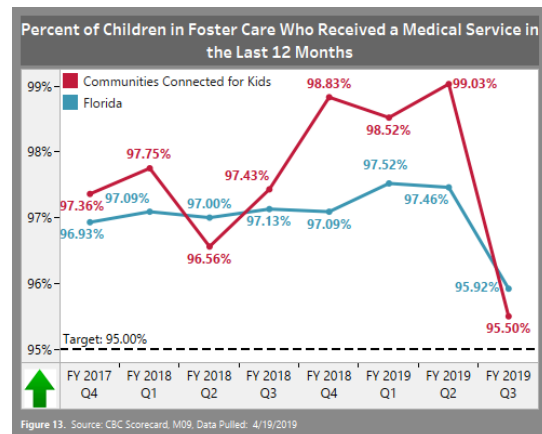
Overall, CCKids' performance on quantitative well-being measures are above target and/or statewide performance but are exhibiting negative trends as reflected in the qualitative data.

CHILDREN RECEIVING MEDICAL CARE

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

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

CCKids remains below statewide performance, federal and state expectations for CQI Item17 (ensuring the agency addresses the physical health needs of children, including dental needs). CCKids improved performance in CQI Item 17 by 2.5% between FY 16/17 and FY 17/18. (See Table 10)

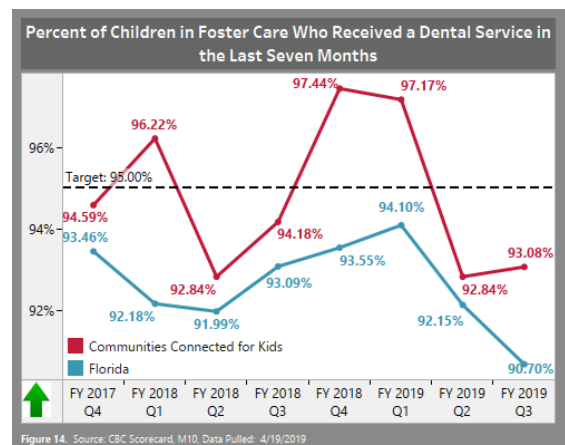


CHILDREN RECEIVING DENTAL CARE

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.

There is a negative trend over the past eight quarters, but CCKids performed better than statewide performance throughout. CCKids exceeded the measure target in three of the past eight quarters.

CCKids remains below statewide performance, federal and state expectations for CQI Item17 (ensuring the agency addresses the physical health needs of children, including dental needs). CCKids improved performance in CQI Item 17 by 2.5% between FY 16/17 and FY 17/18. (See Table 10)



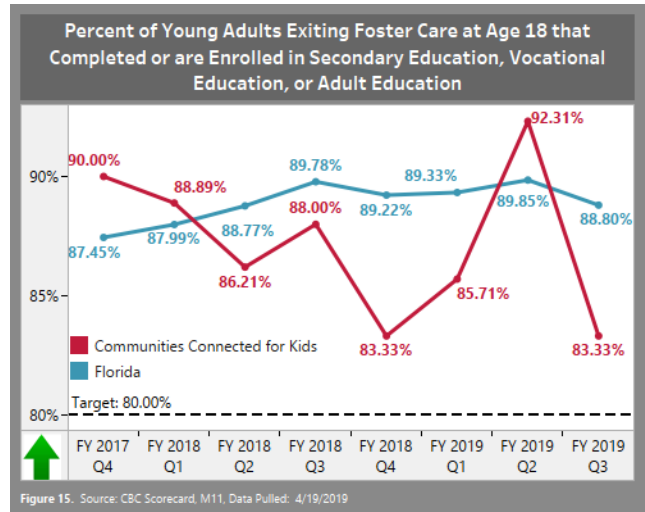
YOUNG ADULTS ENROLLED IN SECONDARY EDUCATION

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.

CCKids has consistently performed above the measure target for all the previous eight quarters.

CCKids has declined in performance by 2.3% for CQI Item 16 (ensuring concerted efforts are made to assess children’s educational needs appropriately address identified needs in case planning and case management activities). Performance remains below the statewide performance and the federal and state expectation for both FY 16/17 and FY 17/18. (See Table 10)



QA CASE REVIEW DATA

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

Of the nine well-being related CQI Items, CCKids performance has declined in five and is below statewide performance in six of these. However, of the four Federal PIP items, CCKids is exceeding the PIP goal for CQI Items 12A, 12B and 12C. Despite improvement in CQI Item 13 (concerted efforts to involve parents and children in case planning process on an ongoing basis) between FY 16/17 and FY 17/18, the measure remains below the Federal PIP goal by 3.3%.

CQI Well-Being							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Communities Connected for Kids FY 2016/2017 n=71	Communities Connected for Kids FY 2017/2018 n=47	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?	95.8%	● 76.6%	-19.2%	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 achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	81.7%	● 91.5%	9.8%	64.0%	51.3%	95.0%	58.4%
CQI Item 12C: Did the agency make concerted efforts to assess the needs of and provide services to foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	97.6%	● 81.4%	-16.2%	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?	62.7%	● 67.4%	4.7%	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?	52.1%	48.9%	-3.2%	62.5%	72.5%	95.0%	
CQI Item 15: Were the frequency and quality of the visits between the case workers and mothers and fathers sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals?	51.7%	54.6%	2.9%	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?	74.3%	72.0%	-2.3%	80.3%	92.0%	95.0%	
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	62.2%	64.7%	2.5%	76.8%	85.0%	95.0%	
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	81.3%	70.0%	-11.3%	69.3%	72.0%	95.0%	

A green dot denotes performance is above the federal PIP goal; a red dot denotes performance is below the federal PIP goal. Green font in the "Percent Improvement" column denotes positive improvement; red font denotes a negative change.
Table 10. Source: Federal Online Monitoring System Data Run 7/19/2018

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

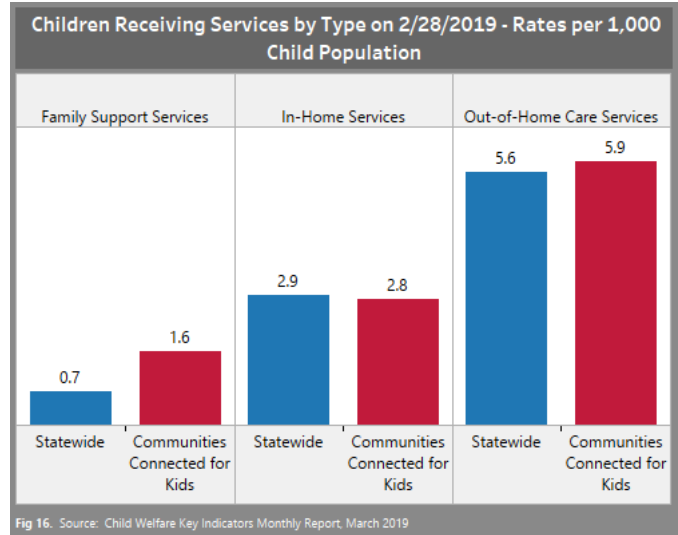
SUMMARY

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. (See Figure 16)

The rating system is as follows:

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



Family Support Services- CCKids has a rating of “4” for Family Support Services. Currently, CCKids subcontracts with three different providers, some of which are county specific. These agencies include CASTLE in Okeechobee County; Boys Town in Martin County; Hibiscus Safecare in St. Lucie and Indian River counties. Behavior Basics serves families whose children are safe but are at very high or high-risk levels in all four counties. These providers work with families in their home, using an evidence-based assessment to inform service planning and address the risk factors in the family. Child protective investigators utilize CCKids’ U-refer system to refer families to the selected provider. The referral is reviewed by the designated family support service provider and a home visit is completed within three business days. The family support services provider completes a ‘close the loop’ staffing for those families in which scheduled home visits have not occurred due to the family’s participation, non-compliance and/or elevated concerns based on observations made by the provider. This ensures that notifications are made to all involved parties, as well as addressing any needs for the family and documentation of such has been noted. Frontline interviews revealed that sometimes wait times for services were up to six weeks, especially in the smaller counties, and that services lack tailoring to the family needs; for example, everyone receives parenting. There are perceived challenges noted by frontline staff, CCKids has continued to evaluate and address concerns around Family Support Service needs. Capacity and utilization for FSS programs are reviewed at the Circuit 19 Joint operations meeting monthly, and with the exception of a transition period between a previous and a new provider early in FY 17-18, and a turnover issue in Martin county which was addressed by referring families to the other available providers, there have been no waiting list or capacity issues identified.

The service providers are required to utilize the FSS module in the FSFN system to document all case related activities, which is then utilized to identify any gaps in services, resource allocation or re-allocation as needed, as well as analysis of trends that may emerge. CCKids continues to measure quality and performance of these service providers to improve service delivery.

Safety Management Services- CCKids has a rating of “3” for Safety Management Services. CCKids has maintained their contract with Boys Town for Safety Management Services through their rapid response in-home family services program. Since the BoysTown service model was not initially designed with a primary focus on safety management, CCKids has adjusted contractual requirements to integrate the basic Boys Town service model as well as the addition of safety management services, including being a responsible party for family safety planning to ensure they are addressing the needs for the service area. Safety Management services are available during both investigations and case management. Frontline interviews indicated that BoysTown won’t sign the safety plan unless they have another monitor included on the plan and that they focus more on service delivery than managing the safety plan. The program is designed so that BoysTown acts as a safety service provider, rather than as a monitor of the plan. There have been instances in which BoysTown requests additional connections, aside from them, to be made with the family to ensure adequate support is provided. BoysTown delivers an evidenced based program with a locally designed response feature that ensures rapid response and inclusion of safety management activities and functions incorporated within the program. Safety management services are also available at or post-reunification as needed.

ANALYSIS

CCKids subcontracts with three providers for Family Support services, each of which uses an evidence-based model. CCKids assesses the quality of service delivery and access to services in each county. Front line interviews suggested that the services are not individualized for each family. Frontline staff indicate an increase in wait times for services to begin, though this has been continually monitored by both the Region and CCKids during joint operations meetings. . Safety management services are available throughout the service area, with no wait list. CCKids currently has methods in place to measure the effectiveness of safety management services.

SECTION 7: LEADERSHIP AND GOVERNANCE

SUMMARY

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

Mission/Vision/Values

CCKids mission to “enhance the safety, permanency and well-being for all children in Okeechobee and the Treasure Coast through a community network of family support services” is aligned with the Department’s mission. CCKids leadership is integral to not only communicating the expectations of their mission, vision and values throughout internal and subcontracted case management staff but also are integrated into the day to day work of operations; participating, modeling and coaching any staff that are present. Leadership in the agency have a very hands-on, team approach to addressing concerns or

issues as they arise. Throughout the interview process and within all the interview groups, leaderships continued dedication to the community, providers, staff, and partners was evident.

Frontline staff focus groups indicated that leadership has been responsive to concerns and feel that they have been heard, though understand that the ability to enact change is limited, specifically to those counties for which case management is subcontracted.

Resource Management

CCKids employs a Director of Community Relations who is the face of the agency, interacting with the community at large. While CCKids does not participate in fund raising activities, there are resources that have been built into the system via personal contacts, committee and agency board associations as well as the local Guardians for New Futures program affiliated with the Guardian ad Litem program. In July 2018, CCKids employed a Chief Financial Officer to assist with maintaining financial viability. In the wake of financial crisis in 2013 and assumption of the child welfare contract from a defunct community based care agency, CCKids has remained fiscally viable through many avenues, but most notably their continued focused interventions of children placed in group home care, and movement into the most appropriate, least restrictive placements for children with supportive services as needed. CCKids has maintained financial viability since their inception and are on par to move forward with a small surplus in the coming fiscal year. Partnership with the managing entity (ME) has resulted in increased emphasis and expectations for ME subcontract providers to prioritize the child welfare population, increased in capacity and variety of services options for parents, including MAT for opiate addiction, Wraparound and FIT team services. These protocols have resulted in a significant reduction in costs to CCKids, specifically to support parent treatment needs. CCKids has created and maintained many partnerships; including one with a local attorney who provides services to CCKids at a reduced rate. The CEO, COO and CFO are sensitive to maintaining fiscal responsibility, while ensuring the needs presented within their community and the children and families they serve are balanced.

Evaluation of CBC Leadership

The Chief Executive Officer of CCKids is evaluated on an annual basis by the Communities Connected for Kids Board of Directors. This year will be the first review of the CEO through the new Board that has been excised from Devereux CBC. Currently, the evaluation is a fluid, working document. The Board is utilizing the Children's Services Council tool as a model for completing the evaluation. Each Board member is expected to evaluate the CEO and provide written, as well as verbal feedback directly to the CEO. Board members also take public perception and impact into consideration in the evaluation process. There is no formal feedback loop to the Board to address this, but the Board is very involved in multiple committees and other community Boards in which CCKids is known and their work is discussed.

Risk Management

Leadership and the CCKids Board of Directors have the benefit of a quality assurance team who record, track, filter and analyze critical incidents. The CEO of CCKids also reads all the incident reports coming into the agency. Risk management related to performance indicators, unusual incidents or financial matters are all discussed in a team environment and addressed accordingly. Direct phone contact or emails are used to ensure notification of critical incidents or any other such concerns. Specific issues, such as a child needing a specialized placement that is not available within the state, are discussed and

researched extensively to ensure best fit placement, specific service delivery needs of the child are met and the fiscal aspect of the placement is feasible. The quality assurance staff host a monthly meeting of leadership, directors and supervisors to review performance and practice factors affecting the agency while devising a solution-based plan to correct or mitigate the issue. Approaches such as workgroups, committees or champions are used to mitigate risk.

Board Activities

CCKids, formerly known as Devereux CBC, completed a rebranding in July. Concurrently, the Board and leadership began board development efforts to meet the goal of a 100% community based board; from the selection of members representative of the demographics of the community served, to re-structuring the governmental body, to the selection and implementation of the Board by-laws and the re-writing of the strategic plan to better provide for the growth of the agency and achieve the mission of serving the community.

The Board is very connected with daily activities seeing themselves as supporters, connectors, and benefactors of the community. They are kept abreast of issues through quarterly board meetings, emails, phone calls, and monthly committee meetings. Currently, the Board of Directors focus is growth of the agency through community recognition and branding related to foster parent recruitment and retention. The Board is also committed to forward projection of needed supports, alliances, building community partnerships, continued advocacy and support to the organization.

Leadership Development

The agency has not developed a formal succession plan however, informally is committed to developing leadership skills amongst their staff. Assessment of leadership occurs ongoing and during the annual appraisal process and is strengthened through leadership training opportunities. The agency has experienced very little turnover in leadership staff.

ANALYSIS

CCKids mission, vision and values are aligned with the Department's and both CBC and subcontracted providers are committed to providing services that positively impact the community. CCKids executive leadership is experienced and tenured. Leadership staff are involved in the day-to-day operations and provide opportunities for frontline staff to communicate on an equal footing. While the Board of Directors is evolving as described above, they remain committed to providing any and all supports needed to the agency and the community it serves.

SECTION 8: WORKFORCE MANAGEMENT

SUMMARY

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

Workforce Capacity

Communities Connected for Kids directly provides case management in St. Lucie County, and subcontracts in Martin, Indian River and Okeechobee counties with Children’s Home Society (CHS) of Florida. Caseloads are similar between both CCKids and CHS, 15:1 and 16:1 respectively as noted on the CCKids March 2019 website report. This information is congruent with what was discussed in focus groups with case management staff relating to caseloads for primary assignments. This ratio does increase with the addition of out-of-county supervision (OCS) and interstate compact placement of children (ICPC) cases for CHS to 20:1 ratio and for CCKids to 17:1 ratio. Case management focus groups reported an average of 22:1 ratio for all four counties and ranged in assignment from 15-25 children per case manager.

CCKids continuously monitors caseload sizes both internally and with their subcontracted provider. Currently, CHS is experiencing difficulty in maintaining a workforce robust enough to ensure caseload sizes remain manageable in the outlying counties in which they are subcontracted. CCKids has modified its contractual agreement with CHS to encourage prompt hiring of case management staff. Through a cost reimbursement model, CHS is able to over-hire a total of three positions, hire prior to a training cycle and ensure a position is filled within a specified timeframe. CCKids, while still experiencing some impacts to caseload sizes within St. Lucie County, remains relatively stable.

Retention Activities

Case management turnover in St. Lucie County has been manageable as indicated in the related focus groups. Case management turnover for the subcontracted agency has been problematic, however the issue is acknowledged, and actions are being taken to address it. Focus groups reported the average turnover rate for St. Lucie County was between 23%-25% and for Children’s Home Society was 60%. For the month of [March 2019](#), CCKids website reported the current case manager turnover rate as 36.8% for St. Lucie County and 62.9% for CHS subcontracted counties. The supervisory turnover rate has ranged from 14.3% to 72.7% over the past fiscal year, with CCKids rate consistently lower than CHS’s. Focus group interviews suggested that the outlying counties have issues with county specific hiring due to their rural nature. CHS conducted an environmental scan for staff in Indian River County to address continued turnover in that county in late 2018. The environmental scan included a visual analysis of the actual building and workspace, as well as interviews with case management staff. The results were shared and used to inform changes. However, the concerns that were noted at the time, by coincidental timing, were alleviated. CHS will complete a follow-up scan May 2019. Martin County has recently experienced some judiciary concerns and issues related to case management morale that the agencies are addressing.

Retention efforts through CCKids have been well received and impactful. The addition of suggestion boxes at each of the service centers have revealed issues that were previously not known and therefore not addressed. Some of these suggestions included getting new chairs for employees, expanding availability of parking at one of the centers and making acceptable office space available for supervisors so they can provide guidance to their units. Many of the suggestions were addressed by CCK leadership. One of the most impactful and acknowledged benefits of these suggestion boxes is that case management staff are directly contacted by CCKids CEO and afforded the opportunity to discuss the matters, even if there is limited ability to resolve the issue. Case management staff appreciated the fact that they were “heard” and there was a response to their suggestions.

CCKids promotes a GEM (Going the Extra Mile) award that is given to any employee through a nomination process to include CHS subcontracted staff. CCKids also maintains a retention committee and an outreach committee. The retention committee is tasked with bringing concerns and issues to the forefront along with suggestions or ideas to address them. The outreach committee is tasked with raising money for employee related activities, these may include, but are not limited to pot-lucks, “Boo Grams”, picnics and an employee of the month selection.

CHS maintains internal processes for retention efforts as well. They have implemented the “O” Team tasked with on-boarding new hires, making them feel welcome and showing them the more clerical or administrative aspects of the position. Building meetings are held monthly and begin with employee recognitions and staff are able to bring up concerns or issues to be addressed at that time. CHS also has a statewide Shining Star Award in which an employee is recognized for outstanding achievement. Operations staff also have reward systems in place for service center staff, with a prize of free lunch at the end of the month.

Training

CCKids employs three training specialists and the Director of Organizational Development and Learning. The trainers all have child welfare backgrounds, and some have specific areas of expertise such as FSFN and adoption competency. The director provides the training specialists with adult learning training, observes them as they train, reviews evaluations of their training events and annually works with staff to create an Individual Development Plan. Since the previous system of care on-site review, two of those trainers have reached Level 3 training competency. It is anticipated that the third will achieve this status soon, however, at this time the trainer is considered Level 2A. Training funds are being tracked through Kronos and all Title IV-E training dollars are being utilized. CCKids requires all staff to complete a minimum of 15 in-service training hours and 20 in-service training hours for certified staff. Trainings are provided to community partners on a quarterly basis and include subject matter experts on a wide range of child welfare related topics.

Pre-Service Training

CCKids provides core pre-service training for all CPIs, licensing specialists, and case managers in Circuit 19, which helps to foster inter-agency connections. They continue with specialty track and in-service training for case managers. When possible, they hire new staff at least two weeks prior to pre-service as this gives new staff a chance to build relationships, shadow more seasoned staff and learn what the job entails prior to pre-service training. Classes are typically provided five times a year, though that may vary with turnover or other extenuating circumstances.

The Department’s pre-service curriculum is supplemented by CCKids with group activities and visits to community partners such as the Counseling and Recovery Center. Florida Safety Families Network (FSFN) training is incorporated into pre-service. After pre-service training, a week-long system of care training is provided, of which CPIs attend two days. During this week, additional orientation to child welfare and the local system of care is provided. Presenters include the QM team, who provide an overview of their function, explain the purpose of data, how it is monitored and how it links to the case manager’s role; service providers; the Guardian ad Litem (GAL); the ME; and Children’s Legal Services, who train on courtroom testimony. Some of the additional child welfare topics include procedures

related to missing children and human trafficking. Recently, Boys and Girls Club requested to participate in some of the pre-service training modules related to documentation.

Pre-service field days are tracked with designated activities or observations that are required for trainees to complete with signatory validation. Trainers provide ongoing supports to new hires upon completion of their per-service training as well. Training specialists are engaged with trainees for 12 months after they exit pre-service. The specialists accompany staff on home visits, court hearings and discuss case specific permanency, safety and well-being timelines and critical junctures to ensure understanding. Trainees are generally certified within six to eight months of pre-service completion. Since January 2017, all trainees have successfully passed pre-service testing.

In-Service Training

The training department is well integrated into all facets of the agency. A training needs assessment is completed annually to address overall training needs of the agency. The Director is present at all operations meetings. The training specialists are within the county service centers and maintain close communication with quality management to address training needs on an ongoing basis. The training department takes evaluations, surveys, quality assurance data, any legislative changes, child death reviews and continued internal discussions into account to create the annual training plan. As an example; Family Support Worker's supervising visitation between parents and children were being called to provide testimony in court of what they observed. There was some difficulty in FSW's articulating what they saw. A training curriculum was devised and implemented and then provided to FSW's regarding supervised visitations, including presentation in court. Specific practice model issues have also presented as a need for continued educational efforts. ACTION 4 Child Protection was used to provide refresher courses, consults and ongoing training for subjects such as safety plans, case plans and child assessments.

Case Management Supervisor Development

Supervisory development is seen as the cornerstone to ensuring both case manager oversight and case advancement. Supervisors are required to complete the Supervising for Excellence training offered by the Department and encouraged to attend all in-service trainings that are provided as well. The training team are in the process of completing a curriculum for a Strengths Based Skills training specific to supervisory consults, coaching and modeling. Currently, the training specialists provide one-on-one supervisory training for consultations as requested. ACTION 4 Child Protection was also engaged to provide Supervisors Mentoring and Coaching training in FY 17/18. Another way supervisors are improving their skills is through the peer review process initiated by quality management. Supervisors are able to present their findings upon completion of a peer review and subsequently share best practice tips.

ANALYSIS

CCKids is committed to maintaining and developing a workforce that is adequately trained, supported and carry manageable caseloads. Although progress has been made, retention of case managers and supervisors continues to challenge CCKids. Development of strategies to address turnover within the subcontracted provider are essential. CCKids has a strong commitment regarding training for case managers, supervisors and the community. Their pre-service training is comprehensive and successful

due to their supplements and inclusion of post classroom support. The plan for in-service training is developed through much input from staff at all levels and covers areas where needs have been identified.

SECTION 9: CONTINUOUS QUALITY IMPROVEMENT

SUMMARY

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

Data Quality

The Quality Management Director has a team of five staff that participate in file reviews, specialized reviews and various weekly, monthly and quarterly staffing. The Performance Improvement Manager is charged with data management activities, ensuring quality and accuracy from the reporting systems including, but not limited to FSFN and the internal U-system for CCKids. Case management staff, eligibility staff and placement staff review FSFN to ensure data is entered timely and accurately. Metric mail notifications of specific data points are also utilized to ensure data integrity.

CCKids is no longer paper filing and is only using the FSFN as a records management system. In this respect, data integrity is paramount to ensure any issues or trends that surface are truly a product of the system and not a data integrity issue. Data is consistently pulled for all performance measures, case drivers and risk related activities. CCKids continually monitors and analyzes data with the intent of ensuring transparency through identification of system strengths and needs.

Data Analysis

The Quality Management Team provides many data reports in various forms to a variety of users. Some of these reports include drill down analysis to the case management unit level, as provided in the monthly Continuous Quality Improvement (CQI) meetings with operations staff. Higher level reports on performance and quality data, including agency related information such as turnover and caseload sizes, are provided to the community through the quarterly System of Care meeting that is open to the public. The Board of Directors interviewees indicated that they are provided with a comprehensive report packet with a summary of both performance and qualitative data, as well as any risk or incidents that are abnormal or may require further analysis.

Performance Improvement Strategy

The QM team is integrated into operations and has many responsibilities. These include:

- Quarterly CQI, RSF, and CFSR reviews and any special reviews
- Track all out of county service (OCS) requests
- Interstate Compact for the Placement of Children (ICPC) cases
- Respond to all foster care referrals involving group homes
- Point of contact for missing children and human trafficking
- Track and process incident reports to find trends
- Track foster home exit interviews and follow up on all identified issues

Quality management staff take part in the contract monitoring process. Which has recently shifted to include a qualitative focus. CCK completes a risk assessment of providers and includes any agencies at high risk in the yearly monitoring schedule. The monitoring tool focuses on the purpose of the contract. The QM team recognizes that making feedback useful to the agency to drive improvements in service delivery is paramount. Upon completion of the monitoring, the QM team uses the reports to provide feedback to the agency, including gaps in services and best practice. The monitoring reports are used in a yearly retreat between quality management, contract, and training teams to confirm the information and brainstorm needs for the following year. This has been especially useful in addressing substance abuse service needs and safety management services availability and applicability.

CCK holds Continuous Quality Improvement meetings monthly. The meetings include providers, case management and CCKids staff. CCK leads the meeting and shares data including performance measures, CFSR case file reviews, RSF reviews and CQI file reviews. The group addresses the strengths or improvements associated with the measures. For any areas that are system wide concerns, the group conducts root cause analysis. Corrective action plans (CAPs) are developed for all case management, both internal and subcontracted, during these meetings and action steps are identified. Later meetings focus on any CAPs developed and ongoing assessment of performance measures that are not meeting target.

A recent challenge that needed action was addressing the home visits that case managers were doing with children, mothers, and fathers. CCKids staff indicated that home visit notes lacked the necessary information to ensure a thorough assessment of safety, permanency and well-being. After identification of this issue, it was noted that the home visit form currently in use did not have the information domains formatted the same as it is displayed in the FSFN Family Functioning Assessment Progress Update. A workgroup was formed with quality, training, and supervisory case management staff to update the form to better reflect conversations that would naturally address the assessment pieces rather than a “check box” type form. Subsequently, frontline case management staff have asked to try the new form and critique its effectiveness in field application. This process is on-going and outcomes have yet to be realized.

As noted in Communities Connected for Kids Annual Progress and Services Report, another project that was launched as an ongoing improvement opportunity surrounded the challenges related to permanency and a child’s length of stay in care. The project involved frontline staff identifying barriers to permanency for children approaching nine months in care. This information was used to identify immediate solutions to barriers when applicable, as well as identifying and analyzing systemic factors that pose particular challenges and require further community and provider involvement.

Quality of Eligibility Determination

Eligibility determinations are completed by six eligibility specialists who report to the finance director. They attend pre-service training to introduce themselves and provide instruction regarding Temporary Assistance for Needy Families (TANF) determinations, Medicaid, supports for relative and non-relative caregivers and requirements around child removals. They provide refresher training annually and as requested. The eligibility specialists are co-located with case managers which maximizes their ability to support both case managers and relatives/non-relatives when children are placed. Child in Care (CIC) staff from Economic Self Sufficiency (ESS) are also collocated with the eligibility specialists making

communication between the agencies most beneficial. Recently, one staff has been added to facilitate the upcoming Guardian Assistance Program (GAP) and once enacted on July 1, 2019, the revenue maximization functions will require ongoing communication with the Kinship Coordinators to ensure redeterminations are completed on clients entering Level I homes, GAP or EGAP programs. Kinship Coordinators will also be the points of contact for relative/non-relative caregivers upon placement, regarding licensure.

Eligibility specialists depend on CPIs and case managers to advise them when placement moves are made but send a reminder to staff twice a month to ensure placement in FSFN is correct. FSFN reports are utilized, however, due to the cumbersome nature of the reports, a manual spreadsheet is maintained to track IV-E eligibility. In addition, CCKids has many systems, automated reports and carefully configured email groups to ensure easy notifications of significant events, such as a removal or placement change. Functionality of the FSFN system has enabled a second level approval process in which it takes not one, but rather a dual approval approach when conducting Title IV-E determinations. Review of determinations naturally occur due to this process and any inaccuracies are caught prior to submission. The eligibility specialists have incredible tenure with the agency, the most seasoned specialist was hired in 2006, and the most recent hire was in 2015.

ANALYSIS

CCKids has maintained strong and robust quality assurance and eligibility teams where turnover has been minimal and knowledge base is continually increasing. The quality management team is integrated at all levels of the agency providing guidance, support and direct service to CCKids staff and case management alike. The eligibility team is embedded where necessary and provide their own supports to partners and case management as applicable.

SECTION 10: PLACEMENT RESOURCES AND PROCESS

SUMMARY

This category focuses on available placement resources by reviewing family foster home recruitment and retention efforts, the placement process, group home quality, supports for relative and non-relative placements and services to transitioning youth and adults.

Family Foster Home Recruitment

CCKids currently subcontracts with four child-placing agencies (CPAs) that are tasked with recruitment and retention efforts for foster homes in the circuit. Mt. Bethel, Place of Hope and 4Kids are faith-based agencies that heavily recruit through churches and religious functions and each have some type of specialization that has emerged as the agencies have matured. For example, Mt. Bethel has been more successful at taking and maintaining some of the more behaviorally challenged children. As part of their recruitment efforts, these agencies have continued the Church United Effort, where churches from high need zip codes are contacted and encouraged to participate in recruiting for foster homes in their neighborhoods. Camelot is the fourth child placing agency and has no religious affiliation. Target recruitment populations have been set for the agencies to include large sibling groups, teens, and children with challenging behavioral issues.

Recruitment plans for each agency are reviewed monthly by licensing and quality management staff. The recruitment plans vary in activities for recruitment purposes and specified number of homes as their annual goal. During these meetings, the CPAs are required to conduct and present matching events for both newly licensed homes and those with an upcoming discharge. CCKids created the Targeted Recruitment project in which a child is selected for each CPA monthly for intensive recruitment efforts to move from group care to a foster home. CCKids continues with the One School One Child initiative where recruitment efforts are focused on having at least one foster home per school in each county. This initiative was piloted in Okeechobee County due to the area having three current foster homes and was successful with the eminent licensure of one foster home. Okeechobee County has historically had fewer foster homes due to the rural nature of the county. Recently, CCKids has begun collaborative efforts with the Guardian ad Litem (GAL) program to recruit foster homes and volunteers for the GAL program. CCKids also continues their Foster and Adoptive Parent Mentor Program through direct contracts with current or prior foster/adoptive parents to provide caregiver supports. Other recruitment activities have included social media exposure through Facebook, Instagram and Twitter, internal and external newsletters, social networking, local television Forever Family Project, radio shows and association with all the local Chambers to promote and highlight foster home needs to the community. CCKids has built relationships with the Department of Juvenile Justice (DJJ) and has presented to DJJ staff during their staff meetings to recruit. In January of 2018, in conjunction with DCF, CCKids implemented a Quality Parenting Initiative (QPI) reboot. See Family Foster Home Retention section below for further details.

During the prior on-site monitoring, an aggressive goal was established for CCKids to recruit and retain 300 new foster homes within a three-year period. At this time, CCKids has reported a net gain of 15 homes. CCKids acknowledges that foster home recruit continues to challenge the agency and, while child placing agencies are accountable for recruitment activities, the onus of overall agency recruitment lies with CCKids. Beginning in July 2018, CCKids incorporated incentives through the child placing agencies contracts. These incentives are outlined with strict guidelines as to their applicability and implementation. The data surrounding the population of children that are not able to be placed is tracked as well as the types of licensures by each CPA. CCKids reported that one CPA has 86% of their homes licensed for one child, which is contrary to the stated need for accommodation of sibling groups. CCKids anticipates changing recruitment plans to more accurately address the needs of the community. As of April 10, 2019 CCKids licenses 142 traditional foster homes with a bed capacity of 210 according to the Office of Children Welfare [Foster Home Status Dashboard](#). During the on-site monitoring the week of April 22, 2019, CCKids reported 133 traditional foster homes. The total number of foster homes has trended negatively since April 2017.

CCKids reported during the interview process that contractually there have been no changes to or issues with how foster families attend training for and licensure of foster homes. CCKids contractually requires at least 85% of the licensure home studies be submitted within 45 days of the final class. This ensures that any barriers are addressed during the class and engagement of the family occurs throughout the licensing process. Attestation of licensure is completed by CCKids within three days of submission or is returned to the CPA for clarification and/or non-compliance issues. The CPAs provide a blend of Partnership in Parenting (PIP) and Creating and Retaining Excellence (C.A.R.E.) curriculum for foster parent training. The classes are scheduled to meet the needs of the group being trained, days/times are

flexible. In addition, CCKids provides Super Saturday training opportunities, as needed. CCKids has co-facilitator participation with each CPA.

Quality management and contract staff monitor the child placing agencies with a more qualitative approach. Each CPA is monitored on an annual basis and CCKids attends the foster parent trainings and selects two to four foster parents from each CPA to interview. In addition, they survey the foster parent population for each child placing agency. The foster parents survey initiative through CCKids, launched in 2018, provides foster parents with an outlet to provide overall satisfaction with interaction, communication and supports. CCKids provides feedback to the child placing agencies through the monitoring report.

Family Foster Home Retention

The child placing agencies are tasked with retention activities for their licensed foster parents. CCKids does provide some retention activities, as noted above, including the Foster and Adoptive Parent Mentor Program. This program is designed to have foster/adoptive parents with years of experience to provide support, troubleshoot problems in the system and help direct caregivers to available community resources. The mentors communicate regularly with the caregiver and adoption support supervisor as well as attending FAPA meetings. While CCKids has always been an active participant in the Quality Parenting Initiative (QPI), they have initiated a “relaunch” of the initiative in January 2018. The intention of this initiative is to strengthen foster and kinship care, re-educate all parties in their role as part of a cohesive team and ensure children are provided with the care, love and commitment that is vital to their well-being. Recently, CCKids has focused on the basic tenets of QPI and provided training to reinforce the tenets. The local QPI steering committee has developed and provided this training and is now involving foster parents to participate in conflict resolution and collaborative efforts to encourage co-parenting. CCKids will be following up with another survey to validate what has been accomplished. CCKids also provides an annual foster parent appreciation day and quarterly training opportunities. As part of their retention efforts, CCKids ensures that foster parents, relative/non-relative caregivers and teens that are aging out of the system are aware of the Treasure Coast Foster Closet, which can provide tangible supports.

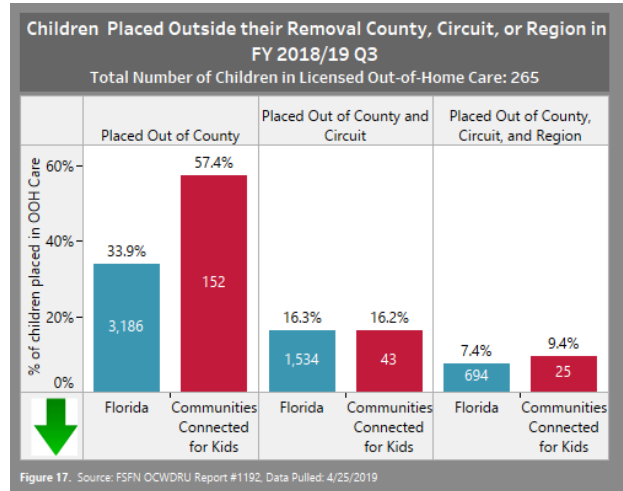
While directly aimed at retention, CCKids has implemented a policy regarding transition planning for Children in Out of Home Care. The policy is geared towards streamlining and ensuring comprehensive communication and appropriate transition planning for children either through reunification, relative/non-relative placement or change of placement. Based on the CBCMT foster parent survey, focus groups and the internal survey completed by CCKids quality management staff, the transition planning policy is not consistently applied.

Foster parents are encouraged to contact their licensing specialist, case manager or the caregiver and adoptions support supervisor for assistance with any issues or concerns they may have. At times, these issues can and are addressed by those closest to and more knowledgeable of the situation dynamics. However, if this is not the case, CCKids does have a formal grievance process through which the quality management team addresses any concerns or issues. As explained above, quality management is embedded into every aspect of CCKids system of care and they have recently implemented a foster parent survey to better assess the supports, services and communication needs of foster parents. A

CCKids representative also attends the local FAPA meetings to obtain information regarding the expressed difficulties and challenges being faced by foster parents.

Placement Process

The placement process utilized by CCKids is relatively unchanged since the last on-site monitoring in FY 16/17. The placement of children in licensed care goes through the CCKids placement unit, managed by the clinical service director. This gives the placement specialist the ability to seek guidance on a child’s behavioral health needs, which can improve placement matching. At the time of a placement request, either initial or change, the placement specialist collects information about the child(ren) and submits it to all four child-placing agencies simultaneously. These agencies have two hours to respond with all available options, although often they respond well before two hours. CCKids then weighs the needs of the child(ren) and the available homes focusing on several factors including zip code, school location, county, what trauma incurred, mental health, behavioral health and other child specific identified needs. CCKids, although maintaining fewer homes, has increased use of those homes. CCKids continues to have a solid and stable placement matching system, but it is limited and impacted by the overarching capacity issue. As noted in Figure 17, more than half of the children in licensed out-of-home care are placed out of county.



CCKids continues to use a ‘super tracker’ Excel spreadsheet to track placements, Multidisciplinary Team’s (MDT), movements, licensures, etc. This spreadsheet is updated on a weekly basis by the CPA’s to maintain data integrity and share all possible information between the integrated teams. Stabilization staffings are held on an as needed basis. Upon notification, placement and clinical staff and all other parties associated with the child are notified and a meeting is scheduled to troubleshoot the issues. An example was provided during the placement interview in which stabilization was achieved through a simple act of communication. The child in the home did not like the milk that was available. This was brought to the point of a stabilization staffing and it was a matter of the foster parents not being aware that this was an issue. The placement was stabilized and issue resolved by the foster parents providing another type of milk for the child.

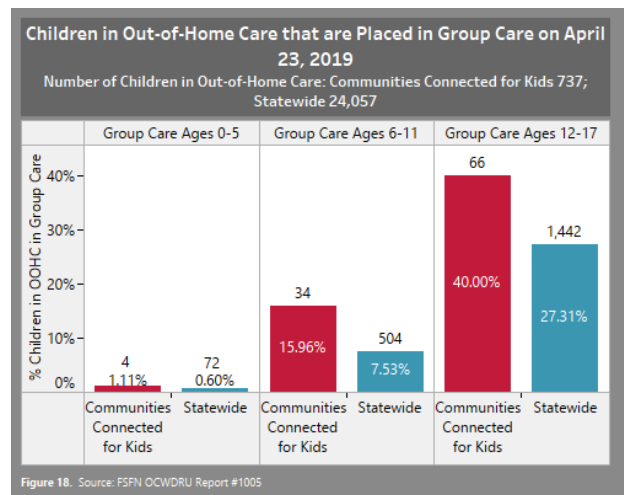
CCKids staff continues to meet with the four CPAs for a Targeted Recruitment List (TRL) meeting where children in licensed Out-of-Home Care who are under 12 or separated from siblings are reviewed. This meeting leads to the identification of potential placements to move children from group care, move them back into the circuit, and/or get siblings placed together in a foster home. CPA’s look at new homes coming into the system for potential matches as well as those that may have children transitioning out, leaving an available bed. This process has continued to work well, resulting in positive placement moves. CCKids has also implemented a transition plan policy to ensure smooth, comprehensive transitions.

CCKids has a comprehensive training team providing refreshers for child placement agreements and any other changes in policy and procedures. There is an identified point of contact per county to provide oversight of the child placement agreements. They are reviewed prior to any placement changes and are updated accordingly. Further, the Clinical Director reviews the child placement agreements periodically for appropriate application.

Group Home Care

While CCKids is committed to ensuring best placement possible for children coming into care, that commitment is also extended to ensuring siblings are placed together and this has, at times, exacerbated the challenge that CCKids faces with group home placements. CCKids currently has the second most children placed in group care with the state.

The Office of Child Welfare Children in Group Care report dated May 14, 2019 shows that CCKids currently has 11.86% of children that are in out-of-home care currently residing in a group home type facility. Most of those children are 12-17 years old, accounting for 62 of the 163 children in this age range in out-of-home care. As noted in Figure 18, CCKids surpasses the statewide percentage of children in out-of-home care for all ages. Group homes are continually monitored by CCKids quality management team in conjunction with licensing and placement staff to ensure quality of the placement is maintained. CCKids conducts quarterly calls with the group home contract managers to address systemic or placement specific concerns as well as discussion of monitoring activities and, if applicable, any corrective action plans that are in place. All contract monitoring activities are provided in summary to CCKids Leadership and the Board of Directors.



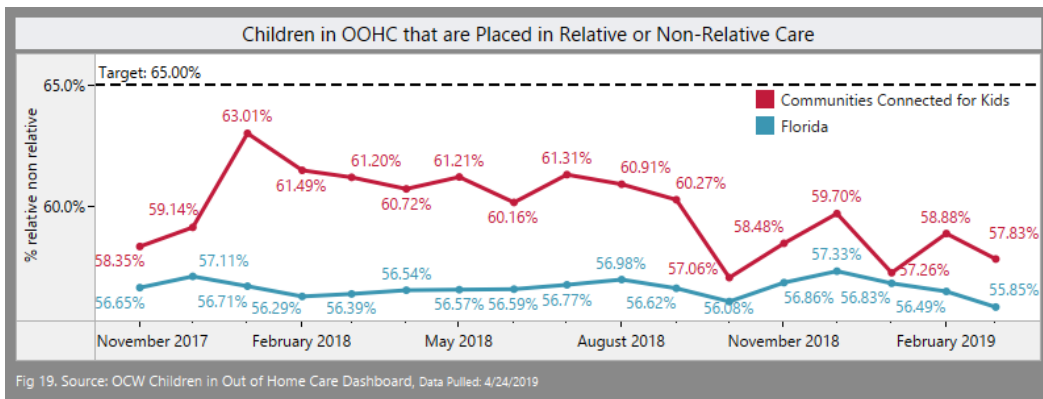
CCKids continues to strive to build foster home capacity, placement staff are still making every consideration for children to be placed in a foster home environment. Due to the number of children CCKids has placed in group care, several efforts are ongoing to ensure appropriate movement to the least restrictive placement while maintaining connections. These efforts include: meetings where the Targeted Recruitment List (TRL) is reviewed to determine if placements can step down, monthly reviews of all children in licensed out of home care by the CEO and COO to determine if children can be added to the TRL list, shared “Hot List” of children with specific or higher level of need, receipt and review of weekly report for children 0-11 in group care, monthly meetings with the child placing agencies, monthly out-of-home county meetings, possible additions to the Permanency Round Table agenda and alternate placements/case direction are discussed.

Relative/Non-Relative Caregiver Supports

As indicated in the prior on-site monitoring during FY 16/17, the Director of Finance and all eligibility staff are supportive in reference to TANF funding upon child entry and application for relative/non-relative caregiver funding upon the child being adjudicated. They also assist with day care referrals, Medicaid assistance and goods needed by relatives/non-relatives. The caregiver and adoptions support

supervisor and staff provide support to relatives and non-relatives as well. In preparation for the Guardian Assistance Program (GAP), Kinship Coordinators are being hired to assume the licensing and supportive functions for relative/nonrelative caregivers. This will lend a natural bridge to strengthen the direct supports that were previously offered.

As noted in Figure 19, CCKids has maintained a higher percentage of relative/non-relative placements than the state. In January 2018, CCKids was a little less than 2% in reaching the measure target and has shown a slight negative trend over the past year. The Office of Child Welfare Relative/Nonrelative Placement report dated May 14, 2019 shows that CCKids is maintaining children placed in relative/non-relative care at a relatively high percentage. From May 2018 to January 2019, the percentage of children initially placed in relative/non-relative placement that are stable or have exited care at 90 days by CCKids averages to 81.1% of the time. In comparison, over the same timeframe, the statewide averages a little higher at 84.1% of the time.



Services to Transitioning Youth and Young Adults

The Independent Living and Extended Foster Care team through CCKids is strong and robust. The team consists of five specialists, one supervisor and one director who assist their youth and young adults in targeting, planning and implementing transition plans for aging out and young adults that need focus and stability. The five IL/EFC case management staff serve the different populations, two with the 16-17 year-olds, two with the 18 and older and one that serves PESS and Aftercare. The IL/EFC staff assist youth and young adults with independent living skills, meeting qualifications for the different programs and keeping them on track while celebrating victories and supporting them through crisis. The team maintains connections with community providers including career source, technical and advanced degree colleges to assist youth in their independence. They also have built and maintained community connections for a variety of housing opportunities to meet the needs of these youth. CCKids staff indicated that while there are some good connections for employment opportunities, there is still room for growth and expansion, partnering with local employers as well as Goodwill.

Discussions of program requirements begin upon introduction to independent living planning that begins at age 16. The IL and case management staff work in tandem to address the youth’s issues for permanency purposes and planning purposes. Program non-compliance results in a 60-day notice, 30-day notice and subsequent termination of services. All youth and young adults are provided with and sign a notice of termination and receive information regarding the appeals process. Staff are reluctant to

allow these youth to opt out of the program but do so as required. IL/EFC staff are trained and continue educating themselves through the Florida Center for Child Welfare website, attending the IL and Adoptions Conference held annually, the Child Protection Summit and attending internal trainings as needed. The IL/EFC case managers are also coached and assisted with problem solving during supervisor consultation, monthly reviews and constant and consistent communication with their immediate supervisor. The IL staff were very complimentary about their supervisor's ability to problem solve and assist them with difficulties that may arise. The IL staff use the same peer review process that case management uses to review cases, and the IL case managers indicated that this has been a helpful process for them.

ANALYSIS

CCKids has been challenged with foster home capacity and the availability of adequate foster home placements for children in Circuit 19. Further analysis of successful, or unsuccessful, recruitment strategies are needed to assess impact on capacity. Analysis of recruitment strategies should also include those used for retention purposes as well. While it was known that there is a foster parent mentor program, the information about what they provide was limited as noted in the foster parent focus group. Survey comments from foster parents did not indicate that this program exists nor that the system provides supports to foster parents to reduce stress. The placement process is consistent with real time updates of placement availability. There is constant and consistent communication between CCKids and the child placing agencies about new licensures, movements, and vacancies. The IL/EFC team are a significant strength and exemplify integration of trauma informed care and family centered practices. The entire team work together to ensure our aging out youth and young adults have solid supports.

SECTION 11: PRACTICE

SUMMARY

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

Theory Comprehension

In working with families through general case management activities, case reviews, case staffings, and quality assurance projects, CCKids and the subcontracted provider constantly ensure the application of family-centered and trauma-informed approaches are evident. Trainings are available through in-service, supervisor reviews, and individualized case reviews completed by the quality management team. CCKids has acknowledged that these concepts are more difficult for frontline staff that have a more tenured career in case management. Focus groups with investigative staff did voice concerns regarding the application of practice model concepts during case transfer staffings. CCKids is committed to ensuring these concepts are fully understood and integrated into daily operations.

The emphasis on quality child welfare practice is evident in CCKids leadership and staff at every level. CCKids has historically been involved in policy development at the state level. CCKids was invited by C15 to participate with them in ACTION training. The next training is scheduled in May 2019. This focus will

be for case management and investigations staff to improve application of the practice model. Operating policies and procedures are shared to the frontline level and training is provided, as necessary, to ensure comprehension and application. All levels of case management reported they are fully aware of all policy changes that are made through emails and staff meetings. Based on the prior on-site review, CCKids implemented a policy to address transition planning for children to ensure smooth, meaningful and thoughtful transitions for children returning home, changing placement or placement with a relative/nonrelative, further ensuring practice model integration into case management activities.

Practice Competency

CCKids is committed to ensuring practice model proficiency and application. The most recent information regarding safety methodology implementation can be located in the [Child Welfare Key Indicator Report – April 2019](#). Staff are trained on the practice model during pre-service and provided with refresher courses through in-service training. Qualitative reviews and supervisory consults are seen as feedback loops to ensure taught skills are exhibited through sound case management implementation. CCKids has maintained performance on CQI Items 12A, 12B and 12C regarding concerted efforts to assess the needs of and provide services for children, parents and foster parents above the Federal Program Improvement Plan goal. And, while CQI Item 13 (concerted efforts to involve parents and children in case planning process on an ongoing basis) has not met the Federal PIP goal, CCKids has seen improvement in this measure by 4.7% over the past fiscal year.

CCKids identified issues concerning CQI Items 14 and 15 (frequency and quality of home visits with children and parents) in which significant improvement is needed. Recent focus on qualitative home visits with children, mothers and fathers have spawned a workgroup to assess the issues surrounding the performance measure, tackling the home visit form to mirror the FSFN family assessment update for a discussion guide model rather than a checklist and documentation of the home visit to reflect practice model guidelines.

Qualitative and quantitative data is reviewed at every level of the agency on a consistent basis. From provision of an extensive monthly data report containing information on performance indicators, caseload, turnover, service population and operations to the Board of Directors to the Continuous Quality Improvement meetings and Monthly Performance Measure/Scorecard Meetings in which information is drilled down to the unit or case manager, every level of the agency is educated about the impacts and outcomes they have when continual application of the practice model and its core concepts are applied to families within the child welfare system.

ANALYSIS

All staff are trained on the practice model, trauma informed care, and family centered practice principles from pre-service training to field application and beyond. Qualitative data results indicate that trauma informed care and family centered practices are not consistently applied or integrated into their daily work and efforts are ongoing to address these deficits accordingly.

SECTION 12: PARTNERSHIP RELATIONS

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

Child Protective Investigations

Frontline staff and survey respondents are not consistently experiencing smooth and collaborative case transfer efforts, there is an apparent respectful and collaborative working relationship between CCKids and Child Protective Services Leadership. There are many strengths to the case transfer process, specifically in St. Lucie County. The case transfer staffing is trauma informed and family centered including asking for parental input, re-direction of negative or inflammatory discussions and keeping conditions for return as a focus. Surveys suggest that all relevant parties are participating in the case transfer staffings.

There are two particular areas in which CCKids and investigative staff are struggling to address. One of these areas include the case transfer process. As noted in the focus groups, there is a perception that each county has a slightly different process in which the cases are transferred and what that transfer entails. CCKids and investigations staff collaborated on the transfer process, and the resulting “[Case Transfer Process Circuit 19](#)” is available on CCKids website and is clearly defined. However, survey results and discussions during the focus group indicate that this process is very county specific with differing checklists and requirements. The perceived complications noted for this process are also worsened by difficulties with the case transfer staffings and how they are conducted in the outlying counties, lacking a trauma informed lens.

The second area in which investigations and CCKids are struggling together is the provision of appropriate services to address the needs associated with the families served. Both focus group and surveys indicate that safety management services are inadequate to meet the needs as demonstrated. Specifically, there were voiced concerns regarding signatory requirements for safety monitoring of families to ensure the plan is successful, yet there is an apparent misconception of the service providers role. Concerns were also noted as to the implementation of services specific to the needs of the family. An example provided by the focus group, parenting is provided through Family Support Service providers to every family regardless of need and, according to the focus group, these services are perceived as generic in nature.

Feedback regarding rapid family engagement as well as joint home visits when investigations remains involved with the family were very positive in nature.

Children’s Legal Services

CCKids has strived to improve relations with CLS and continues to maintain a collaborative, responsive and solution focused partnership. CLS staff express the positive maturity that has naturally occurred within the agency. Survey results suggest that CCKids and their subcontracted case management provider are better than the statewide average for diligent search needs, locating and supporting family connections, including case partners in staffings and decision making, the case managers coming to court prepared, identifying and modifying failed safety plans, and providing sufficient proof to support reunification decisions. The focus group revealed some areas where CCKids and CLS could enhance communication and collaboration. Discussions around initial engagement with the families and the services that are provided to ensure families are stabilized were perceived as not consistently occurring. Case management, while responsive, lacked the ability to articulate behavioral changes and first-hand experiences for court testimony; example of observations of visitations between child and parent.

CLS focus group also expressed a lack of venue in which to provide input, other than through the Permanency Round Table process, to address out of the box ideas and efforts to resolve systemic issues. While there is a quarterly system of care meeting in which CLS is in attendance, it is not perceived as providing a one-on-one or case specific brainstorming opportunity.

Judiciary

There have been several changes over the past couple of years in which Judges have left the bench, new Judges have assumed the bench and interim Judges have been required. Focus group discussions revealed backlogs and concerns with driving permanency stemming from the judiciary. Focus groups also revealed Judges that are committed to children and families and just need time to acclimate to the dependency process and the practice model. CCKids continues to engage the Judiciary in all counties to promote collaboration, educate and communicate with the Judges to ensure that families are served in a trauma informed, family centered manner.

GAL

As demonstrated in many other groups, communication and collaboration between CCKids and the Guardian ad Litem program at the leadership level remains strong. There is a standard interagency conflict resolution agreement that is in place and used as necessary. Focus groups indicated that case specific concerns are discussed prior to court hearings and the issues are resolved, or there is an agreement to disagree on the issue and present the information to the court from their respective viewpoints. Survey results from the GALs were minimally representative and therefore may not be characteristic of the program as a whole. Of those that provided responses, there is indication that CCKids provides sufficient notice for GALs to participate in case related staffings, that GALs can participate in those staffings with accommodation to schedule and technology used, and that GALs agree that there is an escalation process for difference in opinions. Responses that indicate further frontline collaborative efforts are needed include communication within one business day, keeping the GAL informed about developments in assigned cases, considering the GAL's recommendations, children receiving necessary services, case manager responses to concerns about child's psychotropic medications, children allowed to have normalcy in placement and opportunities to learn about system barriers and challenges.

Other Governmental Agencies

Department of Juvenile Justice

CCKids maintains close communication and collaboration with the DJJ. Supervisory staff from both agencies meet monthly to discuss dually served children. These meetings are also a venue to provide prevention and/or early intervention in cases where there is a possible disruption based on parental non-compliance (lock-out) and to collaborate on services that would best support the youth and parent to ensure successful integration back into the home.

Managing Entity

CCKids maintains a Memorandum of Understanding with the local managing entity, Southeast Florida Behavioral Health Network. Quarterly system of care meetings includes the managing entity and CCKids benefits from a mutually respectful relationship in which identification of deficits in service provision

and development of resources to fill those deficits are paramount. CCKids also enjoys the opportunities to jointly train child welfare staff and substance abuse and mental health providers. Collaborative efforts to address re-entry rates have yielded additional services for substance abuse and mental health related issues for families served.

Agency for Persons with Disabilities

CCKids maintains a very good relationship with APD and has the ability to call the local liaison to brainstorm about possible needs and services available for children coming into or already in care.

Keeping Families Connected

The Keeping Families Connected (KFC) staffings can be requested by any party to further support and address needs of youth involved with multiple agencies that may otherwise end up in the dependency system. This meeting is the culmination of twenty different agencies within the child welfare, juvenile justice, mental health, substance abuse, developmental, behavioral and health related disabilities fields to develop a protocol to ensure children that are being served under any of these providers can be supported and maintained in their homes to prevent trauma. Documentation provided by CCKids indicates that since implementation of this process in March of 2018; 20 of 28 lockout prevention staffings (71%) have resulted in the child successfully remaining in home with intensive services.

Domestic Violence Service Providers

CCKids has established an effective working relationship with the community domestic violence programs, Safe Space and Martha's House. Representatives from these programs are invited to present at pre-service training and also attend the Joint operations meetings. Case management focus groups reported mixed feelings regarding advocates remaining objective and without personal bias.

Educational Coordination

There have been no changes to the educational coordination that was previously reported in the FY 16/17 on-site monitoring. CCKids has a written Memorandum of Understanding with three of the four counties to address educational concerns of children in licensed care; St. Lucie, Martin and Okeechobee. CCKids has a shared report for children in licensed care to receive information regarding attendance, grades, behavioral issues and educational success.

Other Area Partnerships

Guardians for New Futures

As part of the Guardian Ad Litem program, this foundation provides for the needs of children that require financial supports. The Guardians for New Futures have partnered with CCKids for recruitment purposes through the One School One Child initiative. They assist with tangible supports including Christmas gifts for children in care. Guardian for New Futures is also the benefactors of the pre-placement assessment center turned emergency shelter, Sanctuary4Kids.

Tribes

Focus group with Children’s Legal Services revealed that tribal relations are positive and tribal representatives are actively participating in court hearing and interventions upon termination of parental rights. While there is no formal tribal intervention or tribal court, the representatives communicate with CLS and ensure children are addressed accordingly.

ANALYSIS

CCKids works collaboratively with partners to ensure children and families are receiving needed services and offers open forums to provide input if something is not working. System of Care meetings are held routinely to address concerns or issues. Relationship building, and consistent communication could be strengthened between frontline investigations and case management staff.

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

CCKids has built some relationships throughout the faith-based community. Three subcontracted providers responsible for recruitment and licensing are faith based and use their religious affiliations to spread the word about the need for foster parents. Donations, both financial and tangible, are received from local religious organizations including, but not limited to 7th Day Adventist Church, St. Andrew Lutheran Church, Church of Jesus Christ of Latter-Day Saints and Trinity Freewill Baptist Ladies’ Circle.

Business Community

CCKids has made business connections where the need has been the greatest. The Independent Living program has developed the Vehicle Scholarship Program in which Infinity of Stuart donated a vehicle to one local foster youth through a competition type qualification process. Not only was this vehicle donated, but Infinity of Stuart also secured commitments from partner companies to provide painting, detailing, and mechanical assistance if needed. In that vein, the independent living staff continue to solicit businesses partners not only for tangible supports, but also for job placement, apprenticeships and housing needs.

Dermody Pediatric Dentistry & Orthodontics has also been established as a significant business partner. As children enter out-of-home care with braces, Dermody has volunteered to provide follow-up for their needs to ensure proper care.

Multiple businesses provide tangible supports and, while not an exhaustive listing, some of those include Caliber Home Loans, Rothenthal, Levy, Simon and Ryles and Hoskins, Turco, Lloyd and Lloyd, Berry Fresh Café, Lil’ Feet, Florida Community Bank and Ashley Minton Law.

Media Relationship

CCKids actively engages media partners to showcase events, increase awareness of CCKids initiatives, and involve the community in their mission. CCKids uses radio, television, newspaper/print, and social

media in various ways. CCKids partners with a local news channel to feature adoption ready children in the forever family program.

Community Alliance/Children Services Board

CCKids involvement with these entities is largely unaltered from the previous on-site monitoring in FY 16/17. Focus group feedback from the Community Alliance indicated that CCKids staff is responsive, collaborative and embedded in the community through Board affiliations, interagency staffings and being proactive to expressed needs. The focus group felt that CCKids is incredibly transparent, providing both performance and budgetary information. There was also an appreciation for joint training opportunities. A concern expressed by the focus group was the turnover rate of case management, indicating that this does effect day to day operations. Survey results from community partners echo the sentiments of the focus group regarding transparency, collaboration and responsiveness.

As noted previously, all four counties in Circuit 19 have some form of a Children’s Services Council. Memoranda of Understanding (working agreements) have been developed with many of their community partners and CCKids staff participate on several boards and/or committees throughout the four counties as well. Those board/committees include: Roundtable of St. Lucie County, Florida Coalition Children Board, FCC Foundation Board, Southeast Florida Behavioral Health Network, FCC Residential Sub-Committee, Career Source Youth Program Board, Junior League of Martin County, Martin County DJJ Committee, Florida Certification Board Advisory Committee, Healthy Start Coalition of Martin County, FCC COO Council and the Human Trafficking Committee. Community involvement is also evident by the quality management team’s involvement in the local missing child and human trafficking coalitions as well as the local Child Abuse Death Review Committee.

ANALYSIS

CCKids has developed and maintained community connections that have enhanced the system of care and encouraged involvement. CCKids has leveraged faith-based agencies, media branding through different modalities and used the Community Alliance and Children’s Services Board to further provide for the needs of the children and families served.

SECTION 14: ACTIONS TAKEN IN RESPONSE TO PREVIOUS MONITORING ACTIVITIES

The CBC Monitoring Team completed a desk review in May for FY 17/18. The following is a summary of the findings and any actions taken by CCKids to improve. The full [Devereux Community Base Care Desk Review FY 17/18](#) monitoring report is available for reference.

Areas Needing Action Identified in Previous Report

- 1) Rate of abuse per 100,000 days in foster care (M01)
 - a) This finding was included on a performance improvement plan.
 - b) *Improved Performance:* Although CCKids has not maintained rate of abuse lower than the target rate of 8.5 from FY 16/17 to FY 17/18, quarterly data shows there has been improvement made from FY 17/18 Q1 to FY 18/19 Q2, with the most recent quarter showing a rate of 9.03.

- c) *Summaries of Actions Taken:* This performance measure is being monitored through the Regional Performance Improvement Plan as well as through CCKids RSF/CQI/CFSR file reviews. In partnership with the Region, accuracy of data input is being explored as well as continuing to monitor the measure during monthly performance improvement meetings.
- 2) Percent of children who do not re-enter care within 12 months of moving to a permanent home (M07)
- a) This finding was included on a corrective action plan.
 - b) *Performance Declined:* Fiscal year and quarterly data show a steady decline in performance from the second quarter of FY 17/18 until the most recent quarter, ending at 87.88%. This is below the measure target of 91.7% and statewide performance at 90.72%. There has been an uptick in the last two quarters.
 - c) *Summaries of Actions Taken:* A root cause analysis was completed on this measure with the resulting issue pointing to substance abuse relapse. CCKids is working in partnership with the managing entity to address substance abuse relapse and the best avenues to assist families with stabilizing them after a relapse occurs, while maintaining the child in the home safely.

Opportunities for Improvement Identified in Previous Report

- 1) Continue to monitor all contract and performance measures and take immediate corrective action by initiating local review and discussion of any measure which falls below the established performance target, including but not limited to percent of children in foster care who receive a dental service in the last seven months, to ensure the current upward trend in performance continues.
 - a) This finding was included on a corrective action plan.
 - b) *Improved Performance:* Performance for children receiving dental services as required has fluctuated over the past two fiscal years. CCKids has struggled to maintain this measure above the measure target of 95%, though they remain above statewide performance. Performance on other contract and performance measures are monitored on a monthly basis and analysis by quality management is continually occurring.
 - c) *Summaries of Actions Taken:* Supervisory staff, particularly in Indian River and Martin Counties, are reviewing the medical/dental reports weekly and ensuring through case management staff that children are receiving the required dental appointment and subsequent documentation of the visit is noted. Performance on other contract and performance measures are monitored monthly and analysis by quality management is continually occurring.

- 2) Continue to review and discuss cases involving children currently placed in group care for possible step down to a less restrictive placement option as outlined in the Out of Home Care review process and the financial viability plan
 - a) This finding was included on a performance improvement plan.

- b) *No Change in Performance*: Data shown in Section 10 indicates that this is still a challenge for CCKids. However, per information provided by CCKids, the annual percentage of children in group care has declined.
- c) *Summaries of Actions Taken*: CCKids is tackling group home care on many different levels. In addition to ensuring recruitment efforts are focused on siblings and teens, they are also staffing children in group care monthly with their CPA's. In addition to staffing all children monthly, each CPA is targeting or championing one child to focus on for possible placements. CCKids staff are also reviewing weekly reports for children 0-11 years old in group care and monitoring children in group care through MDT's, OOH care county meetings held monthly, consistent review of hot list of higher level of care needs children and the use of Permanency Round Table venue. Financial incentives were built into CPA contracts beginning FY 17-18 for acceptance of targeted populations including sibling groups and children stepping down from higher levels of care, who would otherwise be placed in group settings. CCKids CEO and COO continue their monthly on-site review of all children in licensed care as well as those in care over 8 months if in-home judicial and 6 months if in-home non-judicial.

SECTION 15: ON-SITE MONITORING SUMMARY

SUMMARY

CCKids continues to maintain and strengthen relationships throughout the community. In July 2018 CCKids underwent a re-branding to legally separate from Devereux and become its own legal entity. CCKids has embarked on a mission to continue to improve relationships, maintain and cultivate new and existing resources, entrust the community through transparency and provide services to ameliorate safety, permanency and well-being of the children and families in Circuit 19. CCKids Leadership remains a significant strength as evidenced by their continued supportive stance with case management, their collaborative efforts with partners and willingness to work diligently to provide a strong system of care. As part of that willingness to work diligently, there are some areas in which CCKids needs further improvement to enhance that system.

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 CCKids has consistently underperformed:

1. Performance
 - a. Safety
 - i. Rate of abuse per 100,000 days in foster care (M01)
 1. This performance measure is currently monitored under the Regional PIP. While there have been great strides in improvement, over the past two quarters, this measure has trended negatively requiring continued monitoring.

- ii. Percent of children who do not re-enter care within twelve months of moving to a permanent home (M07)
 - 1. This performance measure is currently monitored through a corrective action plan. CCK has struggled to meet this performance measure for the past five quarters.
- iii. 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? CQI Item 2
 - 1. Over the past two fiscal years CCKids has declined on the qualitative measure by 15.2%. At 82.1%, CCK is below statewide performance and federal and state expectations.
- iv. Did the agency make concerted efforts to assess and address risk and safety concerns relating to the child in their own home or while in foster care? CQI Item 3
 - 1. Over the past two fiscal years CCKids has declined on this Federal PIP target by 6.6%. Federal PIP goal is 88.5%, CCKids in FY 17/18 was at 82.8%. CCKids staff, Regional DCF staff and case management staff have met to discuss this item and have strategies in place to address it.

OPPORTUNITIES FOR IMPROVEMENT:

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

2. Performance

a. Permanency

- i. Percent of children who do not re-enter care within 12 months of moving to a permanent home (M07)
 - 1. This performance measure is currently monitored under a corrective action plan. CCKids has underperformed for the most recent five of the past eight quarters. Continued monitoring is warranted.
- ii. 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)?
 - 1. Over FY 16/17 and FY 17/18 CCKids has declined on this Federal PIP target by .9%. CCKids staff, Regional DCF staff and case management staff have met to discuss this item and have strategies in place to address it.
- iii. CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?
 - 1. Performance has declined by 8.7% between FY 16/17 and FY 17/18.
- iv. 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?
 - 1. Performance has declined by 17.8% between FY 16/17 and FY 17/18.

- v. 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?
 - 1. There is a drop in performance by .1% between FY 16/17 and FY 17/18.
- vi. 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?
 - 1. There is a drop in performance by 5.6% between FY 16/17 and FY 17/18.
- vii. CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?
 - 1. Performance has declined by 9.5% between FY 16/17 and FY 17/18.

b. Well-Being

- i. Percent of children in out-of-home care who received dental services within the last seven months (M10)
 - 1. This performance measure is currently monitored under a corrective action plan. CCKids has underperformed for the five of the past eight quarters. Continued monitoring is warranted.
- ii. CQI Item 12A: Did the agency make concerted efforts to assess the needs 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?
 - 1. While remaining above the Federal PIP goal of 58.4%, CCKids performance on this measure declined 19.2% between FY 16/17 and FY 17/18.
- iii. CQI Item 12C: Did the agency make concerted efforts to assess the needs of and provide services to foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
 - 1. While remaining above the Federal PIP goal of 58.4%, CCKids performance on this measure declined 16.2% between FY 16/17 and FY 17/18.
- iv. 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?
 - 1. CCKids improved performance by 4.7%, however, remains below the Federal PIP goal of 70.7% at 67.4%.
- v. CQI Item 14: Were the frequency and quality of visits between caseworkers and the child (ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?
 - 1. Performance has declined by 3.2% between FY 16/17 and FY 17/18.

- vi. 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?
 - 1. Performance has declined by 2.3% between FY 16/17 and FY 17/18.
- vii. CQI Item 18: Did the agency address the mental/behavioral health needs of children?
 - 1. The measure has declined by 11.3% between FY 16/17 and FY 17/18.

3. Systemic

- a. Service Array for Safety Management and Family Support Services
 - i. Family Support Services
 - 1. Family Support Services provided to families should be tailored to the family and individual’s needs. Interviews indicated perceived concerns of significant wait lists for beginning services. FSS services should continue to be reviewed to ensure applicability to the family, individual needs, current situation and timeframes for initiation.
- b. Leadership and Governance
 - i. Leadership Development
 - 1. Continued involvement and oversight by CCKids regarding subcontracted case management workforce capacity to ensure stabilization and appropriate caseload ratios may be beneficial. Additional strategies should be explored.
- c. Workforce Management
 - i. Workforce Capacity
 - 1. Excessive turnover rates is evident in the outlying counties that are subcontracted through Children’s Home Society. The turnover rate, as noted earlier in the report is at 60%. CCKids has put ongoing processes and strategies in place to address this issue.
- d. Placement Resources and Processes
 - i. Family Foster Home Recruitment
 - 1. CCKids would benefit from strengthening identification and communication to foster parents about available resources. CCKids has implemented annual foster parent surveys to begin addressing these issues.
 - ii. Group Care
 - 1. Focus group discussions revealed a single case manager seeing all children placed in one group home at one time. While less disruptive to the group home the loss of trauma informed and family centered focus as well as normalcy and rapport, is significant.
- e. Practice
 - i. Practice Competency
 - 1. Continual training efforts to ensure case management staff are able to articulate behavioral changes would be beneficial.

- f. Partnership Relations
 - i. Child Protective Investigations
 - 1. Case transfer staffing process is unclear to investigations staff. There are inconsistencies with application of required documents, family centered practice, and trauma informed care when these staffings are held.
 - ii. Children’s Legal Services
 - 1. While there are many venues in which CLS and CCKids continue meaningful discussions for both case specific and systemic issues, CLS reports a lack of venue to effect continuous systemic change.

ADMINISTRATIVE FINDINGS:

The following administrative findings were identified during the monitoring:

Incident Reporting

Contract ZJK85, 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 15 incidents were reviewed to determine compliance with CFOP 215-6 and Communities Connected for Kids, Inc.’s internal incident reporting procedures.

- 1. 11 of the 15 incidents were determined as critical incidents of which all were reported into IRAS. However, 2 of the 11 critical incidents (18%) were not entered into IRAS timely, they were entered 2 days late.
- 2. One of the critical incidents was not entered into FSFN as required by CCKids internal policy.

Employment Eligibility

Contract ZJK85, S.C. 35. a. vi. States unauthorized aliens shall not be employed.

- 1. A sample of 9 newly hired staff were reviewed for employment eligibility information, all but 3 were in compliance. 3 (33%) had E-Verify cases created 1 day late.

Information Security

Contract ZJK85, 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.

- 1. A sample of 15 employee’s with departmental data access were reviewed for timely completion of the DCF security agreement form and annual security awareness training. All were in compliance.

HIPAA Data Security

Contract ZJK85, S.C. 27. and Exhibit A states the provider and its subcontractors shall comply with the provisions of this contract governing the safeguarding, use, and disclosure of Protected Health Information created, received, maintained, or transmitted.

1. An interview with the provider was conducted as well as a review of the provider's procedure revealed no findings.

Subcontracts

Contract ZJK85, S.C. 8. and Attachment I, 1.9.3.1 states the Lead Agency may subcontract for services unless specifically prohibited in this Contract.

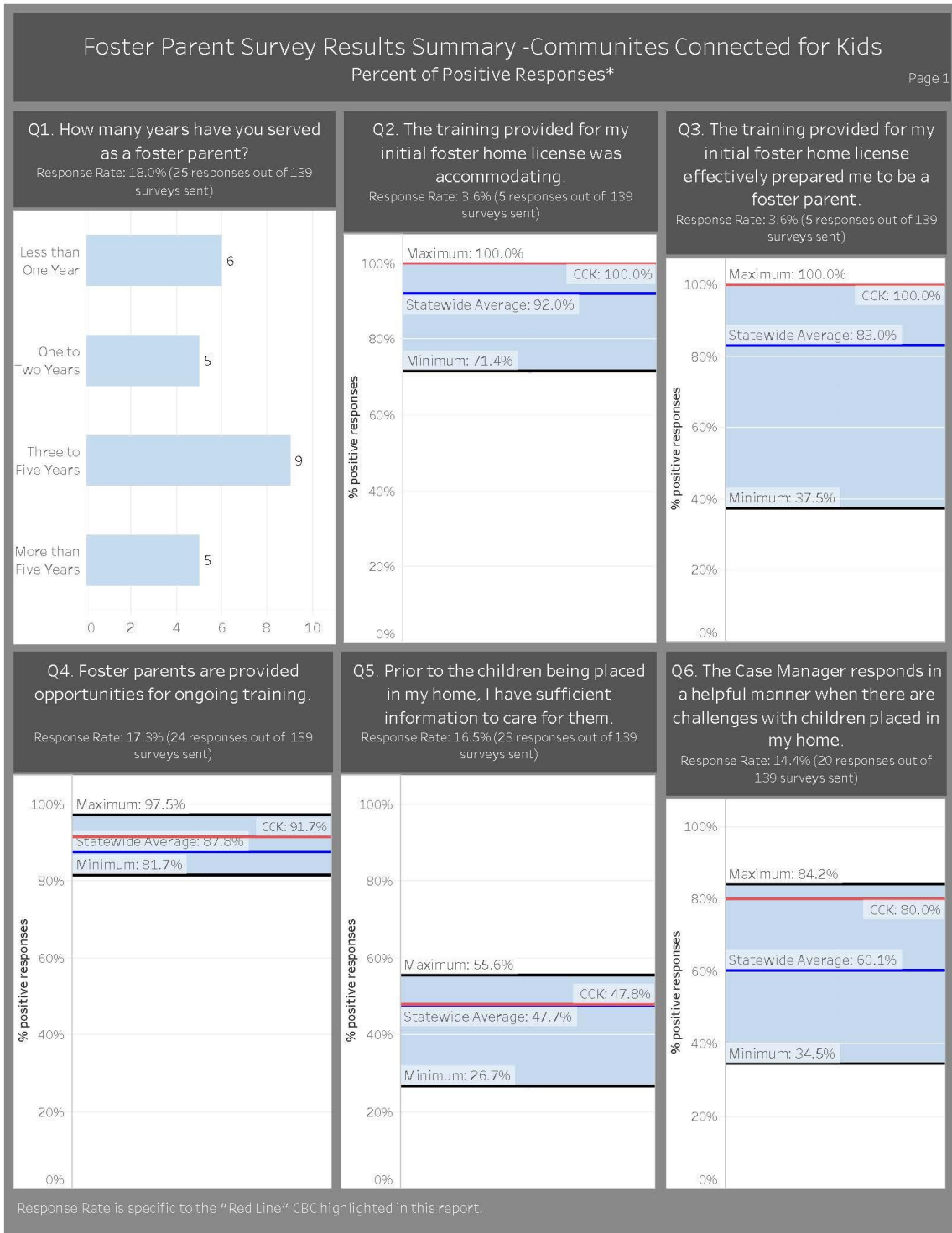
1. A sample of 8 subcontractors were reviewed, none of the subcontracts included DCF in the clause that in case of a breach the provider requires the subcontractors to offer measures deemed appropriate to mitigate or avoid injuries.

SECTION 16: INNOVATIVE PRACTICES

CCKids continues many of the innovative practices that were originally discussed in the on-site monitoring during FY16/17. However, in addition to those practices CCKids has developed new ones. Below is an additional innovative practice that emerged during this fiscal year on-site monitoring:

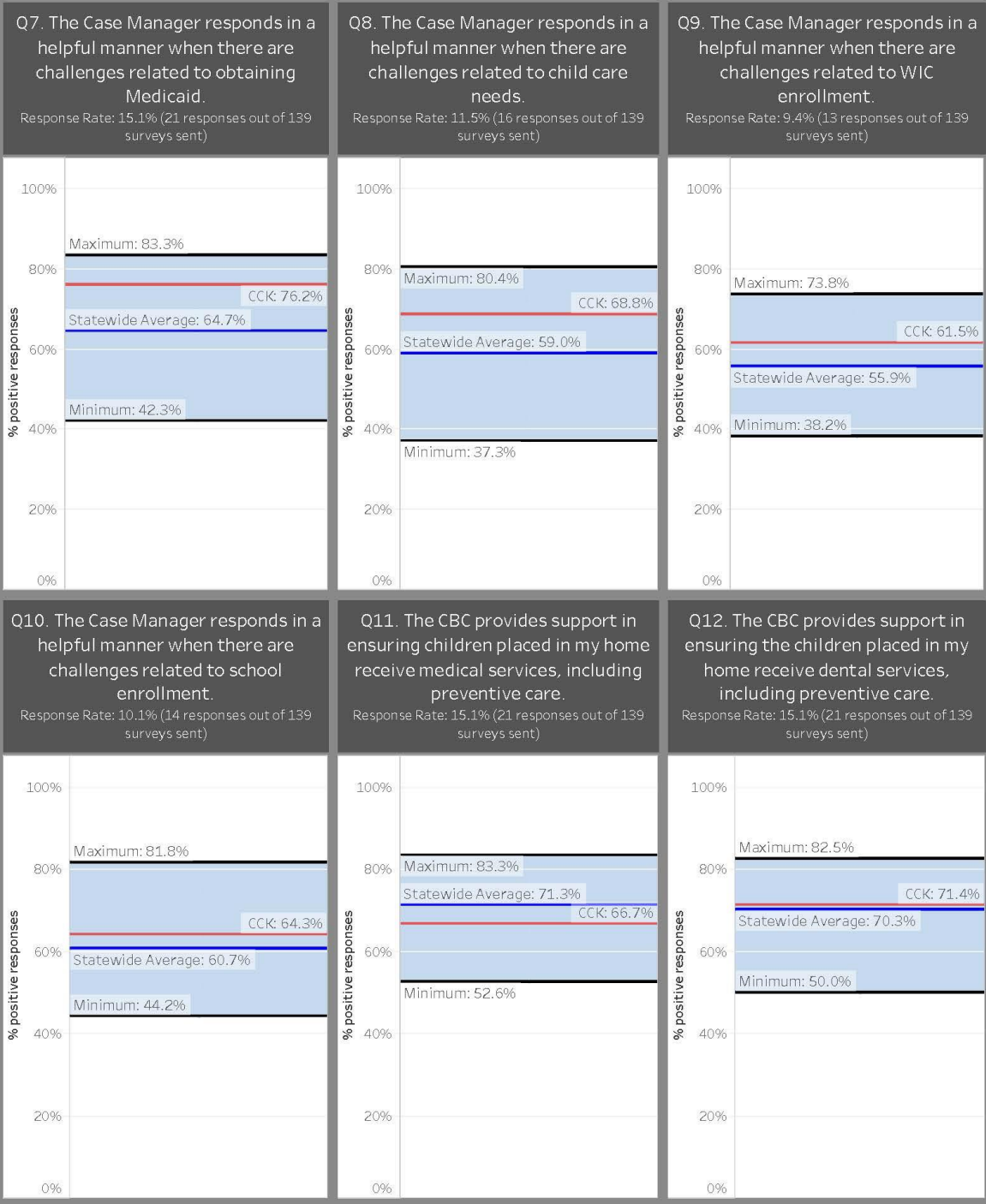
- The Independent Living/Extended Foster Care team have, in conjunction with community outreach personnel, fostered an alliance to provide a youth with transportation of his own. Navigating through financial issues, liability concerns and maintenance of the vehicle post award were addressed with collaborative community partners. This program has led to other community partners to donate vehicles to CCKids youth ageing out of foster care. Instead of competition, as was the case with the youth that received the vehicle this past year, each youth aging out will be awarded a vehicle meeting specific criteria, creating motivational means for success.

SECTION 17: APPENDIX 1



Foster Parent Survey Results Summary

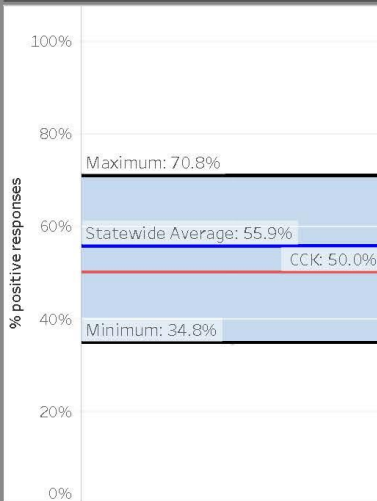
Percent of Positive Responses



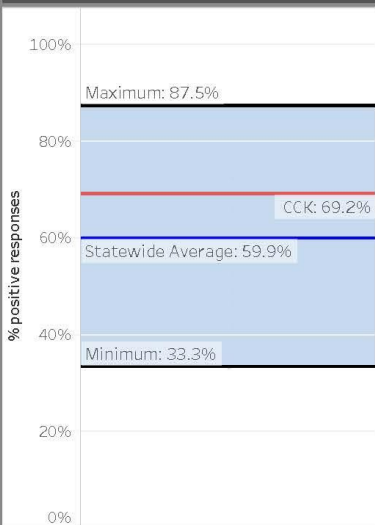
Foster Parent Survey Results Summary

Percent of Positive Responses

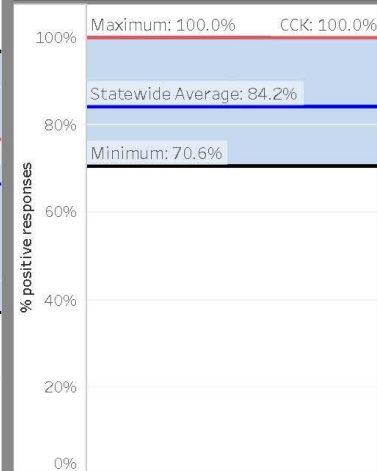
13. The CBC provides support in ensuring the children placed in my home receive mental health services, when needed.
 Response Rate: 10.1% (14 responses out of 139 surveys sent)



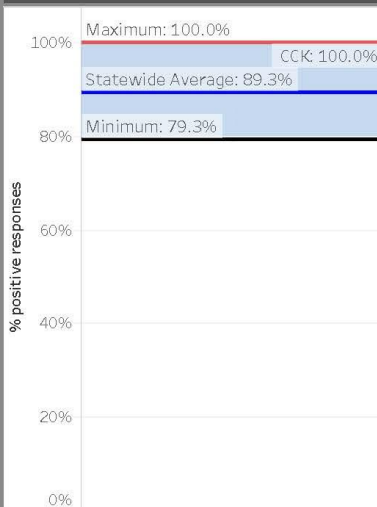
14. The children placed in my home receive educational support, when needed.
 Response Rate: 9.4% (13 responses out of 139 surveys sent)



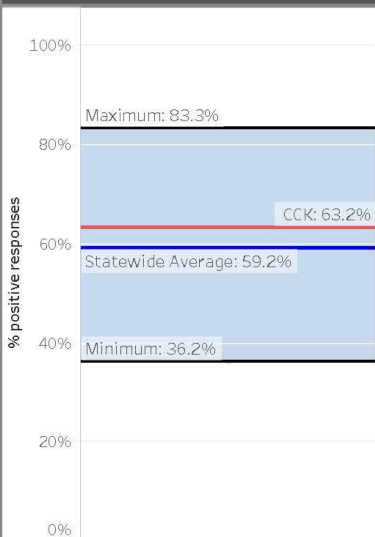
15. I am encouraged, when appropriate, to maintain relationships with the children's family members through visits and other activities.
 Response Rate: 12.2% (17 responses out of 139 surveys sent)



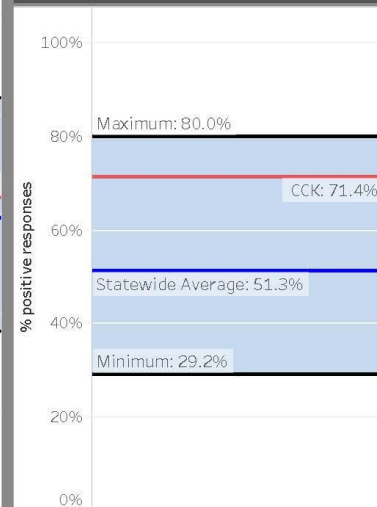
16. I am allowed to make parenting decisions and have my foster children participate in activities appropriate to their age.
 Response Rate: 15.1% (21 responses out of 139 surveys sent)



17. Case managers respond to my communications within one business day.
 Response Rate: 13.7% (19 responses out of 139 surveys sent)



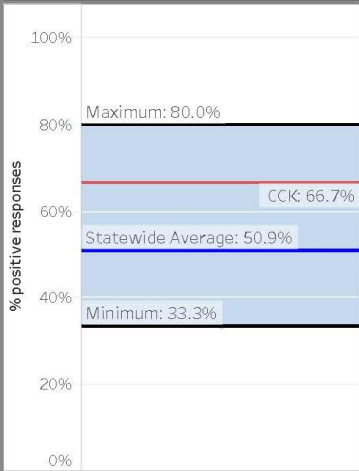
Q18 I have the opportunity, which includes sufficient notice, to participate in staffings for children placed in my home.
 Response Rate: 15.1% (21 responses out of 139 surveys sent)



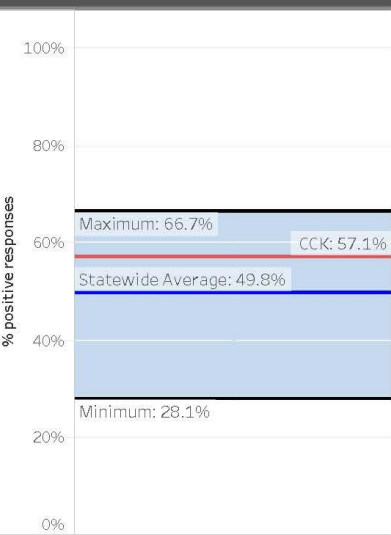
Foster Parent Survey Results Summary

Percent of Positive Responses

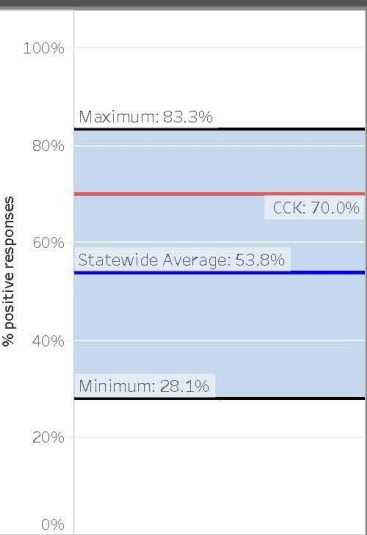
19. I have the opportunity and am provided options which make it convenient to participate in staffings for children placed in my home.
 Response Rate: 15.1% (21 responses out of 139 surveys sent)



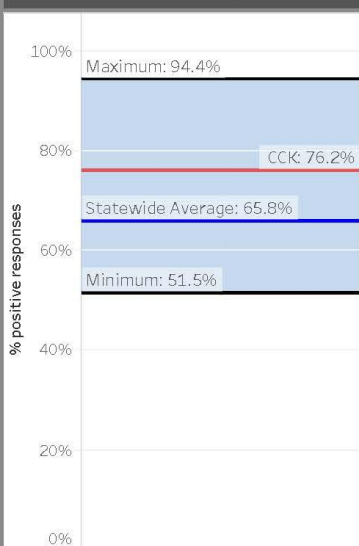
20. My recommendations are considered when decisions are made about the children placed in my home.
 Response Rate: 15.1% (21 responses out of 139 surveys sent)



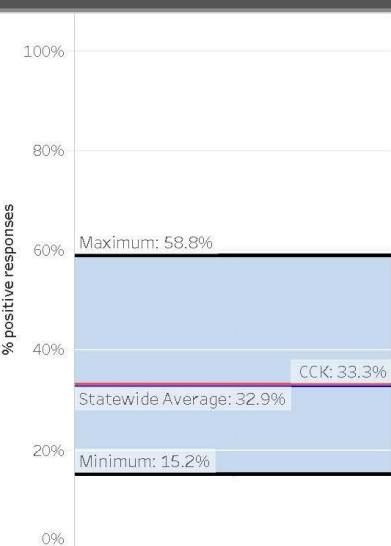
21. I am kept informed by Case Managers about case developments for children placed in my home.
 Response Rate: 14.4% (20 responses out of 139 surveys sent)



22. I am provided with court dates at least 72 hours before the court hearing.
 Response Rate: 15.1% (21 responses out of 139 surveys sent)



23. I am provided Judicial Review Summary Reports at least 72 hours prior to the court hearing.
 Response Rate: 15.1% (21 responses out of 139 surveys sent)

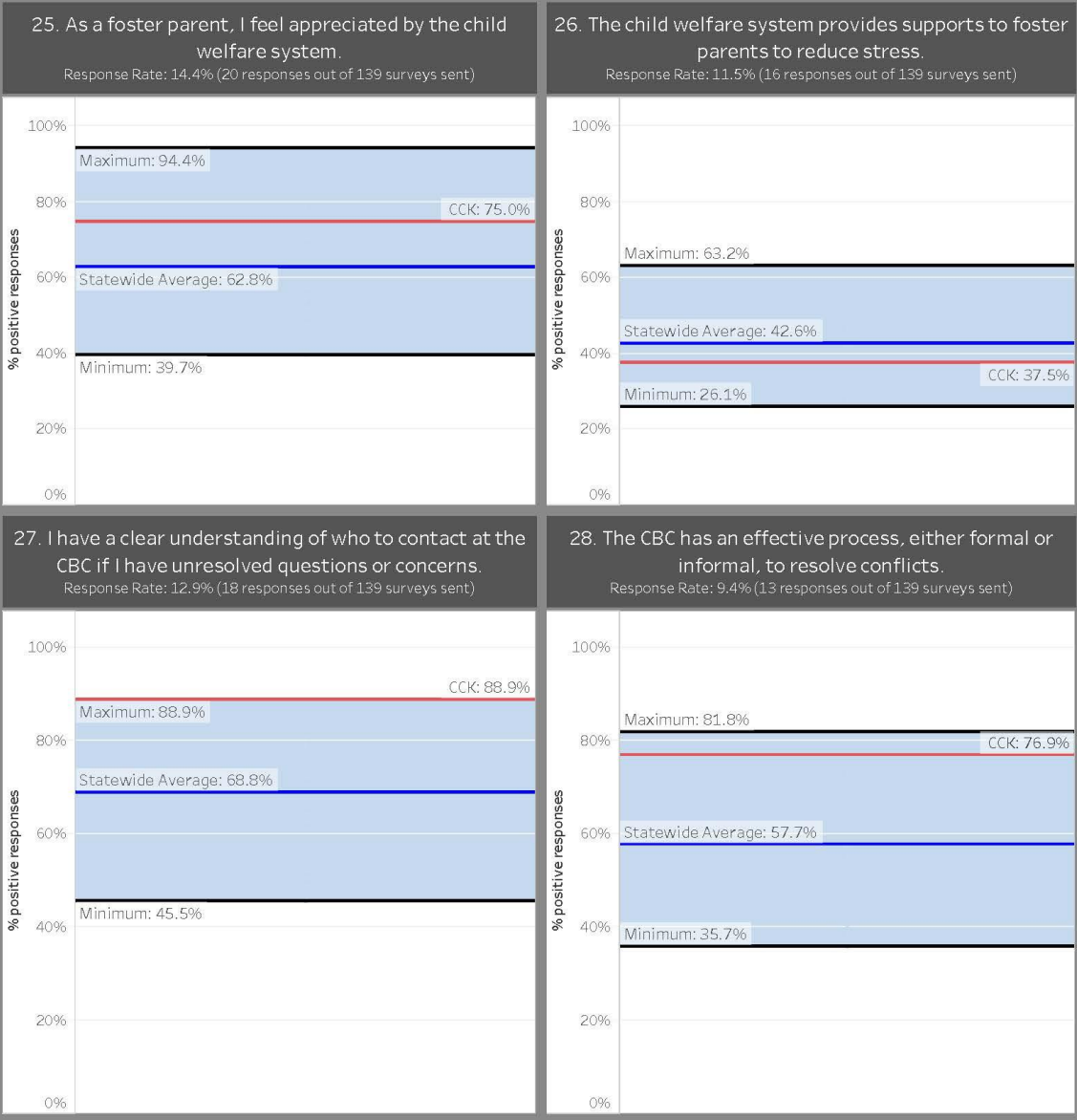


24. I am provided with court orders within 30 days of the court hearing.
 Response Rate: 14.4% (20 responses out of 139 surveys sent)



Foster Parent Survey Results Summary

Percent of Positive Responses



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

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

Data Source: Surveys conducted by the CBC Monitoring Team during FY 18/19.

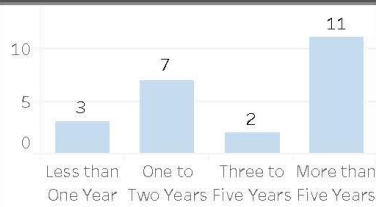
Case Manager Survey Results Summary

Percent of Positive Responses*

Page 1

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

Response Rate: 19.0% (23 responses out of 121 surveys sent)



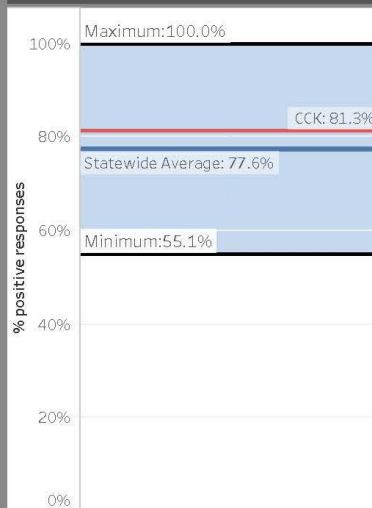
Q2. What are your current duties?

Response Rate: 18.2% (22 responses out of 121 surveys sent)



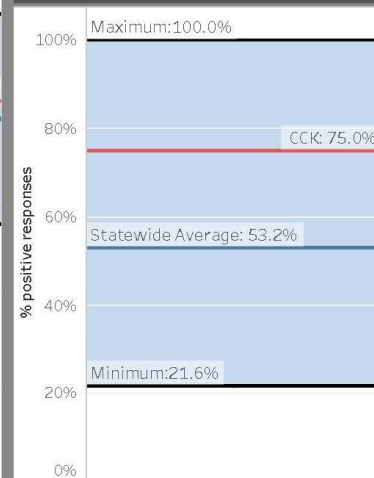
Q3. The CBC provides opportunities to give feedback regarding the array of services available.

Response Rate: 13.2% (16 responses out of 121 surveys sent)



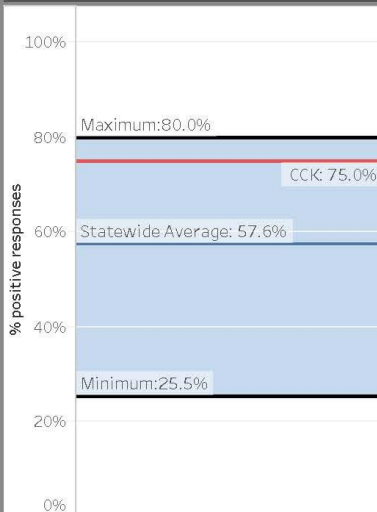
Q4. Formal safety management services provide support to Case Managers to manage safety plans during the investigation.

Response Rate: 16.5% (20 responses out of 121 surveys sent)



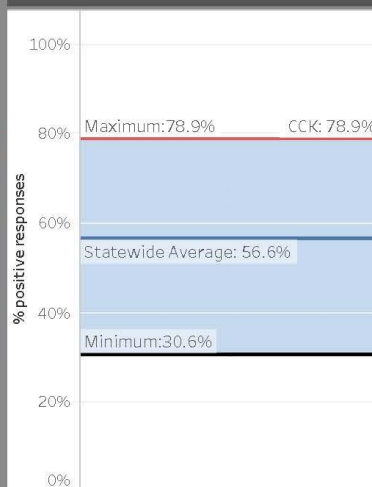
Q5. The identification of foster home or group care placements occurs timely.

Response Rate: 16.5% (20 responses out of 121 surveys sent)



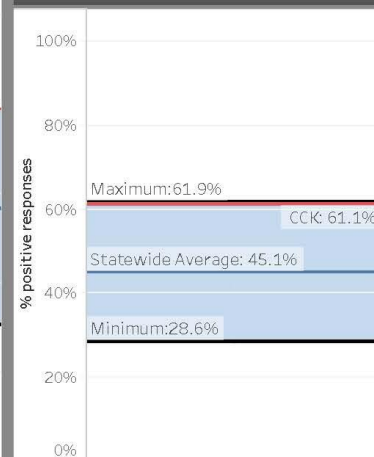
Q6. When there are multidisciplinary staffings or legal staffings on cases still open to investigations, CPIs participate.

Response Rate: 15.7% (19 responses out of 121 surveys sent)



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

Response Rate: 14.9% (18 responses out of 121 surveys sent)



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

Case Manager Survey Results Summary

Percent of Positive Responses*

Page 2

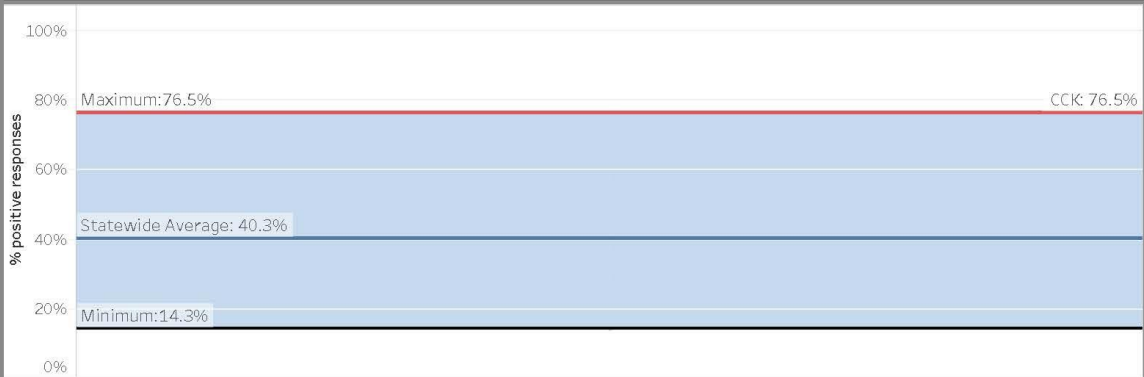
Q8. The case transfer process is clearly defined.

Response Rate: 14.0%(17 responses out of 121 surveys sent)



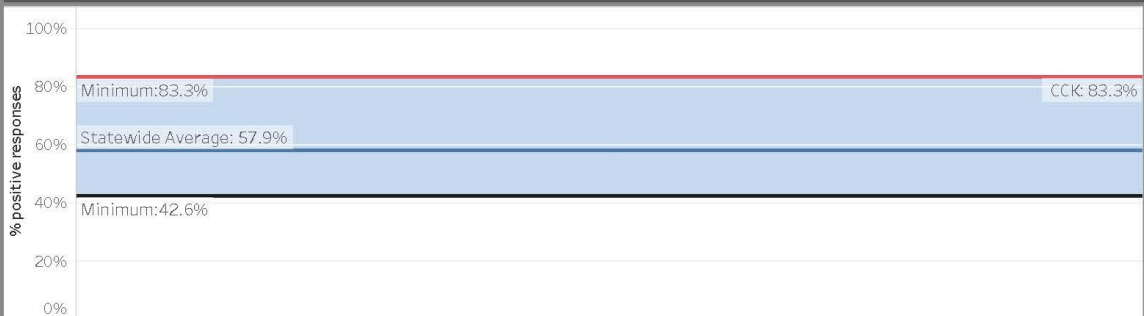
Q9. All relevant parties participate in case transfer staffings. This includes but is not limited to biological parents, caregivers, Case Managers, CPI, GAL, service providers, etc.

Response Rate: 14.0%(17 responses out of 121 surveys sent)



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

Response Rate: 14.9%(18 responses out of 121 surveys sent)



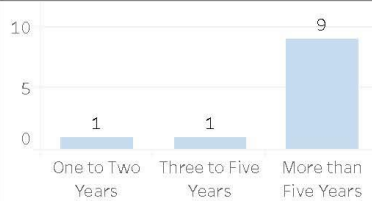
Response Rate is specific to the "Red Line" CBC highlighted in this report.

CPI Survey Results Summary

Percent of Positive Responses*

Q1. How many years have you served with Protective Investigations

Response Rate:15.7% (11 responses out of 70 surveys sent)



Q2. What are your current duties?

Response Rate:15.7% (11 responses out of 70 surveys sent)



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

Response Rate:12.9%(9 responses out of 70 surveys sent)



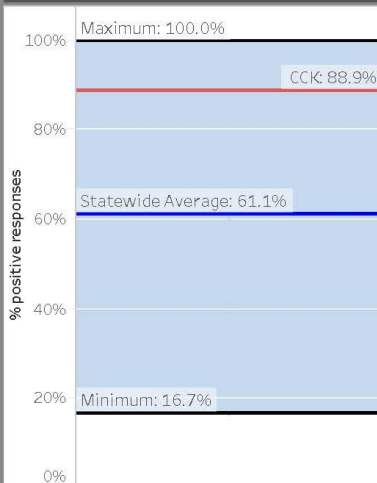
Q4. Formal safety management services provide support to CPIs to manage safety plans during the investigation.

Response Rate:12.9%(9 responses out of 70 surveys sent)



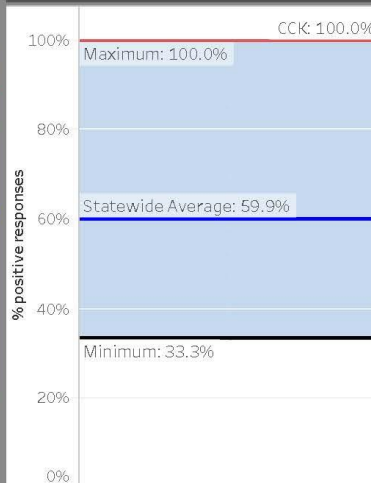
Q5. The placement of children in foster homes or group homes at removal is timely, meaning within 4 hours.

Response Rate:12.9%(9 responses out of 70 surveys sent)



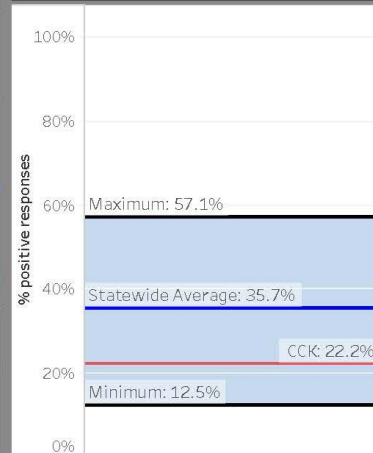
Q6. When Case Managers schedule multidisciplinary staffings on cases open to investigation, CPIs are invited.

Response Rate:12.9%(9 responses out of 70 surveys sent)



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

Response Rate:12.9%(9 responses out of 70 surveys sent)



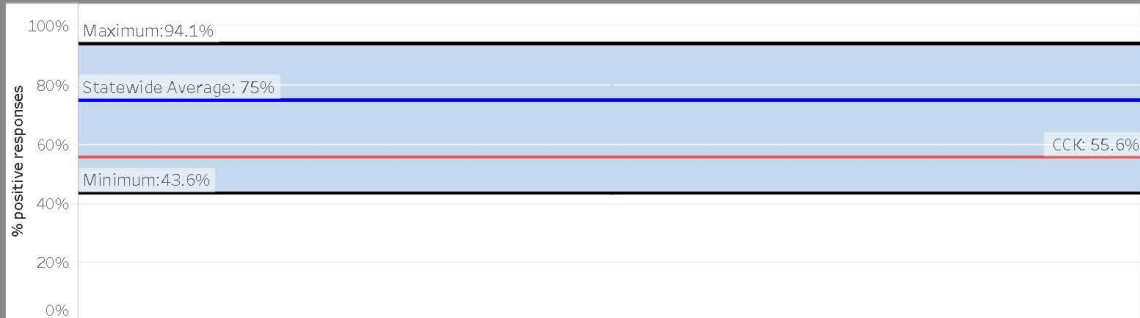
Response Rate is specific to the "Red Line" CBC highlighted in this report.

CPI Survey Results Summary

Percent of Positive Responses*

Q8. The case transfer process is clearly defined.

Response Rate:12.9%(9 responses out of 70 surveys sent)



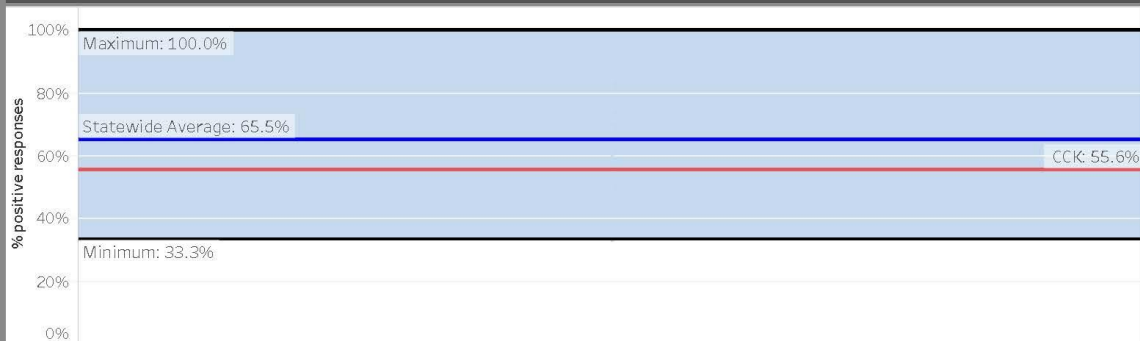
Q9. All relevant parties participate in case transfer staffings. This includes but is not limited to biological parents, caregivers, Case Managers, CPIs, service providers, etc.

Response Rate:12.9%(9 responses out of 70 surveys sent)



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

Response Rate:12.9%(9 responses out of 70 surveys sent)



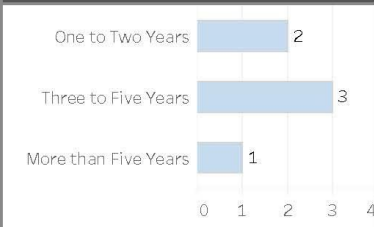
Response Rate is specific to the "Red Line" CBC highlighted in this report.

GAL Survey Results Summary

Percent of Positive Responses*

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

Response Rate: 20.0% (6 responses out of 30 surveys sent)



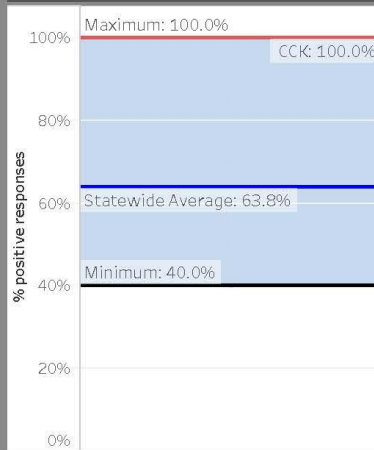
Q2. What is your role with the GAL program?

Response Rate: 20.0% (6 responses out of 30 surveys sent)



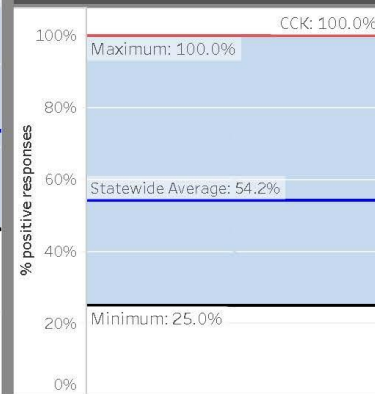
Q3. The GAL has the opportunity and is given sufficient notice to participate in staffings or service planning for children who are assigned to them.

Response Rate: 16.7% (5 responses out of 30 surveys sent)



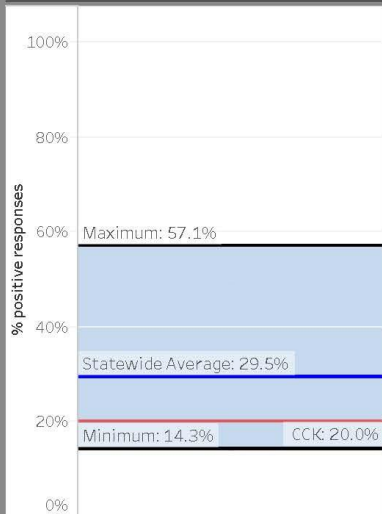
Q4. The GAL has the opportunity and is provided options that make it convenient to participate in staffings for children who are assigned to them. Options might include use of technology or flexible times.

Response Rate: 16.7% (5 responses out of 30 surveys sent)



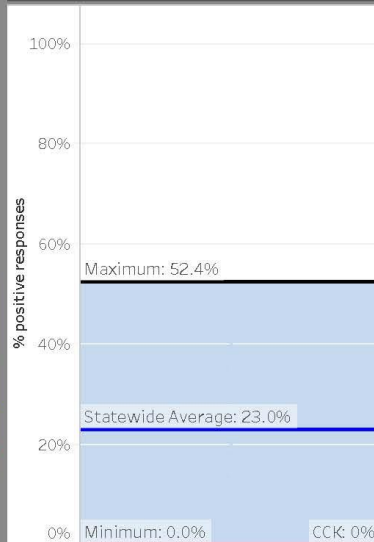
Q5. Case Managers respond to my communications within one business day.

Response Rate: 16.7% (5 responses out of 30 surveys sent)



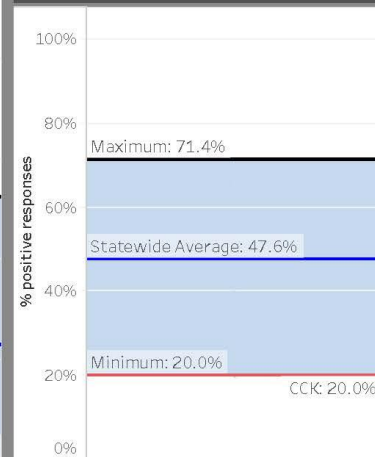
Q6. The GAL is kept informed about developments in assigned cases.

Response Rate: 16.7% (5 responses out of 30 surveys sent)



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

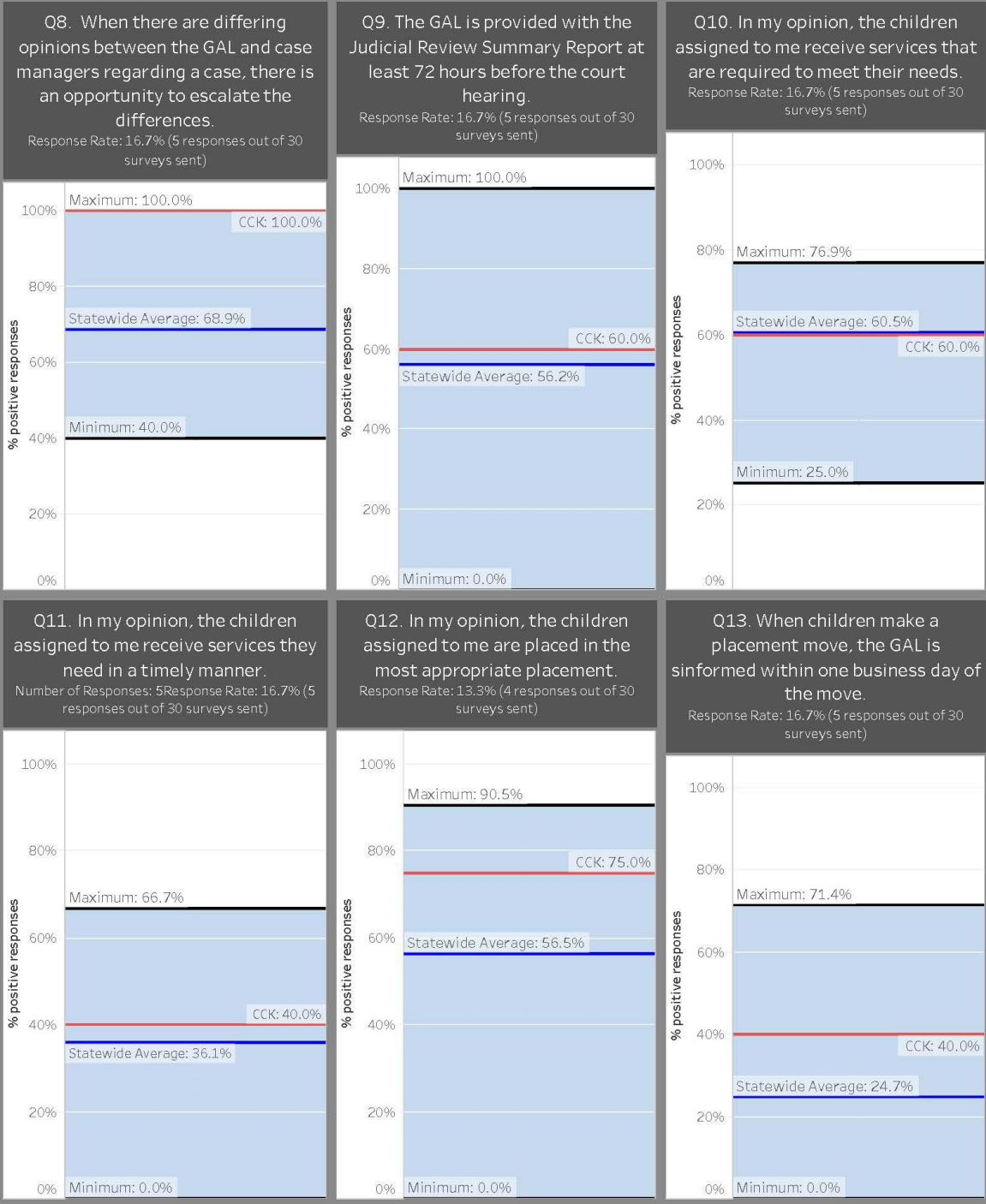
Response Rate: 16.7% (5 responses out of 30 surveys sent)



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

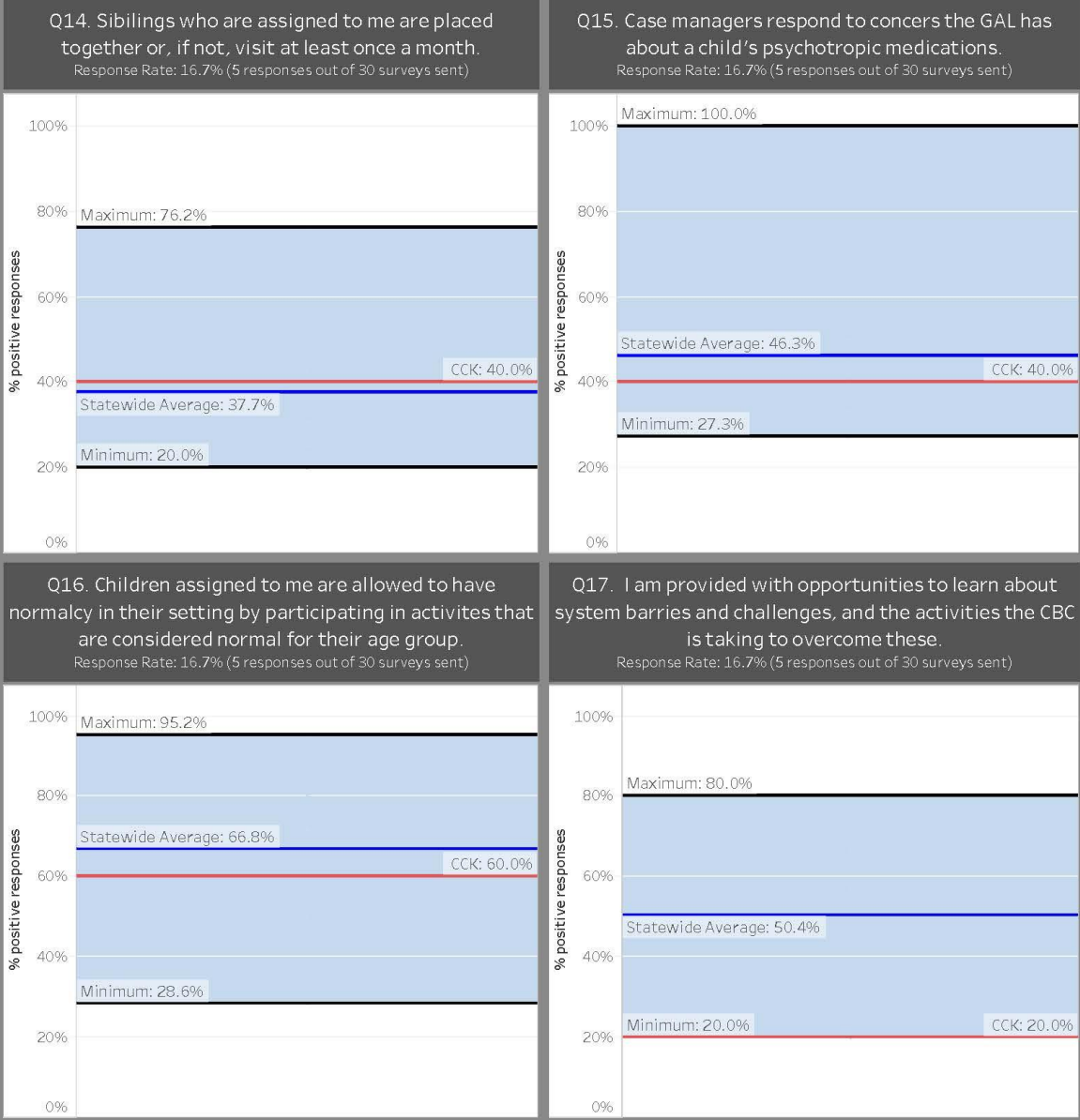
GAL Survey Results Summary

Percent of Positive Responses



GAL Survey Results Summary

Percent of Positive Responses



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

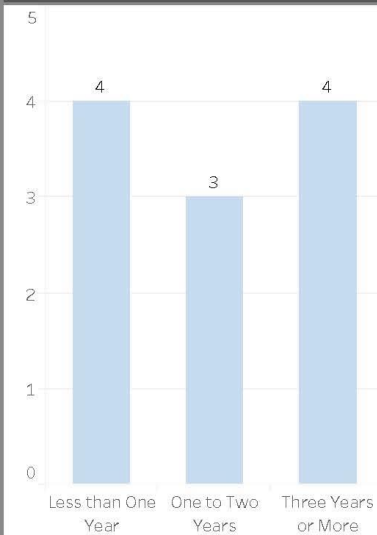
Notes: Maximum and minimum lines represent the highest and lowest percent of positive responses a CBC received for a given question during the FY. Response Rate is specific to the "Red Line" CBC and does not reflect any statewide averages. Statewide Average includes "Red Line" CBC.

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

CLS Survey Responses Percent of Positive Responses*

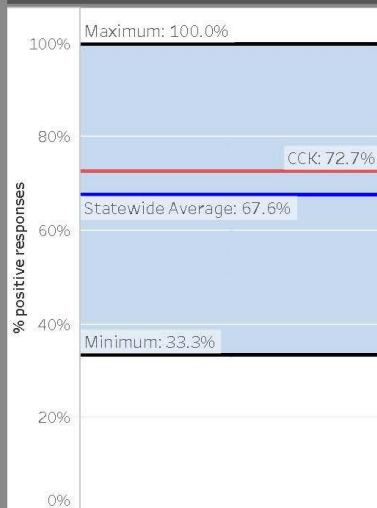
Q1. How many years have you served with the CLS program?

Response Rate: **61.1%** (11 responses out of 18 surveys sent)



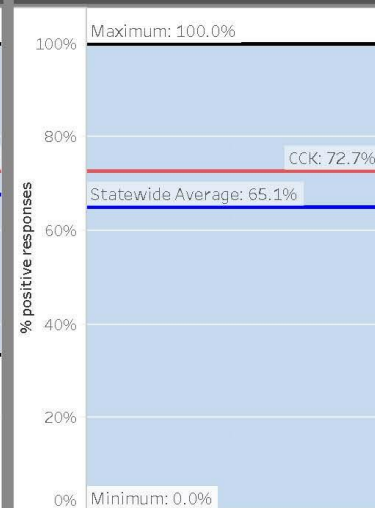
Q2. Case Managers effectively identify appropriate services to meet the needs of children.

Response Rate: 61.1% (11 responses out of 18 surveys sent)



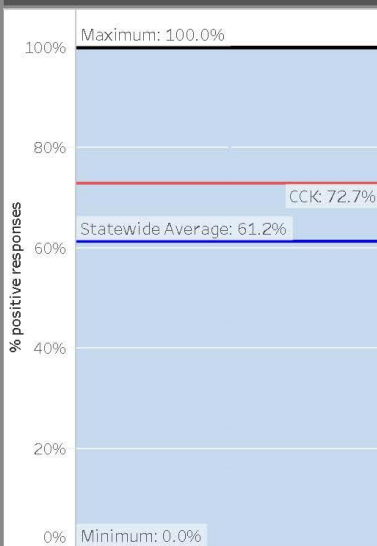
Q3. Case managers providing supervision to families are actively engaging with the families.

Response Rate: 61.1% (11 responses out of 18 surveys sent)



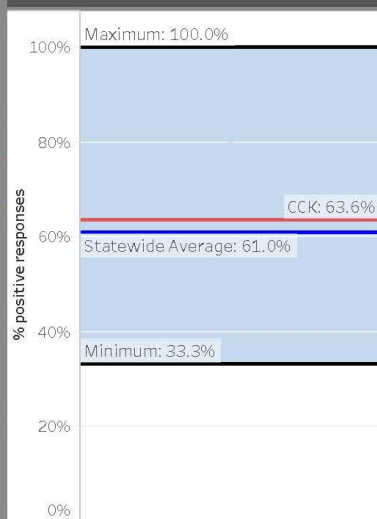
Q4. Case Managers consistently make reasonable efforts to assist families.

Response Rate: 61.1% (11 responses out of 18 surveys sent)



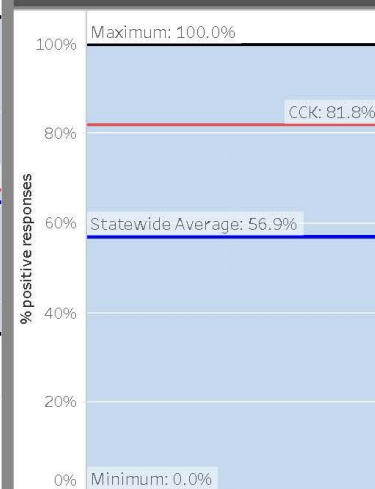
Q5. Case Managers work with families to construct individualized case plans.

Response Rate: 61.1% (11 responses out of 18 surveys sent)



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

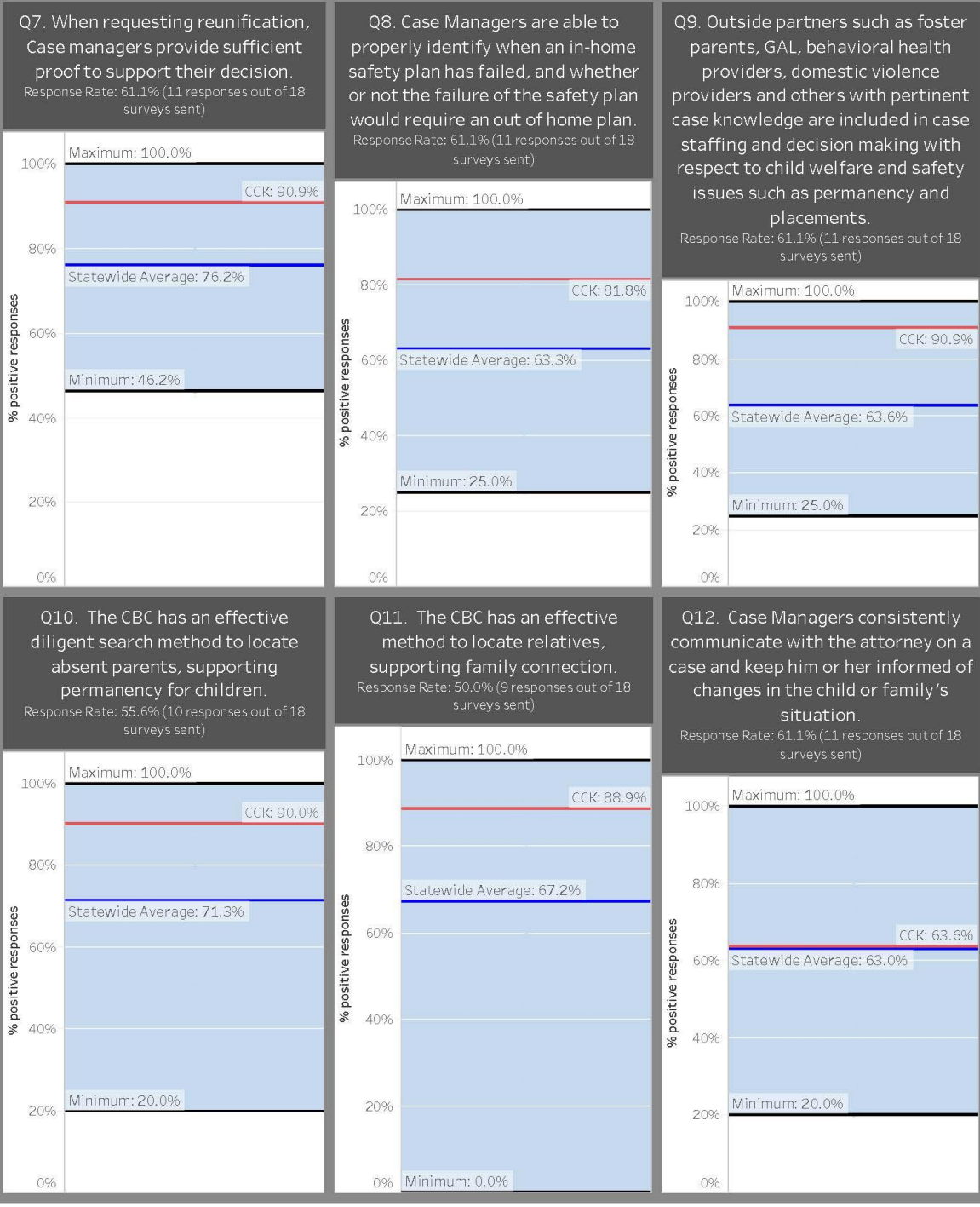
Response Rate: 61.1% (11 responses out of 18 surveys sent)



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

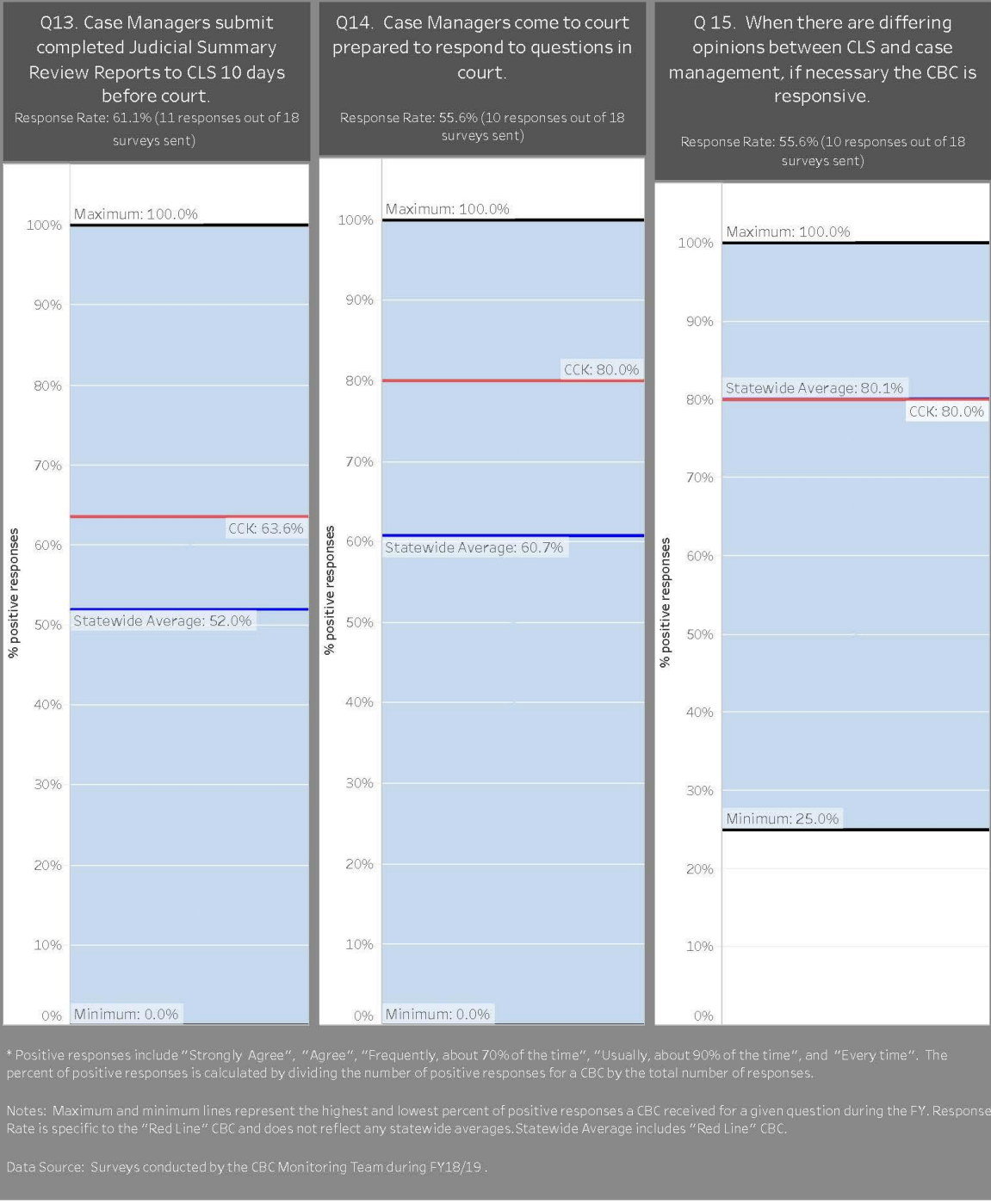
CLS Survey Results Summary

Percent of Positive Responses



CLS Survey Results Summary

Percent of Positive Responses



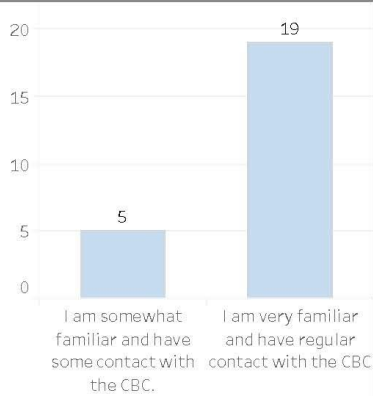
Community Partner Survey Results Summary

Percent of Positive Responses*

Page 1

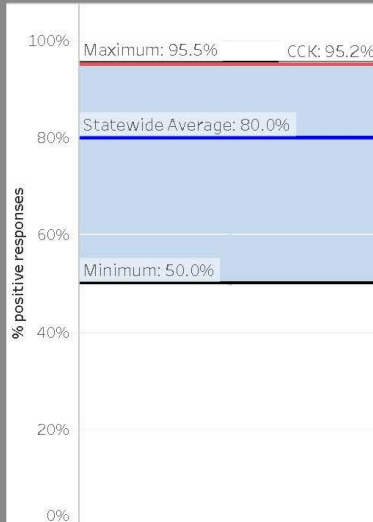
Q1. Which statement best describes your knowledge and frequency of interaction with the CBC?

Response Rate: 26.7% (24 responses out of 90 surveys sent)



Q2. The CBC is responsive to the needs of my clients.

Response Rate: 23.3%(21 responses out of 90 surveys sent)



Q3. The CBC collaborates with my organization to advocate for issues of mutual concern related to child welfare.

Response Rate: 24.4%(22 responses out of 90 surveys sent)



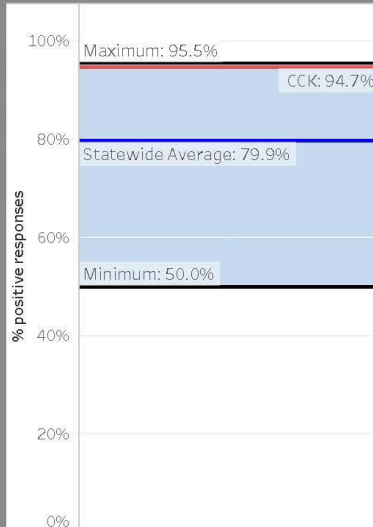
Q4. The CBC conducts ongoing public community meetings.

Response Rate: 16.7%(15 responses out of 90 surveys sent)



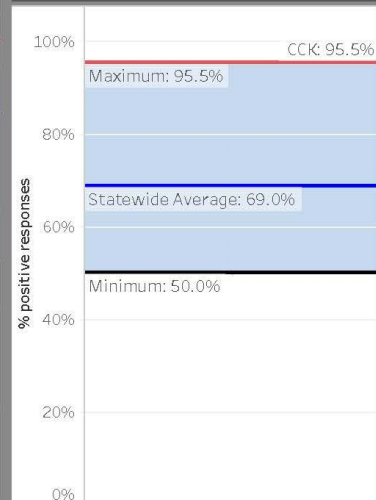
Q5. The CBC coordinates child welfare services in their area well.

Response Rate: 21.1%(19 responses out of 90 surveys sent)



Q6. The CBC seeks input and participation from my organization to improve the quality of services.

Response Rate: 24.4%(22 responses out of 90 surveys sent)



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

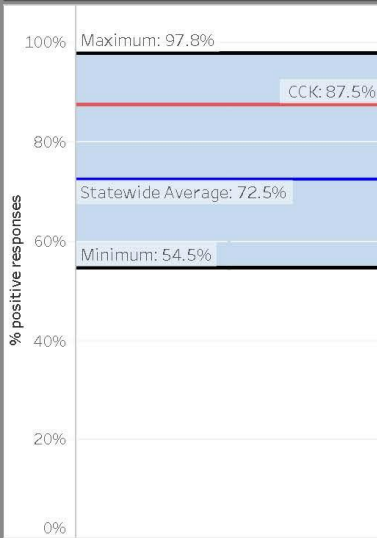
Community Partner Survey Results Summary

Percent of Positive Responses

Page 2

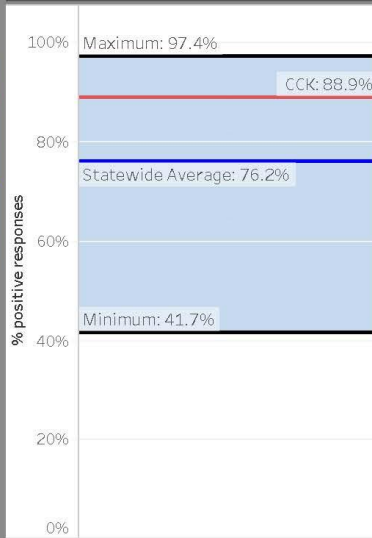
Q7. The CBC provides opportunities for community stakeholders to express satisfaction with services.

Response Rate: 17.8%(16 responses out of 90 surveys sent)



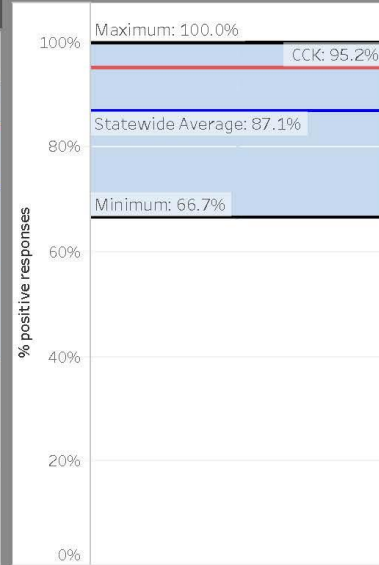
Q8. The CBC has an effective mechanism for resolving conflict with my organization.

Response Rate: <AGG(CP response rate)>(18 responses out of 90 surveys sent)



Q9. The CBC has a good working relationship with my organization.

Response Rate: 23.3%(21 responses out of 90 surveys sent)



Q10. Does your organization have a contract with the CBC to provide services?

Response Rate: 24.4% (27 responses out of 90 surveys sent)



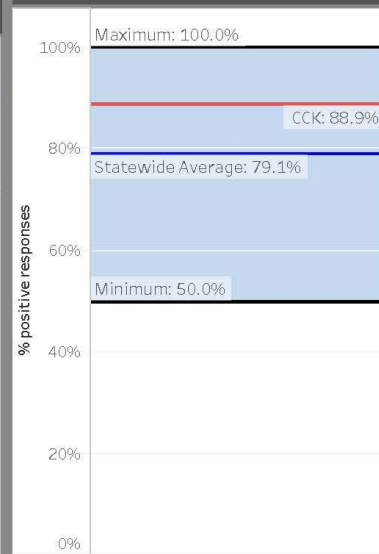
Q11. The responsibilities of my organization as a contracted provider are clear and established in writing.

Response Rate: 15.6%(14 responses out of 90 surveys sent)



Q12. My organization is included in the CBC's child welfare strategic planning for our community.

Response Rate: 10.0%(9 responses out of 90 surveys sent)

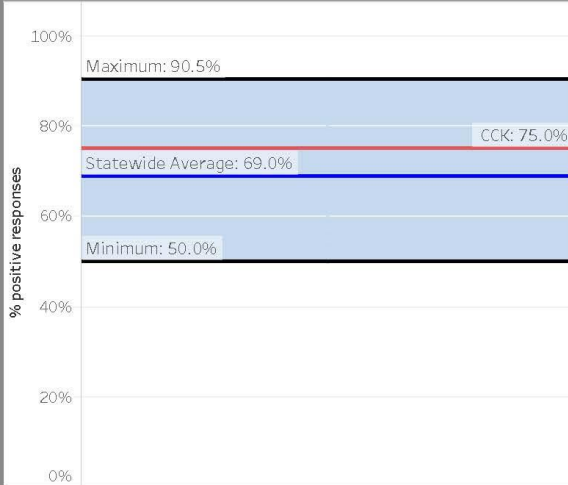


Community Partner Survey Results Summary

Percent of Positive Responses

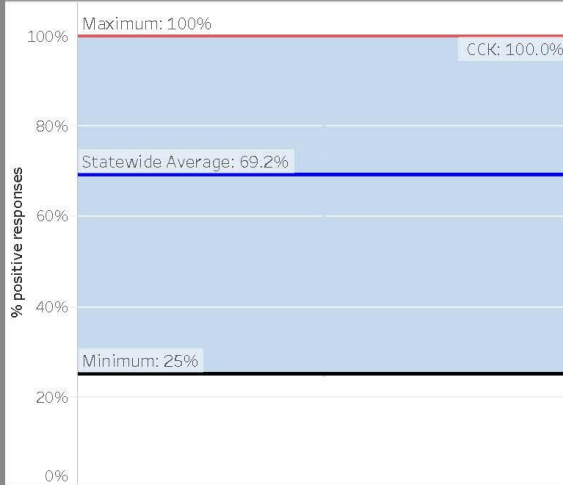
Q13. The CBC seeks my organizations input on how to best resolve child welfare issues in our community.

Response Rate: 13.3%(12 responses out of 90 surveys sent)



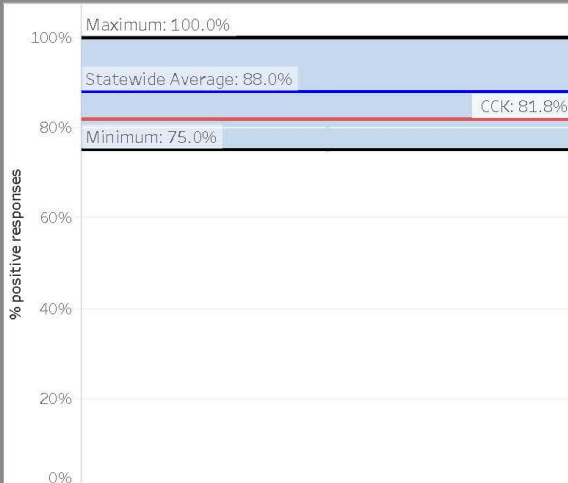
Q14. The CBC's budgeting process and decisions are transparent.

Response Rate: 8.9%(8 responses out of 90 surveys sent)



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

Response Rate: 12.2%(11 responses out of 90 surveys sent)



Q16. The CBC provides my organization with the opportunity to provide feedback to improve the provision or the quality of services.

Response Rate: 14.4%(13 responses out of 90 surveys sent)



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

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

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

– 2018 FLORIDA CHILD WELL-BEING INDEX –

OVERALL COUNTY RANK

8

Martin County

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

ECONOMIC WELL-BEING DOMAIN RANK 12		Baseline Year	%	Current Year	%	Number	Change
	Children in poverty	2011	21.9	2016	17.9	4,634	👍
Unemployment rate	2011	9.9	2016	4.9	3,465	👍	
High housing cost burden (>30% income spent)	2007-2011	37.9	2012-2016	33.7	21,199	👍	
Teens not in school and not working	2007-2011	7.6	2012-2016	7.3	468	Unchanged	

EDUCATION WELL-BEING DOMAIN RANK 7		Baseline Year	%	Current Year	%	Number	Change
	3 & 4 year old children not enrolled in school	2007-2011	46.8	2012-2016	39.5	987	👍
4th grade students not proficient in English Language Arts	2014/15	71.0	2015/16	75.0	1,018	👎	
8th grade students not proficient in math	2014/15	59.0	2015/16	68.0	751	👎	
High school students not graduating on time	2011/12	15.1	2015/16	11.3	172	👍	

HEALTH WELL-BEING DOMAIN RANK 45		Baseline Year	%	Current Year	%	Number	Change
	Low-birth weight babies	2011	7.9	2016	7.5	96	Unchanged
Uninsured children	2010	15.2	2015	9.6	2,639	👍	
Overweight and obese 1st, 3rd & 6th grade students	2010/11	32.9	2015/16	33.6	1,313	Unchanged	
High school teens who used alcohol/drugs (past 30 days)	2012	42.4	2016	38.9	200	👍	

FAMILY & COMMUNITY DOMAIN RANK 29		Baseline Year	%	Current Year	%	Number	Change
	Children in single parent families	2007-2011	26.6	2012-2016	27.7	6,450	👎
Children living in high poverty areas	2007-2011	14.5	2012-2016	13.0	3,382	👍	
Children with verified maltreatment (per 1,000)	2011/12	5.5	2016/17	9.6	233	👎	
Youth contacts with the juvenile justice system (per 1,000)	2011/12	31.1	2016/17	18.6	220	👍	

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.

www.floridakidscount.org

[/floridakidscount](#) [@FLKidsCount](#)





OVERALL COUNTY RANK

– 2018 FLORIDA CHILD WELL-BEING INDEX –

26 Indian River County



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

 <p>ECONOMIC WELL-BEING DOMAIN RANK 32</p>		Baseline Year	%	Current Year	%	Number	Change
	Children in poverty	2011	23.3	2016	21.5	5,367	👍
	Unemployment rate	2011	12.7	2016	6.2	3,829	👍
	High housing cost burden (>30% income spent)	2007-2011	39.6	2012-2016	33.4	19,338	👍
	Teens not in school and not working	2007-2011	8.8	2012-2016	8.4	483	Unchanged
 <p>EDUCATION WELL-BEING DOMAIN RANK 19</p>		Baseline Year	%	Current Year	%	Number	Change
	3 & 4 year old children not enrolled in school	2007-2011	51.1	2012-2016	41.6	1,085	👍
	4th grade students not proficient in English Language Arts	2014/15	76.0	2015/16	76.0	1,043	Unchanged
	8th grade students not proficient in math	2014/15	94.0	2015/16	85.0	734	👍
	High school students not graduating on time	2011/12	19.1	2015/16	12.8	160	👍
 <p>HEALTH WELL-BEING DOMAIN RANK 39</p>		Baseline Year	%	Current Year	%	Number	Change
	Low-birthweight babies	2011	9.6	2016	8.8	109	Unchanged
	Uninsured children	2010	16.0	2015	9.4	2,474	👍
	Overweight and obese 1st, 3rd & 6th grade students	2010/11	31.7	2015/16	35.0	1,516	👎
	High school teens who used alcohol/drugs (past 30 days)	2012	41.7	2016	34.1	171	👍
 <p>FAMILY & COMMUNITY DOMAIN RANK 40</p>		Baseline Year	%	Current Year	%	Number	Change
	Children in single parent families	2007-2011	33.2	2012-2016	31.3	6,690	👍
	Children living in high poverty areas	2007-2011	10.8	2012-2016	16.7	4,246	👎
	Children with verified maltreatment (per 1,000)	2011/12	9.4	2016/17	7.2	189	👍
	Youth contacts with the juvenile justice system (per 1,000)	2011/12	34.0	2016/17	19.8	241	👍

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.



www.floridakidscount.org

[/floridakidscount](https://www.facebook.com/floridakidscount)

[@FLKidsCount](https://twitter.com/FLKidsCount)



OVERALL
COUNTY RANK

40

– 2018 FLORIDA CHILD WELL-BEING INDEX –

Saint Lucie County



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

<p>ECONOMIC WELL-BEING DOMAIN RANK 49</p>		Baseline Year	%	Current Year	%	Number	Change
	Children in poverty	2011	31.7	2016	26.3	16,032	👍
	Unemployment rate	2011	12.6	2016	5.7	7,601	👍
	High housing cost burden (>30% income spent)	2007-2011	47.4	2012-2016	37.6	40,907	👍
	Teens not in school and not working	2007-2011	10.8	2012-2016	5.9	802	👍
<p>EDUCATION WELL-BEING DOMAIN RANK 33</p>		Baseline Year	%	Current Year	%	Number	Change
	3 & 4 year old children not enrolled in school	2007-2011	52.4	2012-2016	55.6	3,827	👎
	4th grade students not proficient in English Language Arts	2014/15	81.0	2015/16	82.0	2,442	👎
	8th grade students not proficient in math	2014/15	82.0	2015/16	83.0	1,741	👎
	High school students not graduating on time	2011/12	29.4	2015/16	13.2	382	👍
<p>HEALTH WELL-BEING DOMAIN RANK 26</p>		Baseline Year	%	Current Year	%	Number	Change
	Low-birthweight babies	2011	8.1	2016	8.7	262	Unchanged
	Uninsured children	2010	15.0	2015	7.1	4,464	👍
	Overweight and obese 1st, 3rd & 6th grade students	2010/11	38.7	2015/16	39.8	3,255	👎
	High school teens who used alcohol/drugs (past 30 days)	2012	38.4	2016	27.7	123	👍
<p>FAMILY & COMMUNITY WELL-BEING DOMAIN RANK 41</p>		Baseline Year	%	Current Year	%	Number	Change
	Children in single parent families	2007-2011	35.5	2012-2016	35.9	19,378	Unchanged
	Children living in high poverty areas	2007-2011	11.3	2012-2016	12.7	7,740	👎
	Children with verified maltreatment (per 1,000)	2011/12	9.5	2016/17	7.4	463	👍
	Youth contacts with the juvenile justice system (per 1,000)	2011/12	33.8	2016/17	21.4	602	👍

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.



www.floridakidscount.org

[/floridakidscount](https://www.facebook.com/floridakidscount) [@FLKidsCount](https://twitter.com/FLKidsCount)



OVERALL COUNTY RANK

– 2018 FLORIDA CHILD WELL-BEING INDEX –

59 Okeechobee County



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

ECONOMIC WELL-BEING DOMAIN RANK 51		Baseline Year	%	Current Year	%	Number	Change
	Children in poverty	2011	36.2	2016	29.4	2,527	👍
Unemployment rate	2011	11.9	2016	5.4	956	👍	
High housing cost burden (>30% income spent)	2007-2011	39.6	2012-2016	28.3	3,633	👍	
Teens not in school and not working	2007-2011	20.3	2012-2016	13.3	304	👍	

EDUCATION WELL-BEING DOMAIN RANK 60		Baseline Year	%	Current Year	%	Number	Change
	3 & 4 year old children not enrolled in school	2007-2011	73.6	2012-2016	72.3	804	👍
4th grade students not proficient in English Language Arts	2014/15	84.0	2015/16	81.0	382	👍	
8th grade students not proficient in math	2014/15	91.0	2015/16	82.0	251	👍	
High school students not graduating on time	2011/12	41.1	2015/16	29.5	124	👍	

HEALTH WELL-BEING DOMAIN RANK 38		Baseline Year	%	Current Year	%	Number	Change
	Low-birth weight babies	2011	7.9	2016	7.2	35	Unchanged
Uninsured children	2010	14.1	2015	11.1	980	👍	
Overweight and obese 1st, 3rd & 8th grade students	2010/11	31.5	2015/16	37.9	552	👎	
High school teens who used alcohol/drugs (past 30 days)	2012	45.0	2016	30.5	138	👍	

FAMILY & COMMUNITY DOMAIN RANK 59		Baseline Year	%	Current Year	%	Number	Change
	Children in single parent families	2007-2011	41.3	2012-2016	37.8	2,481	👍
Children living in high poverty areas	2007-2011	15.9	2012-2016	30.1	2,701	👎	
Children with verified maltreatment (per 1,000)	2011/12	24.1	2016/17	16.5	156	👍	
Youth contacts with the juvenile justice system (per 1,000)	2011/12	35.4	2016/17	21.1	93	👍	

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.


www.floridakidscount.org
 /floridakidscount
  @FLKidsCount
  UNIVERSITY OF SOUTH FLORIDA
COLLEGE OF BEHAVIORAL & COMMUNITY SCIENCES