



Sarasota-YMCA Contract Monitoring Report

On-Site Completed August 2018

As required by section 402.7305 F.S., The Department of Children and Families completed an On-Site Contract monitoring of Sarasota Family YMCA, Safe Children Coalition. 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 QJ2B0

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EXECUTIVE SUMMARY

This report provides findings for the contract monitoring of Sarasota Family YMCA, Inc. also known as Safe Children Coalition (SCC). The on-site monitoring was conducted August 27th through August 31st, 2018 and focused on SCC's child welfare system of care. The monitoring process included a review of SCC's programmatic and administrative operations. In addition, the Community Based Care contract monitoring team reviewed fiscal monitoring reports. Findings are based on an analysis of child welfare performance indicators and quality assurance data and other information obtained through supporting documents, interviews, surveys, and focus groups. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) continuous quality improvement process; (4) placement resources and process; (5) child welfare practice; (6) partnership relations and (7) community relationships. Additionally, Subcontracts, Critical Incidents, Employment Eligibility Verification, Background Screening, and Information Security, were administratively reviewed.

Significant findings of each category are below:

Leadership and Governance:

- *SCC's mission, vision and values are aligned with the Department's.*
- *Leadership staff at SCC boast significant longevity within the child welfare profession and within the agency. However, structured executive level succession planning is not evident.*
- *The Board of Directors takes an active role to not only support SCC leadership, but also ensure finances do not hinder operational needs.*
- *SCC applied for and received Risk Pool funding for the past three years. SCC has again applied for risk pool funding for FY18-19.*
- *All staff report feeling a sense of support and comradery with SCC leadership.*

Workforce Management:

- *SCC is struggling to hire and maintain enough case management staff members to make positive affect on caseloads. Over the past two years SCC has absorbed two case management agencies. Case Management has been authorized to hire more case managers than allocated to alleviate high caseloads.*
- *Practical in nature, case management retention activities are impactful and appreciated.*
- *SCC training staff provide abundant and flexible pre-service training, job coaching, and relevant in-service training; however, supervisory development training is lacking for SCC supervisors.*

Continuous Quality Improvement Process:

- *All levels of SCC are expected to participate in quality assurance and continuous quality improvement activities.*
- *Quality staff members are integrated into the day to day operations. Monthly Continuous Quality Improvement Committee (CQIC) meetings are used to highlight and problem solve issues with performance measures.*

- *Further development in integrating the effects of quality data on performance measures is needed. There is a lack of systematic and sustainable oversight of program improvement activities to ensure the activities engaged provide positive outcomes.*
- *Eligibility staff have a succinct, well integrated team with solid checks and balances to ensure data integrity.*

Placement Resources and Process:

- *SCC, in conjunction with DCF, have devised an action plan for recruitment and retention efforts to address the significant number of children placed outside the county and circuit.*
- *Closer scrutiny of the effectiveness of some retention efforts focused on foster parents is warranted. This may also include solicitation of foster parent feedback. Based on the foster parent focus group, activities such as the foster parent's night out, are limited both geographically and to whom may participate.*
- *SCC and the community has a significant number of supports for relative and non-relative caregivers; however, caregivers lack the knowledge of availability and how to access those services and supports.*
- *IL/EFC team are a significant strength within the agency. It was acknowledged that development of housing options for youth and young adults to assist them in remaining within county and circuit is needed.*
- *Foster parents and their families are provided with free memberships to the Sarasota Family YMCA programs/gym.*

Child Welfare Practice:

- *SCC staff receive training on family centered and trauma informed care principles.*
- *The principles are used to inform placement, transitions and placement preservation staffings.*
- *Frontline staff are applying the principles despite some judiciary challenges.*

Partnership Relations:

- *SCC maintains strong partnerships and collaborative efforts with CLS and child protective investigations.*
- *Strong collaboration and communication with the Managing Entity is not evident, specifically to address families with a dual diagnosis of mental health and substance abuse.*
- *Educational coordination is not an issue in DeSoto County; however, there are some challenges with consistent school liaisons in Sarasota and Manatee counties.*
- *SCC maintains a strong partnership with the local domestic violence shelter having advocates co-located with investigations as well as the shelter allowing pre-service trainees access to tour and understand shelter life.*

Community Relationships:

- *SCC has built some strong alliances within the faith-based community and have bolstered these alliances' with having faith-based subcontractors for recruitment efforts.*

- *Further development of community relationships with local media outlets, businesses other than those within the child welfare system, and children’s boards and community alliances would be beneficial.*

Administrative Findings:

- *Only 45.5% of the sampled critical incidents were entered into IRAS*
- *100% of the subcontracts reviewed contained all required subcontract requirements.*
- *100% of employment eligibility verification was in compliance.*
- *100% of selected sample for background screening were in compliance.*
- *95% of DCF security agreements were signed annually.*

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 territories, and with more than a dozen tribal nations. They actively work with Florida child welfare professionals to improve practice through use of evidence based programs and data analytics. The most up-to-date SCC's performance is depicted later in this report.

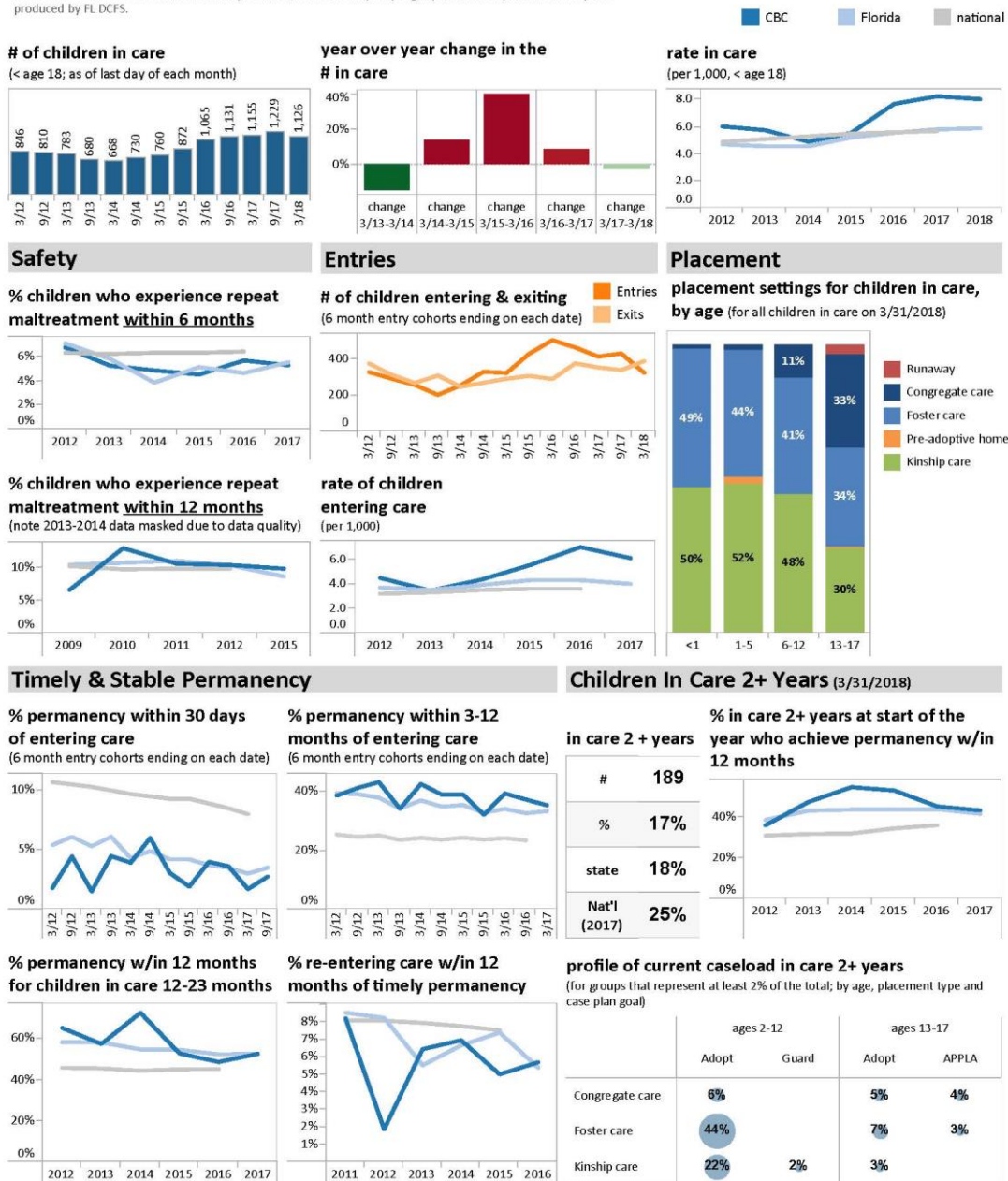
Data Basics

Sarasota Family YMCA, Inc.

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

Produced by Data Advocacy, Casey Family Programs

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



SECTION 1: CONTRACT MONITORING PROCESS

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

Supplementary information was provided by the Department’s Office of Revenue Management, Office of Community-Based Care (CBC)/Managing Entity (ME) Financial Accountability, Office of Child Welfare and Suncoast Region contract manager. Documents reviewed and analyzed included: [“The Comprehensive, Multi-Year Review of Revenues, Expenditures, and Financial Position of All Community Based Care Lead Agencies with System of Care Analysis Report”](#), quarterly financial viability reports, system adoption initiative gap analysis, service array assessment and stakeholder survey results. Additional information was gathered through interviews of SCC and DCF staff including leadership from the DCF Suncoast Region, SCC’s 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 and Sheriff’s Office child protective investigators, Children’s Legal Services and foster parents.

The CBC monitoring team consisted of Department of Children and Families Community Based Care Monitoring Unit staff- Renee Gil, Jessica Manfresca and Melissa Stanley, DCF Child Welfare representatives- Mark Shults/Headquarters, Nellie Warriner/Office of Child Welfare, and CBC representatives Joanne Robertson/Kids First of Florida Inc., Nicola Smith/Communities Connected for Kids Inc.

SECTION 2: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community SCC 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 includes data from the 2018 Florida Kids Count County Child Well-being Index attached to this report. SCC serves the children and families in Sarasota, Manatee, and Desoto counties representing the Twelfth Judicial Circuit in the Suncoast Region. The table below provides key US Census Facts for these three counties as compared to the statewide percentages.

Sarasota Family YMCA, Inc. serves the children and families in all three counties within the 12th Judicial Circuit. Of the 67 counties in Florida; Sarasota, Manatee, and Desoto are the 14th, 15th and 48th largest counties respectively. SCC is serving a wide range of clients within this three-county circuit, from Desoto County with a high percent of poverty and lower education rate, to Sarasota County with a low poverty rate and higher education than the State average.

US Census Facts	Florida	Desoto	Manatee	Sarasota
Median Household Income	\$48,900	\$35,513	\$51,483	\$52,796
Percent of population living in poverty	14.7%	28.6%	12.7%	10.8%
Percent of population over 25 years old with a college degree	27.9%	10.0%	27.9%	33.1%
Percent of population over 25 years old with high school diploma	87.2%	70.5%	88.5%	92.6%

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

CHILD WELFARE PARTNERS

Child Protective Investigations is provided by the Manatee County Sheriff’s Office in Manatee County and by Department of Children and Families (DCF) staff in Sarasota and DeSoto Counties. Children’s Legal Services are provided by DCF staff in Circuit 12.

SCC subcontracts with Youth and Family Alternatives for case management services in Manatee County. Initially, case management was subcontracted in all three counties; however, over the past several years, SCC has had to adapt and transform. In 2017, Centerstone provided notice to terminate its contractual agreement and SCC subsequently absorbed the staff to lessen the impact on the community. This same scenario occurred again in February 2018 when Pathways also terminated its contractual agreement leaving SCC providing case management services in Sarasota and DeSoto Counties as a result. SCC subcontracts with Florida Baptist Children’s Home, West Florida Foster Care Services, Camelot Community Care, Covenant Kids Manor, Kin-Ship Services, Inc. and National Youth Advocate Program to supplement recruitment and licensing efforts that are also provided by SCC staff.

There are two foster parent associations in Circuit 12, the DeSoto and Manatee County Foster and Adoptive Parent Associations. Sarasota County does not currently have an active foster/adoptive parent association.

CHILD FATALITIES

BIRTH AND INFANT MORTALITY RATES

Over the past five years, all three counties have had very little deviation in birth rates. Desoto County had the highest deviation by a rate of .5 births per 1,000 population, while Sarasota and Manatee remained under that rate with little change from previous or subsequent years. Desoto County holds the highest birth rate of the three counties, it is also the county with the highest poverty rate as noted

above. Sarasota has the lowest birth rate, but both Manatee and Sarasota Counties have had very little fluctuation in their rate per year. All three counties remain below the Statewide average.

While the birth rate peaked in 2014 for Desoto County, the infant mortality rate peaked one year later in 2015 at 13.3 per 1000 live births. This is a significant increase from previous years in which the infant mortality rate increased from 2012 to 2015, and in 2016 returned to 2.7, the lowest mortality rate of the three counties in a five-year timespan. Both Manatee and Desoto Counties have surpassed the Statewide rate of 6.1, while Sarasota County has not exceeded this rate for the past five years. As of 2016, Manatee County has the highest mortality rate at 7 per 1000 live births.

County	Birth Rate per 1,000 Population Statewide Rate 11.1					Infant Mortality Per 1,000 Population Statewide Rate: 6.1				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Desoto	10.60	10.60	11.10	10.80	10.50	2.70	2.80	7.80	13.30	2.70
Manatee	10.40	10.10	10.40	9.90	9.60	6.70	4.40	5.60	5.80	7.00
Sarasota	7.60	7.30	7.60	7.40	7.30	4.50	5.40	5.10	5.80	4.10

Table 2. Source: flhealthcharts.com

CHILD FATALITY INVESTIGATIONS

Since 2009, Circuit 12 has had a total of 141 child fatality investigations (see Fig.1). Of those 141 reports, SCC had previously provided services to nine families. SCC was providing services at the time of the fatality for six of those nine families between 2012 and 2016. There were three cases in which a CIRRT (Critical Incident Rapid Response Team) was dispatched.

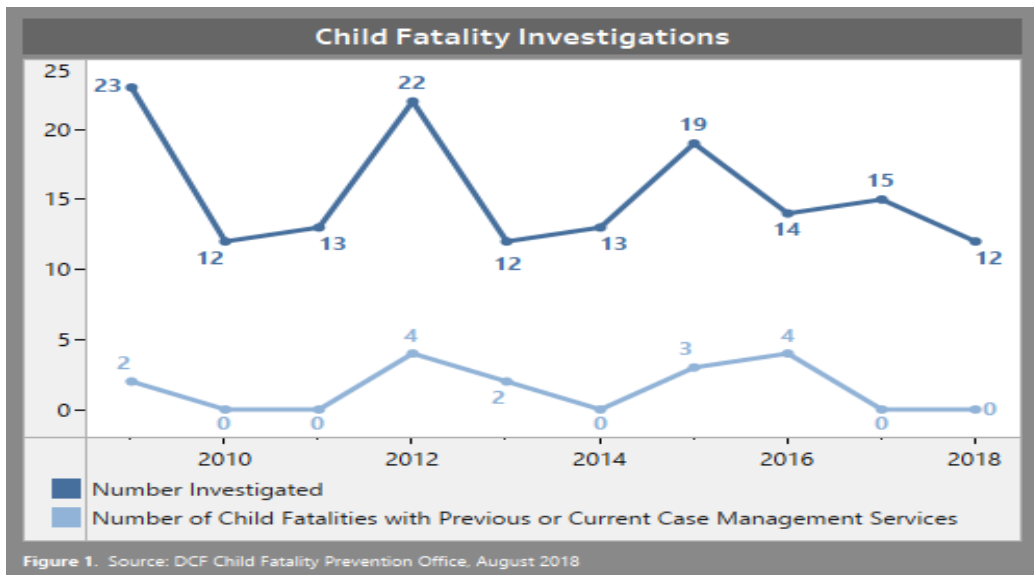


Figure 1. Source: DCF Child Fatality Prevention Office, August 2018

- 9-year-old died after he was hit by a car while he was riding his bicycle home from his friend's house. At the time of the incident, there was an open service case stemming from medical neglect (dental) issues.
- 1 1/2-year-old child was found unresponsive in his pack and play where he was placed to sleep by his caregiver. There were no signs of trauma and the toddler had recently been diagnosed with an illness. The incident occurred while the child was in out-of-home placement after he and his siblings were removed from their parents' custody due to on-going domestic violence issues. Because there was a verified report within 12-months of the death, a Critical Incident Rapid Response Team was deployed to conduct a review. The death was subsequently determined to be the result of natural causes.
- 1 1/2-year-old child was pronounced dead at the hospital after going into distress while at home. At the time of the incident, there was an open investigation and active service case as the children were recently reunified. Because there was a prior verified report within 12 months of the death, a CIRRT team was deployed to conduct a review. The toddler's death was determined to be the result of inflicted injuries that he sustained while he was in the care of his mother's paramour.

SECTION 3: AGENCY SUMMARY

Sarasota Family YMCA, Inc. is one of the original pilot sites for the community based care system of care, beginning in 1997 in Sarasota County. In 1999 SCC expanded into Manatee County and again in 2001 into Desoto County. SCC is contracted by the Department of Children and Families to be the lead child welfare agency in the 12th Judicial Circuit. SCC provides prevention, case management, placement, and adoption services, as well as post adoption supportive and independent living services. Sarasota Family YMCA, Inc. 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. Sarasota Family YMCA is COA accredited through June 30, 2021, in the following areas:

- Child & Family Development & Support Services
- Counseling Support & Education Services
- Family Foster Care & Kinship Care
- Network Administration
- Outreach Services
- Shelter Services
- Youth Development Services

Pre-service and in-service training and Intake and Placement are handled by in-house SCC staff. Recruitment, case management, adoptions, licensing independent living and extended foster care services are provided both in-house by SCC staff as well as subcontracted providers.

NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

The number of reports accepted for investigation by the Department increased incrementally over a three fiscal year period, then declined significantly in FY 17/18. The number of children removed from their homes spiked in FY 15/16. However, the number of children removed from their homes declined over the past three fiscal years. The number of children receiving out-of-home services has steadily increased 28.13% over the past four fiscal years; however, has remained stable in the past two fiscal years. Unsafe children receiving in-home services has generally increased over the last four fiscal years by 25.78%. Safe children served in home through family support services has had the most significant increase over the past four fiscal years by 1014.52%. The number of young adults receiving services has also generally increased overall, from FY 2014/2015 to present.

Service Area Data		Fy 2014/ 2015	Fy 2015/ 2016	Fy 2016/ 2017	Fy 2017/ 2018
Child Protective Investigations and Child Removals (Sarasota, Desoto, and Manatee counties)	Reports accepted for Investigation by DCF (Initial & Additional Reports)	7,373	7,664	7,761	7,168
	Children Entering Out-of-Home Care	674	904	832	743
Children Served by Sarasota YMCA	Children Receiving In-Home Services	941	896	1,006	1,127
	Children Receiving Out of Home Care	1,280	1,605	1,772	1,781
	Young Adults Receiving Services	103	84	91	105
	Children Receiving Family Support Services	124	327	1,103	1,382

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

FINANCIAL VIABILITY SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures, based on the DCF 2017-18 CBC-ME Financial Monitoring Tool for Desk Reviews, of Sarasota Family YMCA, Inc. The desk review period was for the period of July 1, 2017 to September 30, 2017 and the report was published May 1, 2018. There were three findings and two observations noted in the review. The findings were related to noncompliance with general ledger and supporting documentation and noncompliance with Federal/State regulatory requirements. The observations were related to noncompliance with travel requirements and noncompliance with Federal/State regulatory requirements related to budgetary disclosure. All findings and observations were resolved prior to the completion of the desk review.

For further details, please see the complete fiscal report – [2017-18 CBC Desk Review Financial Monitoring Report - Sarasota Family YMCA, Inc.](#)

In FY 13/14 and FY 14/15, SCC was able to operate within the allocated budget and maintain a carry forward balance; however, beginning in FY 15/16 SCC’s carry forward began to diminish and Risk Pool funds were sought and received to cover expenditures for the subsequent fiscal years. SCC has seen an increase in total Core Services Funding of about \$1.6 million from FY 2016/17 to FY 2017/18. However, there is no major increase in Core Services funding in FY18-19. (See Table 5)

In FY 17-18, SCC applied for and received Risk Pool Funding. According to the [Risk Pool Committee Report](#) recommendations were made for SCC to engage the managing entity for service provision assistance, focus on conditions for return, conduct in-depth review of removals, strengthen safety management services and review placements that were above average, though not the highest, for possible step-down. Factors contributing to these recommendations include an increase in removals, high caseloads, high turnover rate and a case management agency that terminated all Florida contracts.

SCC has applied for and is in the process of evaluation for further allocation of funding through the Risk Pool process for FY18-19.

Comparison of Funding by Fiscal Year					
Sarasota Family YMCA					
DCF Contract Funds Available (by Fiscal Year)	FY13-14	FY14-15	FY15-16	FY16-17	FY17-18
Core Services Funding	\$19,139,238	\$19,313,536	\$19,826,917	\$20,677,650	\$22,294,024
Other**	\$6,890,825	\$7,296,137	\$7,776,638	\$8,527,532	\$8,394,607
Total Initial Appropriation	\$26,030,063	\$26,609,673	\$27,603,555	\$29,205,182	\$30,688,631
Risk Pool Allocation			\$1,891,577	\$1,785,000	\$2,719,085
CBC Operational Costs from Back of the Bill				\$709,002	
MAS from Back of the Bill			\$157,689		
Carry Fwd Balance from Previous Years	\$846,092	\$1,520,019	\$1,195,670	\$420,271	\$12,288
Total Funds Available	\$26,876,155	\$28,129,692	\$30,848,491	\$32,119,455	\$33,420,004
** Includes Maintenance Adoption Subsidy (MAS), Independent Living (IL and Extended Foster Care), Children's Mental Health Services (Cat 100800/100806), PI Training, Casey Foundation or other non-core services					Table 4

SECTION 4: PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA

This section provides a picture of SCC’s performance as captured by data indicators that are used to assess how well SCC 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 Child and Family Services Review (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 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.

Secondary oversight was conducted the by the QA unit of the Office of Child Welfare on all 11 Florida CQI cases during the fourth quarter of 2017 – 2018. The second level oversight identified inter- rater reliability issues. The lead agency did not follow instructions per the CFSR instrument. Every case was returned for the lead agency to clarify and/or strengthen responses resulting in the ratings changing for many of the items.

The review process outlined in Windows into Practice, consistent with the CFSR Procedures Manual, requires the QA manager to conduct first level QA oversight to assure consistency across the reviews, accuracy of ratings, and resolution of disputed ratings. The first level QA provides the CBC the ability to validate the data and ensure that the written narrative for each item supports the rating. The QA Notes function within the CFSR on-line instrument captures comments from the first level and second level oversight. It did not appear as if the QA Manager at the CBC level completed the first level review as there were no first level QA notes for any of the cases reviewed prior to submission to the OCW QA unit for secondary oversight. It was also noted that the review sample did not include in-home cases for review. Windows into Practice states: “Case selection criteria incorporates a proportionate split between out-of-home care and in-home services.”

CONTRACT AND CBC SCORECARD MEASURES

During FY 2017/2018, SCC has met or exceeded their established contract target, federal standards and statewide performance in 8 of the thirteen measures including:

- M02: % of children who are not neglected or abused during in-home services
- M03: % of children who are not neglected or abused after receiving services
- M04: % of children under supervision who are seen every 30 days
- M06: % of children exiting to a permanent home within 12 months for those in care 12 to 23 months
- 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 twelve (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

Seven of the eight measures were successfully met in FY16/17 as well

In the remaining five measures, SCC did not meet the established targets for FY 17/18. These measures include:

- M01: Rate of abuse per 100,000 days in foster care
- M05: % of children exiting to a permanent home within twelve (12) months of entering care
- M07: % of children who do not re-enter care within twelve (12) months of moving to a permanent home

- M10: % of children in out-of-home care who received dental services within the last seven (7) months
- Adoption Measure: Number of children with finalized adoptions

SCC exceeded their adoption goal and met M05 in the previous fiscal year. While SCC is continuing to struggle with M01, they have made progress in lowering the abuse rate over the past two fiscal years. SCC continues to struggle with M10. (See Table 5)

Performance Measures

Contract Targets Compared to Federal Standards and Statewide Performance

CBC ScoreCard - Sarasota YMCA						
Scorecard Measure Number	Performance Measure	CBC Contract Measure Targets	Federal National Standard (Performance of Other States)	Statewide Performance (FY 2017/2018)	Sarasota YMCA July 1, 2016-June 30, 2017	Sarasota YMCA July 1, 2017-June 30, 2018
1	Rate of abuse or neglect per day while in foster care	<8.5	<8.5	9.45	● 15.2	● 12.1
2	Percent of children who are not neglected or abused during in-home services	>95%		97.20%	● 96.5%	● 97.4%
3	Percent of children who are not neglected or abused after receiving services	>95%		96.10%	● 96.1%	● 97.1%
4	Percentage of children under supervision who are seen every thirty (30) days	>99.5%		99.70%	● 99.8%	● 99.6%
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%	● 47.5%	● 40.2%
6	Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months	>44%	>43.6% (25%-66%)	53.40%	● 54.0%	● 52.4%
7	Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home	>91.7%	>91.7% (83%-98%)	89.60%	● 90.5%	● 91.6%
8	Children's placement moves per 1,000 days in foster care	<4.12	<4.12 (2.7 - 9.8)	4.45	● 4.5	● 4.0
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months.	>95%		97.50%	● 96.8%	● 95.4%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months.	>95%		92.40%	● 77.3%	● 71.4%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education	>80%		89.00%	● 91.5%	● 86.2%
12	Percent of sibling groups where all siblings are placed together	>65%		63.70%	● 69.9%	● 70.7%
	Number of children with finalized adoptions (DCF Dashboard run date 8/14/2018)	FY 16/17: 119 FY 17/18: 163			121.0	151.0

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

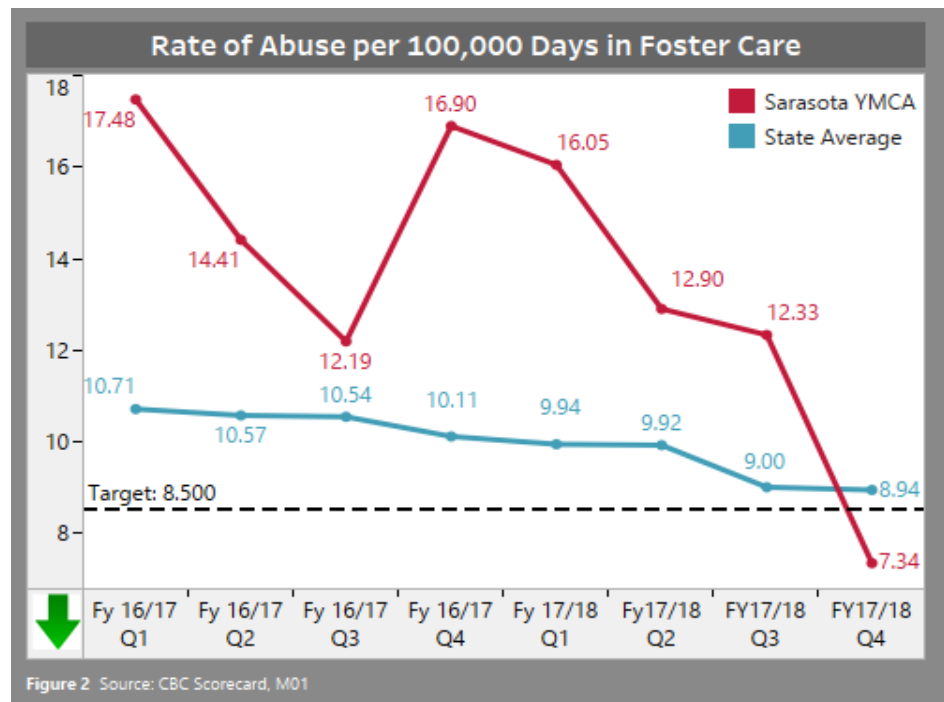
CHILD SAFETY

SCC has trended positively for items including rate of abuse, maltreatment after receiving family support services, no maltreatment during in-home services, as well as no maltreatment after receiving services. However, children seen timely has trended negatively, though remaining at or above target. The figures and tables on the follow pages depict SCC's performance related to safety in the following areas:

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

RATE OF ABUSE IN FOSTER CARE

Rate of abuse or neglect per day while in foster care (Scorecard Measure M01): This graph depicts the rate at which children are the victims of abuse or neglect while in foster care (per 100,000 bed days). This national data indicator measures whether the state child welfare agency ensures that children do not experience abuse or neglect while in the state's foster care system. Please note that CQI information does not differentiate between licensed foster homes and unlicensed relative placements.

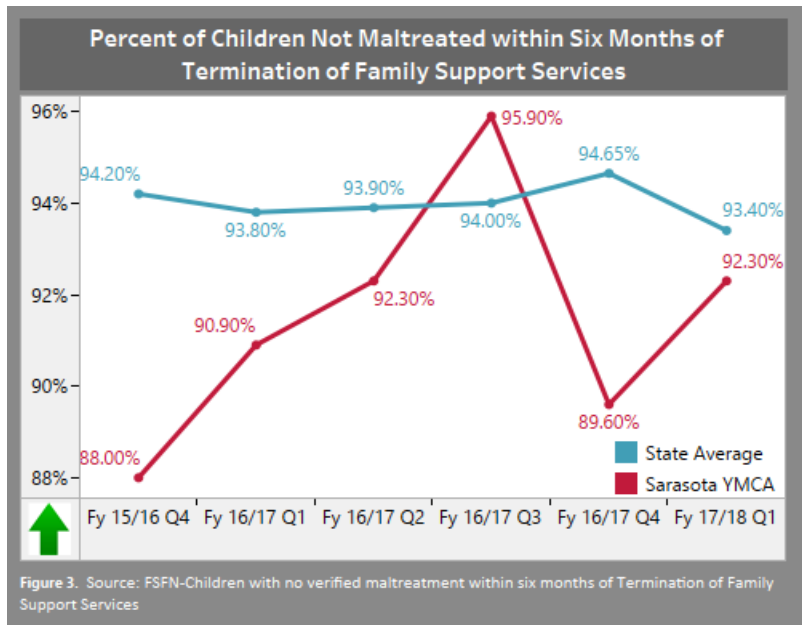


SCC has seen a significant decrease in the rate of abuse while in foster care, surpassing the target and statewide performance. The last quarter shows that SCC's rate of abuse is below the target rate of ≤ 8.5 per 100,000 days in foster care. CQI data shows SCC has improved performance from 73% in FY 16/17 to 78.9% for FY 17/18, now above the Federal PIP target. Federal program improvement plan (PIP) goal for concerted efforts to address risk and safety is set at 77.7% (CQI Item 3, 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.

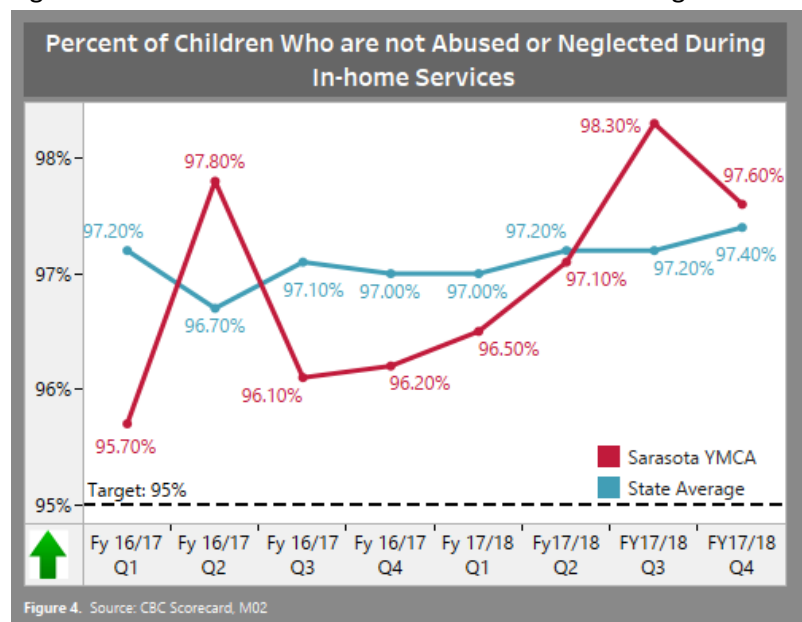
SCC has trended positively over the past eight quarters. SCC is currently performing just below the state average of 93.4%. The Department of Children and Families Office of Child Welfare has given SCC a service array rating of “1” for their provision of family support services. This service array rating indicates that though SCC has defined services; they lack alignment with the service array framework definitions.



NO MALTREATMENT DURING IN-HOME SERVICES

Percent of children not abused or neglected while receiving in-home services (Scorecard Measure M02): This graph depicts the percentage of children who did not have a verified abuse or neglect maltreatment while receiving in-home services. This indicator measures whether the CBC was successful in preventing subsequent maltreatment of a child while a case is open and the CBC is providing in-home services to the family. SCC performance has remained above national target for the past five quarters, and is currently above state average.

CQI Item 2 regarding services to prevent entry into foster care show that Sarasota is performing above the federal PIP target at 93%. CQI data for safety outcome Item 3, indicates that in 78.9% of cases reviewed SCC’s concerted efforts to address risk and safety were a

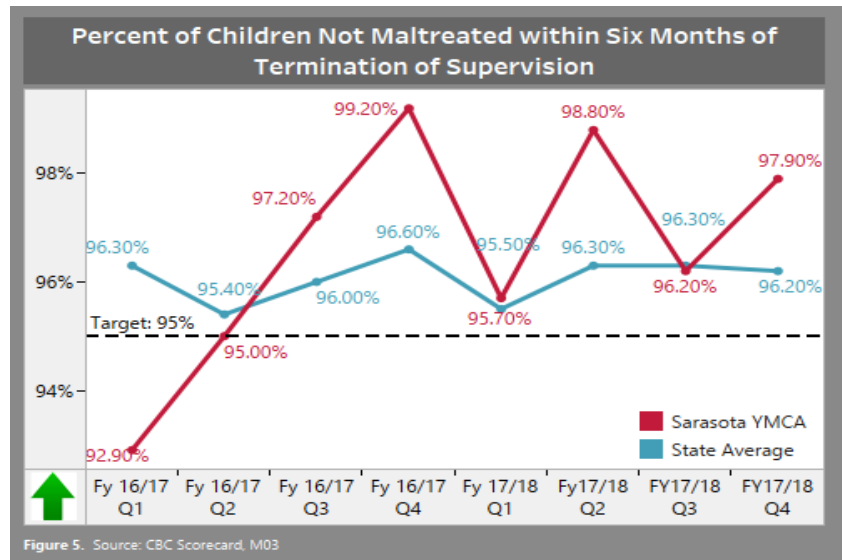


strength. Performance is below the state average of 89.8%. However, this item has improved FY 16/17 to FY 17/18 by 5.9%. SCC is below the statewide performance in sufficiency of safety plans (RSF 4.1) with only 48.1% of safety plans deemed sufficient at the time of the review. (See table 6)

NO MALTREATMENT AFTER RECEIVING SERVICES

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

SCC is currently exceeding the state average and the federal target. SCC has trended positively over the past eight quarters and this measure has been achieved in seven of the past eight quarters.

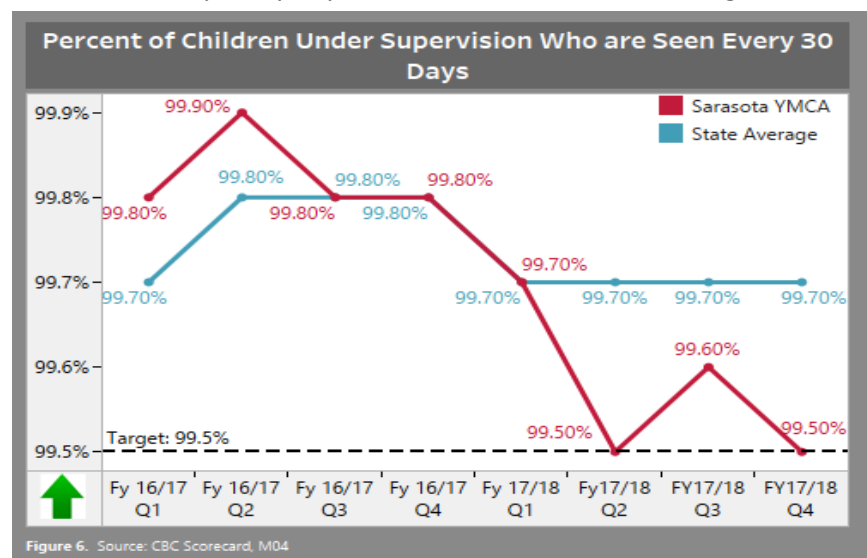


CHILDREN SEEN EVERY 30 DAYS

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

SCC has consistently met or exceeded the state target. The agency has remained at or above the statewide performance average until the second quarter of FY 17/18.

SCC has consistently met this performance measure, however, CQI Item 14, the frequency and quality of the contacts between the case manager and child has seen a significant decrease in the quality of contacts. Between FY 15/16 to FY 17/18, they have decreased from 82% to 42.8% of the cases reviewed in FY 17/18 which is under the Federal PIP goal of 78.9%. (Table 10 CQI Item 14).



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 RSF items 1.1 (ensuring the family assessments are sufficient), 2.1 (quality of visits is sufficient to address safety concerns and evaluate case plan progress), and 4.1 (ensuring safety plans are sufficient), are below statewide performance. This indicates that case managers were not completing sufficient assessments nor completing quality visits to address issues pertaining to safety and evaluate progress towards case plan outcomes. In addition, case managers were not completing sufficient safety plans to control danger threats. CQI Item 2 has declined over the past two fiscal years, however it remains above the Statewide CQI/QA Performance and Federal PIP goals. Performance on CQI Item 3 has shown improvement by 5.9%, above the Federal PIP goal, but below Statewide CQI/QA Performance. The CQI Items include efforts to assess and address safety and risk as well as providing services to the family.

Rapid Safety Feedback - Safety		
Quality Assurance - Rapid Safety Feedback Item	Sarasota YMCA Rapid Safety Feedback FY 2017/18 n=52	Statewide RSF Performance FY 2017/18 n=793
RSF 1.1: Is the most recent family assessment sufficient?	30.8%	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?	51.9%	60.1%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	48.1%	55.6%

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

CQI Safety							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Sarasota YMCA FY 2016/2017 n=56	Sarasota YMCA FY 2017/2018 n=38	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 Program Improvement Plan (PIP) Goal	Federal and State Expectation
CQI Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?	100.0%	● 93.3%	-6.7%	90.9%	76.5%	85.2%	95.0%
CQI Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes or while in foster care?	73.0%	● 78.9%	5.9%	89.8%	71.3%	77.7%	95.0%

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

PERMANENCY

SCC is performing above target or trending positively in those measures related to achieving permanency beyond 12 months. Placement moves and maintaining sibling continuity are above target or trending positively as well. Permanency within 12 months has trended negatively and below target. The performance on the measure related to re-entry is inconsistent. Additionally, RSF (Rapid Safety Feedback) and CQI (Continuous Quality Improvement) reviews highlight areas where continued efforts to improve performance is warranted and areas where performance is trending positively.

The graphs and tables on the follow pages depict SCC's performance related to permanency in the following areas:

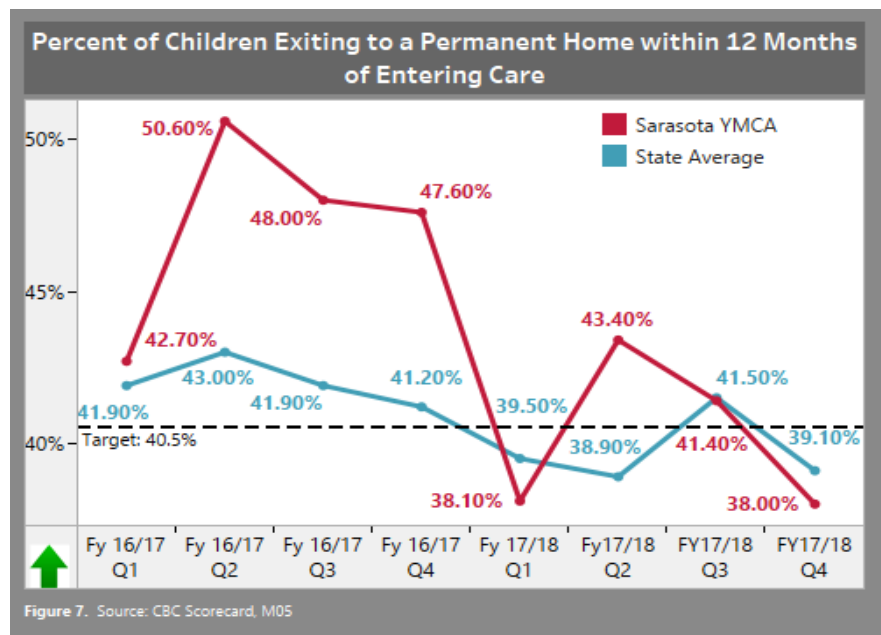
1. Permanency in 12 months
2. Permanency in 12-23 months
3. Permanency after 24 months
4. Placement stability
5. Percent not re-entering care
6. Siblings placed together
7. Qualitative case review results

PERMANENCY IN 12 MONTHS

Percent of children exiting foster care to a permanent home within twelve months of entering care

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

Currently SCC is achieving permanency for children within a twelve (12) month timeframe 38% of the time, which is lower than the national target and the statewide average by about 2%. There is a noticeable downward trend of performance from FY 16/17 Q2 to the last quarter noted



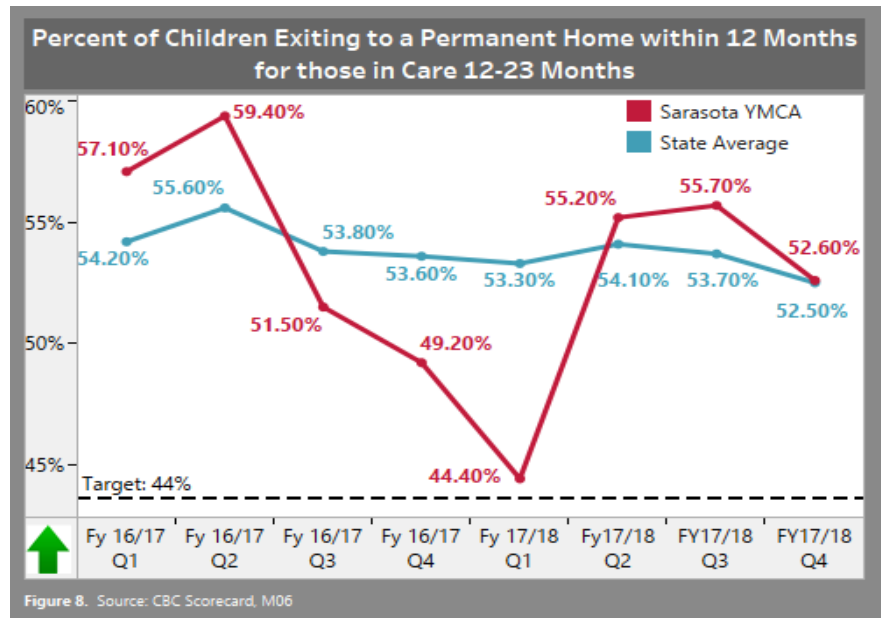
in Figure 7. Further analysis is required to address the continued downward trend as was noted in the desk review completed for FY 17/18.

Quality reviews indicate that while timeliness of establishing permanency goals has been somewhat maintained, there has been a decrease in the quality of concerted efforts by the agency to achieve those permanency goals established. (See Table 9; CQI Items 5 and 6)

PERMANENCY IN 12 – 23 MONTHS

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

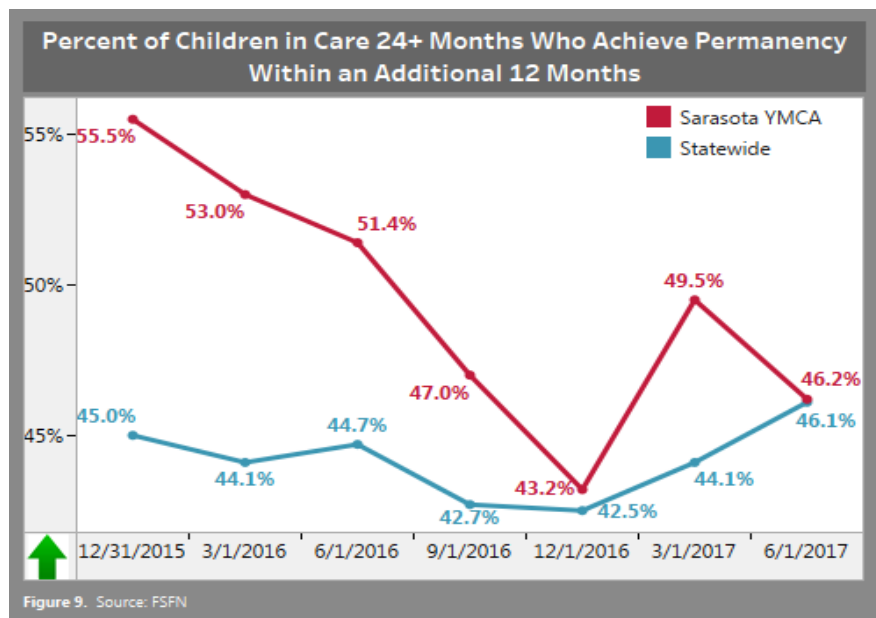
SCC has performed quite well in this measure staying above the national target for the past eight quarters.



PERMANENCY AFTER 24 MONTHS

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

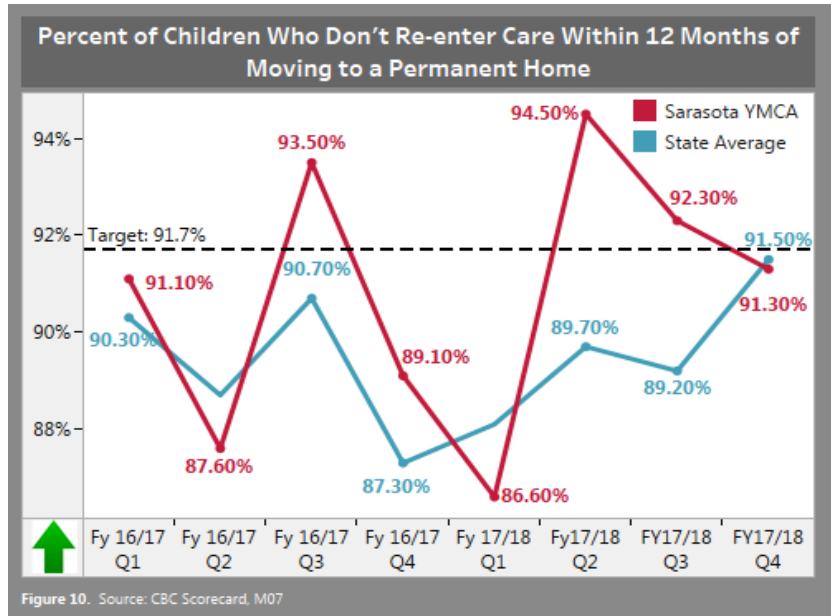
SCC has achieved permanency within an additional twelve months at a higher rate than the statewide average.



PERCENT NOT RE-ENTERING INTO CARE

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

SCC's performance on this measure has been inconsistent over the past eight quarters, however is frequently below target.

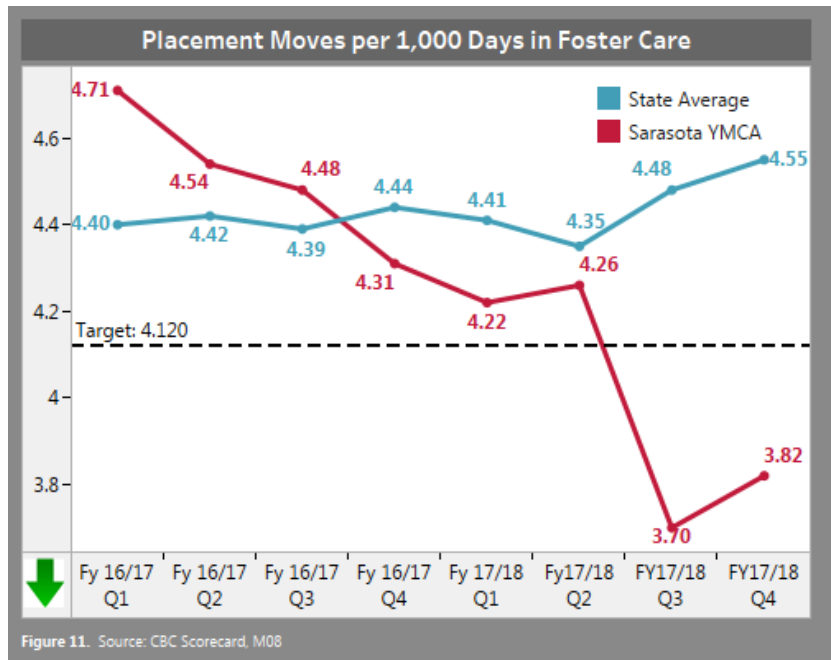


PLACEMENT STABILITY

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.

SCC has seen improvement in minimizing placement moves for children in out-of-home care. In the last quarter, they made placement moves less than the statewide average of 4.55 and lower than the national target of 4.12.

The improvement in performance is mirrored in the quality reviews showing an increase over the past two fiscal years for CQI Item 4 which focuses on the stability of placements and ensuring placement changes are in the best interest of the child. (See Table 9)

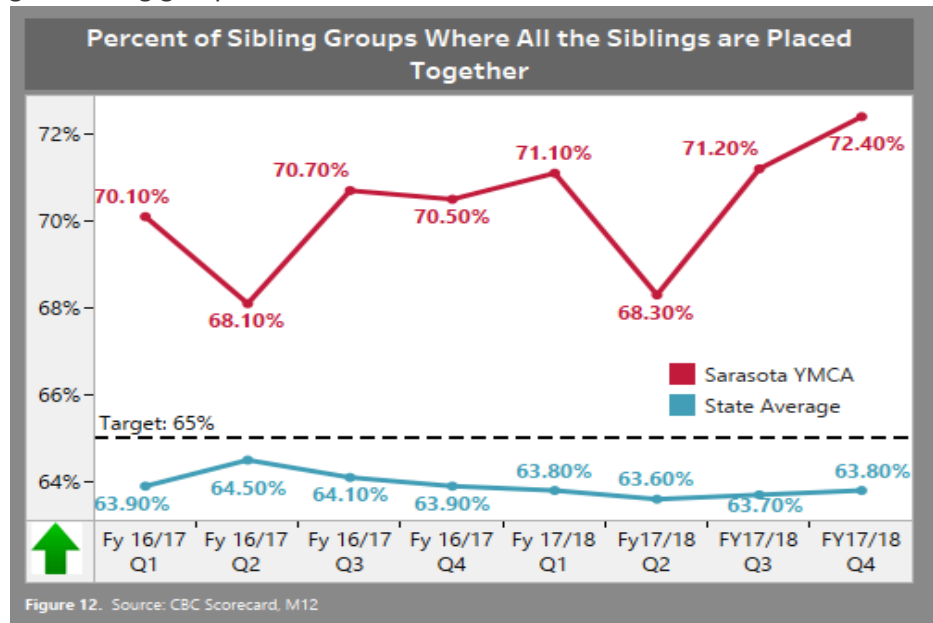


SIBLINGS PLACED TOGETHER

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.

SCC has exceeded the state target and average for the past eight quarters and remains above both.

Qualitative case review CQI Item 7 (concerted efforts to place siblings together unless the separation was necessary) indicates SCC performed very well on this measure in FY 16/17, however performance has fallen 20% in 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. Of the eleven (11) permanency items included in this report, two are below the statewide performance. Further SCC has declined in performance on eight of the eleven permanency items. The most significant being a 20% drop on CQI Item 7, though this does not correlate with current data (see Figure 12). SCC is exceeding Federal PIP goals on CQI Items 4, 5 and 6.

Rapid Safety Feedback - Permanency		
Quality Assurance - Rapid Safety Feedback Item	Sarasota YMCA Rapid Safety Feedback FY 2017..	Statewide RSF Performance FY 2017..
RSF 2.1 Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	51.9%	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?	66.7%	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?	34.4%	52.6%

Green font denotes performance above the Statewide RSF Average; red font denotes performance below the Statewide RSF Average.

Table 8. Source: QA Rapid Safety Feedback; Federal Online Monitoring System

CQI Permanency							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Sarasota YMCA FY 2016/2017 n=56	Sarasota YMCA FY 2017/2018 n=38	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 Program Improvement Plan (PIP) Goal	Federal and State Expectation
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)?	79.0%	● 97.2%	18.2%	81.6%	82.0%	88.5%	95.0%
CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?	98.0%	● 97.2%	-0.8%	83.0%	81.8%	82.1%	95.0%
CQI Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child?	93.0%	● 83.3%	-9.7%	72.5%	74.5%	75.4%	95.0%
CQI Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?	100.0%	80.0%	-20.0%	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?	80.0%	69.7%	-10.3%	62.9%	69.0%		95.0%
CQI Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community faith, extended family, Tribe, school and friends?	87.0%	80.5%	-6.5%	75.1%	82.0%		95.0%
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	96.0%	97.1%	1.1%	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?	79.0%	71.8%	-7.2%	54.6%	60.0%		95.0%

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

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

WELL-BEING

SCC is ensuring children receive medical care in a timely manner. However, SCC continues to struggle with ensuring children receive dental care every seven months. Performance related to preparing youth in meeting their educational goals has declined in recent quarters. Additionally, CQI reviews highlight areas where continued efforts to improve performance is warranted and areas where performance is trending positively.

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

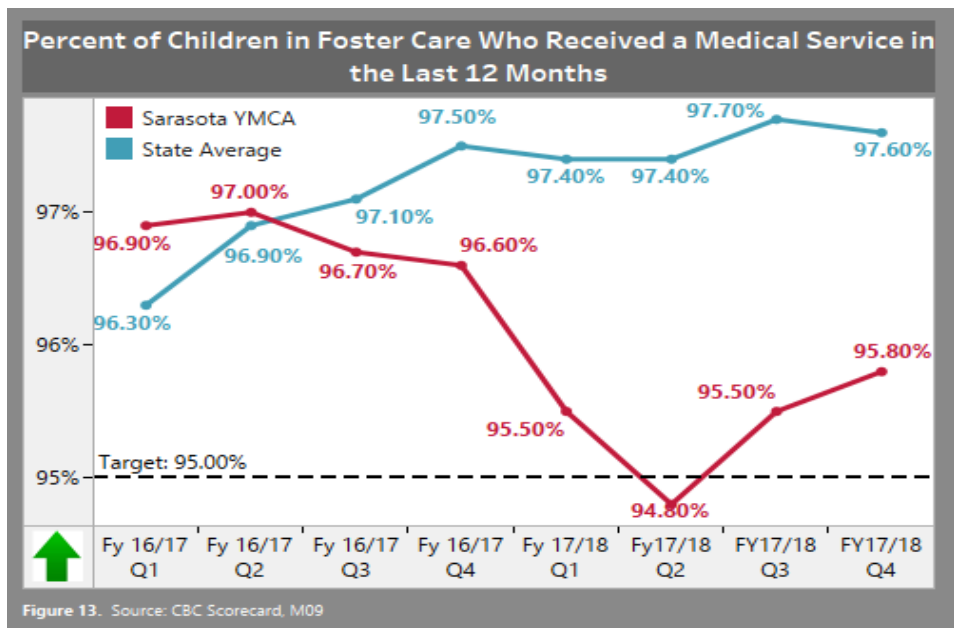
1. Children receiving medical care
2. Children receiving dental care
3. Young adults enrolled in secondary education
4. Qualitative case reviews

CHILDREN RECEIVING MEDICAL CARE

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

Over the past eight quarters, SCC has steadily declined in performance to below the national target, subsequently rebounding in the last two quarters. Quality case reviews (CQI Item 17) showed a slight increase in this area between FY16/17 and FY17/18 and that in

71% of cases reviewed, the agency addressed the physical health needs of children.



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.

SCC has performed below the statewide average and the national target, though trending positively for the past two quarters. As of the July 31, 2017, 85% of children in out-of-home care received a dental service within 7 months.

Qualitative case review mirrors this scorecard

measure indicating that SCC is also performing below the statewide and federal performance of 76.8% and 85%, respectively. CQI Item 17 combines children receiving services for both medical and dental needs. SCC has improved performance by 1% over a two fiscal year period. Further analysis of this measure is warranted. (See Table 10)

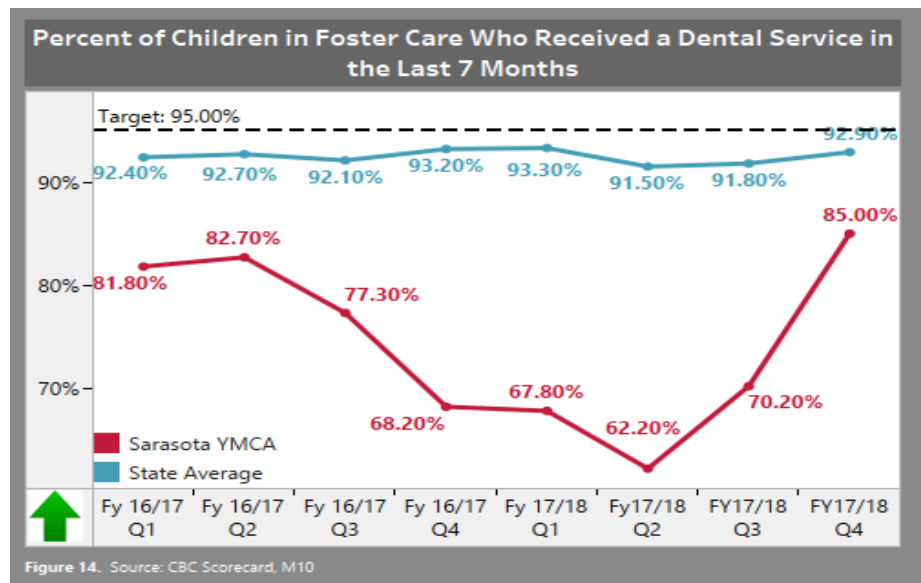


Figure 14. Source: CBC Scorecard, M10

YOUNG ADULTS ENROLLED IN SECONDARY EDUCATION

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

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

SCC has maintained strong performance on this measure until the last two quarters of FY 17/18. There is a noticeable downward trend through two quarters and performance has dipped just below the target at 79.40%.

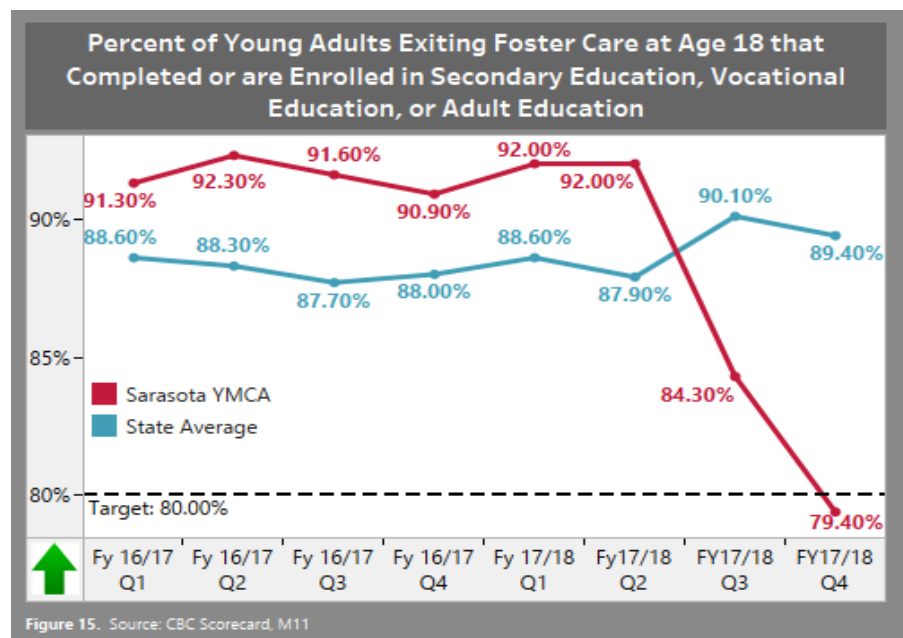


Figure 15. Source: CBC Scorecard, M11

QA CASE REVIEW DATA

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

Of the nine well-being items included in this report, five are below the statewide performance. Of the six Federal PIP goals, SCC is meeting or exceeding four of them. Continued improvement with CQI Item 14 (case manager visits with children) is needed as it is 31.5% below the Federal PIP goal. Continued improvement with CQI Item 15 (case manager visits with parents) is also needed as it is 8.3% below the Federal PIP goal. SCC continues to excel in making concerted efforts in assessing the needs of and providing services to the parents, foster parents and the child. SCC is also including the parents and child (age appropriate) in the case planning process. Improvement in quality visits is especially important as conducting quality visits improves the informal assessments, ensures families participate in case planning, and identified barriers to timely permanency.

CQI Well-Being							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Sarasota YMCA FY 2016/2017 n=56	Sarasota YMCA FY 2017/2018 n=38	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 Program Improvement Plan (PIP) Goal	Federal and State Expectation
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?	89.0%	● 89.4%	0.4%	86.4%	51.3%	58.4%	95.0%
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?	82.0%	● 82.3%	0.3%	64.0%	51.3%	58.4%	95.0%
CQI Item 12C Did the agency make concerted efforts to assess the needs of and provide services to 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?	90.0%	● 94.2%	4.2%	88.3%	51.3%	58.4%	95.0%
CQI Item 13 Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	90.0%	● 80.5%	-9.5%	60.5%	63.6%	70.7%	95.0%
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?	68.0%	● 47.3%	-20.7%	62.5%	72.5%	78.9%	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?	63.0%	● 42.8%	-20.2%	38.7%	43.5%	51.1%	95.0%
CQI Item 16: Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?	85.0%	80.0%	-5.0%	80.3%	92.0%		95.0%
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	70.0%	71.0%	1.0%	76.8%	85.0%		95.0%
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	83.0%	61.5%	-21.5%	69.3%	72.0%		95.0%

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

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

SECTION 5: SERVICE ARRAY FOR SAFETY MANAGEMENT AND FAMILY SUPPORT SERVICES

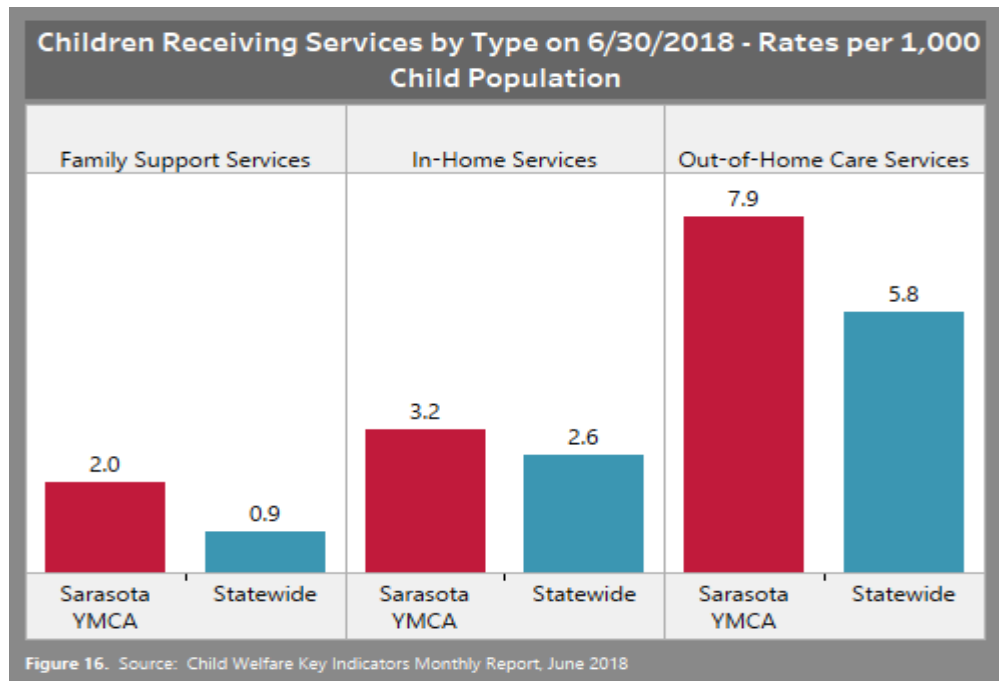
SUMMARY

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

modifying, implementing or purchasing a program the CBC should ensure there is research supporting the use of this program for the child welfare population.

The rating system is as follows:

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



Family Support Services - SCC currently has a rating of “1” for Family Support Services.

Family Support Service (FSS) referrals are received from both CPI’s and the Emergency Response Assessment Team (ERAT). Referrals are accepted on all cases with high or very high risk level, where children are determined safe from impending danger. On a case by case basis, moderate risk level situations may be staffed for services as well. Cases are assigned within twenty-four (24) hours and within forty-eight (48) hours a face-to-face visit will occur with the family. The family will be assessed using an FSS Family Assessment if this is a direct referral from investigations, but if the referral is from ERAT an additional assessment is not completed. The FSS Family Assessment is not evidence based and

it does not incorporate all of the six protective factors. A family team meeting is then scheduled to develop a service plan that will reflect the family's service needs. The service plan is shared with the child protective investigator and uploaded into FSFN. FSS counselors are able to provide transportation and service linkage. FSS counselors can refer families to community evidence based services, in addition to internal referrals to ERAT to ensure child safety or address immediate crisis, community providers as well as stop gap services that the counselors provide in case of wait-lists for those providers, such as parenting interventions and substance abuse treatment. Service in Sarasota and Manatee Counties are abundant, though during the CLS interview, DeSoto County was noted to have a lack of services available for dually diagnosed adults as well as those with bilingual or multilingual abilities.

Family Support Services can maintain engagement with the family for nine months and extended for another three months as needed. However, beyond the one-year mark, further evaluation is required. Face-to-face home visits are required weekly in addition to two more contacts, which can occur outside the home. Based on the information derived with the family during the Family Team Meeting, the service plan is updated as necessary with at least weekly communication with the family and all informal/formal supports to ensure progress toward increasing parental capacities and overall family functioning. All case documentation including the FSS Family Assessment, home visit notes, service plan and any other pertinent case information is documented in the family support module of FSFN. FSS cases are monitored and discussed between the supervisor and counselor twice monthly. This assists the counselor in addressing issues such as engagement and to determine what is working with the family and what still needs improvement. SCC maintains a close the loop process that includes a closure family meeting, provision of an individualized aftercare plan and clear documentation of all service outcomes for the family in FSFN. SCC uses an internal spreadsheet to measure successful outcomes that include rate of engagement, unsuccessful case plans, unsuccessful discharges, etc. Further development of this informal tracking system may assist with continued program development.

SCC currently employs four counselors that manage up to seventeen (17) cases each, spanning the three county Circuit. There is no noted wait list and capacity has not been an issue. Based on information received from SCC, a capacity issue was identified in FY 15/16 during the risk pool review and resulted in the subsequent addition of five staff members to service more families (See Table 3). While the staff provide service linkage, they are also able to provide stop-gap intervention, such as parenting, until community provided services with waitlists are available. The service array interview participants indicated that there are waitlists for community providers for substance abuse services. The agency is involved with the Managing Entity as well as participating in several community partnership meetings to discuss service availability. Survey results and focus groups indicate that the current service array is robust and the CBC takes feedback regarding the availability of services readily.

Safety Management Services – SCC currently has a rating of “1” for Safety Management Services.

SCC uses the Emergency Response Assessment Team (ERAT) to address crisis needs upon child protective investigations determining present danger. The team consists of master's level counselors to act both as an in-home crisis counselor as well as a resource linkage. Counselors are assigned immediately or within up to 4 hours of acceptance of the case and are required to complete a face-to-face response within 24 hours. As the safety monitor, the crisis counselor maintains face-to-face contact with the family twice a week at minimum, but could be more depending safety plan. Upon meeting the family and review of the Family Functioning Assessment completed by investigations, the counselor

continually assesses the families' situation and completes a service delivery plan in conjunction with the family. Formal and informal supports are identified for safety mitigation. Although weekly contact is maintained between the counselor, investigator and/or case management, a "Touch Point" call is completed with all involved parties by the second or third week, depending on progress. This staffing is designed to address the direction the family is going in and what the next steps are for longer term service provision. Based on the determination of the long term plan for managing child safety, a discharge summary is completed and uploaded into FSFN as well as a joint visit with the family for the hand-off to further services or wrap-up for case closure.

While the services are the same for all three counties, Manatee County Sheriff's Office has utilized ERAT as a more rapid introduction to the family. In Sarasota and DeSoto Counties, a pilot project is underway to address time-frame issues, having the benefit of a safety management monitor through DCF that will assist with safety monitoring until the case is staffed for ERAT services. At this time, there are seven crisis counselors available, with one more to be hired for the three county area. There are no wait lists and no noted capacity issues. Counselors are carrying eight to nine cases now, but have carried up to nineteen. Other community providers are utilized to address the specific needs of the family that include, but are not limited to: Family Intervention Teams (FIT) for substance abuse services, Mobile Crisis Response Team (MCRT) for immediate or on-call crisis intervention and Community Action Teams (CAT) to address mental health and/or co-occurring substance abuse and mental health needs.

SCC also maintains an in-home non-judicial unit in which cases that are staffed based on the families identified as at risk of removal due to concerns of abuse or neglect. Until recently, this unit had been under the direction of case management. However, this unit has been moved to ERAT to ensure that the focus is in prevention of removal and stabilization of family functioning. Those families that have been deemed "unsafe" are assigned to a certified case manager and the requirements of the case resemble a judicial staffing pattern with a non-negotiable family safety/case plan. These cases are handled by four case managers. The unit is currently serving 100 children.

Based on interviews, there is an informal feedback loop that has and continues to assist in the evolution of safety management services. CPI's and providers are able to address the programs components and open communication allows for the reciprocity of information about how to better serve families. Performance measures are utilized, but as discussed, in order to define successful outcomes and gauge success, SCC has limited data and tracking points based on SCC policy (Appendix Sarasota YMCA-A1 – 2). For example, currently success means; no re-engagement within a six-month time frame. Re-engagement however means verified reports only. While this is an important measure, further data including, but not limited to; number of subsequent investigations and types of maltreatments could also provide a bigger, more comprehensive picture of the family. This also provides concrete data for appropriate subsequent service delivery and continuing the evolution of the program.

Through a Manatee County government funding initiative, a Family Support and Reunification Program was established in October 2017. The program is designed as a safety service to case managers to assist with safety management, intensive parenting and resource linkage prior to, during and beyond the time of reunification. The program consists of two parent coaches, two support aides and a supervisor operating in Manatee County only. Eligibility criteria for a family to engage in these services include residing in Manatee County and having at least unsupervised visits. The team consists of a parent coach and a support aide working in tandem and requires frequent communication with the assigned case

manager. The team, including the assigned case manager, complete an in-home safety and parenting assessment deriving a flexible service plan for a four to six-month duration. Face-to-face home visits are required twice weekly, but may be more based on family circumstances. Home visits are increased or decreased as time and progress allows throughout the reunification process. An additional two to three contacts are also required weekly which may also decrease as progress is made. Teams are able to accommodate twenty children each. Thus far, this team has provided services for thirty-six (36) families and eighty-four (84) children. Based on SCC leadership data, 81% of children served have not experienced abuse or neglect during service provision, 100% of children served have not experienced abuse or neglect six months' post case closure and 84% of the children served have not returned to out of home care.

ANALYSIS

Safety Management Services and Family Support Services are robust and available in all three counties that SCC serves. There are no waiting lists and currently no capacity issues. Services are continually expanding and evolving to meet the community's needs. Currently, SCC is rated a "1" on both safety management and family support service provision. The services they are providing are aligned with the service array framework and services are provided consistently across the service area with no capacity issues in addition to no wait lists. However, the methods to assess the quality and effectiveness of the services as well as addressing any issues identified from those assessments require further development. SCC should request re-evaluation of their safety management and family support service array rating.

SECTION 6: LEADERSHIP AND GOVERNANCE

SUMMARY

This category focuses on alignment of SCC's Mission/Vision/Values (M/V/V) to those of the Department and includes an assessment of resource and risk management, evaluation of the Vice President Community Based Care and leadership development.

Mission/Vision/Values

SCC is the original community based care agency to pilot the project in 1997, in Sarasota County. Over the past twenty-one years Sarasota Family YMCA has honed the skills of integrating child safety, health, community engagement, family centered practices, and resourcefulness. The vision and principles of SCC have continued to develop and clearly align with the Department. The number of collaborative efforts with the Department as well as local government agencies are also a testament to SCC's commitment to families. SCC's vision and principles cascade down from leadership to case management, both subcontracted and internal.

Resource Management

SCC has applied and received several grants and negotiated additional resources within the community to supplement and enhance service needs. Funding is provided by Sarasota and Manatee County governments, as well as the Barancik Foundation to provide case management services for Early Childhood Court in Sarasota and Manatee Counties. Manatee County government funds the Family Support and Reunification Program discussed in Section 5 and Casey Family Programs funds a

Permanency Specialist position in Manatee County. SCC will benefit from their partnership with Foster Manatee in continued recruitment efforts for foster parents. The Koenig Foundation provides an annual trust for Manatee County children and youth, the yearly amount varies. The Designing Daughters of Sarasota provide direct assistance to youth in Sarasota County including gift cards, shoes and payment for extracurricular activities. The Board of Directors indicated that funding is one of the things they manage. While this may seem simplistic, it was explained that they do not address whether there is a need for a child to be in a high-end placement, but rather, how to pay for that placement to occur. Focusing on the “how and where” to get funds, rather than their application. One of the Board members indicated that while they are provided of quantitative and qualitative data, it is not necessarily utilized to assess effectiveness of the program.

Evaluation of CBC Leadership

The YMCA in the Suncoast Region of Florida has many branches within the YMCA name. One of those consists of the Safe Children Coalition (SCC). This is the child welfare branch of Sarasota Family YMCA. The current leadership structure within the Sarasota Family YMCA (and for Safe Children Coalition) maintains a Chief Executive Officer (CEO) who is responsible for three different branches within Sarasota Family YMCA, including the Vice President of Community Based Care, executive leadership role over Safe Children Coalition. During the on-site review, it was concluded based on the company structure, that evaluation of the leadership was best served through looking at how the Safe Children Coalition leadership is evaluated, rather than the CEO. The Vice President of Community Based Care is evaluated on an annual basis by the CEO. The evaluation is comprehensive including quantitative and qualitative measurements, management skills and interaction within and outside the agency. There are noted strengths, opportunities for improvement and goals set for the upcoming year. Further, the Board of Directors interview indicated that while the Vice President may be evaluated annually, they feel that this position is evaluated on a monthly basis through information provided to the Board which shows trends, needs, strengths and gaps in the performance of the agency. This information is more vital, according to the Board, in evaluating the leadership and how leadership responds to these elements, rather than a yearly evaluation.

Risk Management

Since SCC is a branch of Sarasota Family YMCA, all risk management activities are reviewed and addressed by the parent company’s human resources department including incident reports, media alerts, medical and financial liability issues, and subsequently reported to the audit committee and are addressed accordingly. Specific to Safe Children Coalition, incident reports and other critical incidences are reviewed through the Director of Quality Assurance and filtered up the chain of command for distribution to the Vice President, CEO, DCF and ultimately to the Board of Directors as needed. Further, all employees, foster parents and contracted case managers are able to access Ethics Point, a program in which internal concerns or grievances can be addressed as well as critical incidents reported. Ethics Point is not the repository for case specific incidents, but rather an agency wide whistleblower-type system.

Board Activities

The main board under Sarasota Family YMCA is called the Metro Board. Within the Metro Board there are several committees. It is through the Social Services Committee in which most action related to Safe

Children Coalition actually occurs. This committee, made up of some of the Metro Board members, such as those that were interviewed, review monthly management reports, trends, critical and other incidents as well as activities outside of the agency. During the Social Services Committee meetings, performance measures are discussed at length, however qualitative data, though provided, seemed to lack integration with the quantitative data analysis.

Leadership Development

SCC does not have a formal succession plan in place. However, staff longevity is significant and informal leadership development is fostered throughout.

ANALYSIS

SCC's mission, vision and values are aligned with the Department's and this is messaged all the way through to frontline staff who exemplify this in their daily interactions. SCC promotes partnerships and collaboration with community resources to bolster their services and programs. The Board of Directors takes an active role in ensuring leadership is responding to needs associated with performance measures and is provided with data related to incidents and risk. Executive Leadership at SCC have a significant amount of longevity. Although there is a lack of formal succession planning, there is informal leadership development.

SECTION 7: WORKFORCE MANAGEMENT

SUMMARY

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

Workforce Capacity

SCC, over the past two years, has experienced the departure of two case management organizations. Due to this, SCC has absorbed the previous Pathways employees and taken case management for Sarasota and DeSoto Counties in-house. While the absorbed agency employees are now with SCC, there is a conscious effort to maintain some differentiation between the frontline case management piece and SCC Leadership. This intentional effort is not to alienate, but rather to distinguish the difference of need between the two levels of the organization. Generally, when speaking about the case management organizations, SCC leadership is encompassing both their own staff and the subcontracted staff of Youth and Family Alternative, working out of Manatee County. In this manner, the case management organizations are required to provide staff rosters and turnover rate reports to SCC contracts on a monthly basis. At this time, case management staff have been encouraged to hire more case managers than allotted positions and recently graduated a class of twenty-six (26) new case managers in hopes of getting ahead of further case manager exits. Caseloads reported during interviews with both frontline and leadership staff were consistent with the range between 16-25 based on the type and location of case manager. SCC strives for caseloads between 15-20. Based on data provided by SCC, the total number of FTE's, if at full caseload capacity, far exceed the recommended average of 15-17 children. Reported turnover rates for SCC and YFA case management is at 42.1% for case managers and 6.9% for supervisors.

Caseload equity and several other factors are considered throughout the three counties. Sarasota and DeSoto Counties conduct a weekly management team meeting to discuss cases coming in the following week and any case managers that may be leaving. Consideration is also made based on the residence of the case managers to minimize travel time. In Manatee County caseloads may be reallocated based on the type of case, such as a pre-termination of parental rights case moving to the adoptions unit to maintain the caseload equitability. Management meetings are also held to ensure operations and supervisory staff are aware of the nuances of the cases that are coming in or how current case are progressing. Case managers acknowledge that caseloads are high, but feel that management staff are supportive. During the case management focus group, caseloads were reported to be between 18 and 35 children.

Retention Activities

SCC has taken a practical approach, by taking tasks that would otherwise be completed by case management off of them, to retaining frontline staff. There have been several adjustments of staff positions as well as staff additions. For example, a supervisory position was turned into a permanency specialist position. This has assisted with cases moving through to permanency at a consistent pace. The impact of this additional position to the rate at which permanency has been achieved has yet to be analyzed. There is an additional goal of the permanency specialist position to increase the retention of case managers. The position is utilized to support case managers through modeling engagement, facilitating the family team meetings and following up with case managers to ensure family needs are addressed. Currently, SCC is just below the statewide average and target for children exiting to a permanent home within twelve months of entering care at 38%. SCC is performing above the statewide average and target for the percent of children exiting to a permanent home with an additional 12 months at 52.6%. Additional staff include family support workers and administrative assistants who take transportation and administrative tasks off of case management to allow them more time to engage with their families. Further, SCC employs job coaches that are available to not only bridge the gap between pre-service training and full case management duties, but also are available to any staff for assistance with all facets of a case manager's profession. The job coaches are also available to supervisors, both as a support in their role, as well as a checkpoint to assist with concerns that may arise for case management staff. Other practical retention activities include the creation of job aides, succinct and applicable information "tidbits" about changes in operating procedures or policies and in-depth, open and sincere communication with all management/leadership staff messaging the same philosophy using the reflective and consultative style of discussion.

Additionally, SCC has incorporated an atmosphere of fun, a need to be social and ask questions with an open door policy throughout. There is an Employee Appreciation Committee made up of staff across the spectrum to coordinate activities such as pot lucks, birthday celebrations, monthly themed days, holidays and food truck visits. The committee also spotlights a person monthly in recognition of a job well done. This can be anyone within the system of care and is posted within the building the person works, is blasted out via email and posted on social media. Office decoration for themes and holidays are also fun activities and incorporate team building skills. Operations managers also provide small tokens of appreciation and email recognition if a case manager is recognized by another agency. YFA in Manatee County has retention strategies that are only available to their staff. YFA utilizes a monetary incentive plan to encourage longevity. They also do monthly activities with their staff including things like tailgating, pot lucks, back to school bash and week themes, such as shark week.

Training

Training is held completely in-house with SCC. The training department maintains a schedule of pre-service training and publishes an in-service training flyer on a monthly basis. Title IV-E training funds are used effectively to address gaps, updates, and enhancements to the training schedule. SCC hosts an annual conference, lasting about two days, in which nationally recognized subject matter experts are brought in to provide training. Training dollars are also used to maintain the job coaches that provide support to both case managers and supervisors. Currently, SCC does not provide formal supervisory development training.

Pre-Service Training

SCC's training unit provides pre-service training four to five times annually. The schedule is based on need and is flexible. Pre-service training has utilized the Core curriculum since June 2017 and includes the case management specialty curriculum. Enhancements to the curriculum are incorporated for several subject areas such as sexual abuse, substance abuse, and domestic violence. Subject matter experts and community providers are utilized to enhance the information presented during pre-service training as well. Court preparation is included in the pre-service training schedule. Case managers have structured field days in which questions posed by classroom activities dictates needed information gathering by trainee during their field days. Trainees shadow seasoned case managers prior to and during pre-service training. During the case manager interview, it was noted that sometimes required field activities were not aligned with available opportunities. A weekly log of trainee interaction and/or lack thereof while in the classroom is provided to case management leadership. This log addresses those that may have been late to class, sleeping in class or other behaviors by trainees that may be cause for concern.

Pre-service training is evaluated by surveys, both pre and post training. These surveys are used to gauge what information is lacking and what information was too much in order to modify the delivery of the curriculum as needed. The training director periodically sits in the training class to observe the training delivery, as well as the in-coming class dynamics. Trainers are encouraged to attend train the trainer events, conferences and use the Florida's Center for Child Welfare website to add to and enhance their skills.

In order to bridge the gap between pre-service training and field readiness, each trainee is assigned to a job coach. Trainees are able to request assistance from any of the job coaches, but assignment ensures no trainee is left unattended. Upon release from pre-service, the job coaches engage trainees in one-on-one as well as group supervision. The job coaches are able to provide guidance and model appropriate interactions, keeping the practice model in mind while demonstrating integration of trauma informed care and family centered practices. During the training interview, one of the coaches indicated that sometimes it is difficult to engage trainees, dependent on their personality and the possibility that they see themselves as 'bothering' the job coach. Group supervision and weekly check-ins are meant to encourage trainees to discuss needs, ask questions and bounce ideas, getting them used to and accepting of open communication and collaboration. Case managers report that both quality assurance staff and the job coaches are extremely beneficial and supportive through the transition from classroom to field. Case managers indicated that their supervisors assisted with modeling and coaching while in the field as well.

In-Service Training

The training unit issues a monthly flyer including information about in-service training opportunities, whether they will earn continuing education units for Florida Certification Board credits and whether the training is mandatory for all staff. In-service training needs are both formally and informally assessed through the training unit, operations staff and quality assurance staff. Case managers and supervisors are encouraged to suggest needed skill enhancement training as well. New or changing operating procedures are assessed by leadership staff as to whether an in-service training module is needed. Subject matter experts are utilized to inform and enhance knowledge base. In addition to the job coach, quality assurance staff hold clinics with an array of topics to address procedural, operational or practice needs. Quality management staff also attend monthly all-staff meetings to present universal topics, such as incident reporting. Operations and supervisory staff members expressed that the partnership maintained with Children’s Legal Services has been beneficial to address training needs and judicial concerns in Sarasota County. Community providers and partners are also encouraged to participate in provided trainings. The monthly training schedule is listed on the SCC’s website as well.

Case Management Supervisor Development

Currently, SCC does not have formal training geared toward supervisory development. The job coaches are utilized to assist supervisors in managing trainees, but also provide guidance and support where supervisors need it. Supervisors also see each other as mutual supports and are able to learn from each other’s strengths.

YFA supervisors benefit from internal Leadership Academy meetings held on a quarterly basis. These meetings are geared towards honing management and leadership skills. YFA leadership and quality staff also provides supervisory job coaching to learn new and enhance existing skills. ACTION provided supervisory consults and safety plan training in December of 2015.

ANALYSIS

SCC is continuing to work on case manager retention and bringing caseloads to their targeted range of 15-17 children through over-hiring practices. Case management retention activities remain practical and impactful. The training unit plays an integral role in supporting and enhancing the skills of frontline staff through pre-service training, job coaching and in-services trainings. There is a lack of formal training to support supervisory development through SCC.

SECTION 8: CONTINUOUS QUALITY IMPROVEMENT

SUMMARY

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

Data Quality

The Director of Quality Assurance has a team of eight staff that are engaged in:

- file reviews
- safety plan reviews
- training

- data validation specifically around placement entries
- various staffings
- tracking for missing children
- specialized reviews such as reunification staffings and cases where abuse occurs during services

The Director is also responsible for supervision of the clothing closet, incident reporting and client grievances. SCC maintains a data unit in which reports are pulled from FSFN as well as internal sources such as MindShare. The information is distributed to all levels of the agency.

Data Analysis

File reviews, including quarterly CQI (25) and RSF (10), occur in accordance with DCF requirements. Feedback for these reviews is completed face-to-face, though dependent on the availability of case management, may occur via phone. The quality staff provide hands on assistance during debriefing sessions and follow up with staff within a 30-day timeframe if a request for action was issued. SCC believes that quality assurance and continuous quality improvement is an equal part of everyone's responsibility. Case managers reported positive experiences with the debriefing process and felt that the overview and assistance was beneficial, not punitive.

SCC utilizes reporting from FSFN, Mindshare, as well as internal tracking systems to assess compliance and drive performance improvement. Qualitative and quantitative data is shared with the Board of Directors, across leadership, down to frontline staff, through weekly, monthly and quarterly meetings. SCC holds Continuous Quality Improvement Committee (CQIC) meetings on a monthly basis in which performance is discussed, using qualitative and quantitative data, with all programs, along with potential solutions to address needed improvements. However, there is no nexus as to how qualitative data feeds into or supports the quantitative data being generated.

Performance Improvement Strategy

The quality management staff are involved in assessing and identifying training needs through performance measures as well as other integrated activities. Quality management staff are also very involved in how those trainings are implemented and assessing if assistance would be better served through a job aid, template, or perhaps a tip of the week. As stated above, performance measures are tracked continually, and while there have been multiple initiatives implemented to address identified performance issues, they have not been implemented in a systematic manner and/or subsequently evaluated for effectiveness. For example, SCC's performance on children receiving dental care within the past seven months was recognized as a clear deficit. The quality staff drilled down available data to county level and discussed the results. A solution was implemented, but was not sustained and though performance increased for a time, it ultimately declined. Frontline and supervisory staff are involved in the quality improvement process and receive both formal and informal feedback from the quality staff regarding case reviews, family functioning assessments, and performance measures.

An area in which SCC may expand is incorporating customer, partner, and provider feedback throughout the system of care. At this time, other than survey's completed by COA, there are no other systematic feedback loops to provide outside input into the improvement processes.

Quality of Eligibility Determination

SCC's Revenue Maximization Unit (Rev Max) is a strength to the agency. The team is dedicated to managing the eligibility process and ensure information is accurately reflected in FSN. The team works closely with all programs and are seen as the 'go-to' for all questions related to Medicaid, Title IV-E and TANF. The unit collectively monitors an email box, dividing the responsibilities by alphabetic assignment. Court orders, placement changes, and other information is received through this email box. Supervisory oversight is abundant with initial reviews similar to a desk review, while also conducting quarterly reviews. All eligibility staff participate in trainings when they are provided. There are a number of checks and balances, reports that are shared with placement staff, data staff, quality assurance and out-of-home care staff members, providing for a multi-layered review of information changes ensuring timeliness and accuracy. FSN reports have been helpful in tracking eligibility timeframes as well. Penetration rates are tracked consistently with SCC reporting 69.4% IV-E penetration rate. Rev Max staff receive a lot of questions regarding Medicaid and ensure relative and non-relative caregivers get the appropriate funding assistance. The Rev Max team exemplified the agencies commitment to trauma informed care and family centered practices by stating, "It's going to save a placement if the caregiver gets the support they need."

ANALYSIS

SCC expects a focus on continuous quality improvement at every level of the organization. The quality assurance staff are integrated into all facets of the system of care. There is a disconnect regarding how quality can help drive performance improvement in how they relate to and affect each other. Systematic and sustainable program improvements are needed to ensure performance measures are positively impacted. Customer feedback loops may also assist with program improvements. Eligibility staff have a succinct, well integrated team with solid checks and balances to ensure data integrity.

SECTION 9: PLACEMENT RESOURCES AND PROCESS

SUMMARY

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

Recruitment and Retention

DCF Suncoast Region and SCC staff meet on a monthly basis to address recruitment and retention initiatives and licensed care capacity. As of July SCC had a total of 165 foster homes available throughout the tri-county area. There is a current action plan to address both recruitment and retention practices. The recruitment plan specifies objectives including; increase the number of inquiries, subsequent training and licensure for fostering as well as addressing why some families did not to move forward and/or challenges that are experienced. The plan was recently updated, August of 2018, to include retention activities such as; increased partnership efforts with foster parents, development of an anonymous foster parent feedback survey, implementation of a quarterly newsletter, creation of a "warm line," frontline staff involvement in problem solving with foster parents and maintaining contact with all parties to address the success of this action plan once implemented.

SCC maintains a recruitment plan with a goal of having 200 licensed foster homes by June 2019. SCC determined their target based on the current population of children in care, zip codes with a high

number of children removed from their homes, sibling groups, as well as other relevant data. The plan maintains recruitment strategies that include general recruitment activities, but also specialized and targeted recruitment activities to solicit homes to meet the needs of children such as; faith based, teen homes, medical, children dually served, etc. Types of inquiries from the public have been tracked by SCC staff and have seen an overwhelming response from internet/website inquiries. In comparison to other inquiry sources, SCC has moved to capitalize on the use of social media, website and internet marketing techniques. In addition, SCC subcontracts with faith based providers to lend additional recruitment and licensing efforts within the local religious communities. While many of the past year's recruitment events have been within the faith-based community, SCC has launched paid social media campaigns on Facebook as well as engaging with county government, specifically in DeSoto County where licensed foster homes are lacking. SCC recently secured a grant through Manatee Community Foundation to gain new foster homes in Manatee County.

Upon inquiry, potential foster parents sign up for an information seminar provided by SCC staff. A licensing packet is provided to potential foster parents once they begin the foster parent classes offered by SCC. Foster parent surveys indicate that the training offered was both accommodating and effectively prepared them for their role. Foster parent surveys also indicate that they receive opportunities for ongoing training at 100% of surveys received. At this time, an Initial Licensing Specialist (ILS) is assigned within 24 hours and contact is made to inform the family. The ILS then makes a home visit prior to the potential foster parent completing the classes, begins background checks and completes the home study at the end of a second visit post class instruction. From the information seminar to licensure often takes between four to six months, depending on the motivation and life circumstances of the family. The ILS maintains contact with the family for 90 days after licensure and makes a home visit upon the first placement to ensure the child placed and the family's needs are met. The home is then rolled to the ongoing licensing specialist to ensure re-licensure and continued support activities are addressed.

SCC employs various retention strategies for current and newly licensed foster homes. New foster parents are paired with a mentor upon classroom attendance. The mentor and foster parents are matched through demographics and geography to ensure they are alike in their endeavors. All foster parents are encouraged to use the foster parent 'night out' to decompress and enjoy a dinner date without the children for a couple hours. While these activities are available to foster parents, the foster parent focus group feedback indicated that they were not effective or very difficult to engage in. SCC, under the Sarasota Family YMCA, provides all foster parents (and their family) with access to the YMCA gyms. Previously, SCC created a Foster Parent Task Force, though this has diminished over recent months. The task force was a voice for foster parents as well as a resource for support. Foster parents in the focus group spoke highly of the Volunteer Program that SCC provides to do babysitting or other chores in the home to assist with the children's care. SCC holds an annual foster parent appreciation dinner, monthly trainings with food and babysitting available, as well as director level 'Thank You' calls to foster parents on a random basis. SCC also maintains a resource guide that is provided to foster parents upon licensure and upon updates made.

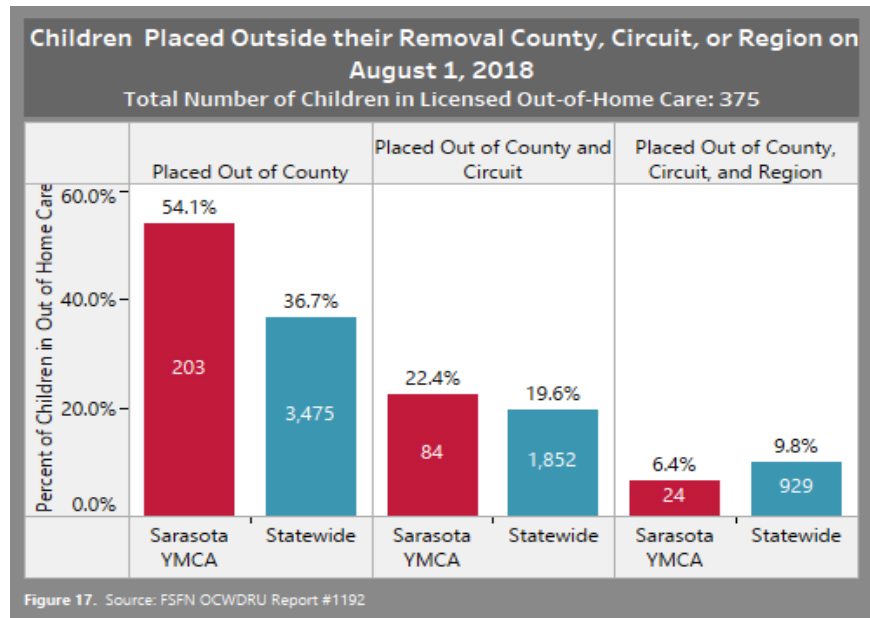
Based on the action plan mentioned above, SCC implemented a 'Warm-line' in July 2018. This was specifically developed for foster parents to have access to immediate services should the need arise. During the foster parent focus group, this support was not mentioned as something that was available, though the availability of the 'Warm-line' may not have been communicated fully at the time of the on-site. Foster parents did note that SCC is sending out surveys to address training needs. SCC has also set

up Partnership meetings in which DCF participates to ensure continued open communication with foster parents is maintained. Trainings are also being offered to all partners within the system of care to educate them on what to expect of a foster parent and how to ensure they are engaged and treated as partners within the system. Frontline staff indicated that they feel the partnership with foster parents is invaluable. They see foster parents as a partner and it is their job to include foster parents in the decisions made so they know they are valued. However, foster parent focus group feedback and survey data indicates that they do not feel appreciated by the child welfare system.

Foster parents also have a formal grievance line accessible via the SCC website and in the Foster Parent Handbook. They are encouraged to address concerns through the chain of command first. The Partnership meetings are also a venue in which concerns or issues can be addressed without using the formal process. If the issue is not resolved however, they are able to address their concerns through the formal grievance process as needed. Based on the foster parent surveys, most are unaware or feel there is not concrete resolution process to address and resolve conflicts. Across all interviews, the key element indicated as a retention strategy was communication. And while communication was stressed by those within the agency and other partners within the system, foster parents, both in the focus group and through the surveys, suggest that there needs to be continued efforts to ensure there is continual, open and informative communication occurring on all levels.

Placement Process

SCC's placement unit coordinates placement for all three counties in Circuit 12. The staff use a placement assessment form to gather as much information about the child(ren) upon shelter or placement move requests. The assessment addresses the child(ren) demographic, behavioral, emotional, developmental and physical needs as well as connections to siblings and other affiliated agencies. This information is then utilized to match the child(ren) with an appropriate licensed foster home based on their currently availability. However, SCC does not have sufficient capacity to provide ideal match foster placements for all children coming into care. A spreadsheet is shared and used by all placement staff, updated in real time to ensure no overlap or cross placements occur. Placement staff attempt to make placements within county a priority, however as noted in Figure 17, SCC is struggling with ensuring children remain in their home county. If the child(ren) are placed in a foster home, group home or emergency shelter in which their needs are not met or not a good fit, the placement staff maintain a 'pending' list that is reviewed weekly to continue efforts to place the child(ren) appropriately and bring them back into the service area. Interviews with placement staff indicated that they are continually discussing initial and changes in placement with the licensing staff who are located within the same hallway. Many informal discussions of new homes being licensed, movements and openings occur on a daily basis. Currently, SCC's number of children placed out of county and circuit surpass the statewide averages, significantly for those placed out of county. (See Figure 17)



SCC maintains a trauma informed process for transition planning and placement stabilizations. Efforts to stabilize through Placement Preservation Staffings are recorded and followed up by placement staff. Clinical staff are also available to provide expertise and assistance in case where higher levels of care are necessary based on the child’s need. Placement staff encourage foster parents to facilitate transition planning between foster homes, however the foster parent focus group indicated they felt unsure of the process and seemed more bewildered that this was something that was encouraged, especially with newly licensed foster parents. There is a collaborative approach to transition plans and case managers encourage foster parents and biological parents/caregivers to interact, participating in the planning process. It was noted that in Sarasota County, the judiciary sometimes circumvents transition plans causing difficult situations that ultimately negatively affect the foster parents. When this or any other unexpected movement occurs services are offered to the foster parents and follow up by the licensing specialist with the family is completed.

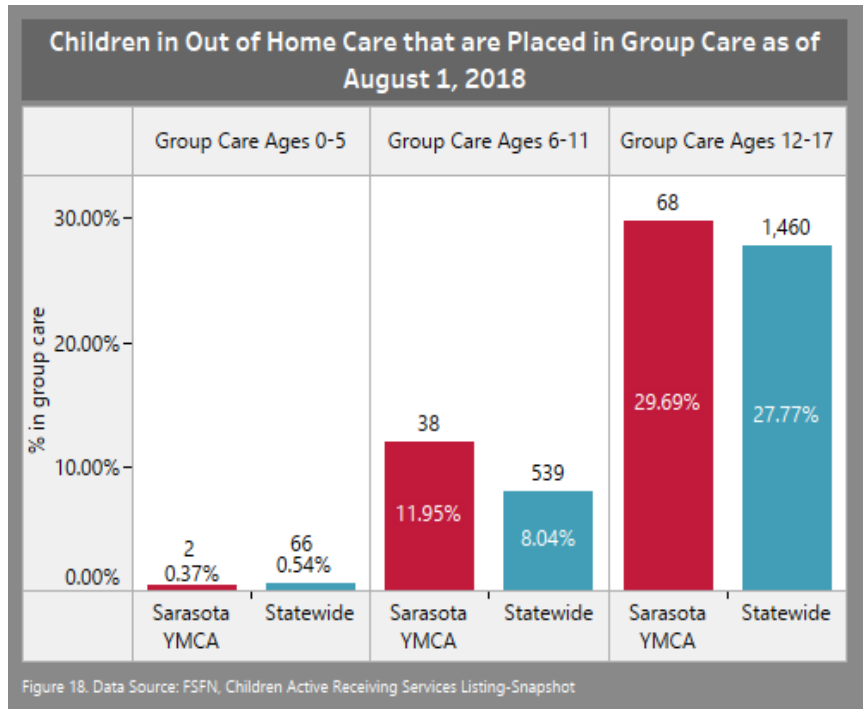
All staff members have been trained on child placing agreements and there are refresher courses offered. CPI’s inform placement staff at removal that the child requires and has a child placement agreement. The agreement may be modified accordingly upon initial or subsequent placement or as needed by case managers during supervision. Quality assurance staff also review these agreements during case file reviews.

Group Home Care

SCC has ten group homes within their Circuit, with additional group home licensures anticipated. The number of group homes has tripled over the past couple years and the makeup of those group homes vary from shift work to family setting. The relationships with group home staff, especially executive staff and SCC frontline staff is strong. Case managers and supervisors report being comfortable addressing issues directly with group home staff and escalating it to executive leadership. If the issue remains unresolved, frontline staff enlist the assistance of the contracts team to address the issue. Contracts staff conduct periodic on-site reviews of the facility, which include reviewing administrative and fiscal

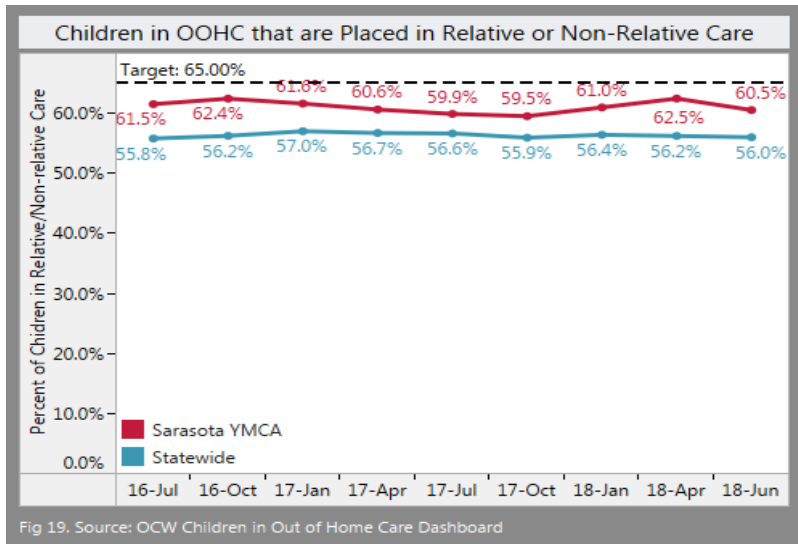
aspects of the home. Child exit interviews are also reviewed ensure any needs or concerns are addressed.

Placement interviews suggest that group homes are placement of last resort. They are strongly encouraged not to place any children 0-5 in group care. As noted in Figure 18, there are two children of that age in group care. DCF Suncoast Region staff and SCC staff clarified that those children are in a tribal placement. SCC surpasses the statewide average for both subsequent age groups. (See Figure 18) While the type of placement is still a consideration, SCC in conjunction with DCF, is actively and aggressively recruiting foster homes based on their action plan in an attempt to alleviate children being placed in group care.



Relative/Non-Relative Caregiver Supports

Relative and non-relative caregivers have a multitude of supports through SCC. The most immediate is the assigned case manager. Case managers report being pivotal in providing the caregivers with information related to services, supports and judicial updates. They are assisted with this as every case is referred to Family Finders team. Caregivers are informed of available funding sources, Medicaid contacts through the Rev Max unit at SCC, they are also provided a caregiver handbook and community referrals for support groups and Children’s Services Councils by case management. SCC also offers support through their quality assurance unit who supervise the clothing closet, supplying household items and clothing needs to all caregivers within the system of care. During the on-site review, there was clear expression of multiple supports provided both through SCC and the community, however, the communication of the availability of the supports to caregivers was lacking.



SCC has excelled in maintaining a significant number of children with their relative and non-relative caregivers, and are close to the target of 65%, as evidenced in Figure 19. A direct line of communication between these caregivers and SCC staff, in addition to case management, may alleviate some of the placement disruptions that were the result of a need for services.

Services to Transitioning Youth and Young Adults

One of SCC’s strengths are the Independent Living and Extended Foster Care staff. This small but mighty team are ready to assist their youth and young adults in targeting, planning and implementing transition plans for youth aging out and young adults that need focus and stability. The two IL/EFC case management staff serve the different populations, one with the 13-17 year olds, the other with the 18 and older. 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 the local homeless shelter, career source and technical and advanced degree colleges to assist youth in their independence. Youth and young adults are referred to targeted case management as needed and this has been most successful in ensuring young adults with special needs are supported through their referred targeted case manager until age 26. IL/EFC staff stated there were some difficulties in maintaining consistent therapists to provide mental health services. There is also a lack of appropriate housing within Circuit 12 and staff reported difficulty in providing services when the youth are not able to live within the Circuit.

SCC maintains an IL Work Flow document that provides generalized direction for cases as well as time frame and performance measure requirements. The staff indicated that the hard conversations about program non-compliance are had with the youth and young adults at several different intervals. 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. 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 and the Child Protection Summit. The IL/EFC case managers are also coached and assisted with problem solving during supervisor consultation and are involved in CQI case reviews (for those children

13-17 years old). The IL/EFC case managers reported having a positive experience with the case review process.

ANALYSIS

SCC is currently involved in a significant amount of work around recruitment and retention practices for foster parents. Based on the foster parent focus group, examination of retention activities and their effectiveness should be explored. Many foster parents voiced concern about the lack of connection with the mentoring program and some of the shortfalls of the foster parent's night out based on geographic location and lack of medical care for those specific children. The placement process is strong with real time updates, as well as licensing and placement staff that are integrated and aware of available and newly licensed foster homes for placement planning purposes. SCC is in the beginning stages of implementing CareMatch, improving the process further. SCC has built in many systemic supports for relative/non-relative caregivers, in addition to the support provided by case management. However, caregiver's awareness of the available resources was minimal. The IL/EFC team are a significant strength and exemplify (as all other frontline staff have) 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 support. The IL/EFC interview group felt that further development of housing supports within the Circuit is necessary.

SECTION 10: PRACTICE

SUMMARY

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

Theory Comprehension

SCC's training and quality teams disseminate updates to Florida Statutes, Florida Administrative Code and Child and Family Operating Procedures (CFOPs) expeditiously and via a variety of platforms such as classroom trainings, e-mail distribution, computer based learning modules and flyers. The information is discussed during all-staff meetings and any further clarification, if needed, is addressed. SCC's leadership exemplifies the use of family centered practices and trauma informed care throughout the levels of management. Leadership staff model the words and actions associated with these practices, while supervisory staff provide guidance through modeling and using a consultative supervision style. Frontline staff also verbalized that they receive updates on statutes, policy and procedures as well. ACTION was engaged in December of 2015 to provide supervisory training around the practice model tenets.

Practice Competency

SCC has adopted the Practice Model for cases opened upon transition to the practice model. SCC maintains legacy cases and will transition completely upon attrition of those cases, as well as those receiving new abuse reports. The most recent information regarding safety methodology implementation status can be located in the [Child Welfare Key Indicators Monthly Report - August 2018](#). Staff are trained on the Practice Model during pre-service and provided with refresher courses through in-service training and job coaching as needed. SCC leadership are committed to continuing efforts to identify gaps to improve and enhance understanding and application of core concepts.

Focus groups and interviews revealed a committed staff focused on providing trauma informed and family centered practices. While their quality review scores would indicate a strong application of family centered and trauma informed care principles, the second level review completed by Office of Child Welfare found that their quality assurance reviews did not consistently have sufficient supporting documentation. SCC has strived to maintain sibling connections and is significantly above target and statewide average performance in this measure (see Figure 10). However, quality assurance CQI data shows a decrease of 20% in performance with this measure (see Table 9, CQI Item 7). SCC has made great strides in reducing the number of placement moves over the past eight quarters (see Figure 12). Performance in this measure is supported by quality reviews as well (see Table 9, CQI Item 4). Performance in reduction of placement moves is supported by qualitative data.

There have been areas where family centered practice has been challenging systemically. Currently, the family is not present when the case is transferred through the case transfer staffing. This staffing is rather a discussion between investigations and case management with a subsequent case management introduction to the family. Additionally, CPI's in all three counties are unaware of what is entailed in safety management services and family support services.

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. The principles are utilized to inform placement decisions and transitions.

SECTION 11: PARTNERSHIP RELATIONS

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

Child Protective Investigations

Child Protective Investigations is provided by both DCF and the Manatee County Sheriff's Office in Circuit 12. Investigators and supervisors report having solid relationships with the ability to work through difficult issues or differing opinions. Barrier Breaker meetings are held between SCC and DCF leadership to address operational inefficiencies as well as case specific problem solving. These meetings are productive and have resulted in a pilot project to address time-frame lags between investigation commencement and case assignment for those children who are deemed unsafe in Sarasota and DeSoto Counties. Front line staff want the opportunity to build relationships and would like to have more opportunities for in-service co-training events.

Children's Legal Services

SCC and CLS have created and fostered a relationship in which there is mutual respect and genuine and real reciprocity of communication. This has been enhanced through hardships in which CLS and SCC have worked and continue to work through together. CLS has been involved and proactive in training condition for return and legislative updates as necessary. CLS staff were very complimentary of the transition of the case management organizations in which SCC enveloped.

Judiciary

Frontline staff have the opportunity to engage the judiciary during dependency brown bag meetings in Sarasota and Manatee Counties. Early Childhood Court Stakeholders meetings also occur to engage operational needs or issues. SCC interviews suggest that continued education of presiding Judges of the practice model would assist them in ensuring behavioral change and conditions for return are considered as a part of judicial reviews. SCC, with the guidance and assistance of CLS, are continuing efforts to educate, inform and maintain open communication using the safety methodology language with the judiciary.

Guardian Ad Litem

GAL's were praised by IL/EFC frontline staff in their support and guidance for older teens and young adults in which permanency proved elusive. Case managers also praised GAL's for their assistance on cases and their longevity of knowledge about the children and families they were assigned to. The GAL surveys indicate that there is, overall, good communication and stewardship of the relationship between frontline staff and the assigned GAL. However, Manatee County seems to be the exception to this as noted in the comments made from the survey and during the on-site review. There was difficulty surrounding a specific case in Manatee County that damaged the relationship across all levels of the organization.

Other Governmental Agencies

SCC works with other governmental agencies such as Agency for Persons with Disabilities (APD) and the Department of Juvenile Justice (DJJ) to address the needs of any dually served individuals. DJJ provides the assistance of a Liaison to address crossover youth. SCC and APD participate in monthly calls to assess and discuss current children that are needing specialized services. While SCC has connections to the Managing Entity to address provision of services, focus groups revealed there are a lack of services in DeSoto County as well as specialized services needs for co-occurring mental health and substance abuse treatment for men.

Domestic Violence Service Providers

SCC maintains a positive and interactive relationship with their local domestic violence partner, Hope Family Services. There are regularly scheduled partnership meetings between SCC, Hope Family Services and Manatee County Sheriff's Office. SCC also has the benefit of the shelter opening its doors for trainees in pre-service training to visit and get educated on life at the shelter. The domestic violence advocates are co-located with protective investigation staff, spend time within the case management service centers for consultations and attend staffings and court hearings as needed.

Educational Coordination

DeSoto County benefits the majority from a stable working relationship between the schools and the case managers there as reported in the case management interviews. Sarasota and Manatee Counties has established connections but the relationship is on a school by school basis. Schools require a court order for information gathering to include grades, attendance and behavioral concerns. Case managers are attending IEP meetings when they are informed. There is a lack of a centralized contact or liaison to address children's school needs upon removal and during case management.

ANALYSIS

SCC works collaboratively with partner agencies to ensure children and families are receiving needed services. Conflicts are resolved with mutual respect and understanding of the circumstances and situational nuances. Continued effort to address relationships with the GALs, specifically in Manatee County are warranted. There is a lack of substance abuse and mental health services available in all three counties. The ability to gather needed education information from schools in Sarasota and Manatee Counties is problematic.

SECTION 12: COMMUNITY RELATIONSHIPS

SUMMARY

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

Faith-Based Community Business Community

SCC has built some relationships throughout the faith based community. The subcontracted providers responsible for recruitment and licensing are all faith based and utilize their religious affiliations to spread the word about the need for foster parents. Additionally, SCC enjoys relationships with churches that provide tangible supports in the way of Christmas gifts, food, furniture, and other donated items collected and stored in the clothing closet that may be needed in the future.

Business Community

SCC has developed some relationships with the local business community. Local businesses support the agency through the tangible single or ongoing donation of goods and services. Further development beyond businesses of like interest (child welfare) is encouraged.

Media Relationship

SCC is utilizing social media to bolster recruitment efforts; however, there is a lack of local radio, television and/or newspaper media involvement.

Community Alliance

SCC and the Family Safety Alliance was very active and involved, though it appears that this partnership has dwindled due to staffing changes within the Family Safety Alliance.

Children Services Board

Manatee Children's Service is a noted community partner. Interviews with case management indicated that this entity is referred as a support for relative and non-relative caregivers. Further development of this relationship is encouraged.

ANALYSIS

SCC has developed some relationships within the faith-based and business communities. Partnerships also exist with the current Family Safety Alliance and Manatee Children's Service Board. SCC is

encouraged to initiate and further develop community relationships to strengthen ties to the community as well as garner support from and to the community in which it serves.

SECTION 13: ACTIONS TAKEN IN RESPONSE TO PREVIOUS MONITORING ACTIVITIES

The CBC Monitoring Team completed a desk review in FY 17/18. The following is a summary of the findings and any actions taken to improve. The full desk review monitoring report can be found here: [Sarasota Family - YMCA Desk Review FY 17/18](#). The contract evaluation reporting system as well as Regional feedback was utilized to address actions taken based on prior monitoring activities.

- 1) Rate of abuse or neglect per 100,000 days in foster care (M01)
 - a) This finding was not included on a formalized plan.
 - b) **Improved Performance:** SCC has improved from 15.2 to 12.1 over the past fiscal year.
 - c) **Summary of actions taken** – The Provider is working with CPIs and Case Management to provide additional supports and prevent safety plan breakdowns. From the beginning of the Fiscal Year through the Q3 scorecard, the rate of abuse or neglect has improved by 3.71. Performance will continue to be monitored. SCC also completed an in-depth review of their cases. Aside from CPI data entry, there were other impacts not directly attributed to the CBC which were counting against them, such as verified findings against an educational institution.
- 2) Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home (M07)
 - a) This finding was not included on a formalized plan.
 - b) **Performance Declined:** SCC has declined from 47.5% to 40.2% over the past fiscal year.
 - c) **Summary of actions taken** – The Provider is working with CPIs and Case Management to provide additional supports and prevent safety plan breakdowns. FY17-18 Q2 and Q3 scorecards have the Provider above standard. Performance will continue to be monitored.
- 3) Percent of children who received a dental service in the last seven months (M10)
 - a) This finding was not included on a formalized plan.
 - b) **Performance Declined:** SCC has declined from 77.3% to 71.4% over the past fiscal year.
 - c) **Summary of actions taken** – Since October 2017, the Provider has been working to secure an agreement with a local dental school to assist in increasing access to services. They have run into barriers with securing the agreement because the school is not currently a Sunshine provider. The Provider is working on occasional events with the county health department. If improvements are not seen in this measure by the end of the fiscal year, the Provider may be placed on a CAP. In addition, the Provider is working with the Department and key community stakeholders on a Roadmap to Success to address major fiscal impacts and performance measure improvements. Between January 2018 and June 2018, we saw dramatic improvement, which was attributed to the SCC bringing on an intern to maintain data integrity, monitored by quality staff.
- 4) 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?
 - a) This finding was included on the Regional performance improvement plan.
 - b) **Performance Improved:** SCC has improved from FY 16/17 to FY 17/18 by 5.9%.
 - c) **Summary of actions taken** – CQI items are currently monitored by our QA team. Moving forward, our QA team will be included in contracts meetings. Performance will continue to be monitored.

- 5) CQI Item 4 – Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interest of the child and consistent with achieving the child’s permanency goal?
 - a) This finding was included on the Regional performance improvement plan.
 - b) *Performance Improved*: SCC has improved from FY 16/17 to FY 17/18 by 18.2%.
 - c) Summary of actions taken – CQI items are currently monitored by our QA team. Moving forward, our QA team will be included in contracts meetings. Performance will continue to be monitored.
- 6) CQI Item 14 – Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of the case plan goal.
 - a) This finding was not included on a formalized plan.
 - b) *Performance Declined*: SCC has declined from FY 16/17 to FY 17/18 by 20.7%.
 - c) Summary of actions taken – CQI items are currently monitored by our QA team. Moving forward, our QA team will be included in contracts meetings. Performance will continue to be monitored.
- 7) Continued development of both family support and safety management services.
 - a) This finding was not included on a formalized plan.
 - b) Summary of actions taken – The service array assessment was initiated by OCW in 2016 when the rating of “1” was provided. The Provider intends to submit a request for reassessment based on more current information.
- 8) Placement moves per 1,000 days in foster care (M08)
 - a) This finding was not included on a formalized plan.
 - b) *Performance Improved*: SCC has improved from FY 16/17 to FY 17/18 from a rate of 4.5 to 4.0.
 - c) Summary of actions taken – At the beginning of the fiscal year, the Provider initiated placement moves to collocate sibling groups. Placement moves will continue to be monitored in monthly contract meetings and over the course of the Roadmap planning and implementation. Performance is currently above standard. For FY 17-18, from Q1 to Q3, the Provider is trending positively, decreasing from 4.2 moves to 3.7 placement moves per 1,000 days. Performance will continue to be monitored.
- 9) Children under supervision who are seen every thirty (30) days (M04)
 - a) This finding was not included on a formalized plan.
 - b) *Performance Declined*: SCC has declined from FY 16/17 to FY 17/18 by .2%.
 - c) Summary of actions taken – The Provider has experienced changes in CMOs over the past year. In May 2017, Centerstone transitioned their contract to YFA and in February 2018, Sarasota YMCA assumed Pathways. However, performance remains above standard. Performance will continue to be monitored.
- 10) Children exiting foster care to a permanent home within twelve (12) months of entering care (M05)
 - a) This finding was not included on a formalized plan.
 - b) *Performance Declined*: SCC has declined from FY 16/17 to FY 17/18 by 7.3%.

- c) Summary of actions taken – Performance is currently above standard. For FY 17-18, from Q1 to Q3, the Provider is trending positively, increasing from 37% to 41.4%. Performance will continue to be monitored.
- 11) Children exiting foster care to a permanent home in twelve (12) to twenty-three (23) month of entering care (M06)
- a) This finding was not included on a formalized plan.
 - b) *Performance Improved*: SCC has improved from FY 16/17 to FY 17/18 by 2.4%.
 - c) Summary of actions taken – Performance remains above standard. For FY 17-18, from Q1 to Q3, the Provider is trending positively, increasing from 44.4% to 55.7%. Performance will continue to be monitored.
- 12) Continue efforts to increase implementation of the practice model in Sarasota and Manatee Counties.
- a) This finding was not included on a formalized plan.
 - b) Summary of actions taken – Performance will continue to be monitored.

SECTION 14: ON-SITE MONITORING SUMMARY

SUMMARY

SCC is the original pilot community based care agency having roots in the community both for its namesake and commitment to families. Since 1997, SCC has expanded to three diverse and divergent counties of Sarasota, Manatee and DeSoto. SCC boasts significant longevity of leadership staff that remain committed to providing the best care not only to the community, children and families, but also to their employees and subcontracted providers. The culture and attitude shown through the commitment of the agency and its employees is contagious. Leadership staff have fostered a sense of pride, accomplishment and willingness to accept and progress through financial and other unforeseen challenges.

Opportunities for system of care enhancement are inherent in all community based care organizations. SCC's leadership, staff, along with established partnerships are an asset to the organization and will serve them well as they endeavor to address the issues noted below.

AREAS NEEDING ACTION:

These findings represent areas that need prompt attention and action as they impact child safety, are violations of statute or administrative rule, or are areas where SCC has consistently underperformed:

1. Performance
 - a. CQI Item 14: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of the case goals? SCC has trended negatively for the past three years on this qualitative measure. There is a drop in performance by 35% from FY 15/16 to FY 17/18, putting SCC below Federal PIP goal of 78.9% at 47.3%.
 - b. 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? SCC dropped to 42.8%, below the Federal PIP goal of 51.1% over the last year.

OPPORTUNITIES FOR IMPROVEMENT:

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

2. Performance

- a. Rate of abuse or neglect per day while in foster care (M01): Although performance is trending positively, SCC has failed to meet the performance target in the past seven of eight quarters. Currently, SCC remains below statewide average and below the target rate of 8.5.
- b. Percent of children exiting to a permanent home within twelve (12) months of entering care (M05): SCC has historically performed well, however, there has been an overall negative trend over the past seven quarters. SCC is currently below statewide average and national target at 38%.
- c. Percent of children who do not re-enter care within twelve (12) months of moving to a permanent home (M07): SCC has not met this performance measure in five of the past eight quarters. The last quarter was below target by .4%.

3. Systemic

- a. Workforce Management
 - i. Case Manager Supervisor Development – Currently SCC is focused on frontline pre-service training. There is no available curriculum used to assist supervisory staff with development of both management skills and skills related to the practice model. Exploration of available curriculum, or development of curriculum targeting supervisory growth is encouraged.
 - ii. Retention Activities – Once stabilization of the workforce occurs, further retention efforts to ensure and maintain that stability should be addressed.
- b. Placement Resources and Processes
 - i. Family Foster Home Recruitment – SCC should continue recruitment and retention efforts based on the current plan developed in partnership with the Suncoast Region.
 - ii. Family Foster Home Retention Efforts – SCC should re-evaluate the impact and effectiveness of current retention activities for foster parents. Further development or augmentation of those activities may be required to ensure all are able to access and participate.
 - iii. Relative/Non-Relative Supports – There are significant supports available to relative and non-relative caregivers. A single point of contact may be beneficial to ensure the caregivers are provided the knowledge of and access to those supports.
- c. Continuous Quality Improvement

- i. Performance Improvement Strategy – Maturation of synthesizing data to include qualitative effects on performance measures, systematic and sustainable performance improvement measure and tracking are warranted.
 - ii. Performance Improvement Strategy – Inclusion of feedback loops from providers, parents, partners and caregivers may provide for better understanding and enhancements to the system of care.
 - d. Partnership Relations
 - i. GAL/Other Governmental Agencies/Educational Coordination – Continued engagement with these entities to address single point of access, further service delivery and availability as well as nurturing relationships between frontline staff to ultimately bolster partnerships and further ease of services for the community may be beneficial.
 - e. Community Relationships
 - i. Business Community/Media Relationship – Further integration into the business community (other than those within the system of care) as well as inclusion in media outlets in the local communities would continue to bolster SCC’s supports, both financially and with tangible assets.

ADMINISTRATIVE FINDINGS:

The following administrative findings were identified during the monitoring:

Incident Reporting

Contract QJ2B0, 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 20 (out of 156) critical incidents were reviewed to determine compliance with CFOP 215-6 and SCC’s internal incident reporting procedure.

1. In 45.5% (5 of the 11 critical incidents reviewed), the critical incident was entered into IRAS. CFOP 215-6, 4 and 5. Identifies what type of incident is critical.
2. In 80% (4 of the 5 critical incidents entered), the critical incidents were entered timely into IRAS within 1 business day. CFOP 215-6, 6.a.(4), (1 was entered 5 days late), this requirement is also not present in SCC’s procedure.
3. In 100% of critical incidents entered into IRAS (2 of 2) required applicable notifications were not made. Notification to the client’s guardian, representative or relative, in accordance with CFOP 215-6(6)(a)(3). In addition, SCC’s incident reporting policy is lacking this requirement.
4. In 100% (5 of 5) of the critical incidents reported to IRAS no documented follow-up process was performed on the action taken to prevent future incidents as described in CFOP 215-6, 6.c.(6)
5. In addition, CFOP 215-6, 5. Specifically outlines the critical incidents to be reported to IRAS. SCC’s procedure does not align with separating adult and child death as it refers to client death. Sarasota YMCA’s procedure further does not contain language that requires the client guardian, representative, or relative is notified as applicable.
6. Additional SCC’s specific critical incident reporting procedures requires an initial meeting for the critical incident review panel convening within 24hours of the event as well as a follow-up meeting within 5 days, which was not found documented.

Subcontracts

Contract QJ2B0, Attachment I, 1.1.9.3. states the Lead Agency may subcontract for services unless specifically prohibited in this Contract.

1. A sample of 10 (out of 22) subcontracts were reviewed. 100% contained applicable subcontract language and clauses required for provider subcontracts.

Employment Eligibility

Contract QJ2B0, S.C. 35. a. vi. States unauthorized aliens shall not be employed.

1. A sample of 10 (out of 136) employees were reviewed to determine compliance with documentation of employment eligibility verification. 100% had required I-9 and E-Verify verification completed and in compliance.

Information Security

Contract QJ2B0, 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. 95% (19 out of 20) DCF security agreements reviewed were signed annually.

Background screening

Contract QJ2B0, S.C. 35. j. states the provider shall ensure that all staff utilized by the provider and its subcontractors that are required by Florida law to be screened in accordance with 435, F.S.

1. 100% were background screened. 20 employee files were reviewed for initial background screening for new hires and appropriate rescreens for employees employed over 5 years.

OVERALL
COUNTY RANK


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– 2018 FLORIDA CHILD WELL-BEING INDEX –


Manatee County



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

 ECONOMIC WELL-BEING <small>DOMAIN BANK</small> 20		Baseline Year	%	Current Year	%	Number	Change
	Children in poverty	2011	26.7	2016	20.5	14,321	👍
	Unemployment rate	2011	10.0	2016	4.6	7,693	👍
	High housing cost burden (>30% income spent)	2007-2011	41.1	2012-2016	33.1	44,958	👍
	Teens not in school and not working	2007-2011	9.3	2012-2016	8.8	1,318	Unchanged

 EDUCATION WELL-BEING <small>DOMAIN BANK</small> 25		Baseline Year	%	Current Year	%	Number	Change
	3 & 4 year old children not enrolled in school	2007-2011	56.4	2012-2016	58.0	4,390	👎
	4th grade students not proficient in English Language Arts	2014/15	73.0	2015/16	76.0	2,923	👎
	8th grade students not proficient in math	2014/15	78.0	2015/16	75.0	2,048	👍
	High school students not graduating on time	2011/12	23.8	2015/16	16.5	459	👍

 HEALTH WELL-BEING <small>DOMAIN BANK</small> 16		Baseline Year	%	Current Year	%	Number	Change
	Low-birthweight babies	2011	8.3	2016	7.6	262	Unchanged
	Uninsured children	2010	13.0	2015	7.9	5,655	👍
	Overweight and obese 1st, 3rd & 6th grade students	2010/11	52.7	2015/16	33.7	3,764	👍
	High school teens who used alcohol/drugs (past 30 days)	2012	34.6	2016	30.5	275	👍

 FAMILY & COMMUNITY <small>DOMAIN BANK</small> 46		Baseline Year	%	Current Year	%	Number	Change
	Children in single parent families	2007-2011	33.5	2012-2016	35.2	20,851	👎
	Children living in high poverty areas	2007-2011	14.9	2012-2016	15.9	10,922	Unchanged
	Children with verified maltreatment (per 1,000)	2011/12	11.2	2016/17	14.4	1,032	👎
	Youth contacts with the juvenile justice system (per 1,000)	2011/12	41.0	2016/17	21.3	681	👍

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



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OVERALL
COUNTY RANK

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– 2018 FLORIDA CHILD WELL-BEING INDEX –

Sarasota County



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

ECONOMIC WELL-BEING DOMAIN RANK 9		Baseline Year	%	Current Year	%	Number	Change
	Children in poverty	2011	19.3	2016	17.9	10,529	👍
Unemployment rate	2011	10.2	2016	4.6	8,327	👍	
High housing cost burden (>30% income spent)	2007-2011	40.8	2012-2016	33.4	58,666	👍	
Teens not in school and not working	2007-2011	10.5	2012-2016	5.6	771	👍	

EDUCATION WELL-BEING DOMAIN RANK 2		Baseline Year	%	Current Year	%	Number	Change
	3 & 4 year old children not enrolled in school	2007-2011	44.3	2012-2016	50.1	2,888	👎
4th grade students not proficient in English Language Arts	2014/15	59.0	2015/16	64.0	1,985	👎	
8th grade students not proficient in math	2014/15	63.0	2015/16	53.0	1,288	👍	
High school students not graduating on time	2011/12	22.0	2015/16	14.6	466	👍	

HEALTH WELL-BEING DOMAIN RANK 33		Baseline Year	%	Current Year	%	Number	Change
	Low-birthweight babies	2011	8.0	2016	7.6	223	Unchanged
Uninsured children	2010	15.2	2015	9.4	5,910	👍	
Overweight and obese 1st, 3rd & 6th grade students	2010/11	36.6	2015/16	30.7	3,117	👍	
High school teens who used alcohol/drugs (past 30 days)	2012	43.3	2016	36.9	244	👍	

FAMILY & COMMUNITY DOMAIN RANK 17		Baseline Year	%	Current Year	%	Number	Change
	Children in single parent families	2007-2011	32.3	2012-2016	32.2	16,777	Unchanged
Children living in high poverty areas	2007-2011	4.9	2012-2016	2.9	1,704	👍	
Children with verified maltreatment (per 1,000)	2011/12	11.0	2016/17	9.5	570	👍	
Youth contacts with the juvenile justice system (per 1,000)	2011/12	26.8	2016/17	13.9	399	👍	

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



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UNIVERSITY OF SOUTH FLORIDA
COLLEGE OF BEHAVIORAL & COMMUNITY SCIENCES

OVERALL COUNTY RANK

67

– 2018 FLORIDA CHILD WELL-BEING INDEX –

DeSoto County



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

		Baseline Year	%	Current Year	%	Number	Change
<p>ECONOMIC WELL-BEING DOMAIN RANK 64</p>	Children in poverty	2011	41.9	2016	42.0	2,817	Unchanged
	Unemployment rate	2011	10.4	2016	5.2	701	👍
	High housing cost burden (>30% income spent)	2007-2011	34.3	2012-2016	28.1	3,211	👍
	Teens not in school and not working	2007-2011	16.6	2012-2016	18.2	350	👎
<p>EDUCATION WELL-BEING DOMAIN RANK 67</p>	3 & 4 year old children not enrolled in school	2007-2011	68.3	2012-2016	60.6	508	👍
	4th grade students not proficient in English Language Arts	2014/15	86.0	2015/16	91.0	339	👎
	8th grade students not proficient in math	2014/15	95.0	2015/16	98.0	224	👎
	High school students not graduating on time	2011/12	32.1	2015/16	38.4	127	👎
<p>HEALTH WELL-BEING DOMAIN RANK 49</p>	Low-birthweight babies	2011	8.3	2016	11.1	41	👎
	Uninsured children	2010	17.1	2015	11.0	790	👍
	Overweight and obese 1st, 3rd & 6th grade students	2010/11	31.2	2015/16	37.9	447	👎
	High school teens who used alcohol/drugs (past 30 days)	2012	41.2	2016	30.9	91	👍
<p>FAMILY & COMMUNITY DOMAIN RANK 67</p>	Children in single parent families	2007-2011	48.5	2012-2016	42.6	2,507	👍
	Children living in high poverty areas	2007-2011	27.8	2012-2016	63.9	4,658	👎
	Children with verified maltreatment (per 1,000)	2011/12	11.6	2016/17	13.9	106	👎
	Youth contacts with the juvenile justice system (per 1,000)	2011/12	28.0	2016/17	24.9	87	👍

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