



Contract Monitoring Report

Devereux
Community Based Care, Inc.

8/14/2017

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

Contract ZJK85

CONTENTS

Executive Summary	i
Performance At A Glance	iii
Section 1: Contract Monitoring Process	2
Section 2: Service Area Description	2
Child Welfare Partners	3
Child Fatalities	3
Section 3: Agency Summary	4
Number of Investigations, Removals and Children Served	4
Section 4: Performance Measures and Quality Assurance Data	5
Contract and CBC Scorecard Measures	5
Performance Indicators and Quality Assurance Data.....	7
Child Safety.....	7
Permanency.....	11
Well-being	16
Section 5: Service Array for Safety Management and Family Support Services	20
Section 6: Leadership and Governance	22
Section 7: Workforce Management.....	24
Section 8: Quality Management and Performance Improvement	26
Section 9: Placement Resources and Process.....	28
Section 10: Practice	34
Section 11: Partnerships Relationships.....	35
Section 12: Community Relations.....	38
Section 13: COU Monitoring Summary.....	39
Section 14: Innovative Practices	40
Appendix 1 Definitions for Data At A Glance.....	42

EXECUTIVE SUMMARY

This report provides findings for the contract oversight monitoring of Devereux Community Based Care (DCBC). The on-site monitoring was conducted in April 2017 and focused on DCBC child welfare system of care. The monitoring process included a review of DCBC programmatic and administrative operations. In addition, the Contract Oversight Unit (COU) monitoring team reviewed fiscal monitoring reports. Findings are based on an analysis of child welfare performance indicators, quality assurance data and other information obtained through supporting documents, interviews 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) quality management and performance improvement; (4) placement resources and processes; (5) child welfare practice; (6) partnership relationships; and (7) community relations.

Significant findings of each category are below:

Leadership and Governance:

- Local child welfare professionals view leadership within the child welfare system as collaborative and solution focused. Opportunities for improvement are recognized and accompanied by an acknowledgment that much improvement has occurred since Devereux Community Based Care of Okeechobee and the Treasure Coast was awarded the CBC contract.
- DCBC partners with the regional Managing Entity (ME) and has leveraged their funding for additional prevention services for safe children who are at high or very high risk of future maltreatment.
- The Board of Directors (BOD) has a quality management sub-committee comprised of DCBC staff and Board members. The sub-committee does a deeper level analysis of the performance and quality data and then presents that to the full board.
- DCBC executive leadership has created internal systems to implement and monitor DCBC's internal child welfare system issues such as workforce recruitment and retention. However, they should closely collaborate with Children's Home Society (CHS), their sub-contracted case management organization, to ensure these initiatives are as strongly emphasized within the local service delivery system.

Workforce Management:

- DCBC leadership has developed a retention committee, consisting of case managers, to aid in communication of opportunities or strengths that can be replicated by other units within the CBC. While they have seen some success with this initiative, retention continues to need improvement.
- DCBC emphasizes the importance of training and ensures there is an adequate budget for training, even during financial struggles. This emphasis has resulted in quality in-service training that is varied, readily available and easy to access by all levels of staff, all subcontracted and community providers, as well as all case management organization (CMO) staff.
- There are some missed opportunities for sharing and collaboration between CHS, the subcontracted case management organization (CMO), and DCBC case management leadership. There is a lack of peer support and interactions across DCBC and the CHS CMO frontline. While multiple joint meetings are scheduled, ensuring there is encouragement to

share practices would benefit both organizations. Increasing this interaction would be an opportunity to understand their internal practices and resources and create a forum to share ideas.

Quality Management and Performance Improvement

- DCBC leadership has strongly emphasized the use of both performance and quality data to drive practice. Data is openly discussed at meetings and everyone within the system of care knows it is a priority. While aware of data, frontline staff were unable to articulate an understanding as to why each performance measure was important. Understanding data measures could aid in improving practice.
- DCBC uses face-to-face consultations with case managers to review findings from Continuous Quality Improvement (CQI), Child and Family Services Review (CFSR) case reviews and peer reviews. They also utilize a peer review process that includes a face-to-face consultation.
- DCBC is currently not utilizing stakeholder interviews or surveys as a part of their CQI process. Integrating this into their process would expand their ability to identify and address perception issues that may exist.

Placement Resources and Process:

- The same director supervises the placement and clinical teams. This allows for an increased level of integration between these teams, resulting in improved communication regarding the therapeutic needs for children in out-of-home care.
- The extended foster care program is robust, despite being small. They have developed a strong placement array for young adults.
- DCBC has built a strong support system for foster parents. This includes a well-developed foster parent mentor program with a supervisor who is integrated into many facets of program operations.
- While there is a strong support system for foster parents, there is an opportunity to enhance the level of support provided to relative and non-relative placements for children. Currently, the revenue maximization team and Caregiver and Adoption Support Supervisor provide some support to relatives and non-relatives. However, relatives and non-relatives do not receive the same level of support as licensed foster parents.
- While there are still significant challenges with placement capacity, leadership and the BODs are taking an aggressive and strategic approach to setting targets for foster home recruitment, with a primary emphasis on reducing the number of youth residing in group care.
- DCBC uses four child-placing agencies (CPA) and has developed a process designed to develop placement choices for each child who enters care. While foster home bed options are not always available, the system is designed to incentivize each CPA to provide placement options allowing DCBC placement team to choose the best placement match.
- While DCBC has taken great strides in resolving the placement capacity issues they absorbed when they assumed the contract, they still have significant challenges to overcome. The high rate of use of group care coupled with the

development of temporary placement options for children who are hard to place is symptomatic of the placement capacity issues they face.

- DCBC uses Sanctuary4Kids, which is intended to be used as a pre-placement assessment center in the future, however at this time it is a licensed emergency shelter. Currently, if the child remains there for 23.5 or less hours, including when children sleep overnight during that period, DCBC does not view this as a placement and does not enter this as a placement into FSFN. This placement is only documented if the child is there 24 hours or more. This is not an acceptable practice and has been referred to the Office of Child Welfare for further clarification and direction to the region.
- Deveraux CBC has had to utilize a home on the grounds of Hibiscus Children’s Center, known by staff as “House 8” as a temporary placement for extremely difficult to place children. This house was used on occasions when doing otherwise would have meant having children sleeping in offices overnight. This building was included in Hibiscus licensing; however, this home was staffed by DCBC and case management staff.

Child Welfare Practice:

- DCBC has embraced the core tenets of the practice model and has focused on increasing the knowledge level among staff by using the training resources available.
- There is a focus on trauma-informed care and family centered practice, including training to increase awareness of the concepts. However, CQI reviews indicate there is inconsistent application of the concepts into practice.
- Despite a focus on improving supervisor consultation by leadership and the training team, there are supervisors who are providing supervisory guidance via email and sending task lists in lieu of using the consultative model to provide feedback.
- DCBC has done extensive work to develop a safety management service that meets the needs of the families served. While the program primarily works for investigations, there are only limited safety management services available for case management.

Partnerships Relationships

- DCBC has made efforts to inform and include partners in a variety of forums on program improvement initiatives and have made efforts to improve the quality of partner relationships. However, interviews, survey results and focus group discussions indicate this is an area where an opportunity for improvement exists.

Community Relations

- DCBC staff is very involved with the community through DCBC Board membership and participation on partner agency boards.

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 and 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 DCBC performance is depicted later in this report.

Data Basics

Devereux CBC

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

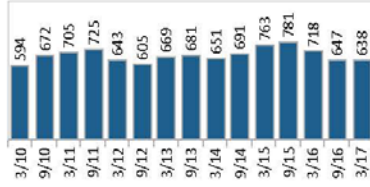
Produced by Data Advocacy, Casey Family Programs

Data source: state-submitted AFCARS and NCANDS files

Date prepared: 7/24/2017

of children in care

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

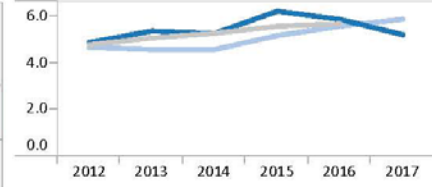


year over year change in the # in care



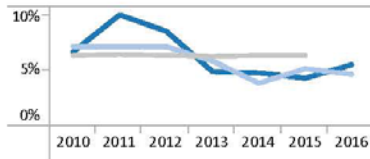
rate in care

(per 1,000, < age 18)

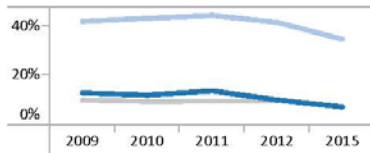


Safety

% children who experience repeat maltreatment within 6 months

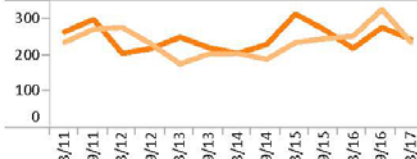


% children who experience repeat maltreatment within 12 months
(note 2013-2014 data masked due to data quality)

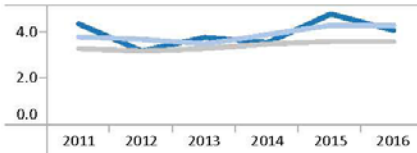


Entries

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

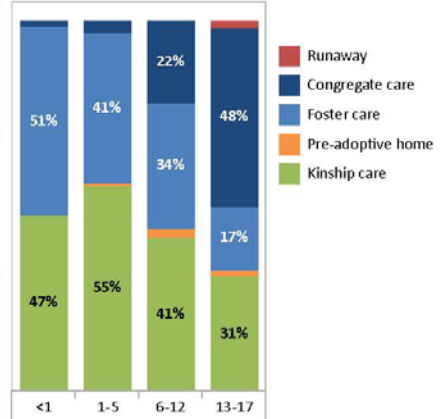


rate of children entering care
(per 1,000)



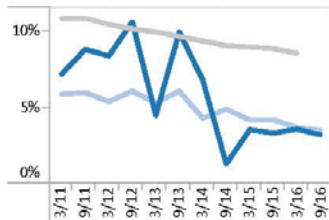
Placement

placement settings for children in care, by age
(for all children in care on 3/31/2017)

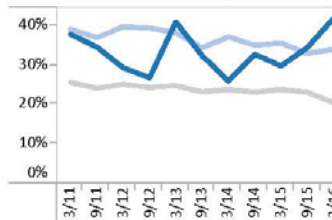


Timely & Stable Permanency

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



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

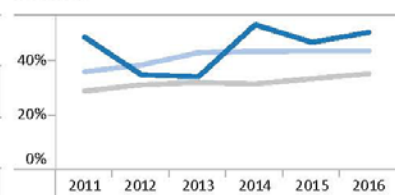


Children In Care 2+ Years (3/31/2017)

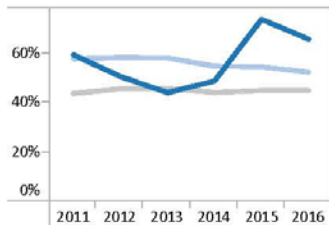
in care 2+ years

#	93
%	15%
state	16%
Nat'l (2016)	25%

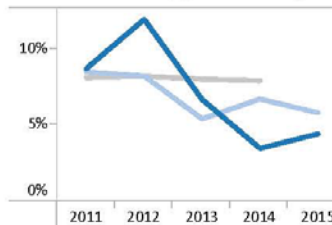
% in care 2+ years at start of the year who achieve permanency w/in 12 months



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



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



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

	ages 2-12		ages 13-17				Relative s
	Adopt	Guard	Adopt	APPLA	Guard	NA	
Congregate care	14%		15%	3%	2%		
Foster care	14%		9%			2%	
Kinship care	28%	2%	5%				2%

Source: Casey Family Programs

SECTION 1: CONTRACT MONITORING PROCESS

The monitoring process included a review of DCBC’s programmatic and administrative operations. In addition, the COU 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 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) quality management and performance improvement; (4) placement resources and processes; (5) child welfare practice; and (6) partnerships and (7) community relations.

Supplementary information was provided by the Department’s Office of Revenue Management, Office of CBC/ME Financial Accountability, Office of Child Welfare and the Southeast 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, BOD meeting minutes, service array assessment and survey results. Additional information was gathered through interviews with DCBC and DCF staff including leadership from the DCF Southeast Region, DCBC management level and specialist level staff, case managers, case manager supervisors, and managers/directors who supervise case management supervisors. Focus groups were held to obtain information from DCF child protective investigators, Children’s Legal Services and DCBC foster parents.

The review also included the monitoring of Devereux CBCs subcontracts as an area of administrative compliance. The contract oversight Unit (COU) monitoring team reviewed 8 subcontract files and found them to be in compliance.

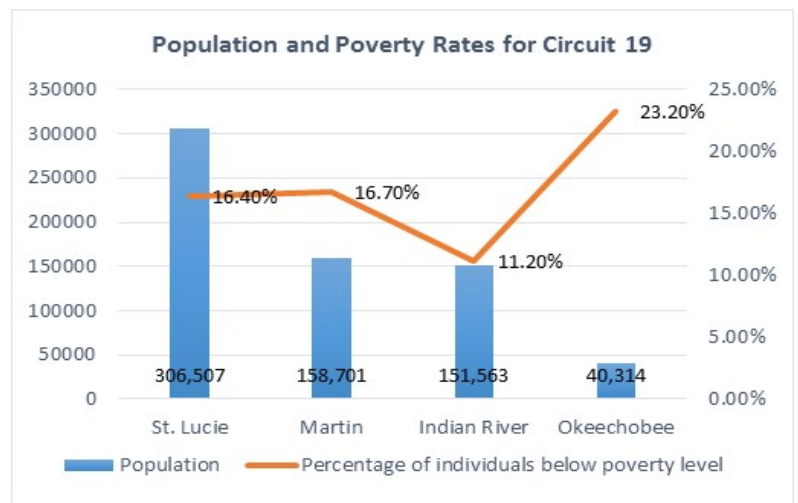
The COU monitoring team consisted of Department of Children and Families Contract Oversight staff, representatives from the Office of Child Welfare, Tory Wilson and Nellie Warriner and representatives from Community Based Care (CBC) organizations, Bill Bucher and Darlene Rock.

SECTION 2: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community DCBC serves, including demographic information, a description of the child welfare partners and information about all child fatalities, including those investigated by the Department and those that were not.

DCBC operates in the Nineteenth Judicial Circuit. This circuit is located on the east coast of south Florida and covers Indian River, Martin, Okeechobee and St. Lucie counties. St. Lucie is the largest county and Okeechobee is the most rural of the four counties.

Okeechobee, Martin and St. Lucie counties have a higher poverty rate than the statewide poverty rate of 15.7%, with Okeechobee being significantly higher than the other counties. In contrast, Indian River County is below the statewide poverty rate.



Source: www.census.org

Graph 1

Martin and Indian River counties have significantly higher percentage of non-Hispanic Caucasians, with 79% and 76% respectively. Okeechobee and St. Lucie counties have between 59% and 64% non-Hispanic Caucasians, with Okeechobee seeing more of an increase in the African American population and St. Lucie with more of an increase in the Hispanic population.

CHILD WELFARE PARTNERS

Child Protective Investigations and Children’s Legal Services are provided by the Department of Children and Families. In 2013, circuit nineteen transitioned from the Central Region to the Southeast Region leadership.

CHILD FATALITIES

INFANT AND CHILD MORTALITY RATES

Okeechobee County, the most rural of the four counties in circuit nineteen, has a high poverty rate, birth rate and infant mortality rate. Indian River and Martin Counties have a similar population and birth rate; however, Martin County has a higher infant mortality rate. St. Lucie County is the most populated county of the circuit and has a birth and infant mortality rate close to the statewide rates of 11.2 and 6.0, respectively.

County	Birth Rate per 1,000 populations	Infant Mortality Rate Per 1,000 live births
Indian River	9	4.7
Martin	8.4	7.1
Okeechobee	13.8	9
St. Lucie	10.3	6.1
Statewide	11.2	6

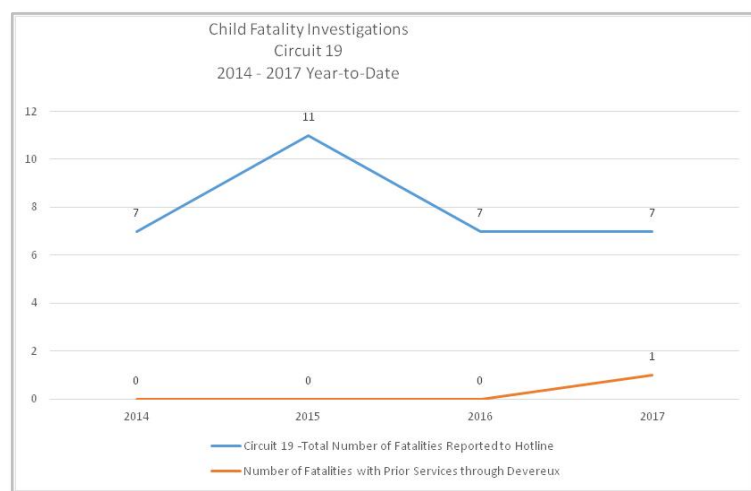
Source: www.floridakidscount.com (2016) Table 1

Provisional data from the Department of Health database indicated that in 2016 and year-to-date in 2017, circuit

nineteen has had a total of ninety-seven child fatalities. Thirty-one (47.6%) of the fatalities were children under the age of one. Of that population, the leading causes of death were due to complications during pregnancy, labor or delivery. In children over the age of one in this jurisdiction, the leading cause of death was due to external factors that included car accidents, drowning, and suicide or firearm deaths.

CHILD FATALITY INVESTIGATIONS

Since 2014, until the time of this COU monitoring, circuit nineteen has had a total of 32 child fatality investigations. Of those 32 reports, DCBC had previously provided services to one family. Prior to the fatality, DCBC provided services to the family when two children were placed in foster care. The children were later reunified with their family and the case was closed. After case closure, the mother gave birth to a third child who subsequently died in an unsafe sleep situation.



Source: Office of Child Welfare

Graph 2

SECTION 3: AGENCY SUMMARY

DCBC was established in 2013 after being awarded the contract from the Department to be the lead child welfare agency in the Nineteenth Judicial Circuit. DCBC provides case management services in St. Lucie County and contracts with Children’s Home Society (CHS) to provide case management services in Indian River, Martin and Okeechobee counties. At the time of the contract award, the Nineteenth Circuit was in crisis due to multiple systemic issues and the contract termination of the previous CBC, United for Families. DCBC also contracts with four child-placing agencies for the recruitment, retention and licensing of foster homes. Each child placing agency (CPA) is required to provide DCBC placement team with placement options for each child that comes into out-of-home care and DCBC makes the placement. DCBC is a relatively small CBC which results in a lot of crossover in leadership responsibilities.

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

NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

Between FY 2014/2015 and FY 2015/2016 there was an increase of 1.49% in the number of reports accepted for investigation by the Department’s child protective investigators (CPI) and 12.76% decrease in the number of children removed from their home. Children receiving in-home services and children in out-of-home care decreased by 24.23% and .93% respectively while the number of children receiving family support services increased by 30.39%. The number of young adults receiving case management services decreased by 19.30%. The table below provides key data for investigations and services in Indian River, Martin, Okeechobee and St. Lucie counties for FY 2014/2015, FY 2015/2016 and year-to-date for FY 2016/2017.

Child Protective Investigations and Child Removals¹	FY 7/1/14 - 6/30/15	FY 7/1/15 - 6/30/16	Year to Date As June 18, 2017
Reports accepted for Investigation by DCF (<i>Initial & Additional Reports</i>) ¹	5,359	5,439	4,426
Children Removed by DCF ²	392	342	327
Children Served by Devereux³	FY 7/1/14 - 6/30/15	FY 7/1/15 - 6/30/16	Year to Date As June 18, 2017
Children Receiving In-Home Services	1267	960	943
Children Receiving Out of Home Care	1184	1173	1086
Young Adults Receiving Services	114	92	104
Children Receiving Family Support Services	283	369	501
<i>Data Sources:</i>			<i>Table 2</i>
¹ Child Protective Investigations Trend Report (run date June 2017)			
² Child Welfare Trend Report (run date June 2017)			
³ FSFN OCWDRU Report 2006 Children & Young Adults Receiving Services by CBC Agency (run date 6/18/17)			

SECTION 4: PERFORMANCE MEASURES AND QUALITY ASSURANCE DATA

This section assesses how DCBC is performing on contract measures and within the larger program areas of safety, permanency and well-being.

CONTRACT AND CBC SCORECARD MEASURES

DCBC consistently meets performance contract measures in most areas. During FY 2015/2016, DCBC exceeded their established contract targets or federal standards for ten (10) of the fourteen (14) contract measures. They performed higher than the statewide average on eight (8) of the twelve (12) measures for which there is a statewide average calculated. Through the third quarter of FY 2016/2017, the status of the four (4) measures for which contract targets were not met last fiscal year, are as follows:

- 1) Rate of abuse or neglect per day while in care: DCBC exceeded the target in two of the three quarters and appears on track to meet the target this fiscal year.
- 2) Children exiting foster care to a permanent home within twelve months of entering care: DCBC exceeded the target for the last two quarters and appears on track to meet the target this fiscal year.
- 3) Children who do not re-enter foster care within twelve months of moving to a permanent home: DCBC has exceeded the target each quarter and appears on track to meet the target this fiscal year.
- 4) Percent of children in out-of-home care who receive dental services within seven months: DCBC exceeded the target for two of the three quarters and appears to be on track to meet the target this fiscal year.

Devereux CBC's performance on contract and federal measures are depicted in the table below:

**Performance Measures
Contract Targets Compared to Federal Standards and Statewide Performance**

SC #	Devereux Performance Measures Contract # ZJK85	CBC Contract Measure Targets	Federal National Standard (Performance of Other States)	Statewide Performance (FY 2016/2017, Quarters 1-3)	Devereux Performance FY 2015/2016			
					FY 2015-2016	FY 2016-2017		
					July 1, 2015-June 30, 2016	Quarter 1	Quarter 2	Quarter 3
						July-September	October-December	January-March
1	Rate of abuse or neglect per day while in foster care <i>(Source: CBC Scorecard)</i>	<8.5	<8.5	10.6	13.18%	7.4	7.32	8.82
2	Percent of children who are not neglected or abused during in-home services <i>(Scorecard)</i>	95%		96.90%	97.23%	97.50%	98.10%	95.90
3	Percent of children who are not neglected or abused after receiving services <i>(Scorecard)</i>	95%		95.60%	96.75%	92.90%	97.60%	97.40
4	Percentage of children under supervision who are seen every thirty (30) days <i>(CBC Scorecard)</i>	>99.5%		98.80%	99.90%	99.90%	99.90%	99.90

Continued

SC #	Devereux Performance Measures Contract # ZJK85	CBC Contract Measure Targets	Federal National Standard (Performance of Other States ¹)	Statewide Performance (FY 2016/2017; Quarters 1-3)	Devereux Performance FY 2015/2016			
					FY 2015-2016	FY 2016-2017		
					July 1, 2015-June 30, 2016	Quarter 1	Quarter 2	Quarter 3
						July-September	October-December	January-March
5	Children exiting foster care to a permanent home within twelve (12) months of entering care (Scorecard)	>40.5%	>40.5% (16%-61%)	43.60%	38.53%	29.70%	62.30%	44.10
6	Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months (Scorecard)	>44%	>43.6% (21%-50%)	54.80%	60.85%	66.00%	68.60%	65.70
7	Children who do not re-enter foster care within twelve (12) months of moving to a permanent home (Scorecard)	>91.7%	>91.7% (83%-98%)	89%	88.85%	96.20%	90.70%	97.80
8	Children's placement moves per 1,000 days in foster care (Scorecard)	<4.12	<4.12 (2.6%-8.7%)	4	4	4.53	4.15	4.02
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months. (Scorecard)	>95%		97.30%	97.81%	98.80%	97.50%	98.70
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months. (Scorecard)	>95%		92.30%	92.80%	96.20%	96.40%	93.30
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education (Scorecard)	>80%		86.90%	84.98%	84.00%	85.20%	85.00
12	Percent of sibling groups where all siblings are placed together (Scorecard)	>65%		63.80%	65.60%	65.00%	65.90%	68.40
	Number of children with finalized adoptions between July 1, 2015 and June 30, 2016. (DCF Contract Manager)	123			174	58	86	28
	Percent of children in care 24+ months who achieved permanency within an additional 12 months (Federal Child Welfare Indicators Report)		>30.3% (25%-50%)		42.50%	43.20%	43.90%	44.40

Source: DCF Contracts, Child Welfare Dashboard, Casey Family Programs

Table 3

PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA

The information in the following graphs and tables represents performance as measured through information entered into Florida Safe Families Network (FSFN) and data collected through CQI case readings.

CQI case readings provide an opportunity to assess performance based on practice and supplements quantitative data that is derived from the Florida Safe Families Network (FSFN). The CQI data is collected through the CBC's approved quality assurance program and case review findings are entered into the federal online monitoring system known as the Florida CQI. Case readings include in-home and out-of-home care cases.

The Rapid Safety Feedback (RSF) data is obtained through case reviews of high-risk children in active in-home services cases where there is at least one child under the age of four. The findings are entered into the Department's web-based RSF tool.

CHILD SAFETY

Ensuring children are not exposed to maltreatment is of utmost importance. DCBC is performing above target or trending positively in the performance measures which gauges repeat maltreatment. They also continuously exceed the target of ensuring children are seen monthly. However, the Florida CQI qualitative case review data indicates that of the five (5) CQI assessment items, DCBC is performing below the statewide average in three (3) items. DCBC demonstrates high performance in the RSF reviews regarding sufficiency of safety plans. However, the FL CQI case reviews indicate staff are not making concerted efforts to assess and address the risk and safety of children. Other areas identified as needing improvement include sufficiency of family assessments and the quality of visits with children.

The graphs and tables on the following pages depict DCBC's performance related to child safety in the following areas:

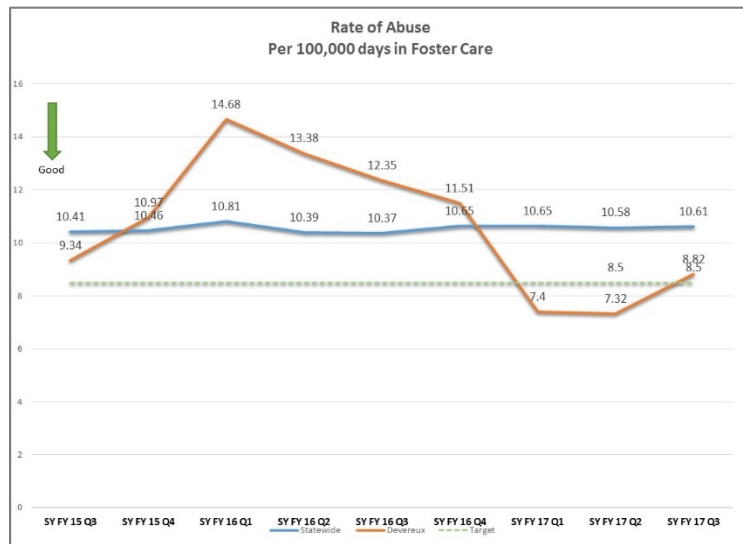
1. Rate of Abuse in Foster Care
2. No maltreatment after Family Support Services
3. No maltreatment during in-home services
4. No maltreatment after receiving services
5. Children seen every 30 days
6. CQI qualitative case review results

RATE OF ABUSE IN FOSTER CARE

Rate of abuse or neglect per day while in foster care (Scorecard Measure M01): The graph below depicts the rate at which children are the victims of abuse or neglect while in foster care (per 100,000 bed days) during the report period. This is a national data indicator that measures whether the state child welfare agency ensures that children do not experience abuse or neglect while in the states foster care system. The purpose is to hold states accountable for keeping children safe from harm while under the responsibility of the state.

DCBC's performance has improved dramatically since a spike in quarter one of fiscal year 2015/2016. The rate dropped from a high at that time of 14.68% to a low of 8.82% in quarter three of calendar year 2017. Current performance is below the statewide CBC performance of 10.61% and slightly above the national target of 8.5%.

The CQI case review indicators linked to child safety (quality of visits and making concerted efforts to address risk and safety) are below statewide performance (see table 3). It should be noted that this information does not differentiate between licensed foster homes and unlicensed relative placements.



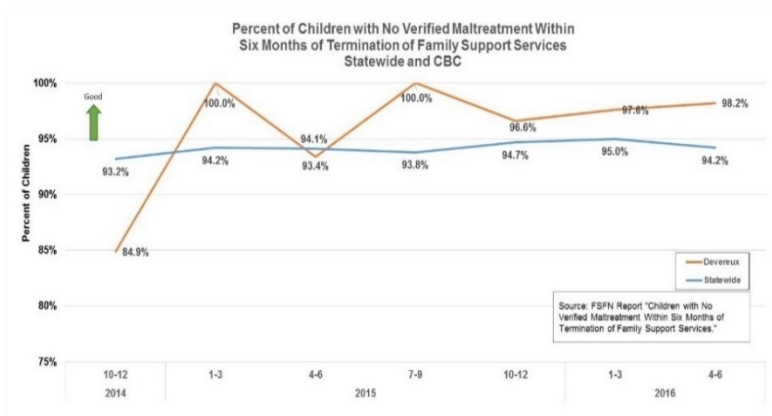
Source: FSFN-CBC Scorecard 5/8/2017

Graph 3

NO MALTREATMENT AFTER FAMILY SUPPORT SERVICES

Percent of children not abused or neglected within six months of termination of family support services.

The graph below 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 keeping children safe after family support services have ended. If appropriate services were provided to increase family functioning and caregiver protective capacities, repeat maltreatment should be diminished. Devereux CBC's performance regarding re-maltreatment after receiving family support services has consistently exceeded the statewide performance for the past 5 quarters. Most recently, 98.2% of the children did not have a verified maltreatment within six months of termination of Family Support Services. The DCF Office of Child Welfare has given DCBC the highest service array rating of "4" for their provision of family support services. See Section 5 for details.



Source: FSFN Ad Hoc Report

Graph 4

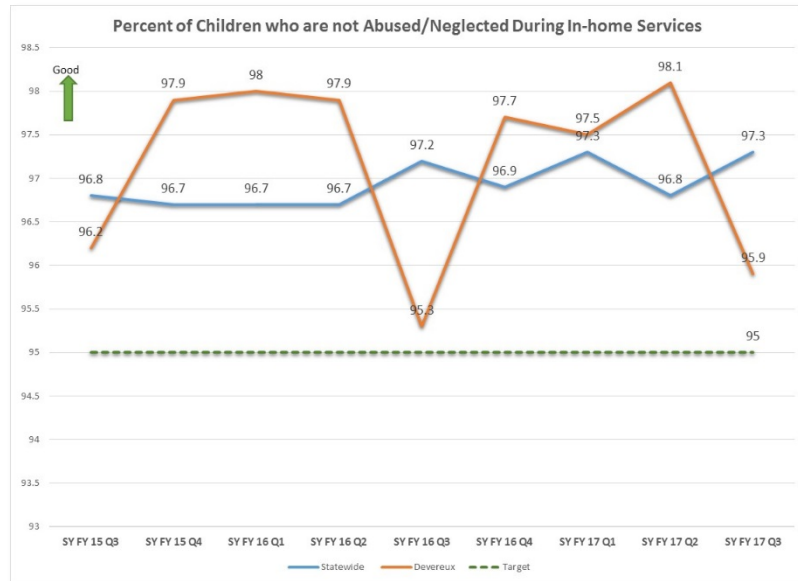
NO MALTREATMENT DURING IN-HOME SERVICES

Percent of children not abused or neglected while receiving in-home services (Scorecard Measure M02):

The graph below depicts the percentage of in-home service episodes during the report period where the child did not have a verified maltreatment while receiving services. This indicator measures whether the CBC was successful in preventing subsequent maltreatment of a child while the case is open and the CBC is providing in-home services to the family. DCBC's performance regarding abuse or neglect during in-home services is trending downward and is currently below the statewide performance for all CBCs. Performance is slightly above the target of 95%.

CQI data for safety outcome 1, Item 3, indicates that DCBC's performance in the area of risk and safety management is at 69%.

Devereux CBC is also above statewide performance in two other areas - RSF sufficiency of family assessments and RSF sufficiency of safety plans. (see table 3).



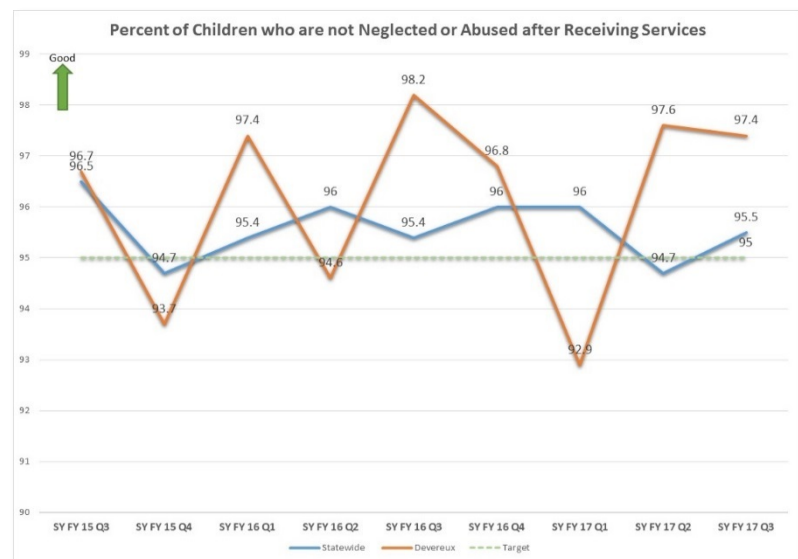
Source: FSN/CBC Scorecard 5/8/2017

Graph 5

NO MALTREATMENT AFTER RECEIVING SERVICES

Percent of children with no verified maltreatment within six (6) months of termination of supervision (Scorecard Measure M03):

The graph below depicts the percent of children who were not the victims of abuse or neglect in the six months immediately following termination of supervision. DCBC's performance exceeds the statewide performance for all CBCs and the national target of 95% in the area of re-abuse/neglect of children after receiving services.



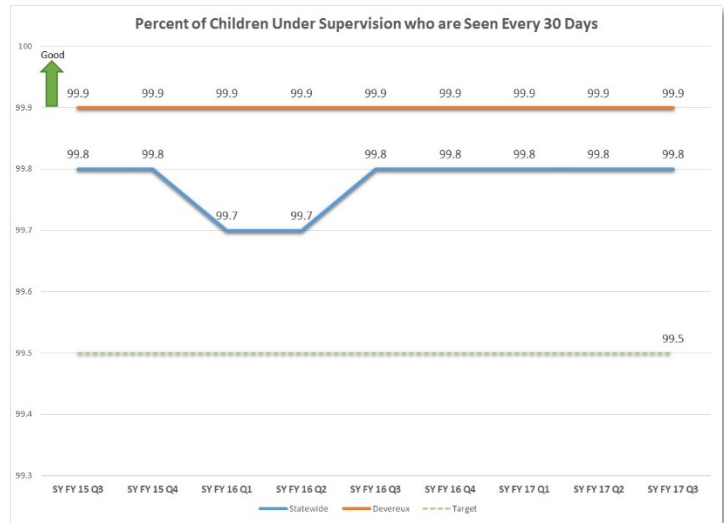
Source: FSN/CBC Scorecard 5/8/2017

Graph 6

CHILDREN SEEN EVERY 30 DAYS

Children under supervision who are seen every thirty (30) days (Scorecard Measure M04): The graph below depicts the rate at which children are seen every thirty (30) days while in foster care or receiving in-home services during the report period. DCBC’s performance has consistently exceeded the statewide performance for the past nine quarters.

Although DCBC consistently exceeds the statewide performance for seeing children every 30 days, the CQI case reviews indicate the quality of these visits, based on CQI reviews, is 51%. (see Table 3, RSF Item 14).



Source: FSN/CBC Scorecard 5/8/2017

Graph 7

QA CASE REVIEW DATA

Devereux CBC Performance

The table below provides DCBC’s performance based on CQI case reviews. Of the six safety items included in this report, three are below the statewide performance.

Quality Assurance - Rapid Safety Feedback Item	Devereux Rapid Safety Feedback n=30	Statewide RSF Performance n=590
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>		Performance for July 1, 2016-March 31, 2017
RSF 1.1: Is the most recent family assessment sufficient?	76.6%	51.2%
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?	56.7%	64.2%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	89.3%	60.5%

Continued on next page







Quality Assurance - Florida CQI Item	Devereux CQI 2015-16 n=80	Devereux CQI 2016-17 n=51	Percent Improvement	Statewide CQI/QA Performance n=935	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>	Performance for July 1, 2015- June 30, 2016	Performance for July 1, 2016-March 31, 2017			
CQI Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?	95%	 100%	 5%	94%	76%
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?	46%	 69%	 23%	78%	71%
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 case goals?	43%	 51%	 9%	67%	73%

Table 4

¹This date provides the statewide rating in each case review item for all CBCs

²This provides the performance rating for the state in each of the items as approved by the Administration for Children and Families.

PERMANENCY

When children are placed in out-of-home care it is imperative that child welfare agencies find safe, permanent homes for them as quickly as possible. Helping children achieve permanency in a timely manner is extremely important to children as a year in their life is a significant amount of time. In FY 2015/2016 DCBC met targets for permanency in 12 to 23 months and placement stability and permanency after 24 months. As of the third quarter of FY 2016/2017 they appear to be on track to meet targets for: permanency in 12 months, 12 to 23 months, after 24 months, percent of children not re-entering care and siblings placed together. The only measure with which they are slightly off target is placement stability, however, quality case reviews indicate in 81% of the cases reviewed, placement were stable or were only made in the best interest of the children. The quality assurance case review items indicate a need to focus on quality of case management. Of the fifteen (15) quality assurance assessment items identified as related to permanency, DCBC is performing below the statewide average in nine (9) of them.

Areas identified as needing improvement include quality of visits with children and parents, assessment of risk and safety for children, placement stability, timely establishment of permanency goals and concerted efforts to achieve permanency, sufficient visits between child and family and maintaining relationships, concerted efforts to maintain community connections, provision of necessary services for the parents and inclusion of parents and child, if appropriate, in case planning. The graphs and tables on the follow pages depict Devereux CBC's performance related to permanency in the following areas:

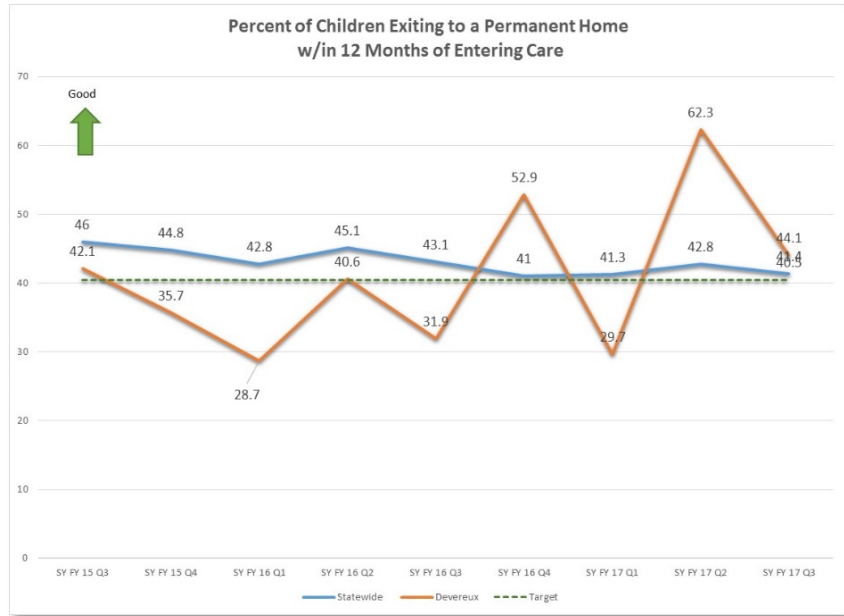
1. Permanency in 12 months
2. Permanency in 12-23 months
3. Permanency after 24 months
4. Placement stability
5. Percent not re-entering care
6. Siblings placed together

7. Qualitative Case Review results

PERMANENCY IN 12 MONTHS

Percent of children exiting foster care to a permanent home within twelve (12) months of entering care

(Scorecard Measure M05): The graph below depicts the percentage of children who entered foster care during the report period where the child achieved permanency within twelve (12) months of entering foster care. Statewide, the number of children exiting out-of-home care to a permanent home has stayed consistent between 2015 and 2017. The number exiting from Devereux CBC fluctuated from a low of 28.7 in 2015 to high of 62.3 in 2017. They currently exceed the federal target by 1.4%.



Source: FSFN/CBC Scorecard 5/8/2017

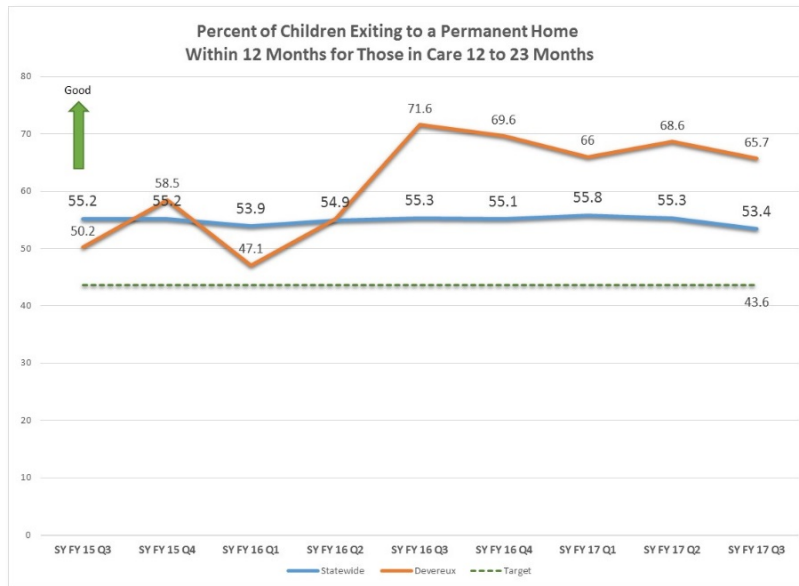
Graph 8

PERMANENCY IN 12 – 23 MONTHS

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

The graph below provides the percentage of children in foster care as of the beginning of the reporting period whose length of stay is between twelve (12) and twenty-three (23) months as of the beginning of the report period who achieved permanency within twelve (12) months of the beginning of the report period.

For children who have been in out-of-home care between 12-23 months Devereux CBC achieved permanency for 65.7% of those children within 12 months of exiting to a permanent home. Devereux CBC's performance consistently exceeds the national target of 43.6% and the statewide performance of 53.4%.

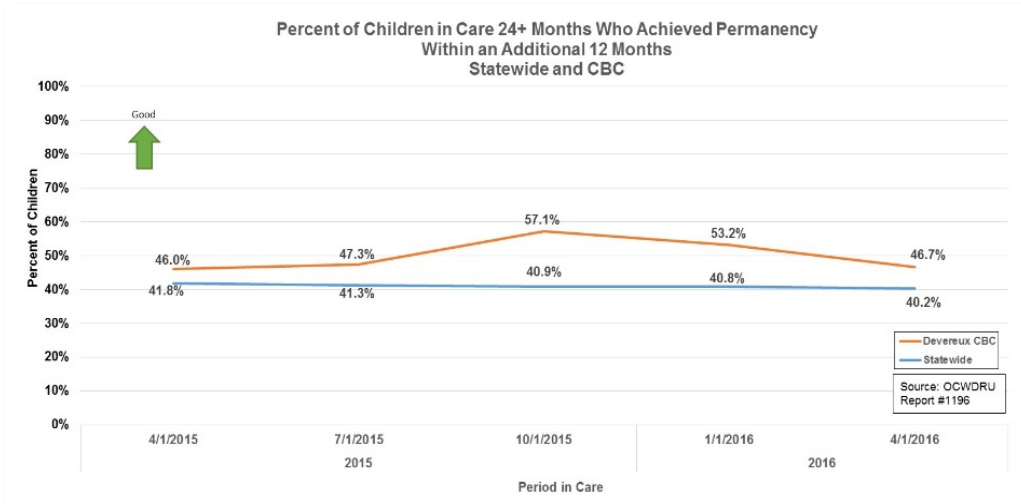


Source: FSFN/CBC Scorecard 5/8/2017

Graph 9

PERMANENCY AFTER 24 MONTHS

Percent of children in care 24+ months who achieved permanency within an additional 12 months (Scorecard Measure M07): The graph below provides the percentage of children in foster care whose length of stay is twenty-four (24) months or more as of the report period begin date and those who achieved permanency within twelve (12) months of the beginning of the report period. Devereux CBC's performance has exceeded the statewide performance over the past 4 quarters for this measure. Data indicates that 46.7% of these children achieved permanency within an additional 12 months.



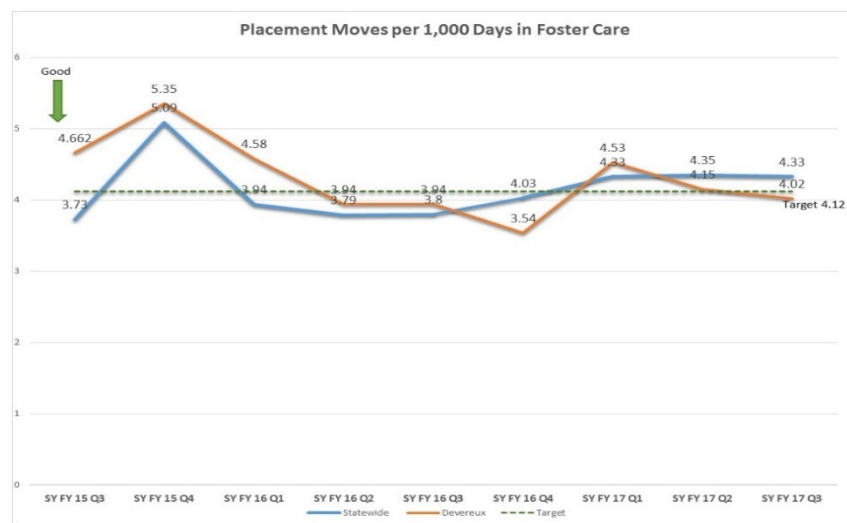
Source: FSFN OCWDRW Report #1196 4/1/2016

Graph 10

PLACEMENT STABILITY

Placement moves per one-thousand (1,000) days in foster care (Scorecard Measure M08): The graph below depicts the rate at which children change placements while in foster care during the report period. The lower the rate the better. Data indicates that Devereux CBC's placement moves for children in out-of-home care is 4.02 per 1,000 days in foster care. They make placement moves fewer times than the statewide average of 4.33 and target of 4.12.

Qualitative case reviews indicate that in 81% of the cases reviewed the child was in a stable placement and any placement changes were in the best interest of the child and consistent with achieving the child's permanency goal(s). This is slightly below the statewide performance (see table 4).



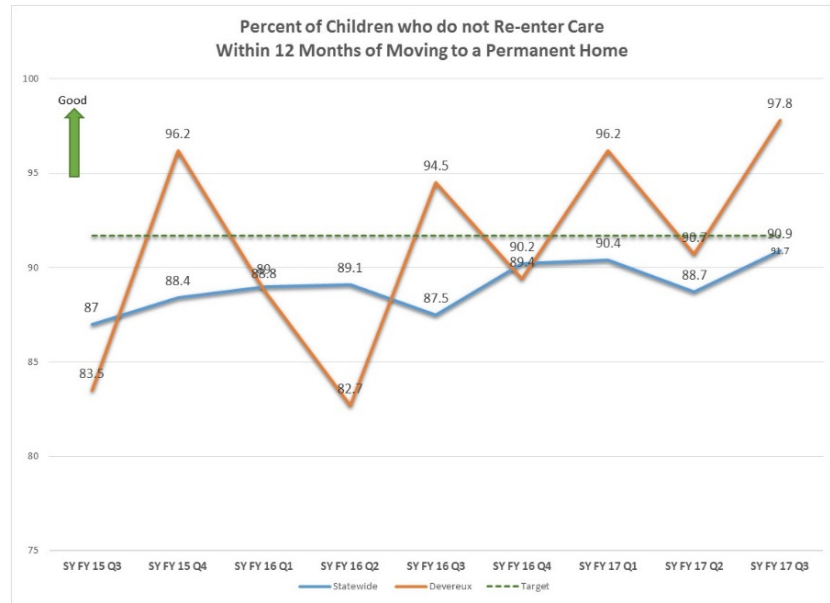
Source: FSFN/CBC Scorecard 5/8/2017

Graph 11

PERCENT NOT RE-ENTERING INTO OUT-OF-HOME CARE

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

97.8% of the children exiting out-of-home care did not re-enter care within 12 months of moving to a permanent home. With a few exceptions, Devereux CBC has exceeded that national target and statewide performance in the past 3 quarters.

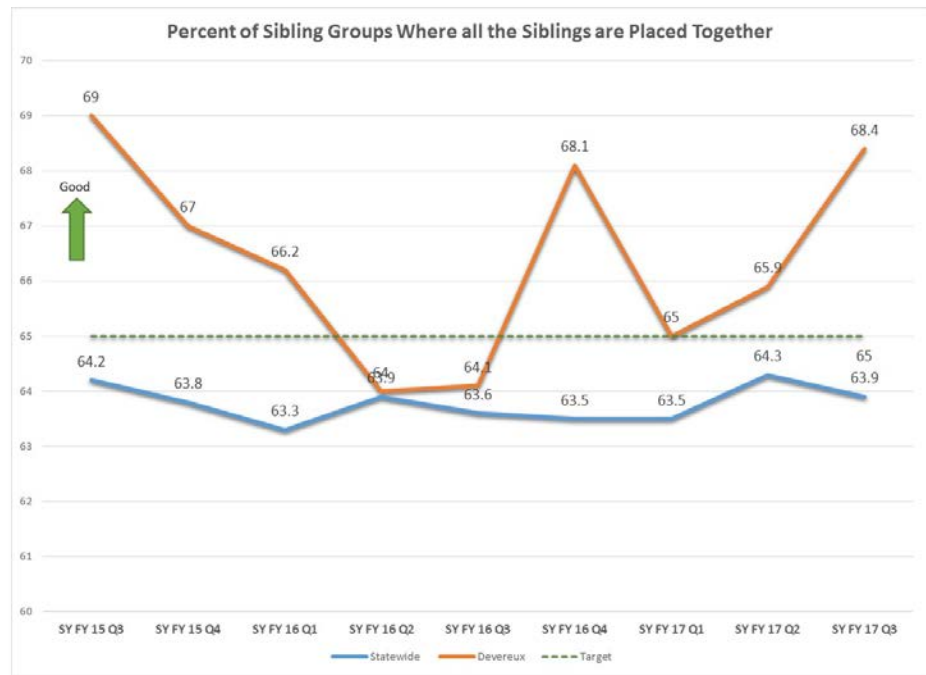


Source: FSFN/CBC Scorecard 5/8/2017

Graph 12

SIBLINGS PLACED TOGETHER

Percent of sibling groups where all siblings are placed together (Scorecard Measure M12): 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. Devereux CBCs performance has been above the national target and the statewide performance for the past 4 quarters. In FY 2016/2017, 68.4% of siblings are placed together.



Source: FSFN/CBC Scorecard 5/8/2017

Graph 13

QA CASE REVIEW DATA

Devereux CBC Performance

The table below provides DCBC’s performance based on CQI case reviews. Of the fifteen permanency items included in this report, nine are below the statewide performance.

Quality Assurance - Rapid Safety Feedback Item	Devereux Rapid Safety Feedback n=30	Statewide RSF Performance n=590
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>		July 1, 2016-March 31, 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?	56.7%	64.2%
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?	86.2%	68.6%
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?	50.0%	56.1%

Quality Assurance - Florida CQI Item	Devereux CQI 2015-16 n=80	Devereux CQI 2016-17 n=51	Percent Improvement for CQI Reivews	Statewide CQI/QA Performance n=935	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>		July 1, 2015-June 30, 2016	July 1, 2016-March 31, 2017		
CQI Item 2: Did the agency make concerted efforts to provide services to the afmily to prevent children's entry into foster care or re-entry after reunification?	95%	100%	5%	94%	76%
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?	46%	69%	23%	78%	71%
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 interests of the child and consistent with achieving the child's permanency goal(s)?	77%	81%	4%	82%	82%
CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?	60%	77%	17%	84%	75%
CQI Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?	75%	81%	6%	82%	67%
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 with these close family members?	44%	52%	8%	68%	69%
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?	81%	84%	3%	77%	82%

Table 5

¹This date provides the statewide rating in each case review item for all CBCs

²This provides the performance rating for the state in each of the items as approved by the Administration for Children and Families. Green dot denotes performance is above statewide CQI average; red dot denotes performance is below statewide CQI average











Quality Assurance - Florida CQI Item	Devereux CQI 2015-16 n=80	Devereux CQI 2016-17 n=51	Percent Improvement for CQI Reviews	Statewide CQI/QA Performance n=935	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>	July 1, 2015-June 30, 2016	July 1, 2016-March 31, 2017			
CQI Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?	83%	 93%	 10%	82%	72%
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 for visitation?	39%	 48%	 9%	60%	60%
CQI Item 12B: Did the agency make concerted efforts to assess the needs of and provide services to <u>parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	61%	 77%	 16%	73%	55%
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?	61%	 63%	 2%	67%	64%
CQI Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?	24%	 50%	 26%	49%	43%

Table 5

¹This date provides the statewide rating in each case review item for all CBCs

²This provides the performance rating for the state in each of the items as approved by the Administration for Children and Families.

Green dot denotes performance is above statewide CQI average; red dot denotes performance is below statewide CQI average

WELL-BEING

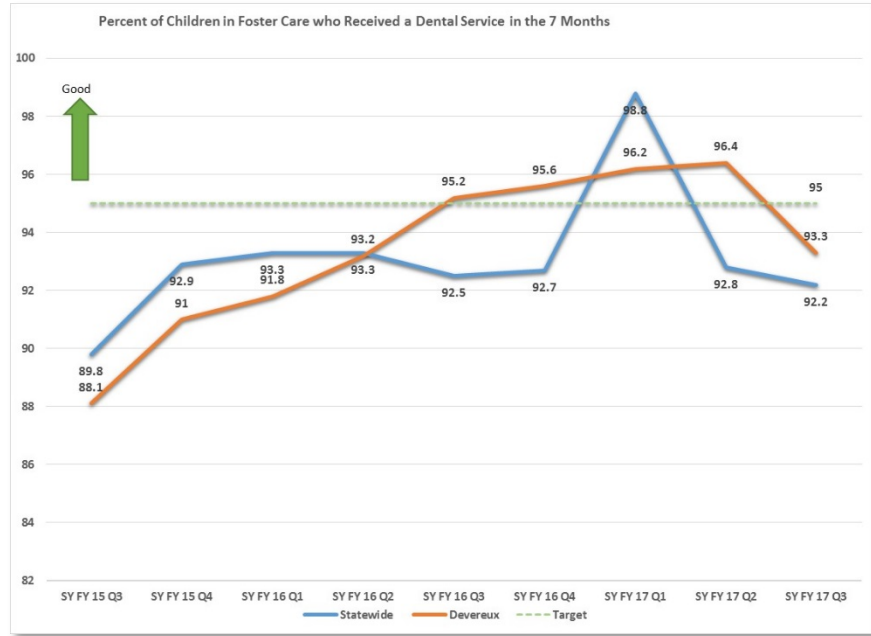
Ensuring that children's physical, development and emotional/behavioral needs are met has a significant lifelong impact on a child's future and is one of the system of care's most important responsibilities. In FY 2015/2016 DCBC met the targets for children receiving medical care and young adult's enrollment in secondary education. They did not meet the target for children receiving dental care but appear to be improving and on track to meet the target. Although DCBC has made progress in reducing children placed in group care, it continues to be a concern. As of 12/31/2016, 14.8% of children ages 0-5 years of age were in group care. This is the highest percentage in the state. Based on CQI qualitative case reviews, DCBC's performance in assessing needs and providing services to children to achieve case goals was excellent, although not quite as strong when related to behavioral health needs. Meeting educational needs were identified as an area needing improvement.

The graphs and tables below depict Devereux CBC's performance related to well-being in the following areas:

1. Children receiving dental care
2. Children receiving medical care
3. Young adults enrolled in secondary education
4. Children in ages 0-5 in group care
5. Qualitative Case Review Results

CHILDREN RECEIVING DENTAL CARE

Percent of children in foster care who received a dental service in the last seven months (Scorecard Measure M10): This measure is 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 (7) months. Devereux CBC's performance is below the state target of 95% but above the statewide performance of 92.2%. As of the March 31, 2017, 93.3% of children in out-of-home care received a dental service within 7 months.



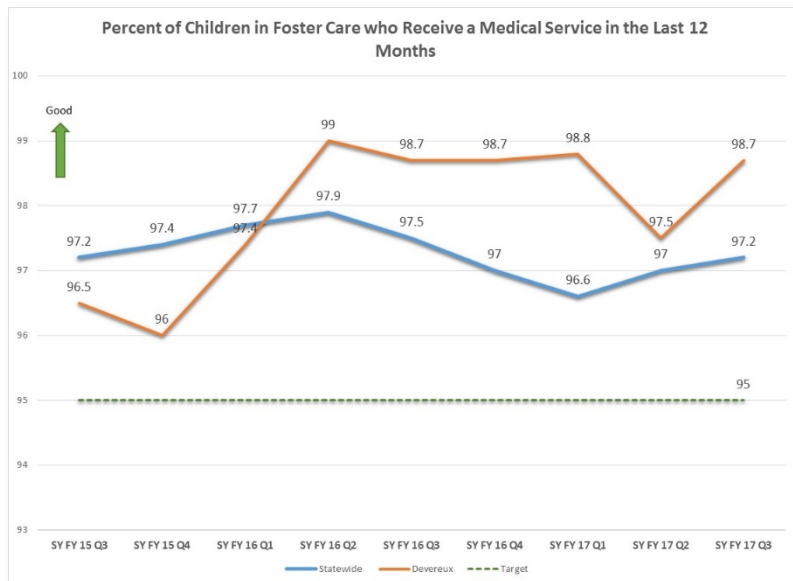
Source: FSFN/CBC Scorecard 5/8/2017

Graph 14

CHILDREN RECEIVING MEDICAL CARE

Percent of children in foster care who received medical care in the previous 12 months (Scorecard Measure M9): This measure is 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 (12) months.

Devereux CBC exceeds the state target and statewide performance in providing medical services to 98.7% of children in out-of-home care within the previous 12 months. CQI case reviews assessed the quality of addressing the physical health needs of children, including dental health. Devereux CBC's performance was 72%.



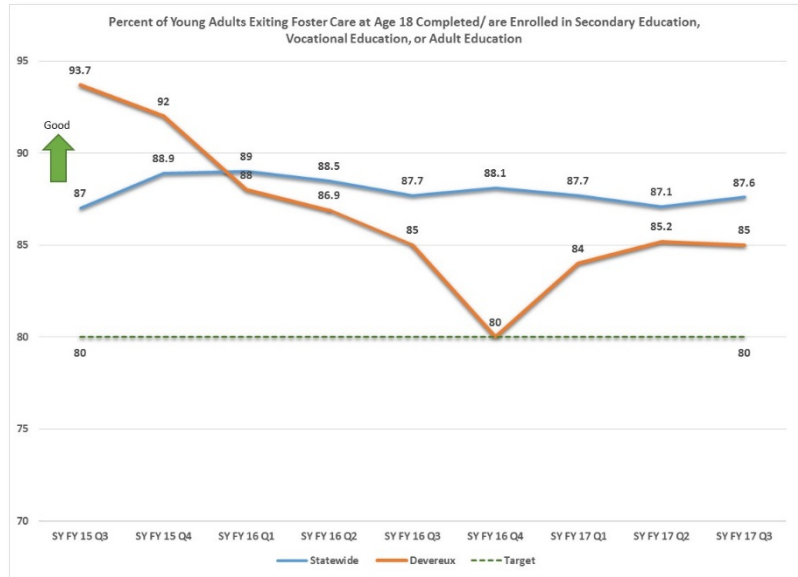
Source: FSFN/CBC Scorecard 5/8/2017

Graph 15

YOUNG ADULTS ENROLLED IN SECONDARY EDUCATION

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

This measure is 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 (18) birthday.

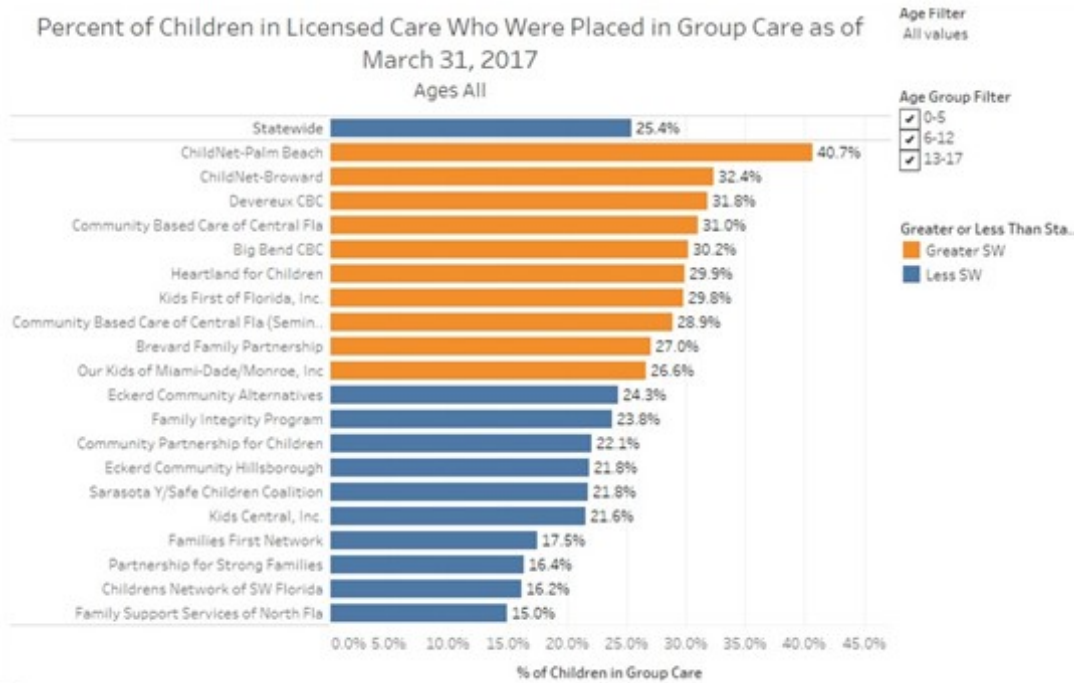


Source: FSFN/CBC Scorecard 5/8/2017

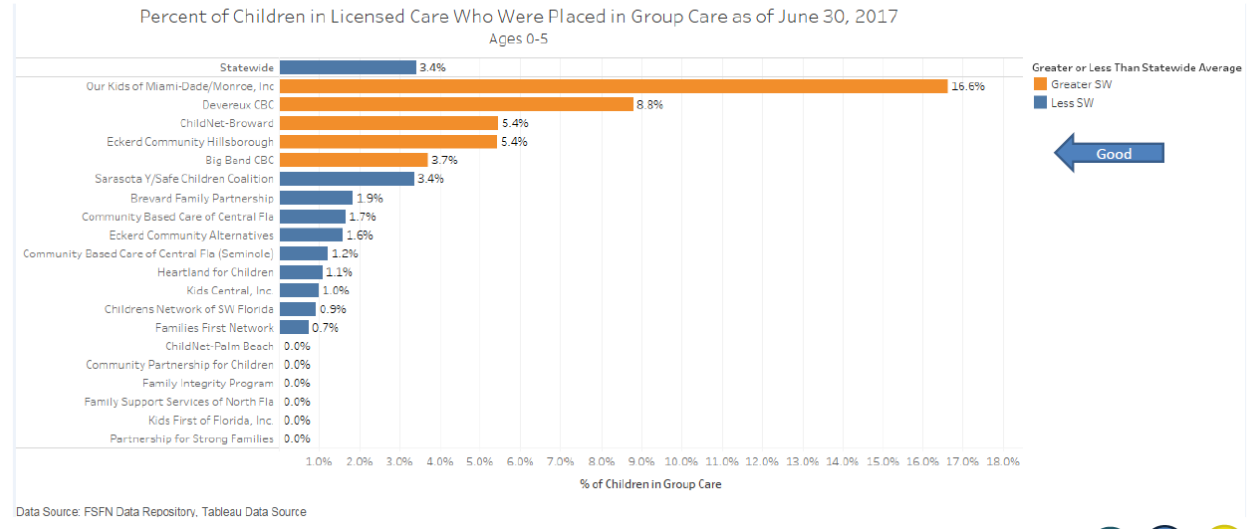
Graph 16

CHILDREN IN GROUP CARE

Devereux exceeded the statewide average by 6.4% for children in group care of all ages. Children under the age of five in group care exceeded the statewide average by 5.4% as of March 2017.



Children in Group Care by Age Group: Ages 0-5



QA CASE REVIEW DATA

Devereux CBC Performance

The table below provides DCBC's performance based on CQI case reviews. Of the four well-being items included in this report, one item is below the statewide performance.

Quality Assurance - Florida CQI Item	Devereux CQI 2015-16 n=80 July 1, 2015-June 30, 2016	Devereux CQI 2016-17 n=51 July 1, 2016-March 31, 2017	Percent Improvement for CQI Reivews	Statewide CQI/QA Performance n=935	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>					
CQI Item 12A: Did the agency make concerted efforts to assess the needs of and provide services to <u>children</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	94%	96%	↑ 2%	89%	88%
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?	72%	78%	↑ 6%	85%	92%
CQI Item 17: Did the agency address the physical health needs of children, including dental health needs?	59%	72%	↑ 13%	72%	85%
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	61%	83%	↑ 22%	83%	72%

Table 6

¹This date provides the statewide rating in each case review item for all CBCs

²This provides the performance rating for the state in each of the items as approved by the Administration for Children and Families. Green dot denotes performance is above statewide CQI average; red dot denotes performance is below statewide CQI average

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. At the time of the on-site review, DCBC had submitted information to the Office of Child Welfare about their safety management and family support programs. This information was evaluated as a part of the service array assessment. Based on the information, DCBC received a rating of “4”, for their family support services programs and a rating of “3” for the safety management services program. At the time of the COU review, DCBC had not developed methods to measure quality and effectiveness of their safety management services program, however during the on-site review, they discussed the ongoing process of developing these methods. A description of these services is provided below.

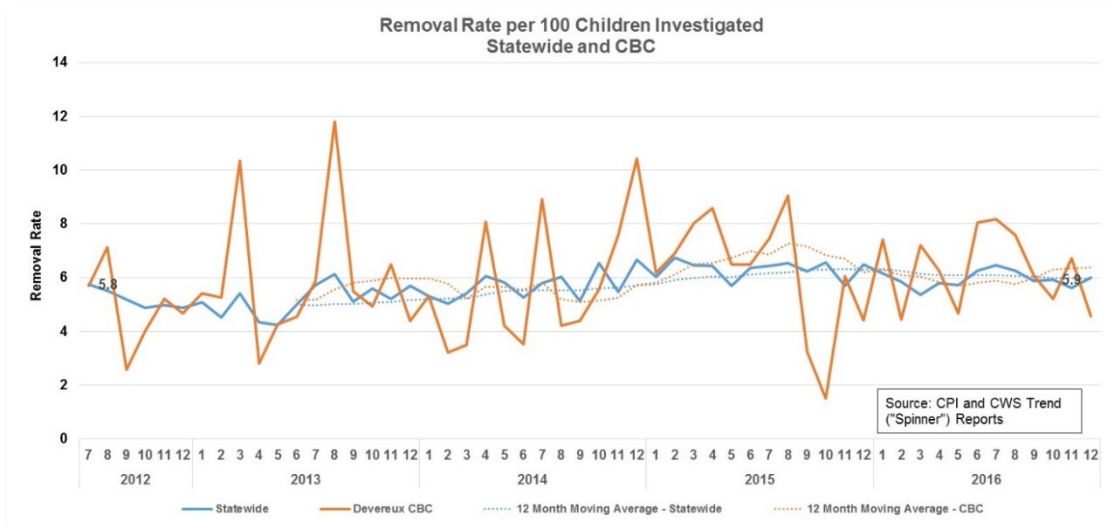
- Family Support Services (rating of 4). DCBC has contracts with two different providers to serve families whose children are safe but are at high or very high risk of future maltreatment. The Safe Families Program serves nearly 200 families and receives referrals for services from a broad range of sources. Refocusing the Modern Family Program has a smaller service capacity with 64 families. They only receive service referrals from child welfare and therefore rarely encounter capacity issues. Both providers work with families in their home, utilizing an evidence based assessment to inform service planning to address the risk factors in the family. As referenced in Graph4, page 11, DCBC has consistently exceeded statewide performance for the measure “No Maltreatment After Family Support Services”. These services are available across the entire service area with no capacity issues. DCBC has developed methods to measure quality and performance of these service providers which is consistent with DCBC’s focus on data to drive system improvement.
- Safety Management Services (rating of 3). DCBC contracts with Boys Town for Safety Management Services through their rapid response in-home family services program. Since the Boys Town service model was not initially designed with a primary focus on safety management, both DCBC and Boys Town have adjusted expectations and contracts to ensure they are addressing the needs for the service area related specifically to safety management. Boys Town delivers an evidenced based program with a locally designed response feature that ensures rapid response and inclusion of safety management activities and functions incorporated within the program. While still meeting the target performance measure for “No Maltreatment During In-Home Services” as depicted in Graph 5, DCBC has experienced two major dips in performance, falling below the state average twice in the past year, most recently in the last quarter. However, for the fiscal year-to-date, 89.3% of the RSF case reviews completed indicate that the safety plan was sufficient to control the danger threat to the child. This is significantly higher than statewide performance of 60.5%. Additionally, in 100% of cases reviewed there were concerted efforts to provide services to prevent children’s entry into out-of-home care. While a lack of accessible safety management services for case management does not appear to impact these measures, it is an area worth monitoring.

The provision of safety management services “up front” does not appear to be impacting the number of child removals. With child removals fluctuating greatly from quarter-to-quarter, CQI reviews found that in 100% of cases, concerted efforts were made to provide services to keep children in their home. As DCBC develops methods for measuring quality and effectiveness of these services, there might be greater insight into these measures and how they impact performance and quality.

The graphs on the following page illustrate the removal rate for Circuit 19 and statewide and the rate of children receiving services by CBC.

Removal Rates

Removal rates for the 19th circuit served by DCBC fluctuate quarterly. Judicial circuit 19 has a rate of 5.6 per 100 children investigated which is below the statewide average. The CQI case reviews indicate that in 100% of the cases reviewed, the Department or Devereux made concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after reunification. (CQI Item 2).



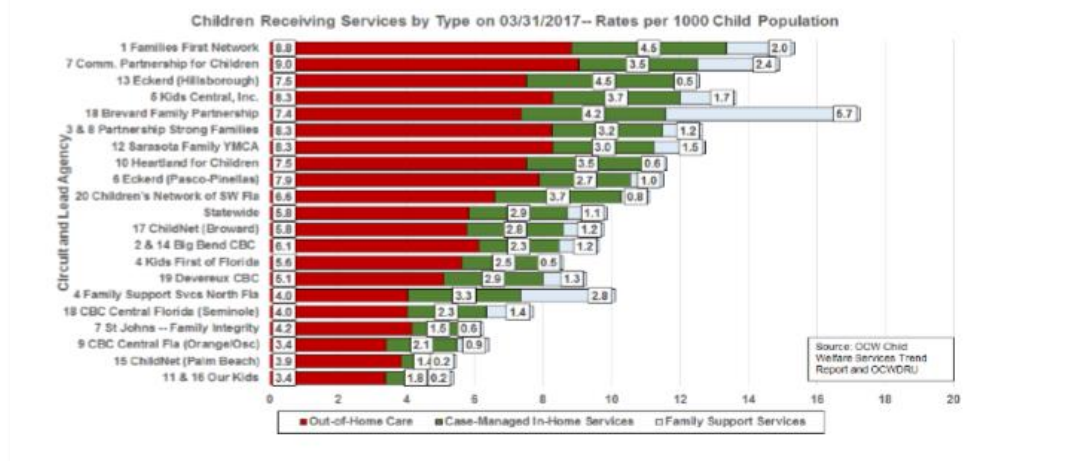
Source: Office of Performance and Quality Management(FSN)

Graph 17

Services Mix

Services Mix

There continues to be variation among circuits in regards to in-home and out-of-home care services, with the widest variation continuing to occur in use of Family Support Services.



Source: Child Welfare Key Indicators Report

Graph 18

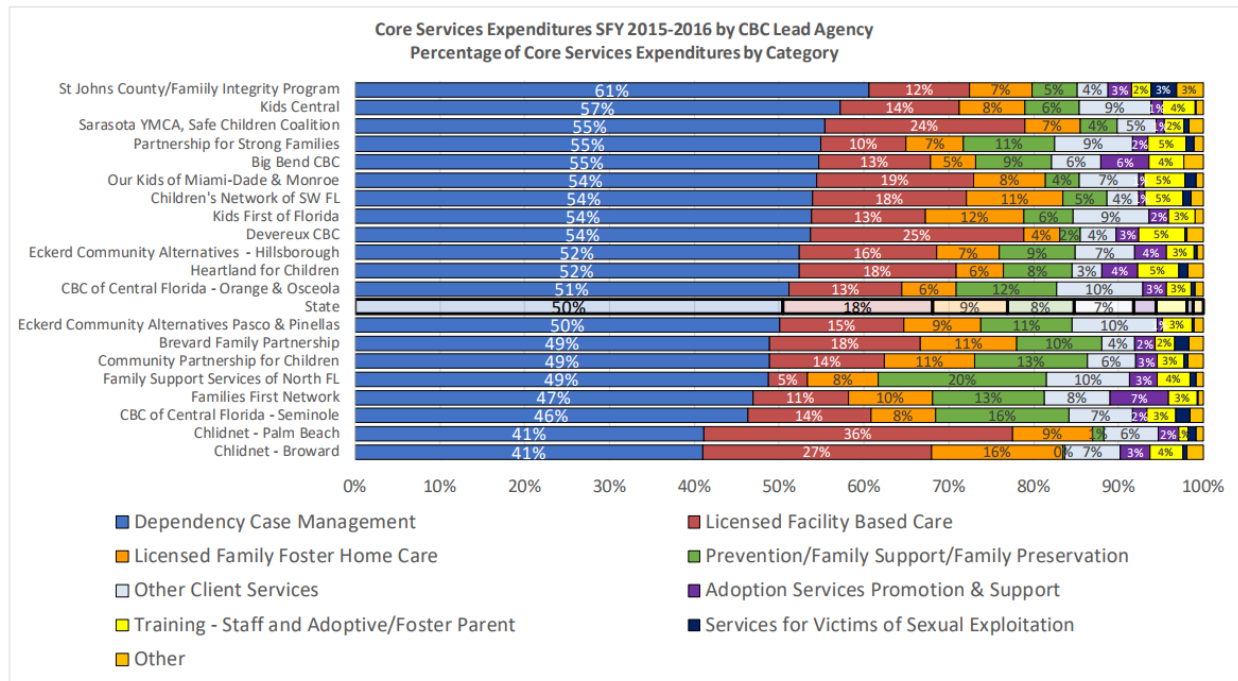
SECTION 6: LEADERSHIP AND GOVERNANCE

SUMMARY

This category focuses on alignment of the Department’s Mission/Vision/Values to those of DCBC and includes an assessment of resource and risk management, evaluation of the Chief Executive Officer and leadership development.

DCBC leadership encourages all staff to engage in focus groups, committees, Board, and staff meetings to address concerns, provide ideas for change and/or collaborate on cases. One of DCBC’s strengths is the integration of leadership staff into operations. This includes the Chief Executive Officer (CEO) attending Permanency Roundtable staffings and the CEO and County Directors attending foster parent meetings. Consistently throughout interviews with the entire system of care, the CEO and COO were praised for being positive, supportive and involved leaders.

Based upon the Department’s quarterly financial viability review of DCBC, no fiscal concerns were identified in FY 2015-2016 and none have surfaced this fiscal year. [The Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Position of All Community Based Care Lead Agencies with System of Care Analysis report](#), dated 10/1/2016 highlights that DCBC spent over 20% of their core service funds on licensed facility based care which highlights their high use of residential group care (see chart below). This will be discussed in further detail in Section 8: Placement Resources and Processes. DCBC leadership team is aware of the impact group care has on the budget and are actively addressing this issue through efforts to reduce the number of children coming into care, increasing relative placements and increasing the number of available foster homes.



The COO works closely with other directors within DCBC to manage the budget. At the time of DCBC’s inception, the program absorbed a deficit of \$1.3 million. The agency worked diligently to remedy the deficit and is currently operating with a fiscal surplus. Though small, there are plans to turn those dollars into more diverse resources for families and introduce innovative approaches to enhance practice. DCBC leadership began looking at what services were available, identifying needs of their current population and having discussions with providers about contract

eliminations or reductions based on their assessments. There was a proactive approach with these partner agencies to not only be transparent about the fiscal deficit, but also the need to fine tune the services to meet the needs of the community.

DCBC has established a strong relationship with the Managing Entity (ME). The ME has established a clear priority among its funded providers to serve child welfare families. Ongoing integration discussions resulted in the ME developing and funding the substance abuse call center, which has assisted greatly with ensuring CW clients are timely screened and given priority for SA treatment. As a result, the need for the CBC to fund adult treatment services has diminished significantly. The relationship with the ME was initiated by DCBC leadership and built on a mutual partnership to ensure children and families are getting needed services. Through this renewed partnership, DCBC and the ME have worked collaboratively to allocate fiscal responsibility for service provision to the most logical entity. DCBC COO is also a member of the ME's Board of directors, serving as their treasurer. DCBC leadership acknowledges that this is an ongoing effort to ensure mutual benefit and participate in integration meetings to promote this relationship.

DCBC operates with a thirteen-member BOD, including seven members who are employed by Devereux Advanced Behavioral Health and six who are local Circuit 19 community members. Most major decisions take more than a 51% vote per the by-laws. The Board is continually educated regarding operations through monthly data and trend reports as well as discussion of risk related incidents. The Board is provided a variety of data for each meeting with some data highlighted for discussion. Elements receiving ongoing attention by the Board are: children remaining in group home care, retention of staff and financial targets. The quality management (QM) staff complete a review of trends related to their programs, examining variances, routine monitoring (daily, weekly or monthly depending on information) and routine meetings to discuss outcomes. This information is presented to the finance committee under the BOD and subsequently provided to the BOD during their monthly meetings. The Board members expressed feelings of being valued and having purpose in ensuring DCBC successfully remains on target with their Strategic Plan.

Annually, the BOD establishes organization targets for the CEO. The CEO is tasked with the completion of a self-evaluation which is considered by the executive committee and led by the Board Chair, during their evaluation of the CEO's performance.

The agency has not developed a formal succession plan but is committed to developing leadership skills amongst their staff. Assessment of leadership occurs ongoing and during the annual appraisal process and is strengthened through leadership training opportunities. The lead agency has experienced little turnover in its staff, continuing to employ many who also worked for the prior CBC.

ANALYSIS

DCBC's Mission/Vision/Values, established for their system of care, is aligned with the Department's and integrated into their day-to-day work. Since the inception of DCBC, the focus of the agency has been on stabilization of the workforce, repairing and building relationships with internal and external partners and becoming fiscally stable. They have successfully managed resources leveraged through the community and with the assistance of the ME. While they have made admirable strides in these areas over the past three years, they recognize further improvements are needed. The BOD is engaged in resource and risk management and sets organizational expectations. Executive leadership is very involved in day-to-day operations and is viewed as one of the strongest assets of the organization.

SECTION 7: WORKFORCE MANAGEMENT

SUMMARY

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

DCBC has an administrative services contract with Devereux Advanced Behavioral Health for the provision of human resources services for DCBC staff. This includes recruitment, on boarding and employee file and data management. One member of the human resources team is designated as the primary contact for the CBC. This contract also gives DCBC access to Devereux Advanced Behavioral Health's employee benefits and supports. DCBC sub-contracts with CHS to provide case management services in Martin, Okeechobee, and Indian River counties. CHS has their own human resources procedures.

DCBC funds case management positions, both internally and with CHS, for a caseload size of 13:1; however, with continued turnover the caseload is currently approximately 15-20 per case manager at DCBC and 18-20 for CHS. If all case management positions were filled the ratio would be 13:1. The agency has access to automated daily caseload reports and closely monitors trends over time to adjust funding as needed to maintain reasonable caseload sizes. DCBC continues to support the over-hiring of case managers by CHS to help with turnover and keep caseloads as close to 13:1 as possible.

Although retention remains an issue, they have seen significant progress related to retention. When DCBC took over the contract three years ago the turnover rate was 88%. This was likely due to the turmoil that was in place in the local child welfare system, prior to Devereux CBC being awarded the contract. In the past year, case manager turnover ranged from a monthly low of 38.5% to a high of 54.7% for the entire circuit, with DCBC's rate typically lower than CHS's; however, CHS has been on a downward trend over the past three months. Case manager supervisor turnover rate has ranged from 8% to 36.4% over the past fiscal year, again with DCBC's rate typically lower than CHS's.

DCBC leadership recognizes the importance of workforce retention especially at the case management level. To help support internal case management retention, DCBC created a retention committee which includes a case manager from each unit. Quarterly there is a DCBC-wide All-Staff meeting led by the CEO and COO with all department heads reporting out to the entire group. Monthly the Saint Lucie County Director has her all-staff meeting with presentations from community partners; and quarterly, the St. Lucie County director meets with the CMO retention committee to discuss opportunities for improvement and often immediate solutions are developed by this committee. Staff are also encouraged to share successful practices that have been incorporated in their units so others can learn and replicate.

To address case manager retention at CHS, DCBC adjusted the CHS contract. Specifically, if a position is not filled by CHS within forty-five days, DCBC will not reimburse them for the position until it is filled. They have also set criteria that when there is a budget surplus, DCBC has the right to approve how the funds are expended. They have encouraged CHS to use surplus budget to over-hire case managers and have committed to covering any budget deficits related to case manager over-hires. The contract with CHS does not include retention requirement rates.

Since courtroom activities are so impactful to new staff and how they feel about their work, DCBC leadership worked with the judges to establish a name badge color scheme. While the practice is no longer needed, it proved effective at assisting with retention. Case managers wore a color, based on their status of new hire, trainee not certified and

certified case manager. This helped the judges understand that some staff are on a learning curve and impacts how they are addressed in the courtroom

DCBC views staff and community partner's training on child welfare issues as one of their core responsibilities. Even as budget savings were sought, the training budget remained a priority. This fiscal year they are projected to spend slightly above their allotted training budget funding of \$802,721.00. The training department is staffed by three training specialists and the Director of Organizational Development and Learning. The trainers all have child welfare backgrounds, and some have specific areas of expertise such as FSFN and adoption competency. The director provides the training specialists with adult learning training, observes them as they train, reviews evaluations of their training events and annually works with staff to create an Individual Development Plan. They are eagerly awaiting the training competency process currently being developed by the Department.

DCBC provides core pre-service training for all CPIs, licensing specialists, and case managers in circuit nineteen which helps to foster inter-agency connections. They continue with specialty track and in-service training for case managers. When possible, they hire new staff four to six weeks prior to pre-service as this gives new staff a chance to build relationships, shadow more seasoned staff and learn what the job entails prior to pre-service training.

The Department's pre-service curriculum is supplemented by DCBC with group activities and visits to community partners such as the local domestic violence shelter, Safe Space, Child Protection Team, and Counseling and Recovery Center. Florida Safety Families Network (FSFN) training is incorporated into pre-service. After pre-service training, a week-long system of care training is provided, of which CPIs attend two (2) days. During this week, additional orientation to child welfare and the local system of care is provided. Presenters include the QM team, who provide an overview of their function, explain the purpose of data, how it is monitored and how it links to the case manager's role; service providers; the Guardian ad Litem (GAL); the ME; and Children's Legal Services, who train on courtroom testimony. Some of the additional child welfare topics include procedures related to missing children, human trafficking, and proper car seat installation.

To promote the transfer of learning from the classroom to the field, pre-service trainers are assigned to case managers to coach and mentor. They shadow case managers, attend their first case transfer staffing, attend court hearings and observe home visits for certification. The training team monitors pre-service training success, obtains feedback from trainees and adjusts as necessary. In the past year, they had only one trainee who did not pass the child welfare certification examination. DCBC's in-service training plan is developed through an annual training needs assessment which includes reviewing training evaluations, asking staff what they need, reviewing child death cases, reviewing legislative changes, attending operations meetings and gathering feedback from the QM team. Delivery of training is flexible when possible and is posted on their website where all can register.

ACTION training is readily available and easy to access by all levels of staff and the CMOs. Quarterly community trainings are held and often national experts are engaged to provide specialty training. They have provided specific training to community partners to include training St Lucie County School system staff on youth mental health first aide, educational advocacy and Individual Education Plan (IEP) training to residential caregivers. In-service training topics have included case presentation, the practice model, motivational interviewing, compassion fatigue, time management and intimate partner violence. Although they do not have a formal plan for family centered practice or trauma-informed care, these theories are incorporated in all trainings.

DCBC requires all supervisors to complete Supervising for Excellence training and they recently contracted with ACTION to provide the supervisory consultation training. Further, they have monthly calls with ACTION to discuss

active cases. The calls have assisted in developing skills focused on safety planning and other concepts critical to improve child welfare practice.

ANALYSIS

DCBC has shown a commitment to maintaining and developing a workforce that are adequately trained, supported and carry manageable caseloads. DCBC inherited a significant turnover rate of 88% when they were awarded the contract. Since 2013, they have made multiple efforts to empower and support case managers, through training, support and giving them a voice to promote change within the organization. DCBC has built disincentives into the CHS contract to promote expedited hiring when positions are vacated however, they have not built any requirements or measures related to employee retention into the contracts. Although progress has been made, retention of case managers continues to challenge DCBC, and especially CHS, as it does most child welfare agencies.

DCBC has a strong commitment regarding training for case managers and the community. Their pre-service training is comprehensive and successful due to their supplements and inclusion of post classroom support. The plan for in-service training is developed through much input from staff at all levels and covers areas where needs have been identified. Supervisors attend Supervising for Excellence training and have also been required to attend ACTION's Supervisory Consultation Training. This learning is reinforced through case review discussions.

SECTION 8: QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

SUMMARY

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

The QM team at DCBC has four specialists and a manager. Through interviews and discussion, it is apparent they are diligently working to shift the culture from one of checking boxes to one where data and information is used to make improvements. This commitment is further demonstrated by the QM team's attendance at pre-service training to explain their purpose and their participation in the BOD's quality sub-committee meetings. The importance of monitoring and tracking data to identify trends as well as using it to develop system improvements was obvious in discussions with the QM team. An example provided was related to the performance measures for dental care for children. The targets weren't met and staff conducted a root cause analysis which determined that there were no pediatric dental providers in the target county that accepted Medicaid. Because of this, staff developed a strategy to ensure the children received dental care by renting a large bus and transporting the children to another county to see a dentist.

Through interviews, it was apparent that frontline staff are very aware of performance measures. They are provided information regularly about their individual unit's performance, including performance and quality measures. While they did demonstrate an awareness of the data used, they did not seem to understand why each measure was important. They instead focused on "getting off a list". While this is not uncommon, understanding the purpose of measures may help improve performance.

The QM team organizes and facilitates monthly meetings with case management supervisors and other case management staff from both DCBC and CHS. The meetings focus on performance and quality of practice through a positive strengths-based approach. They also discuss updates from the Department or other CBCs including topics such as: independent living, psychotropic medication and anything else that is applicable. The team tries to establish a culture in these meetings for supervisors to help each other with tips of what is working for them.

The QM team is intertwined in multiple aspects of operations and have many responsibilities under their purview. This includes conducting quarterly FL CQI file reviews, RSF reviews, Children and Families Service Reviews (CFSR), plus special reviews as requested. They also track all out of county service (OCS) requests, Interstate Compact for the Placement of Children (ICPC) cases, respond to all foster care referrals involving group homes, monitor eligibility and track and process incident reports to identify trends. They also are involved in the contract monitoring process which has shifted to include a qualitative focus. This approach helps contractors visualize how they fit into the system of care and provides opportunities to focus discussions on where improvements are needed. Quality management is also in charge of the foster home exit interviews and follow up on all issues which are then shared with licensing and monitoring teams. To better reach the youth for surveying, there are plans to develop a mobile application with the questions in the application designed to facilitate better conversations.

The QM team has participated in all ACTION training and functions in a role of assisting and mentoring with regards to implementation of the practice model. Since the QM specialists see part of their role as mentoring and coaching, they have shifted all consultations with case managers and their supervisors from telephonic to face-to-face. Feedback from case managers and case manager supervisors regarding this consultation was positive and they reported it as helpful. Case manager supervisors for DCBC and CHS conduct peer quality reviews internally and share findings during face-to-face meetings as well.

While DCBC does not have a formalized process for developing new programs or services, they described their process by describing steps taken to establish safety management services. First, they determined a need for safety management services through discussions with CPIs from the Department. Their next steps included looking at data and identifying gaps and then modification of contracts. On an ongoing basis, they review data, especially engagement rates, and meet monthly with the contractor to review status and mitigate any issues.

Eligibility determinations are completed by four eligibility specialists who report to the finance manager. They attend pre-service training to introduce themselves and provide instruction regarding Temporary Assistance for Needy Families (TANF) determinations, Medicaid, supports for relative and non-relative caregivers and requirements around child removals. They provide refresher training annually and as requested. The eligibility specialists are co-located with case managers which maximizes their ability to support both case managers and relatives/non-relatives when children are placed. They assist the relative/non-relative caregivers with the initial application for caregiver assistance, track to ensure that the application is submitted and provide the financial support or referrals for needs related to placement. Eligibility specialists depend on CPIs and case managers to advise them when placement moves are made, but send a reminder twice a month to remind staff to ensure placement in FSN is correct. The finance manager has many manual tracking systems to ensure eligibility processes are managed timely and is appreciative of the new TANF report the Department has created. In addition, DCBC has many systems, automated reports and carefully configured email groups to ease and ensure notifications of significant events, such as a removal or placement change. For example, one of the “metric mails” is “UDocket” which provides a backup notification to eligibility specialists for removals if the CPI failed to provide the required email notification. The QM team completes an annual monitoring of their work and there were no findings this past year.

ANALYSIS

DCBC leadership places a large emphasis on performance and has made that emphasis clear across all facets of the organization. They have established processes to use data to drive system changes to improve both performance and quality practice. QM’s extensive integration in multiple areas of operations enables them to notice trends through multiple venues which creates opportunities for further analysis. Their process for developing new programs is not formalized but they do recognize needs, determine gaps and use data to track success. Their

eligibility determination process has found ways to support case managers and caregivers and they use the QM team to monitor their work.

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 available for relatives and non-relatives and placements available in the extended foster care program.

Recruitment and Retention

DCBC has made great strides in increasing foster home capacity. According to their records they have gone from 60 licensed homes foster homes in FY 2013/2014 to 159 at the time of the COU monitoring. DCBC is focused on ensuring children are placed in the most appropriate home to address their individual specific needs. This includes licensing foster homes for the age that the foster parent requests instead of licensing the homes for any child 0-17, as is the practice in some areas, and allowing only the CEO or COO to approve waivers when children are placed in a home outside of their licensed capacity.

An aggressive goal has been established, over a three-year period, to recruit and retain 300 new foster homes. This goal was established after examining past lessons learned, current availability, current and projected need, attrition, and calculating a specific target to lower the number of children in group home care; determining success by the net gain of foster beds rather than number of homes recruited. To achieve this goal, DCBC has contracted with four child-placing agencies, three of which are faith-based. The faith-based agencies are doing a significant amount of recruitment within the church communities. Part of this recruitment effort includes the Church United Effort, where churches from high need zip codes are contacted and encouraged to participate in recruiting for foster homes in their neighborhoods.

A similar recruitment effort was recently launched through the public-school system, entitled One School One Child. There is a significant school board member presence on DCBC BOD, so they are being utilized to target families and individuals that already have the necessary skillset to address children's behavioral, mental and physical needs. This is an ongoing and innovative approach and includes a recorded presentation that will be shared via the school's intranet system. The hope of this effort is that an interested party, who is part of a school, will be a known foster parent and thus also be supported and embraced by the school they are associated with. Due to the newness of this program, results are unknown.

After being approached by biological children of current and former foster parents, DCBC has partnered with them to assist in recruitment efforts. They host panel discussions about how being a part of a foster home was such a positive experience for them. This is considered an innovative approach since one of the most often heard reasons for not becoming a foster parent is concern for the impact on their biological children.

Of special note is the Foster Parent Mentor Program led by the Caregiver and Adoptions Support Supervisor. This individuals name surfaced repeatedly because of her dedication and commitment to the program. As part of recruitment and retention of foster parents, the supervisor oversees parent mentors assigned to three of the four counties, (Okeechobee is excluded), to whom she mentors herself. The foster parent mentors are current or former foster parents who assist other foster families by addressing and resolving needs, especially around placement stabilization and placements in new homes. Issues such as day care, medical/dental needs, referrals, behavioral

concerns or goods needed can be funneled through the foster parent mentors and ultimately the supervisor, if further assistance is needed. Echoed through many of the interviews was the fact that this supervisor is the voice, support, mediator and mentor to foster parents and their associated agencies, case managers and child protective investigators. It was clear that her knack for objectivity provides her with a special ability to address issues in a neutral fashion, looking at all aspects of the situation. If the situation is not able to be resolved to the satisfaction of any party, there is a formal complaint process that is handled by QA staff.

DCBC also provides two annual events, the Foster Parent Appreciation Dinner and the Pool Party to celebrate the contributions of foster parents in the child welfare system.

As mentioned in an earlier section, eligibility specialists also provide supports to foster parents, particularly around Medicaid issues. In addition, both placement staff and the assigned licensing counselors work closely with foster parents to assist them in navigating the child welfare system.

DCBC has a higher percentage of children residing in group home care, the highest in the State as of 3/31/2017 (See graph 15A and 15B). Through the above noted recruitment efforts and changes to the CPA contract methodology that shifts payment of the CPA's per placement, rather than payment per home and requires a role in placement identification, DCBC is working to reduce that number of children in group care while keeping sibling placements intact and meeting the individual needs of children.

DCBC places a priority on sibling groups remaining together, even if that means placement in group care, rather than foster home placement. This is supported by survey results from the GAL indicating that the majority (68.8%) of siblings are placed together or visit monthly. Current negotiations over recruitment plans are being critically analyzed to ensure the CPAs are recruiting homes based on the child population coming into care, addressing not only placement, but also retention and payment based on utilization instead of quantity of homes. Of the four currently subcontracted child placement agencies, two are conducting closure interviews of their respective foster homes. DCBC has not formalized a plan to have these interviews conducted with each of their child placement agencies, but there is a plan for DCBC to conduct them independently. They are tracking the number of closures and reason for closure but are not conducting interviews. Information gathered from closure interviews could assist in addressing retention efforts needed and DCBC is currently assessing the most effective method to implement these interviews.

DCBC has continued to streamline their licensing process and currently it is 100 days from the first day of class to licensing completion. DCBC contractually requires at least 85% of the licensure home studies be submitted within 45 days of the final class. This ensures that any barriers are addressed during the class and engagement of the family occurs throughout the licensing process. It also should be noted that there are monthly meetings with the CPA's to address the progress of each licensure. Attestation of licensure is completed by DCBC within three days of submission or is returned to the CPA for clarification and/or non-compliance issues. The CPAs provide Partnership in Parenting (PIP) curriculum for foster parent training. The classes are scheduled to meet the needs of the group being trained, days/times are flexible. In addition, DCBC provides Super Saturday training opportunities, as needed.

DCBC does have co-facilitator participation in two of the four CPA's and is looking to expand into the other two CPA's. Currently, the other two CPAs utilize foster parents or prior foster parents that are on staff to co-facilitate some of the trainings. The CPA's utilize a mobile finger printing service for foster parents during training. Just over 74% of foster parents who responded to the survey felt that the pre-service training prepared them to become foster parents and 100% felt that they were provided opportunities for ongoing training.

Placement Process

Placement of children in licensed care goes through the DCBC placement unit that is managed under the clinical service director. This gives the placement specialist the ability to seek guidance on a child's behavioral health needs, which can improve placement matching. At the time of a placement request, either initial or change, the placement specialist collects information about the child(ren) and submits it to all four child-placing agencies simultaneously. These agencies have two-hours to respond with all available options, although often they respond well before two hours. DCBC then weighs the needs of the child(ren) and the available homes focusing in on several factors including zip code, school location, county, trauma incurred, mental health, behavioral health and other child specific identified needs. Due to the limited number of traditional foster placements, therapeutic homes and the desire to maintain sibling connection, a permanent initial placement sometimes takes some time to identify.

Monthly DCBC's COO, placement, clinical and licensing staff meet with the four CPA's for a Targeted Recruitment List meeting where children in licensed Out of Home Care who are under 12 or separated from siblings are reviewed. The hope is to identify potential placements to move them from group care, move them back into the Circuit, and/or get the siblings placed together in a foster home. CPA's look at new homes coming into the system for potential matches as well. This process has been working well, resulting in positive placement moves.

One way in which DCBC has attempted to address time delays for identifying placements is having the availability of Sanctuary4Kids placement which opened in April 2017 and is available within 30 minutes. The home is operated and staffed by Hibiscus Children's Center, a group home organization within the region. This home is licensed as an emergency shelter; however, the purpose of the home is not to be a placement, but a temporary location, away from the office where children can receive meals, clothing, hygiene items and entertainment while awaiting an appropriate placement. Ultimately, there are plans to have Sanctuary4Kids become an assessment center to allow for an initial placement assessment which will improve placement matching. However, DCBC is still in the formation stage of who and how this assessment will be completed.

At times, it is used as placement if there are challenges with finding a placement. If a child is housed at the Sanctuary4Kids overnight, there is a call the following morning to all CPA's, Sanctuary4Kids staff and therapist (if applicable), to discuss placement options, based on the behavioral observations of staff members. Placement staff stressed that the information discussed is strength-based and, as in other interviews, priority is assigned to the child's needs.

While currently not active, DCBC also utilized a home on the grounds of Hibiscus Children's Center, known by staff as "House 8", as a temporary placement for extremely difficult to place children to prevent them from sleeping in offices when no placement was available. When used, the home was staffed by DCBC and case management staff. DCBC recognized this was not an ideal situation for children or staff and was only used in extreme emergency situations. Use of House 8 ceased when Hibiscus turned it into a print shop.

DCBC does not consider Sanctuary4Kids to be a placement if the child remains there for 23.5 or less hours, including when children sleep overnight during that time and does not enter this as a placement into FSFN unless the child is there 24 hours or more. This is not an acceptable practice and has been referred to the Office of Child Welfare for further clarification and direction to the region.

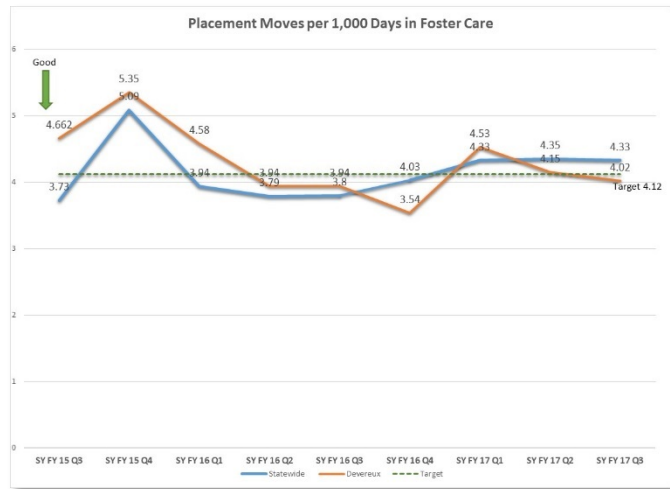
Although DCBC was not a pilot agency for the new Child Placement Agreements, they did work on the development of the new operating procedure and with OCW began efforts to implement this policy last July with the COO training all of case management. The clinical team comprised of mental health professionals meeting the

definition of qualified assessors reviewed all current safety contracts in place, consulted with all case managers and either eliminated them based on observed behavior or shifted to care precaution plans.

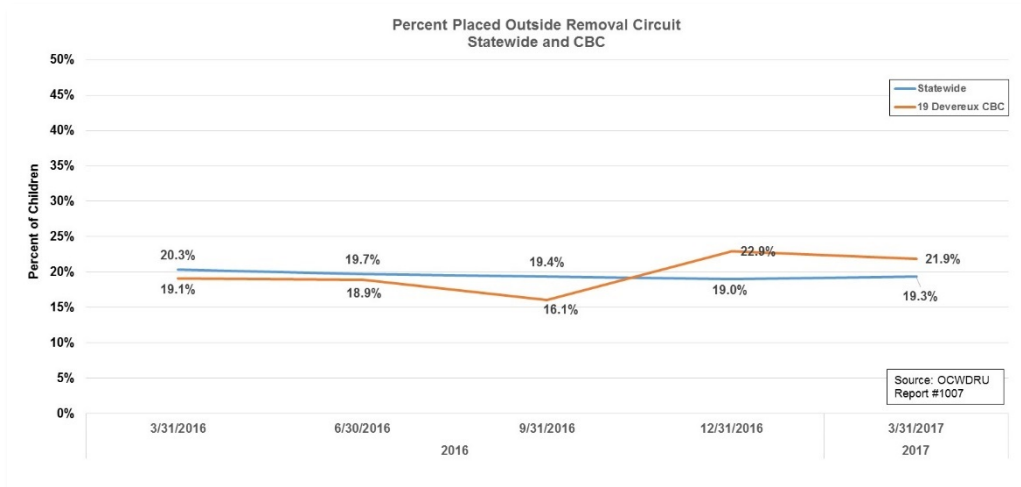
DCBC utilizes a 'super tracker' Excel spreadsheet to track placements, Multidisciplinary Team's (MDT), movements, licensures, etc. This spreadsheet is updated on a weekly basis by placement staff, the CPA's, eligibility and other DCBC staff to maintain data integrity and share all possible information between the integrated teams. Placement staff understood that "movement is trauma" and have significantly reduced the number of placement moves. Currently, placement moves for DCBC are slightly above the national target. Placement data is provided in the graphs below.

Devereux CBC's rate of placement moves for children in out-of-home care is 4.02 which is slightly above the target of 4.12. They have been below the target in 4 of the past 7 quarters. The rate of placement moves could potentially be higher given placement documentation issues identified with Sanctuary4Kids and "House 8".

Additionally, DCBC has 21.9% of the children in foster care outside the circuit in which they were removed. This is slightly higher than the statewide average



Source: Office of Performance and Quality Management(FSN) Graph 19



Source: Office of Performance and Quality Management(FSN)

Graph 20

Group Home Care

While group care is DCBC's placement of last resort, circuit nineteen has one of the largest concentration of group homes (six) in the State. By virtue of this, DCBC has access to a higher number of group homes than other areas of the state, and since maintaining sibling connection is a priority, placements in group care for siblings is high. The BOD has established targets for DCBC to reduce the number of children age 12 and younger in group home care. The high number of younger children in group care served as the motivation for changing they method in which they pay for placements, moving to a system where they only pay for placements made and maintained, rather than by the number of foster homes licensed per CPA.

As DCBC continues to strive to build foster home capacity, placement staff are still making every consideration for children to be placed in a foster home environment. Due to the number of children DCBC has placed in group care, the supervisor of the placement specialists visited out-of-area group homes that were frequently used. DCBC ceased using two group homes as a result of these visits. Efforts also include the meetings where the Targeted Recruitment List (TRL) is reviewed to determine if placements can step down and the monthly reviews of all children in licensed out of home care by the CEO and COO to determine if children can be added to the TRL list, added to the Permanency Round Table agenda, or alternate placements/case direction are discussed. One of the strengths associated with group home care is the outreach by DCBC to the group home executives to establish a relationship and build a bridge where initially a gap existed. DCBC CEO has made herself available and invested in the children placed in the group homes and ensuring the services to those children are just as accessible and appropriate as those provided to children in traditional placement settings. DCBC has worked to build relationships, and provide training for groups homes and the Quality Management team completes quality reviews of the homes.

The graphs on pages 18-19 provide the percentage of children in group care between the ages of birth through five years of age and all children birth through age seventeen.

Devereux CBC has the highest percentage of children ages 0-5 placed in group care as of March 31, 2016 and is the third highest in overall placements in group care.

Relative/Non-Relative Supports

Providing supports and resources to non-licensed caregivers is still a fairly new concept within the state and DCBC acknowledges that this is an area where improvement is needed. However, there are some supports already available. Specifically, the finance manager and all eligibility staff are supportive in reference to TANF funding upon child entry and application for relative & non-relative caregiver funding upon the child being adjudicated. They also assist with day care referrals, Medicaid assistance and goods needed by relatives and non-relatives. The caregiver and adoptions support supervisor, is also a support to relatives and non-relatives on occasion.

Extended Foster Care

The independent living program is under the same clinical services director as placement and the clinical department. This allows knowledge of the foster homes that could be potential extended foster care (EFC) placements for children over the age of seventeen. The EFC staff engage families who do not want to go through the extended licensure process but would like to become host homes for older youth and by identifying teen foster homes willing to maintain placements during EFC.

DCBC's first effort is to maintain the youth in their licensed foster home and they have seen an increase in that occurrence. They have made efforts to recruit host homes for the children who do not want to remain in their current foster homes when they turn eighteen years of age. Although host homes are not licensed, DCBC conducts background screening and a home visit as part of the approval process. In addition to licensed homes and host homes, DCBC has developed supervised and semi-supervised living arrangements within the community. DCBC has established an excellent working relationship with Good Samaritan for temporary, emergency placements for young adults.

Educational supports exist for youth in both high school, through their guidance counselors, with whom IL staff are in communication, as well as points of contact for secondary educational settings, like Indian River State College (IRSC). IRSC employs a campus coach and two enrollment counselors that are dedicated to the specific and special needs of these youth. The Independent Living staff attempted to implement a mentoring program for current younger IL youth to be paired up with older, more settled, IL youth. Admittedly, the goal of 90% peer matching was lofty and DCBC did not reach this goal the first year. DCBC is working on a more realistic goal and attempting to centralize the mentoring process through work with the Saint Lucie County Roundtable.

There is a wide array of housing options for youth, including an apartment/dorm style home with clinical staff on site. Also, Grace, which is a 2-story building with the bottom floor owners operating a tutoring service and Second Chance, which is a group home model with a house parent, a psychiatrist on staff with a focus on substance abuse and a requirement for group counseling to be completed. Since the youth are still eligible for Medicaid, Sunshine Health continues to provide a nurse care coordinator to follow their healthcare needs.

DCBC EFC staff work closely with the local schools and are involved in educational planning. They have developed a campus coach with Indian River Community College through Project Reach and have presented to college staff that were identified as points of contact for tuition waivers, Pell grants and support for post-secondary activities.

The RTS staff began a peer mentor program through local Youth Shine program. It started with five successful youth that were matched with newly aging out youth. While it hasn't worked as well as they'd hoped due to the busy schedules of all involved, they are hopeful for its future success. They have also worked with the St. Lucie County child welfare subcommittee of the Roundtable and 211, to centralize the mentor network for the entire community instead of siloed access with individual agencies or groups. Other supports for EFC youth include community services that DCBC has cultivated relationships with over the years. Some of these include Justice for Foster Youth at Last, Career Source and Wendy's Wonderful Kids.

ANALYSIS

DCBC has continued to grow and develop placement resources and processes to address the unique needs of families in circuit nineteen. There are many elements in which DCBC is aware of the opportunities for improvement, including relative/non-relative supports, current use of Sanctuary4Kids and use of "House 8" on the grounds of Hibiscus Children's Center.

Further development of recruitment and retention plans to increase and stabilize capacity of foster homes will naturally resolve some of these issues. Particularly impressive endeavors by DCBC are community engagements for their EFC population including housing placement, clinical/behavioral management. Having the program under the same director as placement and clinical is also quite unique and appears to be a beneficial structure for the children served by the child welfare system.

SECTION 10: PRACTICE

SUMMARY

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

DCBC has a leadership team that focuses on developing practice competency among themselves and throughout their network. The emphasis on quality child welfare practice is evident in DCBC leadership as well as staff at every level. DCBC has been involved in policy development at the state level. Most recently, the Florida Coalition for Children (FCC) COO subcommittee, co-chaired by DCBC's COO, was an integral part of development for CFOP 170-11, Chapter 4 *Child Placement Agreements for Care Precautions and Behavior Management Plans*. This involvement allowed DCBC to prepare a strong implementation of the policy.

All levels of case management reported they are fully aware of all policy changes that are made through emails and staff meetings. The CHS case management supervisors created binders for procedures for each of their case managers as an easy to use reference tool. During all staff meetings each case manager is assigned a chapter of an operating procedure and required to present it for discussion as this helps with retaining the information. Case managers and supervisors reported they found the operating procedures to be helpful in guiding their day to day work.

Training staff focus on improving practice and have demonstrated this through multiple avenues. Throughout the year, there have been multiple mandatory ACTION trainings for staff focused on improving skills around safety planning, impending and present danger assessments, supervisor consultation, and rating protective capacities and strengths and needs. These trainings are considered the groundwork of building skill sets in preparation for competency assessments.

There have been other avenues to improve practice through face-to-face consultations with the QM team for both RSF and CQI/CFSR cases. There have also been in-service trainings on motivational interviewing, family centered practice and trauma-informed care.

While the theory of family centered practice is emphasized throughout DCBC system of care, quality assurance data indicates that the concepts are inconsistently applied throughout frontline case work.

CQI data indicates that DCBC performed below statewide performance in two areas:

- 63% of parents and children were included, when appropriate, in case planning activities
- 52% of cases demonstrated the agency made concerted efforts to promote continuity in the child's relationships with their parents through visitation.

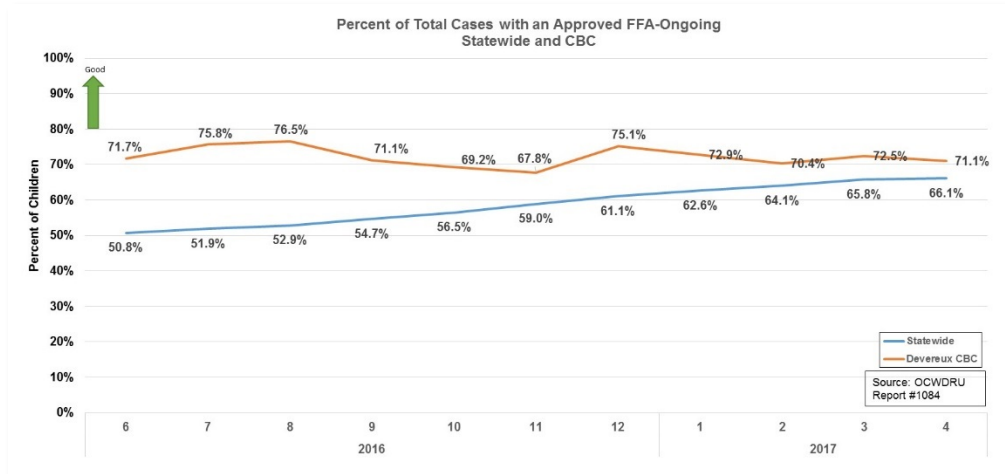
They performed above statewide performance in two areas:

- 93% of cases the agency made concerted efforts to place the child with a relative when appropriate
- 84% of cases agency made concerted efforts to preserve children's connections to their neighborhood, faith community, extended family, tribes, school and friends.

Like family centered practice, the concept of trauma-informed care is emphasized within the organization. One example of DCBC's efforts to be trauma-informed is through transition planning during placement changes and the

inclusion of grief training and support for their foster parents. While it has been communicated as a priority and case managers are expected to develop transition plans, there is no formalized process implemented to support this effort and it is not occurring consistently. A more formalized approach to operationalizing family centered practice and trauma-informed care might positively impact daily practice.

DCBC is moving forward with implementation of the new practice model as evidenced by a steady increase in the number of approved Family Functioning Assessments-Ongoing (FFA-O). Currently DCBC is ahead of the state and is continuing to increase the number of cases with an approved FFA-O.



Source: Child Welfare Key Indicators Report

Graph 23

ANALYSIS

DCBC leadership has focused on improving the quality of work on the front line through training, ensuring knowledge of policy changes and development, and ensuring supervisors are engaged and aware of performance and quality improvement efforts. DCBC has invested time and resources into contracting with ACTION to improve supervisor consultation, which is a critical component to improving front line practice. All levels of the organization are supportive of the core practices associated with Florida’s Child Welfare Practice Model and continue efforts to implement and improve practice.

SECTION 11: PARTNERSHIPS RELATIONSHIPS

SUMMARY

This category focuses on established relationships with child protective investigation staff, Children’s Legal Services, the judiciary, Guardian ad Litem, other governmental agencies, domestic violence service providers, coordination of educational services and other area partnerships.

One of DCBC’s priorities has been to open lines of communication, to repair damaged relationships and to maintain focus on sustaining trusting relationships with community providers and internal/external partners. DCBC actively participates in several meetings including all-staff, Leadership, Operations, partnership and community engagements to encourage open dialogue. The variety of forums allows DCBC to address collaboration of client needs, quality of services delivered and conflict resolution. COU Survey results received from community partners indicate DCBC has good relationships with community partners and utilizes collaborative efforts to address mutual child welfare concerns. Survey results indicate that DCBC is responsive to the needs of the client and there are clear expectations with the organizations with which they contract. However, they also suggest efforts are needed

to improve conflict resolution and opportunities for feedback about the quality of services for possible improvements.

Children's Legal Services (CLS) advises that DCBC has made great progress over the past three years after assuming a system which was in financial trouble, had issues achieving permanency and a severe lack of foster homes. They described DCBC as continuing to build capacity and their leadership as collaborative and solution seeking. The survey results from child protective investigations leaned positive regarding being kept informed and being included in staffings. It indicated more opportunities for improvement regarding input on service array, support from case managers in managing safety plans and timely placements in licensed care. This information was further echoed in the focus group with child protective investigations and is an opportunity for DCBC to address operationally. In the outlying counties, CLS survey results indicate a significant amount of good work is happening and the partnership has strengthened.

Elements seen as strengths include case management engagement with the family, identification and provision of services for children, coming to court prepared to answer questions, diligent efforts to locate absent parents and relatives, supporting family connections as well as responding to conflicting opinions and providing a forum for resolution. This was echoed in the CLS focus group. The CLS focus group identified concerns regarding obtaining signatures on safety plans and receiving progress updates based on behavioral change in case plans.

Partnership and mutual respect with the judiciary is one of many vital elements in maintaining a system of care that is fluid and successful. The survey results received from the judiciary were split in most areas with only 2 responses received. They did agree that DCBC actively addresses issues identified by the court and any orders that required action from case management are completed timely and consistently. Information gathered from focus groups indicated that DCBC has established more meaningful interactions with the Judges, particularly in Okeechobee County where there is a brown bag lunch with the Judge for open forum discussion.

The GAL also plays a vital role in ensuring children's voices are heard and their wants and needs are represented. The GAL circuit director reports a positive and collaborative working relationship with DCBC. Survey results from GAL leaned positive in most areas including participation in staffings, their recommendations being considered, conflict resolution, appropriate services, visitation and placements for children, normalcy and ability to learn about barriers, and solutions in the system. It did indicate some issue regarding being kept informed of case changes including placement changes.

Foster parent relationships are recognized by DCBC leadership as critical to ensure children are in the most family like setting possible and achieving permanency for children in a timely manner. Appreciation of the foster parents and their role is exhibited by DCBC investment in Caregiver and Post-Adoption Supervisor position and the paid foster parent mentors, the annual pool party and a foster parent appreciation banquet. The foster parent's focus group indicated understanding of the Quality Parenting Initiative (QPI), but further discussion and awareness is needed in the outlying counties. Survey results indicate that foster parents expressed their ability to make parenting decisions and allow their foster children to participate in age appropriate activities as a strength of the agency.

Other strengths identified by the foster parent surveys include their foster children receiving medical and dental care, encouragement in establishing and maintaining relationships with biological parents, when appropriate, and the responsiveness from their assigned case managers when needing child care or Medicaid assistance. Survey results also indicated that foster parents are aware of their supports, able to connect to DCBC to address conflicts and are provided initial and ongoing training to help them develop. As noted below, DCBC is outstanding in their

performance on the FL CQI review, surpassing the state average, regarding assessing and providing services to foster parents. See the table below:

CQI/ Item 12 C: 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?

DCBC = 95.6%, FL CQI 89% and FL CFSR 80%.

The most negative surveys from foster parents pertained to receiving the Judicial Review Summary Report and court orders timely.

DCBC has established an effective working relationship with the community domestic violence programs, Safe Space and Martha's House. Representatives from these programs are invited to present at pre-service training and trainees take a field trip to the Safe Space shelter, although this may be ending this fiscal year due to legislative changes. This is an impressive accomplishment as there is often a perceived conflict between domestic violence advocates and child welfare programs.

DCBC communicates regularly and works collaboratively with other local agencies including the Department of Juvenile Justice (DJJ) who are included in weekly placement meetings, lock-out reviews of children in DJJ and local review team meetings. DCBC has maintained a great working relationship with their local Agency for Persons with Disabilities representative and includes them in the local review team meetings, cross-over meetings and consistent discussion of cases just by picking up the phone.

DCBC has a written Memorandum of Understanding with three of the four counties to address educational concerns of children in licensed care; St. Lucie, Indian River and Okeechobee. Of special note, there are three school Board members that are on the BOD for DCBC providing for increased awareness in the schools and responsiveness to children in the school systems. DCBC has a shared a report for children in licensed care to receive information regarding attendance, grades, behavioral issues and educational success. Case management and supervisor focus groups indicate that although there are points of contact for schools, information is still difficult to obtain in Indian River County. The focus groups do agree that collaboration with the educational system has improved significantly.

DCBC is invested in their communities as noted by initiating and sustaining working agreements with agencies that touch child welfare in different aspects. In addition to those already mentioned, these agencies include: Workforce Solutions, Healthy Families/Healthy Start, Helping People Succeed, Early Learning Coalition, Law Enforcement, Community Based Care Integrated Health, Children's Physicians, Indian River Department of Health, Florida Community Health Partners, Florida Youth Shine, House of Hope, Tykes and Teens, The Father and Child Resource Center and United Way.

ANALYSIS

DCBC has made significant strides in initiating, repairing, cultivating and maintaining relationships with community stakeholders, service providers and local partners in child welfare. There is an overall sense of improvement in partnerships and a continued hope for collaboration, open forum discussions and inclusive communication.

SECTION 12: COMMUNITY RELATIONS

SUMMARY

This category focuses on relationships with the faith-based community, the business community, the local media and the Community Alliance.

DCBC's "Church United Effort" not only helps with foster home recruitment but it also contributes to the establishment and continuation of familial supports, prior to and upon reunification, by the faith-based organization.

DCBC has partnered with the Guardians for New Futures who have helped with Christmas gifts for children in care. Information provided within DCBC Strategic Plan indicates that there is ongoing effort to establish a donor base, to include individual and corporate sponsors. The strategic plan also focuses on program supports including school necessities, suitcases/luggage, holiday gifts and diapers. The extended foster care program has had success in building relationships/partnerships with community agencies to include housing, job readiness, apprenticeships and assistance with legal services through Justice for Foster Youth at Last. While DCBC has some established business partnerships, there continues to be a need to grow their financial supports and continue to engage community agencies to provide one-time or ongoing supports and services.

DCBC has coordinated all media responses in conjunction with the circuit nineteen DCF staff, however media involvement with DCBC has been minimal. The director of community relations participates on the biweekly FCC conference call and is made aware of any concerns or developments that need to have a coordinated message. Development of social media outlets is ongoing and further outreach via radio, newspaper and television are constantly pursued. During Child Abuse Awareness month, DCBC partnered with foster parents and Facebook pages administered by foster parents to encourage awareness. DCBC used painted rocks with sayings and put them throughout the community to raise awareness and encourage community involvement and action. Based on the Strategic Plan, DCBC is striving to engage local media and establish regular media presence. DCBC has the potential of developing further partnerships with various media outlets to not only to engage the community with positive and informative messaging, but also continue to build and sustain community connections and relationships.

All four counties in Circuit 19 have some form of a Children's Services Council. DCBC partners with Children's Services Counsel's in three of the four counties they serve. With the addition of the Indian River/Okeechobee County Director all four will be covered. Memorandum of Understandings (working agreements) have been developed with many of their community partners and DCBC staff participate on several boards and/or committees throughout the four counties as well. Those board/committees include: Roundtable of St. Lucie County, Florida Coalition Children Board, FCC Foundation Board, Southeast Florida Behavioral Health Network, FCC Residential Sub-Committee, Career Source Youth Program Board, Junior League of Martin County, Martin County DJJ Committee, Florida Certification Board Advisory Committee, Healthy Start Coalition of Martin County, FCC COO Council and the Human Trafficking Committee. Community involvement is also evident by the quality management team's involvement in the local missing child and human trafficking coalitions as well as the local Child Abuse Death Review Committee.

ANALYSIS

DCBC, while beginning to expand and embrace the available resources within their own community, have a significant amount of potential development and growth. DCBC is solidifying relationships that have already existed, while growing new relationships through multiple outlets. They have endeavored to continue to develop community relationships with the faith-based community, local media and local businesses.

SECTION 13: COU MONITORING SUMMARY

SUMMARY

DCBC is strong child welfare CBC lead agency. DCBC was awarded the child welfare contract upon contract termination of the prior lead agency, United for Families in 2013. DCBC has had a short time to establish, cultivate and correct practices and relationships that were detrimental to the system of care originally in place. In the limited time they have held the contract in circuit nineteen, they have made significant progress toward improving the services provided to families, solidifying community relationships and cultivating resources to help improve and maintain a strong system of care. While there are still areas in need of improvement, the leadership team is highly attuned to these areas within the organization and are ambitious in their plans for improvement given their size and relative age as an agency.

The area's most in need of improvement are:

1. Devereux has seen a consistent increase in the quality of case work over the last year. Even with the improvement noted, there are still areas that need to see a focus on improvement, including:
 - Quality of contacts with children to address safety and evaluate progress toward case goals (RSF 2.1)
 - Making concerted efforts to address risk and safety concerns for children (CQI Item 3)
 - Quality of contacts with fathers to address safety and evaluate progress toward case goals (RSF Item 2.5)
 - Ensuring the quality and frequency of visitation between children in out-of-home care and their parents is sufficient to maintain positive relationships (CQI Item 8)
 - Establishing timely permanency goals and ensuring concerted efforts are made by the case managers to assist the family in achieving the goals (CQI Item 5 and 6)
2. Increase the number of available, quality foster homes which will then allow a decrease in the over-reliance on group care and temporary emergency shelters and will minimize the number of placement moves children in care experience.
3. Ensure proper FSFN documentation for any placement, as defined 65C-30.001(88), which is a supervised placement of a child in a setting outside the child's own home.
4. Ensure availability of safety management services throughout ongoing case management, including at the point of reunification.

DCBC embraces a philosophy of systemic improvement and has self-identified multiple ways they can enhance their provision of services to children and families in their community. Areas identified by the both DCBC leadership and the COU team to consider for enhancements are:

1. Develop opportunities for additional information sharing and discussion about best practices between DCBC staff and CHS case managers to allow for professional growth and shared innovation.
2. While there is a robust foster parent support system, there is room to develop similar supports for relative and non-relative caregivers.
3. DCBC should ensure that any processes developed to measure the quality and effectiveness of their safety management services evaluates the relationship of the services to the removal. Specifically, they should compare the number of removals that occur prior to a referral for safety management services

because the safety analysis indicates that the danger cannot be managed in the home and assess how many occur after the referral to safety management services and for what reasons.

4. Develop formalized process to support transition planning during placement changes.

DCBC also struggles with some of the same complex issues that universally challenge child welfare systems and would benefit from efforts to improve in these areas:

1. Retention of case managers, including those internal to DCBC and through subcontracted providers.
2. Communication and satisfaction of services provided as assessed by direct services level partners and stakeholders.

SECTION 14: INNOVATIVE PRACTICES

Deveraux CBC has, in a relatively short period, developed several innovative approaches. They have strong and engaged leadership that are working to improve the child welfare system in circuit nineteen after the contract termination of the previous CBC. Below are some of their innovative practices:

- To help support internal case management retention, DCBC created a retention committee which includes a case manager from each unit. At least quarterly, the St. Lucie County Director meets with the committee to discuss opportunities for improvement and often the committee develops solutions immediately. Staff are also encouraged to share successful practices that have been incorporated in their units so others can learn and replicate.
- The BOD has a sub-committee focused on quality and performance. The committee is made up of DCBC QM staff and community Board members. The committee completes an in-depth review of performance and quality data to evaluate DCBC's performance and then presents the information to the entire BOD.
- As part of DCBC's recruitment efforts, the One School One Child Recruitment video incorporates a discussion point by a biological child of a current foster family. One of the fears frequently expressed by prospective foster parents is the effect fostering may have on the family's biological children. This approach is to allay fears of those potential foster parents about fostering as well as drawing in those individuals that have applicable skill sets related to parenting through the school system.
- Each CPA receives information about a child or sibling group and can provide input as to the most appropriate homes to match individual needs; creating a unique ability for initial placement matching. One of the practices put into effect by DCBC is the payment of the CPA's per placement made, rather than by home. This has increased the competition to initially place children in the best matched home possible, and subsequently in maintaining the child through necessary supports and services.
- DCBC worked with the local judges in St. Lucie County to develop a color-coded badge system for case managers. Case managers wear a color, based on their status of new hire, trainee not certified, and certified case manager. This helps the judges understand that some staff are on a learning curve which impacts how the judge addresses them in the courtroom. While this practice is no longer needed, it did successfully impact turnover.
- DCBC holds monthly performance and quality meetings with all front-line supervisors, where information related to performance and quality data, including the results of peer reviews conducted by the supervisors, is shared collectively.

- To reduce the number of children in group care DCBC created a Targeted Recruitment List. The CPA's meet monthly with Placement, Licensing, the County Directors and the COO. Children under 12 and separated siblings are discussed with the intent the CPA's will recognize homes they already have or identify families just coming through the licensing process or recruitment needs for a specific child or sibling group.

Definitions | Data Basics

Definitions

> **# of children in care** (under age 18): total # of children under the age of 18 in care on 9/30/xx

> **Rate in care** (under age 18): total # of children under the age of 18 in care on 9/30/xx divided by the total # of children under the age of 18 in the population, multiplied by 1,000

> **Year over year change in the # of children in care**: year over year percentage change in the # of children in care under the age of 18. **Red bars** above the line indicate a period of increase. **Green bars** below the line indicate a period of reduction.

SAFETY

> **% of children who experience repeat maltreatment** (within 6 months): CFSR Round 2 measure. Of all children involved in a screened in and substantiated (confirmed) report of maltreatment within the first 6 months of the year, what % experience a subsequent, substantiated incident of maltreatment within 6 months?

> **% of children who experience repeat maltreatment** (within 12 months): CFSR Round 3 measure. Of all children involved in a screened in and substantiated (confirmed) report of maltreatment within 12 months, what % experience a subsequent, substantiated incident of maltreatment within 12 months? This measure requires 2 years to track.

ENTRIES

> **# of children entering & exiting care**: total # of children entering and exiting care during each 6 month period. # of children exiting care must exceed the # entering care to sustain a reduction.

> **Rate of entry** (under age 18): total # of children under the age of 18 entering care during each 12-month period divided by the total # of children under the age of 18 in the population, multiplied by 1,000

PLACEMENT

> placement type for children in care, by age (for children in care 3/31/17): percent of children in each age group in care by placement type

TIMELY & STABLE PERMANENCY

> **% permanency within 30 days of entering care**: of all children entering care within the first 6 months of the fiscal year, what % achieve permanency within 30 days of entering?

> **% permanency within 3-12 months of entry**: of all children entering care within a 6 month period, what % achieve permanency (guardianship, live with relatives, reunification) within 3 and 12 months of entering?

> **% permanency within 12 months for children in care 12-23 months at the start of the year**: CFSR Round 3 measure. Of all children under age 18 in foster care on the first day of the 12-month period, who had been in foster care for 12-23 months, what % discharged to permanency within 12 months and before their 18th birthday?

> **% re-entering care within 12 months of timely permanency**: CFSR Round 3 measure. Of all children who enter foster care in a 12 month period and are discharged within 12 months to reunification, relatives or guardianship, what % re-enter foster care within 12 months of their discharge? This measure requires 2-3 years to track. (Note: Companion measure to % permanency within 12 months)

CHILDREN IN CARE 2+ YEARS (on [specific point in time as identified])

> **In care 2+ years**: of all children in care on the specified point in time, what is the # and % who have been in care for 2 years or longer?

> **% permanency within 12 months for children in care 24+ months at the start of the year**: CFSR Round 3 measure. Of all children under age 18 in foster care on the first day of the 12-month period, who had been in foster care for 24 months or longer, what % discharged to permanency within 12 months and before their 18th birthday?

> **Profile of current caseload in care 2+ years** (for groups that represent at least 2% of the total): of all the children in care 2+ years as identified in the first table in this section, what is their distribution by age group, case plan goal and placement type?