



Contract Monitoring Report

Families First Network –
Lakeview Center, Inc.

As required by section 402.7305 F.S., The Department of Children and Families completed an On-Site Contract monitoring of Families First Network – Lakeview Center, 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 AJ495

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EXECUTIVE SUMMARY

This report provides findings for the contract monitoring of the Families First Network, Lakeview Center, Inc. (FFN). The monitoring was conducted October 23 – 27, 2017 and focused on FFN's child welfare system of care. The monitoring process included a review of FFN's 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) partner relationships and (7) community relations. Additionally, ten subcontracts and ten incident reports were administratively reviewed.

Significant findings of each category are below:

Leadership and Governance:

- FFN's mission, vision and values are aligned with the Department's and are communicated to staff and reinforced on a continual basis.
- Collaborative community partnerships strengthen FFN's ability to provide quality child welfare services in Circuit One.
- FFN is governed by a subcommittee of the larger Baptist Healthcare Board of Directors. The Board has a structured process for evaluating FFN's CEO which includes an annual performance evaluation with recommendations for professional growth and development. The Board is provided with data analytics pertaining to performance and finances at each Board meeting. Annually, the Finance and Executive committees of the Board meet to review and discuss FFN finances more comprehensively.
- Risk management initiatives are in place to include an electronic repository to collect and report on all risk related issues. Senior leadership and the Board of Directors are kept apprised of critical incidents. Some incidents were not entered into the IRAS system in accordance with Children and Families Operating Procedure (CFOP) 215-6. Please see the Findings section for more information related to critical incident reporting.
- FFN has a robust workforce succession process which provides staff with clear guidance for professional growth and development. The organization focuses on maintaining a culture which ensures decision making is in the best interest of children.

Workforce Management:

- FFN has a process which tracks and evaluates caseload ratios and staffing needs on an ongoing basis. Weekly, a caseload capacity report is distributed to leadership staff to ensure equitable distribution of cases and to assist in identify staffing needs. Multiple pre-service classes are held annually, and new case managers enjoy a structured mentoring process which promotes transfer of learning and worker retention.
- It is clear that FFN values input from staff and the community. Multiple workgroups are developed to solicit feedback and collaborate on effective solutions to identified areas needing improvement. In every message that is sent from a FFN staff e-mail, a link invites the recipient to complete a satisfaction survey. Information from the surveys is analyzed and curative action is taken when issues arise.

- Multiple hearty workforce retention initiatives are in place which highlight varied skill sets and desired performance and to ensure staff feel valued and appreciated. See Section 7 – Workforce Management for details.
- FFN’s training team is a clear strength of the agency. Emphasis is placed on the importance of 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 staff.
- There are some missed opportunities for information sharing to the front-line staff. While numerous workgroups are developed to tackle difficult issues, when local level protocol changes are made, decisions are not always communicated to staff in an expeditious manner.

Quality Management and Performance Improvement

- FFN’s Quality Management team is experienced and fully integrated into FFN’s system of care. The QM team’s development of a monthly review process, which incorporates staff from various departments, is innovative and a model for other CBCs to follow. (see section eight – Quality Management and Performance Improvement for additional details regarding SHINE reviews).
- FFN is fortunate to have a wealth of data available, however leadership is currently focusing on adapting data reports to make them consumable by various groups (i.e. case managers, case manager supervisors, the public).
- FFN’s Revenue Maximization staff work closely with case managers to accurately track eligibility for TANF, and Medicaid and ensure fiscally responsible management of Social Security dollars.
- Training dollars are effectively utilized to fund essential trainings and staff positions, such as Practice Model experts, who enhance the system of care.

Placement Resources and Process:

- Most initial placements are made for one night only, often resulting in subsequent placement(s) thereby adding trauma to the child in the early days of care. Application of trauma informed principles appears to be lacking during initial placement decisions.
- There is not a process for comprehensive and real-time knowledge of current licensed caregivers and foster home capacity which results in unnecessary placement delays and prohibits effectual placement matching efforts.
- FFN has worked in partnership with the five foster parent associations in Circuit One to develop a foster parent mentor program to ensure foster parents are supported and receive the resources they need. Despite this, foster parents expressed a need for prompt mental health services for children placed in their homes, especially in rural areas.
- The ‘Foster Parent Ambush’ initiative was designed to publicly recognize foster parents at their place of work or community events. This fun and innovative practice not only aids in foster parent retention, it increases public awareness of the need for foster parents.
- 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 caregivers.

- FFN continues to work to increase foster home capacity by setting targets for foster home outreach and recruitment. FFN recently began using software provided by Baptist Healthcare to gather local psychographic data which may aid in identifying potential foster parents.
- Contracts with providers such as National Youth Advocate Program (NYAP), Arcadia and Cabbott House are designed to enhance services for children with significant behavioral and mental health needs. Additionally, FFN is working with the community in an effort to enhance sibling placements through a 'Children in Crisis' neighborhood model.

Child Welfare Practice:

- FFN 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.
- Dissemination of updates to CFOPs, Florida Administrative Code and Florida Statutes is handled by FFN's Policy team. Various methods of information sharing are employed including computer based learning, e-mail distribution and classroom training.
- There is an understanding of 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. Additionally, awareness and use of the concepts during placement activities appears limited.
- FFN continues to improve family support and safety management services to enhance services provided to children and families in Circuit One. Safety Management Services were historically provided by subcontracted providers, however FFN recently began shifting service provision to in-house specialized units. A structured county by county role out began in 2017 and will continue through full operation in all four counties.

Partnerships Relationships

- FFN leadership works closely with the Department's Region staff. Joint meetings are held, and discussions are transparent and collaborative.
- The FFN CEO regularly attends court to share information with the judiciary and observe staff during court proceedings.
- Relationships between case management and child protective investigations staff is reportedly strained and in need of repair in three of the four counties served by FFN, specifically in Walton County. However, in Santa Rosa county where staff are co-located, staff from both groups reportedly enjoy a harmonious and collaborative relationship where issues are resolved cordially and expeditiously.
- Focus groups and surveys indicate a need to streamline and define tasks associated with Children's Legal Services, such as diligent search and court document tracking processes.

Community Relations

- FFN is clearly committed to supportive relationships within the community. FFN effectively works with local media outlets, community businesses and the military to advocate for needed goods and services for families and children in Circuit One.

- Community Alliance meetings are held on a regular basis and FFN staff participate to inform and solicit support and feedback from the community.

Administrative Findings

- Subcontractor Requirements – During review of subcontract files, one did not include the substances of all clauses contained in the Standard Contract.
- Incident Reporting - During on-site review of critical incidents that were entered into FFN's internal incident reporting system, it was discovered that several incidents requiring entry into the Department's Incident Reporting and Analysis System (IRAS) were not entered.

PERFORMANCE AT A GLANCE

The graphs on the following page are provided by Casey Family Programs. Casey Family Programs works in all 50 states, the District of Columbia, two territories and with more than a dozen tribal nations. They actively work with Florida child welfare professionals to improve practice through use of evidence based programs and data analytics. The most up-to-date FFN performance is depicted later in this report.

Data Basics

Families First Network

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

Produced by Data Advocacy, Casey Family Programs

Data source: state-submitted AFCARS and NCANDS files

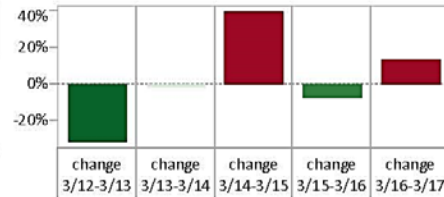
Date prepared: 9/5/2017

of children in care

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

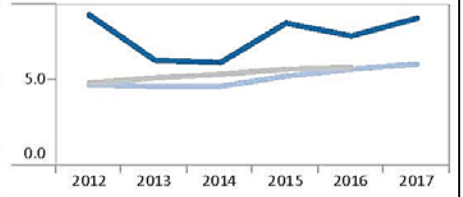


year over year change in the # in care



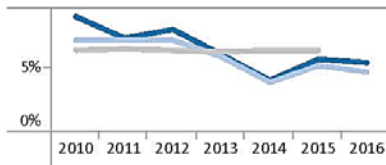
rate in care

(per 1,000, < age 18)

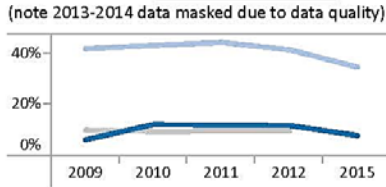


Safety

% children who experience repeat maltreatment within 6 months

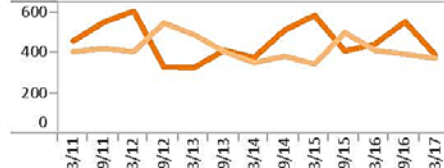


% children who experience repeat maltreatment within 12 months

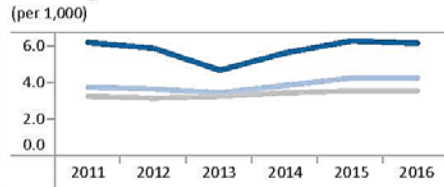


Entries

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

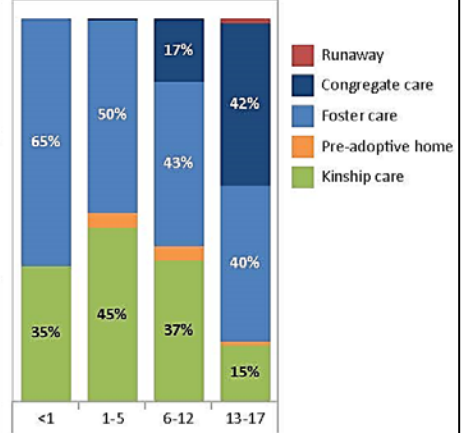


rate of children entering care (per 1,000)



Placement

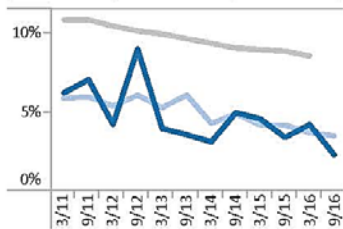
placement settings for children in care, by age (for all children in care on 3/31/2017)



Timely & Stable Permanency

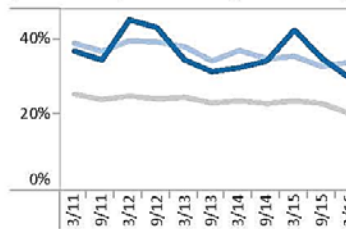
% permanency within 30 days of entering care

(6 month entry cohorts ending on each date)

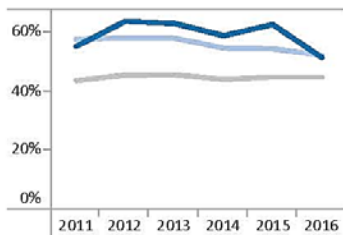


% permanency within 3-12 months of entering care

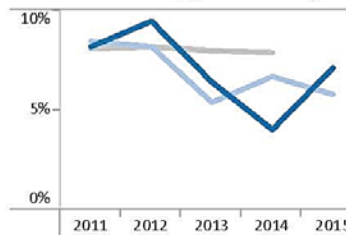
(6 month entry cohorts ending on each date)



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



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

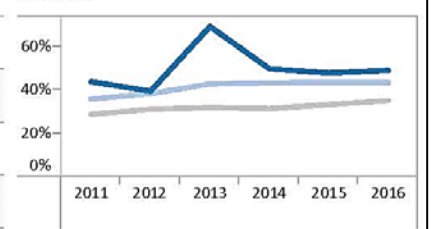


Children In Care 2+ Years (3/31/2017)

in care 2+ years

#	201
%	15%
state	16%
Nat'l (2016)	25%

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



profile of current caseload in care 2+ years

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

	ages 2-12	ages 13-17
Adopt		Adopt
Congregate care	4%	10%
Foster care	45%	9%
Kinship care	23%	
Pre-adoptive home	5%	

SECTION 1: CONTRACT MONITORING PROCESS

The monitoring process included a review of FFN's programmatic and administrative operations. In addition, the Contract Oversight Unit (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; (6) partnerships and (7) community relations. Additionally, ten subcontracts and ten incident reports were administratively reviewed.

Supplementary information was provided by the Department's Office of Revenue Management, Office of Community-Based Care (CBC)/Managing Entity (ME) Financial Accountability, Office of Child Welfare and Northwest Region contract manager. Documents reviewed and analyzed included: "The Comprehensive, Multi-Year Review of Revenues, Expenditures, and Financial Position of All Community Based Care Lead Agencies with System of Care Analysis Report", quarterly financial viability reports, system adoption initiative, service array assessment and survey results. Additional information was gathered through interviews with FFN and DCF staff including leadership from the DCF Northwest Region, FFN management level and specialist level staff, case managers, case manager supervisors and the managers/directors who supervise case management supervisors. Focus groups were held to obtain information from DCF child protective investigators, Children's Legal Services and foster parents.

The COU monitoring team consisted of Department of Children and Families Contract Oversight staff - Alissa Cross, Jessica Manfresca, Kelly Welch and Britt Swain; Department of Children and Families staff from the Office of Child Welfare - Nellie Warriner and from the Northeast Region - Sharon Brownlee; and representatives from Community Based Care (CBC) organizations - Sheree Tortora (ChildNet) and Pamela Pielock (Community Partnership for Children).

SECTION 2: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community FFN serves, including demographic information, a description of the child welfare partners and information about all child fatalities, including those alleged to be the results of abuse and/or neglect and therefore investigated by the Department. FFN operates in Circuit One which is in the northwest part of Florida and covers from west to east - Escambia, Okaloosa, Santa Rosa and Walton counties.

Circuit One has a strong military presence that impacts the community. The Naval Air Station, or NAS Pensacola, is known as the "Cradle of Naval Aviation" and is a primary training base for the U.S. Navy, Marine Corps and Coast Guard. NAS Pensacola is best known to be the home base for the United States Navy Precision Flight Demonstration Squadron, the Blue Angels. The presence of the military impacts the dynamics of the community by adding to the transiency of the population in Circuit One. FFN leadership report a positive and collaborative relationship with the various military bases housed in Circuit One. Although military families are inherently transient, staff report that the impact to the system of care is minimal.

All four counties have a lower poverty rate than the statewide average poverty rate of 15.7%. Escambia has the highest poverty rate in Circuit One which is more than double the next closest poverty rate in the Circuit and has the highest percentage of children under age eighteen living in poverty. In total, there are 34,998 children under the age of 18 living in poverty in Circuit One. The child population is primarily Caucasian at 69% with African American

children making up the next largest section of the child population at 19% and Hispanic children making up 8% of the child population in the circuit.

The median household income in Santa Rosa and Okaloosa counties is above the statewide average. In Escambia and Walton counties, the median household income is slightly lower than the statewide average. In all four counties, there is a lower percentage of the population living in poverty than the statewide average, with Escambia county having the highest.

US Census Facts	Escambia	Okaloosa	Santa Rosa	Walton	Statewide
Median Household Income	\$45,390	\$55,880	\$58,923	\$44,966	\$47,507
Percent of population living in poverty	15.4%	11.3%	12.3%	14.8%	15.7%
Percent of population over 25 years old with high school diploma	89.6%	91.2%	90.4%	85.2%	86.9%
Percent of population over 25 years old with a college degree	24.5%	28.8%	26.6%	25.9%	27.3%

<https://www.census.gov/quickfacts/>

Table 1

CHILD WELFARE PARTNERS

Child Protective Investigations and Children’s Legal Services are provided by the Department of Children and Families in Circuit One. Case Management, Adoptions, Placement, Independent Living and Licensing operations are all provided by FFN. Lakeview Center, Inc. operates three group homes in the Circuit. Arcadia Place is an eight-bed Foster Group Care home that provides transitional or long-term foster care for adolescent girls age 13 – 17, who may have moderate to severe emotional/behavioral problems. Cabot Heights provides residential and behavioral health services to boys and girls ages 13 to 17. DAART (Drug and Alcohol Adolescent Residential Treatment) serves young people between the ages of 13 and 17 who are coping with co-occurring issues such as substance abuse and mental health.

FFN has historically subcontracted with community providers such as Children’s Home Society, Bridgeway Center, 90Works and COPE Center for Safety Management and Wraparound services, however is currently in the process of implementing a new “front end” services system based on evaluation of the quality and effectiveness of the services provided.

There are five foster parent associations in Circuit One– Emerald Coast Foster/Adopt Parent Association (Escambia County), North Okaloosa-Walton County Foster & Adoptive Parent Association, Santa Rosa County Foster Adoptive Parent Association, Inc., Santa Rosa County Kinship Care Foster Adoptive Parent Association Support Group (KC-FAPA) and South Okaloosa/Walton Foster & Adoptive Parent Association.

CHILD FATALITIES

INFANT AND CHILD MORTALITY RATES

Since 2012, the birth rate per 1,000 population has remained relatively stable in all four counties and has been higher than the statewide rate of 11.3. Okaloosa county consistently has the highest birth rate in Circuit One and Santa Rosa typically has the lowest and more in line with the statewide rate.

While the birth rate remains steady, the infant mortality rate per 1,000 live births has fluctuated. The infant mortality rate in Escambia County has been above the statewide average rate (6.1) for the past four years. In 2012, the infant mortality rate in Walton county rate was at a high of 16.5, and has decreased significantly over the years to a rate of 2.6 in 2016 which is the lowest rate in all four counties from 2012 to 2016.

Birth Rate per 1,000 population Statewide Rate: 11.3					
County	2012	2013	2014	2015	2016
Escambia	13.1	12.7	12.8	12.7	12.8
Okaloosa	14.2	14.5	14.9	14.7	14.4
Santa Rosa	11.7	11.4	11.4	11.8	11.4
Walton	11.8	12.9	12.2	13.1	12.2

Source: <http://www.flhealthcharts.com/FLQUERY/Birth/BirthRateRpt.aspx>

Infant Mortality Rate per 1,000 live births Statewide Rate: 6.1					
County	2012	2013	2014	2015	2016
Escambia	7.9	7.4	7.7	7.7	8.3
Okaloosa	4.6	7.6	4.6	5.3	5
Santa Rosa	4.8	6.1	4.4	3.6	5.8
Walton	16.5	7.9	2.8	7.4	2.6

Source: <http://www.flhealthcharts.com/FLQUERY/InfantMortality/InfantMortalityRateRpt.aspx>

Table 3

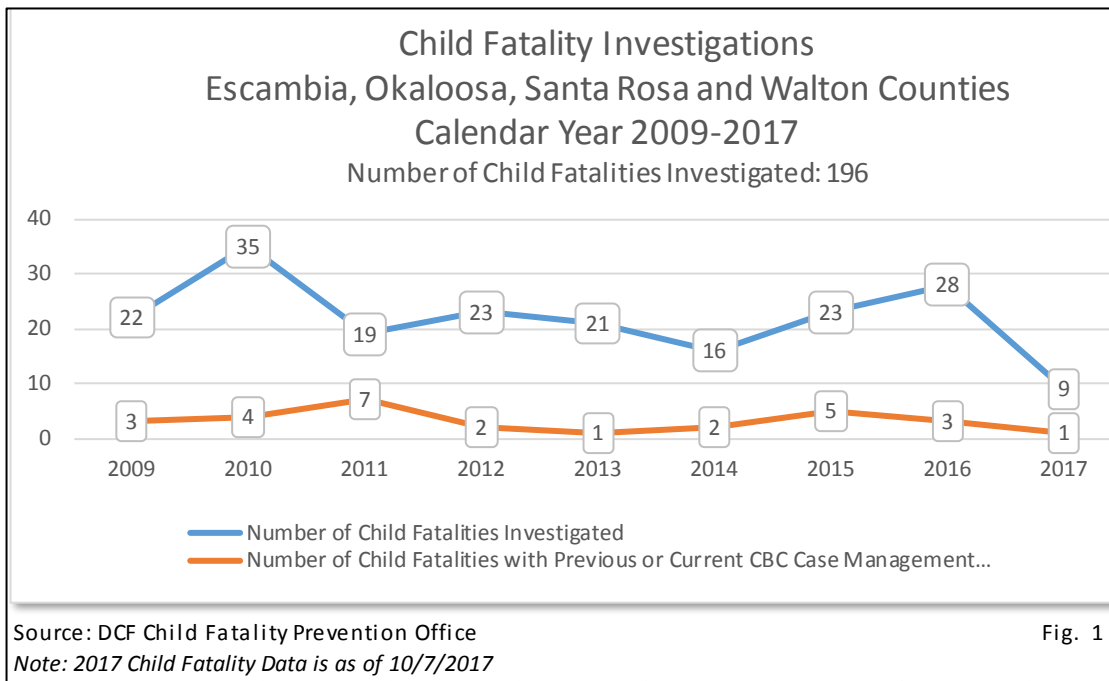
While more births are recorded in Okaloosa county, their infant mortality rate is notably lower than Escambia County, which has had the highest infant mortality rate, in all four counties, in the past three years.

CHILD FATALITY INVESTIGATIONS

From 2009 to November 2017, there were a total of 196 child fatality investigations in Circuit 1. Almost half of all child fatality investigations in Circuit One were in Escambia County (92), followed by Okaloosa County (63), then Santa Rosa County (22) and finally Walton County (19).

The number of child fatalities with previous or current case management services at the time of the fatality investigation has remained consistent apart from 2011 and 2015 which saw an increase. Of the 196 fatality investigations in Circuit One from 2009 to 2017, 28 involved previous or current case management services (see Fig. 1). Of the fatality investigations with prior or current case management history, the most common primary causes of death were:

- natural causes (9)
- sleep related deaths (8)
- inflicted trauma (4)
- accidental deaths (3)
- drowning (2)
- undetermined/investigation pending (2)



In 2016 and 2017, four child fatalities resulted in a CIRRT response. Two of the CIRRT reports have been published and two are still pending due to ongoing criminal investigations. The available CIRRT responses are below:

- In March 2016, a newborn died of medical complications shortly after his delivery. The mother had a history of cocaine use and the placenta had ruptured at 27 weeks' gestation. Because there was a verified prior report which resulted in the removal of another child within 12 months of the infant's birth and subsequent death, a CIRRT team was deployed. The death was determined to be the result of natural causes.
- In June 2017, a three-year-old was accidentally run over by a trailer that was being towed behind his father's truck. At the time of the incident, there was an in-home open service case which stemmed from the previous investigation that resulted in the removal and subsequent reunification of the child and sibling due to environmental hazards and substance misuse. The Critical Incident Rapid Response Team was deployed and found that the safety decisions made throughout the case were appropriate, well documented and there were no previous actions that could have prevented this tragic accident.

SECTION 3: AGENCY SUMMARY

Families First Network has been the contracted lead child welfare agency in Circuit One since 2001. FFN entered into a new contract with the Department in July 2017. FFN operates under Lakeview Center, Inc., a not-for-profit organization which operates under the larger agency of Baptist Healthcare, a for-profit agency. Their relationship with Baptist Healthcare provides FFN with a unique opportunity to integrate child welfare and mental health services. FFN (Lakeview Center, Inc.) is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an international, independent, non-profit accrediting body for health and human services programs. FFN (Lakeview Center, Inc.) was last accredited by CARF in 2016 and the current accreditation period will expire on January 31, 2019. CARF accredits more than 50,000 programs and services at 25,000 locations in North and South America, Europe, Asia and Africa. FFN (Lakeview Center, Inc.) is accredited in the following child welfare program areas:

- Adoption
- Assessment & Referral

- Case Management/Services Coordination
- Foster Family & Kinship Care
- Specialized or Treatment Foster Care

Pre-service training is outsourced to the University of West Florida. In-service training is collaborative with the Department’s investigations and Region staff. FFN hosts several training events throughout the year, including a two-day training conference every May. Training events are open to the Department and community partners throughout the Region. Case management, adoptions, licensing, placement and independent living services are provided by FFN while the majority of family support services are provided by community partners who contract with FFN.

NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

The number of reports accepted for investigation in Circuit One has increased over the past three years while the number of removals has decreased. This is likely attributed to the implementation of the decision support team which utilizes a multi-disciplinary approach to decision making and safety planning. Additionally, the number of children receiving family support services dropped significantly from a high of 3,685 in FY14/15 to a low of 994 in FY16/17. This decline is the result of a purposeful switch in culture throughout Circuit One to ensure that referrals made for Family Support Services were aligned with the purpose and intent of these services and to ensure that community referrals are utilized when available and appropriate. This shift in culture was supported by Region leadership and the Community Alliance who meet monthly to enhance integration of child welfare and community service delivery.

Child Protective Investigations and Child Removals (Escambia, Santa Rosa, Okaloosa, Walton Counties)	FY 2014/2015	FY 2015/2016	FY 2016/2017
Reports accepted for Investigation by DCF (Initial & Additional Reports) ¹	9,717	10,094	10,315
Children Removed by DCF within the CBC Service Area ²	1,076	900	865
Children Served by Families First Network³	FY 2014/2015	FY 2015/2016	FY 2016/2017
Children Receiving In-Home Services	1,745	1,920	1,570
Children Receiving Out of Home Care	2,046	2,125	2,104
Young Adults Receiving Services	212	191	203
Children Receiving Family Support Services	3,685	2,483	994

Data Sources:

¹Child Protective Investigations Trend Report through June 2017 (run date 10/9/17)

²Child Welfare Dashboard: Children Entering Out-of-Home Care/Distinct Removals (run date 10/9/2017)

³FSFN OCWDRU Report 1006 Children & Young Adults Receiving Services by CBC Agency (run date 8/14/2017)

Table 4

SECTION 4: PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA

This section provides a picture of FFN’s performance as indicated by data indicators that are used to assess how well FFN is performing on contract measures and within the larger program areas of safety, permanency and well-being. The information in the following graphs and tables represent performance as measured through information entered into the Florida Safe Families Network (FSFN) and performance ratings based on the Department’s CQI case reviews.

The performance measures outlined in this report are accessible through the [Child Welfare Dashboard](#) and include both federal and state measures used to evaluate the lead agencies on 12 key measures to determine how well they are meeting the most critical needs of at-risk children and families.

Federal regulations require title IV-E agencies to monitor and conduct periodic evaluations of activities conducted under the title IV-E program to ensure that children in foster care are provided quality services that protect the safety and health of such children (sections 471(a)(7) and 471(a) (22) of the Act (Social Security Act), respectively. The Department of Children and Families has developed additional methods to evaluate the quality of the services provided by the lead agency, Rapid Safety Feedback (RSF) reviews and Continuous Quality Improvement (CQI).

- Rapid Safety Feedback (RSF) assesses open in-home service cases. The RSF Tool focuses on safety and is used to review active cases that have specified high risk factors.
- CQI reviews are conducted on a random sample of cases that are both in home and out of home. The reviews are conducted by CBC staff and utilize the same review instrument as the Child and Family Services Review (CFSR) tool.

In addition to the state developed quality assurance reviews, section 1123A of the Social Security Act requires the federal Department of Health and Human Services to periodically review state child and family services programs to ensure substantial conformity with the state plan requirements in titles IV-B and IV-E of the Act. This review is known as the CFSR. After receiving the results of the CFSR review, States must enter a Program Improvement Plan (PIP) to address areas that the Children's Bureau determines require improvement (45 CFR 1355.34 and 1355.35).

- CFSR reviews consist of completing a case file review, interviewing case participants, completing the on-line review instrument. In addition, these cases receive 2nd level reviews by the Office of Child Welfare and at times, 3rd level reviews by the Administration for Children and Families to ensure each case was accurately rated.

The results of the CFSR are considered baseline performance and the PIP goal is the level of improvement needed to avoid financial penalties. Therefore, the PIP goal may be lower than the overall federal and state expectation of 95%. The Department expects CBC agencies to strive toward 95% performance expectation on all CQI measures with focused activity around the federal PIP goals.

The quality ratings used throughout this report are based on the Department's CQI case reviews, including CQI/CFSR reviews and Rapid Safety Feedback reviews. The [CFSR On Site Review Instrument and Instructions](#) and the [Rapid Safety Feedback Case Review Instrument](#) are both available on the Center for Child Welfare website and provide details on how ratings are determined.

As shown in the graphic below, FFN is performing well in several areas however, opportunities for improved performance exist in other areas. There has been an overall decline in performance between fiscal years 15/16 and 16/17. The percent of children who are not neglected or abused during in-home services and the percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months are areas of strength for FFN as performance in these measures was consistently at or above the target for the past six quarters. Several measures represent areas where opportunities for improvement exist. They are described in greater detail below.

CBC SCORECARD

SC #	Families First Network Performance Measures Contract # AJ495	CBC Contract Measure Targets	Federal National Standard (Performance of Other)	Statewide Performance (FY 2016/2017)	Families First Network	
					FY 2015-2016	FY 2016-2017
					July 1, 2015-June 30,2016	July 1, 2016-June 30, 2017
1	Rate of abuse or neglect per day while in foster care <i>(Source: CBC Scorecard)</i>	<8.5	<8.5	10.56	10.72	7.98
2	Percent of children who are not neglected or abused during in-home services <i>(Scorecard)</i>	>95%		97.20%	96.70%	97.60%
3	Percent of children who are not neglected or abused after receiving services <i>(Scorecard)</i>	>95%		95.60%	96.60%	95.30%
4	Percentage of children under supervision who are seen every thirty (30) days <i>(CBC Scorecard)</i>	>99.5%		99.80%	99.60%	99.60%
5	Percent of children exiting foster care to a permanent home within twelve (12) months of entering care <i>(Scorecard)</i>	>40.5%	>40.5% <i>(16%-61%)</i>	41.60%	47.40%	36.80%
6	Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months <i>(Scorecard)</i>	>44%	>43.6% <i>(21%-50%)</i>	53.70%	56.90%	50.80%
7	Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home <i>(Scorecard)</i>	>91.7%	>91.7% <i>(83%-98%)</i>	89%	91.70%	91.20%
8	Children's placement moves per 1,000 days in foster care <i>(Scorecard)</i>	<4.12	<4.12 <i>(2.6%-8.7%)</i>	4.33	4.97	6.02
SC #	Families First Network Performance Measures Contract # AJ495	CBC Contract Measure Targets	Federal National Standard (Performance of Other)	Statewide Performance (FY 2016/2017)	Families First Network	
					FY 2015-2016	FY 2016-2017
					July 1, 2015-June 30,2016	July 1, 2016-June 30, 2017
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months. <i>(Scorecard)</i>	>95%		97.14%	95.00%	93.30%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months. <i>(Scorecard)</i>	>95%		92.70%	83.30%	83.30%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education <i>(Scorecard)</i>	>80%		87.60%	87.80%	78.50%
12	Percent of sibling groups where all siblings are placed together <i>(Scorecard)</i>	>65%		63.90%	65.70%	62.80%
	Number of children with finalized adoptions <i>(DCF Dashboard run date 10/17/18)</i>	255			231	255

Source: CBC Scorecard-All Measures-Run 8/4/2017

Table 5

CHILD SAFETY

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

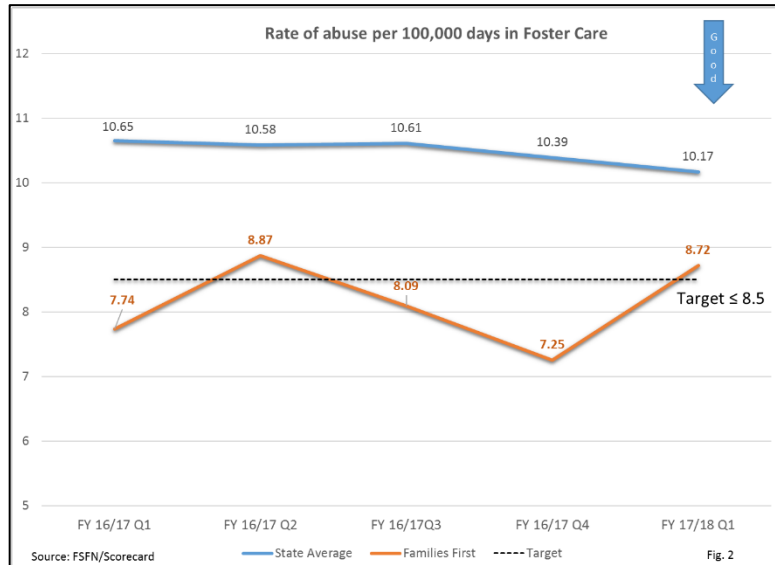
1. Rate of Abuse in Foster Care
2. No maltreatment after Family Support Services

3. No maltreatment during in-home services
4. No maltreatment after receiving services
5. Children seen every 30 days
6. CQI case practice assessment

RATE OF ABUSE IN FOSTER CARE

Rate of abuse or neglect per day while in foster care (Scorecard Measure M01): The graph (Fig. 2) 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.

From FY16/17, Quarter Two through Quarter Four, FFN experienced a drop in the rate of abuse per 100,000 days in foster care, and an overall positive trend in performance on this measure in three of the past four quarters. FFN recently experienced a decline in performance, which put FFN over the target for this measure however, they are still performing well under the average statewide performance.

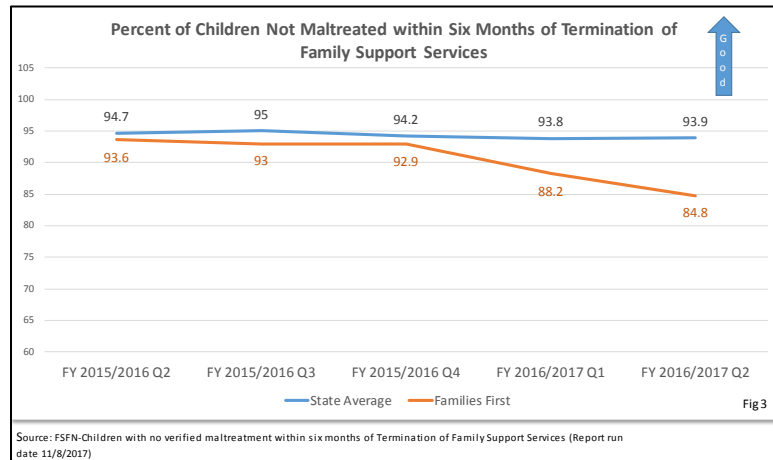


Additionally, FFN has shown improvement from FY15/16 to FY16/17 in CQI measure three (Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?) with 60% of cases reviewed showing this as a strength. However, performance in this measure remains below the Federal Program Improvement Plan (PIP) Goal of 77.7%. See table 6.

NO MALTREATMENT AFTER FAMILY SUPPORT SERVICES

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

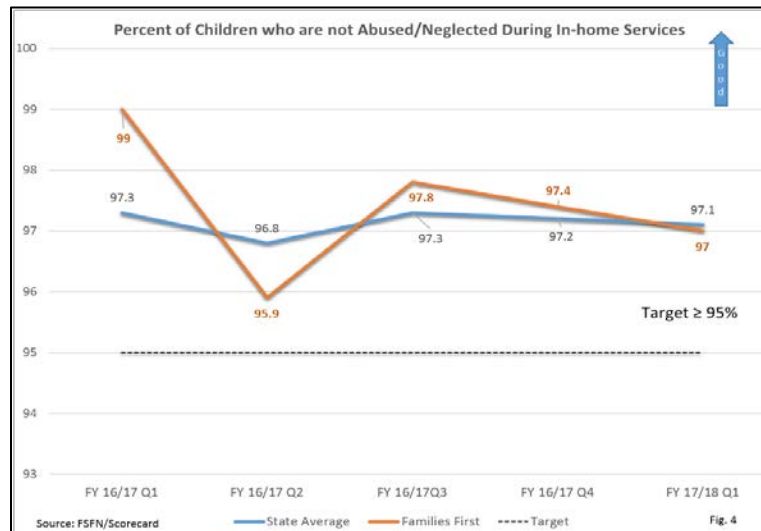
The graph to the right (Fig. 3) represents the percentage of children who did not have a verified maltreatment during the report period. For family support services terminated between October – December 2016, 84.8% of children were not re-maltreated following the provision of services. This is below the statewide average performance (93.9%) and is trending downward.



NO MALTREATMENT DURING IN-HOME SERVICES

Percent of children not abused or neglected while receiving in-home services (Scorecard Measure M02): The percentage of in-home service episodes, during the report period, where the child did not have a verified maltreatment while receiving the services is depicted in Fig. 4. This indicator measures whether the CBC was successful in preventing subsequent maltreatment of a child while the case was open, and the CBC was providing in-home services to the family.

FFN's performance has consistently exceeded the target in this measure but is trending downward. Performance was above the statewide average performance in the last two quarters of FY16/17 but dipped slightly below the statewide average in FY17/18 Q1.

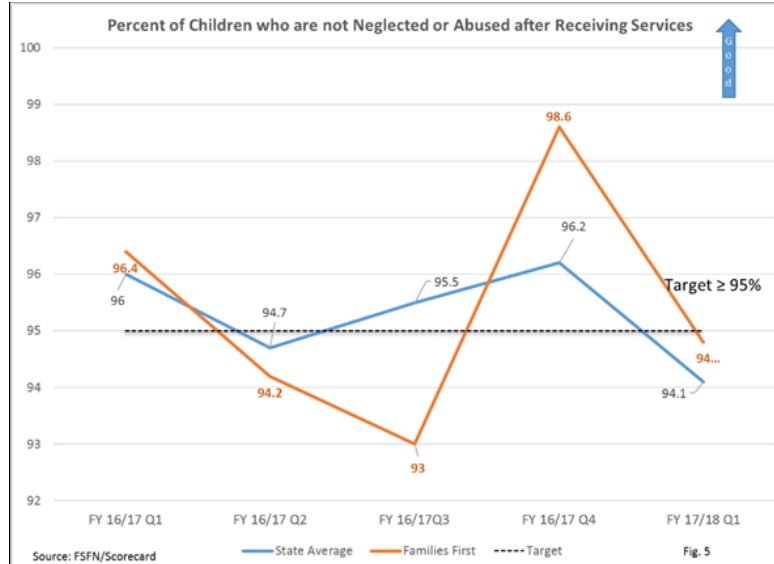


Rapid Safety Feedback (RSF) data revealed that FFN performed above the statewide average performance in RSF 4.1 by ensuring the safety plan in place was sufficient to control danger threats and protect the child. FFN has shown a positive upward trend in performance on CQI Item 3 in the past year, however FFN's performance remains below the federal PIP goal and federal and state expectations in this area, which is related to making concerted efforts to address risk and safety concerns. The declining performance and quality ratings, which are below standards, indicates a need to focus on staff development around addressing safety concerns. See Table 6. This will be further discussed later in this report.

NO MALTREATMENT AFTER RECEIVING SERVICES

Percent of children with no verified maltreatment within six (6) months of termination of supervision (Scorecard Measure M03): Ensuring children are not re-maltreated following termination of supervision is a good measure of the effectiveness of the services provided. Despite declining performance in the previous three

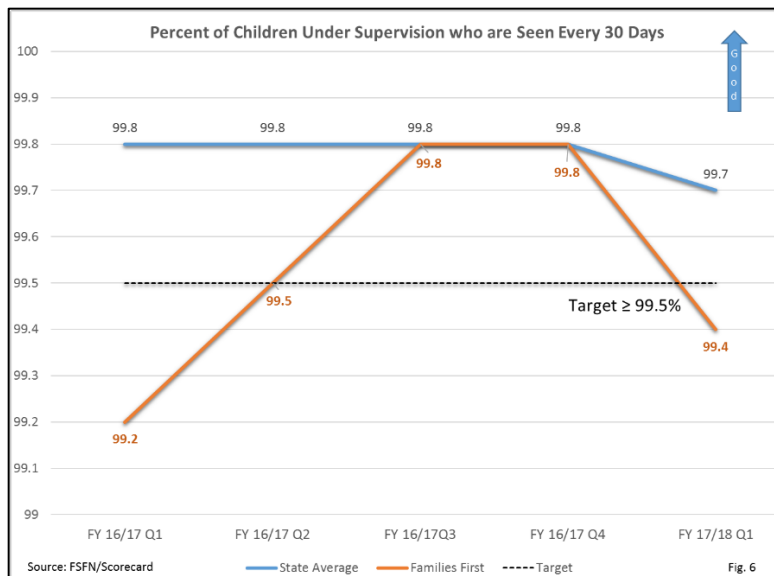
quarters, FFN significantly improved their performance in FY16/17 Q4, however performance declined again in FY17/18 Q1. See Fig. 5. Additionally, from FY15/16, FFN experienced a notable decline (18%) in performance on CQI Item 2 (Did the agency make concerted efforts to provide services to the family to prevent children’s reentry into foster care or re-entry after reunification?)



CHILDREN SEEN EVERY 30 DAYS

Children under supervision who are seen every thirty (30) days (Scorecard Measure M04): Fig. 6 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. In three of the most recent five quarters, FFN met the target in this area but dropped below the statewide average and the target in FY17/18 Q1. Additionally, data from RSF 2.1 and CQI Item 14 indicates that the frequency and quality of visits between the case manager and child are insufficient to address issues pertaining to safety, permanency and well-being and evaluate/promote progress toward case plan outcomes. See Table 8.



QA CASE REVIEW DATA

The table below provides the current performance in items related to child safety that are based on qualitative case reviews completed by a child welfare professional. Of the five items included in this report, four are below the statewide average. Ensuring a sufficient safety plan is in place to control danger threats to protect the child is approximately 20% over the statewide average. Both CQI items two and three fall short of the federal PIP goal and well below the federal and state expectation.

Quality Assurance - Rapid Safety Feedback Item	Families First Network Rapid Safety Feedback n=40	Statewide RSF Performance ¹ n=851
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>		
July 1, 2016-June 30, 2017		
RSF 1.1: Is the most recent family assessment sufficient?	● 35.0%	50.6%
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?	● 35.0%	62.7%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	● 80.0%	60.7%

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

Quality Assurance - Florida CQI Item	Families First Network CQI 2015-16 n=75	Families First Network CQI 2016-17 n=72	Percent Improvement	Statewide CQI/QA Performance ¹ n=1,290	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16	Federal Program Improvement Plan (PIP) Goal ³	Federal and State Expectation ⁴
<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 family to prevent children's entry into foster care or re-entry after reunification?	79.0%	● 61.0%	↓ -18.0%	93.0%	76.5%	85.2%	95.0%
CQI Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes or while in foster care?	55%	● 60%	↑ 5.0%	77%	71.3%	77.7%	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

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.

³The PIP Goal is set by the Children's Bureau and is the expected level of improvement needed to avoid financial penalties.

⁴This is the overall federal and state expectation for performance.

Green dot denotes performance is above the federal PIP Goal; red dot denotes performance is below the federal PIP Goal.

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. When helping children and families achieve permanency, child welfare professionals must balance an array of issues, including needs of the child and the family, as well as legal requirements. Helping children achieve permanency in a timely manner is extremely important to children as one year in a child's life is a significant amount of time with lasting implications. The graphs and tables on the following pages depict FFN'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. QA case practice assessment

CHILDREN IN OUT-OF-HOME CARE

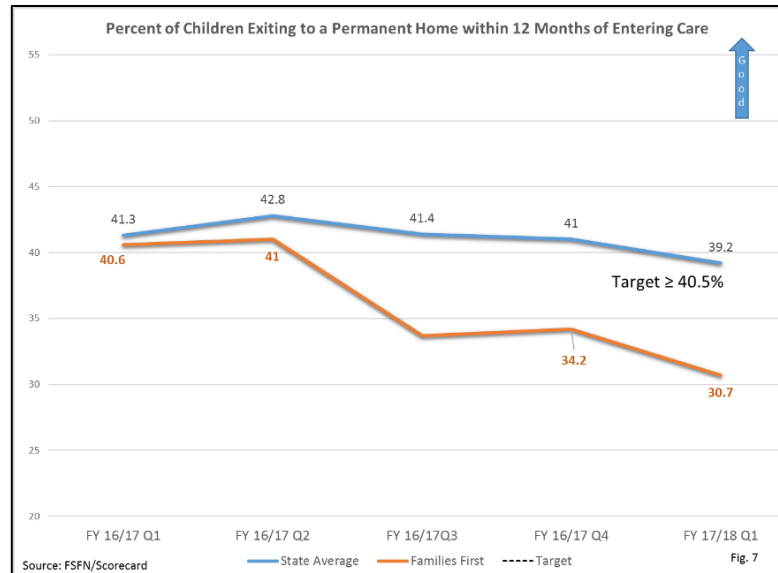
More than half (50.76%) of all children in out of home care in Circuit One were placed with an approved relative or non-relative as of October 21, 2017. This is below the statewide average of 56.28%. Approximately 32.10% of children were placed in licensed foster care and 9.82% of children were placed in group care. The statewide average placement in licensed foster care (29.55%) and group care (8.91%) was lower than Circuit One as of that same date. At the end of FY16/17, fewer than 1% of children ages 0 – 5 were placed in group care. (Source DCF Child Welfare Dashboard, Children in Out of Home Care by Circuit as of August 31, 2017).

PERMANENCY IN 12 MONTHS

Percent of children exiting foster care to a permanent home within twelve (12) months of entering care (Scorecard Measure M05):

Ensuring children safely achieve permanency within twelve (12) months of entering foster care is of utmost importance. FFN performed below the statewide average in the past five quarters in the percentage of children exiting foster care to a permanent home within twelve months of entering care. In the past three quarters, FFN experienced a significant drop in performance in this area.

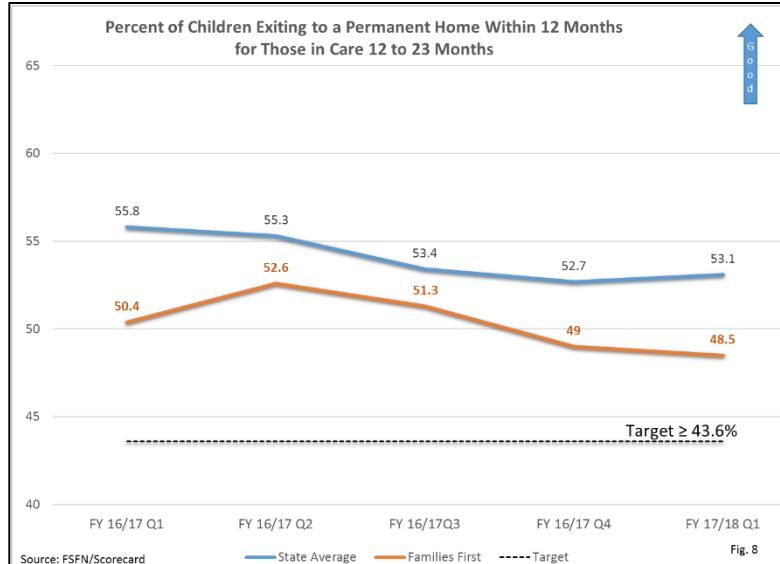
While there are many quality factors that impact permanency, FFN saw a significant drop in ratings associated with establishing appropriate permanency goals in a timely manner (CQI Item 5), falling from 86% to 70% which is well below the established PIP goal of 82.1%.



PERMANENCY IN 12 – 23 MONTHS

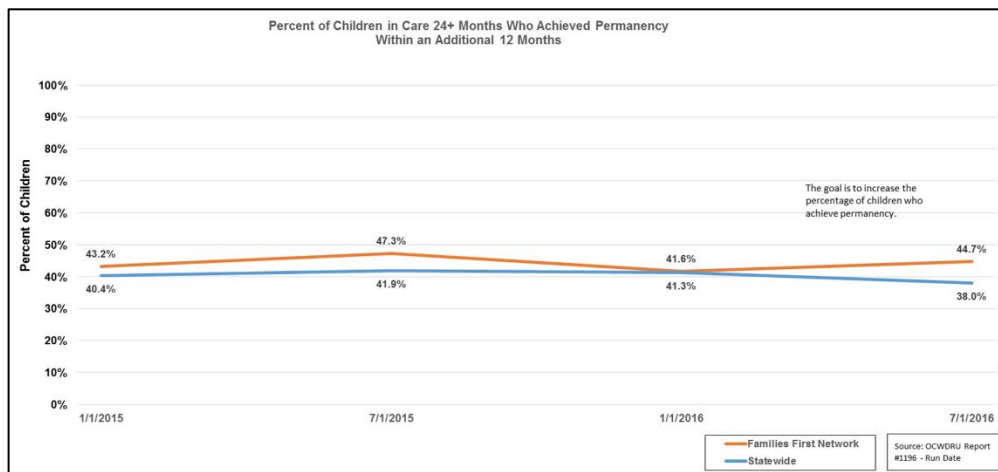
Percent of children exiting foster care to a permanent home in twelve (12) months for children in foster care twelve (12) to twenty-three (23) months (Scorecard Measure M06): Fig. 8 provides the percentage of children in foster care, as of the beginning of the report period, whose length of stay is between twelve (12) and twenty-three

(23) months who achieved permanency within twelve (12) months. FFN's performance in this area follows the same trend as above, in that performance in the past five quarters was below the statewide average in the percentage of children exiting foster care to a permanent home in twelve months for children in foster care twelve to twenty-three months. However, FFN consistently performs above the target on this measure.



PERMANENCY AFTER 24 MONTHS

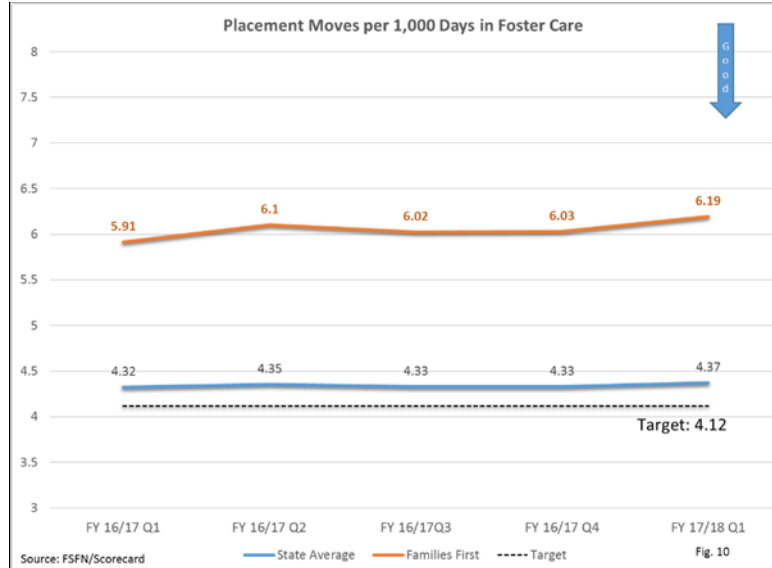
For children in care twenty-four or more months, FFN is able to achieve permanency within an additional twelve months at a slightly higher rate than the statewide average. From January 2015 through the end of FY15/16, FFN consistently performed above the statewide average in this measure.



PLACEMENT STABILITY

Placement moves per one-thousand (1,000) days in foster care (Scorecard Measure M08): Fig. 10 depicts the rate at which children change placements while in foster care during the report period. FFN placement moves per 1,000 days in foster care is higher than the statewide average and FFN is the second lowest performing CBC in the state in this measure as of June 30, 2017. CQI Item 4 evaluates the stability of placements and the quality of decisions made around placement moves. While there has been improvement in this measure, last fiscal year only

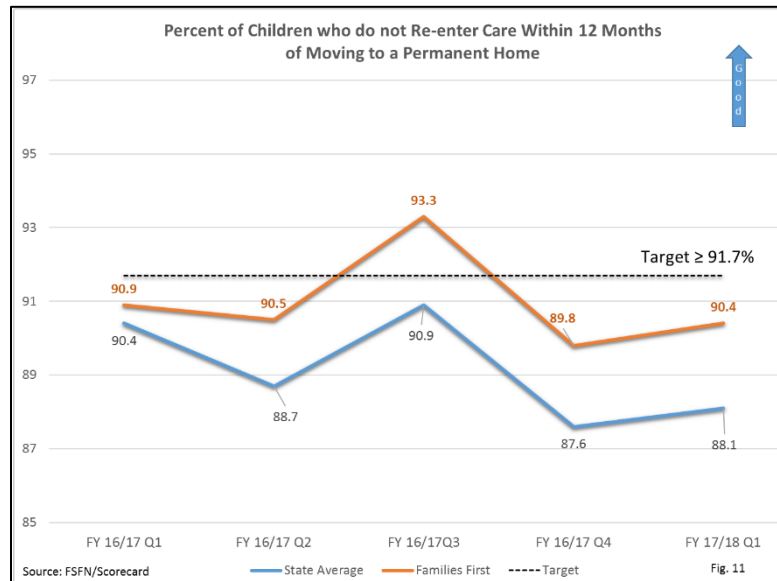
74% of cases reviewed showed this as a strength, which is significantly lower than the statewide PIP goal of 88.5% and current statewide performance 83%. See Section nine for additional information related to placement moves and concerns regarding overuse of overnight placements.



PERCENT NOT RE-ENTERING INTO CARE

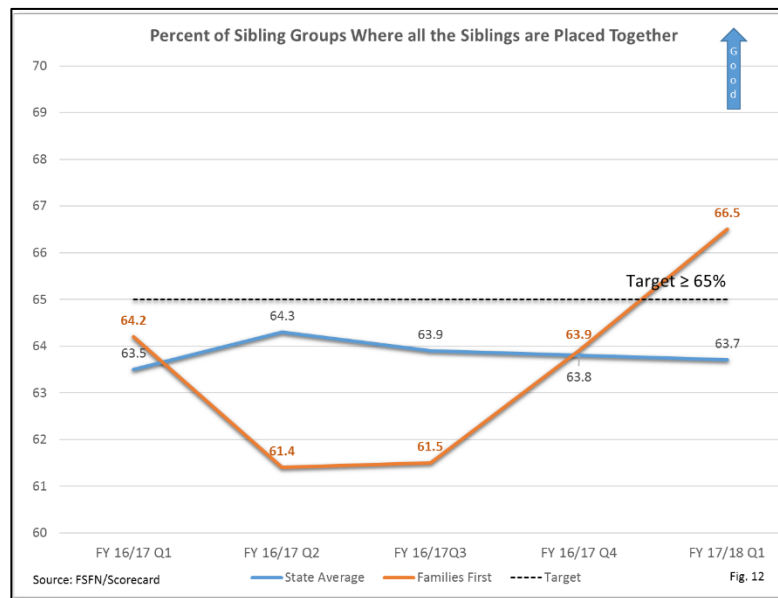
Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home

Scorecard Measure (Scorecard Measure M07): For a specific cohort of children who exited care within twelve (12) months of entering care, Fig 11 shows the percentage who did not subsequently re-enter care during an additional twelve (12) month period. While FFN has consistently performed above the statewide average in this area, performance has been below the target in four of the last five quarters. Additionally, performance in related CQI Items (2 & 3) are below the federal PIP goal and federal and state expectation (see Table 6).



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 is represented in Fig. 12. As the graphic shows, FFN has experienced an uptick in performance, on this measure, in the last three quarters. Further, FFN’s performance in cases included in the most recent sample for CQI Item 7 shows that FFN has been making concerted efforts to keep siblings placed together. FFN’s performance on CQI Item 7 was above the statewide average performance for the past two fiscal years. See Table 7.



QA CASE REVIEW DATA

The table below provides FFN’s current performance based on RSF/CQI case reviews related to permanency. Of the eleven permanency items included in this report, three have a PIP target goal. FFN’s performance is below the PIP goal in all three measures (CQI Item 4, 5 & 6). FY16/17 performance in four of the remaining eight measures falls below the average statewide performance and the federal and state expectation. See Table 7.

Quality Assurance Item	Families First Network Rapid Safety Feedback n=40	Statewide RSF Performance n=851
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>		Performance for FY 2016/2017
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?	35.0%	62.7%
RSF 2.3 Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	57.9%	67.7%
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?	44.8%	55.1%

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

Quality Assurance - Florida CQI Item	Families First Network CQI 2015-2016 n=75	Families First Network CQI 2016-2017 n=72	Percent Improvement	Statewide CQI/QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal ³	Federal and State Expectation ⁴
<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 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interest of the child and consistent with achieving the child's permanency goal(s)?	68.0%	74.0%	6.0%	83.0%	82.0%	88.5%	95.0%
CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?	86.0%	70.0%	-16.0%	84.0%	81.8%	82.1%	95.0%
CQI Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child?	57.0%	70.0%	13.0%	81.0%	74.5%	75.4%	95.0%
CQI Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?	70.0%	69.0%	-1.0%	64.0%	67.3%	None	95.0%
CQI Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child's relationships and with these close family members?	49.0%	76.0%	27.0%	69.0%	69.0%	None	95.0%
CQI Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community faith, extended family, Tribe, school and friends?	70.0%	74.0%	4.0%	79.0%	82.0%	None	95.0%
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	61.0%	65.0%	4.0%	83.0%	72.0%	None	95.0%
CQI Item 11: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging visitation?	39.0%	81.0%	42.0%	61.0%	60.0%	None	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 7

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.

³The PIP Goal is set by the Children's Bureau and is the expected level of improvement needed to avoid financial penalties.

⁴This is the overall federal and state expectation for performance.

Green dot denotes performance is above the federal PIP Goal; red dot denotes performance is below the federal PIP Goal.

WELL-BEING

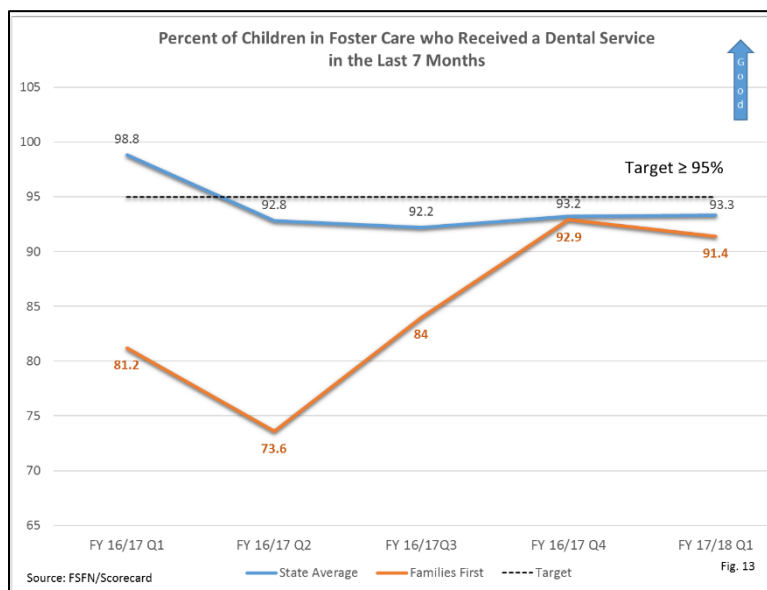
Ensuring that children’s physical, development and emotional/behavioral needs are met has a significant lifelong impact on a child’s future and is one of the system of care’s most important responsibilities. The graphs and tables on the follow pages depict FFN’s performance related to well-being in the 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. CQI case practice assessment

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. FFN showed strong improvement in the last two quarters of FY16/17 but experienced a recent dip in performance in FY17/18 Q1. Data gathered from the most recent CQI reviews for Item 17 shows a 6% increase in performance in this area. Foster Parent survey responses further support FFN is making strides to improve performance in this area as 75.6% of foster parents surveyed report that the children placed in their homes receive dental services, including preventative care, frequently (4.9%), usually (12.2% and every time (58.5%). Continued improvement in this measure is necessary to achieve the target goal and exceed the statewide average performance in ensuring children in care receive a dental service at least once in the previous seven months.

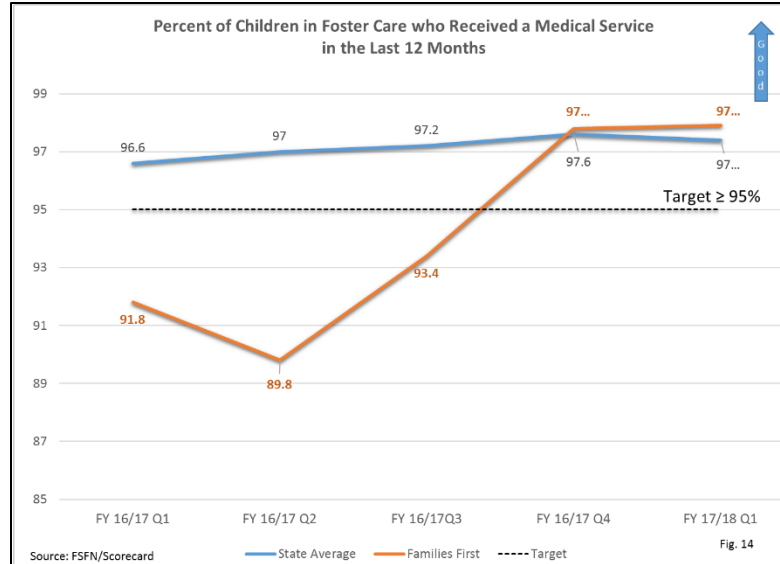


CHILDREN RECEIVING MEDICAL CARE

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

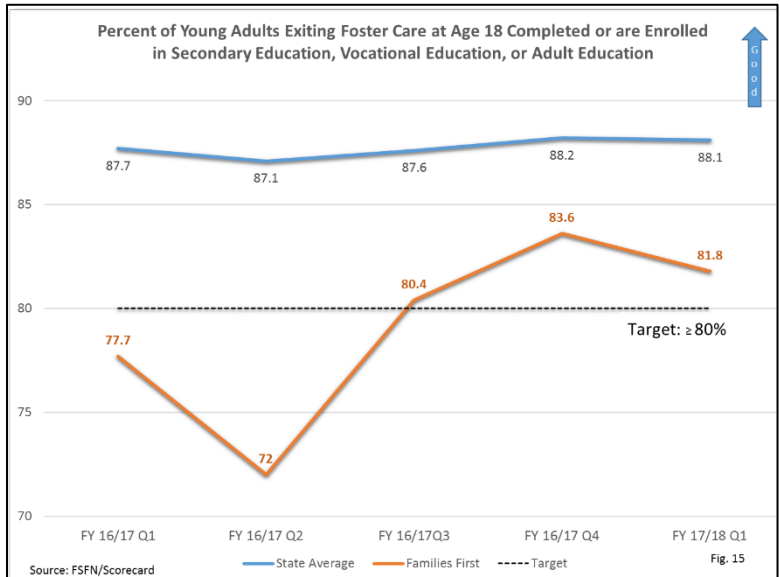
This measure is the percentage of children in foster care as of the end of the report period who have received a medical service in the last twelve (12) months. As noted above for dental, FFN has showed strong improvement in this area during the last two quarters of FY16/17 and the upward trend in performance continued through FY17/18 Q1. Data gathered from the most recent CQI reviews for Item 17 shows a 6% increase in performance in this area. See Table 8. FFN is currently above the target and statewide average performance for percentage of children in foster care who receive a medical service in the previous twelve months. See Fig 14. Foster Parent survey responses

further support FFN improved performance in this area as 87.8% of foster parents surveyed report that the children placed in their homes receive medical services, including preventative care, frequently (7.3%), usually (14.6%) and every time (65.9%).



YOUNG ADULTS ENROLLED IN SECONDARY EDUCATION

Percentage of young adults who have aged out 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. FFN’s performance in this measure has been consistently below the statewide average for the past five quarters, however performance appears to be generally trending up.



QA CASE REVIEW DATA

The table below provides FFN’s current performance based on RSF/CQI case reviews related to well-being. Of the nine (9) well-being items included in this report, six have a PIP target goal. Of the six, FFN met the PIP goal for two measures (CQI Items 12A & 12C). FFN’s FY16/17 performance in the other four measures falls the below the PIP goal and the federal and state expectation. See Table 8.

Quality Assurance - Florida CQI Item	Families First Network CQI 2015-2016 n=75	Families First Network CQI 2016-2017 n=72	Percent Improvement	Statewide CQI/QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal ³	Federal and State Expectation ⁴
<i>Assessment Based on Case Reviews by Child Welfare Professionals</i>	July 1, 2015-June 30, 2016	July 1, 2016-March 31, 2017					
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?	65.0%	71.0%	6.0%	89%	51.3%	58.4%	95.0%
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?	32.0%	37.0%	5.0%	73.0%	51.3%	58.4%	95.0%
CQI Item 12C Did the agency make concerted efforts to assess the needs of and provide services to <u>foster 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?	64.0%	73.0%	9.0%	88.0%	51.3%	58.4%	95.0%
CQI Item 13 Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	28.0%	38.0%	10.0%	66.0%	63.6%	70.7%	95.0%
CQI Item 14: Were the frequency and quality of visits between caseworkers and the <u>child (ren)</u> sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?	17.0%	43.0%	26.0%	67%	72.5%	78.9%	95.0%
CQI Item 15 Were the frequency and quality of the visits between the case workers and <u>mothers and fathers</u> sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals?	24.0%	32.0%	8.0%	48.0%	43.5%	51.1%	95.0%
CQI Item 16: Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?	61.0%	83.0%	22.0%	84%	92.0%	None	95.0%
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	55.0%	61.0%	6.0%	77%	85%	None	95.0%
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	44.0%	59.0%	15.0%	75%	72%	None	95.0%

Source: Federal Online Monitoring System

Table 8

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.

³The PIP Goal is set by the Children's Bureau and is the expected level of improvement needed to avoid financial penalties.

⁴This is the overall federal and state expectation for performance.

Green dot denotes performance is above the federal PIP Goal; red dot denotes performance is below the federal PIP Goal.

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, FFN 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, FFN received a rating of “4”, for their family support services programs and a rating of “4” for the safety management services program. The rating system is as follows:

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

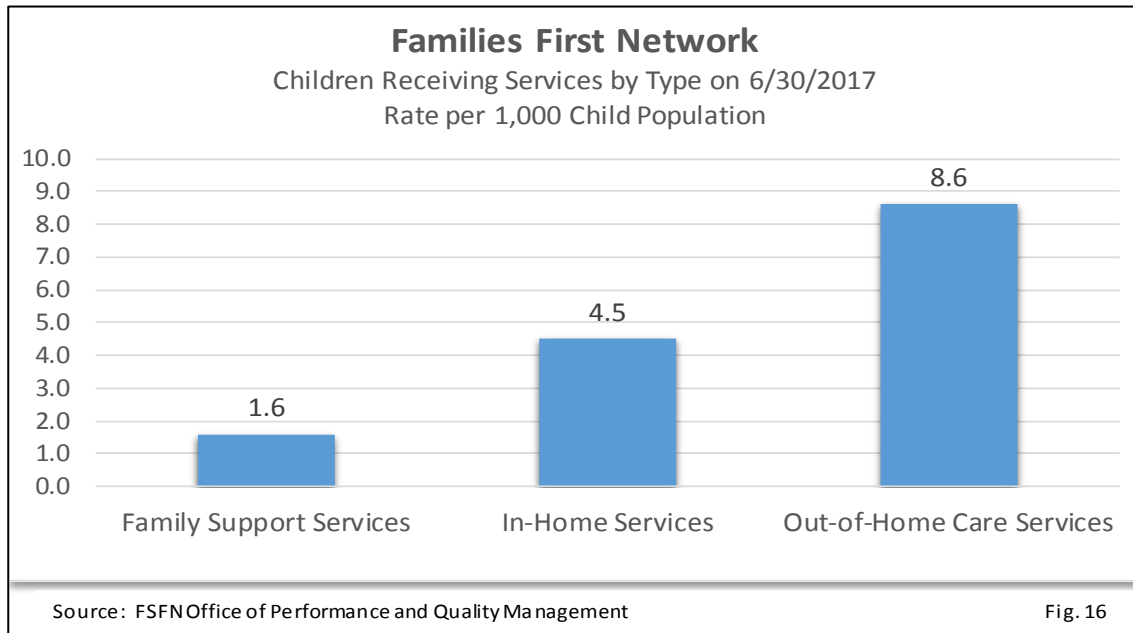
Family Support Services

FFN is utilizing a Wraparound model for the provision of family support services. This model takes a team based, family driven approach to case coordination. The assessment process involves asking the family their perspective on the various aspects of their lives and interactions with one another. These conversations would include eliciting information in each of the areas of the six protective factors, parental resilience, social connections, concrete needs, social and emotional competence, and healthy parent-child relationships. In addition, the assessment takes a history of the parent's educational, employment, social/community, medical, financial, housing and service background in relation to family functioning. Wraparound Family Support services are provided in the homes and communities of the families served. FFN has contracted with a single point of access provider in each of the four counties who are responsible for delivering services within their county. Services are available to eligible families regardless of where they live in the circuit.

Safety Management Services

FFN subcontracts their safety management services with four different providers, one for each county. Despite having safety management services that were aligned with the child welfare practice model and were available at a sufficient capacity, FFN was not seeing the outcomes they had hoped with these services. To address these concerns, FFN recently sent several staff members to collaborate with another community based care agency, Family Support Services of North Florida, and gathered information to enhance FFN's service array for safety management. As a result of this collaboration, FFN is making changes to their safety management services, including bringing them “in house” to be conducted by a certified child welfare professional. FFN is currently engaged in a deliberate county by

county roll out of their new safety management model, beginning in Santa Rosa county. Once the services have been fully implemented, FFN will resubmit their ratings for safety management.



While the number of children in out of home care continues to rise in Circuit One, removals are actually on the decline. FFN’s focus on enhancing their service array should have a positive impact on further reducing the number of removals and overall number of children in out-of-home care. FFN was able to increase the number of discharges during the last two quarters of FY16/17, but has seen a recent decrease in discharges in FY17/18 Q1.

ANALYSIS

SECTION 6: LEADERSHIP AND GOVERNANCE

SUMMARY

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

FFN recently enhanced their mission statement to better represent their overall system of care. The new mission statement is ‘Helping People Throughout Life’s Journey.’ To support their mission, newly hired FFN staff complete ‘Culture Week’ during which staff are introduced to the mission, vision and values of FFN and the importance of infusing these into in all aspects of work completed by FFN. The CEO sets the tone for the organization through an emphasis on how the culture of an organization impacts the effectiveness of the organization in achieving their mission. There is also an understanding that making decisions in the best interest of the children is the way to ensure fiscal sustainability.

These messages are reiterated regularly and emphasized during quarterly meetings with all staff. Additionally, FFN recently began the installation of monitors at all service centers which display mission critical messaging and statistical data which is consumable by the public.

The Baptist Healthcare Board of Directors meets monthly. FFN does not have a separate Board of Directors but is represented on the larger Board through an FFN subcommittee. The Board is provided with quality and financial data at every Board meeting and once a year a more in-depth analysis is conducted by the Finance and Executive committees of the Board. Interviews with the Board of Directors representative indicates that the Board is kept apprised of FFN progress and events and the representative was eager to highlight and praise recent assistance FFN Case managers provided to Our Kids, a Lead Agency in the Southern Region, following the devastating events of Hurricane Irma earlier this year.

FFN leadership encourages all staff to engage in focus groups, committees, board meetings, and staff meetings to address concerns, provide ideas for change and/or collaborate on cases. One of FFN's strengths is the integration of leadership staff into operations. This includes leadership staff being co-located in service centers, being highly visible to staff on an on-going basis and regularly attending staffings and community meetings.

FFN operates under Lakeview which operates under the Baptist Healthcare System. FFN's relationship with both Baptist Healthcare and Lakeview affords the opportunity to utilize resources within the two larger systems to offset costs for the child welfare system. Additionally, FFN is focused on securing supplemental financial support to enhance services provided in Escambia, Okaloosa, Santa Rosa and Walton counties through initiatives such as Wendy's Wonderful Kids which funds a Recruiter position. Other supplemental financial supports FFN has secured include: Baptist Healthcare's Annual Toys for Tots drive, Operation Santa, Diaper Drive, Pajama Drive, a Fall Festival, Haunted House and partnerships with community agencies such as the VFW and American Legion for events such as a motorcycle run, all with the proceeds directly benefiting children served by FFN.

FFN Leadership staff closely watch cost drivers such as, children in out of home care and high utilizers, and understand the importance of reducing costs where possible. The CEO routinely shares his philosophy that making the best choices for children is what is best for the budget, indicating that decisions made are in the child's best interest first and foremost. Leadership governs staff performance and quality through five pillars that drive the culture and philosophy at FFN. The pillars are: People, Service, Quality, Finance and Growth. The Performance Accountability Report (PAR) report is available to all employees and drills down from the agency to the individual unit level. Specific goals are set for each Pillar and leadership monitors progress on an ongoing basis.

FFN applied for, and was approved to receive, Risk Pool funding for FY16/17. The Risk Pool Peer Review Committee made several recommendations to include increasing efforts to place children with relatives and continue efforts to further develop and support foster home sustainability and recruitment. See the [FFN Risk Pool Committee Report](#) for additional details.

ANALYSIS

FFN's mission, vision, values are aligned with the Department's and integrated into their day-to-day work. Although FFN recently applied for, and was provided with, Risk Pool funding, Lakeview and Baptist Healthcare provide financial sustainability that is not available to all CBCs. The CEO and Executive Leadership have developed a culture that is committed to staff recognition and retention as well as quality, trauma informed casework. While FFN has developed support mechanisms for foster parents, continued efforts to utilize and support relatives and non-relative caregivers are needed.

SECTION 7: WORKFORCE MANAGEMENT

SUMMARY

In an effort to increase staff retention and promote professional development, FFN has a robust leadership structure which allows for upward mobility while providing clear guidance for staff who wish to elevate their position and contribute on a higher level. Initiatives such as the ones described below exemplify concrete measures FFN has taken to reduce their turnover rate and increase employee retention. The Child Welfare League of America estimates the 2017 average turnover rate for child welfare agencies in Florida ranges from 20-40% (<https://www.cwla.org/wp-content/uploads/2017/03/FLORIDA-1.pdf>). As of September 1, 2017, FFN's 12-month rolling turnover rate for case managers is 25% and 14% for case management supervisors.

FFN tiers of leadership are:

- Star Mentors - Star Mentors are FFN's emerging leaders who must apply and be selected to be a Star Mentor. The Star mentor receives leadership support and training and is awarded \$500 when their mentee becomes fully certified. This level is viewed as a stepping stone to a leadership position within FFN.
- Accelerators - Accelerators are identified leaders within the organization who do not directly supervise staff but nonetheless make a significant positive impact on operations and practice. Accelerators include QM, Training and other specialty positions.
- Leads - Leads (Leader Engagement and Development) are child welfare professionals who have a direct supervisory role and finally;
- Senior leadership - Encompasses all FFN leadership staff thru the executive management team.

Additionally, FFN has developed multiple opportunities for staff recognition that target specific desired qualities within the workforce including, but not limited to:

- Culture Kudos – Focusing on ownership, integrity, compassion, excellence and service, FFN's Culture Kudos are accolades written for staff member, by another, that recognizes when a staff member is exemplifying the mission, vision and values of the organization.
- Master Gardener Awards – Recognizing staff as the garden that must be prepped, planted, fed and, when necessary weeded, master gardener narratives are laminated and posted for all staff to read. Staff then vote on who enacted an action plan when contributed to improving the garden, aka the workforce.
- SHINE Awards – Used to support, highlight, improve, note and excel specific performance, SHINE awards focus on continuous quality and performance improvement. SHINE awards are awarded to staff who demonstrate excellence in casework as identified during monthly QA file reviews.
- Heart of the Supervisor – Staff nominate leaders to recognize by providing a narrative outlining the nominee's contribution to the organization. Narratives are laminated and posted for staff to read during quarterly meetings. All staff vote for the winner of the Heart of the Supervisor award.
- Bright Idea program – All staff are encouraged to submit ideas to streamline processes and improve task efficiency. For example, monitors were installed in each service center as a result of an idea submitted through the Bright Idea initiative.
- Lakeview Champions – Open to all staff in Lakeview system, the Lakeview Champion is chosen by the Lakeview Vice Presidents from a group of nominees. Once chosen, the Lakeview Champion's picture is posted in The Activity Center (TAC) and is then eligible to be chosen as the Legend, which is the highest level of recognition in the Baptist Healthcare system.

The CEO routinely visits the service centers and holds All Staff meetings quarterly where staff accomplishments are highlighted and celebrated. An annual Team Member Engagement Survey is distributed and closely analyzed by leadership staff to determine the pulse of staff morale and make adjustments when needed. Recently, FFN engaged the services of Gallop to further analyze the annual Team Member Engagement Survey data. 'Someone at work cares about me' was the highest scoring question which supports FFN's commitment to staff recognition and retention. The lowest rated response involved case managers feeling that their opinion did not count. When the results were received and analyzed by FFN leadership, additional information was obtained, and it was discovered that case managers sometimes felt that their opinion did not count as CLS, the GAL and/or the Judge can overrule their opinion. FFN took action to emphasize and underpin the importance of case managers' opinions and efforts.

Additionally, based on a review of staff salaries, FFN recently found that salaries were below the norm in comparison to community partners and child protective investigators, thus pay adjustments were made.

FFN closely tracks child welfare case manager caseloads through the review of a caseload report which is continually maintained and distributed to all leadership staff for review each Monday. The caseload report outlines current caseload ratios, number of children in out of home care, entries and exits and other trending data. Based on the weekly review, personnel adjustments are made as warranted to ensure resources are utilized most effectively. FFN proactively works with higher learning organizations such as the University of West Florida to utilize internship programs to recruit and train staff at little to no cost. On average, five pre-service classes are held annually and are timed to support workforce needs. Prior to beginning pre-service training, new hires spend at least one – two weeks in the service centers shadowing seasoned case managers.

FFN has a strong training team that is highly responsive to staff in-service training needs. Pre-service training is provided by the University of West Florida (UWF) who work collaboratively with FFN to ensure new case managers have ample field learning days and post classroom monitoring and follow up. Upon graduation from classroom training, each provisionally certified case manager is assigned a training team which consists of a mentor, a member of the training team, UWF trainer and supervisor who all provide ongoing support and assistance. In addition to ongoing monitoring, provisionally certified case managers are assessed at the 5th and 11th month to ensure they are on track for successful certification. Supervisors complete a modified version of Supervising for Excellence, attend mandatory quarterly leadership training and participate in learning groups to further develop their skills. The FFN training team works closely with the Finance Department to ensure that Title IV-E funds are maximized and most recently, they utilized Title IV-E funding to fund two Practice Model experts who support FFN's efforts toward full implementation of the Practice Model.

FFN hosts several training events throughout the year including the Annual Families First Network Child Welfare In-Service Training Conference, the November In-Service training for all staff, Training Tid-Bits which are ongoing training snippets sent to staff to supplement formal training, computer based learning opportunities and a full training schedule of in-service trainings aimed to improve casework and aid staff in skill mastery.

ANALYSIS

FFN Leadership clearly value staff. This is evident in the numerous recognition initiatives in place. Staff are fully aware and appreciative of recognition and retention efforts and as a result, feel valued in the workplace. Staff are encouraged to seek upward mobility and provided with numerous avenues to advance in the organization. Performance accountability is a focus of FFN operations and a structured evaluation process is in place. FFN works in partnership with DCF Region staff to promote transparency and collaboration. FFN's training team is a strength of the agency and is clearly valued and appreciated by staff throughout the organization. Ongoing structured training

and staff recognition and retention activities are contributing towards FFN's lower turnover rate, which is on the lower end of the average statewide turnover rate cited by the Child Welfare League of America.

SECTION 8: QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

SUMMARY

FFN's Quality Management team is another strength of the organization. The QM Team proactively developed a system called 'SHINE' (Support, Highlight, Improve, Note & Excel) to review specific topics in over one hundred cases each month. The topics vary depending on systemic deficiencies and topics are aligned with the Department's Federal PIP requirements. Recent topics included: Post Reunification practices, Supervisor consultations, and Quality visits. Approximately ten reviewers, from different departments, participate in the monthly reviews. A detailed report is provided to leadership staff who share results with staff and adjust protocols when warranted. Quality casework results in staff recognition in the form of a SHINE Award and when deficiencies are noted, FFN operates under a philosophy called 'Just Culture' in which an issue is explored at a higher level to determine if systemic issues exist. The Just Culture process attempts to manage human fallibility through examining events and decisions and attempting to garner system wide learning by avoiding a culture of blame and embracing a philosophy which values organizational capacities aimed to advance the organization.

FFN executive leadership is provided with multiple data reports encompassing all aspects of operations. Front line staff report that although they are aware that numerous reports exist, they are not trickling down to the front line with sufficient frequency. The FFN Data Team acknowledges this and efforts to customize data, so that it is more consumable by the various recipients (front line supervisory staff, executive leadership, the public, etc.), are currently underway.

As mentioned earlier, FFN utilizes the PAR to gather a point in time pulse of the organization and gauge progress toward goals. Likewise, the PAR is able to drill down to the unit level to measure performance. Like the Agency PAR, staff performance is also measured according to the five Pillars which are further broken down into subsections which correlate with employee performance evaluations. FFN practices process improvement fundamentals to identify deficiencies or issues and determine measures and counter measures to address the deficiency. This is evident in recent initiatives involving medical and dental efforts which improved performance (see Section 4, Wellbeing).

ANALYSIS

FFN's quality management team is experienced and innovative and a clear strength of FFN's system of care. Monthly SHINE focused case reviews provide ongoing feedback to staff regarding performance in critical areas. Abundant data reports are generated by the FFN Data team but are not distributed to front line supervisory staff with a frequency and consistency that would result in impactful change. This is an area that FFN is actively working to enhance. Additionally, data sharing with the QM and Training teams, to identify areas of deficiency supported by data, would result in more proactive training topics and focus SHINE reviews to areas most needing improvement.

SECTION 9: PLACEMENT RESOURCES AND PROCESS

SUMMARY

FFN's adoption goal for FY16/17 was 220 which was derived in accordance with the guidelines set forth in CFOP 170-12 and through negotiation with DCF Region staff. FFN exceeded the goal by completing 251 adoption finalizations. FFN has been working with Region staff to reduce the number of backlogged adoption home studies. A 90/90 Project was initiated in early 2017 in which ninety adoption home studies were to be completed within ninety days. To date, approximately half of the goal has been met and the team continues to work towards completion of this goal. Several barriers have been identified including a delay in completing adoption home studies and identifying prospective adoptive caregivers. A Clear and Concise Accountability Plan was developed as a result of the Casey Initiative. A Family Finders unit begins to work on identification of prospective adoptive caregivers at the beginning of the dependency case instead of towards the end. FFN's adoption team consists of twenty-two adoption specialists and three unit managers who are dedicated to achieving permanency through adoption for over 330 children in Circuit One.

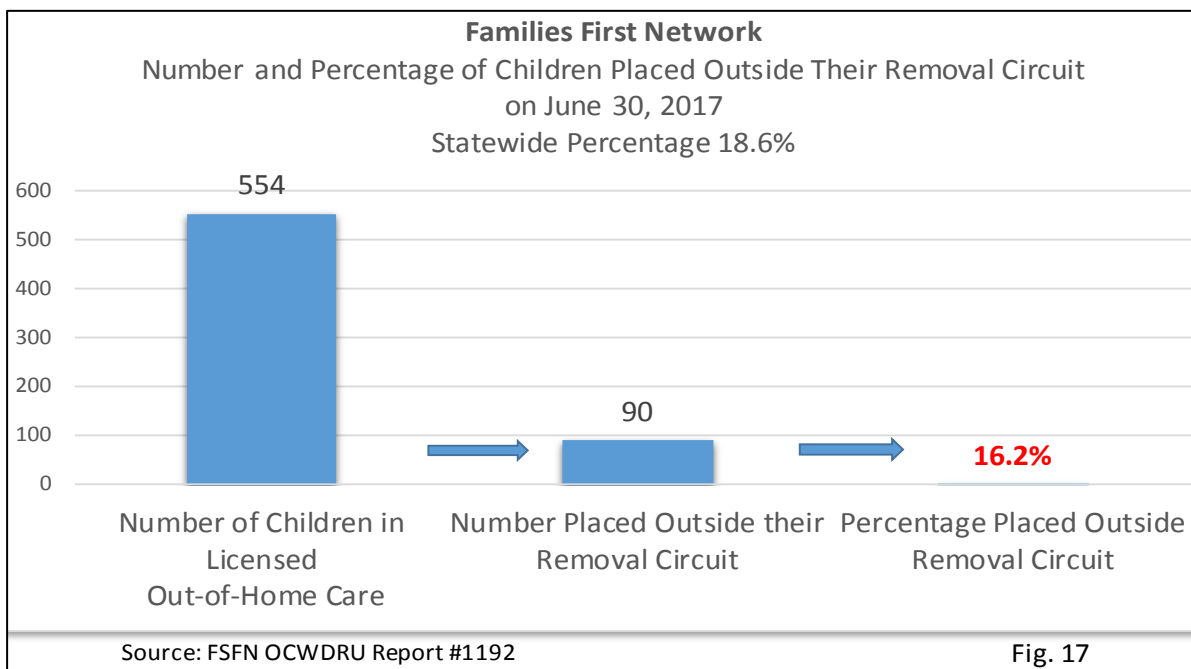
Although FFN's goal is a net increase in foster home beds, over the past two years they have experienced a decline in foster home bed capacity. The FY17/18 goal is to license at least 210 beds, however the process by which this goal was established was not clearly based on an analysis of specific needs (i.e. number of therapeutic homes needed, number of children placed out of county, etc.). Targets were also established for the number of inquiries (30 per month) and FFN foster home recruitment staff utilize software, provided by Baptist Healthcare, that categorizes prospective foster parents based on demographics, purchasing behavior and psychographic data, sorted by zip code. FFN also employs numerous foster home retention efforts to maintain homes, including: two foster parent liaisons, a closed Facebook group for foster parents to engage with one another and obtain support, a foster parent newsletter, discount tickets to area attractions, appreciation events, foster parent highlights in the Gulf Coast Life magazine, foster parent participation in the annual Christmas parade, and the All Pro Dad group. FFN staff also host an annual bowling event to raise money to support and reward foster parents in a variety of ways. One innovative foster parent retention activity is called the 'Foster Parent Ambush.' Staff surprise foster parents at their place of work, church, etc. to recognize them in the company of their friends and/or relatives. Foster parents enjoy this experience and it also provides an opportunity for FFN to spread awareness of the need for additional foster parents to any family or friends in attendance.

FFN changed the initial licensing process for foster parents to offer an on-line orientation and avenue for capturing prospective foster parent contact information. Additionally, FFN screens prospective foster parents more thoroughly in the initial stages of the process, including background screening and a home visit to discuss the realities of being a foster parent, before enrolling a foster parent in training.

FFN is working closely with the Foster Parent Associations to build relationships and develop a foster parent mentoring program. In addition, FFN recognizes the need to increase relative and non-relative placements and has set a goal to increase these placements by at least 10% this fiscal year. FFN initiated a workgroup to review and enhance the placement process to create a more child centered practice. Still in the early stages, the workgroup consists of case managers, CPIs, Supervisors and foster parents and is expected to improve the overall placement process.

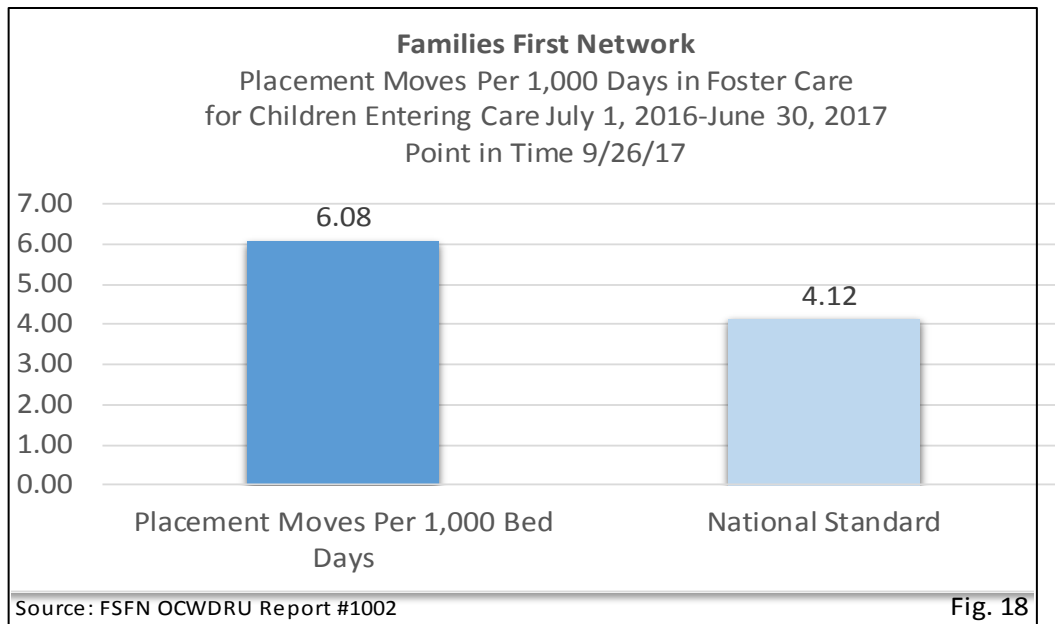
FFN monitors high cost placements on an ongoing basis. MATRIX homes provide behavioral health services to high need children, Cabbott provides placement for adolescent males and Arcadia provides placement for adolescent girls, including girls with higher end needs and difficult to manage behaviors. Additionally, FFN contracted with the National Youth Advocate Program (NYAP) for an enhanced foster home program for children in out of home care with challenging behaviors. The NYAP homes cost less than group home placements, yet they provide a higher level of individualized care. FFN is currently engaged in discussions with church officials to bring a safe house to Circuit

One which would provide services to pregnant and parenting youth, which is a gap identified in the Region. FFN is working with community partners to enhance sibling placements via a ‘Children in Crisis’ neighborhood model which mirrors a house parent model in a small community or neighborhood. These efforts and initiatives will enable FFN to bring children currently placed outside of Circuit One back home. Currently 90 children are placed outside of Circuit One (see Fig. 17).



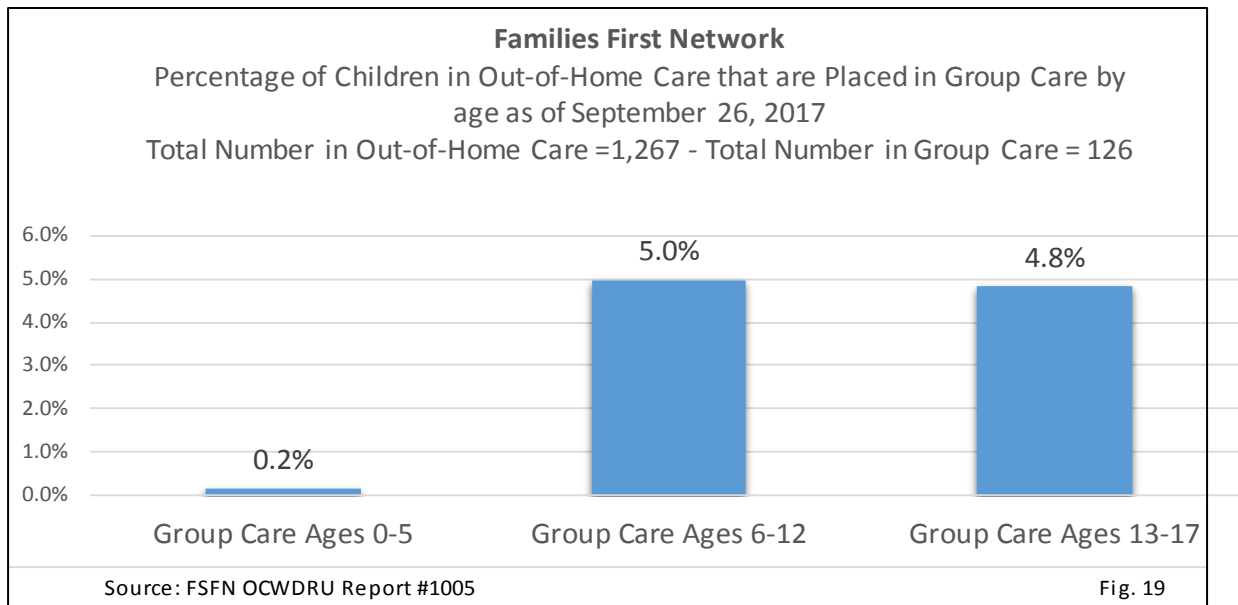
The placement process at FFN is informal and primarily reactionary. Each placement specialist makes handwritten notes on a FSFN Placement report which is generated and distributed on a weekly basis. Information sharing between staff is not automated and requires ongoing communication to determine current bed capacity and vacancies. While placement specialists are knowledgeable about the specific foster homes they are assigned to, comprehensive knowledge of all foster families serving Circuit One is lacking due to the absence of a collaborative information repository. Efforts to placement match are delayed due to the need to seek information from other placement specialists, prior to every placement. There is no automated tracking process to aid in placement matching. The lack of a more formal, automated process seriously limits organizational knowledge regarding foster home preferences and matching characteristics.

Staff report approximately 85% of initial placements are overnight or respite placements with a scheduled move the next morning. Staff report that foster parents routinely require a trial night to ‘see how it goes’ before committing to the child staying in the home on a long-term basis. This practice is contrary to the philosophy of trauma informed care as it forces an automatic move, thus resulting in additional stress and trauma to the child. Additionally, this practice is impacting FFN’s placement moves per 1,000 days in foster care as FFN was the second highest in the state on this measure, from July 1, 2016 through June 30, 2017 (Source: Child Welfare Key Indicators Report, September 2017). FFN is currently performing below the statewide and national average for placement moves per 1,000 days in foster care (See Fig. 18).



Additionally, some foster parents are over restricting the children who can come into their home. Interviews revealed that at least one foster parent is refusing to accept children based on race or ethnicity and another was requiring a photo of the child prior to accepting the child into their home. Although foster parents can express preferences for placement based on gender and age, allowing foster parents to refuse children due to race or ethnicity is a violation of the Multiethnic Placement Act of 1994, 42 U.S.C.A. §671(a)(18), and Florida Administrative Code 65C-28.004 and must not be sanctioned by FFN.

When children enter out of home care, the first, best and least restrictive placement must be explored. Less than 1% of children under 5 are in group care in Circuit One and 5% of children ages 6-12 and 4.8% of children ages 13-17 are in group care (See Fig. 19). High cost group care placements are reviewed by FFN leadership on an ongoing basis. MATRIX placements for high need children account for approximately thirty children in Circuit One. These placements are reviewed monthly. Although placement staff attend permanency staffings, there is no clear process to formally and proactively review step down placements utilizing an evidenced based tool or multi-disciplinary team process.



As mentioned previously, FFN is in the process of increasing relative and non-relative placements by 10% this fiscal year. Survey responses received as part of the monitoring process suggest that improvement in the diligent search process is warranted and would align with this goal. And, while there is clear evidence of supports available for foster parents, there is no evidence of formal initiatives or similar supports for relative or non-relative caregivers.

ANALYSIS

FFN's placement process is an area needing improvement. FFN's lack of a streamlined placement matching process and efficient bed availability reporting limits the efficiency of placement operations. Additionally, placement decisions must be made to ensure children are initially placed in the best and least restrictive placement possible, regardless of race or ethnicity, to reduce the trauma inherent in subsequent placement moves. FFN is working to increase foster home capacity and increase placements in relative and non-relative care. A historical shortage of foster home placements in Circuit One has strained the system and resulted in foster parents directing the placement process to meet their needs versus FFN being able to improve the placement process in accordance with their assessment of foster home needs and capacity in Circuit One. Further efforts are needed to increase and support relative and non-relative caregiver placements. Additionally, efforts to ensure placement decisions that are trauma informed and align with the mission, vision and values of FFN and the Department are needed.

SECTION 10: PRACTICE

SUMMARY

FFN's policy team disseminates updates to Florida Statutes, Florida Administrative Code and Child and Family Operating Procedures (CFOPs) expeditiously and via a variety of platforms such as classroom trainings, e-mail distribution and computer based learning modules. Locally agreed upon practices and protocols are not always trickled down to front line staff timely or at all. FFN proactively engages staff in workgroups to improve or augment current practices, however, final decisions are not well communicated to all staff. Development of a strategic communication strategy at the conclusion of a workgroup would boost propagation of new practices and protocols thereby ensuring all staff are kept apprised of changes and practice enhancements.

The Practice Model is reinforced by practice model experts who support staff and lead decision support team staffings. Safety Practice Consultants were added using Title IV-E dollars and are providing support to staff to enhance fidelity to the Practice Model. Additionally, intake specialists were added to streamline and improve the case transfer process and ensure quality and integrity from the onset of the case. The infusion of practice model experts into the system of care is intended to create staff competence around the professional practices that support the practice model and improve decision making to ensure that it is in the best interests of children served by FFN. During front line interviews, several supervisors were able to articulate the need for safety plans and why they need to be monitored and updated throughout the life of the case. Scores on RSF (4.1) reviews further support that case managers understand the importance of ensuring a sufficient safety plan is in place to control danger threats to protect the child (see Table 6). While conditions for return conversations are occurring and staff appropriately verbalize that 'safety plans drive your case,' the percent of children exiting to a permanent home within 12 months of entering foster care is below the statewide target and average statewide performance showing that follow up is needed to ensure conditions for return are identified and acted upon to move the case to permanency in a timelier manner (see Table 5).

FFN has engaged the services of ACTION to train staff on danger threats, specifically unexplained injuries, which further supports FFN's commitment to improving the skill set of the child welfare professionals. As of 10/4/17, none of the four counties in Circuit One had fully implemented the Practice Model and continued efforts are warranted. The following is the implementation status of each county, (Source: Child Welfare Key Indicators Report, September 2017):

- Escambia 66%,
- Santa Rosa 80%,
- Okaloosa 57.4% and
- Walton 85.3%

Examples of family centered practice and trauma informed care were plainly evident in FFN's leadership and the culture, however, they are not consistently applied to the day to day job functions. Efforts to increase knowledge and adherence to these practices during placement decisions is recommended and would have a positive impact on the entire system of care. Although FFN improved performance, between FY15/16 to FY16/17, in CQI Items 12B and 13, further efforts to integrate family centered practice and trauma informed care are needed to involve the family in case planning activities and provide services necessary to address the specific issues which brought the family to the Department's attention (see Table 8).

ANALYSIS

FFN has taken steps to develop Practice Model competency in staff by engaging outside providers to provide training and consultative support. QM staff regularly review cases to provide additional feedback and guidance. Policy and legal updates are being disseminated consistently, however, front line staff report a delay in communication of local level protocol changes and decisions. And, while evidence of the infusion of trauma informed care and family centered practice is seen in the clear majority of FFN operations, efforts to fully infuse these practices should continue.

SECTION 11: PARTNER RELATIONSHIPS

Through ongoing engagement and community outreach, FFN enjoys strong partner relationships with many organizations in Escambia, Okaloosa, Walton and Santa Rosa counties. FFN's CEO has developed a culture that is driving operations in the organization and enhancing relationships in the community. FFN and DCF Region staff work collaboratively to promote transparency and trust through several shared meetings, joint trainings and ongoing communication. A community alliance meeting is held quarterly to discuss systemic concerns and ongoing initiatives. All staff are encouraged to attend as well as DCF Region staff and community providers. Recently, FFN worked in cooperation with DCF Region staff to streamline meetings to increase efficiency and reduce redundancy.

The CEO attends court hearings several times a year to foster a strong relationship with the judiciary and observe staff presentation in court. Additionally, the CEO meets with the Judges in each county to share data and other relevant information thereby improving inter-agency communication. As part of this monitoring process, surveys were distributed to several groups including child protective investigations staff, guardian ad litem and child welfare legal services (CLS). Additionally, focus groups were held with investigations and CLS staff. Responses reveal that efforts to improve communication between case management and investigations are needed. Both case management and investigations front line staff describe a strained relationship and lack of communication between the two groups. Specifically, in Walton county, staff report an adversarial relationship that is negatively impacting efficient operations. However, staff in Santa Rosa county, where operations are co-located, report a fluid and harmonious working relationship where issues are addressed and resolved amicably.

Steps to streamline and improve information sharing and communication between case management and CLS would positively impact operations in Circuit One. Issues such as case managers failing to provide necessary court documents in a timely manner, lack of court preparation and diverging recommendations being offered in court are hindering timely permanency for children in Circuit One. Likewise, survey responses from guardian ad litem staff reveal a need to increase communication, especially about systemic barriers and efforts and initiatives underway to overcome them.

ANALYSIS

FFN and DCF Region staff work collaboratively to achieve goals and improve outcomes in Circuit One. In Santa Rosa county, case management, investigations and CLS staff work harmoniously toward shared goals. However, overall, greater efforts to improve communication between case management and investigations staff and between case management and CLS staff are warranted with a focus on Walton County.

SECTION 12: COMMUNITY RELATIONSHIPS

SUMMARY

FFN is a strong presence in the community and is engaged in community outreach through various marketing activities including relationships with Pensacola News Journal and WEAR-TV which provide in-kind media coverage for recruitment efforts and initiatives such as Angels in Our Midst. FFN proactively reviewed market analysis data to determine the source of where most residents in Circuit One are getting news and information. Based on the research, FFN increased their digital and social media presence and reduced the use of traditional sources such as newspapers and billboards. Recently, Oprah and Ellen shared a local story regarding a sibling group of five served by FFN. This led to heightened awareness of FFN and aided in increasing potential foster and adoptive parents.

FFN actively works with community partners to provide training and expertise to elevate community knowledge regarding children and families involved in the dependency system and opportunities for the community to become more engaged. Circuit One contains several military communities which positively impact the community in a variety of ways, yet the transiency of the military population presents some challenges in securing local relative placements. However, FFN has a strong relationship with military operations that fosters partnerships in fund raising initiatives and service delivery to military families.

FFN collaborates with community partners to make significant impacts in the community. For example, FFN and DCF Region staff worked with several community groups to convert a 30,000-square foot vacant, county owned, building into a thriving community center where children and families from lower socio-economic neighborhoods can enjoy numerous activities and events. The Brownsville Initiative is a testament to collaborative community partnerships and the impact they can make on a community.

FFN also works with Casey Family Partnerships to improve permanency outcomes for children and families. Through two separate initiatives, FFN and Casey Family Partnerships aim to enhance permanency staffings and reduce the overall time children spend in out of home care. Additionally, FFN is working with the National Youth Advocate Program (NYAP) to increase capacity for specialized therapeutic, high end and hard to place youth.

FFN is working with Strive Together, a national, nonprofit network of numerous communities throughout the county aimed at improving education and employment outcomes which will improve community systemic issues overall. Through this partnership, Achieve Escambia promotes education and employment success in Circuit One. This is the first Strive Together site in Florida and the 65th site in the country.

ANALYSIS

FFN embraces community partnerships and fosters relationships to achieve greater success in Circuit One. Through positive working relationships with media outlets such as WEAR and the Pensacola News Journal, FFN is often able to collaborate on messaging during critical events. Additionally, FFN reaches beyond the geographic confines of Circuit One to explore opportunities to forge relationships with larger organizations that positively contribute to the system of care.

SECTION 13: COU MONITORING SUMMARY

SUMMARY

FFN is a robust child welfare community based care agency in Circuit One with a strong leadership team that is committed to being a trusted community partner and serving the community through their mission of 'helping people throughout life's journey.'

Opportunities for system of care enhancement are inherent in all community based care organizations. FFN is engaged in continuous quality improvement activities such as various workgroups to streamline staff performance and augment operations. FFN's strong leadership, QM and Training teams are an asset to the organization and will serve them well as they endeavor to address the issues noted below.

AREAS IN NEED OF IMPROVEMENT:

- Placement Practices – Contract AJ495, Standard Contract, 5 specifies that FFN must be aware of and comply with all state and federal laws, rules and regulations, without exception. Information obtained during the

monitoring indicates that at least one foster parent refuses to accept children based on race or ethnicity, in violation of the Multiethnic Placement Act of 1994, 42 U.S.C.A. §671(a)(18), and Florida Administrative Code 65C-28.004.

- Quality and Performance Measures – Several performance measures represent areas in critical need of improvement, as FFN has failed to meet the performance target in several, if not all, of the past six quarters. These include:
 - a. Placement moves per 1,000 days in foster care – FFN has failed to meet the performance target in this area for the past six quarters. Further, quality case reviews show that improved efforts are needed to ensure placements are stable and any moves are necessary and in the best interest of the child. FFN’s current performance does not meet the state, federal or PIP performance expectation.
 - b. Percentage of children in foster care who receive dental services – FFN has failed to meet the performance target in this area in the past six quarters, thus efforts to ensure children receive regular dental care is needed. Quality case reviews further support that FFN needs to improve efforts to ensure that children’s physical health needs are met.
 - c. Percentage of children who do not re-enter care within 12 months of moving to a permanent home – In five out of the last six quarters, FFN failed to meet this performance target. Additionally, quality case reviews show that the agency is not meeting the statewide, federal or PIP performance expectation of ensuring that concerted efforts are made to provide services to prevent children’s re-entry into foster care or re-entry after reunification.
 - d. Percentage of children exiting to a permanent home within twelve months of entering care - For the past three quarters, FFN has failed to meet the performance expectation of ensuring children reach permanency within twelve months of entering care. Also, quality case reviews show that improved efforts to achieve reunification are warranted.
 - e. Percent of children who are not neglected or abused after receiving services – FFN failed to meet the performance target in three of the past six quarters, failing just shy of the target in FY17/18 Q1. Quality case reviews show a need for improved performance in the quality of visits between the case manager and case participants including the child(ren) and parents.

OPPORTUNITIES FOR ENHANCEMENT:

- Quality and Performance Measures – Several performance measures represent opportunities for local level discussion and monitoring to ensure the upward trend in performance continues. They are:
 - Percent of children who receive a medical service every 12 months – Although performance in three of the past five quarters did not meet the performance target, performance has been trending up in the past three quarters.
 - Percent of sibling groups where all siblings are placed together – Although FFN’s performance in FY17/18 Q1 met the performance target, the preceding four quarters fell short of the target.
 - Percent of young adults exiting foster care at age 18 who completed or are enrolled in secondary education, vocational education or adult education – FFN’s performance has been trending upward but experienced a slight dip during FY17/18 Q1.
- Dissemination of Data – The amount of data available is exceptional but it is not being shared with staff in a meaningful way. The data team reports that they are aware of this and are working on disseminating data that is appropriate for consumption by the various groups
 - Training is very responsive to requests for training but data sharing with the training team would allow them to utilize data to hone in on areas of needed improvement that staff may not request (i.e. placement moves).

- Relative & Non-Relative Caregiver Placements –
 - Identification and screening of relative and non-relative placements through expanded search activities, including but not limited to, the diligent search process, is necessary to reduce placements in out of home care.
 - Ongoing efforts to support and retain relative and non-relative caregivers are recommended. FFN provides ongoing support to foster parents in a variety of ways including early after placement, to address any issues and/or provide needed supports. A similar process for relative/non-relative caregivers was not evident.

- Strategic Communication Process – While new CFOPs and changes to Admin Rule and Statutes are well communicated to staff, staff report that some locally agreed upon protocols or practices are not trickled down timely, or at all.

- Partner Communications & Relationships - With the exception of Santa Rosa county, both case management and investigations staff described strained relationships and a lack of communication between investigations and case management. Specifically, in Walton county staff report an ‘adversarial’ relationship that is negatively impacting efficient operations.

- Court – A clear process for document tracking was not apparent, including when documents such as JRs, case plans, birth certificates, etc. are provided to CLS for filing. Additionally, staff report that diverging opinions are presented in court, thus a process for pre-court prep and discussion is recommended to ensure recommendations are unified.

- Need for timely service referrals – Foster parents report issues with obtaining needed services, specifically mental health services, especially in rural areas.

- Adoptions – An initiative was started in April 2017 to address the problem of lingering adoption cases due to absent or incomplete home studies. The goal of the initiative was to complete ninety home studies within ninety days. Over six months have passed since the initiative began and numerous home studies remain incomplete, resulting in adoption cases lingering unnecessarily.

- Incident Reporting – FFN enters critical incidents into Baptist Healthcare’s STARs system but not all required incidents are being entered into IRAS. For example, a case involving a near drowning which required resuscitation and another case involving a child who required emergent medical care for a seizure were not entered into IRAS.

- There are multiple opportunities to improve placement process, including the following:
 - There is not a uniform process for placement. Many tasks are handled on a case-by-case basis. Staff report that a protocol or guidance tool is ‘missing’ from the FFN handbook.
 - Guidance and information contained in the CBHA does not appear to be utilized by placement to inform subsequent placement decisions and supports needed.
 - Many manual spreadsheets are being utilized by individual staff, thus a comprehensive and up-to-date placement bed availability snapshot is not available to any placement staff.
 - There is no evidence of a clear process for placement matching. Placement staff are assigned to specific homes and they know the foster parents assigned to them, but information is not maintained in a manner that allows co-workers to make decisions without first having to consult with the worker assigned to the foster home.
 - Overnight/Respite placements – Staff report that approximately 85% of initial placements are overnight placements. This was further supported through focus group interviews and placement

moves data. While trauma Informed care is clearly a part of the overall culture FFN, in this area, there is an opportunity to enhance trauma informed care with staff and foster parents to minimize trauma a child experiences during subsequent placements.

ADMINISTRATIVE FINDINGS:

- Subcontractor Requirements – Contract AJ495, Standard Contract, 8.f., specifies the requirements for independent contractors, subcontracting and assignments. Providers must include, in all subcontracts (at any tier) the substance of all clauses contained in the Standard Contract that mention or describe subcontract compliance, as well as all clauses applicable to the portion of the Provider’s performance being performed by or through the subcontract. When a Provider allows their subcontractors to subcontract in turn, they are required to follow the same requirements of the Provider. FFN allows only one subcontractor to subcontract out their contracted services. The contract between FFN and the subcontract did not include the substances of all clauses contained in the Standard Contract that mention or describe subcontract compliance, as well as all clauses applicable to the portion of the Provider’s performance being performed by or through the subcontract. Overall, FFN is in substantial compliance.
- Incident Reporting - Contract AJ495, Standard Contract, 12 specifies the requirements for reporting critical incidents in accordance with CFOP 215-6. During on-site review of critical incidents that were entered into FFN’s internal incident reporting system, it was discovered that several incidents requiring entry into the Department’s Incident Reporting and Analysis System (IRAS) were not entered, including allegations of sexual abuse and significant client injuries/illness requiring emergent medical attention.

SECTION 14: INNOVATIVE PRACTICES

FFN has several innovative practices in place to support efficient operations and provide opportunities to expand services and achieve broader system-wide goals. Some of the innovative practices are:

- National Youth Advocate Program (NYAP) – Foster home recruitment initiative. To date, four foster homes have been recruited to provide specialized therapeutic, high end services to children who are traditionally hard to place. These homes have a high focus on wraparound services, they provide therapy in the home and psychiatric medication management, when needed.
- Brownsville Initiative – FFN worked in partnership with DCF Region and the community to develop a ‘Community of Hope.’ The community responded in a strong and positive way and adopted this community center and grew it. There are twenty community board members who meet monthly at the county administration building and provide oversight. The Board is very diverse and representative of the community. The community center provides services that are deemed to be needed in the community such as summer camp and child care.
- Casey Family Programs – Rapid Permanency Team (RPT) roundtable process in which detailed review and discussion is completed for lingering cases, to determine the root cause of the delay in permanency, existing barriers and needed efforts to move the case thru the dependency process.
- Foster Parent Ambush – Members of the FFN team surprise a foster parent at their place of work or other setting, such as a church, with special recognition. This practice contributes toward foster parent retention and provides the added benefit of reaching a greater audience to communicate the need for additional foster parents.

- Employee Recognition – FFN has numerous and well developed methods of recognizing exemplary staff. Some examples of employee appreciation and recognition initiatives are: Culture Kudos, Master Gardener, SHINE, WOWs, Heart of the Supervisor, STAR, Lakeview Champion, Bright Idea program.
- SHINE Reviews - Over 100 reviews are completed monthly by staff from several departments. Reviews are targeted to specific areas based on need. Findings and information is fed back to staff in the form of written reports with graphics and via supervisory meetings with staff. Staff were knowledgeable about the process and genuinely appeared to value the feedback. Additional recognition, delivered by the CEO at the Quarterly Town Halls, further reinforces this process.

2017 Florida Child Well-being Index

Escambia County



14 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	23.8	15,123	2009	29.0	Better
Unemployment Rate	2015	5.6	7,760	2010	10.1	Better
High Housing Cost Burden (more than 30% income spent)	2015	35.8	43,828	2010	36.2	Unchanged
Teens Not in School and Not Working	2011-2015	7.0	1,352	2006-2010	10.3	Better

52 Education

Students Not Ready for Kindergarten	2013-2014	9.5	303	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	78	2,353	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	90	1,624	N.A.		
High School Students Not Graduating on Time	2014-2015	27.3	749	2011-2012	37.9	Better

22 Health

Low-Birthweight Babies	2015	10.9	426	2010	10.8	Unchanged
Uninsured Children	2014	6.8	4,572	2009	20.8	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	34.1	3,261	2008-2009	35.5	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	36.1	227	2010	43.5	Better

42 Family and Community

Children in Single Parent Families	2011-2015	37.8	20,486	2006-2010	40.7	Better
Children Living in High Poverty Areas	2011-2015	9.6	6,189	2006-2010	8.9	Unchanged
Children with Verified Maltreatment (per 1,000)	2015-2016	13.9	921	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	37.7	1,074	2009-2010	61.8	Better

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1. children have access to healthcare.
2. we prevent child abuse, juvenile justice involvement, and substance use.
3. parents have educational and work opportunities that support their families.

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2017 Florida Child Well-being Index Okaloosa County



5 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	20.2	8,644	2009	19.5	Unchanged
Unemployment Rate	2015	4.5	4,138	2010	8.4	Better
High Housing Cost Burden (more than 30% income spent)	2015	34.2	26,740	2010	34.4	Unchanged
Teens Not in School and Not Working	2011-2015	6.3	565	2006-2010	7.5	Better

2 Education

Students Not Ready for Kindergarten	2013-2014	5.7	135	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	69	1,470	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	54	878	N.A.		
High School Students Not Graduating on Time	2014-2015	17.6	383	2011-2012	16.7	Unchanged

7 Health

Low-Birthweight Babies	2015	7.3	207	2010	7.8	Unchanged
Uninsured Children	2014	9.1	4,084	2009	18.7	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	28.4	1,985	2008-2009	31.7	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	34.9	144	2010	39.5	Better

11 Family and Community

Children in Single Parent Families	2011-2015	31.7	12,018	2006-2010	28.4	Worse
Children Living in High Poverty Areas	2011-2015	0.0	0	2006-2010	0.0	Unchanged
Children with Verified Maltreatment (per 1,000)	2015-2016	14.8	635	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	30.9	576	2009-2010	42.8	Better

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2017 Florida Child Well-being Index

Santa Rosa County



7 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	16.3	5,934	2009	17.6	Better
Unemployment Rate	2015	4.8	3,499	2010	9.3	Better
High Housing Cost Burden (more than 30% income spent)	2015	29.8	18,513	2010	29.4	Unchanged
Teens Not in School and Not Working	2011-2015	9.3	728	2006-2010	9.1	Unchanged

11 Education

Students Not Ready for Kindergarten	2013-2014	5.5	98	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	66	1,245	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	65	859	N.A.		
High School Students Not Graduating on Time	2014-2015	16.8	336	2011-2012	22.8	Better

9 Health

Low-Birthweight Babies	2015	7.8	152	2010	7.4	Unchanged
Uninsured Children	2014	8.1	3,089	2009	20.0	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	28.2	1,578	2008-2009	32.2	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	34.6	177	2010	45.3	Better

8 Family and Community

Children in Single Parent Families	2011-2015	23.6	7,729	2006-2010	27.1	Better
Children Living in High Poverty Areas	2011-2015	3.6	1,320	2006-2010	0.0	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	8.4	312	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	19.6	334	2009-2010	31.8	Better

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2017 Florida Child Well-being Index

Walton County



34 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	26.8	3,264	2009	25.9	Unchanged
Unemployment Rate	2015	4.6	1,281	2010	9.4	Better
High Housing Cost Burden (more than 30% income spent)	2015	36.9	9,184	2010	37.6	Unchanged
Teens Not in School and Not Working	2011-2015	9.6	227	2006-2010	7.7	Worse

20 Education

	Current Year	%	#	Baseline Year	%	
Students Not Ready for Kindergarten	2013-2014	6.3	43	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	72	460	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	73	343	N.A.		
High School Students Not Graduating on Time	2014-2015	25.6	134	2011-2012	25.5	Unchanged

44 Health

	Current Year	%	#	Baseline Year	%	
Low-Birthweight Babies	2015	7.7	62	2010	7.1	Unchanged
Uninsured Children	2014	13.2	1,684	2009	25.0	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	36.4	708	2008-2009	42.1	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	38.5	158	2010	45.7	Better

56 Family and Community

	Current Year	%	#	Baseline Year	%	
Children in Single Parent Families	2011-2015	30.3	3,027	2006-2010	28.8	Worse
Children Living in High Poverty Areas	2011-2015	27.3	3,313	2006-2010	0.0	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	18.7	241	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	48.3	253	2009-2010	32.0	Worse

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