



# Contract Monitoring Report

Partnership for Strong  
Families

As required by section 402.7305 F.S., The Department of Children and Families completed an On-Site Contract monitoring of Partnership for Strong Families. 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 CJ149

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## EXECUTIVE SUMMARY

This report provides findings for the contract monitoring of the Partnership for Strong Families (PSF). The monitoring was conducted February 12 – 16, 2018 and focused on PSF’s child welfare system of care. The monitoring process included a review of PSF’s programmatic and administrative operations. In addition, the Contract Oversight Unit (COU) Community Based Care 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, seven subcontracts were administratively reviewed.

Significant findings of each category are below:

### *Leadership and Governance:*

- PSF’s mission, vision and values are aligned with the Department’s.
- A knowledgeable and engaged CEO leads the organization toward attainment of goals.
- PSF’s Board Chair is well versed in child welfare operations and is committed to the agency’s success. A thorough evaluation of the CEO is completed annually with a focus on professional growth opportunities. Additionally, PSF’s Board reviews statewide data to analyze the CEO’s salary and duties. The Board is provided with performance and financial data on a regular basis and is kept informed of critical incidents.
- PSF utilizes fixed rate and cost reimbursement contracts to ensure fiscal accountability and prudent consumption of resources.
- There is no evidence of a defined leadership development process or succession planning of long tenured senior staff.

### *Workforce Management:*

- PSF incorporates language in subcontracts which promote timely filling of vacancies. Financial penalties are available if subcontractors don’t fill vacancies promptly that results in a negative impact to the system of care.
- PSF monitors caseloads which, at the time of this monitoring, appear too high and warrant a closer review and action.
- Although subcontracted providers communicated some employee retention practices, any performed by PSF are not known to front line staff.
- PSF has a small but skilled training department which is an asset to the agency. Pre-service and in-service training is readily available and applicable to essential child welfare duties. Closer connection between classroom and field training would yield greater transfer of learning. Also, expanded training regarding community resources specific to rural counties is lacking.
- Updates to operating procedures and law are disseminated via e-mail distribution and reinforced bi-annually at mandatory training sessions. Staff at all levels acknowledge receipt of the electronic updates and value this mode of communication.
- PSF utilizes experts to supplement pre-service training and a small, individualized training team is assigned to every provisionally certified case manager. A comprehensive file review occurs six-months post

completion of classroom training which provides specific feedback aimed to enhance case management skills.

#### *Quality Management and Performance Improvement*

- PSF developed a FSFN overlay system called P-Kids which allows greater control and flexibility of reporting. Data reports are generated on a regular basis and disseminated to staff at all levels of the organization. This abundance of information allows PSF to track progress towards targets and goals and take timely action when performance targets are trending negatively.

#### *Placement Resources and Process:*

- The time from initial inquiry to initial contact with a prospective foster parent is within a few business days. Background screenings are completed prior to initiation of PRIDE classes to ensure training resources are reserved for viable prospects.
- There is no evidence of a systematic evaluation or needs analysis to match recruitment efforts to needed geographical areas.
- Despite voiced concerns regarding a teen population which is resulting in high cost placements, PSF has no targeted recruitment strategy to address this population.
- PSF's performance, for the past several years, on placing children in close proximity to family and community connections is not family centered or trauma informed and it needs improvement.
- While there is a system in place to contact licensed foster parents within one business day from placement, there is an opportunity to enhance the level of support provided to relative and non-relative caregivers.
- Greater efforts to improve communication with foster parents appears warranted. Despite a dedicated position to liaise with foster parents (Partner Family Advocate), comments made during the foster parent focus group suggest an overall confusion regarding PSF's organization, who to contact with issues, and communication overall.
- PSF is performing well in timeliness to permanency, however foster parents report feeling pressured to accept permanent guardianship over adoption. This is further supported by data which shows that from FY14-15 thru Jan 2018, PSF led the State in the number of cases closed to Permanent Guardianship (source: Children Entering and Exiting Foster Care On-Demand Listing – OCWDRU Report #1182).

#### *Child Welfare Practice:*

- PSF has embraced the core tenets of the practice model. Dedicated staff continually reinforce the practice model by leading various staffings and conducting one-on-one training when necessary. Staff at all levels, and some foster parents, were heard using the terminology, further supporting the full integration of the Practice Model.
- 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. Further, awareness and use of the concepts when determining placement location appears limited.

#### *Partnership Relations*

- PSF participates in Barrier Busters meeting with partners to promote collaborative and timely resolution of grievances.

- At the time of removal, a case manager is assigned as a secondary to the case. Secondary Assignment Staffings are held in some counties, however there appears to be misunderstanding regarding the use of secondary assignment as a safety management service.
- PSF's relationships with the judiciary, the guardian ad litem and community partners appear to be positive.
- Through collaboration with the Managing Entity, PSF secured funding for a Perpetrator Intervention Consultant to provide expanded services to perpetrators of family violence.
- In Columbia, Suwannee, Union and Bradford counties, staff from investigations and case management reportedly enjoy a harmonious and collaborative relationship where issues are often resolved without intervention from upper levels of management. In other counties, efforts to improve collaboration would positively impact efficient operations.
- Front line staff report limited knowledge of community resources, specifically those available in rural communities.
- Local level discussion and re-evaluation of current practices regarding legal sufficiency staffings, especially related to open services cases, is needed to ensure issues related to child safety concerns are addressed expeditiously.

#### *Community Relations*

- PSF is currently in the process of engaging approximately thirty religious organizations in Circuit three and eight with the expressed purpose of foster parent recruitment. If successful, this should result in a significant positive impact on foster home capacity.
- In partnership with community providers, the Department, and Casey Family Programs, PSF opened four community centers which provide services aimed at reducing the number of children who enter out of home care.
- PSF reports very high success in engaging community businesses to support multiple fundraisers and drives. For example, PSF secured in-kind donations equaling approximately \$100,000 for last year's holiday drive.
- A total of five Community Partnership Councils are active in Circuits three and eight, supported by judges and business leaders. PSF provides each Council with \$5,000 annually to support community-oriented operations.

#### *Administrative Findings*

- Subcontractor Requirements – Three of seven subcontracts reviewed did not include CFOP 180-4 requirement of mandatory reporting to the Inspector General (IG).

### **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 PSF performance is depicted later in this report. As the following graphic shows, the number of children being served by PSF in out-of-home care has continued to rise since early 2012 at a disproportionate rate compared to the state and national rates. From 2010 to 2016, the percent of children who experienced repeat maltreatment declined and as of the end of 2016, the percentage was below the state and national number. Additionally, PSF secures permanency for children, within twelve months, at a higher rate than the state or national average however from 2012 through 2016, PSF secured early permanency for children (within 30 days of removal) at a lower rate than the state and national averages.

## Data Basics

### Partnership for Strong Families

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

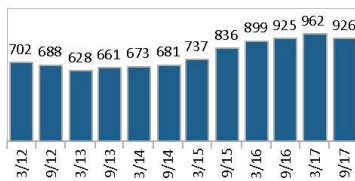
Produced by Data Advocacy, Casey Family Programs

Data source: state-submitted AFCARS and NCANDS files

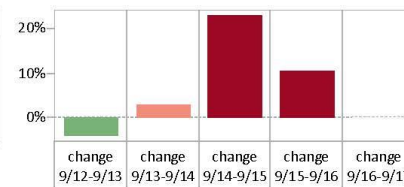
Date prepared: 1/8/2018

#### # of children in care

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

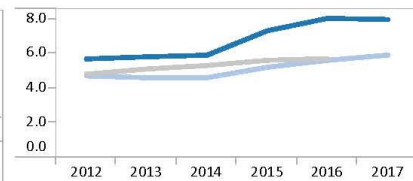


#### year over year change in the # in care



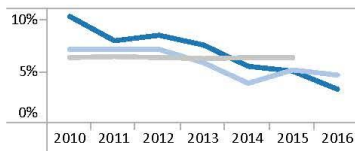
#### rate in care

(per 1,000, < age 18)



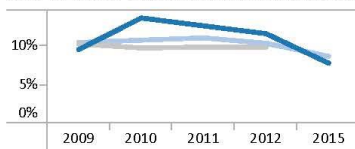
## Safety

#### % children who experience repeat maltreatment within 6 months



#### % children who experience repeat maltreatment within 12 months

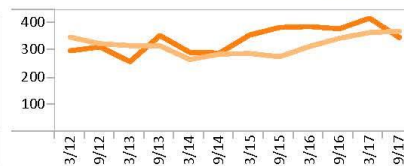
(note 2013-2014 data masked due to data quality)



## Entries

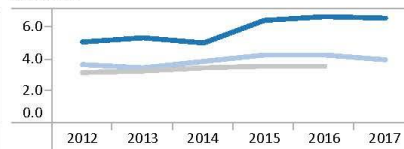
#### # of children entering & exiting

(6 month entry cohorts ending on each date)



#### rate of children entering care

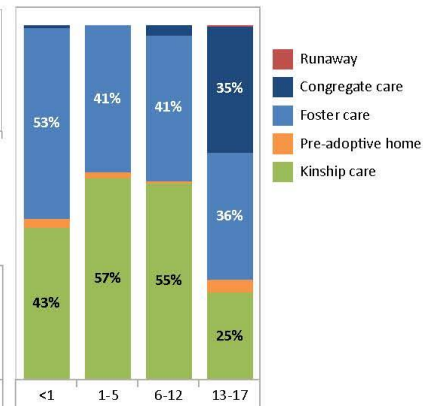
(per 1,000)



## Placement

#### placement settings for children in care, by age

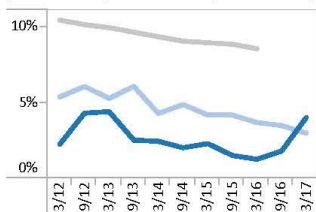
(for all children in care on 9/30/2017)



## Timely & Stable Permanency

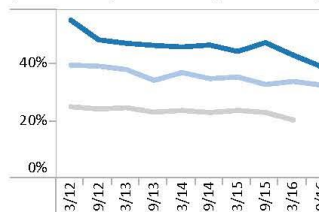
#### % permanency within 30 days of entering care

(6 month entry cohorts ending on each date)

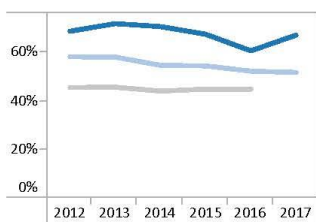


#### % permanency within 3-12 months of entering care

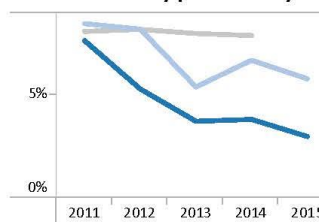
(6 month entry cohorts ending on each date)



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



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

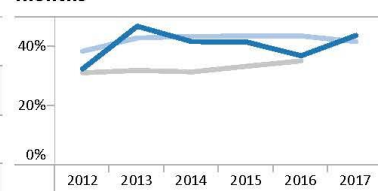


## Children In Care 2+ Years (9/30/2017)

#### in care 2+ years

#	92
%	10%
state	17%
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		
	Reunif	Adopt	NA	Reunif	Adopt	Guard
Congregate care		2%		2%	18%	
Foster care	4%	23%	3%		13%	2%
Kinship care	5%	17%			2%	
Pre-adoptive home					2%	

## SECTION 1: CONTRACT MONITORING PROCESS

The monitoring process included a review of PSF's programmatic and administrative operations. In addition, the Community Based Care (CBC) monitoring team reviewed fiscal monitoring reports to assess potential impacts on programmatic activities. The review process included a review and analysis of child welfare performance indicators and quality assurance data and other information obtained through supporting documents, interviews and focus groups. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) quality management and performance improvement; (4) placement resources and processes; (5) child welfare practice; (6) partnership relations and (7) community relationships. Additionally, seven subcontracts 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 Northeast 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 PSF and DCF staff including leadership from the DCF Northeast Region, PSF 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 CBC Monitoring Team staff - Alissa Cross, Jessica Manfresca, Kelly Welch and Brandon Atkins; Department of Children and Families staff from the Office of Child Welfare – Traci Leavine and from the Central Region – Fawn Moore; and representatives from Community Based Care (CBC) organizations – Janice Thomas (Big Bend CBC) and Diane Greene (Community Based Care of Central Florida).

## SECTION 2: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community PSF 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. PSF operates in Circuits three and eight which are in the northeast part of Florida and cover the following thirteen counties: Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor, Alachua, Baker, Bradford, Gilchrist, Levy and Union.

PSF serves more Florida Counties than any other community-based care agencies currently contracted with the Department. With the exception of Alachua, the counties served by PSF are rural, as defined by the Florida Department of Health, with a density of less than 100 persons per square mile. The rural nature of PSF's service area leads to some challenges that must be addressed by the CBC. It is clear that PSF's leadership is well aware of this challenge which is a prominent factor in identifying and securing suitable community-based services.

The most densely populated county in Circuits three and eight is Alachua County which is the home of the University of Florida and Shands Hospital. The percentage of the population with a high school diploma and college degree is higher in Alachua county than any other county in Circuits three and eight. Also, Alachua County is the only county in circuits three and eight where a greater percentage of the population has earned a high school diploma and college degree compared to the statewide average (see Table 1).

The median household income is lower than the statewide average in all but one county (Baker) and there is a greater percentage of the population living in poverty, compared to the statewide average, in all thirteen counties. Madison county has the lowest median household income (see Table 1).

US Census Facts	Columbia	Dixie	Hamilton	Lafayette	Florida
Median Household Income	\$42,848	\$34,634	\$38,980	\$36,236	\$48,900
Percent of population living in poverty	17.8%	25.4%	28.9%	23.3%	14.7%
Percent of population over 25 years old with high school diploma	86.2%	77.8%	75.0%	74.8%	87.2%
Percent of population over 25 years old with a college degree	15.9%	6.4%	10.2%	13.6%	27.9%
	Madison	Suwannee	Taylor	Alachua	Baker
Median Household Income	\$29,806	\$37,796	\$36,195	\$44,702	\$53,327
Percent of population living in poverty	31.9%	20.4%	22.5%	22.3%	17.2%
Percent of population over 25 years old with high school diploma	82.7%	79.1%	78.7%	92.5%	82.1%
Percent of population over 25 years old with a college degree	12.3%	12.0%	9.8%	41.5%	12.8%
	Bradford	Gilchrist	Levy	Union	
Median Household Income	\$43,373	\$40,881	\$35,480	\$37,778	
Percent of population living in poverty	18.6%	17.3%	21.4%	24.7%	
Percent of population over 25 years old with high school diploma	76.8%	82.7%	81.9%	74.4%	
Percent of population over 25 years old with a college degree	11.8%	12.3%	11.2%	7.6%	

[https://www.census.gov/quickfacts/\(2012-2016 V2016\)](https://www.census.gov/quickfacts/(2012-2016 V2016))

Table 1

## CHILD WELFARE PARTNERS

Child Protective Investigations and Children’s Legal Services are provided by the Department of Children and Families in Circuits three and eight. Case management services are subcontracted to Devereux Foundations, Inc. and Camelot Community Care. Until recently, a third case management agency, Pathways Human Services of Florida, also provided case management services but gave notice to terminate their CMA contract with PSF in early 2018. Extended foster care services and independent living services are subcontracted out to CDS Family and Behavioral Health Services, Inc. PSF works closely with the Guardian Ad Litem office and three Foster Adoptive Parent Associations (FAPAs) – Tri-County Foster and Adoptive Parent Association (Dixie, Gilchrist and Levy counties), Alachua County Foster Adoptive Parent Association and Kids First of Levy County FAPA. PSF contracts with Children’s Home Society and Resolutions Health Alliance for Family Connections/Diversion Services.

## CHILD FATALITIES

### INFANT AND CHILD MORTALITY RATES



The birth rate per 1,000 population in all thirteen counties served by PSF is consistent and comparable to the statewide average (see Table 2). However, in nine of the thirteen counties served by PSF, the infant mortality rate per 1,000 live births is higher than the statewide average (6.1) (see Table 3). In Lafayette county, the infant mortality rate (29.4) was more than four times the statewide average in 2016, however Lafayette’s diminutive population may skew the metric.

<b>Birth Rate per 1,000 population</b>					
<b>Statewide Rate: 11.1</b>					
<b>County</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Alachua	11.7	11.4	11.6	11.3	11.1
Baker	12.7	13	13.5	12.4	12.7
Bradford	11.7	11.4	10.3	10.8	10.9
Columbia	11.4	12.2	12.2	12.1	11.7
Dixie	9.9	9.6	10.3	8.6	9.7
Gilchrist	12.2	11.6	9.9	11.5	11.9
Hamilton	9.3	11.1	10.1	11.4	10.7
Lafayette	8.3	9.4	8.7	6.8	7.9
Levy	9.4	9.7	10.1	9.7	9.8
Madison	11	11.4	9.9	10.9	10.2
Suwannee	10.2	11.1	9.9	9.8	11
Taylor	9.6	10.7	9.5	10.9	11.1
Union	11.5	11.8	9.8	9.2	9.6

Source: <http://www.flhealthcharts.com/FLQUERY/Birth/BirthRateRpt.aspx>  
(Run date 12-19-17)

Table 2

<b>Infant Mortality Rate per 1,000 live births</b>					
<b>Statewide Rate: 6.1</b>					
<b>County</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Alachua	6.9	9.9	9.6	6.9	8.4
Baker	8.8	14.3	5.5	11.9	2.9
Bradford	12.6	19.2	7.1	17	6.6
Columbia	12.9	7.3	8.4	9.7	9.9
Dixie	12.4	0	0	7	6.1
Gilchrist	9.7	0	12	10.3	10
Hamilton	7.2	6.3	13.8	12	12.7
Lafayette	0	0	0	0	29.4
Levy	5.3	5.1	2.4	10.2	12.6
Madison	9.4	0	20.9	0	15.2
Suwannee	6.7	10.3	11.4	6.9	4.1
Taylor	4.5	0	0	12	0
Union	11.2	5.5	0	0	0

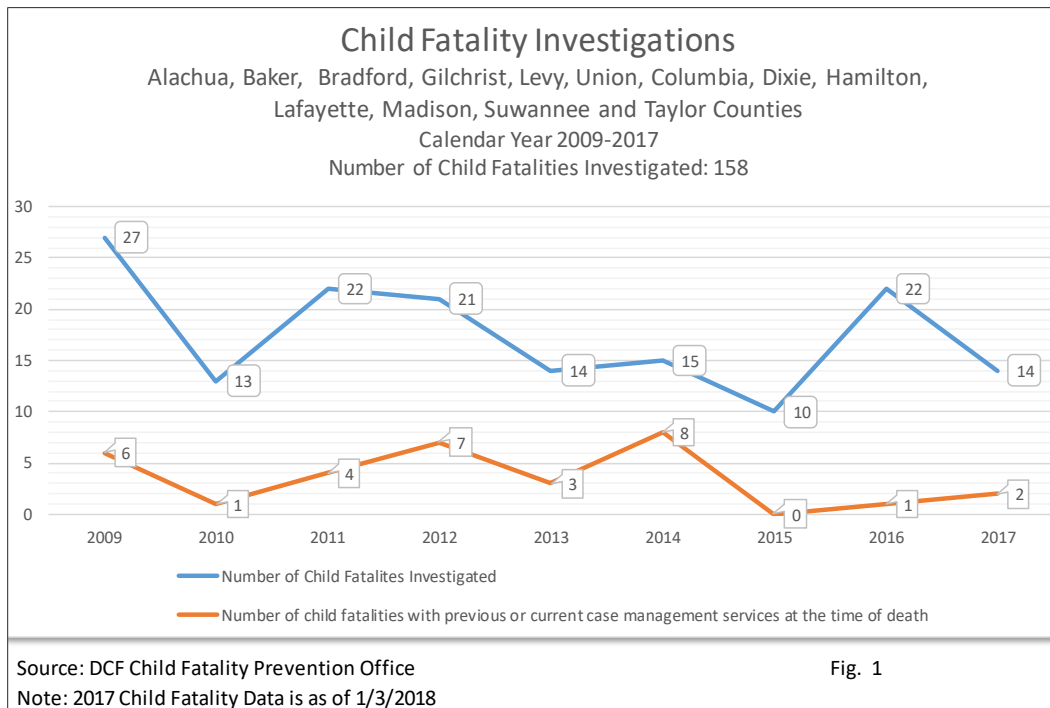
Source: <http://www.flhealthcharts.com/FLQUERY/InfantMortality/InfantMortalityRateRpt.aspx>

Table 3

## CHILD FATALITY INVESTIGATIONS

From 2009 – 2017, there were 158 child fatality investigations in Circuits three and eight (see Fig. 1). Of the 158 child deaths, 32 had previous or current case management services at the time of the death. Three cases had a prior verified investigation involving the victim or a sibling within the past twelve months, thus a Critical Incident Rapid Response Team (CIRRT) was deployed to conduct a review. The findings were as follows:

- A six-month old Levy County child was found unresponsive while sleeping in bed with her mother. Despite resuscitation efforts, the baby was pronounced dead at the hospital. The CIRRT report does not notate any discernable actions that could have been taken by the system of care that could have prevented the child’s death.
- A one-month old Columbia County infant was found unresponsive after he was swaddled and placed to sleep in between his parents and positioned on his back. The investigation and final CIRRT report is pending.
- A one-year old Madison County child sustained lethal injuries when he reportedly fell out of the vehicle while in the care of his mother’s paramour. The investigation and final CIRRT report is pending.



## SECTION 3: AGENCY SUMMARY

Partnership for Strong Families has been the lead child welfare agency in Circuits three and eight since June 2003. PSF has offices in five cities – Gainesville, Lake City, Live Oak, Starke and Trenton. PSF’s mission, vision and values endeavor to enhance the community’s ability to protect and nurture children by building, maintaining, and constantly improving a network of family support services through innovative, evidence-based practices and highly effective, engaged employees and community partners. PSF is accredited by the Council on Accreditation (COA), an international, independent, nonprofit, human service accrediting organization that accredits the full continuum of

child welfare, behavioral health, and community-based social services. PSF is COA accredited through June 30, 2019, in the following service areas:

- Counseling Support and Education Services
- Family Foster Care and Kinship Care
- Network Administration

Pre-service and in-service training is facilitated internally and in partnership with the Department. Intake and Placement, Adoptions and Licensing operations are handled in-house by PSF staff. Case management, extended foster care and independent living services are subcontracted out to community providers.

#### NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

The number of reports accepted for investigation by the Department has increased each fiscal year since FY14/15, however the number of children entering out-of-home care decreased from FY15/16 to FY16/17. The number of children receiving in-home services decreased while the number of children receiving out-of-home services increased from FY15/16 to FY16/17. The number of children receiving family support services in FY16/17 declined by over half of the number served in FY14/15 (see Table 4).

<b>Child Protective Investigations and Child Removals</b> (Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Suwannee, Taylor and Union Counties)	<b>FY 2014/2015</b>	<b>FY 2015/2016</b>	<b>FY 2016/2017</b>
Reports accepted for Investigation by DCF (Initial & Additional Reports) <sup>1</sup>	7,386	7,877	8,015
Children Entering Out-of-Home Care <sup>2</sup>	690	817	778
<b>Children Served by Partnership for Strong Families<sup>3</sup></b>	<b>FY 2014/2015</b>	<b>FY 2015/2016</b>	<b>FY 2016/2017</b>
Children Receiving In-Home Services	1,142	1,200	1,097
Children Receiving Out of Home Care	1,280	1,489	1,593
Young Adults Receiving Services	100	77	75
Children Receiving Family Support Services	685	282	327

Data Sources:

Table 4

<sup>1</sup>Child Protective Investigations Trend Report through June 2017 (run date 1-2-2018)

<sup>2</sup>Child Welfare Dashboard: Child Welfare Trends/Children Entering Out-of-Home Care (run date 1-3-2018)

<sup>3</sup>FSFN OCWDRU Report 1006 Children & Young Adults Receiving Services by CBC Agency (run date 1-2-2018)

#### FINANCIAL VIABILITY REPORT SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures, based on the DCF 2016-17 CBC-ME Financial Monitoring Tool for Desk Reviews, of PSF. The desk review period was for the period of January 1, 2017 through March 31, 2017.

No findings were identified. One observation was made pertaining to non-payroll related disbursements – vicinity mileage, meal allowances and per diem.

For further details, please see the complete fiscal report – [2016-17 CBC Desk Review Financial Monitoring of Partnership for Strong Families](#).

In FY13-14 and FY14-15, PSF was able to operate within the allocated budget, however in FY15-16, all carry forward dollars were utilized and Back of the Bill funds were necessary to cover actual expenditures for the fiscal year (see Table 5).

<b>Comparison of Funding &amp; Actual Expenditures by Fiscal Year</b>					
Partnership for Strong Families					
<b>DCF Contract Funds Available (by Fiscal Year)</b>	<b>FY13-14</b>	<b>FY14-15</b>	<b>FY15-16</b>	<b>FY16-17</b>	<b>FY17-18</b>
Core Services Funding	\$21,210,405	\$21,498,349	\$21,834,946	\$22,436,437	\$22,726,341
Other**	\$9,422,877	\$9,832,128	\$10,619,149	\$11,179,684	\$11,112,921
<b>Total Initial Appropriation</b>	<b>30,633,282</b>	<b>31,330,477</b>	<b>32,454,095</b>	<b>33,616,121</b>	<b>33,839,262</b>
Risk Pool Allocation					
CBC Operational Costs from Back of the Bill					
MAS from Back of the Bill			\$253,279		
Carry Fwd Balance from Previous Years	\$2,124,422	\$2,172,201	\$1,620,618	\$0	\$0
<b>Total at Year End</b>	<b>32,757,704</b>	<b>33,502,678</b>	<b>34,327,992</b>	<b>33,616,121</b>	<b>33,839,262</b>
** Includes Maintenance Adoption Subsidy (MAS), Independent Living (IL and Extended Foster Care), Children's Mental Health Services (Cat 100800/100806), PI Training, Casey Foundation or other non-core svcs					Table 5

#### SECTION 4: PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA

This section provides a picture of PSF’s performance as described by data indicators that are used to assess how well PSF 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 2<sup>nd</sup> level reviews by the Office of Child Welfare and at times, 3<sup>rd</sup> 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, PSF is performing well in several areas and opportunities to improve performance in other areas exists. The rate of abuse per 100,000 days in foster care and the percentage of children in out-of-home care who received a dental service within the last seven (7) months are two areas where efforts to improve performance are warranted. More detailed analysis for each scorecard measure can be found on the following pages.

## CBC SCORECARD

SC #	Partnership for Strong Families Performance Measures Contract #CJ149SOC	CBC Contract Measure Targets	Federal National Standard (Performance of Other States)	Statewide Performance (FY 2016/2017)	Partnership for Strong Families	
					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	9.41	9.47
2	Percent of children who are not neglected or abused during in-home services <i>(Scorecard)</i>	>95%		97.20%	96.10%	97.60%
3	Percent of children who are not neglected or abused after receiving services <i>(Scorecard)</i>	>95%		95.60%	92.30%	96.90%
4	Percentage of children under supervision who are seen every thirty (30) days <i>(CBC Scorecard)</i>	>99.5%		99.80%	99.80%	99.80%
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%	52.00%	52.20%
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%	66.60%	59.80%
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%	89.90%	96.50%
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	3.55	3.61
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%	98.20%	98.28%
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%	92.80%	93.90%
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%	92.90%	95.00%
12	Percent of sibling groups where all siblings are placed together <i>(Scorecard)</i>	>65%		63.90%	66.70%	66.20%
	Number of children with finalized adoptions <i>(DCF Dashboard run date 10/17/18)</i>				162	188

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

Table 6

## CHILD SAFETY

The graphs and tables on the following pages depict PSF'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

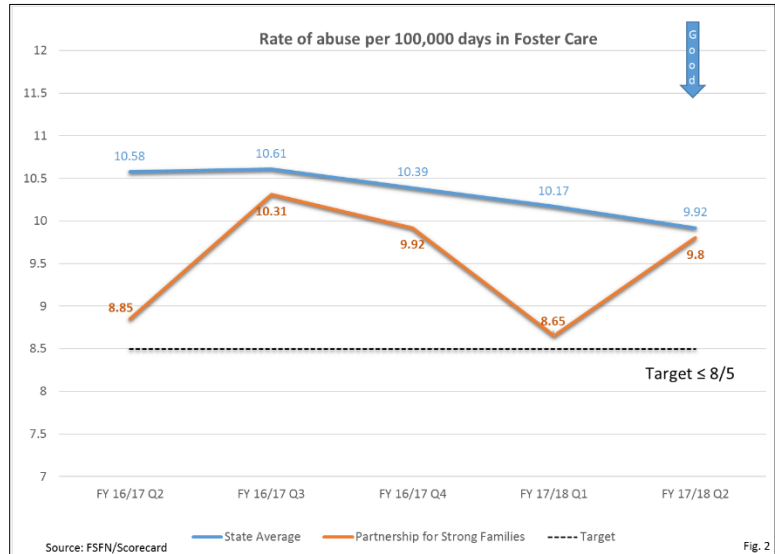
4. No maltreatment after receiving services
5. Children seen every 30 days
6. CQI case practice assessment

### 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.

The Community Based Care Scorecard Performance report shows that PSF failed to meet the performance target from FY16/17 quarter two through FY17/18 Quarter two. However, in FY17/18 Quarter 3, PSF exceeded the target on this measure. PSF feels that this is due to a partnership with the Region to validate incident dates entered in investigations during ongoing case management,

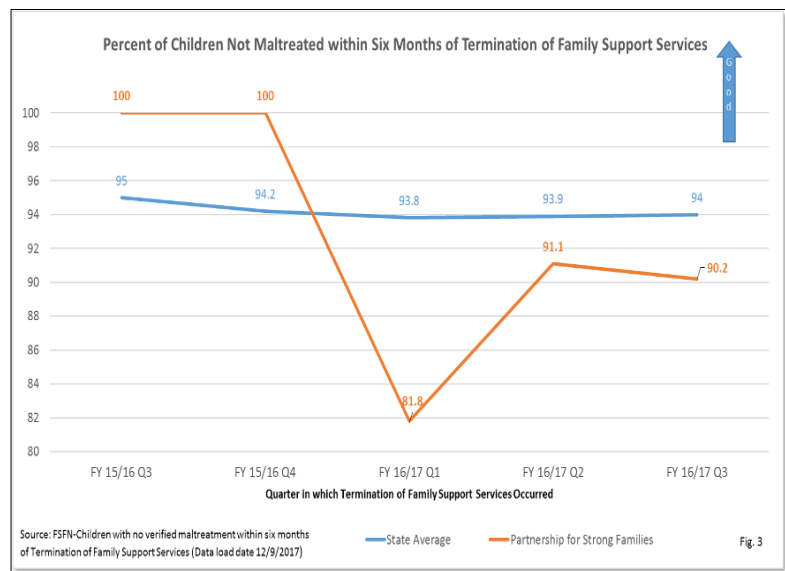
however, it is not clear how many investigations this included so the impact to those corrections is not clear. PSF is encouraged to continue these efforts so that focus can be placed on those in which children experience maltreatment while in out of home care. (Source: [CBC Scorecard Report](#)).



### 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. PSF has been performing below the statewide average in the past three quarters but appears to be trending up, overall, in this measure.



## 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. PSF's performance on this measure is strong and has been above the target and statewide average performance for the past six quarters.

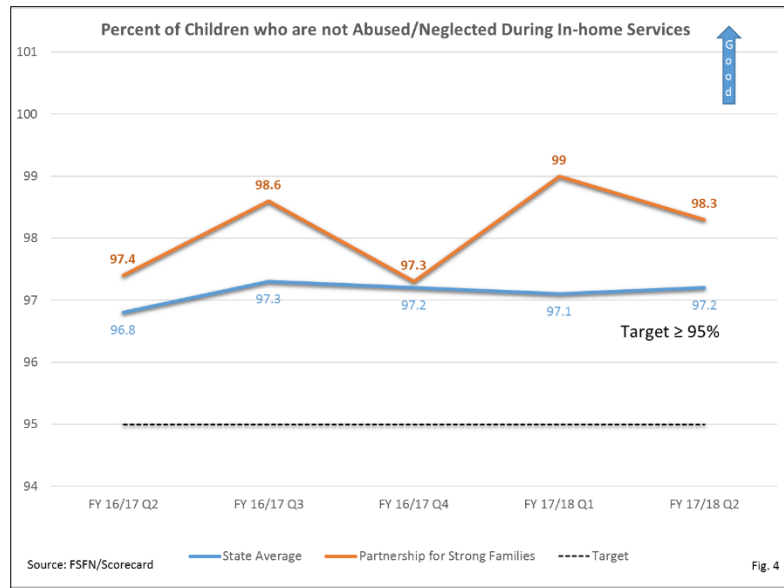


Fig. 4

## 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 being provided. PSF's performance on ensuring children are not re-maltreated following the termination of supervision and provision of services has been above the performance target in four of the past five quarters and above the statewide average performance in three of the past five quarters. However, performance in this area, although still above the target, has declined in the past two quarters.

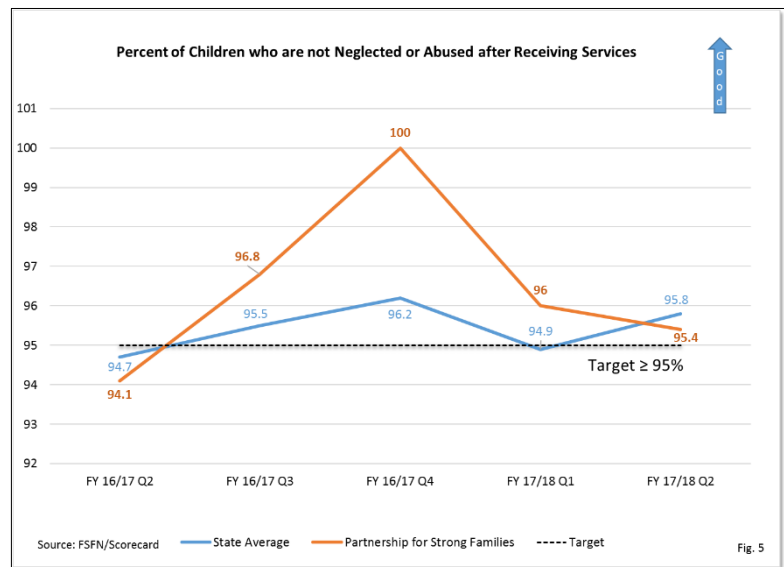
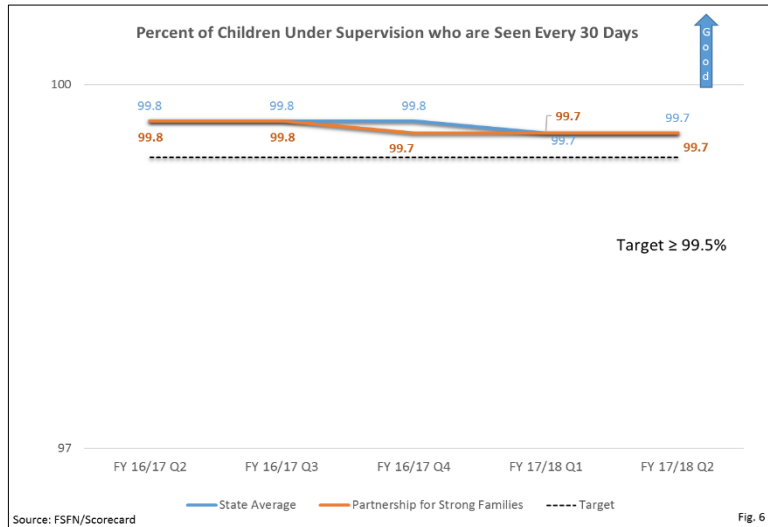


Fig. 5



## 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. PSF has shown strong and consistent performance in this area as they have met the performance target in all of the past six quarters. However, quality reviews show that continued performance improvement is needed to ensure that risk and safety concerns, pertaining to children in foster care or in their own homes, are addressed (see CQI Item 3, Table 6). PSF created a home visit form with the goal of aiding case managers in addressing pertinent risk and safety issues during visits with children, however front line staff reported that they felt the form impaired their ability to engage with families.



## 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. In all five of the items included in this section, PSF's performance is below the average statewide performance. And on CQI Items two and three, PSF's performance is below the Federal Program Improvement Plan (PIP) goal. This indicates a need to strengthen performance related to quality safety planning and assessment and providing services which prevent re-entry into foster care and address risk and safety concerns.

Quality Assurance - Rapid Safety Feedback Item	Partnership for Strong Families n=40	Statewide RSF Performance <sup>1</sup> n=851
<i>Assessment 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?	● 5.0%	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?	● 5.0%	62.7%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	● 15.0%	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	Partnership for Strong Families n=54	Partnership for Strong Families n=xxx	Percent Improvement	Statewide CQI/QA Performance <sup>1</sup> n=1,290	2016 Statewide Federal Child & Family Service Review <sup>2</sup> 4/1/16-9/30/16	Federal Program Improvement Plan (PIP) Goal <sup>3</sup>	Federal and State Expectation <sup>4</sup>
<i>Assessment Based on Case Reviews by Child Welfare Professionals</i>							
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?	59.38%	● 53.85%	● -5.5%	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?	16.67%	● 66.67%	↑ 50.0%	77%	71.3%	77.7%	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 7

<sup>1</sup>This date provides the statewide rating in each case review item for all CBCs

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

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

<sup>4</sup>This 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 PSF'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

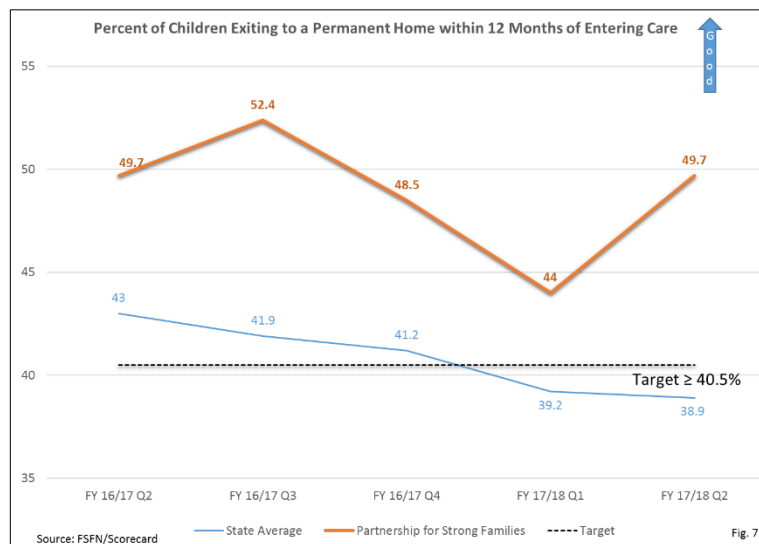
As of January 31, 2018, the majority (66.24%) of children in out of home care in Circuits three and eight were placed with a relative or non-relative. PSF's efforts to identify and secure relative and non-relative placements exceed the statewide average (56.38%). However, for children placed in licensed care, efforts to ensure close proximity of placements to maintain family and community connections are poor.

As of this same date, 22.08% of children were placed in licensed out of home care. Of the children placed in licensed out of home care, more than 60% were placed outside of their removal circuit and more than 70% were placed outside of their removal county. For every quarter since March 2014, PSF has placed more children out of county and out of circuit than any other CBC in the State (See: [Key Indicator Report January 2018](#)).

## PERMANENCY IN 12 MONTHS

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

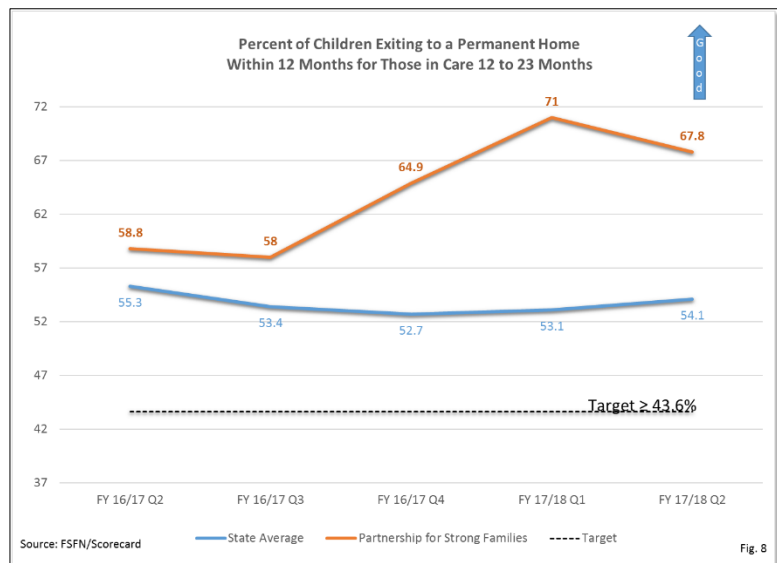
**(Scorecard Measure M05):** Ensuring children safely achieve permanency within twelve (12) months of entering foster care is of utmost importance. PSF experienced a slight dip in performance in FY16/17 Q4 and FY17/18 Q1 but improved performance in FY17/18 Q2 and has shown overall positive performance on this measure as they have exceeded the target and statewide average performance in this measure in all of the past six quarters.



## PERMANENCY IN 12 – 23 MONTHS

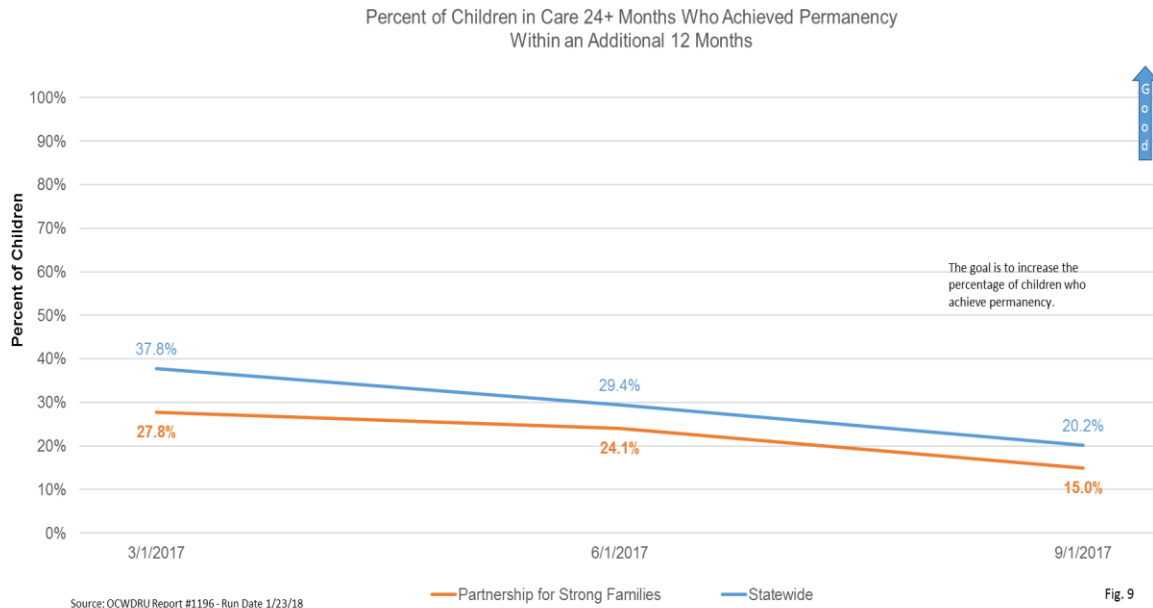
### Percent of children exiting foster care to a permanent home in twelve (12) months for children in foster care twelve (12) to twenty-three (23) months

**(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. PSF has exceeded the performance target and statewide average in all of the past six quarters and despite a recent dip in performance in FY17/18, overall PSF's performance is trending upward.



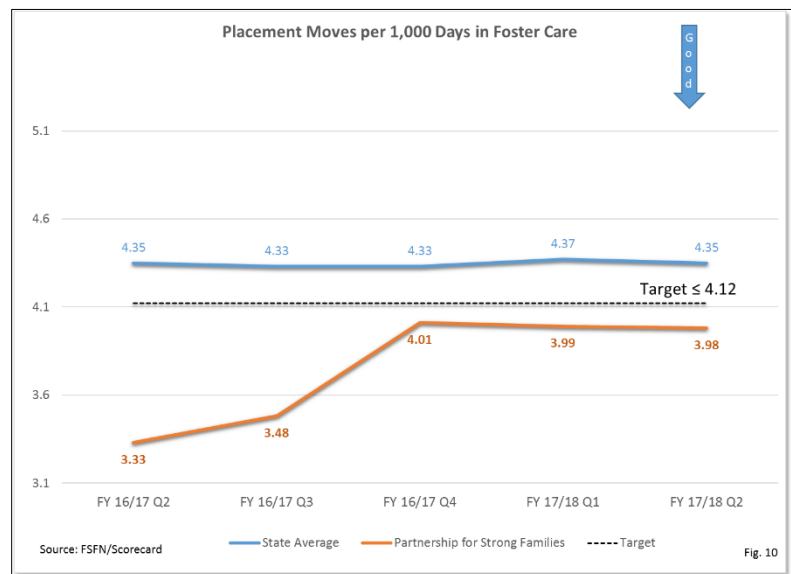
## PERMANENCY AFTER 24 MONTHS

For children in care twenty-four or more months, PSF achieves permanency within another twelve months at a lower rate than the statewide average. PSF's performance in this area has been trending downward since March 2017.



## 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. PSF moves children less frequently than the statewide average thus exhibiting trauma informed practices in this area. PSF has consistently exceeded this performance target in all of the past six quarters.

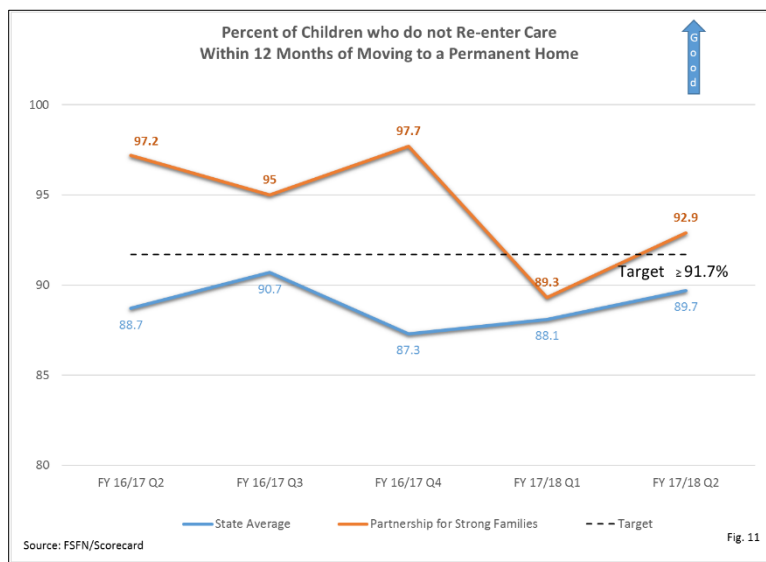


## PERCENT NOT RE-ENTERING INTO CARE

### 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):

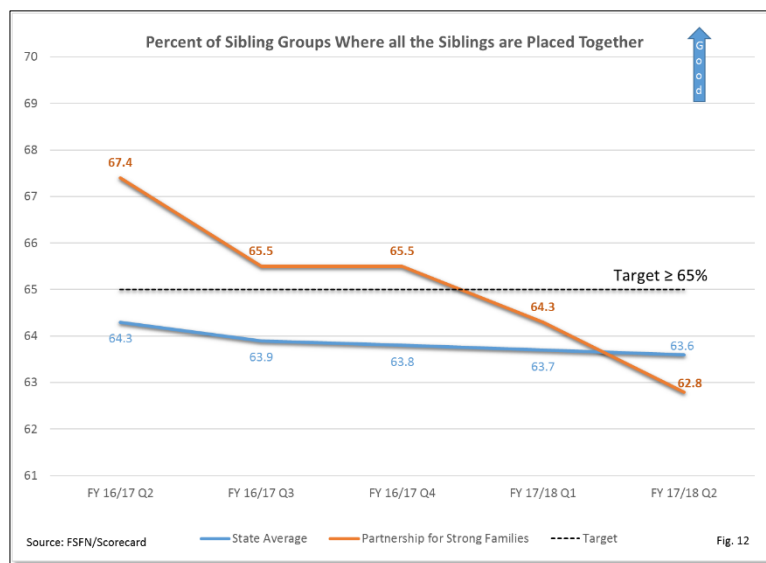
For a specific cohort of children who exited care within twelve (12) months of entering care, Fig 11 shows the percentage who did not subsequently re-enter care during an additional twelve (12) month period. Despite dipping slightly below the performance target in FY17/18 Q1, PSF has shown overall positive performance in ensuring children do not re-enter care within twelve months of moving to a permanent home. PSF has exceeded the statewide average in this area in the past six quarters.



## 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, PSF has experienced a downward trend in performance in this measure since FY16/17 Q2 and recently fell below the performance target and statewide average.



## QA CASE REVIEW DATA

The table below provides PSF'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. PSF exceeded the PIP goal on one of the three measures – 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)?

Despite scorecard measures (M05 and M06) which show strong performance in securing timely permanency, quality reviews show several areas in need of improvement. They are:

- Quality visits between the case manager and child
- Quality visits between the case manager and both parents
- Timely establishment of appropriate permanency goals
- Concerted efforts to achieve an appropriate permanency option
- Efforts to ensure visitation between the child(ren) and parents and siblings
- Efforts to preserve the child’s community and family connections
- Efforts, other than visitation, to maintain relationships between the child(ren) and parent(s).

Quality Assurance Item	Partnership for Strong Families n=40	Statewide RSF Performance n=851
<i>Assessment 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?	● 5.0%	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?	● 10.0%	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?	● 0.0%	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	Partnership for Strong Families	Partnership for Strong Families	Percent Improvement	Statewide CQI/QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review <sup>2</sup> 4/1/16-	Federal Program Improvement Plan (PIP) Goal <sup>3</sup>	Federal and State Expectation <sup>4</sup>
	FY 2015/2016 n=54	FY 2016/2017 n=xx					
Assesment Based on Case Reviews by Child Welfare Professionals							
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)?	74.19%	91.18%	17.0%	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?	70.97%	70.59%	-0.4%	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?	38.71%	35.29%	-3.4%	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?	57.14%	81.82%	24.7%	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?	20.00%	31.82%	11.8%	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?	35.48%	29.41%	-6.1%	79.0%	82.0%	None	95.0%
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	56.67%	76.47%	19.8%	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?	5.88%	9.52%	3.6%	61.0%	60.0%	None	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 8

<sup>1</sup>This date provides the statewide rating in each case review item for all CBCs

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

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

<sup>4</sup>This 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

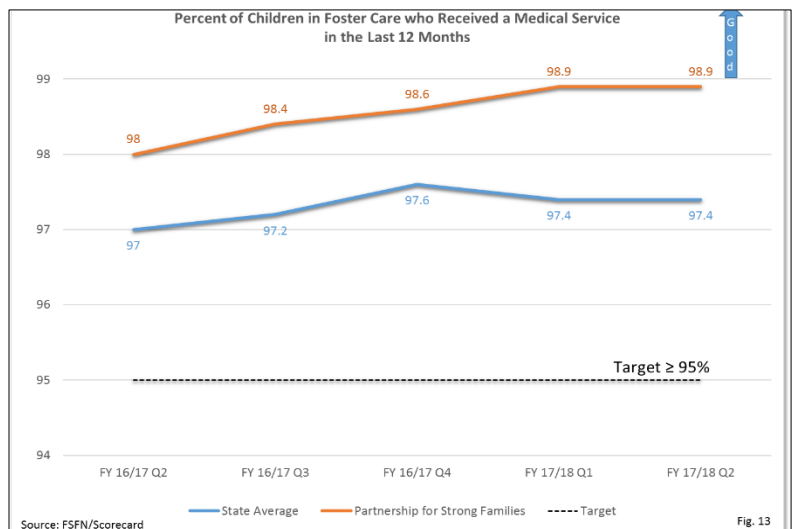
Ensuring that children’s physical, development and emotional/behavioral needs are met has a significant lifelong impact on a child’s future and is one of the system of care’s most important responsibilities. The graphs and tables on the follow pages depict PSF’s performance related to well-being in the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

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

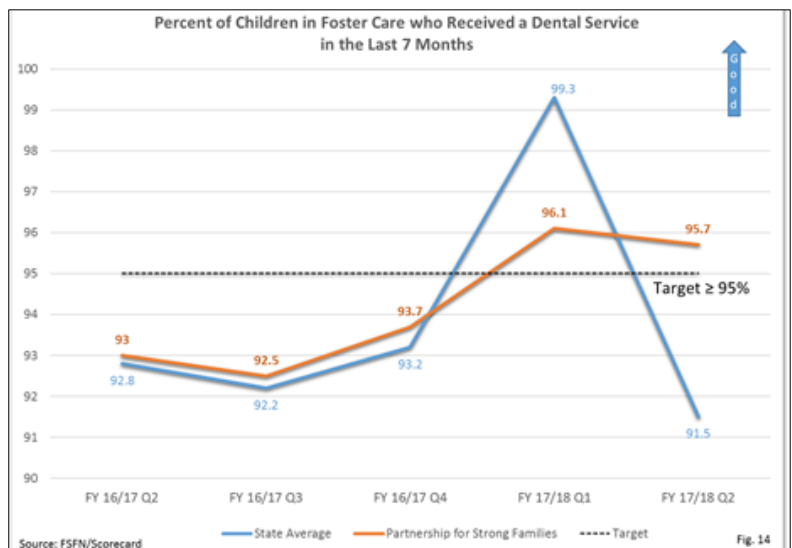
This measure is the percentage of children in foster care as of the end of the report period who have received a medical service in the last twelve (12) months. Despite the rural nature of their service area, PSF has consistently exceeded the performance target and statewide average in ensuring children in care receive medical care.



### CHILDREN RECEIVING DENTAL CARE

#### Percent of children in foster care who received a dental service in the last seven months (Scorecard Measure M10):

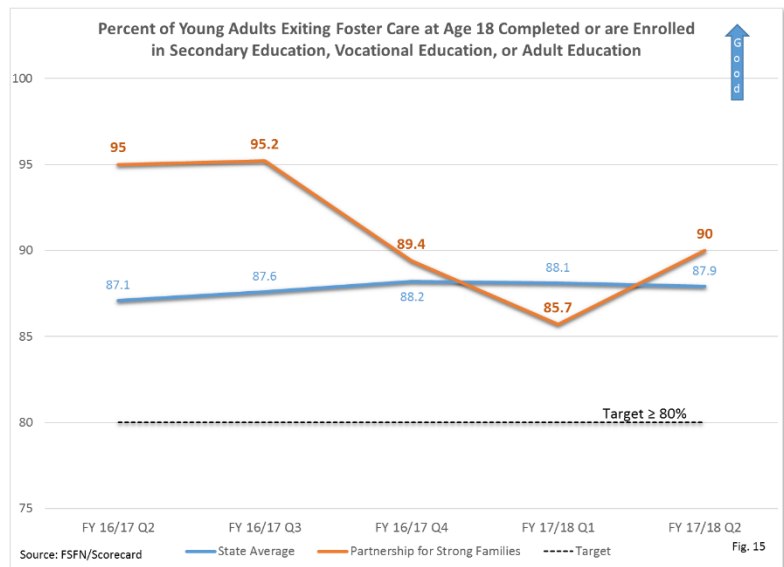
This measure is the percentage of children in foster care as of the end of the report period who have received a dental service in the last seven (7) months. PSF’s performance in ensuring children receive regular dental care is trending up overall and recently exceeded the performance target.





## 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. PSF is currently performing above the statewide average and has exceeded the performance target on this measure in the past six quarters, however, overall performance is trending downward.



## QA CASE REVIEW DATA

The table below provides PSF’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. In two of the six measure with a PIP goal, PSF exceeded the goal – CQI Item 12A and CQI Item 12C. Quality reviews show several well-being areas in need of improvement. They are:

- Identification and provision of appropriate services
- Involvement of the family and child (if age appropriate) in case planning
- Frequency and quality of visits between the case manager and child
- Frequency and quality of visits between the case manager and parents
- Assessment of child(ren)’s educational needs
- Assessment of child(ren)’s mental/behavioral health needs.

Quality Assurance - Florida CQI Item	Partnership for Strong Families	Partnership for Strong Families	Percent Improvement	Statewide CQI/ QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review <sup>2</sup> 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal <sup>3</sup>	Federal and State Expectation <sup>4</sup>
	FY 2015/2016 n=54	FY 2016/2017 n=40					
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?	25.93%	 75.44%	 49.5%	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?	6.82%	 32.61%	 25.8%	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?	46.67%	 73.53%	 26.9%	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?	17.02%	 23.21%	 6.2%	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?	16.67%	 38.60%	 21.9%	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?	2.33%	 8.70%	 6.4%	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?	27.27%	63.33%	 36.1%	84%	92.0%	None	95.0%
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	42.11%	77.78%	 35.7%	77%	85%	None	95.0%
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	26.09%	38.46%	 12.4%	75%	72%	None	95.0%

Source: Federal Online Monitoring System

Table 9

<sup>1</sup>This date provides the statewide rating in each case review item for all CBCs

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

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

<sup>4</sup>This 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

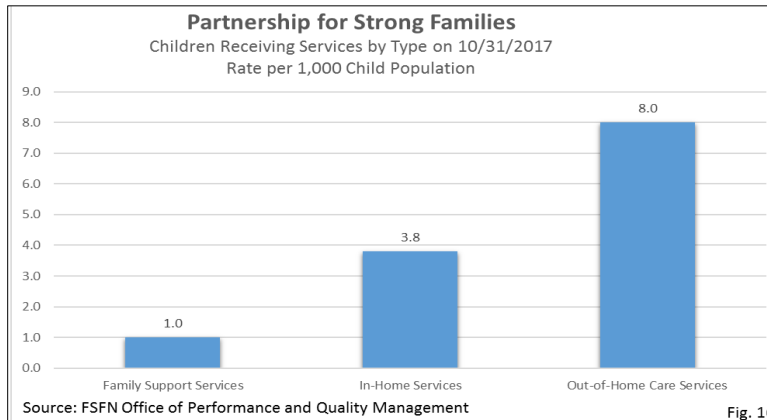
### SUMMARY

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, PSF 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, as of 12/2016, PSF received a rating of “1”, for their family support services programs and a rating of “3” 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

PSF contracts with Resolutions Health Alliance and Children’s Home Society for the provision of Family Connections for to safe but high/very high risk families in Circuits three and eight. PSF acknowledges service limitations due to the high cost of this service. A total of forty families are able to be served through this program at any given time. PSF worked with Action to develop the program and analysis of the effectiveness of this service shows a 94% success rate six months post service delivery. However, due to the limited number of families served (see figure 16 below) and the lack of a formalized service outside of Family Connections to serve the remaining families, PSF’s rating for family support services remains at a “1”. Families who are not eligible for Family Connections are provided with community referrals however, these services do not have the required components which define Family Support Services including case coordination and home visits.



### Safety Management Services

PSF previously contracted with Pathways Human Services of Florida for the provision of Rapid Response services to aid in providing services aimed at maintaining children in their homes whenever possible and offering timely services to families in crisis. However, the contract with Pathways ended and PSF is currently in the process of requesting proposals for alternative safety management services. Additionally, the Rapid Response program was supplemented by case managers who received secondary assignment at the time of removal to aid in safety management and family engagement. Based on the absence of the Rapid Response program and the gaps in “secondary assignment” process, the current service array rating does not accurately reflect PSF’s safety management services. As a result, this report will be submitted to The Office of Child Welfare for reconsideration of the service array rating.

### ANALYSIS

Defined family support and safety management services are lacking in circuits three and eight. PSF reports that the absence of risk pool funding this year prohibited their ability to provide a better service array in their service areas. PSF is in the process of finalizing the proposal to reengage rapid response services to better serve families and children in circuits three and eight, however greater efforts to identify and secure family support and safety management services with increased capacity are warranted.

## SECTION 6: LEADERSHIP AND GOVERNANCE

### SUMMARY

This category focuses on alignment of the Department’s Mission/Vision/Values to those of PSF and includes an assessment of resource and risk management, evaluation of the Chief Executive Officer and leadership development. PSF’s mission, vision and values are aligned with the Department’s. PSF enjoys an experienced and long standing executive management staff. PSF’s Board of Directors are involved and knowledgeable about the agency and the work being done by PSF. They are kept apprised of critical incidents, performance and financial standing on a regular basis. The Board regularly challenges the CEO regarding succession planning and completes a thorough annual CEO performance evaluation complete with a self-evaluation and recommendations for professional growth and development. PSF utilizes a report-friendly internal critical incident reporting system which aides in evaluation of trends and information sharing. Additionally, PSF has a Crisis Communications Team (CCT) lead by the CEO and comprised of senior leadership staff who are tasked with specific duties when a critical incident occurs such as a child death, missing child, adverse media event, security threat, etc. The duties and responsibilities of each CCT

member and definitions of critical incidents warranting a CCT response are outlined in the agency's Crisis Communication Plan.

Resources are managed through fixed rate and cost reimbursement contracts to ensure every dollar is accounted for and funds are maximized for reinvestment into the system of care. PSF also works with community partners to secure grant and alternative funding for initiatives such as the Resources Centers (discussed in more depth in the Innovative Practices section). PSF maximizes community participation in fundraisers such as the Wish Upon a Star drive, the Holiday Toy Drive and the Back to School Drive. Additionally, PSF subcontracts contain language to promote fiscal responsibility on the part of the subcontracted provider. For example, subcontracted providers may be assessed a financial penalty for holding vacancies too long and foster parent overpayments, due to untimely placement move notifications to PSF, are charged to the subcontracted provider.

#### ANALYSIS

PSF's executive leadership is experienced and tenured. The CEO is clearly well respected by all levels of staff and the Board of Directors. PSF's mission, vision and values are aligned with the Department's and PSF staff are committed to providing services that impact meaningful change in the community. Although there is no clear leadership development or succession planning process, leadership staff are engaged and experienced and recognize this as an area needing enhancement.

## SECTION 7: WORKFORCE MANAGEMENT

#### SUMMARY

PSF works closely with subcontracted case management agencies to monitor caseloads and vacancies. Monthly, leadership staff review and discuss staffing levels and caseload sizes. At the time of this review, caseload sizes were, on average, higher than recommended by the Child Welfare League of America (12-15). Approximately four pre-service classes are held annually with an expectation to have five trainees waiting before a pre-service class starts. Experts are brought in to provide training on core subjects to supplement the pre-service curriculum. Field staff report some limitations pertaining to rural county-specific education on service providers in all thirteen counties as the focus is primarily on Alachua county services. Additionally, field training days lack structure and close correlation to what is being taught in the classroom.

In-service training is organized and plentiful. A clear process to request needed training is present and training is delivered by qualified staff and reinforced through one-on-one field training and observation. All supervisors are required to complete Supervising for Excellence (SFE) and follow up with consultative one-on-one training and support from the training team. The subcontracted case management agencies have several retention initiatives such as movie day with popcorn and staff events but there were limited staff retention initiatives in place that were led by PSF and no clear evidence of expectations placed on subcontractors to address retention. The training team, which consists of a Director and two trainers, has dubbed themselves 'small but mighty'. All three training staff hold certifications as Certified Professionals in Learning and Performance (CPLP) which requires ongoing professional development and continuing education hours. New staff are supported by an individualized training team that supports skill acquisition through field observations and case review. The PSF training team developed the Case Assessment and Review Tool (CART) which is used to provide detailed feedback to trainees after six months of field experience. The training team is part of a training/learning collaborative with CWLA which maximizes their limited training resources.

Legal updates and enhancements to Children and Families Operating Procedures (CFOPs) are distributed to staff via e-mail and reinforced through a bi-annual mandatory training and information session for all staff. The training team works in partnership with quality and data staff to identify performance deficiencies and customize processes to enhance operations. For example, in response to quality reviews showing a need to improve documentation to capture critical information during home visits with parents, the '360 Tool' was developed to expand information gathering during birth parent visits. As part of this initiative, PSF partnered with the University of Florida to train and utilize interns who are tasked with administering the 360 Tool to birth parents. Additionally, PSF is scheduled to co-sponsor a conference in April 2018 named Empower to Connect.

#### ANALYSIS

PSF has procedures in place to monitor caseload sizes and workforce needs, however continued efforts to reduce caseload sizes are warranted. PSF has a strong training team which is an asset to the Agency. Retention activities headed by PSF are not apparent to front line staff and opportunities to connect pre-service classroom learning with field experience would be well received by staff.

## SECTION 8: QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

#### SUMMARY

PSF's ability to generate and analyze data is evident in all levels of the organization. PSF has invested time and resources to develop a system which allows for efficient data management and reporting. PSF's document imaging system, 'Perceptive Content' (formerly Image Now) allows the agency to capture data in a digital manner and use the data to drive performance and accountability. Additionally, PSF developed a system called P-Kids to track service utilization and analyze data through detailed reports which are disseminated to all levels of staff on a regular basis. PSF has dedicated data managers who enter information into the system to ensure data integrity. Field staff report being knowledgeable and aware of multiple data reports that are used to enhance performance. It is clear that supervisors value the data and are using it to close the loop on deficiencies. Quarterly team meetings are held with PSF leadership staff to review and discuss quality reviews, initiatives and performance.

Through the use of Perceptive Content and P-Kids, PSF has created a data rich environment which allows the agency to identify and improve deficiencies. For example, data analysis highlighted a need to strengthen input and monitoring of psychotropic medications. In response, PSF created a position to manage psychotropic medication tasks. PSF's Clinical Specialist ensures information is properly entered into FSFN, follows up to ensure all applicable consents and documents are received and monitors other related tasks for children who are prescribed psychotropic medication.

PSF has a process to track eligibility to ensure state and federal funds, such as Social Security, Title IV-E, and Medicaid, to name a few, are managed appropriately. PSF eligibility staff receive notification of all children coming into care via the distribution of a shelter listing. Upon notification of a child coming into care, PSF eligibility staff initiate the eligibility process. Ongoing management is further supported by PSF eligibility staff being copied on e-mails regarding placement changes. Field staff report limited knowledge of the eligibility process, thus additional training and education to include case managers, child protective investigations and front-line supervisors is suggested.

## ANALYSIS

PSF has a robust data management process that allows for timely sharing of pertinent data to all levels of the agency. It is clear that staff, at all levels, value and utilize data reports to drive performance and enhance child welfare operations. Opportunities exist to increase staff knowledge of the importance of accurate and timely eligibility determination. PSF holds regular meetings to share information, review data and discuss methods to ensure continuous quality improvement.

## SECTION 9: PLACEMENT RESOURCES AND PROCESS

### SUMMARY

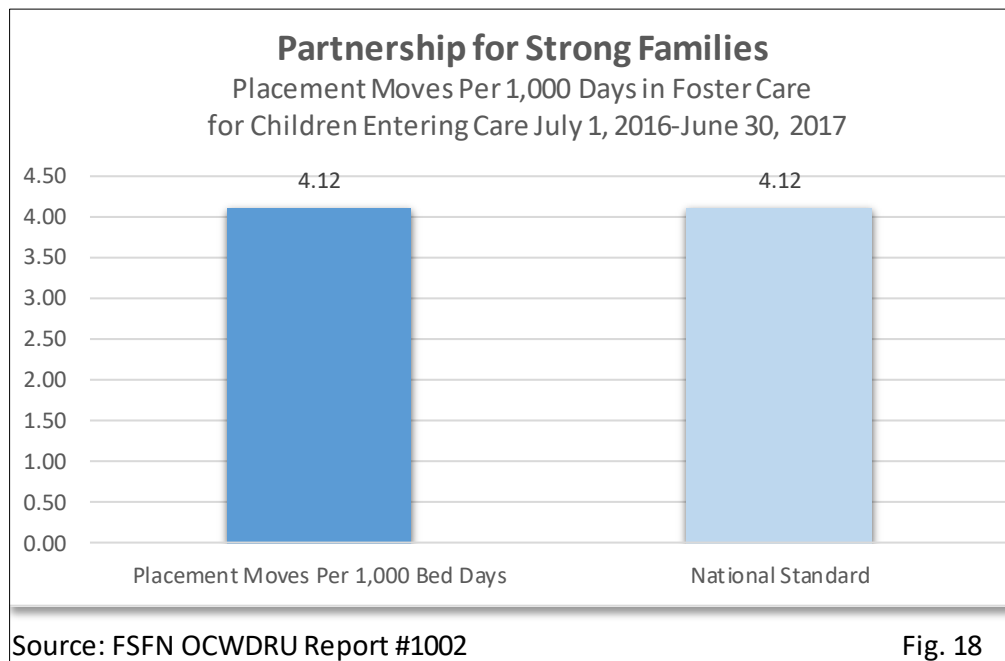
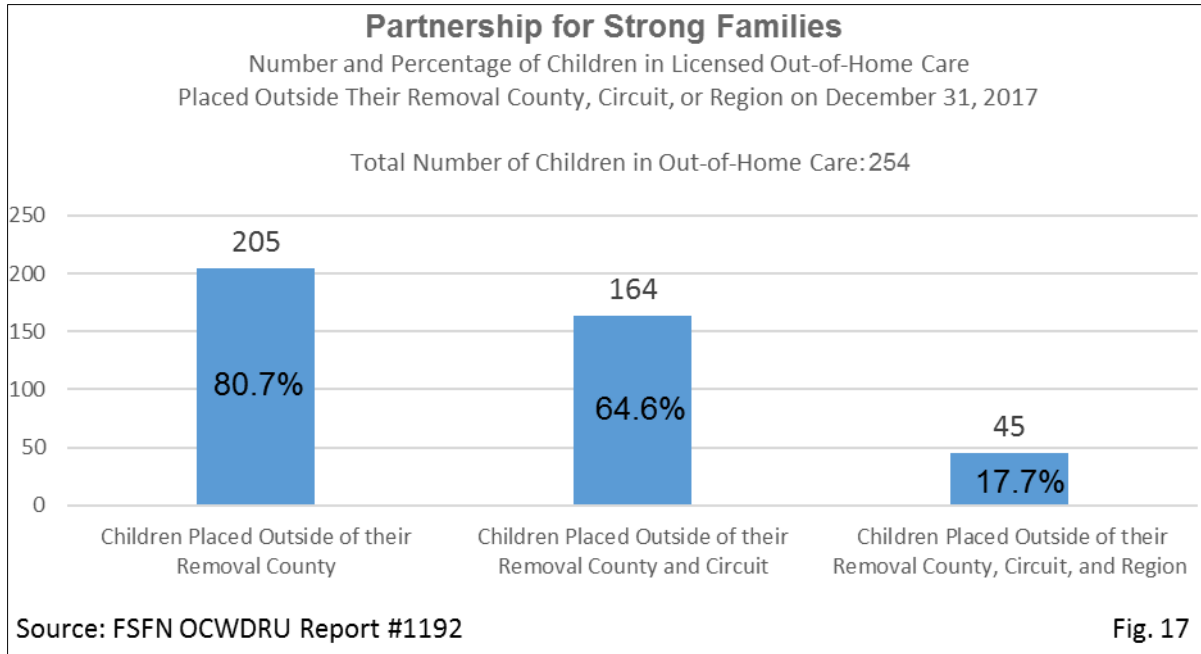
PSF's performance on placement moves per 1,000 days in foster care (SCM08) demonstrates their commitment to limiting the number of times a child moves from one placement to another. For the past six quarters, PSF has exceeded the statewide performance target in stability of placements showing a strong focus on trauma informed care in this area. PSF has practices in place to support placements in licensed home and minimize placement disruptions. For example, within twenty-four hours of a child being placed in a licensed foster home, PSF contacts the caregiver to offer support and resources to preserve the placement. However, PSF does not have a similar process to support relative or non-relative caregivers. PSF refers to foster parents as 'Partner Families' and strives to treat them as such. PSF's CEO embodied this philosophy by reaching out to 100% of licensed foster parents and, for those who would allow it, he travelled to their home to personally thank them for the work they do as a foster parent. During the on-site monitoring focus group with foster parents, it was evident that the visit from PSF's CEO was appreciated and viewed as a positive partnership building event.

In an effort to care for children while they await placement, PSF utilizes a trailer which is on the property of the PSF administrative offices. The trailer does not contain beds, nor are children permitted to sleep there. It provides a home-like setting for children to relax, enjoy meals, bathe, play and relax while they await placement. For teenaged children, a shelter named 'IGNITE' provides shelter which is intended to be short term but longer stays are preventing enrollment into school and staff report concerns regarding children in the home requiring closer supervision.

Foster parents are included in care planning for the children placed in their homes as they are invited to participate in staffings and transition planning. However, foster parents reported concerns regarding transition plans not being followed, which is contrary to the philosophy of trauma informed care. PSF has several communication measures in place such as notification of upcoming court hearings via automated e-mail messaging from P-Kids, Quality Parenting Initiative (QPI) meetings and a Partner Family Advocate. Despite these initiatives, foster parents expressed a desire to improve communication with PSF and many were not aware of who to contact with a concern. Additionally, Foster parents expressed frustration with being pressured to accept permanent guardianship as a permanency option over adoption.

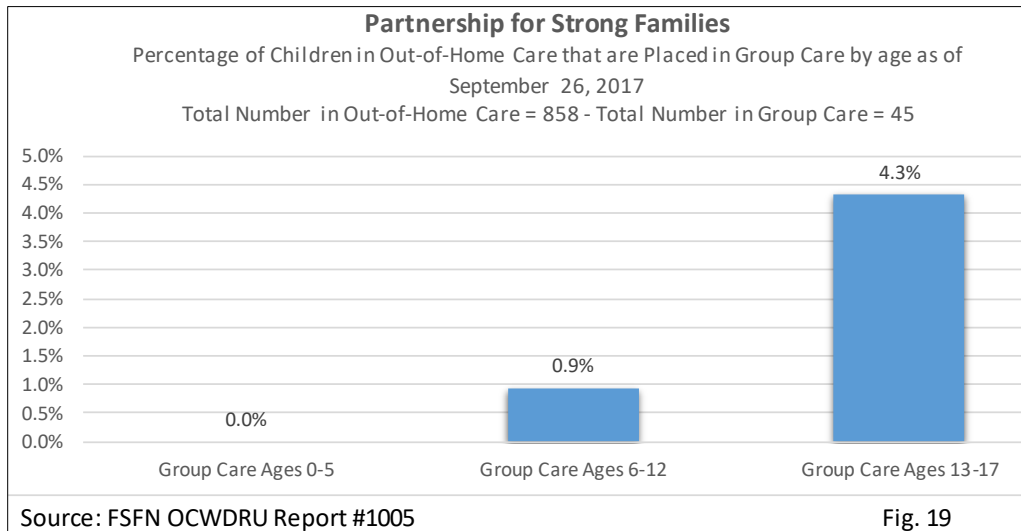
Bi-monthly meetings are held with recruitment, licensing and placement staff to monitor placements and address sibling separations, runaways and disruptions. PSF's placement and recruitment staff conduct timely follow up to initial inquiries from prospective foster parents, however greater efforts to increase foster home capacity would enable PSF to keep more children in their home county. The vast majority of children in out of home licensed care, being served by PSF, are placed outside of their removal county and circuit (see Figure 17). During on-site interviews, PSF foster home recruitment staff discussed traditional recruitment efforts being made by PSF such as paid social media advertisements, magazine advertisements, distribution of flyers, community Foster and Adoption

'Info Nights', strategic speaking events in the community and 'getting the word out.' However, there was no evidence of innovative recruitment strategies or a systemic evaluation or needs analysis to match recruitment efforts to geographic areas or child characteristics. Also, specific and targeted teen recruitment initiatives were limited despite PSF's acknowledgement of the system of care challenges present with the teen out of home care population in circuits three and eight.





As of September 26, 2017, 5.2% of children placed in out of home care were placed in group care. Zero children under age five were placed in group care, less than 1% of children aged 6-12 were placed in group care and 4.3% of children aged 13-17 were placed in group care (see Figure 19). The current statewide average of children placed in group care is 8.98%, thus PSF's performance in ensuring children are placed in the least restrictive placement exceeds the statewide average performance.



#### ANALYSIS

PSF exhibits trauma informed practices by ensuring placement moves are minimized, however fruitful efforts to keep children in close proximity, to ensure family and community connections, are lacking. Since 2014, PSF has performed poorly in keeping children in their home county and circuit. Initiatives to address this performance deficiency were not evident during the on-site CBC monitoring. Efforts to increase the number of foster homes should aid in maintaining close proximity of placements and preservation of family and community connections.

### SECTION 10: PRACTICE

#### SUMMARY

PSF has fully adopted the Practice Model in all open cases and staff are trained on the Practice Model during pre-service. Additionally, PSF's Quality Operations Managers (QOMs) support adherence to the Practice Model through multiple staffings and one-on-one staff education when staff exhibit a lack of competency during staffings. Due to the limitations of FSFN's Practice Model reporting capabilities, the PSF data team developed several reports that aid in tracking and ensuring compliance to the Practice Model. In addition to Practice Model education during pre-service training, the PSF training team support the transfer of learning process by reinforcing Practice Model concepts in field observations and file reviews.

Based on interviews from all levels of staff at PSF, there is evidence that solid implementation of Children and Families Operating Procedures (CFOPs) is occurring and that the information is trickling down to front line staff. Pre-service classroom training includes family centered practice and trauma informed care principles and, in several areas of PSF operations, these philosophies are further reinforced. For example, PSF's performance in minimizing placement moves shows a commitment to reducing trauma experienced by a child during each placement move. PSF utilizes family team conferencing to engage the family in decisions and foster family

centered practices in their system of care. During the foster parent focus group, attendees advised that they were invited to participate in family team conferences and transition planning meetings and the foster parents were well versed in Practice Model terminology and practice. This supports PSF's commitment to educating community partners regarding the Practice Model.

There are some areas where operations can be enhanced by closer adherence to trauma informed care and family centered practice philosophies. For example, while foster parents advised that they were invited to participate in transition staffings, they reported that transition plans were rarely followed and children were often moved abruptly demonstrating a lack of adherence to trauma informed care principles during transitions. Additionally, PSF's failure to ensure children are placed within a close proximity to their families and community, indicates a need to strengthen family centered principles during placement decisions.

#### ANALYSIS

PSF disseminates information related to new or revised CFOPs and legal updates in a manner that ensures all levels of staff are receiving the information. PSF has dedicated staff who are proficient in the Practice Model and support the practice at multiple stages of the case, including decision support team staffings. Staff are trained on the Practice Model, family centered practices and trauma informed care principles during pre-service training and additional support is provided to staff following pre-service training. Opportunities exist to enhance the system of care by modifying practice to more robustly integrate family centered and trauma informed care principles. For example, the high occurrence of children placed outside of their removal county and circuit suggests a need to more fully incorporate family centered practice in placement decisions to ensure children are placed in a close proximity to home to support parental and sibling visitations. And, the lack of adherence to established transition plans shows a deficiency in understanding trauma informed care principles.

## SECTION 11: PARTNERSHIP RELATIONS

#### SUMMARY

PSF enjoys positive relationships with their partners. Through a variety of initiatives, PSF fosters communication with their partners. Barrier Breaker meetings are held on a regular basis and provide an opportunity for PSF and DCF leadership to alleviate some barriers to efficient operations. And, while struggles continue to exist, the Barrier Breakers meeting is an effective way to minimize obstacles and foster communication. Overall, PSF and DCF Investigations staff report a positive and collaborative relationship where most issues are resolved by front line staff. Specifically, staff in Columbia, Suwannee, Union and Bradford counties describe very harmonious working relationships reportedly due, in large part, to PSF and DCF front line investigations supervisors who work collaboratively to resolve issues. Relationships in other counties are not as strong. PSF's integration of secondary assignment staffings in these four counties has had a positive impact. However, some confusion was apparent as to the use of secondary assignment staffings as a qualifying safety management service. As deployed, PSF's secondary assignment initiative does not meet the criteria to be defined as a safety management service.

The relationship between PSF and DCF's Child Legal Services (CLS) supports efficient court and testimony preparation and quality court documentation. However, CLS staff report challenges with supervisors not ensuring court documents are accurate and without errors. CLS staff report that they often act as case management supervisors by reviewing documents for thoroughness and errors and returning documents for corrections. Additionally, a protocol exists which requires a staffing between investigations and case management staff, prior

to CLS rendering a legal opinion on an open dependency case where the case manager has identified concerns. This local protocol may result in an unnecessary delay in needed legal action to ensure a child's safety and should be re-examined immediately.

Relationships with other agencies in Circuits three and eight support PSF's mission. For example, PSF worked with Lutheran Social Services, the Managing Entity (ME), to secure funding for a Perpetrator Intervention Specialist who brings expertise in improving services provided to domestic violence perpetrators. Through this position, PSF is able to provide enhanced services in family violence cases and ensure staff are well versed in gainful intervention strategies. Big Bend is the Managing Entity for Taylor and Madison Counties and there is an opportunity to strengthen collaboration with Big Bend to address service barriers in these counties. For example, removal rates for substance misuse in Taylor County are the highest in the Region, thus substance abuse service enhancement would benefit the community. PSF also works in collaboration with the Agency for Persons with Disabilities (APD) by inviting APD staff to all multi-disciplinary team staffings. And, while PSF works with Children's Medical Services (CMS) when medically needy children require placement, an opportunity exists to enhance the relationship with CMS to increase recruitment initiatives for new medical foster homes. Additionally, staff report difficulties and delays in facilitating enrollment and transportation to schools suggesting a need to more fully collaborate with the school board to address these issues.

#### ANALYSIS

PSF works collaboratively with partner agencies to ensure enhanced operations. Through initiatives such as the Barrier Breaker meetings, PSF works with partners to resolve conflicts in a timely and concerted manner. Efforts to augment the efficiency of court documentation from case management staff to CLS should further improve permanency proceedings. Moreover, a review of the current practice to delay legal staffings until after a staffing between investigations and case management occurs, is recommended. Partnerships such as the one between PSF and the ME, supplement limited funding to provide innovative services such as the Perpetrator Intervention Consultant to expand services provided in family violence cases.

## SECTION 12: COMMUNITY RELATIONSHIPS

### SUMMARY

Many of the counties served by PSF are rural. In Alachua county, services are abundant but sufficient services are not available across circuits three and eight. PSF's unique challenge is to ensure services are delivered across all thirteen counties. To accomplish this requisite task, partnerships with community businesses are essential. One way in which PSF does this is through community resource centers which provide services and service referrals to members of the community. Currently, four resource centers exist in the communities PSF serves. They are: Library Partnership, Southwest Advocacy Group (SWAG) Family Resource Center, Cone Park Library Resource Center and the Tri-County Community Resource Center. The resource center concept was the result of a collaborative effort by PSF, Casey Family Programs and the Department. In 2009, the first Resource Center opened based on an evaluation of target areas which showed high dependency involvement, followed shortly thereafter by the opening of the other three centers.

PSF holds multiple fundraisers and drives to secure items necessary to promote normalcy for children. For example, PSF leads the Wish Upon a Star Drive which supported 1300 children last year and equated to \$100,000

in in-kind funding and a Back to School drive that ensured that children in care returned to school with essential school supplies. PSF began Community Partnership Councils (CPCs) which are now run by the community. Currently, there are five CPCs and each is provided with \$5,000 annually to support operations in their communities. Additionally, PSF utilizes interns from the University of Florida as discussed previously in this report. PSF is in the process of engaging approximately thirty churches with a goal of gaining prospective foster parents.

## ANALYSIS

PSF engages their community in several ways, including those mentioned above. And, based on responses to the system of care surveys distributed to community partners, PSF's relationships with community partners are strong and respondents felt like a valued partner.

## SECTION 13: COU MONITORING SUMMARY

### SUMMARY

PSF is an established community-based care agency serving Circuits three and eight in the northeast region of the State. Serving thirteen Florida Counties, PSF provides child welfare services to more counties than any other community-based care agency in Florida. PSF's long-standing executive leadership team present an opportunity to partner and potentially lead other community-based care agencies to better develop and implement innovative approaches to bolster Florida's child welfare system.

Every community-based care agency in aims to continuously strive to provide the very best service to our most vulnerable citizens and their families as they navigate through a period of crisis. PSF is no exception. Building upon partnerships and longevity of its senior management team, PSF has an opportunity and the means necessary to identify and implement productive strategies to address the issues noted below.

### AREAS IN NEED OF ACTION:

- Proximity of Placements to Maintain Connections – Ensuring children are placed in close proximity to support visitation and maintain close connections to family and their community is a critical function of all community-based care agencies. In every quarter since March 2014, PSF placed more children out of county and out of circuit than any other CBC in the State. The vast majority of children served by PSF who are currently in out of home licensed care are placed out of their removal county and circuit. Despite the unique make up of communities served by a community-based care agency, it is incumbent on a CBC agency to develop and launch initiatives to address each regionally specific challenge. While the rural nature of PSF's service area cannot be denied, heightened activities around securing placement providers in every area are necessary.
- Quality and Performance Measures – The following performance measure represents an area in critical need of improvement:
  - Rate of abuse per 100,000 days in foster care (SCM 1). PSF has failed to meet the performance target in the past five quarters. Further, quality reviews show that improvement is needed in ensuring concerted efforts are made to assess and address the risk and safety concerns related to the child(ren) in their own homes or while in foster care (CQI Item 3). PSF's performance on this measure is currently below the statewide average performance and the State, Federal or PIP performance target.

- Percent of children in foster care who received a dental service in the last seven months (SCM10). PSF did not meet the target in four of the past five quarters. In Circuit three, the performance target was not met in the past six quarters.
- Despite executive management statements that resources are available in all service areas, front line staff report difficulty in securing services or funding, especially in rural areas.

#### OPPORTUNITIES FOR IMPROVEMENT:

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- Transition Planning – Although caregivers are invited to participate and offer input regarding transition plans, the developed plans are not being followed and contrary to trauma informed principles, children are often abruptly moved.
- Communication and support to relative and non-relative caregivers – PSF contacts licensed caregivers following each placement episode and QPI meetings are regularly held. However, no clear process of communication and support to relative and non-relative caregivers was evident.
- Strategic Communication Process – While changes or additions to CFOPs, Statutes and Admin Code are disseminated to staff effectively, front line staff report that changes to services or local protocols are not trickled down timely or, in some cases, at all.
- Front line staff report that the system, as a whole, favors judicial over non-judicial intervention which is contrary to family centered principles and the requirement to provide the least restrictive intervention. A renewed focus on non-judicial intervention, when appropriate, is needed.

#### ADMINISTRATIVE FINDINGS:

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Subcontractor Requirements – Contract CJ149, Attachment I, 5.11. specifies the Mandatory Reporting Requirements for the Lead Agency and its subcontractors. 7 subcontracts were reviewed for inclusion of these requirements. Three of the seven subcontracts reviewed did not include Mandatory Reporting.

#### SECTION 14: INNOVATIVE PRACTICES

PSF has developed several innovative practices which positively augment their system of care. They are:

- PSF's CEO visited the home of every foster family who accepted the offer of a visit. The foster parents viewed this as a positive experience and reported that they felt treated as a valued partner as a result of this visit. Although this was a time-consuming endeavor, the effort put forth was worth it and undeniably aided in foster parent retention.
- Through collaboration with the Department and Casey Family Programs, PSF responded to a need for community services aimed at reducing the number of children entering out of home care. Four community centers were developed and are now run almost exclusively by community partners. Although extensive longitudinal data is not yet available, initial data shows a marked reduction in the number of children entering out of home care in the areas served by the community centers.

- PSF's Training Team developed a process called the 360 Caregiver Self-Appraisal in which caregivers are encouraged to participate in a self-evaluation of their functioning and offer input into services that would positively impact permanency for their child(ren). PSF partners with the University of Florida to secure interns who are trained in the administration of the process, at no cost to PSF. Through this initiative, PSF is able to gather important information from birth parents without overburdening front line staff.
- Through partnership and collaboration with Lutheran Social Services, the Managing Entity, PSF was able to secure funding for a clinical Perpetrator Intervention Consultant who provides consultative services to staff and direct care services to perpetrators of family violence.

# 2017 Florida Child Well-being Index

## Alachua County



### 30 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	22.1	10,077	2009	19.7	Worse
Unemployment Rate	2015	4.5	5,910	2010	8.0	Better
High Housing Cost Burden (more than 30% income spent)	2015	43.8	46,175	2010	44.2	Unchanged
Teens Not in School and Not Working	2011-2015	6.1	1,320	2006-2010	5.8	Unchanged

### 31 Education

Students Not Ready for Kindergarten	2013-2014	10.3	232	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	66	1,356	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	86	861	N.A.		
High School Students Not Graduating on Time	2014-2015	25.7	533	2011-2012	31.3	Better

### 19 Health

Low-Birthweight Babies	2015	9.9	285	2010	7.8	Worse
Uninsured Children	2014	8.4	4,038	2009	19.9	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	31.6	1,835	2008-2009	35.9	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	37.3	277	2010	42.0	Better

### 55 Family and Community

Children in Single Parent Families	2011-2015	32.7	13,191	2006-2010	36.8	Better
Children Living in High Poverty Areas	2011-2015	24.2	11,061	2006-2010	19.4	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	15.4	703	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	34.6	674	2009-2010	54.1	Better

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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 Baker County



## 10 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	25.7	1,692	2009	23.1	Worse
Unemployment Rate	2015	5.4	607	2010	11.3	Better
High Housing Cost Burden (more than 30% income spent)	2015	28.1	2,512	2010	28.3	Unchanged
Teens Not in School and Not Working	2011-2015	11.1	147	2006-2010	14.6	Better

## 22 Education

Students Not Ready for Kindergarten	2013-2014	5.2	20	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	77	300	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	80	223	N.A.		
High School Students Not Graduating on Time	2014-2015	18.2	54	2011-2012	27.2	Better

## 3 Health

Low-Birthweight Babies	2015	9.5	32	2010	11.1	Better
Uninsured Children	2014	8.0	554	2009	22.2	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	19.9	319	2008-2009	38.0	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	33.7	96	2010	47.7	Better

## 5 Family and Community

Children in Single Parent Families	2011-2015	27.4	1,442	2006-2010	26.3	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	8.3	56	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	24.6	73	2009-2010	39.7	Better

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# 2017 Florida Child Well-being Index

## Bradford County



### 29 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	28.2	1,485	2009	27.2	Worse
Unemployment Rate	2015	4.8	514	2010	9.9	Better
High Housing Cost Burden (more than 30% income spent)	2015	31.1	3,029	2010	31.4	Unchanged
Teens Not in School and Not Working	2011-2015	12.3	166	2006-2010	13.0	Unchanged

### 57 Education

Students Not Ready for Kindergarten	2013-2014	13.2	33	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	80	171	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	100	118	N.A.		
High School Students Not Graduating on Time	2014-2015	23.1	46	2011-2012	35.8	Better

### 63 Health

Low-Birthweight Babies	2015	13.3	39	2010	10.2	Worse
Uninsured Children	2014	9.0	501	2009	21.9	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	53.8	252	2008-2009	39.1	Worse
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	32.7	67	2010	36.7	Better

### 13 Family and Community

Children in Single Parent Families	2011-2015	33.3	1,416	2006-2010	33.9	Unchanged
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	13.3	75	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	33.2	78	2009-2010	49.3	Better

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# 2017 Florida Child Well-being Index

## Columbia County



### 54 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	31.1	4,513	2009	28.7	Worse
Unemployment Rate	2015	5.4	1,562	2010	10.8	Better
High Housing Cost Burden (more than 30% income spent)	2015	31.3	8,024	2010	31.7	Unchanged
Teens Not in School and Not Working	2011-2015	18.2	576	2006-2010	14.7	Worse

### 40 Education

Students Not Ready for Kindergarten	2013-2014	6.5	55	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	76	593	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	82	387	N.A.		
High School Students Not Graduating on Time	2014-2015	29.0	182	2011-2012	35.2	Better

### 31 Health

Low-Birthweight Babies	2015	10.3	85	2010	9.8	Unchanged
Uninsured Children	2014	8.6	1,311	2009	21.9	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	41.7	918	2008-2009	36.3	Worse
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	30.0	98	2010	42.7	Better

### 37 Family and Community

Children in Single Parent Families	2011-2015	38.1	4,604	2006-2010	37.6	Unchanged
Children Living in High Poverty Areas	2011-2015	8.1	1,196	2006-2010	0.0	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	15.7	230	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	27.0	175	2009-2010	40.0	Better

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# 2017 Florida Child Well-being Index

## Dixie County



32 Economic	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	36.3	1,089	2009	34.4	Worse
Unemployment Rate	2015	6.1	341	2010	12.9	Better
High Housing Cost Burden (more than 30% income spent)	2015	26.3	1,699	2010	26.6	Unchanged
Teens Not in School and Not Working	2011-2015	8.5	55	2006-2010	8.7	Unchanged

8 Education	Current Year	%	#	Baseline Year	%	
Students Not Ready for Kindergarten	2013-2014	*	*	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	78	98	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	77	85	N.A.		
High School Students Not Graduating on Time	2014-2015	*	*	2011-2012	22.9	

67 Health	Current Year	%	#	Baseline Year	%	
Low-Birthweight Babies	2015	12.7	18	2010	11.3	Worse
Uninsured Children	2014	9.6	297	2009	23.1	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	50.3	219	2008-2009	39.3	Worse
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	44.2	79	2010	49.9	Better

30 Family and Community	Current Year	%	#	Baseline Year	%	
Children in Single Parent Families	2011-2015	42.4	996	2006-2010	29.3	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	18.5	55	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	31.0	41	2009-2010	35.2	Better

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# 2017 Florida Child Well-being Index Gilchrist County



## 65 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	26.4	896	2009	23.9	Worse
Unemployment Rate	2015	5.5	363	2010	10.8	Better
High Housing Cost Burden (more than 30% income spent)	2015	26.3	1,691	2010	26.6	Unchanged
Teens Not in School and Not Working	2011-2015	44.0	522	2006-2010	16.2	Worse

## 13 Education

Students Not Ready for Kindergarten	2013-2014	10.4	18	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	76	131	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	78	107	N.A.		
High School Students Not Graduating on Time	2014-2015	6.0	10	2011-2012	14.1	Better

## 45 Health

Low-Birthweight Babies	2015	12.9	25	2010	7.9	Worse
Uninsured Children	2014	11.6	415	2009	24.7	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	33.4	197	2008-2009	32.5	Unchanged
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	38.0	91	2010	43.8	Better

## 49 Family and Community

Children in Single Parent Families	2011-2015	22.0	628	2006-2010	38.7	Better
Children Living in High Poverty Areas	2011-2015	30.4	1,072	2006-2010	0.0	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	13.4	45	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	28.4	45	2009-2010	35.7	Better

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# 2017 Florida Child Well-being Index Hamilton County



## 62 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	39.9	1,041	2009	37.6	Worse
Unemployment Rate	2015	5.1	289	2010	11.4	Better
High Housing Cost Burden (more than 30% income spent)	2015	28.6	1,546	2010	29.5	Unchanged
Teens Not in School and Not Working	2011-2015	27.4	222	2006-2010	27.9	Unchanged

## 62 Education

Students Not Ready for Kindergarten	2013-2014	13.3	18	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	91	104	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	*	87	N.A.		
High School Students Not Graduating on Time	2014-2015	*	26	2011-2012	45.0	

## 16 Health

Low-Birthweight Babies	2015	12.0	20	2010	7.8	Worse
Uninsured Children	2014	9.0	247	2009	24.7	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	39.2	164	2008-2009	32.7	Worse
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	26.0	38	2010	37.6	Better

## 41 Family and Community

Children in Single Parent Families	2011-2015	48.0	931	2006-2010	43.1	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	7.0	20	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	37.4	49	2009-2010	56.0	Better

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# 2017 Florida Child Well-being Index

## Lafayette County



### 50 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	30.8	537	2009	29.0	Worse
Unemployment Rate	2015	4.5	147	2010	7.3	Better
High Housing Cost Burden (more than 30% income spent)	2015	32.4	834	2010	32.4	Unchanged
Teens Not in School and Not Working	2011-2015	14.2	69	2006-2010	13.6	Unchanged

### 59 Education

Students Not Ready for Kindergarten	2013-2014	*	19	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	86	87	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	*	19	N.A.		
High School Students Not Graduating on Time	2014-2015	*	10	2011-2012	*	

### 53 Health

Low-Birthweight Babies	2015	*	*	2010	*	
Uninsured Children	2014	15.1	277	2009	32.8	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	35.2	107	2008-2009	40.4	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	*	34	2010	*	

### 1 Family and Community

Children in Single Parent Families	2011-2015	15.4	243	2006-2010	24.6	Better
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	6.0	11	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	*	*	2009-2010	17.2	

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# 2017 Florida Child Well-being Index

## Levy County



### 36 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	36.0	2,775	2009	32.6	Worse
Unemployment Rate	2015	5.7	948	2010	11.9	Better
High Housing Cost Burden (more than 30% income spent)	2015	29.1	4,782	2010	29.5	Unchanged
Teens Not in School and Not Working	2011-2015	7.7	147	2006-2010	10.3	Better

### 49 Education

Students Not Ready for Kindergarten	2013-2014	6.9	29	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	87	357	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	90	257	N.A.		
High School Students Not Graduating on Time	2014-2015	18.4	61	2011-2012	27.8	Better

### 57 Health

Low-Birthweight Babies	2015	11.0	43	2010	9.0	Worse
Uninsured Children	2014	12.2	985	2009	25.6	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	39.4	513	2008-2009	37.2	Worse
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	37.5	135	2010	44.3	Better

### 20 Family and Community

Children in Single Parent Families	2011-2015	36.6	2,448	2006-2010	32.4	Worse
Children Living in High Poverty Areas	2011-2015	0.0	0	2006-2010	13.1	Better
Children with Verified Maltreatment (per 1,000)	2015-2016	10.1	82	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	26.6	99	2009-2010	37.5	Better

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# 2017 Florida Child Well-being Index Madison County



## 49 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	35.5	1,250	2009	38.9	Better
Unemployment Rate	2015	6.2	465	2010	10.0	Better
High Housing Cost Burden (more than 30% income spent)	2015	31.4	2,223	2010	31.2	Unchanged
Teens Not in School and Not Working	2011-2015	8.8	74	2006-2010	13.0	Better

## 66 Education

Students Not Ready for Kindergarten	2013-2014	14.4	30	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	81	141	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	99	104	N.A.		
High School Students Not Graduating on Time	2014-2015	41.9	83	2011-2012	33.7	Worse

## 41 Health

Low-Birthweight Babies	2015	13.8	29	2010	11.4	Worse
Uninsured Children	2014	10.3	375	2009	23.9	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	42.0	238	2008-2009	43.6	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	28.9	38	2010	45.5	Better

## 59 Family and Community

Children in Single Parent Families	2011-2015	36.3	1,047	2006-2010	41.5	Better
Children Living in High Poverty Areas	2011-2015	26.9	1,022	2006-2010	0.0	Worse
Children with Verified Maltreatment (per 1,000)	2015-2016	10.0	41	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	44.8	80	2009-2010	55.4	Better

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# 2017 Florida Child Well-being Index

## Suwannee County



### 20 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	33.2	3,060	2009	30.5	Worse
Unemployment Rate	2015	5.5	978	2010	9.8	Better
High Housing Cost Burden (more than 30% income spent)	2015	28.5	4,874	2010	28.6	Unchanged
Teens Not in School and Not Working	2011-2015	7.7	149	2006-2010	16.7	Better

### 60 Education

Students Not Ready for Kindergarten	2013-2014	7.8	33	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	83	367	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	97	224	N.A.		
High School Students Not Graduating on Time	2014-2015	32.5	138	2011-2012	40.5	Better

### 54 Health

Low-Birthweight Babies	2015	7.8	34	2010	9.1	Better
Uninsured Children	2014	11.2	1,080	2009	27.0	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	42.4	618	2008-2009	35.2	Worse
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	36.9	114	2010	41.6	Better

### 26 Family and Community

Children in Single Parent Families	2011-2015	39.6	3,131	2006-2010	31.4	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	12.8	122	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	30.8	130	2009-2010	42.8	Better

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# 2017 Florida Child Well-being Index

## Taylor County



### 26 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	30.9	1,299	2009	30.3	Unchanged
Unemployment Rate	2015	6.6	601	2010	10.6	Better
High Housing Cost Burden (more than 30% income spent)	2015	29.2	2,219	2010	29.8	Unchanged
Teens Not in School and Not Working	2011-2015	9.1	81	2006-2010	18.8	Better

### 51 Education

Students Not Ready for Kindergarten	2013-2014	6.2	15	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	75	134	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	88	101	N.A.		
High School Students Not Graduating on Time	2014-2015	35.3	59	2011-2012	36.5	Better

### 38 Health

Low-Birthweight Babies	2015	11.2	28	2010	11.4	Unchanged
Uninsured Children	2014	8.3	364	2009	22.1	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	38.3	203	2008-2009	39.3	Unchanged
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	36.1	80	2010	50.2	Better

### 16 Family and Community

Children in Single Parent Families	2011-2015	35.3	1,311	2006-2010	34.8	Unchanged
Children Living in High Poverty Areas	2011-2015	0.0	0	2006-2010	32.1	Better
Children with Verified Maltreatment (per 1,000)	2015-2016	17.8	78	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	19.3	36	2009-2010	39.7	Better

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# 2017 Florida Child Well-being Index Union County



## 16 Economic

	Current Year	%	#	Baseline Year	%	
Children in Poverty	2014	26.1	744	2009	25.3	Unchanged
Unemployment Rate	2015	4.8	227	2010	8.5	Better
High Housing Cost Burden (more than 30% income spent)	2015	28.0	1,194	2010	28.4	Unchanged
Teens Not in School and Not Working	2011-2015	14.4	112	2006-2010	23.6	Better

## 12 Education

Students Not Ready for Kindergarten	2013-2014	*	*	N.A.		
Fourth Grade Students Not Proficient in English Language Arts	2014-2015	73	130	N.A.		
Eight Grade Students Not Proficient in Math	2014-2015	*	64	N.A.		
High School Students Not Graduating on Time	2014-2015	22.3	39	2011-2012	29.6	Better

## 56 Health

Low-Birthweight Babies	2015	10.9	16	2010	10.9	Unchanged
Uninsured Children	2014	7.4	221	2009	22.6	Better
Overweight and Obese 1st, 3rd, and 6th Grade Students	2013-2014	35.6	202	2008-2009	36.9	Better
High School Teens who Used Alcohol/Drugs (Past 30 Days)	2014	45.9	83	2010	34.1	Worse

## 17 Family and Community

Children in Single Parent Families	2011-2015	35.6	912	2006-2010	35.9	Unchanged
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	15.9	47	N.A.		
Youth Contacts with the Juvenile Justice System (per 1,000)	2014-2015	20.5	27	2009-2010	23.3	Better

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