



St. Johns County Board of County Commissioners

Health and Human Services | Community Based Care Division

St Johns County Board of County Commissioners Family Integrity Program Annual Community Based Care Report

I. Introductory Section

The St. Johns County Board of County Commissioners' Family Integrity Program (herein referred to as "FIP") is a division within St. Johns County's Health and Human Services Department. The Health and Human Services (HHS) Department also contains the county's Social Services, Housing and Community Development, and the Veteran's Services divisions. The Family Integrity Program is the lead agency for St. Johns County and there are no Case Management Organizations (CMO) within or managed by the agency. The responsibility for the Family Integrity Program's Quality Assurance and Performance Quality Improvement efforts reside with the St. Johns County Health and Human Services Director, FIP Program Manager, Health and Human Services Finance and Contracts Manager and the Health and Human Services Quality Services Supervisor. The Health and Human Services Finance and Contracts Manager directly supervises the Quality Services Supervisor; two (2) Quality Services Specialists are directly supervised by the Quality Services Supervisor. The Quality Services Supervisor and Quality Services Specialist positions require a Child Welfare certification through the Florida Certification Board, as a "best practice" approach to ensuring the staff has adequate knowledge regarding child welfare practices. The Quality Services employees are considered "blended" positions, which serve the Family Integrity Program primarily, but also provide quality improvement activities and oversight to the Health and Human Services' Social Services division, Housing and Community Development division, and Veteran's Services division. The monies for these positions are 75% funded through the FIP budget and the remaining 25% are funded through general funds from the County and allocated in the Health and Human Services Department budget annually.

The Contract and Finance Manager, in addition to supervising the Quality Services Supervisor, supervises the Contract Coordinator, the Federal Funding Specialist, and the FIP Accounting Technician. The Finance and Contract Manager coordinates with the DCF Contract Manager and is the point of contact for all contractual obligations.

The Quality Services team is primarily responsible for performing quality assurance and continuous quality improvement activities for the agency. The Quality Services (QS) team works closely with the HHS Director and FIP management to determine performance goals and improvement strategies; the QS team is then responsible for monitoring performance data to determine if such strategies are effective and useful.

Timeframes regarding internal and external projects are determined by agency's management, contractual obligations, and a "best practices" approach.

The agency did not utilize any formal capacity resource tools during the 18-19 fiscal year to determine any capacity related needs regarding administrative or direct service positions, but HHS management utilized feedback expressed by staff and an understanding of the agency's current capacity, in conjunction with the 17-18 fiscal year Contract Oversight Unit's report to determine organizational needs. HHS has requested to add six new positions within the Department, which will both directly and indirectly impact FIP; these new positions include both management and direct service personnel. The agency is continually reviewing potential deficiencies in an ongoing effort to improve service delivery, however due to being a county government agency, any needs to increase capacity through budget or additional staff require the Board of County Commissioners' approval.

The agency's outcome measures and performance metrics continue to be determined by and monitored over a varied scope of activities. The areas in which agency performance are reviewed and monitored is gathered through qualitative data, such as case review data (both Rapid Safety Feedback and Florida CQI reviews) and the Performance Improvement Plan (PIP), including the PIP monitored case reviews, and through quantitative data, such as the agency's financial viability plan, the agency's quarterly scorecard, the county's annual financial plan, and the monthly Child Welfare Key Performance Indicator Reports. The agency utilizes state and federal performance targets regarding case review data, scorecard performance, and the Key Indicator Reports; the agency has established internal goals regarding the Financial Viability Plan and the county's financial plan. Despite having numerous data sources, the main objectives of safety, permanency, and wellbeing for the children and families served through this agency were common threads in all activities conducted and monitored. The performance trends and outcomes of these measures will be addressed below in the Performance Improvement and Finding sections of this report.

The agency is required to report annually to County Administration for the St Johns County's Financial Plan, which is published and available to the public. The county looks at output, efficiency, and "effect" performance measures regarding safety, permanency, and overall financial outcomes. The agency reports out on the percentage of children that are seen every 30 days, number of children served directly and indirectly, number of children adopted and percentage of the adoption target, and the percent of children reunified within 12 months of removal. For the "effect" measures, the county uses statewide benchmarks, but has no set benchmarks for the other areas that are reported. The agency is also expected to list major accomplishments, as well as project performance and objectives for the upcoming fiscal year.

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SPECIAL REVENUE FUNDS

MAJOR ACCOMPLISHMENTS LAST YEAR:

County Goal #10: Improve/Expand Communications & Services to Citizens

- ◆ Successfully contracted with Community Partnership for Children and the University of South Florida to provide preserve training for all case managers.
- ◆ Successfully contracted with Tonier Cain to provide in-house training. For three days Mrs. Cain trained staff and met with citizens to discuss Trauma Informed Care and to have a better understanding on how trauma effects all individuals.
- ◆ Successfully contracted with ALIA to provider in-house training. Staff were trained on the Understanding the Human Need for Belonging & the Impact of Childhood Trauma, Building Individual and Organizational Wellbeing and Resilience. Foster parents were trained on Understanding the Impact of Trauma on the Brain, Bonds and Behaviors.
- ◆ Held 3 training classes for residents interested in becoming foster parents or adopting a special needs child. These training classes lead to twenty homes being licensed within the County.
- ◆ Fifty eight children found permanency by being placed in their forever homes and their adoptions finalizing.

KEY OBJECTIVES:

County Goal #10: Improve/Expand Communications & Services to Citizens

- License an additional twenty eight family foster homes in St. Johns County, with seven of these homes willing to take teenagers, one of these homes willing to take youth that are deemed victims of human trafficking, and one home willing to take children that are deemed special needs.
- Meet and exceed the Adoptions goal to bring children permanency and stability.
- Create a Kinship Navigator Program to provide support to relative caregivers.

PERFORMANCE MEASURES		Actual FY '17	Estimated FY '18	Adopted FY '19
I N P U T	Number of Full-time Equivalents (FTEs)	39.59	40.59	40.59
	Out of Home Care and Protective Services Expense	2,945,941	3,326,926	3,212,816
	Adoption Services and Subsidy Expense	1,415,429	1,656,513	1,656,045
	Child Abuse Prevention Services	503,524	554,603	618,441
O U T P U T	# Children Served – Out of Home Care & Protective Services	423	334	420
	# Children Served – Adoption Services and Subsidies	260	312	329
	# Children Indirectly Served – Child Abuse Prevention Services	163	153	175
E F F I C	Average Cost per Child – Out of Home Care & Protective Services	6,964	9,961	7,650
	Average Cost per Child – Adoption Services & Subsidies	5,444	5,309	5,034
	Average Cost per Person – Child Abuse Prevention Services	3,089	3,625	3,534
E F F E C T	% of Children Reunified Within 12 Months of Latest Removal (State Target 78.5%)	50%	63%	70%
	% of Children Seen (State Target 100%)	99.7%	99.9%	99.9%
	% of State Adoption Target Met	140%	164%	145%

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In monitoring safety outcomes, the agency assessed this area through case review data, in both the Rapid Safety Feedback (RSF) reviews and Florida CQI/ PIP case reviews (Items 1-3), and through scorecard data (items 1-4). Internal benchmarks for RSF outcomes had been established by the agency for the 18-19 fiscal year, being that the agency wanted to improve in all measures from the previous fiscal year. Benchmarks were set at the previous fiscal year's performance. New benchmarks are in the process of being established for the upcoming year's reviews as the agency failed to sustain performance in multiple items this fiscal year as compared to the previous year. FIP is continuously looking forward to improve in child safety. For the FL-CQI/ PIP review cases, the agency utilizes the state's PIP benchmarks; for the items with no PIP benchmark, the agency utilizes the CFSR baseline.

Scorecard benchmarks and performance:

Scorecard Measure	Benchmark Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4
M01: Rate of abuse per 100,000 days in foster care	8.5	13.44	3.00	9.09	8.92
M02: % of children who are not abused/neglect during in-home services	95%	95.95%	96.23%	95.76%	96.07%
M03: % of children who are not neglected or abused after receiving services	95%	91.76%	92.55%	94.48%	96.23%
M04: % of children under supervision who are seen every 30 days	99.50%	99.98%	99.99%	99.99%	99.99%

CFSR/ FL-CQI/ PIP case review benchmarks and performance:

CFSR Item	Item Description	CFSR Baseline	PIP Target	FIP FY 19 Performance (Total 28 cases, including PIP)
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	91.50%	91.60%	95.65% n=22
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	76.50%	85.80%	92.86% n=13
Item 3	Risk and Safety Assessment and Management	71.30%	77.70%	89.29% n=25

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RSF Benchmarks and performance:

	Statewide Q1	FIP Q1	Statewide Q2	FIP Q2	Statewide Q3	FIP Q3	Statewide Q4	FIP Q4	Statewide Average	FIP Average
1.1 Is the most recent family assessment sufficient?	52.3%	75.0%	59.4%	75.0%	53.2%	62.5%	55.8%	37.5%	55.2%	62.5%
1.2 Is the most recent family assessment completed timely?	46.2%	50.0%	41.8%	62.5%	42.8%	62.5%	47.7%	50.0%	44.6%	56.3%
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 toward case plan outcomes?	52.8%	87.5%	57.2%	62.5%	55.8%	75.0%	54.8%	50.0%	55.2%	68.8%
2.2 Is the frequency of visits between the case manager and the child(ren) sufficient to ensure child safety and evaluate progress toward case plan outcomes?	76.1%	87.5%	78.1%	100.0%	74.6%	87.5%	72.9%	62.5%	75.4%	84.4%
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 toward case plan outcomes?	68.9%	100.0%	63.1%	87.5%	68.0%	87.5%	54.4%	62.5%	63.6%	84.4%
2.4 Is the frequency of the visits between the case manager and the child's mother sufficient to ensure child safety and evaluate progress toward case plan outcomes?	81.2%	100.0%	76.8%	100.0%	78.6%	87.5%	77.2%	87.5%	78.5%	93.8%
2.5 Is the quality of the visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	51.0%	80.0%	54.7%	100.0%	52.3%	100.0%	46.6%	40.0%	51.2%	80.0%
2.6 Is the frequency of the visits between the case manager and the child's father sufficient to ensure child safety and evaluate progress toward case plan outcomes?	48.7%	80.0%	55.4%	100.0%	52.1%	85.7%	53.5%	60.0%	52.4%	81.4%
3.1 Are background checks and home assessments completed when needed?	74.6%	50.0%	71.6%	87.5%	71.6%	75.0%	65.3%	25.0%	70.8%	59.4%
3.2 Is the information assessed and used to address potential danger threats?	78.7%	50.0%	78.6%	87.5%	74.6%	87.5%	70.9%	37.5%	75.7%	65.6%
4.1 Is the safety plan sufficient?	59.1%	50.0%	55.6%	75.0%	62.6%	62.5%	59.4%	37.5%	59.2%	56.3%
4.2 Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?	47.4%	50.0%	48.2%	75.0%	52.0%	50.0%	44.1%	12.5%	47.9%	46.9%
5.1 Is the supervisor regularly consulting with the case manager?	61.9%	50.0%	57.1%	50.0%	60.7%	62.5%	54.8%	37.5%	58.6%	50.0%
5.2 Is the supervisor ensuring recommended actions are followed up on?	52.3%	37.5%	48.8%	62.5%	52.7%	62.5%	49.2%	25.0%	50.8%	46.9%

Regarding permanency, the agency utilizes data from case reviews, specifically FL-CQI Items 4-11, scorecard items 5-8, and the agency's financial viability plan action steps. Benchmarks for case review and scorecard data are set by state and federal guidelines; financial viability action step benchmarks were established internally by agency leadership in partnership with DCF. As noted above, performance trends and outcomes will be further explained in the sections below.

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Scorecard benchmarks and performance:

Scorecard Measure	Benchmark Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4
M05: % of children exiting to a permanent home w/in 12 months of entering care	40.50%	30.36%	37.29%	38.83%	48.11%
M06: % of children exiting to a permanent home w/in 12 months for those in care 12 to 23 months	43.60%	74.19%	72.13%	77.61%	74.19%
M07: % of children who do not re-enter care w/in 12 months of moving to permanent home	91.70%	92.68%	94.59%	95.24%	94.12%
M08: Placement moves per 1,000 days in foster care	4.12	2.54	2.5	2.26	2.33

CFSR/ FL-CQI/ PIP case review benchmarks and performance:

CFSR Item	Item Description	CFSR Baseline	PIP Target	FIP FY 19 Performance (Total 28 cases, including PIP)
Item 4	Stability of Foster Care Placement	81.80%	88.50%	87.5% n=14
Item 5	Permanency Goal for Child	74.50%	82.10%	68.75% n=11
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	67.30%	75.40%	81.25% n=13
Item 7	Placement With Siblings	85%	N/A	88.89% n=8
Item 8	Visiting With Parents and Siblings in Foster Care	69%	N/A	93.33% n=14
Item 9	Preserving Connections	82%	N/A	100% n=16
Item 10	Relative Placement	72%	N/A	81.25% n=13
Item 11	Relationship of Child in Care With Parents	60%	N/A	46.67% n=7

In the area of wellbeing, the agency again utilizes case review data (FL- CQI items 12-18) and the scorecard data (items 9-12). Benchmarks for case review and scorecard data is established by state and federal guidelines. Additionally, the agency's Nurse Care Coordinator tracks performance regarding Community Base Care Integrated Health (CBCIH) key performance indicators in areas of enrollment in the plan, health risk assessments (HRA), and Healthcare Effectiveness Data and Information Set (HEDIS). Benchmarks for these areas are established by CBCIH.

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Scorecard benchmarks and performance:

Scorecard Measure	Benchmark Target	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4
M09: % of children in foster care who received a medical service in last 12 months	95%	100.0%	98.98%	99.44%	99.43%
M10: % of children in foster care who received a dental service in last 7 months	95%	92.24%	96.64%	97.27%	99.11%
M11: % of young adults exiting foster care at age 18 completed/are enrolled in sec. ed., voc. ed, or adult ed.	80%	80.0%	50.0%	100.0%	100.0%
M12: % of sibling groups where all siblings are placed together	65%	67.39%	74.47%	71.74%	71.11%

CFSR/ FL-CQI/ PIP case review benchmarks and performance:

CFSR Item	Item Description	CFSR Baseline	PIP Target	FIP FY 19 Performance (Total 28 cases, including PIP)
Item 12	Needs and Services of Child, Parents, and Foster Parents	51.30%	58.40%	75% n=21
Item 12A	Needs Assessment and Services to Children	88%	N/A	85.71% n=24
Item 12B	Needs Assessment and Services to Parents	55%	N/A	88.89% n=24
Item 12C	Needs Assessment and Services to Foster Parents	80%	N/A	100% n=16
Item 13	Child and Family Involvement in Case Planning	63.60%	70.70%	71.43% n=20
Item 14	Caseworker Visits With Child	72.50%	78.90%	67.86% n=19
Item 15	Caseworker Visits With Parents	43.50%	51.10%	59.26% n=16
Item 16	Educational Needs of the Child	92%	N/A	92.86% n=13
Item 17	Physical Health of the Child	85%	N/A	61.11% n=11
Item 18	Mental/Behavioral Health of the Child	72%	N/A	75% n=9

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CBCIH KPI Monthly (Enrollment, HRA's, HEDIS)

Enrollment:

CBC Name	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jun18-Jun19 Inc(Dec)
Family Integrity Program	67.94%	60.78%	65.05%	60.40%	64.67%	62.69%	59.69%	62.80%	55.92%	52.00%	52.98%	58.50%	50.49%	-17.45%

Green = 75% or higher
 Yellow = Less than 75% and greater than statewide average
 Red = Less than statewide average

[Methodology: 75% target is 83% total being Medicaid eligible and 90% of that total being enrolled. Metric is dividing FSN total by actual enrolled.]
 [Note: New contract transition occurred in Dec/Jan/Feb so percentages may be adversely affected.]

HRA's:

CBC Name	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Family Integrity Program	100.00%	90.00%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	100.00%	100.00%

Green = 95% or higher
 Yellow = Less than 95% and greater than 85%
 Red = Less than 85%

[Methodology: FSN members received from Sunshine on or before enrollment begin date. Excludes adoption.]
 [Note: New contract transition occurred in Dec/Jan/Feb so percentages may be adversely affected.]

HEDIS:

CBC Agency	Met	% Met	Not Met	% Not Met	Total
Family Integrity Program	232	47.93%	252	52.07%	484

Green = 40% or higher
 Yellow = Less than 40% and greater than 30%
 Red = Less than 30%

[Methodology: Monthly HEDIS care gap file with records linked to a CBC. Excludes records not linked to a CBC at run date.]

II. Performance Improvement

The Quality Services team is responsible for gathering and analyzing data received through various means such as case reviews, quarterly scorecard, PIP data, financial viability data, and contractual performance data. On a weekly basis, the QS Supervisor meets with the agency's Program Manager and agency supervisory staff. Dependent upon the output of the data, whether monthly or quarterly, this information is discussed and analyzed to determine strengths and opportunities for improvement. Quarterly scorecard, case review, and financial viability data are discussed approximately within two weeks of the previous quarter's end. Compliance reports are discussed monthly in

conjunction with report release through the reporting universe within FSFN. When there is a necessity, the QA Supervisor meets individually with the agency's Program Manager to discuss pertinent information and strategies for improvement in practices. Additionally, quarterly data is provided to the HHS Director for analysis and discussion.

Upon identification of an opportunity for improvement, the management team develops action items that are designed in an effort to positively impact performance. The QS Supervisor then ensures that the new proposed actions align with operating procedures and/ or administrative code. The Program Manager and QS Supervisor are responsible for ensuring staff are notified of the new actions and the purpose of them, either through policy creation and dissemination, or through more informal means, such as email communications or staff meetings. After the next data reporting cycle is received whether it is monthly, quarterly, or can be received on demand, the data is again reviewed with management to determine if the action items are impacting performance. In an instance where decreased performance is continuing, the Quality Services team then conducts an in-depth root cause analysis to determine further underlying issues. Agency frontline staff are advised of performance strengths and opportunities for improvement, as well as strategies for improvement at All-Staff meetings, on a minimum of a monthly basis. The frontline staff are included in the discussion and encouraged to offer feedback at these meetings, as the agency feels that all employees are a part of continuous quality improvement.

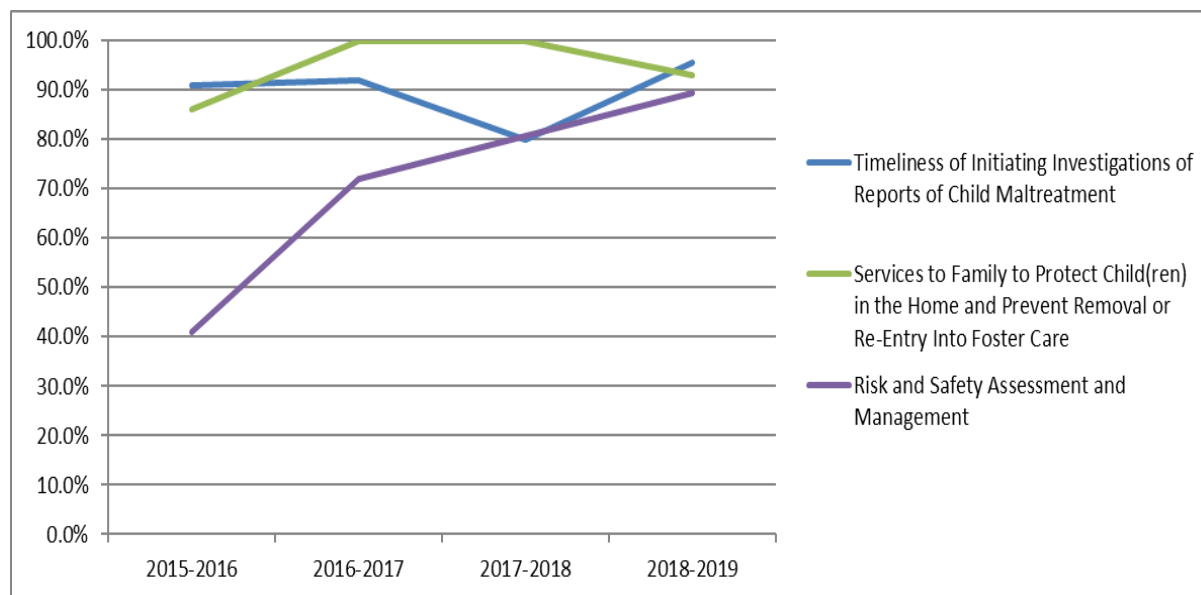
Annually, the agency's CQI/ QA report is distributed and discussed with the agency's Program Manager and CEO/Director of HHS. Continuous quality improvement activities are determined based upon annual performance measures for the upcoming fiscal year, as outlined in the agency's annual CQI/ QA plan. Additionally, the team looks at all data sources, improvement activities and overall performance to develop and research training opportunities based upon the obtained results.

In an effort to improve performance, the quality services team completes an analysis and evaluates performance including trends, over multiple time periods and service delivery areas. Areas of practice that are routinely reviewed include safety, permanency, and wellbeing, as well as inclusion and consideration of local factors, which impact these areas in a unique manner which may not apply to the rest of the state. Multiple data sources are utilized to determine common performance trends, whether they are strengths or areas of improvement.

➤ Safety

Regarding Safety, the results from the Rapid Safety Feedback reviews, the Florida CQI/ CFPSR review Safety Outcome 1 and 2 (items 1-3), and scorecard measures 1-4 were analyzed. In analyzing Florida CQI and PIP case review data, an area in which the agency has historically performed well in is regarding making concerted efforts to prevent entry into out of home care or re-entry after reunification, as this area was at 92.9% for the year; this measure was at 100% in both the 16-17 and 17-18 fiscal years,

although this slight decrease was due to one case, out of the 14 that were applicable, receiving an “area needing improvement” (ANI) rating. In the area of risk and safety assessment, the agency continues to increase in performance over the past four fiscal years, with a strength of 89.3% in this area. This measure can be correlated to the scorecard performance measure M02, Children who are Not Abused or Neglected during In Home Services. The agency was consistently in the “green” for the four quarters of the fiscal year and has remained above the state’s benchmark consistently over the past two fiscal years. Timeliness of investigation did see improve in performance from the previous year, going from 80% to 95.7%, which is the best the performance has been over the past four years. This is an area in which the agency does not impact performance in and is related to the Department of Children and Families investigation units. Safety Outcomes 1 and 2 (items 1-3) are combined in the graph below.



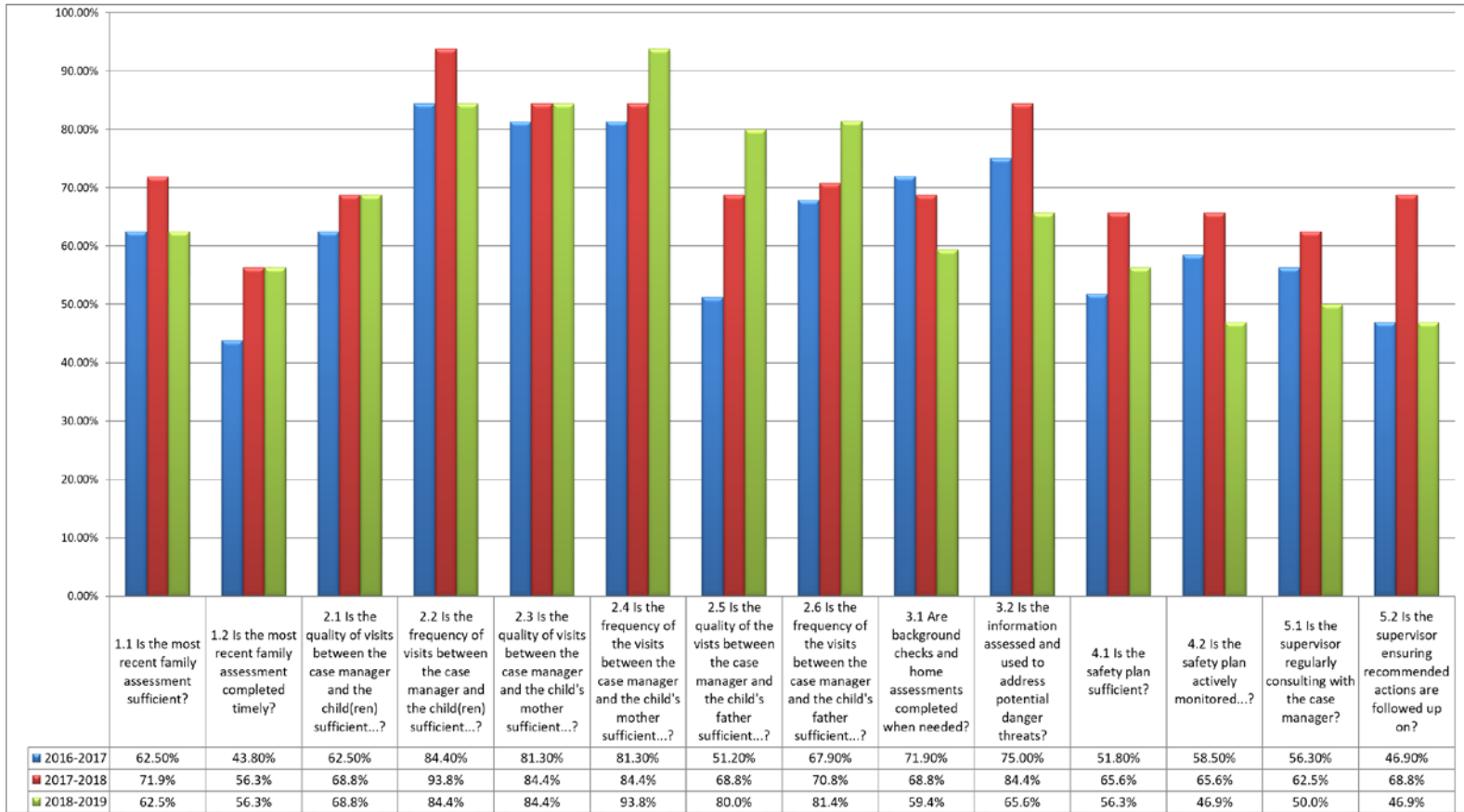
Rapid Safety Feedback data was evaluated from the past three fiscal years. In reviewing the data and as evident in the graph below, there were multiple areas in which performance decreased from the 17-18 fiscal year. These areas include sufficiency of family assessments, frequency of visits with children, background checks and sufficient home assessments, utilizing background check information to address potential danger threats, safety plan sufficiency, safety plan monitoring, and supervisory consults and follow up. Three areas had the same performance outcome as the previous year: family assessment timeliness, quality of visits with children, and quality of visits with the mother. The agency improved from the previous fiscal year in frequency of visits with the mother, and frequency and quality of visits with the father.

The largest decrease in performance from the previous year to the current year was regarding supervisory follow up following consultations. The agency's philosophy is that supervisors are drivers of change, ensuring their staff is mentored and coached in the practice model. It is hypothesized that stronger supervisory consults and follow up can elevate the improvement needed in the other areas. Action items and countermeasures will be implemented regarding supervisory consults, in addition to other areas which had seen a large decrease in performance.

It should be noted that the agency performed above state average in the first through the third quarters, with the exception of a few items in the first and third quarters. The agency's performance in the fourth quarter was below average in almost all areas reviewed. This poor performance in the fourth quarter lowered overall averages for the fiscal year.

The quality services team continued to consult with case management staff and their supervisors for each RSF review completed; toward the end of the fiscal year, the QS team began developing a "RSF Discussion Guide," tailored to the specific case that was being reviewed and distributed it during the consultation. This case specific guide will be utilized throughout the 19-20 fiscal year as a tool to assist case management with improving in their performance.

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	2016-2017						2017-2018						2018-2019				
	1st Q	2nd Q	3rd Q	4th Q	Average		1st Q	2nd Q	3rd Q	4th Q	Average		1st Q	2nd Q	3rd Q	4th Q	Average
1.1 Is the most recent family assessment sufficient?	50.00%	50.00%	75.00%	75.00%	62.50%		75.0%	62.5%	75.0%	75.0%	71.9%		75.0%	75.0%	62.5%	37.5%	62.5%
1.2 Is the most recent family assessment completed timely?	25.00%	25.00%	50.00%	75.00%	43.80%		62.5%	50.0%	37.5%	75.0%	56.3%		50.0%	62.5%	62.5%	50.0%	56.3%
2.1 Is the quality of visits between the case manager and the child(ren) sufficient...?	87.50%	50.00%	50.00%	62.50%	62.50%		75.0%	87.5%	37.5%	75.0%	68.8%		87.5%	62.5%	75.0%	50.0%	68.8%
2.2 Is the frequency of visits between the case manager and the child(ren) sufficient...?	100.00%	75.00%	100.00%	62.50%	84.40%		100.0%	100.0%	87.5%	87.5%	93.8%		87.5%	100.0%	87.5%	62.5%	84.4%
2.3 Is the quality of visits between the case manager and the child's mother sufficient...?	87.50%	87.50%	75.00%	75.00%	81.30%		100.0%	87.5%	62.5%	87.5%	84.4%		100.0%	87.5%	87.5%	62.5%	84.4%
2.4 Is the frequency of the visits between the case manager and the child's mother sufficient...?	87.50%	100.00%	75.00%	62.50%	81.30%		100.0%	75.0%	75.0%	87.5%	84.4%		100.0%	100.0%	87.5%	87.5%	93.8%
2.5 Is the quality of the visits between the case manager and the child's father sufficient...?	50.00%	50.00%	71.40%	33.30%	51.20%		50.0%	75.0%	50.0%	100.0%	68.8%		80.0%	100.0%	100.0%	40.0%	80.0%
2.6 Is the frequency of the visits between the case manager and the child's father sufficient...?	66.70%	83.30%	71.40%	50.00%	67.90%		33.3%	100.0%	50.0%	100.0%	70.8%		80.0%	100.0%	85.7%	60.0%	81.4%
3.1 Are background checks and home assessments completed when needed?	87.50%	50.00%	75.00%	75.00%	71.90%		75.0%	50.0%	75.0%	75.0%	68.8%		50.0%	87.5%	75.0%	25.0%	59.4%
3.2 Is the information assessed and used to address potential danger threats?	87.50%	50.00%	75.00%	87.50%	75.00%		87.5%	87.5%	62.5%	100.0%	84.4%		50.0%	87.5%	87.5%	37.5%	65.6%
4.1 Is the safety plan sufficient?	57.10%	50.00%	75.00%	25.00%	51.80%		62.5%	75.0%	75.0%	50.0%	65.6%		50.0%	75.0%	62.5%	37.5%	56.3%
4.2 Is the safety plan actively monitored...?	71.40%	50.00%	75.00%	37.50%	58.50%		75.0%	75.0%	62.5%	50.0%	65.6%		50.0%	75.0%	50.0%	12.5%	46.9%
5.1 Is the supervisor regularly consulting with the case manager?	50.00%	50.00%	62.50%	62.50%	56.30%		50.0%	62.5%	50.0%	87.5%	62.5%		50.0%	50.0%	62.5%	37.5%	50.0%
5.2 Is the supervisor ensuring recommended actions are followed up on?	25.00%	25.00%	87.50%	50.00%	46.90%		87.5%	62.5%	37.5%	87.5%	68.8%		37.5%	62.5%	62.5%	25.0%	46.9%

In reviewing the scorecard measures related to safety, there were three measures in which the agency ended the year performing above the benchmark. The agency consistently remained in the “green” for children who are not abused or neglected while receiving in- home services and in the percent of children seen every 30 days. The percent of children who are not abused or neglected after receiving services remained under the benchmark during the first two quarters, then trended positively above the benchmark by the end of the fiscal year. The agency was on a Corrective Action Plan regarding this measure; the QA team performed a root cause analysis and implemented countermeasures. For the measure of rate of abuse per 100,000 days in foster care, the

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agency remained under the state’s benchmark for the first quarter of the year, then performed under the benchmark for the second quarter, and again had a decline in performance, slipping under the benchmark for the remaining two quarters. The rate of abuse measure is based on a rolling 12 month period, therefore a verified report will remain on this report for 4 quarters. In looking into this measure, it was noted that out of 333 children in the sample, there were only six children with verified reports; all of the verified reports were reviewed to ensure accurate data input was completed and not incorrectly affecting the measure. Due to the agency performing well in the area of achieving permanency, there was a decrease in the total number of bed days, which has impacted this measure. The agency is only performing under the benchmark by .5%.

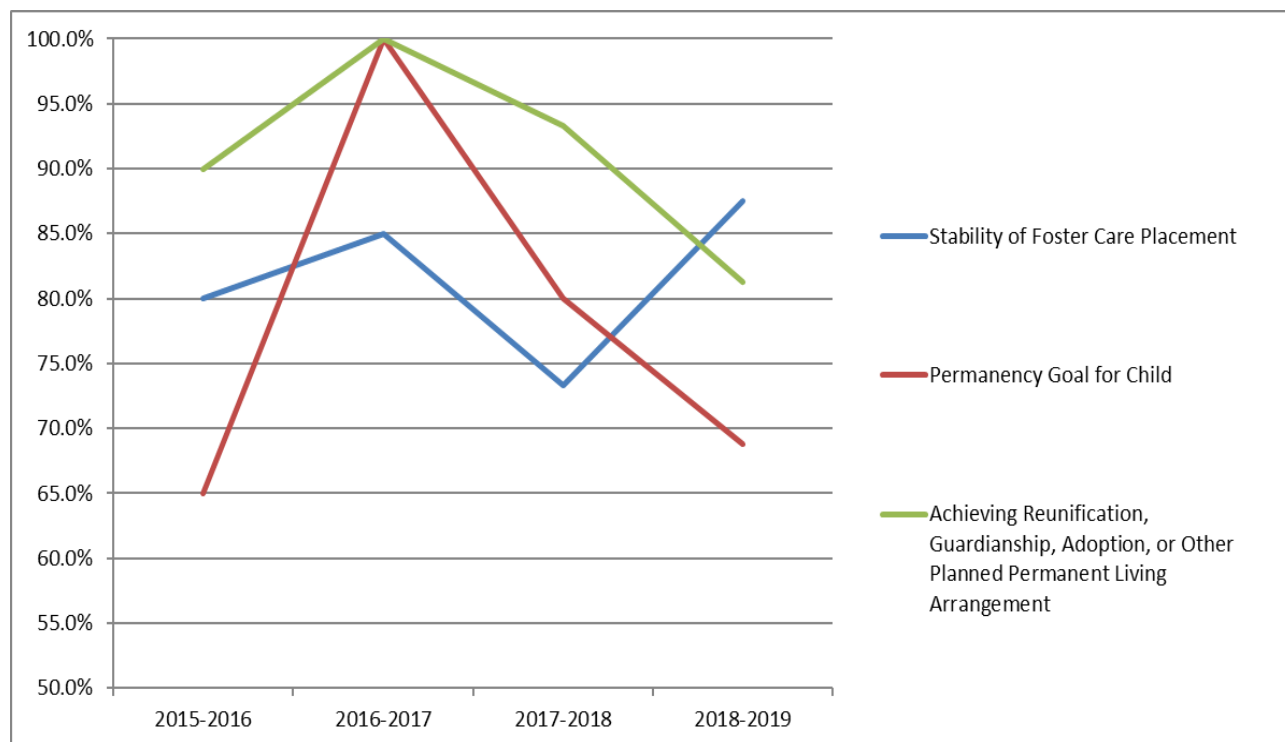
Scorecard Measure	Benchmark Target	FY 2017 Q1	FY 2017 Q2	FY 2017 Q3	FY 2017 Q4	FY 2018 Q1	FY 2018 Q2	FY 2018 Q3	FY 2018 Q4	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4
M01: Rate of abuse per 100,000 days in foster care	8.5	8.77	8.38	9.53	10.56	20.82	22.83	18.07	19.92	13.44	3.00	9.09	8.92
M02: % of children who are not abused/neglect during in-home services	95%	95.2%	91.6%	95.5%	94.4%	100.0%	97.3%	100.0%	95.3%	95.95%	96.23%	95.76%	96.07%
M03: % of children who are not neglected or abused after receiving services	95%	93.9%	94.5%	88.5%	100.0%	88.0%	87.8%	88.5%	91.4%	91.76%	92.55%	94.48%	96.23%
M04: % of children under supervision who are seen every 30 days	99.50%	99.9%	100.0%	100.0%	99.9%	99.8%	99.9%	100.0%	100.0%	99.98%	99.99%	99.99%	99.99%

➤ Permanency

Performance trends in permanency were measured through the CFSR items 4-11. There was a slight increase in performance for Permanency Outcome 1 overall, although items #5 and #6 decreased from the previous year. For item #4, stability of foster care placement, this item increased from the previous year; this is correlated the measures the agency implemented to improve the stability of out of home care placements. The agency was on a Corrective Action Plan regarding scorecard measure M08, Placement Moves Per 1,000 Days in Foster Care; after a root cause analysis, the agency was able to determine the cause of the increase in placement moves, implement strategies, and have observed an increase in performance in this item and on the scorecard. For items #5 (Establishing Permanency Goal) and #6 (Achieving the Goal), performance fell in both these times from the previous two fiscal years. In establishing the permanency goal timely, there were five “area needing improvement,” out of 16 applicable cases reviewed. It was determined that two cases were not established timely, and three cases had inappropriate goals; the inappropriate goals were primarily due to a lack of documentation surrounding the goal or goal change. In looking at Item 6, there were only three cases that received an “area needing improvement” rating. Two of those cases were due to a systematic legal issue and not

involving the agency. Despite not meeting the same performance measure as the previous two years, Item 6 was still above the PIP target. Item 5 did not meet the PIP target for this fiscal year.

In reviewing the permanency items on the scorecard, Measure #5, Children Achieving Permanency within 12 months, steadily increased throughout the year, with the agency performing above the benchmark in the 4th quarter. The agency was on a Corrective Action Plan for this measure; a root cause analysis was completed and there were strategies applied, along with ensuring actions listed on the Financial Viability Plan were implemented, to improve in this area. Historically, the agency has performed above the benchmark for children achieving permanency within 12 months for those in care 12- 23 months (M06).

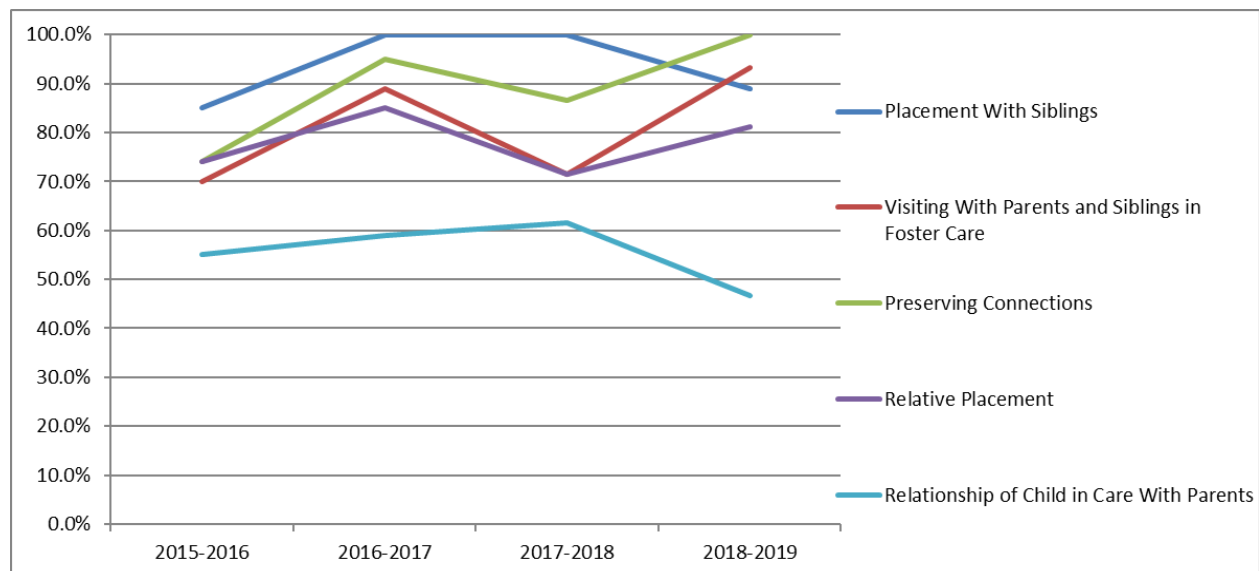


For Permanency Outcome 2, items 7-11 were assessed. The agency increased their performance in three of the items from previous years, but decreased in two areas. Permanency Outcome 2 does not have PIP targets, so the agency utilized benchmarks set by the previous year's performance. The three areas that performance was improved from previous years were in visiting with parents and siblings (Item 8), preserving connections (Item 9), and relative placements (Item 10). The agency has improved in the documentation of efforts to ensure visitation is occurring, which has lead to the increase in this area. Additionally, the agency improved in documenting the preservation of the child's connections within their community and 100% of eligible

cases received a strength rating for this item. Placements with relatives also improved from the previous year, as the agency has historically placed children coming into out of home care with extended family members. Due to the increase in children being placed with relatives, this has positively impacted maintaining important connections and an increase in visitation. The previous fiscal year had a decrease in all three of these items from the prior year, although efforts to improve in this measure have proven successful.

In the two areas which there was a noted decline in performance from the previous fiscal year, the agency did have a decrease in placement with siblings from the previous two fiscal years, although it should be noted that the agency was at 100% in this item for the 16-17 and 17-18 fiscal years. The agency decreased in performance by 11.1%, with an overall 88.9% strength for the applicable cases reviewed. In looking at this item relating to the agency’s scorecard measure, M12, the agency has traditionally performed above the benchmark over the past four years. Despite the decrease in performance, in reviewing the data further, this was due to one applicable case being rated as an “area needing improvement.”

The other item under Permanency Outcome 2 with a decrease in overall performance from the previous year was regarding the relationship between the parents and the child while in out of home care; there were only 46.7% as rated a strength, which was a 14.6% decrease from the previous fiscal year (61.5%) and the lowest percentage this item has been in the past four years of completing these reviews. In an attempt to determine a better understanding of the decrease in performance, there were no trends noted regarding specific case managers or supervisor. Additionally, there were no notable trends in whether the child was placed in a kinship care placement or a licensed foster placement. Ultimately, the narratives reflected a lack of documentation surrounding this item. The agency has decided to focus on this item as an area for improvement in the upcoming year and this will be address in the agency’s annual plan.



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In analyzing the scorecard, the agency performs consistently in the green for achieving permanency for children in out of home care for 12-23 months, although has historically struggled to achieve performance above the benchmark for children achieving permanency within 12 months, with the exception of the 4th quarter. The agency was on a Corrective Action Plan for that measure (M05), in which a root cause analysis was conducted to determine why children were not achieving permanency within 12 month following removal. Strategies were developed and were implemented, which did appear to be successful and performance increased over the four quarters, with the benchmark being achieved in the last quarter. In reviewing the number of children who do not re-enter care within 12 months of achieving permanency, this measure remained consistently above the benchmark, after having fluctuated over the previous three years. Additionally, placement moves (M08) remained stable and well under the benchmark over the course of the fiscal year. It should be noted that the scorecard date reporting periods were changed in between the 1st and 2nd quarters, moving from a limited three month period on some of the measures to a rolling 12 month period. These specific measures now contain a larger denominator, increasing the percentages for the agency and decreasing the standard deviation, providing a more accurate account of the agency's performance over time, rather than a snapshot of a short period of time.

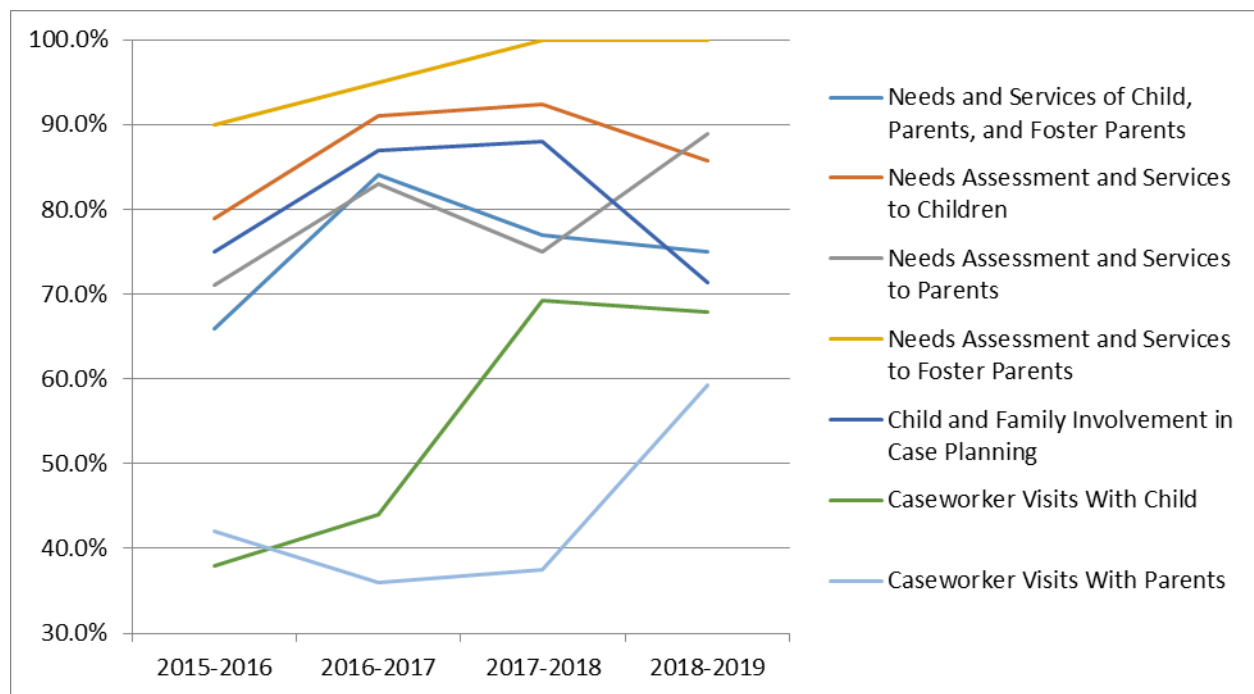
Scorecard Measure	Benchmark Target	FY 2017 Q1	FY 2017 Q2	FY 2017 Q3	FY 2017 Q4	FY 2018 Q1	FY 2018 Q2	FY 2018 Q3	FY 2018 Q4	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4
M05: % of children exiting to a permanent home w/in 12 months of entering care	40.50%	34.0%	27.5%	35.2%	33.3%	36.9%	31.0%	36.6%	18.5%	30.36%	37.29%	38.83%	48.11%
M06: % of children exiting to a permanent home w/in 12 months for those in care 12 to 23 months	43.60%	51.1%	48.3%	54.7%	62.9%	72.9%	74.6%	75.8%	56.6%	74.19%	72.13%	77.61%	74.19%
M07: % of children who do not re-enter care w/in 12 months of moving to permanent home	91.70%	81.8%	90.9%	100.0%	100.0%	80.0%	90.0%	100.0%	92.3%	92.68%	94.59%	95.24%	94.12%
M08: Placement moves per 1,000 days in foster care	4.12	2.99	3.22	3.23	3.75	5.52	5.51	4.81	3.12	2.54	2.5	2.26	2.33

➤ Well-being

For well-being measures, Wellbeing Outcome 1 and 2 of the CFSR tool, as well as scorecard measures 9-12 are reviewed. In reviewing Outcome 1, the agency improved from the previous fiscal year in assessing the needs and services for parents (12b) and in case worker visits with parents (15). Item 15 improved 22% from the previous fiscal year for an overall 59.3% strength in this item; both of these items did see a decrease in the previous fiscal year and have increased significantly from the previous two years. This exceeds the PIP target as well. The agency focused efforts on engaging parents, especially fathers, and these efforts have positively impacted both the quality and frequency of visits and appropriate needs assessments of parents. In comparing RSF data concerning frequency and quality of visits with parents, the agency increased in the frequency of visits with mothers, and in both the frequency and quality of visits with

fathers, by approximately 20%. The agency also performed higher than the statewide averages in those areas as well. Rapid Safety Feedback data regarding the quality of visits with mother remained the same as the previous fiscal year, although was above the statewide average.

Two areas in which the agency did not perform as well in this year were regarding case planning (Item 13), which declined 17% for an overall 71.4% strength and is the lowest percentage over the past four fiscal years, and in case worker visits with children (Item 14), which only declined 1.7%, but failed to meet the PIP target this year. For case planning, in reviewing individualized data, there were a total of eight cases that received an “area needing improvement” rating. Of those eight ratings, three of them were due to a lack of documentation regarding involving the child in case planning. The remaining five were also due to a lack of documentation surrounding involving the parent, which correlates to the cases which received “area needing improvement” ratings for item 15. In regard to the case worker visits with children, there were a total of nine “area needing improvement” ratings; two of these were due to a CPI not properly documenting quality contacts, one was due to an out of county worker not properly documenting quality contacts, and the remaining were due to the agency failing to document meeting with the child in private at each visit. In previous fiscal years, this item was an area in which the agency implemented strategies to improve in this area, which did see a significant increase from the 15-16 to the 17-18 year, but the agency is going to refocus on this area as the PIP target has not been met and the performance is stagnant.



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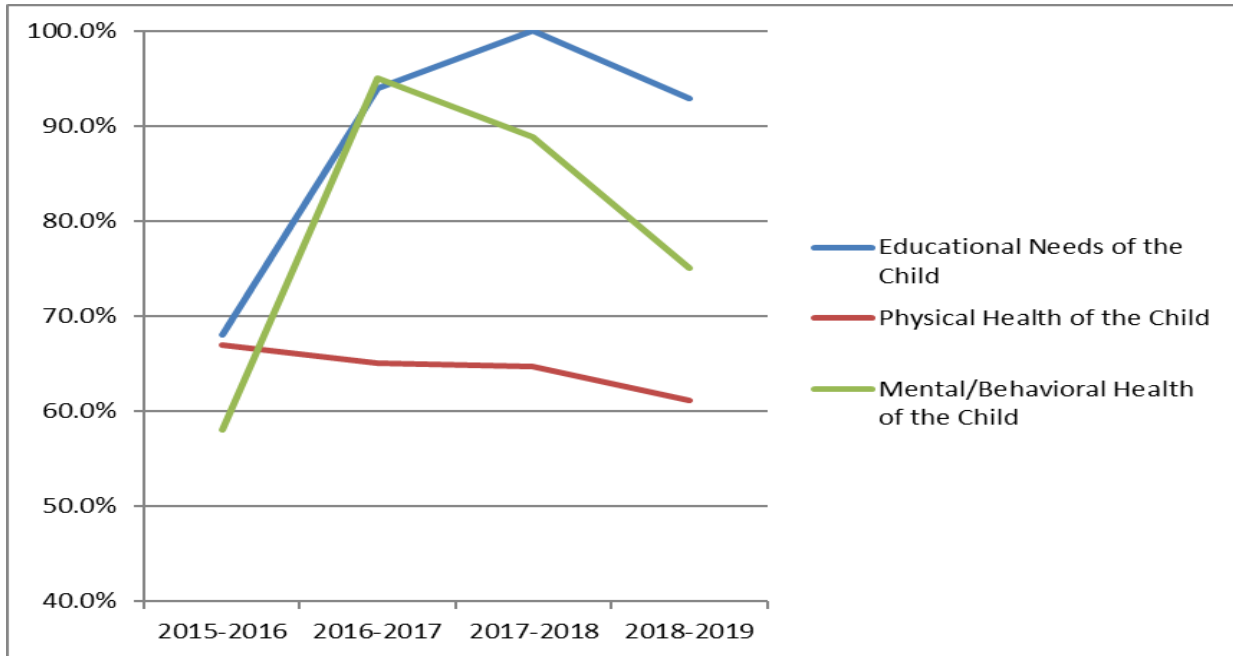
	2016-2017					2017-2018					2018-2019				
	1st Q	2nd Q	3rd Q	4th Q	Average	1st Q	2nd Q	3rd Q	4th Q	Average	1st Q	2nd Q	3rd Q	4th Q	Average
2.1 Is the quality of visits between the case manager and the child(ren) sufficient...?	87.50%	50.00%	50.00%	62.50%	62.50%	75.0%	87.5%	37.5%	75.0%	68.8%	87.5%	62.5%	75.0%	50.0%	68.8%
2.2 Is the frequency of visits between the case manager and the child(ren) sufficient...?	100.00%	75.00%	100.00%	62.50%	84.40%	100.0%	100.0%	87.5%	87.5%	93.8%	87.5%	100.0%	87.5%	62.5%	84.4%
2.3 Is the quality of visits between the case manager and the child's mother sufficient...?	87.50%	87.50%	75.00%	75.00%	81.30%	100.0%	87.5%	62.5%	87.5%	84.4%	100.0%	87.5%	87.5%	62.5%	84.4%
2.4 Is the frequency of the visits between the case manager and the child's mother sufficient...?	87.50%	100.00%	75.00%	62.50%	81.30%	100.0%	75.0%	75.0%	87.5%	84.4%	100.0%	100.0%	87.5%	87.5%	93.8%
2.5 Is the quality of the visits between the case manager and the child's father sufficient...?	50.00%	50.00%	71.40%	33.30%	51.20%	50.0%	75.0%	50.0%	100.0%	68.8%	80.0%	100.0%	100.0%	40.0%	80.0%
2.6 Is the frequency of the visits between the case manager and the child's father sufficient...?	66.70%	83.30%	71.40%	50.00%	67.90%	33.3%	100.0%	50.0%	100.0%	70.8%	80.0%	100.0%	85.7%	60.0%	81.4%

For Wellbeing Outcome 2 and 3 (which are shown combined on the graph below), the agency slightly decreased in item 16, children’s education, but performance in this item was at 100% for the previous year. There was an overall 92.9% strength in this item, which in reviewing the individualized case review data, was one case in which the child did not receive adequate follow up services. The agency continues to maintain a positive working relationship with the St Johns County School Board, which can be attributed to the positive performance in this item for the past three fiscal years.

Wellbeing Outcome 3 again had a decline in performance in both items (physical health and mental/ behavioral health) from the previous fiscal year and is at the lowest percentage in comparing the past four fiscal years. In reviewing the scorecard measures that correlate to this item, the agency performs above state benchmarks in physical health, and has made efforts in increasing dental services, which was reflected positively in the past three quarters where the agency met the state benchmark. When analyzing this decline, the primary reason was due to a lack of follow up services, in both medical and dental. The children served have received appropriate initial assessments, which is reflected in the scorecard, but regarding follow up measures, the documentation of follow up services is deficient. For Item 18, children’s mental and behavioral health, there was a 13.9% decline from the previous year and a 20% overall decline from the 16-17 fiscal year, with the agency having a 75.0% strength overall in this item. Out of a total of 12 applicable cases, three “area needing improvement” ratings were noted. For these three cases, it was again a lack of documentation regarding providing appropriate services once the initial assessment was completed. On all cases rated for this item, accurate assessments were conducted. Strategies in both

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item 17 and item 18 were developed during the 18-19 fiscal year to ensure timely and appropriate follow up services occur.



In assessing the scorecard measures that evaluate well-being over the past three fiscal years, the agency has historically performed above the benchmark in keeping siblings together; despite the decrease in the CFSR item 7 that correlates to this measure, the agency performed at 100% in the 16-17 and 17-18 fiscal years and the decrease in this measure was only due to one case receiving the area needing improvement rating. The agency has also improved performance from previous years to the current year in children receiving timely dental services. As mentioned above, the agency's decline in Item 17 was due to follow up services. The percentage of young adults completing secondary education requirements did drop in the 2nd quarter, although it should be noted that due to the agency's small size, there might only be three to four young adults in the sample (for example, there were only 2 young adults in the 2nd quarter, one of which chose to not pursue secondary education, hence the 50% in performance).

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Scorecard Measure	Benchmark Target	FY 2017 Q1	FY 2017 Q2	FY 2017 Q3	FY 2017 Q4	FY 2018 Q1	FY 2018 Q2	FY 2018 Q3	FY 2018 Q4	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4
M09: % of children in foster care who received a medical service in last 12 months	95%	96.8%	94.8%	94.3%	99.4%	98.4%	98.3%	98.9%	98.8%	100.0%	98.98%	99.44%	99.43%
M10: % of children in foster care who received a dental service in last 7 months	95%	96.6%	85.8%	78.7%	91.8%	95.0%	91.0%	89.3%	89.3%	92.24%	96.64%	97.27%	99.11%
M11: % of young adults exiting foster care at age 18 completed/are enrolled in sec. ed., voc. ed, or adult ed.	80%	66.6%	74.4%	75.0%	100.0%	100.0%	100.0%	83.3%	75.0%	80.0%	50.0%	100.0%	100.0%
M12: % of sibling groups where all siblings are placed together	65%	74.1%	76.7%	79.1%	69.5%	68.1%	68.0%	67.5%	66.6%	67.39%	74.47%	71.74%	71.11%

➤ Local Practice Trends in response to RSF and Florida CQI data

The agency remains the smallest CBC within the state of Florida and serves all of St Johns County. The county continues to grow at a rapid rate, increasing the population by 4.2% in 2018, making the county the 8th fastest growing county in the country. The student population has also increased by 6% from the previous year. In turn, there was an increase of children entering out of home care in the beginning of the 18-19 fiscal year; removals peaked in October 2018, where 27 children had entered out of home care in that month alone. This was a 48% increase in removals when comparing the same month a year prior (October 2017). Due to the sharp increase in removals, the agency’s management sought out assistance from the Department of Children and Families’ Northeast Region regarding conducting a “green belt” analysis on determining the root cause of the increase. This project is pending at this time of this report, although the removal rate in the county has decreased over the past two quarters of the fiscal year.

In addition to an increase in children entering the dependency system, there was an increase in children being served through the agency’s In Home Non- Judicial unit; families are served by a certified case manager without court intervention. The agency provides case management services for cases that have been deemed “unsafe”, yet children are able to remain in home with a safety plan, or “safe, high risk.” In the first quarter, the unit received 51 children in 23 cases. The remaining quarters did see a decrease in the overall new cases being staffed over, but the unit did serve over 216 children in 112 cases. Overall 91.2% of children were diverted from entering out of home care through services provided by the Non-Judicial unit.

Despite a larger number of children requiring case management services, the agency was able to improve staff satisfaction and employee turnover. The agency’s turnover for the month of May, for a rolling 12 month period was 0%, meaning the agency had retained 100% of case managers and supervisors for a year. As of this report, the agency is at 4.2% turnover, as only one case manager has left the agency. This workforce stabilization has been proven to assist in the timely permanency of children.

Permanency of children, despite the decline noted on the CF SR measures, was an area of strength for the agency. The agency discharged 171 children of which 82 were in care for 15+ months. This was again an initiative of the agency's financial viability plan. The agency also exceeded the number of adoptions for the fiscal year with a total of 77 adoptions.

The agency has historically performed well in making concerted efforts to prevent entry into out of home care or re-entry after reunification and in achieving permanency within 12-23 months, which is consistently seen across numerous quarters and fiscal years. The agency has also implemented strategies which improved children achieving permanency within 12 months this fiscal year. These measures are felt to be positive largely in part because of the continued partnership with the community providers and the ongoing expansion of new providers being developed within the county. The county's FITT (Family Intensive Treatment Team), CAT (Community Action Team) and MCRT (Mobile Crisis Response Team) providers have remained an integral part of the system of care within the community. The agency continues to have a positive relationship with the community and meets regularly with the Department of Children and Families, representatives from the school board, and management from various providers, including substance abuse/ mental health and domestic violence agencies. The agency's staff's ability to quickly identify child needs and provide wrap around services is also instrumental in preventing reentry after reunification and in achieving permanency. The agency is unique in the fact that they are co-located with the DCF investigative units for the county, the county's main substance abuse/ mental health provider, the county's Health Department, and the county's Veteran's Services offices. The agency continues to have a domestic violence liaison, Batterer Accountability Specialist, and a FIS worker that are located within the office to assist the case management staff with services for the clients; these agency representatives provide immediate consultation and feedback to the frontline staff, as well as training throughout the year.

The agency terminated the contract with the Children's Home Society's STEPS program, which provided case management services to families that were deemed low to moderate risk. The termination of the STEPS contract was a direct result of analysis by FIP and DCF that the services being provided by that agency were not sufficient to support the complexity of the cases being staffed over. A new contract with Devereux's Family Builders program has been executed to provide safety services for cases deemed appropriate. The Family Builders program began providing services to families in St Johns County in April 2018; thus far, the QS team has completed one monitoring cycle on their first quarter in operation.

III. Findings

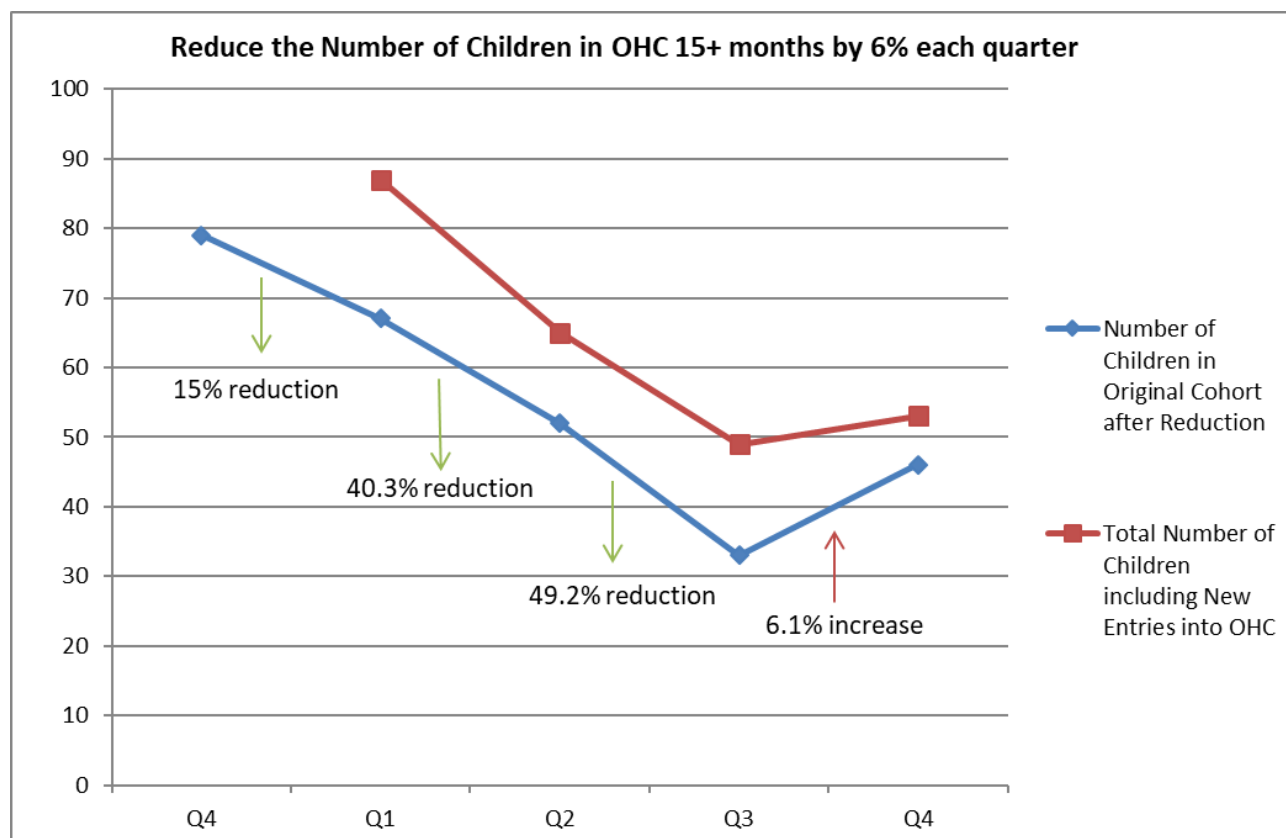
When assessing the agency's overall performance over the past fiscal year, there are notable strengths seen in each of the three areas of focus: safety, permanency, and

wellbeing. Historically, the agency performs well in ensuring sufficient and timely assessments are completed when determining safety and risk. In both the CSFR and the RSF, this area was noted as a strength, performing higher than the statewide average and the PIP targets in their respected areas. This area is associated with measures on the agency's scorecard, including the percentage of children who are not abused or neglected while receiving in home services, the percentage of children that are not abused or neglected after receiving services, and the percentage of children who do not re-enter care after case closure. It is believed that proper assessments tend to lead to proper services and safety planning being put into the home, allowing for children to remain safe in their homes both before and after services. Services provided to the family to prevent removal was also a strength, as the agency's non-judicial unit diverted 91.2% of children from entering out of home care and allowed them to safely remain in their homes. Two of these three measures historically have remained above the benchmark (M02 and M07), while efforts to improve in M03 were noticeable, as the agency has improved in this area, increasing the ability for safe case closure. Additionally in this measure, the agency has a strong relationship with community partners which increase the ability for timely services to be placed into homes.

The frequency and quality of visits with the children served, which is typically a strength for the agency, appears to have become stationary in performance. The agency failed to meet the PIP target in this area (Item 14) and performed 1.3% lower than the previous fiscal year; this was due to a lack of documentation surrounding private conversation being held at each visit with the children. Regarding the RSF tool, frequency and quality of visits with children was above the statewide average, although frequency of visits declined from the agency's previous fiscal year by 9.4%; quality remained the same. The 17-18 fiscal year did have a 25% increase in performance for the CFSSR in this item from the previous year (16-17), due to strategies implemented to improve which were successful, although when attention was changed to focus on other areas, this measure has begun to decline. The agency plans to refocus on this measure, as visits with children is paramount in helping to determine child safety. Strategies to improve have been written into the agency's updated PIP activities and will be addressed in the upcoming QM plan.

In assessing permanency performance, the agency improved in stability in out of home care, once again meeting the scorecard benchmark and maintaining this trend. This was an area of focus from the previous two fiscal years, as a root cause analysis was conducted to determine the reason for the agency's placement instability. This was reflected in the CFSSR performance in this area (item 4); additionally, the agency was only 1% away from achieving the PIP target. Stability in out of home care relates to an increase in the ability for children to achieve permanency timely, as seen in the scorecard measures M05 and M06. Children achieving permanency within 12-23 months has historically been a strength for the agency, as the performance was above the benchmark for all four quarters; additionally, the agency surpassed the benchmark for children achieving permanency within 12 months during the 4th quarter of this fiscal year. This was also an area of focus this past year, as the agency had struggled to

achieve the benchmark in this area. Despite the increase in removals over the fiscal year, the agency was able to achieve permanency for 171 children, which allowed for caseloads to remain manageable. The agency achieved the goal set forth by the financial viability plan, reducing the number of children in out of home care that were in care for 15 or more month by 6% per quarter. This exceeded the goal set forth by the previous year's plan.



Another action item of the Financial Viability plan was to increase permanency for children by increasing the number of adoptions to 33 children. This goal was more than exceeded with a total of 77 children being adopted throughout the fiscal year. Due to the federal time requirements of permanency (12 months for reunification, 18 months for guardianship, and 24 months for adoption), the agency has worked diligently to achieve benchmarks for permanency within 12 months, which did occur in the 4th quarter, but consistently ensures permanency is achieved for the majority of children served, within 24 months following their removal. The CFSR item 6, which relates to achieving permanency within these federal guidelines, did exceed the PIP target by 5.9%, but the agency did not perform as well as the previous fiscal year, decreasing by 12%.

In reviewing items 5 and item 6, relating to permanency, the agency also failed to meet the PIP target for item 5, which is establishing the most appropriate goal in a timely

manner. There were five “area needing improvements” out of the total 16 applicable cases. There were two cases where the goal was not established timely, and three where there was a lack of documentation to support whether or not the goal was appropriate. There was also one instance of CLS not filing the Termination of Parental Right petition timely as well. Due to the main reason for this item not achieving internal benchmarks or the PIP target, this is an area of focus for the upcoming year and will be included in the agency’s QM plan. Regarding item 6, the reason for decline again the internal benchmark, was due to three cases receiving an “area needing improvement” rating and two of which were systemic concerns, unrelated to the agency’s control. It should be noted that despite the decline, the agency did perform at 93.3% the previous year, making the benchmark high.

Placement with siblings continues to remain a huge strength of the agency, as both reflected in the scorecard and in the FL-CQI results. Throughout numerous fiscal years, the agency has exceeded the scorecard benchmark in this area. Monthly “separated sibling” staffings continue to occur to determine strategies to place separated sibling groups together. The agency and investigators always seek to place children with relatives, which tend to make up approximately 60% of the total number of children placed in out of home care; this allows for sibling groups to remain together, to maintain a child’s important connections within their community, and assists in facilitating visitation between the child and their parents, which were all noted strengths on the FL-CQI reviews. Placing children with relatives, which the agency has exceeded last’s years performance by 10%, ensures that permanency is achieved timely, as well as allowing for the child to maintain important connections. Additionally, maintaining important connections, which was at 100% overall, assisted in strengthening the parent and child bond through frequent visitation, which was seen to be at 93% overall. In reviewing the totality of Permanency Outcome 2, the majority of the items exceeded the agency’s previous year’s performance.

The relationship the child has in care with their parents (item 11) did see a sharp decline from the previous three fiscal years, making this year the lowest performance in this item in looking over the four years. There were eight “area needing improvement” ratings for all the applicable cases rated. In looking into the specific reasons for the agency’s poor performance, there is a lack of documentation regarding this item. This item will be addressed in the agency’s QM plan and strategies to improve in this area are currently being developed.

Another area in which the agency historically performs well in is regarding assessing the need of the child and out of home caregiver appropriately, which leads to proper and timelier referrals for services. It should be noted that the agency did decline in performance regarding the assessment of the child’s needs, but remains well above the PIP target in item 12. Proper assessments of the parents improved by 13.9% from the previous year, which is due to the increase in the case workers’ visits with parents. Ensuring sufficient assessments are conducted have impacted permanency and stability in out of home placements in a positive manner. When analyzing the FL-CQI

data regarding caseworker's visits with the parents, which combines both the frequency and quality of visits with the mother and the father, the agency improved drastically with a 22% increase from the previous year. The PIP target was also achieved for this item. For the RSF reviews, frequency and quality for both mothers and father exceeded statewide averages in all four areas and the agency increased the frequency and quality of contacts with the father drastically from the previous RSF reviews. This measure was an area of focus for the agency during the previous fiscal year, as it is known that frequent and quality contact with the parents allow for increased permanency for children. The agency will continue to look for strategies to improve in this area, as the agency remains at a 59.3% for the FL-CQI reviews.

Child and family involvement in case planning did decline from the previous year's performance and was barely over the PIP target. When reviewing the individual cases, there were eight "area needing improvement" ratings, three of which were due to the case manager not documenting discussions with the child involving case planning. The remaining cases involved a lack of documentation regarding the parents, but these cases also had a lack of documentation surrounding visits with the parents. There were no noted trends regarding particular workers or units that would require focused trainings, although the agency will work on ways to improve in this area, as noted in the agency's PIP plan.

Regarding a child's education, the agency ensures that children served by the agency receive appropriate and timely educational services. The agency has always had a strong partnership with the St Johns County School District, which increases the ability to link and provide educational services for the agency's children. Proper documentation was consistently located in the child's files. Although the agency did decrease in performance from the previous year, this was only due to one "area needing improvement" and the agency was at 92.9% strength overall in this area. Additionally, when including young adults served through the Independent Living program, the agency ensures that young adults receive services to assist them in being enrolled or completing post-secondary educational avenues.

The agency continues to decline in Item 17, the physical health of the child. The agency was only at 61.1% strength, which was a 3.6% decrease from the previous year; performance has slowly decreased over the past four years in this measure. When looking further into this item, the main reason for the poor performance is due to the lack of documented follow up appointments for the child, when they are designated. The agency ensures initial and periodic services are occurring, but does not document necessary follow up treatments. Despite the positive performance, and the increase in dental services on the scorecard, the agency needs to focus on improvement regarding ensuring children receive all necessary treatments. Strategies regarding ensuring this occurs have been developed and implemented in the 4th quarter, which should have an impact over the upcoming fiscal year. These strategies have been outlined in the agency's PIP plan and will be addressed in the annual plan for the upcoming fiscal year.

When looking at the RSF tool, there were a total of 32 RSF cases reviewed, of which 19 Requests for Action (RFA) were issued. This was an increase from the 17-18 year (14 RFAs) and the 16-17 year (17 RFAs). All RFAs were resolved timely and within the fiscal year. There are some noted declines in performance this fiscal year from the previous year and when comparing it to statewide averages. The 17-18 fiscal year saw improvement in all areas, with the exception of background checks, although this current fiscal year had performance similar and lower than the 16-17 fiscal year, when RSF data with this current tool was starting to be collected.

Background checks and home assessments again failed to meet statewide average and decreased from the previous year. There were a total of 13 “area needing improvement” ratings in this area, 10 of which were due to a lack of background checks. Of those 10 cases, six of those ratings were due to the safety monitors not receiving the appropriate screenings required. Safety planning and monitoring also decreased in performance from the previous year and was below statewide averages. Additionally, another area of concern was due to the lack of documented supervisory consults conducted. There were 16 “area needing improvement” ratings regarding supervisory consults, which was half of all cases reviewed. It is felt that due to the decline in performance in supervisory consults, this resulted in the overall decline in the RSF performance. Supervisory consults are integral in assisting the case managers determine safety, safety planning, proper assessments, and engagement. There were noted trends regarding specific units, although the agency is looking toward booster trainings for all supervisors to ensure increased knowledge and skill building across the agency. Measures to improve supervisory consults, safety planning, and background screening have begun to be developed and will be included in the agency’s annual QM plan.

The agency did see a decline in the 4th quarter regarding performance of the RSF reviews; the QS team focused on post-placement supervision cases in the 4th quarter due to the large increase in reunifications. In analyzing this data, there appears to be a need for the dependency case managers to have additional trainings regarding safety planning, safety plan monitoring, and background screening and assessments. The FL-CQI reviews did not have any notable increases or declined in performance from quarter to quarter over the past year.

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	2018-2019				
	1st Q	2nd Q	3rd Q	4th Q	Average
1.1 Is the most recent family assessment sufficient?	75.0%	75.0%	62.5%	37.5%	62.5%
1.2 Is the most recent family assessment completed timely?	50.0%	62.5%	62.5%	50.0%	56.3%
2.1 Is the quality of visits between the case manager and the child(ren) sufficient...?	87.5%	62.5%	75.0%	50.0%	68.8%
2.2 Is the frequency of visits between the case manager and the child(ren) sufficient...?	87.5%	100.0%	87.5%	62.5%	84.4%
2.3 Is the quality of visits between the case manager and the child's mother sufficient...?	100.0%	87.5%	87.5%	62.5%	84.4%
2.4 Is the frequency of the visits between the case manager and the child's mother sufficient...?	100.0%	100.0%	87.5%	87.5%	93.8%
2.5 Is the quality of the visits between the case manager and the child's father sufficient...?	80.0%	100.0%	100.0%	40.0%	80.0%
2.6 Is the frequency of the visits between the case manager and the child's father sufficient...?	80.0%	100.0%	85.7%	60.0%	81.4%
3.1 Are background checks and home assessments completed when needed?	50.0%	87.5%	75.0%	25.0%	59.4%
3.2 Is the information assessed and used to address potential danger threats?	50.0%	87.5%	87.5%	37.5%	65.6%
4.1 Is the safety plan sufficient?	50.0%	75.0%	62.5%	37.5%	56.3%
4.2 Is the safety plan actively monitored...?	50.0%	75.0%	50.0%	12.5%	46.9%
5.1 Is the supervisor regularly consulting with the case manager?	50.0%	50.0%	62.5%	37.5%	50.0%
5.2 Is the supervisor ensuring recommended actions are followed up on?	37.5%	62.5%	62.5%	25.0%	46.9%

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In assessing areas most commonly reviewed utilizing the FL-CQI reviews, the agency performed better than the previous fiscal year in 8 of the 18 items, and performed higher than the state's PIP targets in 7 of the 10 items. Items where a decrease in performance or the failure to meet the state's PIP target are all being addressed through further analysis and countermeasure developments.

		1st Q	2nd Q	3rd Q	4th Q	PIP Target	Average
Safety Outcome 1							
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	100.0%	85.7%	100.0%	100.0%	91.6%	95.7%
Safety Outcome 2							
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	100.0%	100.0%	66.7%	100.0%	85.8%	92.9%
Item 3	Risk and Safety Assessment and Management	100.0%	85.7%	71.4%	100.0%	77.7%	89.3%
Permanency Outcome 1							
Item 4	Stability of Foster Care Placement	100.0%	100.0%	75.0%	75.0%	88.5%	87.5%
Item 5	Permanency Goal for Child	75.0%	100.0%	50.0%	50.0%	82.1%	68.8%
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	100.0%	100.0%	75.0%	50.0%	75.4%	81.3%
Permanency Outcome 2							
Item 7	Placement With Siblings	100.0%	100.0%	100.0%	50.0%	N/A	88.9%
Item 8	Visiting With Parents and Siblings in Foster Care	100.0%	100.0%	66.7%	100.0%	N/A	93.3%
Item 9	Preserving Connections	100.0%	100.0%	100.0%	100.0%	N/A	100.0%
Item 10	Relative Placement	50.0%	100.0%	75.0%	100.0%	N/A	81.3%
Item 11	Relationship of Child in Care With Parents	25.0%	50.0%	66.7%	50.0%	N/A	46.7%
Wellbeing Outcome 1							
Item 12	Needs and Services of Child, Parents, and Foster Parents	85.7%	100.0%	57.1%	57.1%	58.4%	75.0%
Item 12A	Needs Assessment and Services to Children	85.7%	100.0%	85.7%	71.4%	N/A	85.7%
Item 12B	Needs Assessment and Services to Parents	100.0%	100.0%	66.7%	85.7%	N/A	88.9%
Item 12C	Needs Assessment and Services to Foster Parents	100.0%	100.0%	100.0%	100.0%	N/A	100.0%
Item 13	Child and Family Involvement in Case Planning	85.7%	85.7%	42.9%	71.4%	70.7%	71.4%
Item 14	Caseworker Visits With Child	85.7%	71.4%	57.1%	57.1%	78.9%	67.9%
Item 15	Caseworker Visits With Parents	57.1%	71.4%	16.7%	85.7%	51.1%	59.3%
Wellbeing Outcome 2							
Item 16	Educational Needs of the Child	75.0%	100.0%	100.0%	100.0%	N/A	92.9%
Wellbeing Outcome 3							
Item 17	Physical Health of the Child	60.0%	25.0%	75.0%	80.0%	N/A	61.1%
Item 18	Mental/Behavioral Health of the Child	66.7%	50.0%	75.0%	100.0%	N/A	75.0%

IV. Gaps Between Findings and Benchmarks

Gaps between performance and their benchmarks were noted in a few areas across various data sources. Notable gaps were found in multiple areas in the RSF reviews, including background screening and home assessments, safety planning and monitoring, and supervisory consults. Additionally, noted gaps in performance for FL-CQI/ PIP reviews were regarding establishing the appropriate permanency goal for children timely, relationship between the child and parents while in out of home care, caseworker visits with the child, and physical health. There were no gaps in performance in relation to benchmark for the agency's scorecard at the end of the fiscal year, as all measures have been improving, and the agency has achieved the statewide benchmarks on all measures by the 4th quarter, with the exception of M01, rate of abuse. In further reviewing this item, the agency is .05 below the benchmark, with only one verified report pushing the performance under the benchmark. The QS team is monitoring this item, along with the other measures, although a formal plan regarding the scorecard is not an area of focus for the upcoming year. It should be noted, that if performance begins to decline in any measure, the QS team will begin an analysis and implement countermeasures, with the assistance of agency management to ensure a positive trend. Additionally, regarding the agency's scorecard monitoring and reporting, the agency remains on a Corrective Action Plan (CAP), from the 16-17 Contract the Oversight Unit (COU) monitoring, regarding the agency's scorecard performance. The agency has had to maintain performance above the benchmark for three quarters consistently to be released from the CAP, and there are only two measures requiring one more quarter's monitoring.

The scorecard monitoring and action plan to improve performance was a major initiative in the 18-19 fiscal year, with positive improvements noted in all areas in which these strategies were implemented. The QS team conducted root cause analyses, developed action items, and engaged both front line staff and management to support these action items.

One area that failed to meet statewide averages and declined from the agency's previous year's performance was regarding safety planning and monitoring. Throughout the fiscal year, the QS team noticed that the performance began to decrease, with only 12.5% of safety plans determined to be sufficient in the 4th quarter. In further analyzing this item, it was determined that the majority of the "area needing improvement" ratings and RFAs were being issued to the dependency case managers and not the Non-Judicial unit. There were no trends noted from a specific unit or worker, as all dependency units were performing similarly. In the 4th quarter, the agency began to conduct "safety planning clinics" with small groups of staff and the agency's Safety Services Specialist. Case Managers and their supervisors brought an open case with an active safety plan to the "clinic" and received guidance regarding identifying impending danger using the threshold, creating and strengthening the safety plan, and implementing appropriate safety monitors. Feedback received from staff was positive

and these “safety planning clinics” will continue to occur throughout the 19-20 fiscal year. Additional trainings on safety planning are also scheduled and will be conducted.

Supervisory consults, specifically surrounding RSF cases, were an area that was identified as needing improvements, as consults are vital to guiding, coaching, and mentoring case management staff. Again, in reviewing the specific cases that were reviewed, the dependency units appeared to have performed lower than the Non-Judicial unit. Due to the critical nature of supervisory consults, the agency is researching training for all of the agency’s supervisors to attend.

Regarding case manager visits with children, this area has not increased this year, despite the large increase from the 16-17 to the 17-18 year. Noted gaps in performance were due to the case managers failing to document private conversations with children at each visit; for example, there were two cases where twins were involved and in both cases, the case manager interviewed the twins together rather than separately. Former strategies, which assisted in improving this area previously are being implemented for this coming year.

Evidence based resources will be sought out, dependent upon the needs of the agency and areas that have been identified as needing improvement. Root cause analyses were conducted and evidence based practice trainings were presented to staff as a means to achieve goals set forth by the previous fiscal year’s plans. These evidence based trainings have been presented to the agency’s staff. Staff has attended trainings in Trauma Informed Care and in parental engagement/ family centered practice. These trainings were conducted by nationally recognized providers which specialize in these fields. The agency believes that these continued trainings, combined with agency led interventions, will have positive impacts in performance and in the overall philosophy of this agency.

V. Intervention findings

Strategies that were implemented in performance areas that have been shown to have impacted performance include the agency’s six scorecard measures that the agency was found to have performance lower than the state’s benchmarks (M01, M03, M05, M07, M08, and M10) and in caseworker visits with parents. For case worker visits with parents, the performance has increased for both tools which are used to determine this item. The strategies implemented have appeared to have a causative effect on this measure, as performance has steadily increased after activities were implemented. Quality visits with parents have been shown to impact other areas as well, including permanency, needs assessments, recidivism.

Interventions and strategies are currently being developed in relation to the lower performing measures mentioned previously. In the areas noted above that have not yet had an analysis or an improvement plan, the QS team, along with management, will utilize this data to determine the agency’s areas of focus for the upcoming fiscal year. The annual Quality Assurance and Management Plan will be developed to reflect

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ongoing activities aimed at improving and strengthening the quality of work provided to our children and families served for the upcoming 2019-2020 fiscal year.

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