



# 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. Any increase in staff within the agency requires approval of the Board of County Commissioners (BOCC), through the regular approval process.

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 capacity resource tools during the 17-18 fiscal year to determine any capacity related needs regarding administrative positions. The agency is open to 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 will require Board of County Commissioners approval.

The agency's outcome measures and performance metrics are determined by and monitored over a varied scope of activities. The areas in which agency performance is 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 Indicators 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.

Additionally, the agency is required to report annually to County Administration in regards to 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 expected to be reported on. The agency is also expected to list major accomplishments, as well as project performance and objectives for the upcoming fiscal year.

**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 Action 4 Child Protection to provide in-house training. Staff participated in eleven days throughout six months of intensive trainings focused in assessing impending danger, assessing caregiver protective capacity, assessing child needs, establishing safety plans, and case consultation.
- ◆ The Family Preservation Program increased their success rate this past year from 87% to 93%. Success is defined by the number of children kept out of foster care.
- ◆ Held 3 training classes for residents interested in becoming foster parents or adopting a special needs child. These training classes lead to nineteen homes being licensed within the County.
- ◆ Fifty 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**

- Establish family foster homes willing to take children that are deemed victims of human trafficking.
- License additional family foster homes in St. Johns County.
- Meet and exceed the Adoptions goal to bring children permanency and stability.
- Consult with Annie E. Casey Foundation, a practice and policy expert in the field of child welfare, for technical assistance to see if there are any areas we can become more effective in serving children and families of St. Johns County and improve our outcomes.
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| PERFORMANCE MEASURES       |   | Actual<br>FY '16 | Estimated<br>FY '17 | Adopted<br>FY '18 |
|----------------------------|---|------------------|---------------------|-------------------|
| I<br>N<br>P<br>U<br>T      | Number of Full-time Equivalent (FTEs)   | 40.26            | 40.26               | 39.59             |
|                            | Out of Home Care and Protective Services Expense                                | \$3,104,587      | \$3,234,040         | \$3,243,889       |
|                            | Adoption Services and Subsidy Expense   | \$1,210,157      | \$1,434,620         | \$1,476,246       |
|                            | Child Abuse Prevention Services   | \$302,042        | \$550,165           | \$610,000         |
| O<br>U<br>T<br>P<br>U<br>T | # Children Served – Out of Home Care & Protective Services                      | 405              | 418                 | 440               |
|                            | # Children Served – Adoption Services and Subsidies                             | 240              | 260                 | 285               |
|                            | # Children Indirectly Served – Child Abuse Prevention Services                  | 710              | 700                 | 650               |
| E<br>F<br>F<br>I<br>C      | Average Cost per Child – Out of Home Care & Protective Services                 | \$7,666          | \$7,737             | \$7,372           |
|                            | Average Cost per Child – Adoption Services & Subsidies                          | \$5,042          | \$5,518             | 5,180             |
|                            | Average Cost per Person – Child Abuse Prevention Services                       | \$425            | \$786               | \$938             |
| E<br>F<br>F<br>E<br>C<br>T | % of Children Reunified Within 12 Months of Latest Removal (State Target 78.5%) | 72.3%            | 50%                 | 65%               |
|                            | % of Children Seen (State Target 100%)  | 99.6%            | 99.9%               | 99.9%             |
|                            | % of State Adoption Target Met  | 88.5%            | 140%                | 120%              |

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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 not been established by the agency for the 17-18 fiscal year, although it was noted that the agency historically performs better than the statewide averages in the majority of areas reviewed. New benchmarks are in the process of being established for these reviews, as the agency is continuously looking forward to improve in child safety. In comparing previous year's performance, the agency has improved in performance in the RSF reviews overall, but a formal benchmark for the agency will be established to measure this continued improvement. For the FL-CQI/ PIP review cases, the agency utilizes the state's PIP benchmarks.

Scorecard benchmarks and performance:

| Scorecard Measure   | Benchmark Target | FY 2018 Q1 | FY 2018 Q2 | FY 2018 Q3 | FY 2018 Q4 |
|---|------------------|------------|------------|------------|------------|
| M01: Rate of abuse per 100,000 days in foster care                          | 8.5              | 20.82      | 22.83      | 18.07      | 19.92      |
| M02: % of children who are not abused/neglect during in-home services       | 95%              | 100.0%     | 97.3%      | 100.0%     | 95.3%      |
| M03: % of children who are not neglected or abused after receiving services | 95%              | 88.0%      | 87.8%      | 88.5%      | 91.4%      |
| M04: % of children under supervision who are seen every 30 days             | 99.50%           | 99.8%      | 99.9%      | 100.0%     | 100.0%     |

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

| CFSR Item | Item Description   | CFSR Baseline | PIP Target | FIP FY 18 Performance (Total 26 cases, including PIP) |
|-----------|--|---------------|------------|---|
| Item 1    | <b>Timeliness of Initiating Investigations of Reports of Child Maltreatment</b>                              | 91.50%        | 91.60%     | 80%<br>n=16   |
| Item 2    | <b>Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care</b> | 73.68%        | 77.78%     | 100%<br>n=19  |
| Item 3    | <b>Risk and Safety Assessment and Management</b>   | 58.14%        | 68.18%     | 80.77%<br>n=21  |

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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?  | 49.1%        | 75.0%  | 47.4%        | 62.5%  | 52.5%        | 75.0%  | 61.6%        | 75.0%  | 52.7%             | 64.1%       |
| 1.2 Is the most recent family assessment completed timely?  | 47.4%        | 62.5%  | 43.1%        | 50.0%  | 40.7%        | 37.5%  | 51.0%        | 75.0%  | 45.6%             | 51.4%       |
| 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?         | 62.6%        | 75.0%  | 66.4%        | 87.5%  | 52.9%        | 37.5%  | 59.9%        | 75.0%  | 60.5%             | 64.9%       |
| 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?                       | 73.0%        | 100.0% | 74.9%        | 100.0% | 77.9%        | 87.5%  | 80.2%        | 87.5%  | 76.5%             | 86.9%       |
| 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?     | 69.1%        | 100.0% | 65.1%        | 87.5%  | 61.9%        | 62.5%  | 68.5%        | 87.5%  | 66.2%             | 76.1%       |
| 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?               | 80.9%        | 100.0% | 77.2%        | 75.0%  | 80.8%        | 75.0%  | 82.6%        | 87.5%  | 80.4%             | 82.6%       |
| 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? | 46.5%        | 50.0%  | 60.3%        | 75.0%  | 51.3%        | 50.0%  | 57.1%        | 100.0% | 53.8%             | 63.4%       |
| 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?               | 44.6%        | 33.3%  | 52.5%        | 100.0% | 49.1%        | 50.0%  | 56.3%        | 100.0% | 50.6%             | 63.0%       |
| 3.1 Are background checks and home assessments completed when needed?   | 73.7%        | 75.0%  | 79.6%        | 50.0%  | 72.1%        | 75.0%  | 73.2%        | 75.0%  | 74.7%             | 71.4%       |
| 3.2 Is the information assessed and used to address potential danger threats?   | 77.6%        | 87.5%  | 82.0%        | 87.5%  | 74.5%        | 62.5%  | 79.3%        | 100.0% | 78.4%             | 81.9%       |
| 4.1 Is the safety plan sufficient?  | 56.7%        | 62.5%  | 55.1%        | 75.0%  | 57.9%        | 75.0%  | 54.8%        | 50.0%  | 56.1%             | 61.5%       |
| 4.2 Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?  | 47.7%        | 75.0%  | 43.1%        | 75.0%  | 48.5%        | 62.5%  | 52.1%        | 50.0%  | 47.9%             | 58.0%       |
| 5.1 Is the supervisor regularly consulting with the case manager?   | 55.3%        | 50.0%  | 61.6%        | 62.5%  | 53.4%        | 50.0%  | 68.2%        | 87.5%  | 59.6%             | 61.9%       |
| 5.2 Is the supervisor ensuring recommended actions are followed up on?  | 54.4%        | 87.5%  | 50.7%        | 62.5%  | 51.0%        | 37.5%  | 58.6%        | 87.5%  | 53.7%             | 62.2%       |

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 2018 Q1 | FY 2018 Q2 | FY 2018 Q3 | FY 2018 Q4 |
|---|------------------|------------|------------|------------|------------|
| M05: % of children exiting to a permanent home w/in 12 months of entering care                  | 40.50%           | 36.9%      | 31.0%      | 36.6%      | 18.5%      |
| M06: % of children exiting to a permanent home w/in 12 months for those in care 12 to 23 months | 43.60%           | 72.9%      | 74.6%      | 75.8%      | 56.6%      |
| M07: % of children who do not re-enter care w/in 12 months of moving to permanent home          | 91.70%           | 80.0%      | 90.0%      | 100.0%     | 92.3%      |
| M08: Placement moves per 1,000 days in foster care  | 4.12             | 5.52       | 5.51       | 4.81       | 3.12       |

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

| CFSR Item | Item Description  | CFSR Baseline | PIP Target | FIP FY 18 Performance (Total 26 cases, including PIP) |
|-----------|---|---------------|------------|---|
| Item 4    | <b>Stability of Foster Care Placement</b>   | 81.80%        | 88.50%     | 73.33%<br>n=11  |
| Item 5    | <b>Permanency Goal for Child</b>  | 74.50%        | 82.10%     | 80%<br>n=12   |
| Item 6    | <b>Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement</b> | 67.30%        | 75.40%     | 93.33%<br>n=14  |
| Item 7    | <b>Placement With Siblings</b>  | 85%           | N/A        | 100%<br>n=9   |
| Item 8    | <b>Visiting With Parents and Siblings in Foster Care</b>  | 69%           | N/A        | 71.43%<br>n=10  |
| Item 9    | <b>Preserving Connections</b>   | 82%           | N/A        | 86.67%<br>n=13  |
| Item 10   | <b>Relative Placement</b>   | 72%           | N/A        | 71.43%<br>n=10  |
| Item 11   | <b>Relationship of Child in Care With Parents</b>   | 60%           | N/A        | 61.54%<br>n=8   |

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

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assessments (HRA), and Healthcare Effectiveness Data and Information Set (HEDIS).  
 Benchmarks for these areas are established by CBCIH.

Scorecard benchmarks and performance:

| Scorecard Measure  | Benchmark Target | FY 2018 Q1 | FY 2018 Q2 | FY 2018 Q3 | FY 2018 Q4 |
|--|------------------|------------|------------|------------|------------|
| M09: % of children in foster care who received a medical service in last 12 months                             | 95%              | 98.4%      | 98.3%      | 98.9%      | 98.8%      |
| M10: % of children in foster care who received a dental service in last 7 months                               | 95%              | 95.0%      | 91.0%      | 89.3%      | 89.3%      |
| M11: % of young adults exiting foster care at age 18 completed/are enrolled in sec. ed., voc. ed, or adult ed. | 80%              | 100.0%     | 100.0%     | 83.3%      | 75.0%      |
| M12: % of sibling groups where all siblings are placed together  | 65%              | 68.1%      | 68.0%      | 67.5%      | 66.6%      |

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

| CFSR Item | Item Description  | CFSR Baseline | PIP Target | FIP FY 18 Performance<br>(Total 26 cases,<br>including PIP) |
|-----------|---|---------------|------------|---|
| Item 12   | <b>Needs and Services of Child, Parents, and Foster Parents</b> | 51.30%        | 58.40%     | 76.92%<br>n=20  |
| Item 12A  | <b>Needs Assessment and Services to Children</b>                | 88%           | N/A        | 92.31%<br>n=24  |
| Item 12B  | <b>Needs Assessment and Services to Parents</b>                 | 55%           | N/A        | 75%<br>n=18   |
| Item 12C  | <b>Needs Assessment and Services to Foster Parents</b>          | 80%           | N/A        | 100%<br>n=15  |
| Item 13   | <b>Child and Family Involvement in Case Planning</b>            | 63.60%        | 70.70%     | 88%<br>n=22   |
| Item 14   | <b>Caseworker Visits With Child</b>                             | 72.50%        | 78.90%     | 69.23%<br>n=18  |
| Item 15   | <b>Caseworker Visits With Parents</b>                           | 43.50%        | 51.10%     | 37.5%<br>n=9  |
| Item 16   | <b>Educational Needs of the Child</b>                           | 92%           | N/A        | 100%<br>n=12  |
| Item 17   | <b>Physical Health of the Child</b>                             | 85%           | N/A        | 64.71%<br>n=11  |
| Item 18   | <b>Mental/Behavioral Health of the Child</b>                    | 72%           | N/A        | 88.89%<br>n=16  |



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

| CBC Name                 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Inc(Dec) |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|
| Family Integrity Program | 61.84% | 63.70% | 66.91% | 61.29% | 62.95% | 62.45% | 66.67% | 71.02% | 68.72% | 65.28% | 66.80% | 67.94% | 60.78% | -1.06%   |

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.]

HRA's:

| CBC Name                 | Oct-17  | Nov-17  | Dec-17  | Jan-18  | Feb-18  | Mar-18  | Apr-18  | May-18  | Jun-18  | Jul-18  |
|--------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Family Integrity Program | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 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.]

HEDIS:

| CBC Agency               | Met | % Met  | Not Met | % Not Met | Total |
|--------------------------|-----|--------|---------|-----------|-------|
| Family Integrity Program | 284 | 60.94% | 182     | 39.06%    | 466   |

Green = 70% or higher  
 Yellow = Less than 70% and greater than 50%  
 Red = Less than 50%

[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 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.

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.

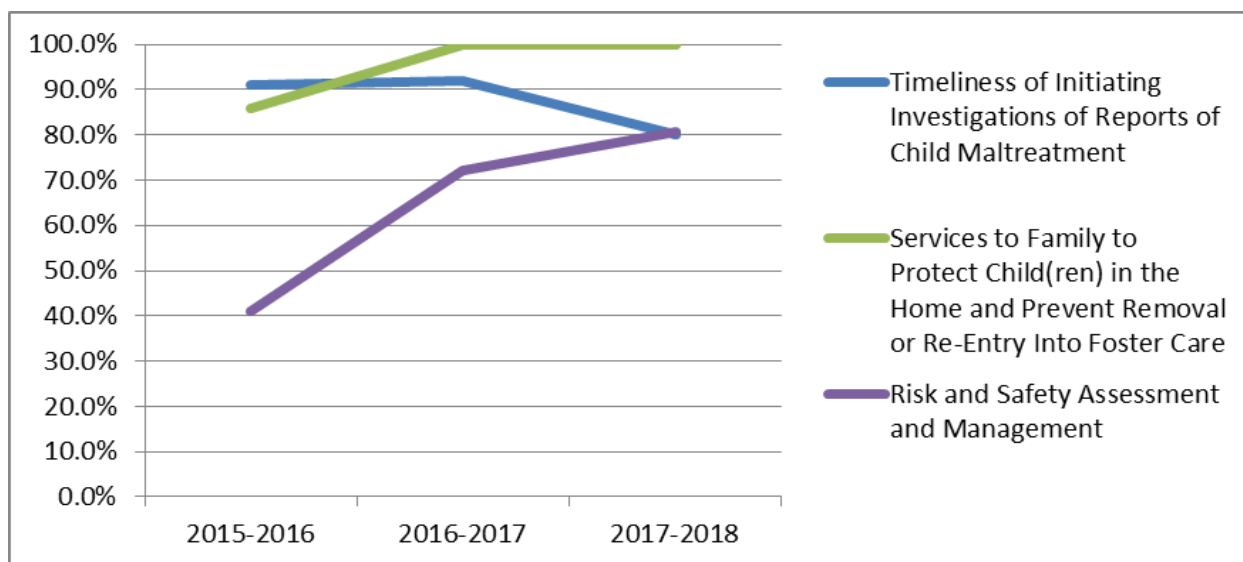
Annually, the agency's CQI/ QA report is distributed and discussed with the agency's Program Manager and CEO/Director of HHS. Continuous quality improvement activities are determined based upon annual performance measures for the upcoming fiscal year, as outlined in the agency's annual CQI/ QA plan. 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

In regard to Safety, the results from the Rapid Safety Feedback reviews, the Florida CQI/ CFSR review Safety Outcome 1 and 2 (items 1-3), and scorecard measures 1-4 were analyzed. A continued area of strength within the agency is regarding making concerted efforts to prevent entry into out of home care or re-entry after reunification, as this area was again at 100% for the year; this measure was at 100% in the 16-17 fiscal year, which was an improvement from the 15-16 fiscal year, where it was at 86%. Additionally, in the area of risk and safety assessment, the agency increased the performance over the past three fiscal years, going from 41% to 80.7%. 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 zone” for the four quarters of the fiscal year, with an average of 98.1% of children not being abused or neglected while receiving in home services. It should be noted that timeliness of investigation did see a decline in performance from the previous year, although 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.

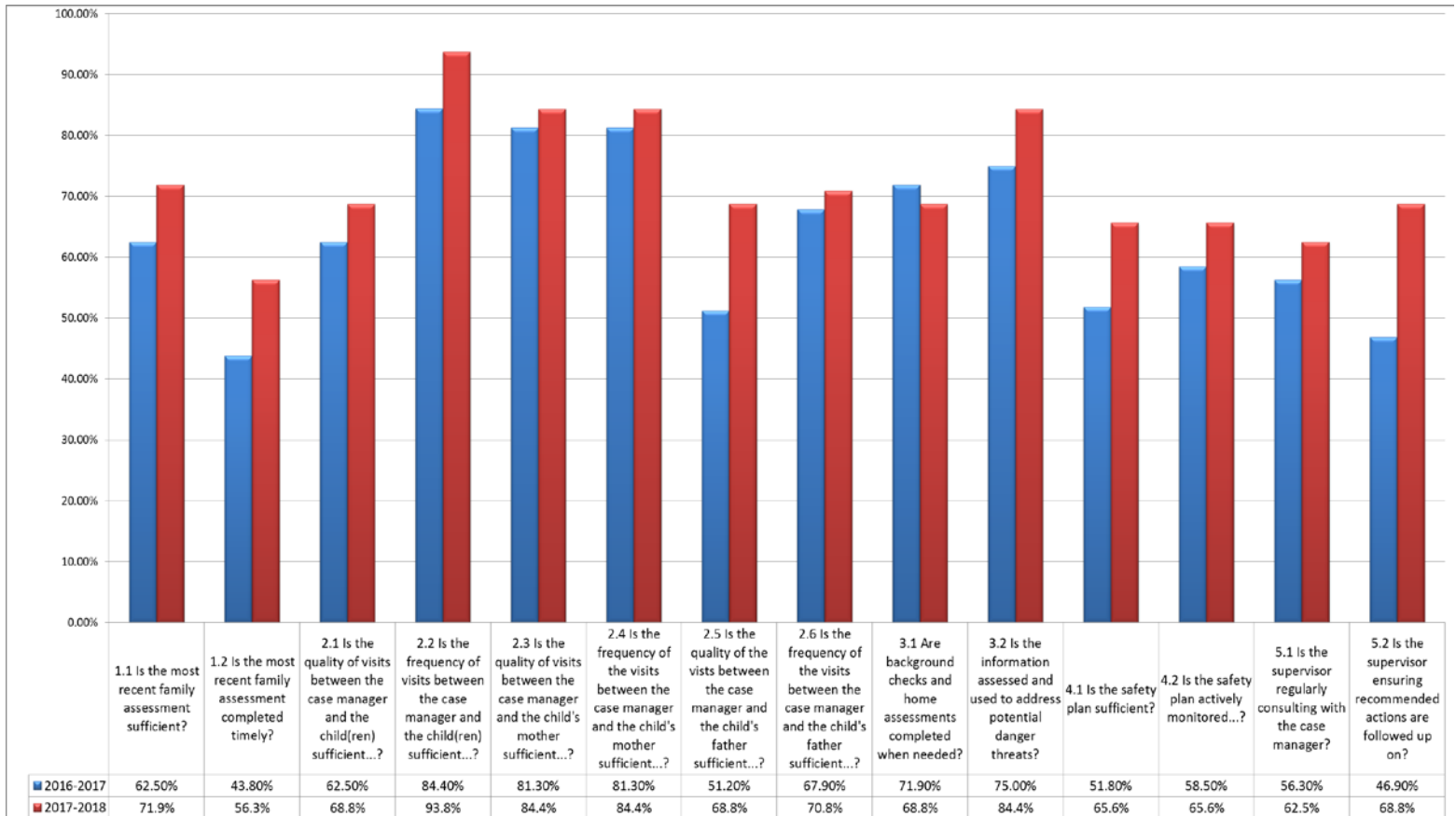


Rapid Safety Feedback data was evaluated from the 2016-2017 and 2017-2018 fiscal years. The RSF tool from the 2015-2016 fiscal year utilized a different set of questions therefore making it difficult to complete a comparison on. In reviewing the data and as seen in the graph below, there is a marked improvement in all performance areas reviewed, with the exception of ensuring background checks and home assessments are completed when needed; this area dropped from a 71.9% average to a 68.8% average. Due to the manner in which the RSF review portal is set up, it is difficult to determine the specific reason for the decline in performance of this area, as both background checks and home assessments are included in the same question. This area will be an area of focus for the upcoming fiscal year, as far as implementing improvement strategies and the QS team is beginning to track this item’s requirements separately in instances of an area needing improvement rating.

One of the largest increases in performance was seen in supervisory consultations and follow ups. The agency’s supervisors completed trainings throughout the year regarding quality consultations, which has shown to impact performance in a positive manner. The quality services team continues to consult with case management staff and their

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supervisors for each RSF review completed, which has shown to be effective in increasing performance.



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|   | 2016-2017 |         |         |        |         |  | 2017-2018 |        |       |        |         |
|---|-----------|---------|---------|--------|---------|--|-----------|--------|-------|--------|---------|
|   | 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%   |
| 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%   |
| 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?         | 87.50%    | 50.00%  | 50.00%  | 62.50% | 62.50%  |  | 75.0%     | 87.5%  | 37.5% | 75.0%  | 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?                       | 100.00%   | 75.00%  | 100.00% | 62.50% | 84.40%  |  | 100.0%    | 100.0% | 87.5% | 87.5%  | 93.8%   |
| 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?     | 87.50%    | 87.50%  | 75.00%  | 75.00% | 81.30%  |  | 100.0%    | 87.5%  | 62.5% | 87.5%  | 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?               | 87.50%    | 100.00% | 75.00%  | 62.50% | 81.30%  |  | 100.0%    | 75.0%  | 75.0% | 87.5%  | 84.4%   |
| 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? | 50.00%    | 50.00%  | 71.40%  | 33.30% | 51.20%  |  | 50.0%     | 75.0%  | 50.0% | 100.0% | 68.8%   |
| 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?               | 66.70%    | 83.30%  | 71.40%  | 50.00% | 67.90%  |  | 33.3%     | 100.0% | 50.0% | 100.0% | 70.8%   |
| 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%   |
| 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%   |
| 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%   |
| 4.2 Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?  | 71.40%    | 50.00%  | 75.00%  | 37.50% | 58.50%  |  | 75.0%     | 75.0%  | 62.5% | 50.0%  | 65.6%   |
| 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%   |
| 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%   |

In reviewing the scorecard measures related to safety, the agency was in the red zone for two of the four safety measures and in the green for the other two measures. The

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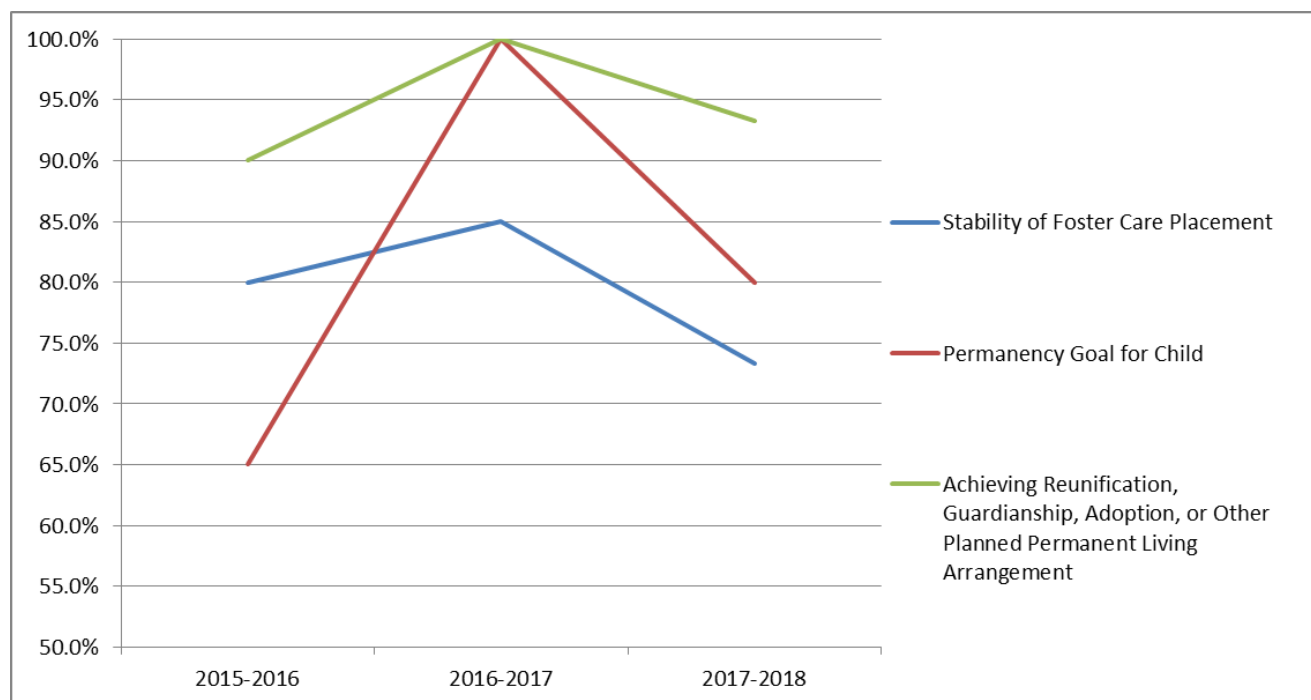
agency consistently remained in the green for children who are not abused or neglected while receiving services and in percent of children seen every 30 days. For the two measures that were in the red, rate of abuse per 100,000 days in foster care and children who are not abused or neglected within 6 months of receiving services, the agency remained under the state’s benchmark throughout the 17-18 fiscal year. Additionally, for M01, rate of abuse, the agency has remained in the red or yellow area in 10 of the past 12 quarters and for M03, children abused or neglected after receiving services, the agency was in the red or yellow for 11 of the past 12 quarters. The first measure, M01 is based on a rolling 12 month period, therefore a verified report will remain on this report for 4 quarters. For M03, the agency’s smaller size contributes to the performance, as some quarters only contain a small number of children that have closed out and are included in the sample; for example for quarter 2 of 17-18, there were 27 children included in the sample, 3 of which had a verified report thus causing the agency to slip into the red.

| Scorecard Measure   | Benchmark Target | FY 2016 Q1 | FY 2016 Q2 | FY 2016 Q3 | FY 2016 Q4 | FY 2017 Q1 | FY 2017 Q2 | FY 2017 Q3 | FY 2017 Q4 | FY 2018 Q1 | FY 2018 Q2 | FY 2018 Q3 | FY 2018 Q4 |
|---|------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| M01: Rate of abuse per 100,000 days in foster care                          | 8.5              | 14.09      | 17.61      | 17.99      | 12.26      | 8.77       | 8.38       | 9.53       | 10.56      | 20.82      | 22.83      | 18.07      | 19.92      |
| M02: % of children who are not abused/neglect during in-home services       | 95%              | 93.6%      | 97.0%      | 100.0%     | 96.2%      | 95.2%      | 91.6%      | 95.5%      | 94.4%      | 100.0%     | 97.3%      | 100.0%     | 95.3%      |
| M03: % of children who are not neglected or abused after receiving services | 95%              | 88.0%      | 87.5%      | 92.8%      | 91.3%      | 93.9%      | 94.5%      | 88.5%      | 100.0%     | 88.0%      | 87.8%      | 88.5%      | 91.4%      |
| M04: % of children under supervision who are seen every 30 days             | 99.50%           | 99.9%      | 99.7%      | 99.5%      | 99.2%      | 99.9%      | 100.0%     | 100.0%     | 99.9%      | 99.8%      | 99.9%      | 100.0%     | 100.0%     |

➤ Permanency

Trends in permanency were measured through the FL-CQI items 4-11; a decrease in performance from 16-17 fiscal year to the 17-18 fiscal year regarding Permanency Outcome 1 was noted. The agency performed well in 16-17 fiscal year, which there was a large increase in performance from the previous year. In looking at other data sources, the scorecard measure relating to placement stability (M08 Placement Moves per 1,000 days in foster care), shows the agency’s performance falling sharply into the red from Quarter 4 of 16-17 to Quarter 1 of 17-18. This negative performance continued for the following two quarters. An analysis of this area revealed a lack of proper assessments on the caregiver, a lack of available services for children entering care, and some agency controlled data entry errors. This led to an overall instability of the children in care, which is seen over multiple service delivery areas. Additionally, performance fell in establishing the permanency goal timely and in achieving permanency. Again, in reviewing the agency’s scorecard in this area (M05- Children

Exiting to a Permanent Placement within 12 Months of Entering Care), there was a decrease in performance and the agency remained in the red or yellow zones for the fiscal year. An analysis was also conducted for this measure and it was determined that children were lacking timely permanency due to a lack of available court docket time or court delays. Another factor which had delayed permanency was that the parent did not demonstrate a behavioral change within a reasonable time. Other factors were noted in this area, but the main two factors listed above contributed to the majority of the negative performance.

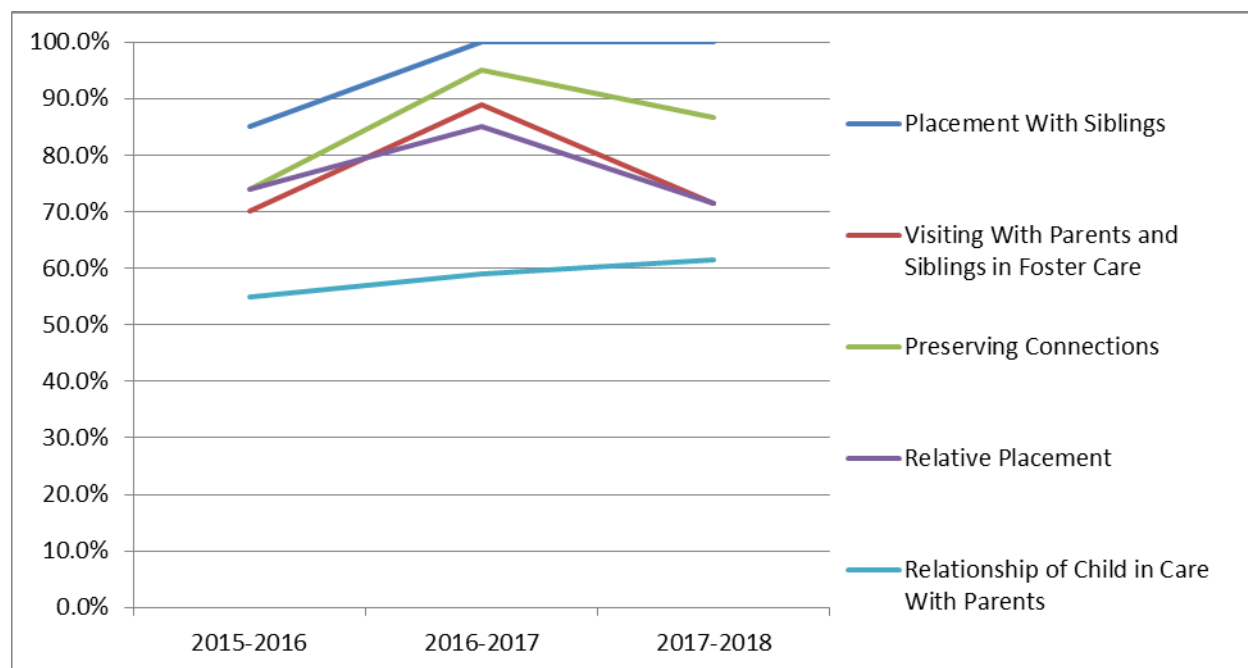


For Permanency Outcome 2, items 7-11 were assessed. Similar trends in a decrease in performance from the 16-17 fiscal year to the 17-18 fiscal year were seen, as with Permanency Outcome 1. The agency had seen a decrease in performance in the areas of visiting with parents and siblings, preserving connections, and relative placements. Placement with siblings remained the same as the previous year, which was at 100% strength of all cases reviewed. This correlates to the agency's positive performance in the scorecard measure M12, which has seen performance above the state targets for the past 12 quarters. One measure did have an increase in performance from the previous year in the area of relationship between the children in care with their parents.

In the three areas which there was a noted decline in performance from the previous fiscal year, the agency did see an increase in the number of children coming into licensed care and not in a placement with a relative. During the third quarter of the 17-

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18 fiscal year, there were almost as many children placed in licensed care as in relative care. This has shown to impact these three areas, as the agency struggled with ensuring the children served maintained proper visitation and familial contacts. The number of children in out of home care has remained consistent throughout the year, although more children have now been placed with relatives, rather than being placed in licensed care as the 4<sup>th</sup> quarter has ended.



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 falls into the red or yellow zone in achieving permanency within the first 12 months. As mentioned above, the agency conducted a root cause analysis of this measure to determine why children were not achieving permanency within 12 month following removal. Countermeasures were developed and have been implemented, which will be addressed in the annual plan for the upcoming 18-19 fiscal year. The agency also saw an increase in placement moves, doubling the number of placement moves from the 4<sup>th</sup> quarter of 16-17 to the first quarter of 17-18. This correlates with the CFSR item 4, stability of placement, which saw a large decline in performance than the previous two fiscal years. Again, the agency conducted an analysis and has implemented countermeasures; at the end of the fiscal year, the scorecard performance came back into the acceptable zone. Additionally, in reviewing the number of children who do not re-enter care within 12 months of achieving permanency, this measure fluctuates from quarter to quarter regarding performance. Due to the small size of the agency, the



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number of children being discharged can be a smaller number, therefore increasing the overall performance percentages if one or two children re-enter care.

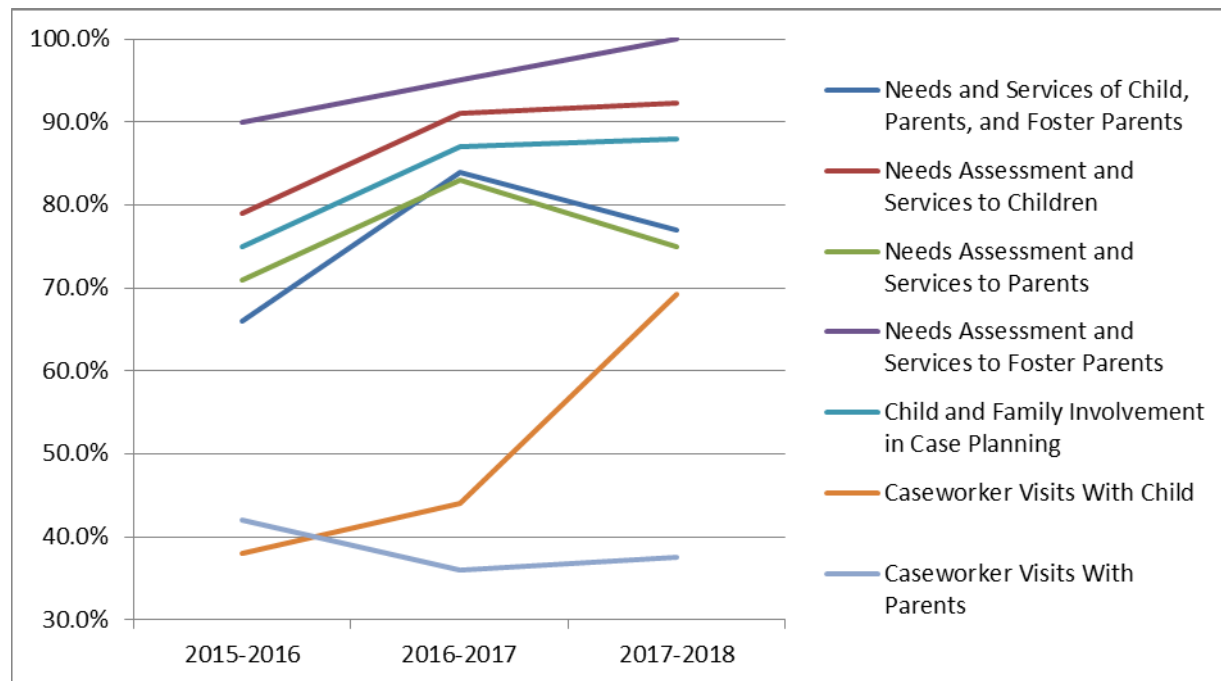
| Scorecard Measure   | Benchmark Target | FY 2016 Q1 | FY 2016 Q2 | FY 2016 Q3 | FY 2016 Q4 | FY 2017 Q1 | FY 2017 Q2 | FY 2017 Q3 | FY 2017 Q4 | FY 2018 Q1 | FY 2018 Q2 | FY 2018 Q3 | FY 2018 Q4 |
|---|------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| M05: % of children exiting to a permanent home w/in 12 months of entering care                  | 40.50%           | 28.9%      | 62.5%      | 46.5%      | 9.7%       | 34.0%      | 27.5%      | 35.2%      | 33.3%      | 36.9%      | 31.0%      | 36.6%      | 18.5%      |
| M06: % of children exiting to a permanent home w/in 12 months for those in care 12 to 23 months | 43.60%           | 57.1%      | 47.6%      | 44.4%      | 48.1%      | 51.1%      | 48.3%      | 54.7%      | 62.9%      | 72.9%      | 74.6%      | 75.8%      | 56.6%      |
| M07: % of children who do not re-enter care w/in 12 months of moving to permanent home          | 91.70%           | 62.9%      | 77.7%      | 100.0%     | 100.0%     | 81.8%      | 90.9%      | 100.0%     | 100.0%     | 80.0%      | 90.0%      | 100.0%     | 92.3%      |
| M08: Placement moves per 1,000 days in foster care  | 4.12             | 2.9        | 2.46       | 2.29       | 2.78       | 2.99       | 3.22       | 3.23       | 3.75       | 5.52       | 5.51       | 4.81       | 3.12       |

➤ Well-being

For well-being measures, Wellbeing Outcome 1 and 2 of the CFSR tool, as well as scorecard measures 9-12 are reviewed. Under Wellbeing Outcome 1, the agency has seen steady improvement in items 12A and 12C and item 13 over the past 3 fiscal years. Staff had participated in booster trainings on writing quality assessments, which have appeared to have strengthened items 12A and 12C. Additionally, the agency has seen a huge increase in positive performance in item 14, quality contacts with children. The quality services team developed CQI activities surrounding this item, as in the 15-16 fiscal year, the performance was only at 38%. In reviewing the RSF question 2.1 and 2.2 regarding visits with child, the agency again increased performance from the past fiscal year; in quality the agency increased from 62.5% to 68.8% and in frequency from 84.4% to 93.8%.

For item 15, caseworker visits with parents, the agency had increased in performance from the previous fiscal year by 1.5%, although failed to meet the 15-16 year average or meet the state's PIP benchmark. Strategies regarding parental contact have been developed and have been discussed with management to increase performance in this area. The case managers do have quality conversations with the mothers and fathers, but struggle to maintain the required frequency of contacts. This can be seen in the positive trends regarding engaging the parents in case planning, but in item 15 where both frequency and quality are combined, this area is lacking. Additionally, the performance regarding assessing parental needs declined from the previous fiscal year, which correlates to the lack of consistent visits.

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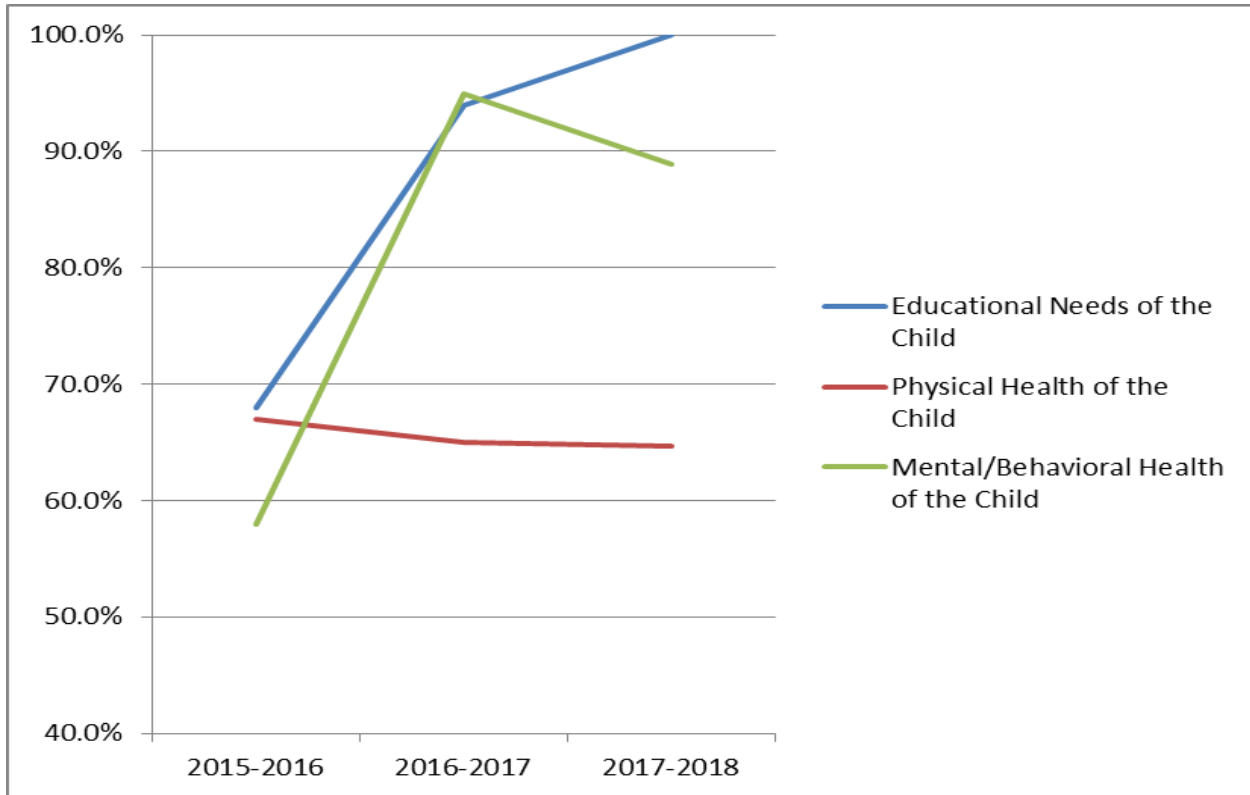


|   | 2016-2017 |        |         |        |         |  | 2017-2018 |        |       |       |         |
|---|-----------|--------|---------|--------|---------|--|-----------|--------|-------|-------|---------|
|   | 1st Q     | 2nd Q  | 3rd Q   | 4th Q  | Average |  | 1st Q     | 2nd Q  | 3rd Q | 4th Q | Average |
| 2.1 Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes? | 87.50%    | 50.00% | 50.00%  | 62.50% | 62.50%  |  | 75.0%     | 87.5%  | 37.5% | 75.0% | 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?               | 100.00%   | 75.00% | 100.00% | 62.50% | 84.40%  |  | 100.0%    | 100.0% | 87.5% | 87.5% | 93.8%   |

For Wellbeing Outcome 2 and 3 (which are shown combined on the graph below), the agency increased significantly in item 16, children’s education. This item was at 100% strengths for all cases reviewed during this fiscal year. The agency maintains a positive working relationship with the St Johns County School Board, which can be attributed to this increase in performance in this item of over 40% over the past 3 fiscal years. Wellbeing Outcome 3 did see a decline in performance in both items (physical health and mental/ behavioral health) from the previous fiscal year. In reviewing the scorecard measures that correlate to this item, the agency performs above state benchmarks in physical health, but has remained in the red or yellow regarding dental health (CFSR item 17 combines both physical and dental). For item 18, children’s mental and behavioral health, in reviewing this measure there were 2 out of the 18 eligible cases that were rated an area needing improvement. Out of these two cases, there was a lack

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of follow up with medication on one case and a lack of providing a referral for family counseling on the other.



In assessing the scorecard measures over the past three fiscal years, the agency has performed well in keeping siblings together and has remained in the green. The agency has also improved performance from previous years to the current year in the percentage of young adults completing secondary education requirements; 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 4 young adults in the 17-18 Q4, three of which met the requirements for secondary education, hence the 75% in performance).

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| Scorecard Measure  | Benchmark Target | FY 2016 Q1 | FY 2016 Q2 | FY 2016 Q3 | FY 2016 Q4 | FY 2017 Q1 | FY 2017 Q2 | FY 2017 Q3 | FY 2017 Q4 | FY 2018 Q1 | FY 2018 Q2 | FY 2018 Q3 | FY 2018 Q4 |
|--|------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| M09: % of children in foster care who received a medical service in last 12 months                             | 95%              | 96.1%      | 94.5%      | 96.1%      | 96.1%      | 96.8%      | 94.8%      | 94.3%      | 99.4%      | 98.4%      | 98.3%      | 98.9%      | 98.8%      |
| M10: % of children in foster care who received a dental service in last 7 months                               | 95%              | 82.9%      | 88.4%      | 84.0%      | 92.4%      | 96.6%      | 85.8%      | 78.7%      | 91.8%      | 95.0%      | 91.0%      | 89.3%      | 89.3%      |
| M11: % of young adults exiting foster care at age 18 completed/are enrolled in sec. ed., voc. ed, or adult ed. | 80%              | 75.0%      | 70.0%      | 66.6%      | 64.2%      | 66.6%      | 74.4%      | 75.0%      | 100.0%     | 100.0%     | 100.0%     | 83.3%      | 75.0%      |
| M12: % of sibling groups where all siblings are placed together  | 65%              | 78.7%      | 71.1%      | 71.1%      | 68.6%      | 74.1%      | 76.7%      | 79.1%      | 69.5%      | 68.1%      | 68.0%      | 67.5%      | 66.6%      |

➤ 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 28.3% between 2010 and 2017 and the school age population by 4.4% between 2017 and 2018. The population growth within the county did not appear to affect the agency as much as it had in previous years, and the agency actually had less children in out of home care at the end of fiscal year 17-18 than in 16-17. This was largely in part due to an ambitious undertaking to reduce the number of children in out of home care by 24% (benchmark developed internally through the financial viability plan). The agency again focused on staff satisfaction, and only had a 10% turnover rate, which was the equivalent of two employees leaving. This workforce stabilization has been proven to assist in the timely permanency of children.

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. These measures are felt to be positive largely in part because of the partnership with the community providers and the increase in new providers being developed within the county. The county has seen the development of the FITT (Family Intensive Treatment Team) and the CAT (Community Action Team) providers. 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. 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.

This fiscal year, the agency has seen an increase in the number of families served through the In Home Non Judicial unit, which families are served by a certified case manager without court intervention. The In Home Non-Judicial team's cases were regularly reviewed utilizing the RSF tool, as they met the criteria more often than the dependency cases which were also served by the agency. The percentage of children that were diverted out of the dependency system was at 90.2% for the fiscal year; this percentage increased from the 1<sup>st</sup> to the 4<sup>th</sup> quarter (84% to 92%). Continued case review consultations have proven to be effective in achieving positive outcomes, as performance has increased in all areas of the RSF reviews.

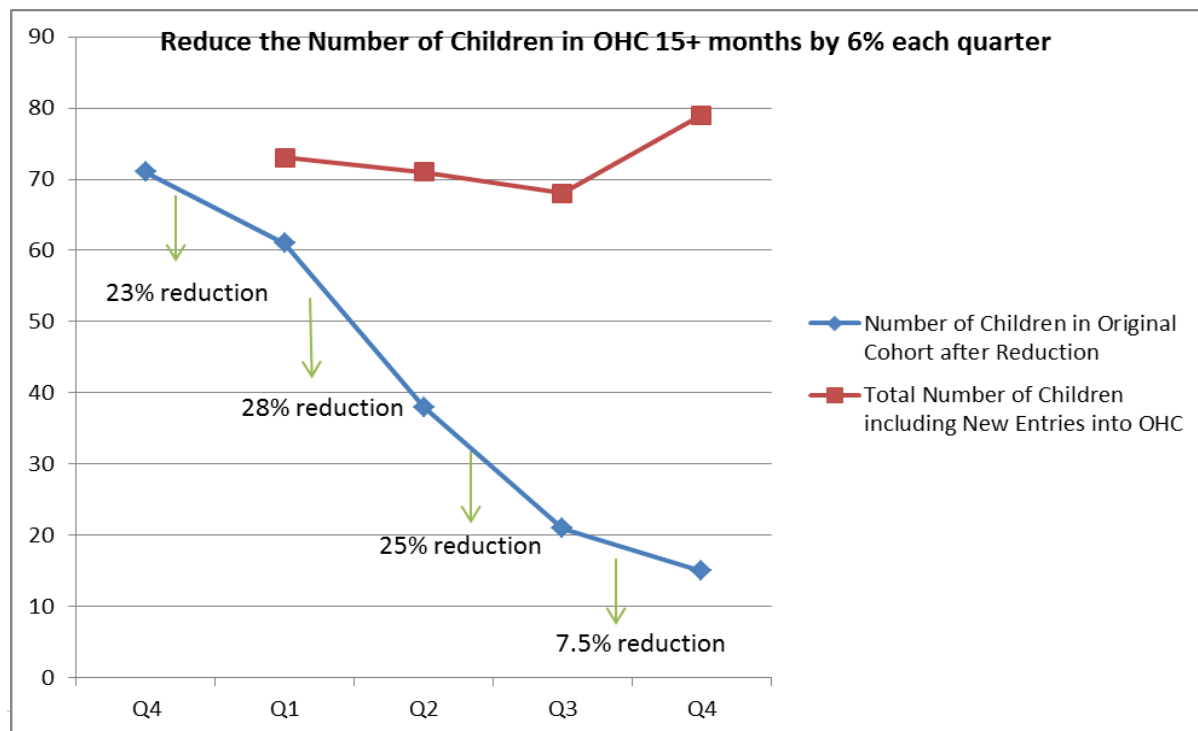
### **III. Findings**

In assessing the agency's overall performance over the past fiscal year, notable strengths were seen in each of the three areas of focus: safety, permanency, and wellbeing. The agency has greatly improved regarding family assessments and providing sufficient information to determine safety and risk. Sufficiency of assessments was seen in both the RSF tool and the FL-CQI tool, which were higher than the statewide averages and the PIP targets in their respected areas. This area is associated with the percentage of children who are not abused or neglected while receiving in home services, as proper assessments tend to lead to proper services and safety planning being put into the home. Furthermore, services provided to the family to prevent removal was also a strength as the agency's non-judicial unit, in addition to the DCF investigators, are able to place services into the home to prevent removals. The agency has a strong relationship with community partners which increase the ability for timely services to be placed into homes. There were a notable number of removals from the 16-17 fiscal year under the in-home non-judicial unit, which was a cause for a potential root cause analysis and CQI activity in the 17-18 annual plan, although the number of children diverted was 88.5% within that year. The overall consensus was that the agency was receiving appropriate referrals from the investigatory units in an effort to prevent removals into out of home care through safety planning. There were approximately 10 removals from January 2017 through November 2017, which in viewing the overall percentage of children served, is a small percentage overall and the agency was responding appropriately with services and referrals being provided to these families.

The frequency and quality of visits with the children served was a strength noted in both the scorecard and RSF reviews. In reviewing the visits with children item for the FL-CQI reviews, the concern was not the frequency of visits, which tends to be a strength, but rather the quality of those visits. Overall, the agency did increase performance in this

area in both tools, but especially in the FL-CQI tool, which an increase of 25% was noted from the previous year and an overall increase of 31% since fiscal year 15-16. Although the agency failed to meet the PIP target in this item, the performance is trending in a positive manner and the culture of the agency has shifted to include ensuring quality contacts with children are made at all visits. This was an area of focus for a CQI activity from the previous fiscal year. The QS team completed home visit note quality audits, with short face to face consultations held with the case managers to provide feedback.

Other noted strengths related to permanency were seen in achieving permanency within 24 months; this area decreased from the previous year in item 6 of the FL-CQI tool, but remained at 93% overall. The agency remains consistently in the green in the scorecard. As part of the agency's financial viability plan, the goal of reducing the number of children in out of home care that were in care for 15 or more months by 6% per quarter was achieved and the percentage reduced surpassed the goal. It should be noted that as children were achieving permanency that had been included in this sample, due to the sample being a "rolling" number, more children entered the cohort in some quarters than were being discharged. This can be seen in the agency's struggle to achieve permanency for children who have been in out of home care less than 12 months. Another action item of the Financial Viability plan to increase permanency for children was to increase the number of adoptions to 34 children. This goal was exceeded by 158%, with 54 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 may have not achieved benchmarks for permanency within 12 months, but consistently ensures permanency is achieved for the majority of children served, within 24 months following their removal.



Placement with siblings continues to remain a huge strength of the agency, as both reflected in the scorecard and in the FL-CQI results. Monthly “separated sibling” staffings are held 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 65% 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. Placing children with relatives, which the agency has almost achieved the PIP target at 71% overall, ensures that permanency is achieved more timely, as well as allowing for the child to maintain important connections. Additionally, maintaining important connections, which was at 86% overall, assisted in strengthening the parent and child bond through frequent visitation, which was seen to be at 71% overall. In reviewing the totality of Permanency Outcome 2, the majority of the items exceeded the PIP target.

The agency continues to assess the need of the child and out of home caregiver appropriately, which leads to proper and timelier referrals for services. Proper assessments of the parents are not as positive as seen with children and caregivers, but overall did exceed the PIP target with 75%; this is compared to 92% for children’s needs and 100% of caregiver needs. Additionally, the child and parent engagement regarding case planning was at an overall 88% strength. Although the caseworker visits with parents is 14% below the PIP target at 37.5% strength, the documented contact with the parents regarding case planning remains a strength of the agency. In reviewing the caseworker’s visits with the parents, this item combines both the frequency and quality of visits with the mother and the father. In drilling down regarding this item, the frequency and quality of both the mother and father was reviewed. The quality of contact with mothers was at 85% strength and quality with fathers was at 86%; in reviewing the frequency, this is where the agency struggles. Regarding frequency with mothers, it is at 52% strength and regarding fathers, the agency only performed at a 44%. In examining the totality of this area, the agency’s frontline staff do have quality contact with the parents served, but the frequency of the contact falls short of the every 30 day requirement. Meetings with management to begin further discussions regarding strategies for this area have occurred and will be addressed in the agency’s annual plan.

Regarding a child’s wellbeing, the agency ensures that children served by the agency receive appropriate and timely educational services. The St Johns County School Board has a strong partnership with the agency, 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. 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. Due to the small population size, the agency did see a dip into the yellow for the fourth quarter, but that was due to one child out of a total of four children choosing not to



continue with any post-secondary educational options.

One area in which the agency is focusing on improving for the upcoming year is in ensuring the physical health needs of the children served are met. The agency did not achieve the PIP target and was only at a 64% strength. Additionally, the agency performed well on the scorecard regarding physical health, but failed to achieve the benchmarks for dental health services. Drilling down on item 17, the noted deficiencies were regarding follow up appointments for dental services. It is shown that children receive initial physical and even dental services, but the agency fails to document the follow up treatments needed, primarily with dental needs. This area will be addressed in the agency's annual plan for the upcoming fiscal year.

Another area of improvement is regarding placement stability. In both the scorecard and the FL-CQI reviews, this area saw a decline in performance. The agency failed to meet the PIP target, with only a 73% strength. Furthermore, the scorecard measure fell into the red during the first through third quarters, which had historically seen positive performance for the past two fiscal years. Placement instability can lead to delays in permanency, delays in linking appropriate services, and a child's inability to receive proper medical, dental, and mental health services, which is why this area is going to be a primary focus for the agency in the upcoming fiscal year.

In reviewing the specific tools utilized for the year, the agency has shown positive performance in the majority of areas monitored in the RSF. In assessing the performance of the RSF reviews, the agency has performed higher than the statewide averages overall in all areas with the exception of completing background checks and home assessments. The agency also performed lower than in the 16-17 fiscal year in this item as well. Due to the RSF portal not being able to provide a breakdown of each item, there is an inability to determine if the main concern was background checks or home assessments, as this item combines both requirements. It is felt, anecdotally, that the main concern lies with the background screening requirements of safety monitors, although this is not able to be verified. Countermeasures to improve in this area will be implemented for the 18-19 fiscal year and will be included in the agency's annual CQI/QA plan.

Additionally, in reviewing the fiscal year over the four quarters that were assessed, the agency's performance in the third quarter decreased and was lower than the statewide average in 8 of the 14 items. In meeting with management and looking at agency workforce trends and potential causes, there were no discernable causes for this decrease in performance. Caseloads and children requiring services remained steady, as well as turnover rates; the agency only had 10% turnover rate, with the majority of the turnover being seen in the 4<sup>th</sup> quarter.

Overall, the agency has steadily improved in the remaining items assessed utilizing the RSF tool; this is felt to be largely due to the face-to-face consultations and feedback held between quality services staff and case management staff. The agency's case

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management and supervisors are debriefed at the end of every quarter during all-staff meetings regarding overall performance and opportunities for improvement. There were a total of 14 Requests for Action issued this year, which is a slight decrease from the previous year in which 17 Requests for Action were issued. All 14 RFAs were on RSF cases and were considered safety related, not administrative.

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|   | 2017-2018 |        |       |        |         |
|---|-----------|--------|-------|--------|---------|
|   | 1st Q     | 2nd Q  | 3rd Q | 4th Q  | Average |
| 1.1 Is the most recent family assessment sufficient?  | 75.0%     | 62.5%  | 75.0% | 75.0%  | 71.9%   |
| 1.2 Is the most recent family assessment completed timely?  | 62.5%     | 50.0%  | 37.5% | 75.0%  | 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?         | 75.0%     | 87.5%  | 37.5% | 75.0%  | 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?                       | 100.0%    | 100.0% | 87.5% | 87.5%  | 93.8%   |
| 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?     | 100.0%    | 87.5%  | 62.5% | 87.5%  | 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?               | 100.0%    | 75.0%  | 75.0% | 87.5%  | 84.4%   |
| 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? | 50.0%     | 75.0%  | 50.0% | 100.0% | 68.8%   |
| 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?               | 33.3%     | 100.0% | 50.0% | 100.0% | 70.8%   |
| 3.1 Are background checks and home assessments completed when needed?   | 75.0%     | 50.0%  | 75.0% | 75.0%  | 68.8%   |
| 3.2 Is the information assessed and used to address potential danger threats?   | 87.5%     | 87.5%  | 62.5% | 100.0% | 84.4%   |
| 4.1 Is the safety plan sufficient?  | 62.5%     | 75.0%  | 75.0% | 50.0%  | 65.6%   |
| 4.2 Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?  | 75.0%     | 75.0%  | 62.5% | 50.0%  | 65.6%   |
| 5.1 Is the supervisor regularly consulting with the case manager?   | 50.0%     | 62.5%  | 50.0% | 87.5%  | 62.5%   |
| 5.2 Is the supervisor ensuring recommended actions are followed up on?  | 87.5%     | 62.5%  | 37.5% | 87.5%  | 68.8%   |

In assessing areas most commonly reviewed utilizing the FL-CQI reviews, the agency performed better than the previous fiscal year in 10 of the 18 items, and performed higher than the state's PIP targets in 14 of the 18 items. Items where a decrease in

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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  | Average |
|-----------------------------|---|--------|--------|--------|--------|---------|
| <b>Safety Outcome 1</b>     |   |        |        |        |        |         |
| Item 1                      | Timeliness of Initiating Investigations of Reports of Child Maltreatment                              | 67.0%  | 66.7%  | 100.0% | 80.0%  | 80.0%   |
| <b>Safety Outcome 2</b>     |   |        |        |        |        |         |
| 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% | 100.0% | 100.0% | 100.0%  |
| Item 3                      | Risk and Safety Assessment and Management   | 100.0% | 57.1%  | 71.4%  | 100.0% | 80.7%   |
| <b>Permanency Outcome 1</b> |   |        |        |        |        |         |
| Item 4                      | Stability of Foster Care Placement  | 67.0%  | 75.0%  | 75.0%  | 75.0%  | 73.3%   |
| Item 5                      | Permanency Goal for Child   | 67.0%  | 100.0% | 75.0%  | 75.0%  | 80.0%   |
| Item 6                      | Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement        | 100.0% | 100.0% | 100.0% | 75.0%  | 93.3%   |
| <b>Permanency Outcome 2</b> |   |        |        |        |        |         |
| Item 7                      | Placement With Siblings   | 100.0% | 100.0% | 100.0% | 100.0% | 100.0%  |
| Item 8                      | Visiting With Parents and Siblings in Foster Care   | 67.0%  | 66.7%  | 75.0%  | 75.0%  | 71.4%   |
| Item 9                      | Preserving Connections  | 100.0% | 75.0%  | 75.0%  | 100.0% | 86.7%   |
| Item 10                     | Relative Placement  | 100.0% | 50.0%  | 66.7%  | 75.0%  | 71.4%   |
| Item 11                     | Relationship of Child in Care With Parents  | 50.0%  | 66.7%  | 50.0%  | 75.0%  | 61.5%   |
| <b>Wellbeing Outcome 1</b>  |   |        |        |        |        |         |
| Item 12                     | Needs and Services of Child, Parents, and Foster Parents  | 80.0%  | 57.1%  | 85.7%  | 85.7%  | 76.9%   |
| Item 12A                    | Needs Assessment and Services to Children   | 80.0%  | 100.0% | 85.7%  | 100.0% | 92.3%   |
| Item 12B                    | Needs Assessment and Services to Parents  | 75.0%  | 57.1%  | 83.3%  | 85.7%  | 75.0%   |
| Item 12C                    | Needs Assessment and Services to Foster Parents   | 100.0% | 100.0% | 100.0% | 100.0% | 100.0%  |
| Item 13                     | Child and Family Involvement in Case Planning   | 80.0%  | 100.0% | 83.3%  | 85.7%  | 88.0%   |
| Item 14                     | Caseworker Visits With Child  | 60.0%  | 71.4%  | 71.4%  | 71.4%  | 69.2%   |
| Item 15                     | Caseworker Visits With Parents  | 0.0%   | 28.6%  | 66.7%  | 42.9%  | 37.5%   |
| <b>Wellbeing Outcome 2</b>  |   |        |        |        |        |         |
| Item 16                     | Educational Needs of the Child  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0%  |
| <b>Wellbeing Outcome 3</b>  |   |        |        |        |        |         |
| Item 17                     | Physical Health of the Child  | 100.0% | 60.0%  | 80.0%  | 25.0%  | 64.7%   |
| Item 18                     | Mental/Behavioral Health of the Child   | 100.0% | 100.0% | 100.0% | 66.7%  | 88.9%   |

#### 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 background screening and home

assessments through RSF cases, placement stability, the case manager's visits with children and parents, children's physical health needs, permanency within 12 months, the rate of abuse for children in out of home care, and children who are not abused or neglected after receiving services. The QS team completed root cause analysis on the rate of abuse, permanency within 12 months, children that re-enter care within 12 months of service termination, placement stability, abuse occurring within six months of the termination of services, and dental services. These six areas were selected after a contract monitoring visit by the Contract Oversight Unit reported poor performance in these areas, which are reflected on the scorecard.

The rate of abuse for children in out of home care was consistently failing to achieve the benchmarks and has a negative correlation with other performance areas, such as child safety and a potential to impact permanency and placement stability. There was a "spike" between 16-17 Q4 and 17-18 Q1, where the ratio doubled from 10.56 to 20.82; large sibling groups having verified allegations led to an increase in this ratio. This measure is based off a "rolling 12 months," meaning as a report is received, it will remain in the sample for the next 3 quarters. The average amount of time from removal to a report was 444 days, which could indicate that the longer a child remains in OHC, the more apt they would be to receive an abuse report. The shortest amount of days from removal to report was 55 days. The analysis revealed the reason for the most verified reports were due to incidents occurring during a visitation with a parent, specifically an unsupervised visit. This attributed to 6 verified reports (due to the measure focusing on "per child," this was actually 2 separate reports on 2 sibling groups). Incidents occurring during supervised visits attributed to 3 verified reports (2 separate reports, with 3 children). Past sexual abuse and human trafficking was verified on 4 reports (3 HT and 1 sexual abuse) and there were actually 2 instances of reports showing on the measure as "errors" (one was on a case where the investigator entered the wrong removal date of 2016 instead of 2017 and the removal abuse report was considered as a report during services; the second report was verified and counted in this report despite the child being reunified with her parent at the time of the report). The other verified reports were concerns with caregivers (inadequate supervision, physical abuse, and alcohol abuse). Interventions that have been implemented regarding this measure include updating the agency's caregiver and parent handbooks to address safety plans and the need to follow directives outlined in the safety plans, staffing with supervisors regarding safety plans prior to beginning unsupervised or overnight visitation, working with the agency's Safety Services Specialist to assist the case manager in drafting the safety plan, alerting the agency's Program Manager whenever a new report is called in, staffing all cases with an open report with management and DCF counterparts, and continued analysis of any new reports that are added to this measure.

For children who receive a verified report of abuse or neglect after the agency closes out services was another area of analysis. It was noted that due to the agency's size, the total number of the children in each quarter's sample are low; therefore 1-2 children receiving a verified report will drop the agency into the "red"/ below standard area. In assessing the trends over the past six quarters, the agency's Non-Judicial unit had 7

children receive verified reports and the dependency units had 8 children receive verified reports. Previous efforts regarding aftercare procedures for the Non-Judicial unit were implemented where the case managers were instructed to make contact with the families of closed cases at 30, 60, 90, and 120 days following case closure. During the fourth quarter and projecting into the first quarter of 18-19, there were no children receiving Non-Judicial services that were included in this report. Additional countermeasures that have been implemented were case closure staffings with the Program Manager and the family to ensure proper services remain in place after case closure, and open communication with the county's DCF investigators regarding reports received on closed cases to ensure proper documentation is completed.

Another root cause analysis was completed regarding children achieving permanency within 12 months; this was not an area of concern in the FL-CQI reviews overall regarding achieving permanency timely, although the timeframes are set to federal standards. The agency does perform significantly lower than state benchmarks in the scorecard. Out of a total of 204 children within the 6 quarters assessed, 136 children failed to achieve permanency within the 12 months. In looking into the root cause of why children are not achieving permanency within 12 months, the most common reason, affecting 35 children, was that there were either court delays or a lack of docket time. The county's Judges that oversee Dependency court also oversee Family, Delinquency, and Injunction court hearings, making docket time for trials and permanency hearings difficult to schedule at times. For 26 children, the reason for delayed permanency was to change the goal to adoption, after the parents failed to demonstrate behavioral change within a reasonable time. The third reason why permanency was delayed (22 children) was that reunification did occur, but not within the 12 months; on average these children were reunified by 15.5 months. Interventions that have been developed and implemented include continuing to have permanency staffings at the 4, 7, and 11 month marks, ensuring staff understand Conditions for Return through staff meetings and trainings, and management working with CLS to develop strategies to increase docket time within the county's court system.

For children that re-entered care within 12 months of achieving permanency, it was discovered that the agency did not achieve this measure in the past four out of seven quarters. The number of children re-entering care was 1-3 children per quarter, as the agency's smaller size dictated the smaller denominator (number of total children in the sample). The average length of time that the children re-entered care after achieving permanency was 160 days and the average age of the children re-entering care was 5.8 years old. In all four situations requiring removal, it was a failed reunification; two of the re-entries were caused by a substance abuse relapse by the reunified parent. Additionally, two of the reunifications were against agency recommendations; the agency did recommend the reunification that failed in 17-18 Q2, although it was documented to be pre-mature due to the child's need to relocate schools. Despite the lower number of children actually re-entering care, the agency would like to see all children achieve permanency and not re-enter care, therefore strategies were developed and implemented. These strategies include reunification staffings held with

the program manager, the case manager, and the family, requiring all documents prior to the reunification staffing including safety plans to be address with the family at the staffing, staffings within 48 hours of a reunification against agency recommendations, providing families with a resource guide and case closure letter upon case closure, and continual monitoring in this area by QS staff.

Placement stability of children was one area in which a huge decline in performance was noted in the scorecard (32% increase in the number of moves between fourth quarter 16-17 and first quarter 17-18); the agency also failed to achieve the PIP target in this area regarding the FL-CQI reviews. An analysis was completed and discovered that the number of total bed days decreased, due to more children achieving permanency, although the placement moves increased. Furthermore, an increase of children with behavioral and mental health concerns came into care during the first quarter 17-18, which lead partially to this increase as well. There was no correlation with the age of the child compared to number of placement moves, as the average age of the children being moved was 7 years old. Additional reasons for placement moves were lack of appropriate assessments of the caregivers, agency controlled and data entry issues, and the placement of siblings into the same household after an initial separation. Countermeasures developed and implemented were contracting an evidence based Trauma Informed Care training for foster parents and staff, an update of the agency's recruitment plan to include recruitment efforts for families that are willing to foster children with severe behavioral or mental health concerns, ensuring staff are aware of proper home assessments, ensuring placement stability staffings are held when appropriate, and addressing the data entry mistakes with the appropriate staff that complete these actions.

The last measure which a formal root cause analysis was conducted was regarding children's dental services, as this measure on the scorecard was consistently below the benchmarks and failed to achieve the PIP target in the FL-CQI reviews. In assessing the children that had not received a dental service within the quarters under review, there were numerous factors which attributed to the lack of dental services, although some trends were noted. One major factor is when a child is located outside of the county, either in another county or another state. When a child is residing out of county, there appears to be a lack of ownership regarding the responsibility of ensuring the child receives a dental service. Additionally, when a child is located out of state, after the insurance is switched, which could take months, then there appears to be a lack of ownership and communication with the ICPC worker and out of state caregiver. Another factor seen with this measure's negative performance is a lack of a formal process for the Nurse Care Coordinator (NCC) to assist the agency is obtaining services and appointments for the children in OHC. A lack of urgency on the case management side of the agency was evident. Placement instability was also seen as a factor regarding children that didn't receive a timely dental service, as multiple moves proved challenging. Strategies that have been developed and implemented were the development of a formal process regarding ensuring a child receives dental services, ensuring that caregivers receive a copy of the agency's handbook which outlines their



responsibility for the child's medical and dental needs.

Regarding case manager visits with children, previous analysis determined that the concern was not with the frequency of contact, which is always seen as a positive performance on the scorecard, but rather a concern with documenting a quality visit. Intervention strategies were developed over the past fiscal year where the QS team would review the quality of home visit notes and provide brief, face to face consultations with the case managers. This combined with ongoing reminders during staff meetings to see children in private and discuss important topics related to safety, permanency, wellbeing, and case planning have shown to increase the performance in this area on both review tools. The most notable increase in performance being from the FL-CQI reviews where the agency went from 38% to 69.2%.

An area where improvement has been noted as a key CQI activity is in case manager visits with parents. Intervention strategies had begun to be developed throughout the past fiscal year, but formal procedures, policies, or activities have not yet been fully implemented. This is an area of focus for the upcoming fiscal year which will be addressed in the annual plan for the 18-19 fiscal year.

## **V. Intervention findings**

Countermeasures that were implemented in performance areas that have been shown to impact performance include case manager visits with children, placement stability, and dental services. In reviewing case manager visits with children, 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 children has been shown to impact other areas as well, including positive performance in case planning, safety planning, and children's needs assessments.

In reviewing placement stability, which was seen to be impacted in numerous data sources, strategies that have been implemented, despite only recently being implemented have had a direct impact on this measure. The agency has seen an immediate performance improvement on the scorecard, yet the correlation with the FL-CQI item relating to these strategies has not yet been impacted. The projections with this area appear to be heading in a positive trend.

Another area in which countermeasures have been directly impacting performance is regarding children's dental services. This performance area, in the scorecard data has been steadily increasing and despite the agency not achieving the benchmark in this area, the performance is trending positively. Due to the agency's small population served, only 6 children not receiving a timely dental service will place the performance below the benchmark. Again, a correlation to the FL-CQI item regarding a child's physical health service has not yet been able to be seen, but is expected to trend in a positive direction due to the other data being reflected.

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Evidence based trainings have been brought to the agency's staff and frontline staff, as well as management, has been trained this past fiscal year in Trauma Informed Care and in Parental Engagement. Both trainings were conducted by nationally recognized providers which specialize in these fields. The agency believes that these trainings, combined with agency led interventions, will have positive impacts in performance and in the overall philosophy of this agency.

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 Improvement Plan will be developed to reflect ongoing activities aimed at improving and strengthening the quality of work provided to our children and families served for the upcoming 2018-2019 fiscal year.

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