



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") remains as 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. A total of three (3) Quality Services Specialists are directly supervised by the Quality Services Supervisor; the agency's Nurse Care Coordinator (NCC) was moved under the Quality Services Supervisor in 2019. In 2020, the Quality Service unit added an additional Quality Service Specialist position. This new position is responsible for ensuring quality services and monitoring specifically for the Housing and Community Service division and does not provide any oversight or monitoring for FIP. The Quality Services Supervisor and two Quality Services Specialists responsible for working with FIP 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 Supervisor and two Quality Service Specialists 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 unit is primarily responsible for performing quality assurance and continuous quality improvement activities for the agency. The Quality Services (QS) unit works closely with the HHS Director and FIP management to determine performance goals and improvement strategies; the QS unit 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, state and federal benchmarks, contractual obligations, and a "best practices" approach.

The agency did not utilize any formal capacity resource tools during the 19-20 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. HHS has added five 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 continue to 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

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project performance and objectives for the upcoming fiscal year. The county noted an 11.6% increase in budget from the previous 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 Family Support Services of North Florida to provide preserve training for all case managers.
- ◆ 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.
- ◆ Seventy Seven children found permanency by being placed in their forever homes and their adoptions finalizing.
- ◆ Eighty-two children in out of home care for over 15 months were able to achieve permanency.
- ◆ Successfully hired and trained Guardianship Assistance Program Licensing Specialist whose sole purpose will be to license relative and non-relative caregivers, so they will be able to receive additional supports and resources for the children they are caring for.

KEY OBJECTIVES:

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

- Reduce the number of children in out of home care over 15 months by 24%.
- License an additional twenty family foster homes in St. Johns County, with seven of these homes willing to take teenagers.
- Meet and exceed the Adoptions goal to bring children permanency and stability.
- License 80% of relative and non-relative caregivers, so they will be able to receive more support and services for the children they are caring for.

PERFORMANCE MEASURES		Actual FY '18	Estimated FY '19	Adopted FY '20
	Number of Full-time Equivalents (FTEs)	40.59	42.59	45.26
	Out of Home Care and Protective Services Expense	\$3,435,033	\$3,241,510	\$3,560,230
	Adoption Services and Subsidy Expense	\$1,656,513	\$1,940,316	\$2,005,550
	Child Abuse Prevention Services	\$626,714	\$720,898	\$770,898
O U T P U T	# Children Served – Out of Home Care & Protective Services	334	319	325 est.
	# Children Served – Adoption Services and Subsidies	312	333	353 est.
	# Children Indirectly Served – Child Abuse Prevention Services	153	216	210 est.
E F F I C	Average Cost per Child – Out of Home Care & Protective Services	\$10,285	\$10,161	\$ 10,955
	Average Cost per Child – Adoption Services & Subsidies	\$5,309	\$5,827	\$5,681
	Average Cost per Person – Child Abuse Prevention Services	\$4,096	\$3,337	\$ 3,671
E F F E C T	% of Children Reunified Within 12 Months of Latest Removal (State Target 40.5%)	31.7%	38.5%	42%
	% of Children Seen (State Target 100%)	99.9%	99.99%	99.9%
	% of State Adoption Target Met	164%	190%	170%

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In analyzing safety outcomes, the agency continued to assess 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 19-20 fiscal year, being that the agency wanted to continue 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, despite implementing new strategies, failed to sustain performance in some items, specifically regarding safety planning. 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 2020 Q1	FY 2020 Q2	FY 2020 Q3	FY 2020 Q4
M01: Rate of abuse per 100,000 days in foster care	8.5	7.39	9.08	6.47	5.08
M02: % of children who are not abused/neglect during in-home services	95%	95.75%	94.07%	93.53%	94.26%
M03: % of children who are not neglected or abused after receiving services	95%	97.06%	97.87%	98.05%	96.34%
M04: % of children under supervision who are seen every 30 days	99.50%	100.00%	99.63%	99.95%	99.95%

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

CFSR Item	Item Description	CFSR Baseline	PIP Target	FIP FY 20 Performance (Total 28 cases, including PIP)
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	91.50%	91.60%	100% n=21
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%	100% n=10
Item 3	Risk and Safety Assessment and Management	71.30%	77.70%	96.4% n=28

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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?	57.0%	63.0%	59.4%	75.0%	60.0%	37.5%	57.7%	62.5%	58.5%	59.5%
1.2 Is the most recent family assessment completed timely?	47.0%	75.0%	41.0%	62.5%	47.9%	25.0%	52.7%	62.5%	47.2%	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?	59.0%	63.0%	66.8%	87.5%	66.8%	50.0%	68.0%	75.0%	65.2%	68.9%
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?	77.0%	100.0%	79.7%	100.0%	79.5%	100.0%	83.6%	100.0%	80.0%	100.0%
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?	62.0%	100.0%	68.8%	100.0%	68.9%	62.5%	70.6%	100.0%	67.6%	90.6%
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?	78.0%	88.0%	79.7%	100.0%	82.1%	100.0%	83.8%	100.0%	80.9%	97.0%
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?	53.0%	83.0%	56.1%	66.7%	55.9%	50.0%	60.8%	66.7%	56.5%	66.6%
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?	56.0%	67.0%	55.9%	83.3%	46.3%	50.0%	52.3%	66.7%	52.6%	66.8%
3.1 Are background checks and home assessments completed when needed?	76.0%	63.0%	70.0%	62.5%	72.1%	37.5%	79.1%	75.0%	74.3%	59.5%
3.2 Is the information assessed and used to address potential danger threats?	82.0%	75.0%	77.4%	50.0%	71.6%	37.5%	83.6%	75.0%	78.7%	59.4%
4.1 Is the safety plan sufficient?	65.0%	67.0%	60.6%	57.1%	56.8%	50.0%	63.2%	62.5%	61.4%	59.2%
4.2 Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?	47.0%	60.0%	42.5%	42.9%	46.0%	37.5%	53.2%	50.0%	47.2%	47.6%
5.1 Is the supervisor regularly consulting with the case manager?	55.0%	50.0%	50.7%	50.0%	54.7%	62.5%	60.7%	87.5%	55.3%	62.5%
5.2 Is the supervisor ensuring recommended actions are followed up on?	51.0%	63.0%	48.8%	50.0%	51.6%	50.0%	53.2%	87.5%	51.2%	62.6%

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 2020 Q1	FY 2020 Q2	FY 2020 Q3	FY 2020 Q4
M05: % of children exiting to a permanent home w/in 12 months of entering care	40.50%	47.86%	49.67%	52.47%	50.98%
M06: % of children exiting to a permanent home w/in 12 months for those in care 12 to 23 months	43.60%	74.51%	69.77%	70.0%	78.95%
M07: % of children who do not re-enter care w/in 12 months of moving to permanent home	91.70%	100.00%	100.00%	97.22%	97.67%
M08: Placement moves per 1,000 days in foster care	4.12	2.69	3.34	3.78	3.56

CF SR/ FL-CQI/ PIP case review benchmarks and performance:

CF SR Item	Item Description	CF SR Baseline	PIP Target	FIP FY 20 Performance (Total 28 cases, including PIP)
Item 4	Stability of Foster Care Placement	81.80%	88.50%	87.5% n=16
Item 5	Permanency Goal for Child	74.50%	82.10%	100% n=16
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	67.30%	75.40%	100% n=16
Item 7	Placement With Siblings	85%	N/A	100% n=11
Item 8	Visiting With Parents and Siblings in Foster Care	69%	N/A	93.33% n=15
Item 9	Preserving Connections	82%	N/A	87.5% n=16
Item 10	Relative Placement	72%	N/A	93.75% n=16
Item 11	Relationship of Child in Care With Parents	60%	N/A	78.57% n=14

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

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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.

Scorecard benchmarks and performance:

Scorecard Measure	Benchmark Target	FY 2020 Q1	FY 2020 Q2	FY 2020 Q3	FY 2020 Q4
M09: % of children in foster care who received a medical service in last 12 months	95%	100.00%	98.66%	100%	96.28%
M10: % of children in foster care who received a dental service in last 7 months	95%	96.74%	96.70%	95.45%	56.47%
M11: % of young adults exiting foster care at age 18 completed/are enrolled in sec. ed., voc. ed, or adult ed.	80%	100.00%	100.00%	100%	100%
M12: % of sibling groups where all siblings are placed together	65%	65.79%	72.22%	70.27%	62.50%

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

CFSR Item	Item Description	CFSR Baseline	PIP Target	FIP FY 20 Performance (Total 28 cases, including PIP)
Item 12	Needs and Services of Child, Parents, and Foster Parents	51.30%	58.40%	82.14% n=28
Item 12A	Needs Assessment and Services to Children	88%	N/A	96.43% n=28
Item 12B	Needs Assessment and Services to Parents	55%	N/A	85.19% n=27
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%	67.86% n=28
Item 14	Caseworker Visits With Child	72.50%	78.90%	53.57% n=28
Item 15	Caseworker Visits With Parents	43.50%	51.10%	44.44% n=27
Item 16	Educational Needs of the Child	92%	N/A	93.33% n=15
Item 17	Physical Health of the Child	85%	N/A	81.25% n=16
Item 18	Mental/Behavioral Health of the Child	72%	N/A	89.47% n=19

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

Enrollment:

CBC Name	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jun19-Jun20 Inc(Dec)
Family Integrity Program	50.49%	59.66%	62.16%	61.70%	67.27%	66.67%	67.32%	70.37%	70.45%	74.03%	75.17%	74.56%	75.97%	25.48%

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 FSFN total by actual enrolled.]

HRA's:

CBC Name	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
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: FSFN 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	235	67.53%	113	32.47%	348

Green = 50% or higher
 Yellow = Less than 50% and greater than 40%
 Red = Less than 40%

[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 unit 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; all policy changes and updates that are provided to staff are tracked on a spreadsheet to ensure timely distribution. 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.

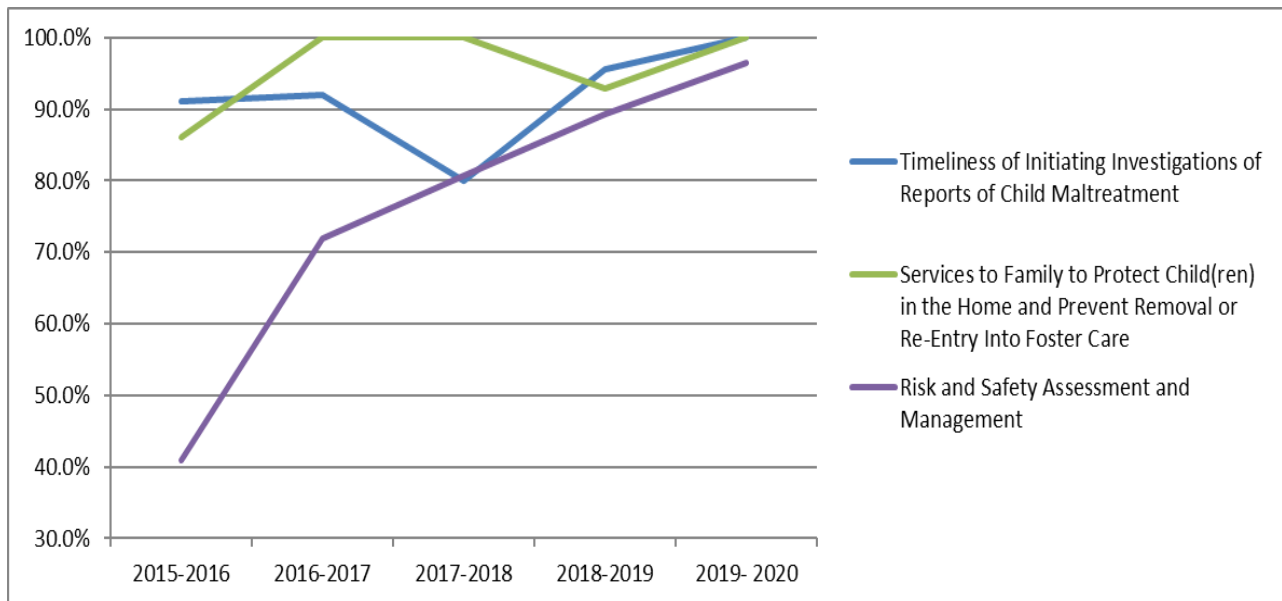
In an effort to improve performance, the quality services team completes an analysis and evaluates performance including trends, over multiple time periods and service delivery areas. Areas of practice that are routinely reviewed include safety, permanency, and wellbeing, as well as inclusion and consideration 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

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 determining safety outcomes. In reviewing the Florida CQI and PIP case review data, the agency performed above the PIP target in all three items, with Items 1 and 2 at 100% strengths and Item 3 at 96.4%. For Item 1, the Timeliness of Investigation did see continued improvement in performance from the previous fiscal year, moving from 95.7% to 100%, which is the strongest the performance has been over the past five

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years in utilizing this tool. 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. Regarding Item 2, concerted efforts to prevent entry into out of home care or re-entry after reunification, this item was rated at 100% strength, which was an increase from 92.9% for the previous fiscal year; this measure was at 100% in both the 16-17 and 17-18 fiscal years and after a minimal decrease in the 18-19 fiscal year, it has improved back to 100%. In the area of risk and safety assessment, the agency continues to improve in performance over the past five fiscal years, with a strength of 96.4% in this area. Although historically, this measure was correlated to the scorecard performance measure M02, Children who are Not Abused or Neglected during In Home Services, the agency actually fell below the benchmark in this measure and reported three quarters in the “red”. This scorecard measure was below the benchmark by an average of 1.04% for the last three quarters of the fiscal year. Prior to the recent decrease in performance, the agency was consistently in the “green” and performed above the state’s benchmark consistently over the previous two fiscal years. An analysis of this item was conducted and the circumstances of the decline in performance was reported to the agency’s management; the primary cause of the increase in verified in home abuse reports was due to insufficient safety planning or lack of a safety plan, primarily in post placement supervision cases. Safety planning insufficiency was noted to be an area in which performance was mediocre on the Rapid Safety Feedback reviews as well. Strategies to improve in this measure will be discussed in the agency’s annual plan. Safety Outcomes 1 and 2 (items 1-3) are combined in the graph below.



Rapid Safety Feedback data was evaluated from the past four fiscal years. In reviewing the data and as evident in the graph below, there was improvement noted in six of the 14 items that the tool assesses. The agency improved in frequency of visits with children, frequency and quality of visits with mothers, safety plan sufficiency, and supervisory consults and follow ups. Despite the agency improving in safety plan sufficiency from the previous year, the agency only improved by 2.3% in this area for a total of 58.6% of all safety plans being reviewed as being sufficient; additionally, there was no change in percentage from the previous year regarding safety plan monitoring (46.4%). Four areas had the same performance outcome as the previous year: family assessment timeliness (56.3%), quality of visits with children (68.8%), background checks and home assessment completion (59.4%), and as mentioned previously, safety plan monitoring.

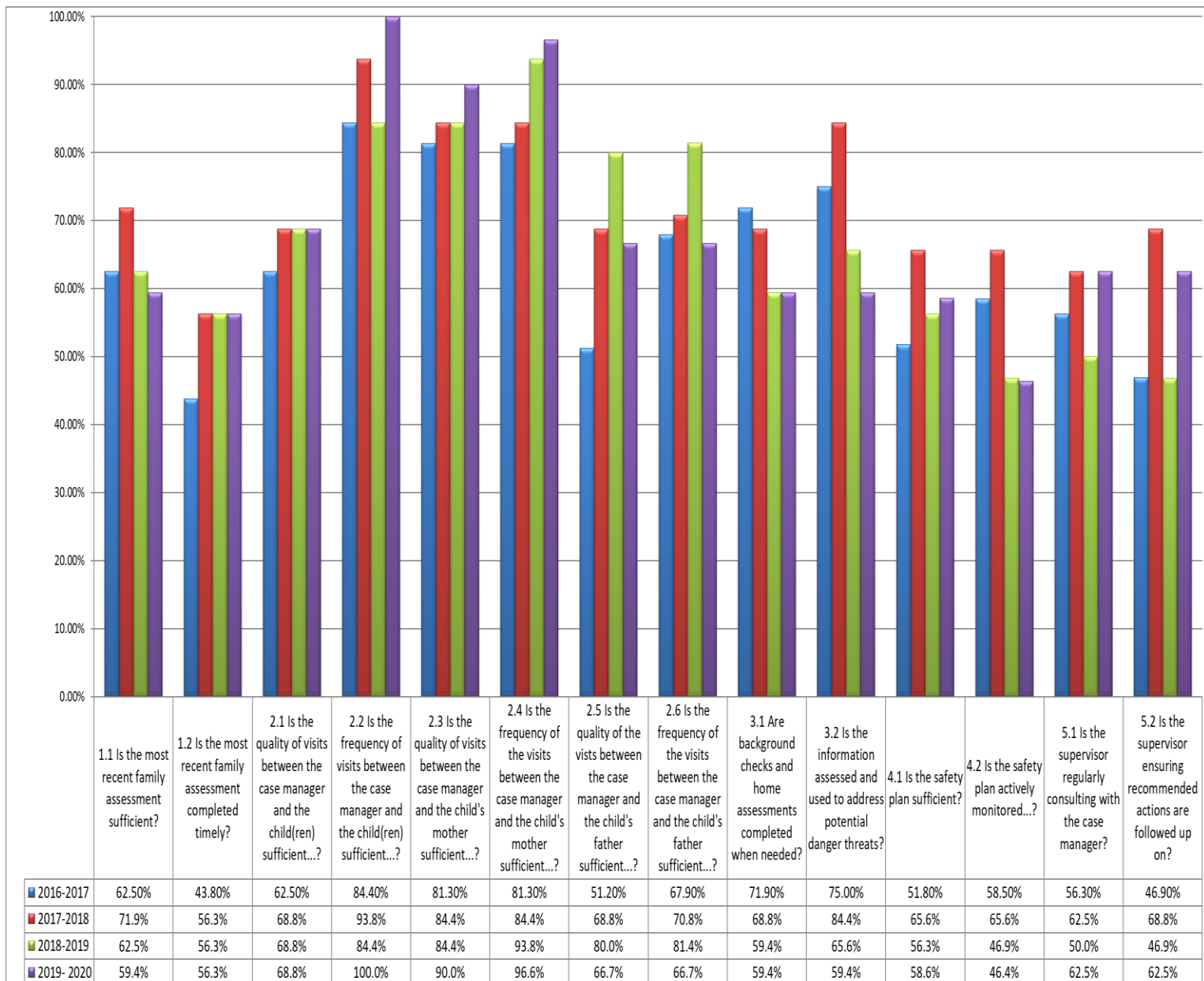
An area in which performance was noted to have had a significant increase in performance was regarding supervisory consultations. This was an area of concern for the 19-20 fiscal year and strategies to improve in this area, including increased monitoring and supervisory training, have appear to have impacted this measure positively. There was a 12.5% increase in supervisory consults and a 15.6% increase in supervisory follow up. Both items were rated as a 62.5% strength, and although was a huge improvement from the previous year, the goal remains to continue to improve in this area, as supervisor consultation and guidance play an integral role in the agency.

The largest decrease in performance from the previous year to the current year was regarding the frequency and quality of visits with fathers; both items were rated at 66.7% strengths and this was an approximate 14% decrease in both items from the previous year. The agency improved in this area drastically from the 17-18 fiscal year, with an approximately 12% increase, although the current year's performance has fallen lower than the 17-18 fiscal year's performance. This will be one area of focus for the upcoming fiscal year's opportunities for improvement, as parental visits in the FL-CQI tool was noted as deficient as well. Action items and countermeasures will be implemented regarding visits with parents, with a focus on fathers, in addition to other areas which have seen a large decrease in performance.

It should be noted that the agency performed above state average in the first, second, and fourth quarters, in the majority of the items. In those quarters, background checks and home assessments and safety planning, were consistently below statewide averages. Additionally, there were isolated items through those quarters that were below statewide averages. The agency's performance in the third quarter was below average in almost all areas reviewed. It is unknown as to what caused this decline in performance, although it should be noted that the agency's direct services staff were sent to work remotely during this third quarter, as the agency was responding to the COVID- 19 pandemic.

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The quality services team continued to consult with case management staff and their supervisors for each RSF review completed; toward the end of the 18-19 fiscal year, the QS team developed a “RSF Discussion Guide,” tailored to the specific case that was being reviewed and distributed it during the consultation. This case specific guide was utilized during the 19-20 fiscal year as a tool to assist case management with improving in their performance, although in analyzing the data, it appears to have not made an impact on performance.



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	2016-2017					2017-2018					2018-2019					2019-2020				
	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	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%	63.0%	75.0%	37.5%	62.5%	59.4%
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%	75.0%	62.5%	25.0%	62.5%	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%	63.0%	87.5%	50.0%	75.0%	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%	100.0%	100.0%	100.0%	100.0%	100.0%
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%	100.0%	100.0%	62.5%	100.0%	90.0%
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%	88.0%	100.0%	100.0%	100.0%	96.6%
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%	83.0%	66.7%	50.0%	66.7%	66.7%
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%	67.0%	83.3%	50.0%	66.7%	66.7%
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%	63.0%	62.5%	37.5%	75.0%	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%	75.0%	50.0%	37.5%	75.0%	59.4%
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%	50.0%	75.0%	62.5%	37.5%	56.3%	67.0%	57.1%	50.0%	62.5%	58.6%
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%	60.0%	42.9%	37.5%	50.0%	46.4%
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%	50.0%	50.0%	62.5%	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%	37.5%	62.5%	62.5%	25.0%	46.9%	63.0%	50.0%	50.0%	87.5%	62.5%

In reviewing the scorecard measures related to safety, the agency consistently remained in the “green” for percent of children seen every 30 days and regarding children that are not abused or neglected after receiving services. The agency has remained consistently above the benchmark for children seen over the past five fiscal years. The percent of children not abused or neglected after receiving services was an area of focus in the previous fiscal years; the agency was placed on a Corrective Action Plan in fiscal year 17-18, implemented strategies, and has seen consistent positive performance for the past five quarters. The agency was released from the CAP after positive performance was achieved and remained consistent. For the measure of rate of abuse per 100,000 days in foster care, the agency has historically struggled with maintaining a positive performance above the statewide benchmarks. For the 19-20 year, the agency achieved performance above the benchmark for three of the four quarters and has maintained this positive performance for the past 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. The percent of children who are not abused or neglected while receiving in home services was addressed previously, and this will be an area of focus for improvement in the 20-21 fiscal year. Root cause analysis and

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discussions with management regarding implementing strategies to improve have been occurring.

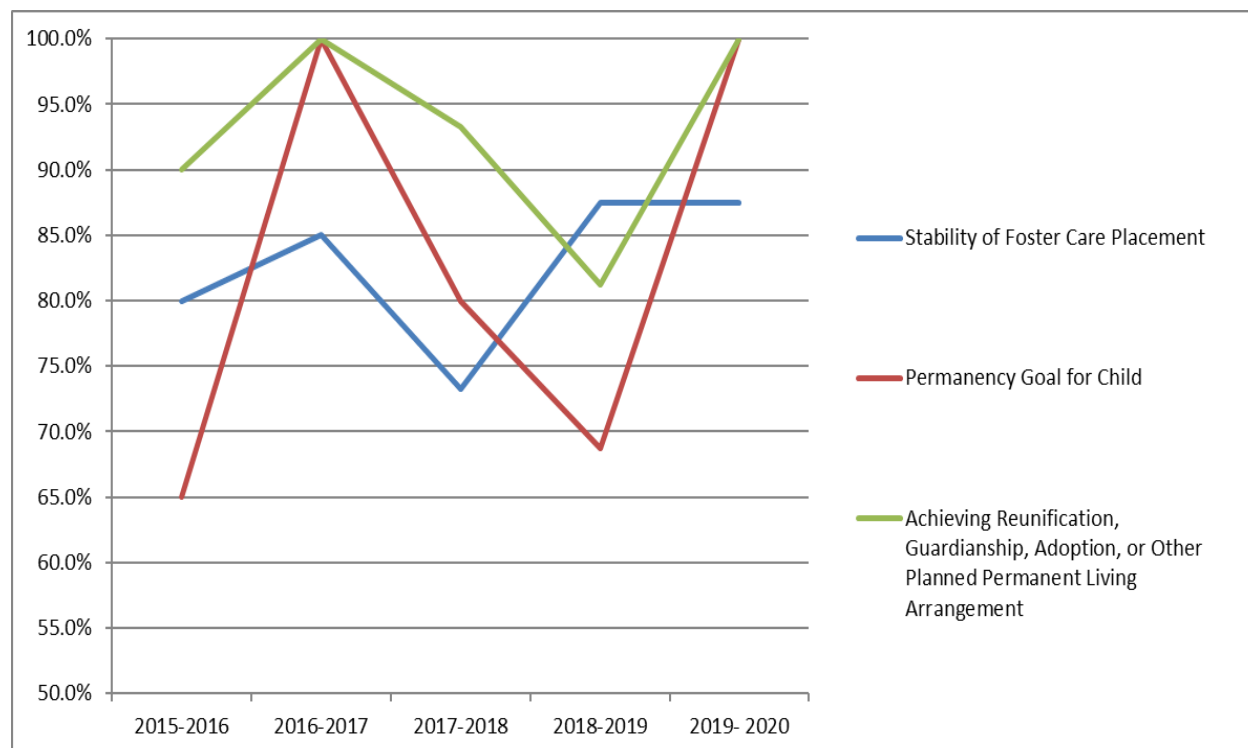
Scorecard Measure	Benchmark Target	FY 2018 Q1	FY 2018 Q2	FY 2018 Q3	FY 2018 Q4	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2020 Q1	FY 2020 Q2	FY 2020 Q3	FY 2020 Q4
M01: Rate of abuse per 100,000 days in foster care	8.5	20.82	22.83	18.07	19.92	13.44	3.00	9.09	8.92	7.39	9.08	6.47	5.08
M02: % of children who are not abused/neglect during in-home services	95%	100.0%	97.3%	100.0%	95.3%	95.95%	96.23%	95.76%	96.07%	95.75%	94.07%	93.53%	94.26%
M03: % of children who are not neglected or abused after receiving services	95%	88.0%	87.8%	88.5%	91.4%	91.76%	92.55%	94.48%	96.23%	97.06%	97.87%	98.05%	96.34%
M04: % of children under supervision who are seen every 30 days	99.50%	99.8%	99.9%	100.0%	100.0%	99.98%	99.99%	99.99%	99.99%	100.00%	99.63%	99.95%	99.95%

➤ Permanency

Performance trends in permanency were measured through the CFSR items 4-11 and scorecard measures M05- M08. In analyzing the FL-CQI permanency items, there were increases from the previous fiscal year in both Outcome 1 and Outcome 2, with the 19-20 fiscal year having the highest percentages of overall strengths out of the five years of collecting this data.

Outcome 1, Item 4, stability of foster care placement, the agency remained at the same percentage as the previous year (87.5%), which is one percentage point below the PIP target. In comparing this to the scorecard measure regarding placement stability, the agency have performed above the benchmark for the past two fiscal years. Previous actions taken by the agency due to an increase in placement moves and being placed on a Corrective Action Plan in the 17-18 fiscal year have decreased placement moves, which were able to be maintained; this allows children to remain stable in their placements and achieve permanency within the desired timeframes. For items #5 (Establishing Permanency Goal) and #6 (Achieving the Goal), a significant improvement in both of these items were observed. Regarding Items 5 and 6, 100% of cases reviewed had a strength rating. The agency has historically achieved timely permanency for children in care between 12- 24 months, which can be seen through performance reflected on the scorecard measure M06; the agency has performed above this benchmark continually for the past five fiscal years. Children achieving permanency within 12 months was an area in which the agency has focused ongoing efforts to improve upon, as the agency was consistently under the benchmark up until the 18-19 fiscal year. Efforts to improve were also reflected in the agency’s Financial Viability plan, with close monitoring of cases at the 4, 7, and 11 month timeframes in the cases. Frequent permanency staffings, with key participants were held and the agency worked to improve the relationship with the local court system. These efforts have seen a significant improvement in the outcomes for the children served, as these two permanency items and scorecard measures exceed the specified benchmarks/ targets.

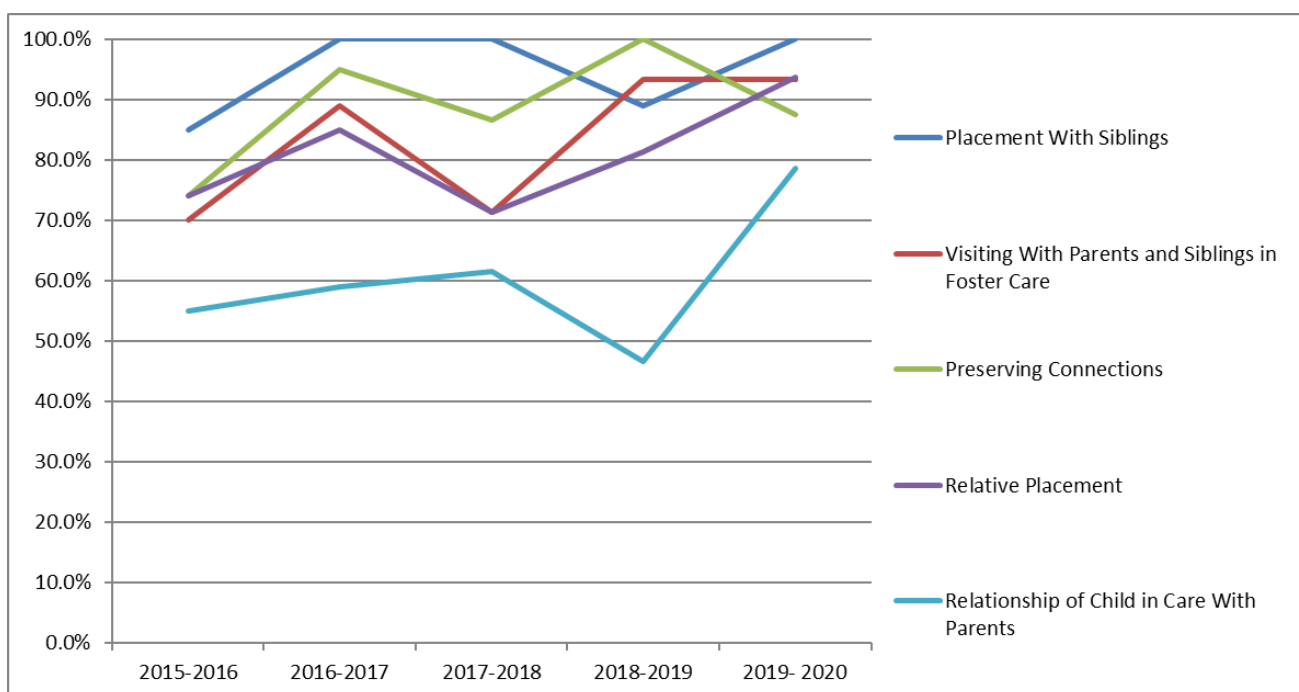
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For Permanency Outcome 2, items 7-11 were assessed. In three of the five items in this outcome, performance improved from the previous fiscal year; one item remained unchanged from the previous year and performance decline in one item. Permanency Outcome 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 placement with siblings (item 7), relative placements (Item 10), and the relationship of the child in care with the parents (item 11). Placement with siblings was at an overall 100% strength, which increased from the previous year; performance in fiscal years 16-17 and 17-18 were also at 100% strengths, with a slight decrease in the 18-19 year (88.9%). Placing children with relatives (Item 10), was at the highest performance when comparing the past five years, with an overall 93.8% strength. The agency implemented certain strategies in this area, as it is felt that maintaining children with extended family is the most appropriate and beneficial option; implementation of family trees and the new Guardian Assistance Program has ensured this area is a strength. Due to the increase in children being placed with relatives, this has positively impacted maintaining important connections and maintaining positive performance in visitation between children and their parents. Additionally, there was a significant increase in maintaining a child's relationship with their parents; the agency had a 31.9% increase in this item, moving from an overall 46.7% the previous year to 78.6%. Focusing on increase knowledge and documentation, as well as continuing to place children with relatives and ensuring proper visitation was occurring has greatly impacted

this item. This item was an area of focus on the previous year’s annual plan activities; these strategies, such as small group trainings, tip sheets, and documentation reminders have appeared to have shown a positive impact.

There was one area in Permanency Outcome 2 which had a slight decline in performance from the previous fiscal year; this was for item 9, preserving connections. The agency decreased in performance by 12.5%, with an overall 87.5% strength for the applicable cases reviewed. It should be noted that the previous fiscal year, the agency was at an overall 100% in this item and at 86.7% in the 17-18 fiscal year. Despite the decrease in performance, in reviewing the data further, this was due to two out of the 14 applicable cases being rated as an “area needing improvement.”



In examining the scorecard regarding permanency measures, the agency has remained in the “green”, above the statewide benchmarks, in all four measures for the entire fiscal year. Performance regarding achieving permanency for children in out of home care for 12-23 months has historically exceeded the benchmark for the past five fiscal years, although did struggle to achieve performance above the benchmark for children achieving permanency within 12 months, in previous years. The agency’s financial viability plan, corrective action plan strategies, and PIP action items have shown to have had a positive impact in this measure. This item has remained above the benchmark for the past five quarters. Children who do not re-enter care within 12 months of achieving permanency has remained above the benchmark for the past 10 quarters and has remained stable, after having fluctuated previously. Additionally, placement moves

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continues to remain stable and well above the benchmark over the course of the fiscal year.

Scorecard Measure	Benchmark Target	FY 2018 Q1	FY 2018 Q2	FY 2018 Q3	FY 2018 Q4	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2020 Q1	FY 2020 Q2	FY 2020 Q3	FY 2020 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%	30.36%	37.29%	38.83%	48.11%	47.86%	49.67%	52.47%	50.98%
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%	74.19%	72.13%	77.61%	74.19%	74.51%	69.77%	70.0%	78.95%
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%	92.68%	94.59%	95.24%	94.12%	100.00%	100.00%	97.22%	97.67%
M08: Placement moves per 1,000 days in foster care	4.12	5.52	5.51	4.81	3.12	2.54	2.5	2.26	2.33	2.69	3.34	3.78	3.56

➤ Well-being

For well-being measures, Wellbeing Outcome 1 and 2 of the CF SR tool, as well as scorecard measures 9-12 are reviewed. In reviewing Outcome 1, the agency improved from the previous fiscal year in overall needs assessments (item 12) and assessing the needs and services for children (12a). Assessing the needs of parent declined slightly (88.9% to 85.2%) and assessing the needs of the caregiver remained unchanged from the previous year and was again at 100%. The overall rating of Item 12 was 82.1%, which exceeds the PIP target. Historically, the agency performs well regarding these items.

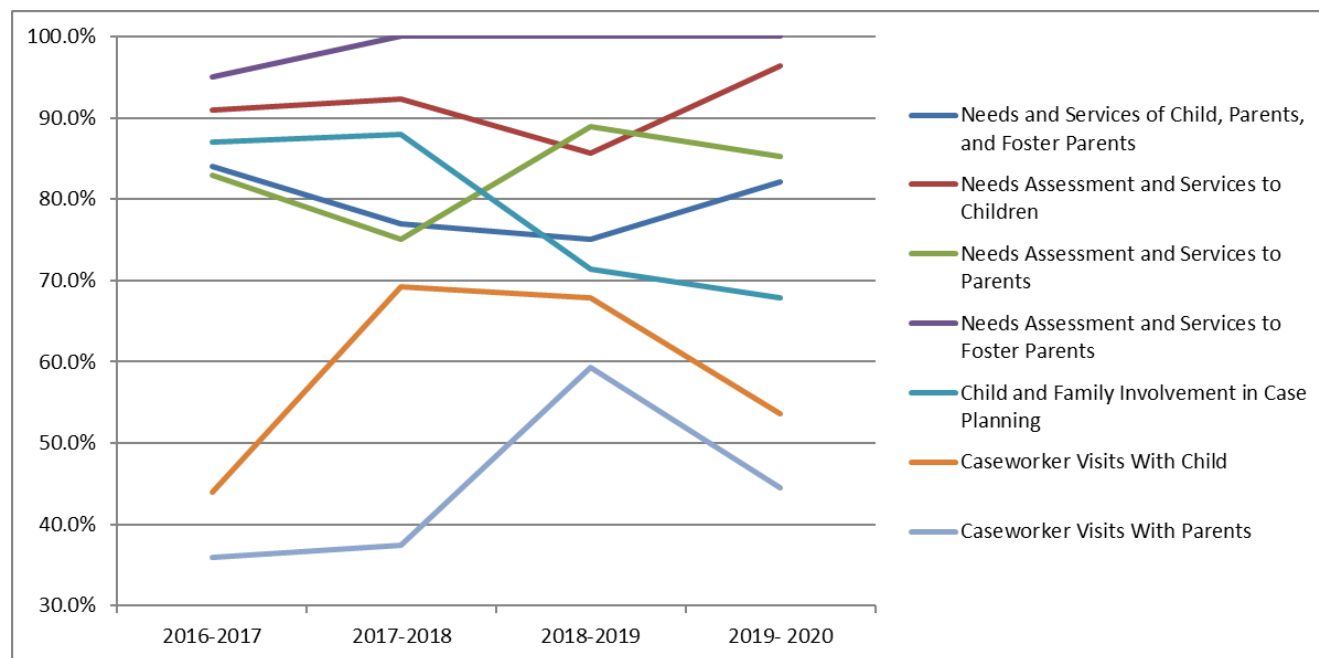
There were three areas in which performance decreased from the previous fiscal year, as well as failed to meet the PIP targets. For Item 13, case planning with the family, there was a 3.5% decrease from the previous year, and this performance was the lowest in comparing it to the other four years. This item was also 2.9% below the PIP target. In analyzing individualized case specific data, there were a total of nine cases that received an “area needing improvement” rating. Of those nine ANI ratings, seven of them were due to a lack of documentation regarding involving the child in case planning. Additionally, there were four cases where the mother was not documented as being involved in case planning and four in which the father wasn’t. These can correlate to the cases which received “area needing improvement” ratings for item 15. In all but two cases in which the child was not engaged in cases planning, the mother and father in those cases were also not engaged, meaning the assigned case manager failed to document case planning with all participants involved. This is an area that will be focused on in the upcoming fiscal year and will be address in the agency’s annual plan.

For Item 14, this is an area which the agency historically struggles with performing above the PIP target. Additionally, the agency has declined in this item over the past two fiscal years, moving from 69.2% in 17- 18 to the current performance at 53.6%. In reviewing the case specific data for this item, it was discovered that three out of the 13

cases was an “area needing improvement” rating were due to the assigned Child Protective Investigators failing to document quality contacts with the child, and two out of the 13 were due to an Out of County courtesy supervision case management organization failing to document quality contacts with the child. In factoring these five cases in where the Family Integrity Program did not have an impact regarding this area, the performance is closer to 71.4%. This percentage does meet the PIP target, but it is barely over the benchmark and improvement is needing in this measure, as it is historically an area of concern. It should be noted that the item on the RSF tool that correlates to this measure was noted to have improved regarding frequency, but remained stagnant for performance surrounding quality. Strategies to improve in this measure are included in the agency’s PIP plan and have been implemented within the 3rd quarter of the fiscal year. Case management supervisors are now reviewing and tracking all home visit notes for quality contacts with children and are reporting monthly to the Quality Services unit. The agency’s annual plan will be updated to include further efforts to improve in this measure.

The last item in which there was a decline in performance was in Item 15, the caseworker visits with parents. The previous fiscal year had a large increase, moving from 37.5% to 59.3%, which exceeded the PIP target. In this fiscal year, there was a 14.9% decrease and this measure is under the PIP target of 51.1%. When reviewing case specific data, there were 15 ANI ratings on this item. Out of the 15, 11 of the rating were due to a lack of frequency of visits with the fathers. Overall, the agency does engage mothers, and even documents quality contacts with mothers and even when meeting with fathers, but the lack of frequency of meeting with fathers makes up the majority of the concern with this item. In comparing RSF data concerning frequency and quality of visits with parents, the agency increased in the frequency of visits with mothers, with an average of 90% overall strength. There was a 14% decline regarding the quality and frequency of visits with fathers though, which can be seen in the FL-CQI results as well. The agency has begun implementing measures due to the PIP plan and case managers and their supervisors are tracking parent contact monthly; these monthly reports are being sent to the Quality Service unit for review. As with the other measures mentioned previously, this item and initiatives to improve will be addressed in the annual plan.

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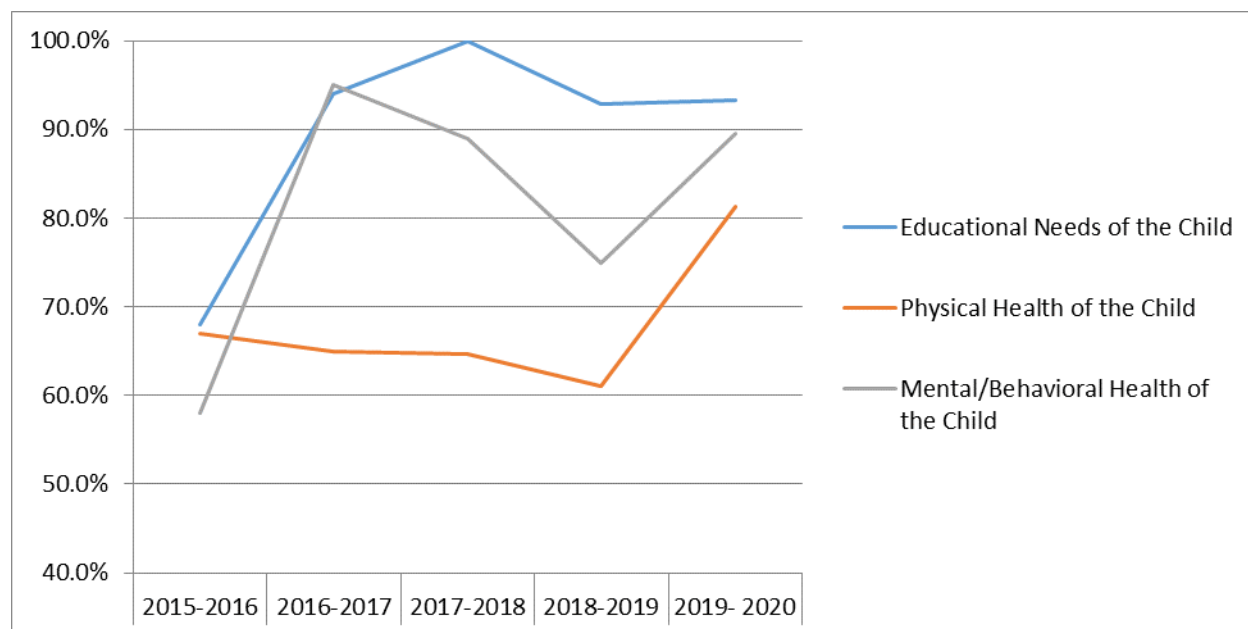


	2017-2018						2018-2019						2019-2020				
	1st Q	2nd Q	3rd Q	4th Q	Average		1st Q	2nd Q	3rd Q	4th Q	Average		1st Q	2nd Q	3rd Q	4th Q	Average
2.1 Is the quality of visits between the case manager and the child(ren) sufficient...?	75.0%	87.5%	37.5%	75.0%	68.8%		87.5%	62.5%	75.0%	50.0%	68.8%		63.0%	87.5%	50.0%	75.0%	68.8%
2.2 Is the frequency of visits between the case manager and the child(ren) sufficient...?	100.0%	100.0%	87.5%	87.5%	93.8%		87.5%	100.0%	87.5%	62.5%	84.4%		100.0%	100.0%	100.0%	100.0%	100.0%
2.3 Is the quality of visits between the case manager and the child's mother sufficient...?	100.0%	87.5%	62.5%	87.5%	84.4%		100.0%	87.5%	87.5%	62.5%	84.4%		100.0%	100.0%	62.5%	100.0%	90.0%
2.4 Is the frequency of the visits between the case manager and the child's mother sufficient...?	100.0%	75.0%	75.0%	87.5%	84.4%		100.0%	100.0%	87.5%	87.5%	93.8%		88.0%	100.0%	100.0%	100.0%	96.6%
2.5 Is the quality of the visits between the case manager and the child's father sufficient...?	50.0%	75.0%	50.0%	100.0%	68.8%		80.0%	100.0%	100.0%	40.0%	80.0%		83.0%	66.7%	50.0%	66.7%	66.7%
2.6 Is the frequency of the visits between the case manager and the child's father sufficient...?	33.3%	100.0%	50.0%	100.0%	70.8%		80.0%	100.0%	85.7%	60.0%	81.4%		67.0%	83.3%	50.0%	66.7%	66.7%

For Wellbeing Outcome 2 and 3 (which are shown combined on the graph below), the agency slightly improved in item 16 (93.3%), educational needs and 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 four fiscal years.

Wellbeing Outcome 3 again had an increase in performance in both items (physical health and mental/ behavioral health) from the previous fiscal year. Item 17, physical health, was at an overall strength of 82.3%, which is a 21.2% increase from the

previous year, and is the highest performing in comparing the previous five fiscal years. The agency’s Nurse Care Coordinator (NCC) was moved into the Quality Services unit and new procedures were developed to ensure children received timely and appropriate medical and dental assessments and follow up appointments. The NCC is the point of contact with the agency’s contract provider, CBCIH, and has developed a positive working relationship with the agency’s medical and dental providers, allowing for expedited services for the children in care. The scorecard measures correlating to medical services was above the benchmark for the year; the measure regarding dental services improve from the previous fiscal year and remained above the benchmark for the past six quarters. In the fourth quarter, dental services dropped to 56%, which was due to dental offices closing due to the COVID-19 pandemic. Upon the re-opening of certain dental providers, many caregivers and children reported feeling unsafe receiving routine dental services and these periodic screening lapses have contributed to the decline in this measure. This measure has fell below the benchmark across the state. For Item 18, children’s mental and behavioral health, there was a 14.5% increase from the previous year, with the agency having 89.5% strength overall in this item; this is a slight increase from the 17-18 year as well. Strategies in both item 17 and item 18 developed during the 18-19 fiscal year and maintained through the current fiscal year ensured timely and appropriate assessments and follow up services occurred.



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 and this is reflected in the positive outcome for Item 7. The most recent scorecard quarter (4th quarter), did see the agency fall below the benchmark in this item

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for the first time in 5 fiscal years, but due to the current COVID-19 pandemic and an increase in removals, this item is going to be monitored to ensure no ongoing downward trends continue. The percentage of young adults completing secondary education requirements was at 100% for all four quarters in this fiscal year; it should be noted that due to the agency’s population size, there might only be three to four young adults in the sample and one young adult can pull the percentage down below the benchmark.

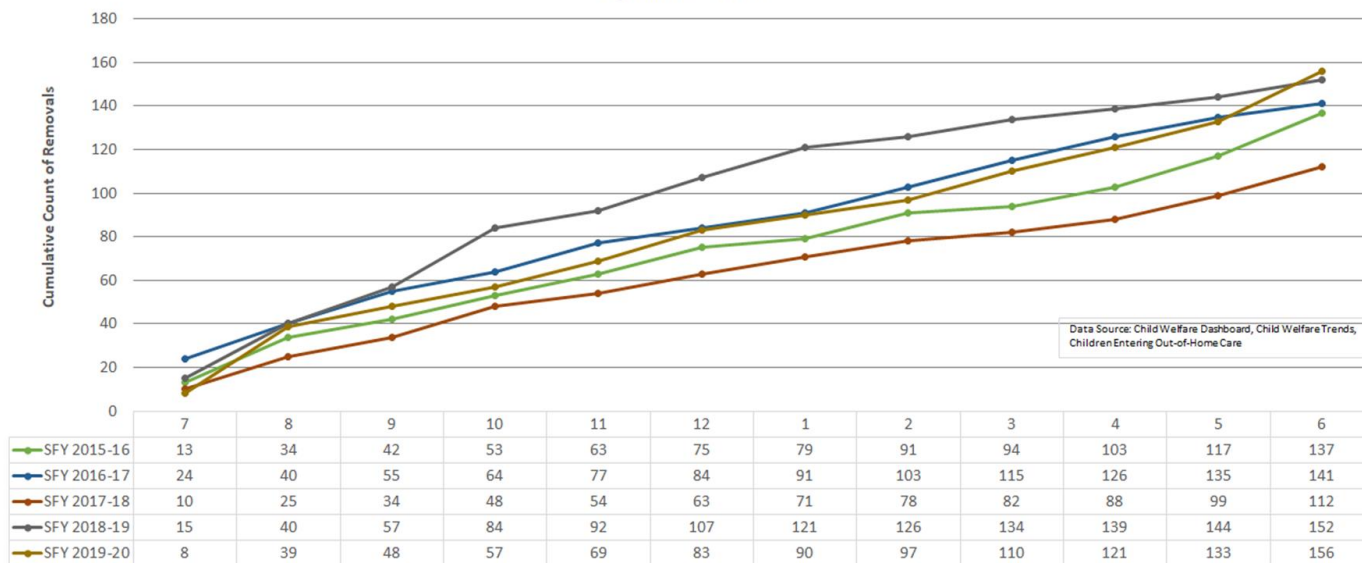
Scorecard Measure	Benchmark Target	FY 2018 Q1	FY 2018 Q2	FY 2018 Q3	FY 2018 Q4	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2020 Q1	FY 2020 Q2	FY 2020 Q3	FY 2020 Q4
M09: % of children in foster care who received a medical service in last 12 months	95%	98.4%	98.3%	98.9%	98.8%	100.0%	98.98%	99.44%	99.43%	100.00%	98.66%	100%	96.28%
M10: % of children in foster care who received a dental service in last 7 months	95%	95.0%	91.0%	89.3%	89.3%	92.24%	96.64%	97.27%	99.11%	96.74%	96.70%	95.45%	56.47%
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%	80.0%	50.0%	100.0%	100.0%	100.00%	100.00%	100%	100%
M12: % of sibling groups where all siblings are placed together	65%	68.1%	68.0%	67.5%	66.6%	67.39%	74.47%	71.74%	71.11%	65.79%	72.22%	70.27%	62.50%

➤ 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 4.06% in 2019, with the largest increase in population (4.24%) being 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 (there was also a 6% increase in the student population from the 17-18 to 18-19 school years). With the increase in growth, the agency has witnessed an increase in removals and children entering out of home care. In fiscal year 19-20, there were a total of 156 children entering out of home care; the largest increase occurred between July and August 2019, with a total of 31 children entering care. This was the largest number of removals when comparing the past five fiscal years, although the agency has maintained above the benchmarks for ensuring children achieve permanency timely, which ensures manageable caseloads for frontline staff. The agency did seek assistance in the previous year from the Department of Children and Families’ Northeast Region regarding conducting a “green belt” analysis on determining the root cause of the increase in removals; this project did not provide any major determining factors or trends in this increase in removals, although this is widely believed to be due to the increase in overall population and rapid growth within the county.

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Cumulative Count of Entries
 Family Integrity Program
 by State Fiscal Year



Despite an increase in children entering the dependency system, there was a slight decrease 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.” The unit provided case management services to 193 children in 100 cases; this was a slight decrease from the previous year of 212 children in 112 cases. Overall 90.2% of children (174 out of 193) 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 continued to maintain staff satisfaction and employee turnover. The agency’s turnover for the fiscal year was 10% with only two case managers leaving the agency over the 12 months within the year. This workforce stabilization has been proven to assist in the timely permanency of children.

Permanency of children has been a constant focus and an area of strength for the agency over the past fiscal year. The agency discharged 142 children of which 56 were in care for 15+ months. The number of children discharged from out of home care was less than the previous year, although due to the COVID-19 pandemic, court dates were delayed in both the 3rd and 4th quarters, which did impact the number of children achieving permanency, as evident by the reduced number between the 2nd and 3rd quarters of children being discharged from care. Reducing the number of children in care continues to be 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 55 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 has been consistently maintained across numerous quarters and fiscal years. The agency previously implemented strategies which has improved children achieving permanency within 12 months; this measure has remained above the benchmark for the entirety of the fiscal year, despite recent delays in the court system. 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 has a positive relationships 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, FIS worker, and case workers from Devereux's Family Builders program, 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 contract with Devereux's Family Builders program has been in effect for the 19-20 fiscal year to provide safety services for cases deemed appropriate. The Family Builders program began providing services to families in St Johns County in April 2018; the Quality Services unit has monitored the program on a quarterly basis and no negative findings or trends have been noted. The contract has been renewed for another year, beginning in July 2020 until June 2021.

In March 2020, the agency enacted measures related to the COVID-19 pandemic, and the frontline staff were sent to work remotely. Case managers began to conduct home visits with children and caregivers via virtual platforms, with the exception of children that have been deemed unsafe; children that are unsafe continue to receive face to face home visits. The agency is closely following guidance from the state, as well as federal authorities, to determine ongoing practices. At of the end of the fiscal year, there was no noted decrease in performance or safety concerns observed in the cases reviewed or on the scorecard. The period under review for the virtual platform visits will be included into this upcoming fiscal year and the agency will continue to monitor results, both through reviews and the scorecard, to determine ongoing effects of these new procedures.

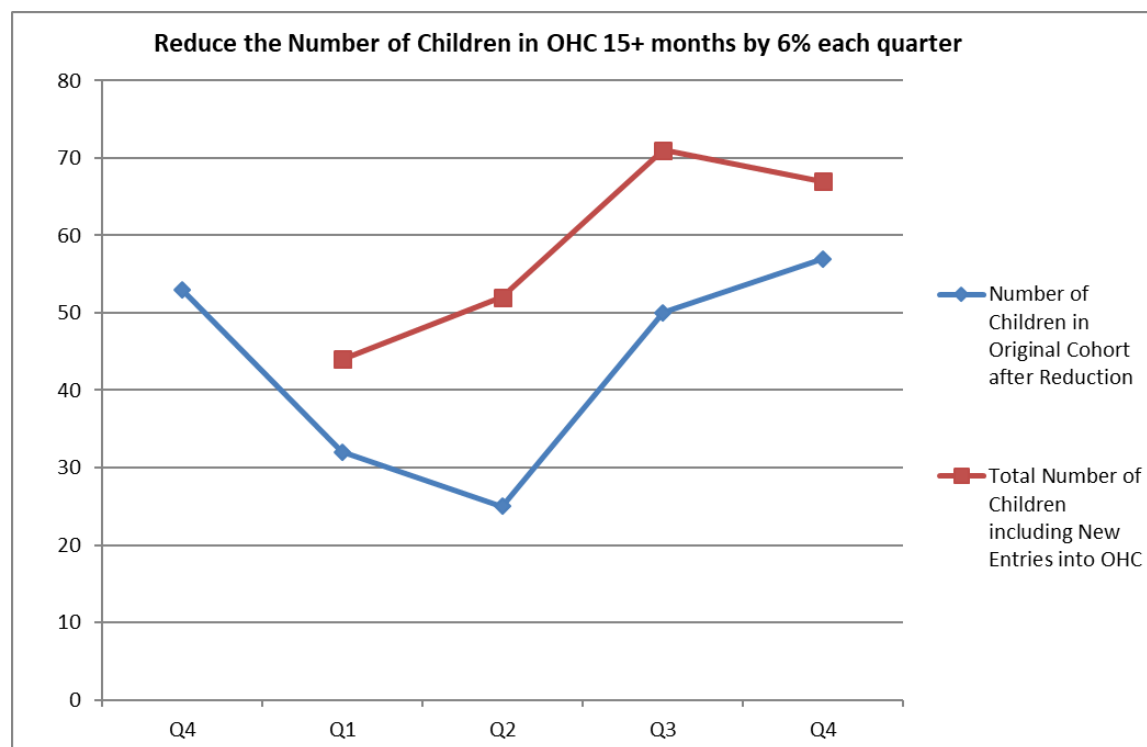
III. Findings

In assessing the agency's overall performance over the past fiscal year, there are notable strengths, including multiple areas in which significant improvement has been observed, in each of the three areas of focus: safety, permanency, and wellbeing. The agency continues to perform well in safety measures including ensuring sufficient and timely assessments are completed when determining safety and risk. The FL-CQI data, this area was noted as a strength, performing higher than the statewide average and the PIP targets; RSF data in this measure did see a decline from the previous fiscal year in comparing the agency to previous performance, but was above the statewide average. 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. The past three quarters has had a decline in performance regarding children not being abused or neglected while receiving in home services. The decline in performance in the RSF measure relating to assessments can be correlated to the decrease in performance in the scorecard, as proper assessments lead to appropriate safety planning. In conducting a review of this scorecard measure, there were six out of the 20 cases that had a verified report of abuse or neglect that had an insufficient safety plan and 18 of the 20 cases were post placement dependency cases. It is believed that proper assessments tend to lead to suitable services and safety planning being put into the home, allowing for children to remain safe in their homes both before and after services. Ensuring sufficient assessments for In Home cases, as well as ensuring children in home are free of abuse or neglect, will be an area of focus for the upcoming fiscal year and will be addressed in the annual plan.

Services provided to the family to prevent removal, assessed by the FL-CQI tool, was a strength; additionally, the agency's non-judicial unit diverted 90.2% of children from entering out of home care and allowed them to safely remain in their homes. Scorecard measures regarding abuse after services and re-entry after case closure have historically remained above the benchmark, but the agency is continuing to assess abuse during in home services, and sufficient assessments of in home cases to ensure children remain safely in their homes. The agency continues to build and maintain strong relationship with community partners which increase the ability for timely services to be placed into homes.

In assessing permanency performance, the agency maintained the stability of children in out of home care, once again meeting the scorecard benchmark for all four quarters in the fiscal year and barely falling under the PIP target, by 1% in the FL-CQI reviews. Strategies that were implemented in the 17-18 fiscal year due to a decrease in performance in this measure remain implemented and have shown to have a lasting impact on the stability of children's placements. 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. Both of these scorecard measures exceeded the benchmark and performance was maintained for the entire fiscal year. This was also an area of focus during the 17-18 fiscal year, as the agency had previously struggled to attain the benchmark in children achieving permanency within 12 months of removal. Despite the continuous influx of removals over the fiscal year, the agency was able to achieve permanency for 142 children, which has allowed for caseloads to remain manageable. The agency achieved the goal (6% reduction per quarter) set forth by the financial viability plan for the first and second quarters, but the number of children entering the cohort compared to the number of children achieving permanency fell short of the goal for the third and fourth quarters. As mentioned previously, the COVID-19 pandemic affected the local court systems and required the agency to adapt its workforce and visitation protocols. This increase in children entering into this cohort is believed to be a direct result of the current situation that has occurred, as court hearing have been delayed. A total of 67 children remain in this cohort at the end of the year, although there was an overall 54% (56 out of 102) reduction of children in care for 15+ months.



Another action item of the Financial Viability plan was to increase permanency for children by increasing the number of adoptions to 43 children, which was 10 more than the previous year's goal. This goal was more than exceeded with a total of 55 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 was consistently above the benchmark the entire year. The FL-CQI items 5 and 6, which relates to achieving permanency within these federal guidelines and establishing the appropriate goal timely, were both at 100%, well exceeding the PIP target as well as the previous year's performance. These two items, in addition to focusing on permanency outcomes on the scorecard and Financial Viability Plan, were included in the agency's previous year's annual plan. The strategies implemented appear to have been promising practices and have ensured a positive trend in children achieve permanency timely.

Placement with siblings continues to remain a positive success 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, with the exception of the most recent quarter, where the agency fell below the benchmark for the first time in years. It is unknown as of this report as to the root cause of this increase in siblings being separated, but the agency's placement coordinator and licensing unit will be working closely with the Quality Services unit to determine if any trends are observed, or if this recent performance is a product of the recent events. Monthly "separated sibling" staffings continue to occur to determine tactics 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 12%, ensures that permanency is achieved timely, as well as allowing for the child to maintain important connections. Additionally, maintaining important connections, which was at 87.5% overall, assisted in strengthening the parent and child bond through frequent visitation, which was seen to be at 93% overall. Additionally, the agency focused on improving the child's relationship with parents while in out of home care and did see marked improvement in this area. A 32% increase in Item 11, from 46.7% to 78.6% was noted. Increasing the case management frontline staff's knowledge regarding the importance of this item has seen to have a positive impact in the rating. In reviewing the totality of Permanency Outcome 2, all of the items exceeded the agency's previous year's performance, with the exception of the slight decrease in preserving connections.

Another area in which the agency historically performs well in is regarding assessing the needs of the child and out of home caregiver appropriately, which leads to proper and timelier referrals for services. Assessing the needs of children increased from the previous year to 96.4% and assessing caregiver needs remained at 100%, which this item has remained for the past 3 fiscal years. Proper assessments of the parents decreased by approximately 3% from the previous year, but overall performance in this item exceeded both the previous year and the PIP target. Ensuring sufficient assessments are conducted have impacted permanency and stability in out of home placements in a positive manner.

Child and family involvement in case planning did decline again from the previous year's performance and fell below the PIP target. The current year's performance in this area is the lowest in comparing the previous four years. When reviewing the individual cases, there were nine "area needing improvement" ratings, seven of which were due to the case manager not documenting discussions with the child involving case planning; this was the same trends that were noticed in the previous year's performance. Regarding case planning for the mother and father, there were four cases, out of the nine, that had a lack of documentation surrounding parental involvement in this item. 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 and in the annual plan; previous initiatives noted in the previous year's annual plan were not successful and management is meeting to determine policy or procedural changes, as well as the need for targeted trainings.

The frequency and quality of visits with the children served has declined significantly from the previous year and is the lowest in the past two years. The agency failed to meet the PIP target in this area (Item 14) and performed 14.3% 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. In analyzing case specific data, there were five cases that received an "ANI" rating in which the agency did not have control over; two cases were due to another case management organization providing courtesy supervision failing to properly document quality contacts and the remaining three cases were due to a Child Protective Investigator failing to properly document. In factoring these cases in, the agency performed closer to 71.4% strength, which is still below the PIP target. Regarding the RSF tool, frequency and quality of visits with children was above the statewide average, although frequency of visits increased from the agency's previous fiscal year to 100%; quality remained unchanged and has remained at 68% for the past three fiscal years. The agency plans to refocus on this measure, as visits with children is paramount in helping to determine child safety. As mentioned previously, there have been initiatives implemented to ensure quality documentation with children is occurring. Updated strategies to improve have been written into the agency's updated PIP activities and will be addressed in the upcoming QM plan.

Visits with parents did see a decline in performance from the previous year and did not achieve the PIP target. When reviewing the data, the majority of ANI ratings were due to a lack of frequency in meeting with fathers, followed by a lack of frequency in meeting with mothers. The quality of contacts, when occurring, has not historically or currently been a cause of concern. For the RSF reviews, frequency and quality for mothers improved from the previous year, whereas the frequency and quality with fathers decreased. The agency did exceed the statewide averages in all four areas. Despite improving in the items regarding frequency and quality with mothers, the agency will continue to look for strategies to improve in this area, as the agency declined to 44.4% for the FL-CQI reviews. Initiatives to track frequency of visits have been implemented

and the Quality Services unit receives monthly updates from case management regarding these efforts.

Regarding Item 16, educational needs and services, 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. The agency was at 93.3% strength overall in this area, which was a slight increase from the previous year. 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. This item, as measured by the scorecard, remained at 100% throughout the year.

In analyzing Item 17, the physical health of the child, there was a 20% increase from the previous year; historically, the agency has declined in performance consecutively every year, but has had significant improvement in this item. As mentioned previously, the agency's Nurse Care Coordinator was moved into the Quality Services unit. New procedures were implemented and the NCC is responsible for tracking all appointments, assessments, and follow ups. The NCC has also established positive working relationship with various medical and dental providers, which has shown to expedite services and in requesting documentation for the children served. Additionally, positive performance in both medical and dental was reflected on the scorecard; this is with the exception of the 4th quarter dental, where the impact of the COVID-19 pandemic was observed to have affected dental providers. The agency's NCC is working closely with providers and caregivers to identify current provider locations, as well as ensure that caregivers and children are educated concerning the new safety measures in place by these providers are adhered to.

There were a total of 32 RSF cases reviewed, of which 13 Requests for Action (RFA) were issued. This was a decrease from the 18-19 year (19 RFAs) and the 17-18 year (14 RFAs). All RFAs were resolved timely and within the fiscal year. The two main reasons that RFAs were issued were due to insufficient or lack of an appropriate home assessment/ progress update (8 RFAs) and insufficient or lack of an appropriate safety plan (8 RFAs); there were four RFAs issued for lack of background screenings on case participants. It should be noted that some RFAs were issued due to multiple areas requiring action. There are some noted declines in performance this fiscal year from the previous year and when comparing it to statewide averages. The 18-19 fiscal year had a decline in six areas, and this current year's performance did see one area that had continuing declines. Performance in six areas did improve from the previous year.

Background checks and home assessments again failed to meet statewide average and declined in performance in utilizing background check information in assessments from the previous year; completion of background checks and home assessments when required remained the same from the previous year. There were a total of 13 "area

needing improvement” ratings in this area, four of which were due to a lack of background checks and nine due to an insufficient or lack of a proper home assessment. Historically, this measure’s low performance was due to a lack of background checks on participants, specifically safety monitors, although this fiscal year, the majority of ANI rating were due to a lack of sufficient home assessments. Safety planning and monitoring, which has historically been an area of concern for the agency, did see a slight improvement from the previous fiscal year and a strong first quarter. Safety plan sufficiency was below statewide averages, although safety plan monitoring matched statewide averages. The agency implemented “safety plan clinics” where 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 this appeared to have impacted a slight increase in the first quarter’s ratings, although failed to provide positive trends throughout the remainder of the year. Agency management is working toward modifying this initiative, especially concerning the majority of frontline staff is currently working remotely. The movement toward a more “one on one” approach has been occurring between case managers and the Safety Services Specialist. Ongoing monitoring will occur through the upcoming year to determine if this modification in strategy is successful.

Supervisory consults are integral in assisting the case managers determine safety, safety planning, proper assessments, and engagement. This was a major area of concern after the poor performance observed in the previous fiscal year. The agency focused on assisting the frontline supervisors with trainings and support, which an increase in the supervisory consults and monitoring was noted. There continues to be trends regarding specific units, although the agency is looking toward supporting all supervisors to ensure increased knowledge and skill building continues across the agency. Measures to improve supervisory consults, safety planning, and background screening will continue to be an area of focus for the upcoming year.

The agency did see an overall decline in the 3rd quarter regarding performance of the RSF reviews; these percentages coincide with the beginning of the COVID-19 pandemic and the beginning of the frontline staff shifting to remote working and utilizing virtual platforms. The FL-CQI reviews did not have any notable decreases or declined in performance from quarter to quarter over the past year, although due to the 12 month period under review utilized during reviews, impacts from the switch to virtual platforms or remote working could impact scores during the current fiscal year’s reviews.

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	2019- 2020				
	1st Q	2nd Q	3rd Q	4th Q	Average
1.1 Is the most recent family assessment sufficient?	63.0%	75.0%	37.5%	62.5%	59.4%
1.2 Is the most recent family assessment completed timely?	75.0%	62.5%	25.0%	62.5%	56.3%
2.1 Is the quality of visits between the case manager and the child(ren) sufficient...?	63.0%	87.5%	50.0%	75.0%	68.8%
2.2 Is the frequency of visits between the case manager and the child(ren) sufficient...?	100.0%	100.0%	100.0%	100.0%	100.0%
2.3 Is the quality of visits between the case manager and the child's mother sufficient...?	100.0%	100.0%	62.5%	100.0%	90.0%
2.4 Is the frequency of the visits between the case manager and the child's mother sufficient...?	88.0%	100.0%	100.0%	100.0%	96.6%
2.5 Is the quality of the visits between the case manager and the child's father sufficient...?	83.0%	66.7%	50.0%	66.7%	66.7%
2.6 Is the frequency of the visits between the case manager and the child's father sufficient...?	67.0%	83.3%	50.0%	66.7%	66.7%
3.1 Are background checks and home assessments completed when needed?	63.0%	62.5%	37.5%	75.0%	59.4%
3.2 Is the information assessed and used to address potential danger threats?	75.0%	50.0%	37.5%	75.0%	59.4%
4.1 Is the safety plan sufficient?	67.0%	57.1%	50.0%	62.5%	58.6%
4.2 Is the safety plan actively monitored...?	60.0%	42.9%	37.5%	50.0%	46.4%
5.1 Is the supervisor regularly consulting with the case manager?	50.0%	50.0%	62.5%	87.5%	62.5%
5.2 Is the supervisor ensuring recommended actions are followed up on?	63.0%	50.0%	50.0%	87.5%	62.5%

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In assessing the FL-CQI reviews, the agency improved in 13 of the 18 items from the previous fiscal year and exceeded the state's PIP targets in six 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 strategic initiative developments. The three items mentioned previously in this report, case planning, visits with children, and visits with parents, will be included as areas requiring attention in the agency's annual QM plan.

		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%	100.0%	100.0%	100.0%	91.6%	100.0%
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%	85.8%	100.0%
Item 3	Risk and Safety Assessment and Management	100.0%	85.7%	100.0%	100.0%	77.7%	96.4%
Permanency Outcome 1							
Item 4	Stability of Foster Care Placement	75.0%	100.0%	100.0%	75.0%	88.5%	87.5%
Item 5	Permanency Goal for Child	100.0%	100.0%	100.0%	100.0%	82.1%	100.0%
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	100.0%	100.0%	100.0%	100.0%	75.4%	100.0%
Permanency Outcome 2							
Item 7	Placement With Siblings	100.0%	100.0%	100.0%	100.0%	N/A	100.0%
Item 8	Visiting With Parents and Siblings in Foster Care	100.0%	100.0%	100.0%	75.0%	N/A	93.3%
Item 9	Preserving Connections	75.0%	100.0%	100.0%	75.0%	N/A	87.5%
Item 10	Relative Placement	75.0%	100.0%	100.0%	100.0%	N/A	93.8%
Item 11	Relationship of Child in Care With Parents	75.0%	66.7%	100.0%	66.7%	N/A	78.6%
Wellbeing Outcome 1							
Item 12	Needs and Services of Child, Parents, and Foster Parents	71.4%	85.7%	100.0%	71.4%	58.4%	82.1%
Item 12A	Needs Assessment and Services to Children	85.7%	100.0%	100.0%	100.0%	N/A	96.4%
Item 12B	Needs Assessment and Services to Parents	85.7%	83.3%	100.0%	71.4%	N/A	85.2%
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	71.4%	85.7%	57.1%	57.1%	70.7%	67.9%
Item 14	Caseworker Visits With Child	57.1%	57.1%	28.6%	71.4%	78.9%	53.6%
Item 15	Caseworker Visits With Parents	57.1%	33.3%	42.9%	42.9%	51.1%	44.4%
Wellbeing Outcome 2							
Item 16	Educational Needs of the Child	100.0%	75.0%	100.0%	100.0%	N/A	93.3%
Wellbeing Outcome 3							
Item 17	Physical Health of the Child	100.0%	100.0%	75.0%	50.0%	N/A	82.3%
Item 18	Mental/Behavioral Health of the Child	100.0%	100.0%	85.7%	80.0%	N/A	89.5%

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, once again including background screening and home assessments, safety planning and monitoring, and visitation with parents, specifically fathers. Additionally, noted gaps in performance for FL-CQI/ PIP reviews were in case planning, caseworker visits with the child, and caseworker visits with parents. There were no gaps in performance in relation to the benchmarks for the agency's scorecard with the exception of Abuse during In Home Services. In further reviewing this item, the agency is approximately, on average, 1% below the benchmark and an in depth analysis has been completed. Noted deficiencies in post placement supervision cases surrounding safety planning was a common trend and will be an area of focus. As mentioned above, safety planning was noted to be a deficiency in the RSF reviews. The QS team is monitoring two additional items that feel below the benchmark on the scorecard, although dental services is felt to be a direct correlation to the COVID-19 pandemic and separated siblings has historically, for years, been an area of strength. Monitoring to ensure these two items meet the benchmark will occur on an informal level and strategies to improve will be implemented throughout the year if a negative trend continues to develop. It should be noted, that if performance begins to decline in any measure, the QS team will begin an analysis and with the assistance of agency management, develop initiatives to improve performance when needed.

One area that failed to meet statewide averages for another year and declined from the agency's previous year's performance was regarding safety planning and monitoring. In the first quarter, the QS team noticed that the performance began to improve, anticipating that the new "safety planning clinics" that were implemented at the end of the previous fiscal year would be a promising practice. As the year progressed, the following three quarters were below statewide averages; safety plan monitoring was slightly above the average, but by a fraction of a percentage. 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 continue to perform similarly. The agency has already begun to modify the safety plan clinics in an effort to improve this practice, as it appeared to have promising results in the beginning of the year. Additional trainings on safety planning are being sought out and will be conducted.

Supervisory consults, specifically surrounding RSF cases, were an area that had notable improvements, although the agency would like to continue to improve in this measure, as it was at 62.5% for both consults and follow up. 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 once again declined in performance and is the lowest out of the past three fiscal years. Noted gaps in performance were due to the case managers failing to document private conversations with children at each visit. There were five cases in which an “ANI” was rated due to a courtesy out of county worker or a CPI failing to document quality contact with the target child. In factoring these five cases out of the sample, the agency was still only performing at a 71% strength, which remains below the PIP target. New initiatives, which have been mentioned previously and will be discussed in the annual QM plan, have been implemented.

Visitation with parents has historically been an area in which the agency has struggled with performance, especially on the FL-CQI reviews. When children are in home with a parent, the agency does document both frequent and qualitative contact with those parents when the child is placed in home. In reviewing the data for the FL-CQI cases, the majority of the ANI ratings were due to a lack of frequency, specifically regarding fathers. New initiatives, as part of the agency’s ongoing PIP plan, have been implemented. Case management supervisors are tracking parental engagement, for each of their case managers, on a monthly basis and reporting these results to the Quality Services unit. Diligent searches are initiated whenever a parent cannot be contacted within a 30 day timeframe. These strategies were recently implemented, within the 3rd quarter of the previous fiscal year, and ongoing monitoring to determine if this will be a promising practice is occurring.

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 have been 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.

The agency completed an onsite Contract Oversight Unit audit during the 2019-2020 fiscal year. The agency received positive news from the Contract Manager, who stated, “We’ve determined that no Corrective Action Plans are required for the findings from this on-site monitoring. Since the report’s release, FIP’s performance measure finding ratings have improved and are either satisfactory or already monitored very closely. Issues regarding programmatic and subcontracting findings have been resolved and require no further action.” The agency will continue to monitor all performance measures and welcome the COU audit annually as an opportunity for growth and to showcase the positive outcomes that the agency provides to the children and families that it serves.

V. Intervention findings

Strategies that were implemented in performance areas that have been shown to have impacted performance include the agency's scorecard measures that the agency was found to have performance lower than the state's benchmarks in previous years. Root cause analysis, initiatives implemented to improve, and engaging staff in performance improvement efforts were proven to be successful. The strategies that implemented have appeared to have a causative effect on the scorecard, as performance had steadily increased and then were maintained 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 and implemented 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 ongoing activities aimed at improving and strengthening the quality of work provided to our children and families served for the upcoming 2020-2021 fiscal year.

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